

Report of the Regional Director

The work of WHO in the Western Pacific Region
1 July 2025 – 30 June 2026



Cover photo: **Health across generations** – In Jakarta, a grandmother and granddaughter read together. Good health matters at every age. WHO supports people to build and maintain their physical and mental capacities throughout their lives, helping all generations thrive together.

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Message from the Regional Director

As we look back on the past year, we see real progress on key health priorities across the Western Pacific Region. But it is also clear that yesterday's unfinished agendas are colliding with today's new challenges.

More than 840 million of the Region's 2.2 billion people still cannot easily access essential health services. The burden of noncommunicable diseases continues to rise. A number of infectious diseases – including some vaccine-preventable ones – are surging too.

At the same time, extreme weather events and environmental risks are escalating and compounding, threatening health and health systems.

A fuel crisis no one expected has raised the cost of transport, supply chains and service delivery in our Region and globally.

Threats both old and new continue to demand a coordinated response – from HIV hotspots to avian influenza in parts of the Region where it had not been seen earlier.

What strikes me most is that these challenges do not sit in separate boxes. They intersect. And so must our approaches.

Progress towards universal health coverage depends on health systems that can withstand the next disruption.

Health security relies on the same workforce, financing and governance that underpin everyday service delivery.

Efforts to improve health throughout the life course only succeed when they are anchored in strong primary health care.

And none of this works without the data and digital tools to help us identify gaps and target support.



During his first official mission to the Lao People's Democratic Republic, WHO Regional Director Dr Piukala visited communities, local leaders and front-line health workers from rural Luang Prabang Province to Vientiane Capital to listen and learn from their experiences.

That is why, two years in, the shared vision of WHO and Member States for the Region is more relevant than ever.

Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029) sets out five action areas that cannot be pursued in isolation. This is our instruction manual for creating health systems strong enough to weather what is coming and equitable enough to leave no one behind.

There has been real progress. At the October 2025 session of the WHO Regional Committee for the Western Pacific, Member States identified four key areas where action could not wait.

On **health security**, they agreed to strengthen preparedness through the amended International Health Regulations (IHR). Member States endorsed a regional implementation plan, and eight countries have already designated National IHR Authorities. The Region continues to strengthen surveillance, laboratory capacity and emergency preparedness. We are now better positioned to anticipate and spot threats while there is still enough time to act.

On **climate resilience and sustainability**, we have moved from treating climate change as a stand-alone threat to integrating it as a cornerstone of WHO work. We have answered strong Member State demand with scaled-up efforts and direct technical support. In March 2026, the Green Climate Fund began the process to designate WHO as an accredited entity. This is a significant opportunity for financing climate-ready health systems. We have also placed health firmly on the agenda of the high-level meeting in preparation for the United Nations Climate Change Conference in November.

Oral health is now a priority. *The Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*, endorsed last year by the Regional Committee provides a shared direction for progress. Countries are strengthening policies to integrate oral health more fully into primary health care and expand access to essential services as part of universal health coverage.

On **alcohol control**, Member States are translating regional commitments into action. Countries are advancing taxation and pricing reforms, strengthening controls on alcohol availability and marketing, and improving implementation and enforcement, supported by stronger evidence, regulatory capacity and cross-country learning.

And we are seeing movement as well on the **One Health** agenda, which brings together human, animal and environmental health. This is an essential approach for all Member States, as evidenced by the consensus from the first-ever high-level One Health Summit in Lyon, France, in April 2026.

Countries are legislating, digitizing and building capacity in ways that were out of reach a decade ago. Yet gaps remain in service coverage, financing, health workforce and the ability to withstand shocks. The impacts are not evenly spread. They fall hardest on the most vulnerable places and populations.

Our diversity is one of our greatest assets. We do not need identical solutions. Instead, we should learn from one another and adapt what works. This is not a one-way exchange. Countries in all contexts contribute local knowledge, practical innovations and lessons from the front lines.

Within WHO, we have also had to respond to unprecedented financial pressures while navigating organizational change. Our focus remains on strengthening trust, investing in our people and reshaping how we work. In the Western Pacific, we have protected capacity closest to countries and improved efficiency, to ensure that every investment delivers impact.

The year ahead will test whether what we have built can hold together. I am committed to ensuring that it does.

At a time of uncertainty for our Region and the world, I know I can count on our Member States, WHO collaborating centres, other partners and communities to keep building alongside us. By weaving together our strengths and our commitment, we can meet the challenges of today while preparing for those of tomorrow.

In my Pacific homeland of Tonga, we say, “*Pikipiki hama kae vaevae manava*” – Bind the outriggers of our canoes together and share one spirit, one purpose and our strength – and keep moving forward towards Health for All.



Dr Saia Ma'u Piukala

Regional Director for the Western Pacific

The background is a dark blue, textured surface with a repeating woven or basketweave pattern. The texture is composed of many small, rectangular elements interlaced to create a three-dimensional effect.

1 Achievements on the ground



WHO Representative Office in Mongolia



WHO Representative Office in China



WHO Representative Office in the Lao People's Democratic Republic



WHO Representative Office in Viet Nam



WHO Representative Office in Cambodia



WHO Representative Office for Malaysia, Brunei Darussalam and Singapore



WHO Representative Office in the Philippines



WHO Representative Office in Indonesia



WHO Representative Office in Solomon Islands

Countries and areas of the WHO Western Pacific Region



WHO Representative Office in Papua New Guinea



WHO Representative Office for the Federated States of Micronesia, the Marshall Islands and Palau



WHO Representative Office in Samoa



WHO Country Liaison Office in Kiribati



WHO Representative Office for the South Pacific



WHO Country Liaison Office in Vanuatu



WHO Country Liaison Office in Tonga

Legend

- WHO Western Pacific Region
- Non-Western Pacific Region
- Not applicable

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Km

Representative offices

- Cambodia
- China
- Federated States of Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Indonesia
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia and Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)
- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, Naoero, New Caledonia, New Zealand, the Commonwealth of the Northern Mariana Islands, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)
- Viet Nam

Country liaison offices

- Kiribati
- Tonga
- Vanuatu

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Introduction

Across the Western Pacific Region, strong country leadership supported by responsive and capable WHO country offices continues to drive progress towards better health outcomes. Building on the Region’s shared vision of Weaving Health for All, countries have continued to advance universal health coverage and strengthen health security, while addressing current and emerging challenges, including the effects of the climate crisis on health, communicable and noncommunicable diseases, and health inequities.

With Indonesia as its newest Member State, the WHO Region for the Western Pacific now supports 38 countries and areas with some 2.2 billion people, more than a quarter of the world’s population. This diversity of people and places, stretching across some 15 000 kilometres from Northern Mongolia to French Polynesia, requires approaches to health and well-being that are tailored to the specific needs and priorities of communities.

One-size-fits-all approaches have never worked for this Region.

As a result, WHO has reinforced its commitment to results on the ground through an updated Core Country Office Model. This comprehensive bottom-up approach ensures that country offices are equipped with the resources, personnel and streamlined operational frameworks to work with governments to support the achievement of better health outcomes. Country cooperation strategies drive collaborative planning and decision-making,

while the greater allocation of human and financial resources strengthens WHO country presence. Among the many milestones, the Country Liaison Office based in the Federated States of Micronesia was upgraded to a WHO Representative Office, serving not only its host country but also the Marshall Islands and Palau.

The Regional Director has championed efforts to increase budget allocations for country offices, which receive 68.1% of the funds allocated in the Region’s 2026–2027 Programme Budget base segment, compared to 61.8% during the 2024–2025 budget cycle. By aligning resources more closely with country cooperation strategies, particularly in a time of global resource constraints, WHO is becoming more accountable and relevant.

This section presents country achievements and challenges, illustrating how the strengthened WHO country presence and country-focused approach are translating the regional vision into impact where it matters most – in countries, communities and the lives of people.

These narratives demonstrate how WHO works with governments and other partners to translate country needs and priorities into quantifiable results. Across diverse settings, WHO supports countries and areas to strengthen primary health care, improve health service delivery and expand access to essential quality health services through people-centred and community-driven approaches, working across all sectors of society to leave no one behind.

American Samoa, Cook Islands, Niue, Samoa and Tokelau

The WHO Representative Office based in Apia, Samoa, provides tailored technical support to five Pacific island countries and areas (PICs): American Samoa, Cook Islands, Niue, Samoa and Tokelau. Across these five PICs, health systems operate in environments shaped by distance and constrained resources, compounded by climate-related pressures, natural hazards and infectious disease threats. Persistently high burdens of noncommunicable diseases (NCDs), in particular, create exacting challenges for these fragile health systems.

Supporting environments that shape health

Efforts to address NCDs across the five PICs are being increasingly integrated into the environments where people live, learn, work and socialize, consistent with the *Healthy Islands Vision 2050*, which Pacific health ministers endorsed in October 2025 on Yanuca Island, Fiji.

At the community level, village-based approaches continue to anchor much of this work. In Cook Islands, Healthy Villages and Healthy Homes initiatives extend into the *Pa Enua*, or outer islands, supporting smoke-free commitments in four of the six southern *Pa Enua* and stronger links with primary health care.

In Niue, the Healthy Villages and Healthy Homes, or *Kitekite Kaina*, initiative has engaged all 14 villages in community inspections and dialogue on sanitation, mosquito control and NCD prevention, while conducting community consultations on NCD risk factor findings to support village-level action for healthier living environments.

Meanwhile, in Tokelau, community-led Healthy Islands initiatives were implemented across the three atolls of Atafu, Fakaofu and Nukunonu, bringing together households and village groups to learn about harmful impacts of tobacco and alcohol. The initiative has helped identify feasible solutions to reduce smoking and alcohol consumption, and provided a forum for discussions on dengue fever and other pressing health issues.

In American Samoa, community-led approaches such as *Afono Manuia* focused on strengthening healthy homes and villages to support NCD prevention. The WHO-supported pilot centred on community engagement in Afono Village to establish the foundation of the Healthy Village concept, including dialogue on the impact of NCDs, incorporating community perspectives into programme design and agreeing on an implementation plan. Some 112 participants, including adults, youths, children and people with disabilities, were engaged, providing a foundation for applying the Healthy Islands Initiative at the community level.

Health promoting schools

Schools are another key setting for early prevention and health literacy. In Samoa, the Health Promoting Schools programme has been strengthened through improved governance and leadership coordination. WHO supported the Ministry of Health to re-establish the National Health Promoting Schools Committee and update its terms of reference and membership. The Committee has been endorsed by the Cabinet and is increasingly engaged by development partners working to strengthen school health.



Through the WHO Fellowships Programme, perioperative nurses like Filipi Keresoma (right), build specialized skills to strengthen safe surgical care. He works at Tupua Tamasese Meaole Hospital in Samoa, helping keep patients safe before, during and after surgery.

In Tokelau, students are engaged through practical activities that cover disease prevention, healthy lifestyles and vector control. These include physical movement and interactive activities such as identifying mosquito breeding sites and learning more about health-care professions. The latter introduces students to careers that may inspire interest in working in the health system.

Building sustainable capacity

In small islands, strengthening health systems depends on a strong health workforce, an appropriate service delivery model, and a robust planning and monitoring system. WHO support has focused on local priorities – health workforce and service delivery models.

Across Cook Islands, Niue and Samoa, the WHO Fellowships Programme and the Global Health

Learning Centre have supported doctors, nurses, midwives and allied health professionals to access specialized training to fill service gaps. Fellowships have supported 14 postgraduate midwifery trainees expected to graduate in 2026, five master's candidates, two postgraduate diploma graduates in 2025, one undergraduate radiography trainee expected to graduate in 2026 and two undergraduate medical trainees. This targeted programme helps ensure skills can be applied upon returning to service, strengthening continuity of care and critically expanding the number of skilled providers available in priority areas across all levels of care.

Countries are also redefining how services are organized and delivered. In Samoa, the Role Delineation Policy (RDP) and essential health service packages (EHSPs) are being finalized to clarify facility functions, referral pathways and resource needs. This work is linked to Samoa's *National Surgical, Obstetric*

and *Anaesthesia Plan 2026–2031*, which was launched in February 2026, and defines service capacity needs in priority clinical areas and supports more consistent referral and resource planning.

Similarly, WHO supports the Cook Islands Ministry of Health in its efforts to reorganize health service delivery, with a focus on the outer islands through the development of their own RDP and EHSPs. Consultations across Rarotonga and the outer islands, including the Northern Group, are yielding a clearer picture of how services can be delivered effectively across dispersed populations, given the workforce, infrastructure and transport realities of the island nation.

In line with the priorities of several PICs, efforts are underway to strengthen health information systems and build local capacity to better generate, analyse and use data for decision-making. With WHO support, recommendations to strengthen health information systems are being consolidated,

informing priorities to improve data availability, quality and use in Cook Islands, Niue and Samoa. In Niue, this has been complemented by an assessment of patient information management systems and information technology infrastructure, which informs ongoing discussions on system improvements, data management and integration across services.

In small populations, where modest trends can have significant implications, strengthening systems to routinely generate, link and use timely data remains essential for improving health system performance and making service delivery more responsive.

Strengthening health security

Enhancing health security across the five PICs is guided by the International Health Regulations (IHR), which define the core capacities needed to prevent, detect and respond to public health risks, with WHO continuing as a close collaborator in strengthening capacities.



A mother carries her 6-week-old baby for a visit to the national immunization clinic in Apia, Samoa. WHO supports the country's immunization efforts with technical assistance on vaccine use, recording, surveillance and response.

The annual IHR States Parties Self-Assessment processes in Cook Islands, Niue and Samoa brought sectors together to review capacity indicators, identify gaps and agree on priorities. These assessments feed directly into national action planning. The launch of the Cook Islands *National Action Plan for Health Security 2026–2030* translates evaluation findings into a costed, multisectoral road map across surveillance, laboratory systems, workforce development and emergency coordination. Developed following the country's first IHR Joint External Evaluation, the plan reflects input beyond the health sector, including border control, environment and island administrations in Rarotonga and the *Pa Enua*.

Preparedness is also being strengthened through a One Health approach that connects human, animal and environmental health systems. In Samoa, this was reflected in the official launch of the One Health Pandemic Preparedness and Response Pandemic Fund project in February 2026 to support improved surveillance, expanded laboratory capacity and a multisectoral workforce, including stronger links with climate-related early warning mechanisms.

Operational improvements have included strengthening surveillance and reporting systems, public health emergency operations and routine review processes. In Cook Islands and Samoa, national notifiable disease lists have been reviewed and updated to help keep detection, reporting and response aligned with current risks. In Cook Islands, this work has been implemented alongside broader national action plan activities, including an after-action review and activities to strengthen emergency coordination functions.

Outbreak response has remained an essential element of WHO support. In response to the largest dengue outbreak in the Pacific in decades, American Samoa, Cook Islands, Samoa and Tokelau have required sustained use of surveillance, diagnostics, vector control and clinical management while maintaining essential services. In Samoa, a clinical management consultant was deployed to provide hands-on support for dengue case management, strengthening the quality and consistency of care. In Tokelau, community-level training on outbreak procedures and vector control has reinforced dengue readiness and response.

In addition, WHO supported the PICs by providing key supplies, including 2200 dengue rapid diagnostic test kits, 1780 bottles of insecticide, two units of “claw” insecticide, 410 units of insect repellent and 190 mosquito nets. WHO has also provided critical supplies and equipment to sustain disease surveillance and response capacity. These included 1650 influenza and SARS-CoV-2/flu/RSV test cartridges, 510 leptospirosis rapid test kits, 260 rotavirus/adenovirus test kits, 3100 nasopharyngeal swab kits, 1050 filariasis antigen test kits and emergency medical team cache equipment.

Going forward

Building on progress over the past year, WHO will continue to support strengthening the integration of primary health care, NCD prevention and control, and health security across the five PICs. Implementation will include strong collaboration, support for multisectoral approaches, strong monitoring and evaluation, and supporting alignment of policies and plans.

Cambodia

Cambodia is a lower-middle-income country of more than 17 million people, with 60% living in rural areas and working predominantly in agriculture. The country has made significant strides to improve health outcomes and expand universal health coverage (UHC), with its UHC Service Coverage Index having increased to 62 in 2023 from 52 in 2015. Progress has been driven by sustained investments in primary health care (PHC), communicable disease elimination and digital transformation.

At the same time, important challenges remain. Noncommunicable diseases (NCDs) account for

an estimated 64% of all deaths. Out-of-pocket health expenditures remain high, and disparities in access to good-quality health services persist among vulnerable and remote populations. Climate-related risks, emerging infectious diseases and humanitarian emergencies continue to test health system resilience.

Against this backdrop, WHO works closely with the Ministry of Health and other partners to strengthen resilient, people-centred health systems capable of responding to both ongoing and emerging health challenges.



At Kamping Pouy Health Centre, a health worker records patient information electronically on a tablet, one of many WHO-supported digital health innovations.



In Battambang, a girl bicycles alongside her grandfather to a health centre. Having health services nearby improves accessibility and equity.

Reorienting health systems

Building on the country's *Primary Health Care Booster Implementation Framework*, the Government has worked with WHO to make PHC services more integrated and people-centred through demonstration sites in Battambang, Kampong Cham and Svay Rieng provinces. The initiative strengthened local leadership for health and identified system bottlenecks, including fragmented information systems and funding streams, uncoordinated referral systems and limited diagnostic capacity – all operational lessons to inform future national scale-up.

Cambodia also was among the first countries to put into effect the WHO course *Strengthening Primary Health Care Leadership* on the design and management of integrated service delivery models adapted to local contexts. WHO also supported health financing reforms to advance PHC and UHC through policy dialogue on strategic purchasing, national health

accounts and sustainable financing, as the country transitions away from external donor support.

Digital transformation accelerated with development of a national Digital Health Enterprise Architecture, establishment of core health registries and the nationwide rollout of the DHIS2-based electronic health management information system. Launched in 2026, the system strengthens interoperability, real-time reporting and evidence-informed decision-making, while reducing reporting burdens for health facilities.

Fighting communicable diseases

Cambodia has maintained zero malaria deaths since 2018, reporting zero local cases nationwide in 2026, as of the date of this report, with only imported cases detected and rapidly managed according to national protocols. WHO supported government agencies to strengthen surveillance, case investigation and rapid response systems, particularly in high-risk forest and border areas. Village and mobile malaria workers remain central to early detection and treatment among hard-to-reach populations.

With local transmission interrupted, Cambodia transitioned from elimination to prevention of re-establishment under the *National Strategic Plan for Malaria Elimination and Prevention of Re-establishment in Cambodia, 2026–2035*. WHO supported strengthened prevention measures, including entomological surveillance and cross-border coordination to prevent a resurgence from imported cases. Cambodia also advanced subnational verification of malaria elimination while preparing for WHO certification of national elimination.

The country continued efforts to eliminate neglected tropical diseases, including *Schistosomiasis mekongi*, through integrated disease control, surveillance and community engagement. Schistosomiasis and soil-transmitted helminthiasis programmes helped optimize resources and strengthen surveillance. The *Monitoring and Evaluation Plan for the Schistosomiasis*

Elimination Program in Cambodia, 2026–2035 was finalized, targeting WHO verification of elimination by 2035. Community-led sanitation activities and interventions for water, sanitation and hygiene were carried out alongside targeted surveillance to sustain low transmission, with only five cases identified among 1712 people surveyed.

Combating NCDs

WHO supported the Ministry of Health to strengthen integrated NCD prevention and management through PHC, including expanded implementation of national protocols for diabetes and hypertension management across 10 provinces. Trainings strengthened integrated screening, diagnosis and management of hypertension and diabetes, while community outreach increased awareness of prevention and healthy lifestyles.

Strengthened multisectoral coordination also improved tobacco control enforcement in four provincial capital cities to promote healthier environments through schools, communities and tourism settings. WHO worked with the ministries of Health, Tourism, and Education, Youth and Sport to reinforce tobacco control, as well as Cambodia's ban on e-cigarettes, heated tobacco products and shisha through policy dialogue, technical guidance and health education.

Strengthening health security

Since July 2025, political and military tension along the Cambodian-Thai border has displaced populations and disrupted health services across several provinces. At its peak during December 2025, approximately 650 000 people were displaced, and 70 health facilities experienced service disruptions or shutdowns.



A WHO consultant in Phnom Penh inventories essential emergency supplies from WHO to help those affected by conflict along the Cambodian-Thai border in December 2025.

WHO activated an Incident Management Team to support emergency response, starting with the dispatch of life-saving humanitarian supplies such as emergency medical and surgical kits to help sustain essential services. The WHO Contingency Fund for Emergencies supported the rapid field assessment and scale-up of mental health and psychosocial support, as well as efforts to strengthen public health surveillance to detect acute conditions, including disease outbreaks, among displaced populations.

WHO supported local authorities in planning a measles vaccination campaign that reached more than 46 000 children in displacement sites and surrounding communities, and increasing efforts to sustain high immunization coverage and surveillance to mitigate the risk of polio re-emergence. At the same time, mental health services were integrated into PHC and community response systems, with front-line workers and community leaders trained in psychological first aid and psychosocial support.

Cambodia also strengthened health security through a One Health approach with support at the highest levels. In his speech at the April 2026 global One Health Summit in Lyon, France, Cambodian Prime Minister Hun Manet reaffirmed the country's commitment to One Health "at all levels", highlighting the need for more collaborative efforts in everything from surveillance to sustainable financing.

"Humans, animals and the environment do not face separate risks. They share the same destiny," he said. "This gathering provides a platform to reshape traditional approaches to the One Health culture – a systemic, integrated and unifying approach to safeguard human, animal and environmental ecosystems."

WHO worked with the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme and the World Organisation for Animal Health to support integrated zoonotic disease surveillance, laboratory strengthening and workforce development to improve early detection and response to public health threats in Cambodia. In addition, WHO supported strengthened implementation of the International Health Regulations – including during recurrent avian influenza outbreaks among humans – through technical guidance, risk assessment, laboratory support and international reporting.

Together, these efforts helped to strengthen Cambodia's capacity to prevent, detect and respond to public health threats while enhancing preparedness and resilience.

Looking ahead

The achievements of the past year demonstrate Cambodia's continued progress towards UHC through stronger PHC, disease elimination, digital transformation and health security. By strengthening resilience across the health system and advancing multisectoral action, Cambodia is strengthening the foundation for sustainable health gains and improved health outcomes for all.

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China

An upper-middle-income country of 1.4 billion people, China has experienced dramatic shifts impacting health across the country. Today, 23% of the population is over 60 years of age, and 68% of people live in urban settings. These trends are placing new demands on the health system, requiring care to be more integrated, continuous, prevention-oriented and responsive to people's needs at all ages.

The Government is embarking on an ambitious programme to transform primary health care (PHC), strengthen service delivery at the community level, and make health care more accessible and affordable in the digital era. China has made progress towards universal health coverage (UHC) with 95% of the population covered by health insurance. Progress has been especially strong in the control of communicable diseases, with China moving towards certification of the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B.

From 2000 to 2023, the average coverage of essential services – including reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases (NCDs), and service capacity and access – rose by about one third. Measuring this progress, the UHC Service Coverage Index rose from 64 in 2000 to 85 in 2023. Life expectancy at birth has increased to 79.25 years as of 2025.

However, NCDs still account for 88.5% of mortality. Every year about 1 million people die from tobacco-related conditions. Over 30% of the population is estimated to have hypertension, but only a small minority have it under control. Obesity or overweight affects more than half of adults.

In response, China is strengthening NCD prevention and control, including through national initiatives to promote healthier lifestyles and improve weight management. WHO is working with the National Health Commission (NHC) and other government agencies to improve NCD prevention and control, and pilot people-centred health care as part of a PHC strengthening programme enabled by innovation and artificial intelligence.

Expanding global role

Chinese contributions to regional and global health are significant. As a staunch supporter of WHO through its political leadership, as well as financial and technical contributions, China plays an increasingly important role in supporting WHO efforts to advance health as a global public good.

China is a major manufacturer of vaccines, medicines, medical products and active pharmaceutical ingredients used around the world. In addition, China is increasing its bilateral South–South collaborations for health. WHO works with China to help translate its capacities and experiences into strategic, need-based and system-oriented contributions to regional and global health.

Advancing PHC and UHC financing

WHO supported China to advance transformative PHC and health system reform to address population ageing, fiscal pressures and rising expectations for quality care, in line with the Region's shared Weaving Health for All vision. The NHC–WHO flagship collaboration on people-centred integrated care (PCIC) was implemented across nine cities



As part of a WHO pilot training programme on integrated care, a nurse at Leyu Township Health Centre provides guidance and support to an older person living with diabetes.

covering 59 million people. WHO helped to translate transformative PHC into practice, bringing together sectors including governance, service delivery for chronic disease and multi-morbidity management, the workforce, financing, medicines and data.

WHO has supported China's transformation of PHC to strengthen disease management, especially for NCDs. China is using digital health and AI as system-level enablers of this transformation. China's NHC Minister Lei Haichao highlighted this direction at the May 2026 World Health Assembly: "China aims to build a high-quality and value-based health system. The rapid development of digital health and artificial intelligence offers new possibilities for optimizing resource allocation, innovating service models, improving governance efficiency and reducing health inequalities. The application of digital and intelligent technologies in primary health care will be a key area for future cooperation between China and WHO."

The WHO China office supported the operationalization of this shared vision. In the PCIC pilot in Suzhou, which WHO Regional Director Dr Saia Piukala visited in April 2026, AI-driven data infrastructure and digital technologies simultaneously are strengthening communicable and noncommunicable disease management, evidence-informed resource allocation and integrated governance. This approach bridges PHC access gaps instead of adding disease-specific programmes.

The PCIC experience-sharing conference in Suzhou in December 2025 spotlighted the value of disseminating city-level experience and results to inform nationwide reform. With participation from China, WHO and international partners (including Kazakhstan and Spain), the event, as well as other efforts, helped to secure a high-level WHO-China commitment to organize a global conference on innovation-driven health system transformation towards UHC, alongside the third phase of PCIC collaboration. The PCIC pilot also contributed to global learning through China-hosted health system side events at three consecutive sessions of the

World Health Assembly and the China-Europe high-level policy dialogue hosted by the WHO Regional Office for Europe.

WHO and China hosted seven Association of Southeast Asian Nations (ASEAN) countries in Dongtai, Jiangsu Province, to exchange digital-enabled PHC models. Through this collaboration, NHC committed to host the 2026 Global Initiative on AI for Health annual meeting. China's National Healthcare Security Administration further organized a technical side event during the May 2026 World Health Assembly on AI-supported long-term care. WHO and China are harnessing technology and innovation to build resilient, equitable health systems in the Region and beyond.

Financing for long-term care

In health financing, the WHO strategic partnership with the National Healthcare Security Administration was strengthened by a 2025 memorandum of understanding, which the Administration described as a watershed moment for systematic collaboration. WHO strategic advice contributed to the 2026 State Council's policy on national long-term care insurance and informed the draft medical insurance law, advancing financial protections for UHC.

Working for global health

China's burgeoning engagement in global health is anchored in its commitment to support multilateralism and international development cooperation, and leverage its health reform experience and technical capacity to support regional and global health priorities. WHO supported Chinese counterparts through policy dialogue, capacity-building and analytical work, advocating for cross-ministry coordination and alignment with global priorities and partner-country needs.

Drawing on WHO's mandate, expertise and country presence, the WHO Representative Office in China facilitated technical exchanges between China,

partner countries and WHO programmes, including with Europe, ASEAN and African partners. The work focused on PHC-oriented health systems, health financing, digital health, disease elimination, health security and regulatory strengthening, drawing on China’s vast network of more than 60 WHO collaborating centres and technical institutions.

The partnership with the China International Development Cooperation Agency became a major platform for translating cooperation into concrete programmes. WHO supports six projects funded by China’s Global Development and South-South Cooperation Fund (GDF) totalling US\$ 12.9 million. The WHO Representative Office managed the WHO submission in response to the GDF call to United Nations agencies: 43 concept notes from five regions, valued at US\$ 90.2 million, on PHC/UHC, digital health, communicable diseases, health security, maternal and child health, NCDs, traditional medicine, climate and health, and laboratory strengthening.

Accelerating actions to eliminate diseases

WHO supported China’s effort to advance elimination of communicable diseases through evidence-informed advocacy, convening of stakeholders and technical support. For tuberculosis (TB), a WHO investment case and policy dialogues drove a significant increase in government TB funding and expanded the “TB-free Community” initiative to more than 800 sites, tripling TB preventive treatment uptake and strengthening community-based active case finding.

For viral hepatitis, WHO supported China’s first national action plan with ambitious 80% diagnosis and treatment targets by 2030. WHO contributed to a fivefold rise in hepatitis C treatment initiations and helped establish a national case-based surveillance system to close critical gaps in the care cascade from testing to cure.

For elimination of mother-to-child transmission of HIV, syphilis and hepatitis B, WHO provided technical support for service delivery, data systems, laboratory quality and community engagement, enabling the NHC to certify an additional 15 provinces for triple elimination, bringing the total to 24 provinces. WHO also facilitated technical dialogues aligning China with global validation standards, paving the way for national validation by WHO.

Looking ahead

China is committed to building on recent gains in public health and health systems development by accelerating progress on the Healthy China Initiative by 2030. The country is at the forefront in the use of digital technologies and AI to rethink and transform how people use health-care systems. At the same time, China will continue to expand its support for global health through regional and global mechanisms, as well as South–South cooperation efforts. WHO will continue to work with China on all fronts, in China for China, and with China for global health.

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Indonesia

As an upper-middle-income country of 285 million people spread across 17 000 islands, Indonesia has distinct health challenges that the Government and partners, including WHO, have made notable progress addressing over the past year.

According to a 2025 WHO global report, the UHC Service Coverage Index for Indonesia rose from 42 in 2010 to 67 in 2023. Life expectancy at birth increased from 69 to 74.5 years over the same period. With nearly 12% of the population now aged 60 and over, Indonesia is officially ageing, and the disease burden is shifting.

The Government has launched landmark preventive initiatives, including an annual free health screening programme, which reached more than 70 million people within its first year, and a free nutritious meals programme to address a stunting prevalence of 19.8% among children under 5 years, according to 2024 figures.

Progress, however, remains uneven. The national maternal mortality ratio of 144 per 100 000 live births conceals deep geographic inequities, with the ratio in some provinces nearly three times as high as that of Bali and Java, according to a 2025 survey. Although Indonesia's administrative data reported national third-dose coverage of diphtheria, pertussis and tetanus vaccines at 82%, substantial subnational disparities persist, particularly in eastern Indonesia. At the same time, noncommunicable diseases (NCDs) are rising. A national health survey found that nearly 30% of adults have hypertension, but the vast majority go undiagnosed and untreated.

The WHO Representative Office in Indonesia works closely with the Ministry of Health and other partners

to tackle these inequities and strengthen health systems, providing strategic technical support aligned with national health priorities and the Region's shared vision of Weaving Health for All.

Regulating medicines to global standards

As a major regional vaccine producer, Indonesia requires a regulatory system that meets international standards for product quality, safety and equitable access. Through sustained effort, Indonesia's Food and Drug Authority (BPOM) achieved the designation as a WHO Listed Authority (WLA), becoming the first stand-alone regulatory agency from a middle-income country to attain this



A midwife checks the expiry date on a vaccine at a February 2025 immunization exercise in Jakarta. As a major regional vaccine producer, Indonesia's Food and Drug Authority achieved the designation as a WHO Listed Authority, one of only 41 globally.

standard. Indonesia now stands among 41 WLAs across 39 countries worldwide. The designation strengthens regulatory credibility, improves vaccine oversight and enables expansion of high-quality vaccine exports, while ensuring Indonesians have access to quality-assured medical products.

WHO contributions were technical and catalytic, assessing BPOM regulatory functions, identifying gaps against WLA requirements and providing targeted support on priorities. WHO facilitated knowledge exchange with mature regulatory authorities globally and strengthened coordination between BPOM, the National Immunization Programme and the National Committee on Adverse Events Following Immunization to ensure high-quality vaccine safety surveillance. As BPOM Chairperson Professor Taruna Ikrar noted: “Strengthening regulation is not merely an administrative compliance exercise, but a strategic investment in public health protection, national resilience and global competitiveness.”



Emergency Medical Team members assess a “patient”, who is actually a WHO trainer, during a simulation exercise in Yogyakarta in September 2025 for Emergency Medical Team training in preparation for WHO global classification.

Ending outbreaks and strengthening immunization

Between 2022 and 2024, vaccine-derived poliovirus was detected in Aceh, East Java and Papua, requiring a coordinated and rapid response to protect children and prevent spreading. Working with development partners, the Government put into effect a comprehensive outbreak response, administering more than 60 million polio vaccine doses, intensifying surveillance and expanding access to essential polio vaccines for children.

WHO helped to strengthen the national immunization programme through targeted technical guidance for planning and training 12 506 health workers on tracking missed children, catch-up immunization and reporting. WHO supported the second inactivated polio vaccine dose nationwide, which achieved 74.5% coverage in 2025, and extended progress through the hexavalent vaccine rollout across nine provinces, with a national rollout planned for 2026. WHO also established poliovirus whole genome sequencing capacity in national polio laboratories to strengthen strain detection and tracking.

In November 2025, Indonesia officially announced the outbreak closure, following the completion of the third Outbreak Response Assessment. This work was made possible with the support of Gavi, the Vaccine Alliance, and the United Nations Foundation.

Strengthening readiness

Indonesia faces some of the highest health emergency risks in the world, recording more than 8000 disaster events in 2024–2025, with ongoing exposure to respiratory viruses, zoonoses, vector-borne illnesses and other emerging threats. Through sustained technical leadership, WHO supported Indonesia in advancing its emergency response capabilities, culminating in the launch of the *National Action Plan for Health Security 2025–2029*, a comprehensive national framework for preparedness and response.

WHO provided guidance on Emergency Medical Team (EMT) standards, developed standard operating procedures for seven EMTs pursuing verification and supported one EMT in achieving full WHO verification. To strengthen early warning systems, WHO mainstreamed the 7-1-7 metric, a performance framework targeting detection, notification and response within defined time frames, into national disease surveillance practices to improve outbreak detection and response over the past year. Influenza surveillance improved by nearly 80%, with specimens processed rising from 4726 to 8477, with average output per sentinel site rising from 63 to 115 specimens tested. Timeliness also improved from 19% to 59.5% within the targeted turnaround time. This work was supported by the Australian Department of Foreign Affairs and Trade, the Pandemic Fund and the Pandemic Influenza Preparedness Framework Partnership Contribution.

Guiding healthier food choices

Indonesia faces a growing burden of diet-related NCDs. Consumers historically lacked clear nutritional information at the point of purchase to support healthier choices. Through a ministerial decree and BPOM regulation issued in 2026, Indonesia introduced nutri-level labelling on ready-to-serve and packaged beverages, classifying products based on sugar, salt and saturated fat content. The labels will appear across menus, packaging and digital food-delivery platforms.

Several beverage chains and retailers are voluntarily instituting the new labelling standards ahead of the mandatory implementation in two years. Since 2023, WHO has provided regular capacity-building, policy advocacy, evidence reviews and technical consultations with the Ministry of Health and BPOM, building the regulatory case for front-of-pack nutritional labelling to effectively promote healthy diets and prevent NCDs.

Preparing for a changing climate

Indonesia is one of the most climate-vulnerable countries in the world, yet health sector vulnerabilities and adaptation responses had not been translated into actionable planning. WHO provided sustained technical leadership to the Ministry of Health to address this need with a health vulnerability and adaptation assessment, which identified climate-related health risks across the country, and the *National Action Plan for Mitigation and Adaptation to Climate Change in the Health Sector 2025–2030*.

Built on climate-resilient health system components, the National Action Plan integrates climate risks into health planning at provincial and district levels across surveillance, climate-resilient facilities and community-based adaptation. Formalized through a Ministry of Health decree, the Plan also elevates the health sector's role in national climate action by embedding health within Indonesia's Second Nationally Determined Contribution, which updates the country's climate commitments with the United Nations for 2031–2035.

Going forward

Looking ahead, the WHO Indonesia country office will continue to position itself as an agile, trusted and indispensable technical partner for the Government. By embracing a collaborative approach and more strategic partnerships, WHO will ensure that its technical assistance generates lasting impact and system-level change. Through this model, WHO remains committed to advancing the Region's vision of Weaving Health for All and leaving no community behind across every island of the Indonesian archipelago.

The Lao People's Democratic Republic

The Lao People's Democratic Republic is a lower-middle-income country of about 7.8 million people. Six out of 10 people live in rural areas, frequently remote and mountainous, and the country is home to 50 ethnic groups. Since 2000, the Lao People's Democratic Republic has made substantial health gains: life expectancy increased from 58 to 69 years; the UHC Service Coverage Index improved from 33 to 64 (as of 2023); and the maternal mortality ratio fell from 609 to 120 per 100 000 live births.

Despite these gains, progress remains uneven in hard-to-reach communities, and rapid epidemiological and environmental changes are placing new demands on the health system. The country faces a rising burden of noncommunicable diseases (NCDs), which now account for approximately 60% of all deaths. Meanwhile, persistent challenges from communicable diseases, maternal and child health conditions and antimicrobial resistance require continuous health system adaptation. Strengthening primary health care (PHC), expanding the health workforce, accelerating the digital health transformation and upgrading emergency preparedness remain central national priorities under the *Tenth Health Sector Development Plan (2026–2030)* and the Sustainable Development Goals.

Transforming PHC

In 2026, the Lao People's Democratic Republic and WHO reaffirmed their shared commitment to anchoring universal health coverage (UHC) in the PHC approach. The first official visit of the Regional Director for the Western Pacific brought together the ministries responsible for health and home affairs in prioritizing PHC as part of local governance

reforms – specifically the establishment of a new sub-district administrative level called *taseng*. This strategic shift opened a window to deepen community and cross-sectoral health engagement.

“Together, we have made important health gains, but we are facing a changing set of health pressures and rising expectations from communities,” Baykham Khattiya, Minister of Health, told the Regional Director. “Strengthening primary health care is central to our response. We count on WHO’s continued partnership in this transformative effort.”

Also crucial to this transformation is the modernization of health information systems, which WHO has supported, to drive evidence-based planning. Because an estimated 90% of deaths in the country occur outside health facilities, the causes of most mortality have historically remained unknown. Over the past year, the country launched its first-ever community mortality surveillance system, integrating verbal autopsies to identify probable causes of death. This localized burden-of-disease data will help optimize resource allocation and PHC planning, including at the *taseng* level.

Strengthening tobacco control while protecting policy

The Lao People's Democratic Republic has taken decisive steps to curb tobacco use and safeguard public health policies from industry interference. In the second half of 2025, a targeted WHO-supported initiative has dismantled 228 online e-cigarette sales platforms, cutting off access to more than 759 000 members. Regulatory frameworks have also been substantially tightened.



A provincial health worker examines samples in Champasack, part of the country's ongoing efforts with WHO and partners to eliminate schistosomiasis.

The Prime Minister's Decree on Tobacco Control Penalties was endorsed in January 2026, clarifying enforceable fines and statutory measures for violations. Building on this framework, a February 2026 multisectoral workshop facilitated by WHO significantly enhanced stakeholder capacity to counter industry tactics aimed at circumventing plain packaging regulations and tobacco tax laws.

Accelerating disease elimination efforts

The country continues to register historic victories against neglected tropical diseases, specifically

schistosomiasis. In southern Champasack Province, the disease was endangering the health of roughly 120 000 people across high-risk villages. Strategic collaboration between the Ministry of Health, WHO and international partners – including China and Switzerland – delivered targeted mass drug administrations, sanitation infrastructure and case surveillance capacity. Consequently, schistosomiasis prevalence dropped from 7% in 2003 to zero infections detected in 2026. This milestone anchors the country's trajectory towards completely interrupting transmission ahead of its 2030 elimination target.



A provincial health worker tests the water at Pathoumphone District Hospital. Routine quality testing and monitoring of water, sanitation and hygiene help ensure safer care for patients and health workers.

Building climate-resilient health systems

Efforts to insulate health delivery from environmental shocks gained significant momentum in 2025. The Ministry of Health, supported by WHO and the Green Climate Fund, established a functional national network of 50 master trainers equipped to roll out climate-resilient facility standards nationwide.

Phetsana Keosavath of the Luang Prabang Provincial Health Department noted the impact on the ground: “Through the master trainer programme, I learnt practical steps to set up a safe, clean, green and climate-resilient team, conduct risk assessments and develop improvement plans,” he said. “The hands-on sessions gave us the confidence to train others and apply what we learnt.”

Using the WHO-developed Water and Sanitation for Health Facility Improvement Tool, front-line health facilities took prompt action based on climate risk assessments, upgrading energy efficiency, and securing resilient water and sanitation infrastructure.

Strengthening health security

Following its second Joint External Evaluation, the Lao People's Democratic Republic strengthened International Health Regulations core capacities across surveillance and risk assessment, rapid response and emergency operations systems. The revised *National Action Plan for Health Security (2026–2030)* provides an operational road map to respond to and prepare for any public health emergency.

Today, multi-source surveillance drives the country's collective ability to rapidly detect outbreaks, including outbreaks of vaccine-preventable and other communicable diseases, and to inform timely public health decision-making. Continued efforts to institutionalize the Public Health Emergency Operations Centre have enhanced emergency coordination and readiness, ensuring timely and effective risk assessment, preparedness and response actions.

These capacities were tested in the late 2025 polio outbreak. The Ministry of Health, with technical and operational support from WHO, executed a rapid field investigation and two rounds of nationwide supplementary immunization activities across March and May 2026. Spanning all 18 provinces, the emergency mobilization immunized 743 291 children, achieving coverage of 94.6% in the first round. The second round reached 776 552 children and achieved 98.8% coverage.

Looking ahead

The country's hard-won progress underscores a profound commitment to transforming PHC for the achievement of UHC. While sustained institutional partnerships have accelerated breakthroughs in tobacco enforcement, disease elimination, climate readiness and outbreak response, headwinds persist. Managing the dual pressures of an NCD epidemic and a climate crisis will require deeply coordinated, multisectoral investments. Moving forward, WHO remains committed to delivering tailored, evidence-based technical solutions alongside the Ministry of Health to ensure health for all.

Malaysia, Brunei Darussalam and Singapore

Located in Cyberjaya, the WHO Representative Office for Malaysia, Brunei Darussalam and Singapore coordinates WHO technical support to assist governments in addressing the existing and emerging health needs and priorities of a combined population of more than 42 million people.

Malaysia

Strengthening the health workforce

In the face of growing challenges in addressing noncommunicable diseases (NCDs), mental health conditions and the needs of an ageing population, Malaysia is working to ensure integrated, people-centred health care and services closer to where people live and work. A skilled, valued and well-utilized health workforce can also reduce unnecessary hospital admissions.

The Ministry of Health, in collaboration with WHO, developed the *Blueprint for the Allied Health Workforce (2026–2035)*, launched in March 2026. The Blueprint will guide further strengthening of allied health professions as part of an integrated health workforce delivering value-based care with a wide range of services, including multidisciplinary teams in primary health care.

Making health facilities more climate resilient

As climate change intensifies and emergencies grow more complex, ensuring that health facilities remain safe, functional and responsive is more important than ever. To help countries strengthen health facility

resilience, WHO, in collaboration with partners and other stakeholders, developed the Climate and Emergency Adapted for Readiness (CLEAR+) toolkit. This practical, health systems-oriented approach assesses readiness across emergency preparedness, climate adaptation and structural safety.

In Malaysia, the CLEAR+ toolkit has been adapted and implemented as the Malaysia Resilient Healthcare Facilities initiative. Grounded in national priorities, the initiative contributes to broader regional and global commitments, including the *Sendai Framework for Disaster Risk Reduction 2015–2030* and the WHO *Global Action Plan on Climate Change and Health (2025–2028)*. Through this work, Malaysia is helping shape a more climate-resilient future for health systems across the Western Pacific Region, aligning with the WHO regional Weaving Health for All vision.

Strengthening health security

Malaysia continued to strengthen health security with the launch of the *Malaysia National Action Plan for Health Security* in November 2025. The event brought together leaders from various ministries, WHO and partners from multiple sectors, underscoring a whole-of-government and whole-of-society approach towards health security.

Officiating at the launch of the National Action Plan, Minister of Health YB Datuk Seri Dr Dzulkefly Ahmad noted, “We are positioning Malaysia at the frontier of health security with resilience, inclusivity and readiness for whatever the future holds.” He explained that a strong, well-resourced plan means that when a new health threat emerges, systems are in place to respond quickly; hospitals are equipped; communities are informed; and lives are saved.



A boy in Nibong Tepal has his vision tested while his mother watches in December 2025 at one of many WHO-supported camps for vision screening and refractive services in underserved communities.

Reaching more people with more services

Through the WHO SPECS 2030 initiative, Malaysia expanded support for access to vision screening and refractive services in underserved communities. The WHO-supported pilot project reached nearly 700 people, including refugees, rural populations,

children and older adults. Free eyeglasses were provided and referrals made for further care, alongside support for a policy dialogue and strategic directions. WHO will continue to work with Malaysia to scale up community- and school-based screening to ensure early detection and lifelong healthy vision, through integration into school health and NCD programmes.

Malaysia also launched the *National Blueprint for Behavioural Insights in Health*, underscoring its commitment to advancing behaviourally informed health systems and improving population health outcomes. WHO also supported Malaysia in systematically integrating behavioural insights across key health programmes through youth and civil society engagement, including healthy habits, intergenerational engagements with older people and disability inclusion to change behaviours in enhancing the accessibility, acceptability and responsiveness of health services.

WHO supports Malaysia in strengthening community-based mental health services through the Mental Health Gap Action Programme and the introduction in Bahasa Malaysia of QualityRights training materials. The free online course via the WHO Academy teaches health workers, families and communities practical skills to promote respectful, recovery-oriented care, improved communication and shared decision-making. This initiative supports more inclusive, rights-based services, contributing to better care experiences, greater independence and improved social participation for people with mental health conditions, facilitating wider uptake and alignment with national priorities and international standards.

Reaching the unreached in Sabah

WHO also provided comprehensive support to the state of Sabah to strengthen immunization services and reach underserved populations, assisting a measles-rubella vaccination project that covered 6000 migrant and undocumented children across eight districts.

WHO also provided information technology equipment, including 86 desktop computers, laptops and essential software programmes to strengthen real-time data collection and management. In addition, WHO supported the development and printing of some 100 000 immunization cards for migrant and undocumented children, ensuring better tracking and continuity of vaccinations. These efforts have enhanced outreach monitoring, strengthened vaccination follow-up and improved access to immunization services for vulnerable populations.

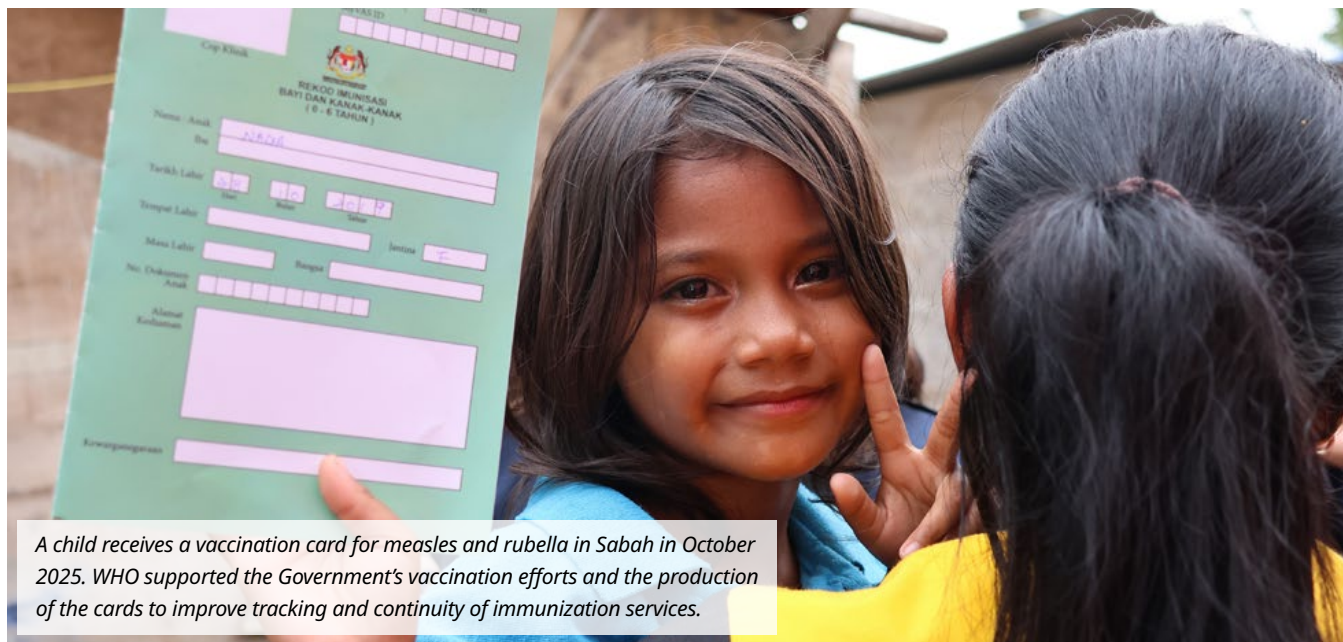
Brunei Darussalam

Tackling mounting NCD challenges

WHO provided technical support to Brunei Darussalam to strengthen the prevention and control of NCDs through a series of strategic evaluations, including a review of the National Health Screening Programme and an evaluation of the country's plans

for NCD prevention and control, the management of mental health conditions and diabetes control. Evaluation recommendations will help the country strengthen action plans and programmes to address NCDs and mental health conditions, promoting a life-course approach to prevention, early detection, treatment, rehabilitation and mental well-being.

In combating risk factors for NCDs, the Government is strengthening its response to obesity by integrating behavioural insights into national policies and programmes with WHO support. Since 2022, the Ministry of Health has institutionalized behavioural approaches aligned with the WHO guidance for accelerating action on NCDs. The approach uses evidence generation and participatory processes to identify barriers, such as stigma, unhealthy social norms and service gaps. These insights are reflected in more people-centred interventions and service improvements, contributing to the ongoing development of a comprehensive national strategy for obesity prevention and advancing more effective and equitable action to reduce NCDs.



A child receives a vaccination card for measles and rubella in Sabah in October 2025. WHO supported the Government's vaccination efforts and the production of the cards to improve tracking and continuity of immunization services.

Assessing risks to guide future actions

Following a 2023 WHO global survey highlighting the need to strengthen national risk assessment capacities within public health institutions, WHO developed an all-hazard toolkit to support Member States. The toolkit, which operationalizes WHO guidance and incorporates recent advancements, features two key components: a Quick Initial Risk Assessment algorithm and a Member State Rapid Risk Assessment tool.

In collaboration with the Ministry of Health, WHO conducted the first-ever, in-country training for these two tools during an October 2025 workshop, marking a milestone in health security for the Western Pacific Region and globally. Nearly 50 participants practised using the two risk assessment tools as they were introduced to the critical role of risk assessment during an emergency.

Acting Director Dr Pg Hj Sirajul Adli Pg Hj Jamaludin of the Department of Environmental Health Services, Ministry of Health, explained: “During a health emergency event, it is vital for decision-makers to understand threats, translate data into insights and make transparent, evidence-based decisions that save lives.”

Singapore

Achieving another global first

In March 2026, Singapore’s Health Sciences Authority (HSA) became the first authority globally to achieve the highest maturity level (ML4) for regulation of medical devices, having completed the WHO Global Benchmarking Assessment process earlier in the year.

“It is a great honor for Singapore’s Health Sciences Authority to be recognized at the highest WHO maturity level classification for medical device regulation,” said Adjunct Professor Dr Raymond Chua, HSA Chief Executive Officer.

The process that led to the designation was a testament to the power of regional cooperation, with staff from WHO headquarters, the Regional Office and the Representative Office joined by international experts, including evaluators from Member States with strong medical product regulatory authorities, such as Australia, Japan and the Republic of Korea. The team reviewed evidence submitted by HSA and engaged in detailed technical discussions with officials responsible for regulatory oversight.

The Malaysia Medical Device Authority also participated in the in-country evaluation mission, gaining insights for its future benchmarking exercises.

Looking ahead

WHO will continue working with Malaysia, Brunei Darussalam and Singapore to enhance universal health coverage through strengthening multidisciplinary primary health care, achieving efficiency gains in providing population access to health-care services while strengthening preparedness and response capacities.

Strengthening the resilience of health systems while lowering disease burdens through behaviourally informed healthier living and prevention will continue to be key areas of collaboration, as Member States, WHO and partners continue to work together to achieve health for all.

The Federated States of Micronesia, the Marshall Islands and Palau

The WHO Representative Office for the Federated States of Micronesia, the Marshall Islands and Palau provides technical, strategic and operational support to the three North Pacific island nations. Working closely with governments, ministries of health and development partners over the past year, the office has supported country-led progress in strengthening resilient health systems, advancing universal health coverage, enhancing health security and emergency preparedness, and addressing the health impacts of climate change.

The past year also saw the continued expansion of WHO engagement following the transition from a WHO country liaison office to a WHO Representative Office. The strengthened WHO presence enabled closer policy dialogue with governments, more sustained technical cooperation with ministries of health, expanded programme implementation and emergency response, strengthened resource mobilization and enhanced coordination with development partners across the three countries.

This strengthened collaboration helped countries across the North Pacific respond to emerging health threats, climate-related risks and the growing burden of noncommunicable diseases (NCDs), while accelerating progress in surveillance, preparedness, digital health and community-based care. Together, these achievements reflect a shared commitment to protecting health and strengthening resilience in some of the world's most geographically dispersed island nations.

Strengthening health security together

Countries across the North Pacific strengthened their capacity to prepare for, respond to and recover from emergencies through investments in preparedness, multisectoral coordination and climate resilience, supported by WHO technical expertise, operational assistance and strategic partnerships.

In April 2026, Typhoon Sinlaku affected an estimated 34 000 people across Chuuk State in the Federated States of Micronesia, causing extensive damage to homes, infrastructure, water systems and health facilities. Under the leadership of the Department of Health and Social Affairs and Chuuk State health authorities, a coordinated response was mobilized to protect communities and maintain access to essential health services. The response highlighted the country's growing capacity to prepare for, respond to and recover from climate-related emergencies while safeguarding the health of vulnerable populations.

WHO rapidly deployed technical teams to support authorities in conducting rapid health assessments, coordinating health partners and strengthening disease surveillance. WHO also mobilized essential emergency health supplies, including emergency health, NCD and dengue diagnostic kits, water and sanitation commodities, and technical guidance to help maintain continuity of essential health services and reduce the risk of secondary public health impacts.

Meanwhile, the Marshall Islands advanced a One Health approach to strengthen preparedness for



A physician with the Chuuk State Public Health Outreach Team in the Federated States of Micronesia stands onshore as the team's boat arrives in Polle. Teams distributed vaccines, medicines and other essential health supplies by boat after Typhoon Sinlaku in April 2026.

emerging public health threats. WHO provided technical leadership and facilitated multisectoral collaboration, bringing together stakeholders from the health, agriculture, fisheries, biosecurity and environmental sectors to assess food safety systems, identify zoonotic disease risks and strengthen mechanisms for coordinated emergency preparedness and response.

WHO also supported the development of a national road map aligned with the *WHO Global Strategy for*

Food Safety 2022–2030, helping establish priorities for legislation, inspection systems, surveillance and accountability. Through WHO-supported Rapid Response Team training, technical guidance and One Health emergency preparedness activities, the country's capacity to detect, investigate and respond to health threats through coordinated actions across sectors was further strengthened.

WHO provided technical expertise to support the development of Palau's anticipatory action

framework for typhoons, working closely with national authorities and partners to integrate climate information, early warning systems and health-sector preparedness measures into emergency planning. The framework enables earlier action to reduce the health impacts of disasters and strengthen community resilience.

Building on these efforts, WHO supported One Health and zoonoses training, facilitating communicable disease prioritization, and convening stakeholders from the human health, animal health, environmental health and biosecurity to strengthen cross-sectoral collaboration. Through technical guidance and capacity-building, these efforts enhanced national preparedness and response capacities to address emerging threats at the human–animal–environment interface.

Focusing on disease prevention and control

Countries continued to strengthen disease prevention, surveillance and health system performance through improved information systems, integrated service delivery and coordinated national action plans.

In the Federated States of Micronesia, WHO provided technical support to strengthen digital health governance, improve health information systems and enhance disease surveillance, helping build a more integrated and responsive health system. Through technical guidance and capacity-building, WHO supported national efforts to strengthen the use of data for evidence-based decision-making, service delivery and public health action.

WHO also provided technical assistance to revise national immunization and measles–rubella preparedness plans, support supplementary immunization activities in lower-coverage areas, and strengthen surveillance for neglected tropical diseases and leprosy. These efforts enhanced the country's capacity to prevent vaccine-preventable

diseases, identify emerging health risks, monitor progress towards disease elimination and respond more effectively to public health threats.

Over the past year, WHO provided technical leadership throughout the development of Palau's *National Action Plan on Antimicrobial Resistance*, facilitating multisectoral consultations, supporting the drafting and review process, and ensuring alignment with the WHO *Global Action Plan on Antimicrobial Resistance* and regional priorities. The country completed its National Action Plan and advanced preparations for national endorsement, providing a coordinated framework for surveillance, antimicrobial stewardship, and infection prevention and control.

By convening stakeholders across the human, animal and environmental health sectors, WHO strengthened national ownership and multisectoral collaboration, establishing a foundation for coordinated implementation of long-term measures to address one of the most significant emerging threats to public health and health security.

Working closely with national counterparts, WHO documented and shared lessons from the Marshall Islands integrated tuberculosis and diabetes service delivery model, providing technical guidance to strengthen evidence-based approaches for managing communicable and noncommunicable diseases. The resulting national case study highlighted practical lessons for delivering coordinated care in settings facing a dual burden of disease and demonstrated the value of integrated service delivery at the primary health-care level.

WHO also convened technical discussions and provided policy advice on tobacco, alcohol and sugar-sweetened beverage taxation, helping translate evidence into policy options to reduce NCD risk factors and strengthen sustainable financing for health. These initiatives reflect the country's commitment to evidence-based policies to improve health outcomes while strengthening long-term health system sustainability.

Expanding people-centred services

Countries strengthened people-centred approaches to health care by investing in mental health, maternal and newborn health, health promotion and community engagement.

WHO helped to strengthen the Federated States of Micronesia’s mental health and suicide prevention programme by providing technical guidance, supporting implementation and workforce training for the Mental Health Gap Action Programme, and facilitating collaboration among health authorities, educational institutions, civil society organizations and development partners. These efforts strengthened awareness, referral pathways and psychosocial support services while promoting greater integration of mental health into primary health care. Together, they contributed to a more coordinated approach to supporting mental well-being, particularly among young people and vulnerable populations.

WHO helped to improve maternal and newborn care in Palau, providing technical guidance, including training on Kangaroo Mother Care and Early Essential Newborn Care, and capacity-building for health workers caring for mothers and newborn infants. These initiatives reinforced quality-of-care approaches and contributed to improved maternal and newborn health outcomes.

Complementing these efforts, WHO supported national capacity-building in health promotion through advanced social marketing training and technical guidance, equipping health professionals with practical approaches to strengthen behaviour-change communication, community engagement and healthier lifestyles. Together, these efforts contributed to more responsive, people-centred health services.

Better addressing emerging challenges

Countries also continued to address complex and long-term public health challenges through

evidence generation, policy dialogue and international collaboration.

WHO has worked closely with the Marshall Islands to advance dialogue on the long-term public health impacts associated with its nuclear legacy, providing technical engagement and supporting evidence-informed discussions following the May 2025 World Health Assembly resolution on the effects of nuclear war on public health. Building on national priorities, these efforts strengthened awareness of radiation-related health risks, supported cancer prevention and early detection, and promoted long-term health monitoring for affected communities.

Through continued collaboration and technical dialogue, WHO supported national advocacy for sustained investment in public health research, surveillance and health services to address intergenerational health concerns. These efforts have also helped focus international attention on the long-term health needs of affected communities.

Looking ahead

The achievements of the Federated States of Micronesia, the Marshall Islands and Palau over the past year demonstrate the value of strong national leadership, multisectoral collaboration and sustained investment in resilient health systems. From responding to climate-related emergencies and strengthening health security to advancing digital health, disease prevention and people-centred care, countries continued to build stronger foundations for healthier communities.

As health challenges continue to evolve, WHO remains committed to supporting country-led priorities and working alongside governments and partners to accelerate progress towards resilient health systems, universal health coverage and health security across the North Pacific.

Mongolia

Mongolia, home to approximately 3.46 million people, spans more than 1.5 million square kilometres, making it the world's most sparsely populated and second-largest landlocked country. The country has achieved significant progress in health, including increases in life expectancy, reaching 71 in 2022, and a UHC Service Coverage Index of 70 in 2023.

Mongolia is making significant progress towards a healthier, more equitable future through bold reforms and sustained investments. The partnership of Mongolia and WHO has paved the way for extensive health-sector reforms in recent years, including the transformation of public health institutions and health systems to address root causes of health inequities and reframe disease prevention and promotion as the paradigm for a healthier future.

Building a healthier future

Mongolia's decisive transformation of its health system architecture includes the establishment of the Mongolian Centre for Disease Control and the National Public Health Council, reinforcing country commitments to a science-based, well-governed and resilient system for disease prevention and control, and emergency response.

With WHO support, Mongolia strengthened core public health capacities, including the *National Action Plan for Public Health Security*, enhanced surveillance systems and laboratory networks, and improved workforce capacity. After the 2025 establishment of the Public Health Emergency Operations Centre, Mongolia built a network of emergency response centres across all provinces to bring preparedness and response capacities closer to communities.

The inauguration of the National Reference Laboratory for Medicines and Medical Devices in June 2026 was a milestone. The 1000-square-metre laboratory, equipped with advanced technologies, was built with financial assistance from the Pandemic Fund and WHO technical support.

"The laboratory is a strategic investment to bring Mongolia's medicines regulatory system and national quality-assurance capacity to the international level, ensuring access to quality and safe medicines for all Mongolians, securing their health and their future," noted Minister of Health Batshugar Enkhbayar.

Mongolia has accelerated the digitalization of health information to make way for a collaborative intelligence hub that will advance health and epidemiological information systems. A nationwide assessment of the laboratory network has also been undertaken, in preparation for the country's public health laboratory network.

Strengthening preparedness and response

Emergency preparedness and response remains an area of strong and sustained WHO support, as the country has faced outbreaks of re-emerging, vaccine-preventable, zoonotic and seasonal respiratory diseases, including measles, meningococcal meningitis, anthrax and plague. WHO supported all provinces through surveillance, clinical management and workforce training, reaching more than 4300 health workers. Large-scale, multipronged immunization campaigns against measles were conducted, including the vaccination of children aged 6–8 months, catch-up vaccinations and supplementary immunization activities to end the outbreak.



Health workers from Kherkh Village Health Centre bring essential health services closer to people in June 2026 with mobile health screenings for communities to improve access to care in remote areas.

To combat invasive meningococcal disease, WHO supported intensive clinical training across all the provinces and Ulaanbaatar. Mongolia became the first country in the world to roll out the WHO bacterial meningitis toolkit at scale. For zoonotic diseases, the Government adopted a One Health response, while strengthening the national laboratory and 14 provincial laboratories in regions with high zoonosis risks.

Mongolia is investing in a more capable and deployable public health workforce. The Mongolian Field Epidemiology Training Programme has been undergoing reform since 2025. With support from the WHO Global Outbreak Alert and Response Network, the country has strengthened capacities for large-scale field deployments. Mongolia was

the first country in the Western Pacific Region to undertake this exercise.

Now a revised road map integrates health security, One Health and new approaches to surveillance and outbreak response.

Closing health inequity gaps

Mongolia is reducing health inequities through a combination of health system strengthening, expanded access to primary health care, vulnerability assessments and action on the social determinants of health. In 2025, WHO developed the country's first health vulnerability report to identify disparities across provinces and population groups, providing

evidence to guide policies and interventions for populations most at risk of being left behind.

Mongolia intensified the fight against communicable diseases through sweeping national programme reviews supported by WHO, covering tuberculosis, HIV, sexually transmitted infections, viral hepatitis and immunization. The reviews generated the most recent comprehensive evidence on disease trends, programme performance, service delivery gaps and health system bottlenecks. The reviews served as a foundation for Mongolia's *Communicable Diseases Action Plan 2026–2029*.

Mongolia is pursuing a primary health-care revolution through service integration and digital health technologies. The country has made progress in moving vertical, disease-specific programmes to a people-centred service delivery model at the primary health-care level, supported by advanced technologies, such as AI-assisted X-ray, GeneXpert and other cutting-edge diagnostics.

The WHO mobile health programme, now covering 98% of *soum* health centres and 1800 *bagh feldshers* – mid-level community health workers and specialized nurse practitioners – has become critical for reaching communities at risk of being left behind, particularly herders, who make up about 30% of the population.

Making future generations healthier

Mongolia continues to address the risk factors that drive premature mortality, such as physical inactivity, tobacco and alcohol consumption, and other commercial determinants.

The Tobacco Law is being amended in alignment with the *WHO Framework Convention on Tobacco Control*. The Law will impose annual increases in tobacco excise taxes starting in 2027 and reaching 60% by 2031, regulate e-cigarettes and emerging nicotine products, ban flavoured tobacco products, restrict advertising and promotion, and protect public health policies from tobacco industry interference.



A specialist at the National Centre for Zoonotic Diseases in Ulaanbaatar conducts tests for zoonotic diseases. With strong national leadership and WHO support, the country's One Health approach highlights the importance of laboratory capacity in preventing and responding to zoonotic disease threats.

A law imposing a sugar-sweetened beverage excise tax is scheduled for implementation in January 2027. The country has also updated alcohol labelling requirements and strengthened the implementation of WHO SAFER measures to reduce alcohol-related harms.

The Government adopted a *National Action Plan for the Prevention and Control of Noncommunicable Diseases 2026–2028*, focused on health-promoting environments and stronger primary health care for early detection, diagnosis and treatment of noncommunicable diseases.

Mongolia launched its cervical cancer elimination programme in 2025, marking a milestone in protecting the health and future of women and girls. WHO supports nationwide training and the provision of equipment for cervical cancer diagnosis and treatment. The programme aims to achieve 90% human papillomavirus vaccination coverage for girls and boys by age 15, 70% screening coverage for women at ages 35 and 45, and 90% treatment coverage for women diagnosed with cervical disease.

Environmental health and climate action has been central to Mongolia's health agenda. WHO supported the development of the *Environmental Health Action Plan 2025–2028*, the country's first comprehensive road map to reduce air pollution and other environmental risks. WHO also supported the *National Adaptation Plan 2024–2030* and Nationally Determined Contributions 2025–2035, ensuring that health protection is part of long-term action on climate change.

Partnering for health

Partnerships are central to advancing Mongolia's health goals. In June 2026, the Ministry of Health, WHO and partners signed an *aide memoire* and launched the Mongolia Partnership for Science and Research. The partnership strengthens national research systems for innovation and evidence-based policy-making.

WHO has also helped connect Mongolia with regional and global expertise, including the University of Melbourne, the Institute for Scientific Interchange Foundation in Italy, the Japan Institute for Health Security and Yonsei University in Seoul, covering work on influenza surveillance, antimicrobial resistance and planetary research.

WHO Mongolia has expanded engagement with the private sector as part of a broader societal compact for health. In 2025, WHO Mongolia and the Trade and Development Bank of Mongolia signed an agreement to leverage the Bank's network to deliver public health messages nationwide. In 2025, Mongolian Airlines featured WHO work in Mongolia in its in-flight magazine, demonstrating the growing role of non-health sectors in promoting public health.

Looking ahead

Shaping a healthier and more secure future will continue to be daunting in the face of transformation and change. More than ever, the cooperation and collaboration between the Government and WHO will continue to advance health as an engine for development that leaves no one behind.

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Papua New Guinea

Papua New Guinea, home to about 10.2 million people, stretches over the eastern half of New Guinea, the world's second-largest island, and hundreds of surrounding islands. Its challenging geography shapes the country's health context, limiting access to essential health services for many people. The UHC Service Coverage Index was 32 in 2023, compared with 81 for the Western Pacific Region as a whole.

Health outcomes remain substantially poorer than regional estimates. Life expectancy was 65.5 years in 2021, compared with 77.4 years regionally. The maternal mortality ratio (MMR) was estimated at 189 deaths per 100 000 live births in 2023, compared with 35 regionally. The global Sustainable Development Goal target for MMR is fewer than 70. In 2024, under-5 mortality in Papua New Guinea was 39.4 deaths per 1000 live births, compared with 12.1 regionally, and infant mortality was 31.3 per 1000, compared with 9.7 regionally.

Despite these challenges, important progress was achieved over the past year through government leadership and collaboration with WHO and other partners. Recent gains include an integrated polio response that reached millions of children while strengthening immunization systems, province-led transformation of primary health care (PHC), and stronger One Health and antimicrobial resistance (AMR) coordination. Together, these achievements show how targeted public health action, community engagement and system strengthening can reinforce one another in the country's demanding operating environment.

Strengthening immunization

Routine immunization remains a major concern. WHO and the United Nations Children's Fund (UNICEF) estimated coverage with the third dose of diphtheria-tetanus-pertussis-containing vaccine at 43% in 2025, compared with 89% regionally. Following the first detections of circulating vaccine-derived poliovirus type 2 in April 2025, Papua New Guinea declared a public health emergency on 15 May 2025. On 11 August 2025, the National Department of Health, WHO, UNICEF and other partners launched a response.

To maximize impact, the polio response was used as an entry point to revitalize routine immunization. Novel oral polio vaccine type 2 and fractional-dose inactivated poliovirus vaccine were delivered alongside measles-rubella and pentavalent vaccines, vitamin A supplementation and deworming. The first round targeted children under 10 years in 17 mainland provinces, while the second expanded vaccination to all 22 provinces. The first two rounds achieved coverage rates of over 83% and 81%, respectively. A third round, launched in April 2026, targeted children under 5 years in four provinces and achieved reported administrative coverage exceeding 95%.

"This campaign is a shared commitment to protect every child from polio – a disease we can prevent," said then Minister for Health Elias Kapavore at the launch of the second round in Port Moresby in October 2025. "Bring your children for vaccination. The vaccine is safe, effective and free."



A local government leader in Milne Bay Province praises a newly established village health committee in June 2025. Provincial leadership and community ownership are key drivers of WHO-supported efforts by Member States to transform primary health care.

Beyond the numbers, the response built implementation capacity. More than 100 provincial trainers provided instruction for more than 5000 vaccinators, 3000 social mobilizers and 900 supervisors. WHO deployed 20 consultants to provinces to provide ongoing mentoring and monitoring. The programme also included repairs and upgrades to cold-chain equipment at provincial and district levels. Front-line workers strengthened skills in operational planning, safe injection, vaccine management and surveillance, supporting routine immunization beyond the outbreak response.

Transforming primary health care

To strengthen provincial leadership for PHC, WHO supported four provincial health authorities – the Autonomous Region of Bougainville, Milne Bay, Morobe and West New Britain – to advance transformation through integrated service delivery, empowered communities and multisectoral action. Across the four provinces, the work strengthened integration of health promotion, immunization, maternal and child health, and communicable and noncommunicable disease services; provincial

planning and supportive supervision; community engagement through village health assistants, volunteers, local leaders and faith-based organizations; and use of routine data for decision-making.

In West New Britain, WHO and the Provincial Health Authority advanced a whole-of-system PHC initiative linking governance, service delivery and community engagement. During a mission from 2 to 6 March 2026, communities at five demonstration sites – Banaule, Buvussi, Valoka, Malalia and Silanga – mapped health challenges, traced patient journeys through the health system and developed action plans. In Valoka, local government leadership worked with WHO and the community to establish a Village Health Committee. Practical changes included community clean-up, deployment of a health extension officer, and improvements in water and sanitation. The experience showed how provincial leadership, local government engagement and community ownership can translate PHC principles into locally led action.

Translating coordination into action

Papua New Guinea strengthened coordination across human, animal and environmental health. The One Health Planning Committee, co-chaired by the Papua New Guinea Biosecurity Authority and the National Department of Health, with secretariat support from WHO and the Food and Agriculture Organization of the United Nations, sustained monthly multisectoral engagement on zoonotic threats, food safety, AMR and health security.

At the 59th Annual Medical Symposium in Port Moresby in September 2025, the WHO Regional Director addressed more than 700 health professionals and called for unified action across sectors. His remarks were incorporated into a briefing to inform Papua New Guinea's One Health Governance Framework. In February 2026, the country was awarded a US\$ 14.4 million Pandemic Fund grant for the "All Aboard for a Systematic Approach towards Pandemic Preparedness in Papua New Guinea" project, which will strengthen

national and provincial health security.

Workforce development continued through the Field Epidemiology Training Programme, which had produced 213 graduates across its advanced, intermediate and One Health front-line streams by June 2026. Progress on AMR also continued. The seventh National AMR Symposium in November 2025 convened agencies responsible for human health, animal health, agriculture and the environment, together with partners. By the end of this reporting period, the second national action plan for AMR for 2024 to 2028 was nearing completion. The national antimicrobial guidelines and training materials for hospitals and provincial health authorities were already being disseminated.

Looking ahead

The priority is to consolidate recent gains and accelerate progress towards a more resilient, equitable and people-centred health system. This means restoring and sustaining routine immunization, reaching children missed by facility-based services, extending provincial PHC transformation, strengthening One Health preparedness and accelerating AMR implementation.

Investments must continue to prioritize remote and underserved communities. Government leadership, disciplined implementation, partner alignment, timely use of data and meaningful community engagement will be essential to translate national commitments into measurable health improvements for all people in Papua New Guinea.

The Philippines

Home to more than 117 million people across 7641 islands, the Philippines continues to advance towards universal health coverage (UHC) while addressing persistent disparities in access to essential health services. The country's UHC Service Coverage Index increased from 55.6 in 2020 to 69.0 in 2023, while life expectancy at birth reached 66.4 years in 2021. Yet access to quality primary health care, routine immunization and other essential services remains uneven for many Filipinos, particularly those in geographically isolated and disadvantaged areas.

Throughout the year, WHO has worked with the national and local governments to strengthen health systems where needs were the greatest. WHO has played a supporting role in addressing a wide range of health challenges over the past year, from assisting with a nationwide measles–rubella immunization campaign and working to improve adolescent health, to supporting needs assessments and response efforts in the wake of a devastating earthquake.

Protecting communities through immunization

After more than 5000 reported measles cases in 2025, the Philippines intensified efforts to close immunity gaps, protect children at risk and prevent further transmission. With technical and operational support from WHO and partners, the Department of Health implemented a nationwide measles–rubella supplementary immunization activity in phases.

Phase 1, conducted in Mindanao from January to February 2026, vaccinated 2.3 million children aged 6–59 months, achieving 82.1% coverage. Phase 2, implemented in June 2026 across the National Capital Region, Batanes and selected border communities in Regions III and IV-A, reached an additional 1 million children, achieving 84.4% coverage. In all, more than 3.48 million children were protected, demonstrating the country's commitment to restoring population immunity against measles and rubella.

To reach children living in remote and other underserved communities, WHO supported local governments in adapting service delivery through strengthened microplanning, temporary vaccination sites, and the use of behavioural and social insights to improve community engagement and



The Department of Health and WHO work together in a measles–rubella supplementary immunization activity in Zamboanga del Norte. Prioritizing isolated and disadvantaged areas helps improve access to health services for children in hard-to-reach communities.

address vaccine hesitancy. These efforts brought immunization services closer to hard-to-reach populations while helping reconnect missed and under-immunized children with routine immunization services beyond the campaign.

Strengthening emergency preparedness and response

The Philippines remains one of the world's most disaster-prone countries. Emergencies can quickly disrupt access to essential health services. More than 1.65 million people were affected in June 2026 across the Bangsamoro Autonomous Region in Muslim Mindanao, Davao, the SOCCSKSARGEN administrative region in south-central Mindanao and the Zamboanga Peninsula, when a 7.8 magnitude earthquake struck off the coast of Sarangani Province. Challenges included damage to health infrastructure, disruption of essential health services, and prolonged displacement of those living in coastal and upland communities.

WHO supported national and local government units and partners by conducting rapid health needs assessments, helping identify priority needs and guide response and recovery efforts. WHO provided water purification tablets to the rural health units in Glan, Jose Abad Santos and Malapatan, and ensured that a Philippine Emergency Medical Assistance Team Type 2 facility met international standards to strengthen the delivery of safe, quality care during the emergency response. These efforts reinforced a coordinated emergency response, supported early recovery and strengthened the resilience of local health systems.

Building healthier communities through primary health care

Noncommunicable diseases (NCDs) remain the leading cause of death in the Philippines, underscoring the need to strengthen prevention and primary health care. Building on the Healthy Hearts Programme, which achieved an 86% hypertension



A woman in rural Cagayan undergoes routine blood pressure screening in June 2026. Through the Healthy Hearts Programme, WHO donated blood pressure monitors to help strengthen NCD services in primary health-care facilities.

control rate in Western Visayas, WHO supports the Department of Health to scale up standardized hypertension prevention and management nationwide through the *Proteksyon Para sa Altapresyon* (Protection for Hypertension) initiative. By 2026, the programme had expanded to 27 provinces and three highly urbanized cities, covering 14.6 million adults for hypertension screening and aiming to achieve blood pressure control among 2 million people with hypertension by the end of 2026. By translating successful local models into national approaches, the initiative is strengthening primary health care, expanding equitable access to quality hypertension services and accelerating progress towards reducing premature mortality from cardiovascular diseases.

WHO supported Baguio City in implementing the MPOWER package, which aims to reduce demand for tobacco products through technical guidance on smoke-free policies, enforcement and evidence-based tobacco control interventions. These efforts have

contributed to a decline in smoking prevalence from 35.3% in 2018 to 8.9% in 2025, reflecting sustained progress in reducing tobacco use and promoting healthier public spaces. In May 2026, Baguio City received a WHO World No Tobacco Day Award in recognition of its leadership in tobacco control.

Community engagement efforts advanced One Health approaches and responsible pet ownership by increasing awareness of rabies prevention and expanding access to preventive services nationwide. During National Rabies Week in March 2026, WHO, with national and local partners, supported a campaign that reached more than half of the country's provinces and vaccinated 144 580 dogs and cats against rabies.



Smoke-free Taskforce members from the Baguio City Government join WHO staff in May 2026 for a field trip to support efforts to strengthen tobacco control and promote healthier public spaces in the city.

Promoting health and well-being across generations

Adolescent pregnancy remains a significant public health challenge in parts of the Philippines. Through the Joint Programme on Accelerating the Reduction of Adolescent Pregnancy, implemented with United Nations partners and local governments in Samar and Leyte, the programme strengthened multisectoral coordination, youth participation and provision of adolescent-friendly health services.

As part of the programme, the TruckABATAAN mobile health clinic expanded access to counselling, consultations and essential health services for adolescents living in geographically isolated communities. Peer educators and youth leaders also contributed to peer-led health promotion and the dissemination of accurate and rights-based health information among young people.

In Southern Leyte, these efforts contributed to a 29% decline in adolescent birth rates within 22 months of implementation. The programme also strengthened local investment in adolescent health and demonstrated how youth-centred and community-based approaches contribute to healthier and more resilient future generations.

Going forward together

The work of WHO with the Government and partners has advanced national priorities, helping to strengthen health services and build more resilient local health systems. Building on this progress, WHO will continue to support efforts to strengthen equitable, resilient and people-centred health systems across the Philippines. As the country advances towards UHC, WHO will support national and local efforts to ensure that high-quality health services reach everyone, no matter where in the Philippines they live.

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Solomon Islands

Solomon Islands, an archipelago that is home to more than 820 000 people, faces a noncommunicable disease (NCD) crisis, while malaria, tuberculosis and the risk of vaccine-preventable disease outbreaks are on the rise. Many communities have limited access to safe water and sanitation, and climate change has increased food insecurity and the risk of disease transmission. Natural disasters often disrupt health services and damage health infrastructure.

Despite challenges, Solomon Islands has demonstrated progress on several important fronts over the past year, including reducing uncontrolled diabetes cases, making blood transfusions safer for thousands of pregnant women and significantly reducing the threat of malaria.

WHO has continued to support efforts by the Ministry of Health and Medical Services (MHMS) to build capacity and upgrade infrastructure. Coaching was provided to hundreds of health workers on NCD outpatient care and front-line health workers on maternal and newborn health. Forty-two health facilities were upgraded with digital malaria surveillance tools, and 60 facilities benefited from improved access to safe water and sanitation.

Stopping the scourge of NCDs

A November 2025 assessment of all eight Honiara primary health-care facilities found that the number of people screened for NCDs, pre-diabetes and newly diagnosed diabetes more than doubled, while 1255 patients took advantage of newly added diabetic foot screenings. As a result, uncontrolled diabetes cases fell by 88% (from 561 to 68) over the past year.

This resulted from a joint effort by MHMS and WHO over the past year to introduce health coaching

with adult learning methodologies, as well as redesigning facilities to use checklist-based quality-improvement tools. In the past year, an additional 467 health workers from Honiara City and Guadalcanal and Malaita provinces have been coached. In all, 708 health workers have achieved more than 90% competency in diabetes and diabetic foot screening, as well as management using national standards. Quality improvement continues to be strengthened in Honiara and scaled up across Guadalcanal and Malaita provinces through facility-led efforts to reorganize environments, staff roles and workflows.

“We want to be guided by the data on what the best direction will be for Honiara,” said Dr Lawrence Diau, Honiara City Council Provincial Health Director. “This is the way forward. We’re going for it.”

Strengthening primary health care

In 2026, joint MHMS and WHO teams assessed 25 health facilities in Honiara and Central Islands and Malaita provinces. They identified the need to improve tracking of those who have missed scheduled health services, contact tracing, stock management, record-keeping, and infection prevention and control, as well as to ensure that health-care facilities met national standards. The teams continue to address these needs through more supportive supervision, contact tracing, data quality assessments and on-the-job coaching.

WHO has supported development of the Health Services Bill, which was approved by the Cabinet. The Public Health Act and the National Immunization Strategy, as well as policies for the workforce, medicines, blood safety, digital health and NCDs, are being reviewed for senior executive endorsement.



A public health officer checks data accuracy at Olevuga Clinic in March 2026. WHO supported the MHMS in its efforts better manage data to improve patient follow-up, contact tracing, stock management, record-keeping, and infection prevention and control.

An initiative providing routine health testing is already making a difference for people. Steve Tafea, who works at the Ministry of Provincial Government and Institutional Strengthening, went in for a routine malaria test. “When they told me I had diabetes, I was surprised and afraid,” he said. “At first, I felt shocked, but then I realized it was actually a good thing. If they hadn’t checked me, I wouldn’t have known.”

Enhancing protection from health emergencies

In February 2026, WHO supported training for all 10 provincial Health Emergency Operations Centres on coordination and response management. The programme used information from national risk

profiling, which identifies priority hazards such as measles, malaria, floods, tropical cyclones and workforce gaps.

Simulation exercises and trainings helped 23 clinicians and public health officers improve preparedness in Central Islands Province.

After a state of disaster was declared in Western and Choiseul provinces in the wake of Tropical Cyclone Maila in April 2026, support from the national Health Emergency Operations Centre enabled rapid deployment of two 10-member WHO-trained medical assistance teams. They helped maintain essential health services for 120 000 people and repair 21 damaged health facilities.

“The ongoing partnership that we have with WHO is always critical... to see whether our health systems are up to par with other international standards,” said Dr Nemias Bainivalu, Deputy Secretary for Health Improvement/Public Health. “Having tools and training also brings resource mobilization, technical support and guidance that can improve our systems.”

Promoting maternal and child health

Since late 2025, WHO technical assistance helped to train 219 front-line health workers across five provinces in antenatal care and the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B.

Kangaroo Mother Care was introduced at the National Referral Hospital and at Kulu’ufi and Gizo hospitals, improving care for low-birthweight and premature infants, and blood banks were refurbished and equipped with essential reagents and testing supplies, enabling safe blood transfusions for more than 2000 pregnant women.

WHO, provincial health departments and the National Referral Hospital made supervisory visits to 67 health facilities during the past year to improve

maternal and child health services and data quality management, and WHO upgraded infrastructure and equipment for water, sanitation and hygiene, as well as infection prevention and control.

Dr Dickson Boara, Western Province Provincial Health Director, said he was thankful for the partnership with WHO to strengthen maternal and child health services. The supervisory visits “enhanced the capacity of health workers, improved data quality and supported better service delivery for women and children,” he said.

Working towards malaria elimination

With WHO support, the Japan–Solomon Islands Malaria Reduction Project was implemented in Honiara and nearby populous health zones in Guadalcanal province from March 2025 to February 2026. Annual incidence of the deadly *Plasmodium falciparum* parasite fell by more than half, from 61 cases per 1000 people in 2023 to 29.9 per 1000 by February 2026. Meanwhile, annual parasite incidence decreased by 23%, from 111.6 to 85.8 cases per 1000 people over the same period.

National surveillance capacity was strengthened through direct facility-level digital malaria reporting in the DHIS2 software platform, replacing monthly paper-based reporting. All 42 health facilities were reporting digitally by February 2026.

“Before this project, it took so long to get data, which meant we couldn’t respond to malaria hotspots,” said Albino Bobogare, Programme Director for National Vector-Borne Disease Control at MHMS. “This project has given us real-time data and helped us to target and control hotspots.”

Access to essential malaria services has also expanded, including long-lasting insecticidal nets, testing, treatment and health education. In 2026, some 2300 household structures received indoor residual spraying through the project.

Going forward

MHMS and WHO will continue to work together to scale up capacity-building and quality improvement efforts; strengthen supervision, surveillance and data use; address gaps in service quality and system performance; and advocate for priority reforms in legislation, the workforce, medicines, digital health, NCDs and immunization.



A health worker shares malaria prevention information with a community member in February 2026 near Panatina Creek, as part of a WHO-organized malaria reduction project with Japan.

The South Pacific

The WHO Representative Office for the South Pacific provides direct technical and operational support for 12 Pacific island countries and areas (PICs): Fiji, French Polynesia, Guam, Kiribati, Naoero, New Caledonia, Commonwealth of the Northern Mariana Islands, Pitcairn Islands, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna. The Office also houses the Division of Pacific Technical Support of the WHO Regional Office for the Western Pacific, which provides timely, tailored support as a hub for WHO offices in the Pacific covering 21 PICs in the Western Pacific Region.

On 25 October 2025, Pacific health ministers endorsed the *Healthy Islands Vision 2050* on Yanuca Island, Fiji – the same location where the original *Healthy Islands Vision* was launched in 1995. The renewed Vision establishes a shared framework for improving health and well-being, aligned with the *2050 Strategy for the Blue Pacific Continent* and grounded in the Pacific values of solidarity, community resilience, and collective responsibility towards equitable and resilient health development. The new Vision is the culmination of three decades of progress, revitalizing commitments to address emerging challenges through coordinated regional action.

Progress across the South Pacific reflects tangible progress towards the *Healthy Islands Vision 2050* and the Region's shared vision of Weaving Health for All, particularly across its five action areas for Member States and other stakeholders (vertical strands): 1) Transformative primary health care for universal health coverage; 2) Climate-resilient health systems; 3) Resilient communities, societies and health systems for health security; 4) Healthier people throughout the life course; and 5) Technology and innovation for future health equity.

The *Healthy Islands Vision 2050* calls for Pacific islands to be places where...

- **Children and youth are nurtured in body, mind and spirit**, supported by inclusive health systems, equitable access to education, ethical corporate systems and practices that prioritize health, as well as strong family and community networks that foster resilience, identity and healthier future generations.
- **People live, learn and play in safe, climate-resilient environments** that promote holistic well-being, cultural identity and sustainable lifestyles – integrating health, environment and education.
- **All individuals work and age with dignity**, enabled by accessible, affordable and person-centred health services, robust social protections and meaningful participation in a thriving blue-green economy.
- **Ecological balance is restored through clean energy, sustainable food systems and climate-smart infrastructure, and where the ocean that sustains us is protected and wisely governed**. In these Healthy Islands, the stewardship of land and sea ensures sustainable livelihoods, food security and the health of both people and planet, safeguarding the well-being of present and future generations.
- **Integrated, innovative and culturally grounded health systems are digitally connected**, where innovative and culturally grounded health systems leave no one behind and are supported by multisectoral collaboration, ensuring access to care and knowledge even in the most remote island settings.
- **Pacific communities are resilient to pandemics, disasters and global shocks**, through collective action, regional solidarity and agile public health systems designed to anticipate and adapt to future risks.

Transforming health care

WHO supported countries to strengthen national policies and strategies to advance primary health care towards universal health coverage.

In Fiji, this included the development of the Essential Service Package, the *Primary Health Care Transformation Framework 2026–2050* and its associated road map, alongside a primary health-care service delivery gap analysis that informed improvements to referral systems, supervision, data tools and access to diagnostics.

Health workforce planning was strengthened in several countries, with Fiji, Kiribati, Naoero, Tonga, Tuvalu and Vanuatu reporting workforce data through WHO tools and platforms (National Health Workforce Accounts) and by supporting more systematic workforce planning and evidence-informed decision-making.

In Fiji, this was complemented by targeted analytical work to support more effective allocation of workforce resources across training, recruitment, distribution and retention. For the Commonwealth of the Northern Mariana Islands, building workforce capacity meant training health-care workers to strengthen patient safety and leadership, as well as incorporating access to on-demand courses, including ethics in health care.

Efforts also focused on strengthening essential medicines systems. This included WHO support to Vanuatu to review and update its national medicines policy, and to Fiji and Naoero to align their essential medicines lists with global standards. In Fiji, WHO supported the strengthening of regulatory systems with the introduction of online product registration and import control systems (VigiMobile), alongside enhanced monitoring of medicine safety through improved reporting of adverse events.



At Navua Hospital, two health workers talk shop in September 2025, before being interviewed on the benefits of a revitalized Pacific Open Health Learning Network.



WHO supports projects to build climate resilience by improving health-care facilities across the Pacific. At Vanuatu's Fanafo Health Centre, shown here in October 2025, upgrades have improved water and sanitation, and made facilities safer and better protected from extreme weather, helping ensure uninterrupted care, even when disaster strikes.

At the service delivery level, countries expanded access to essential noncommunicable disease (NCD) interventions, improving early detection and management. Mental health services were also strengthened through the implementation of the WHO Mental Health Gap Action Programme across multiple countries, expanding access to care at different levels of the health system.

With WHO support, Fiji demonstrated regional leadership in strengthening its HIV response. Rapid assessments identified critical gaps in prevention services, access to safe injecting equipment and stigma-free care, informing strengthened surveillance, data use and service delivery. Increasing use of data for real-time decision-making is enabling more targeted and responsive interventions.

Building climate resilience

Climate change continues to shape health priorities across the Pacific, with countries increasingly embedding resilience within health systems. WHO provided guidance and support to efforts in Pacific countries such as Fiji, Kiribati, Tuvalu and Vanuatu to address climate resilience in health systems.

In Fiji, climate-resilient health system investments demonstrated the integration of infrastructure, workforce capacity, laboratory strengthening and community-level adaptation within a system-wide approach. WHO supported efforts to retrofit upgrades to health facility infrastructure, install solar power, and train health workers and communities on climate-related health risks.

These efforts are strengthening the reliability and continuity of services in the face of climate-related disruptions. Fiji, with WHO support, also advanced laboratory and surveillance capacity for climate-sensitive diseases through upgrades to the Fiji Centre for Disease Control, improving diagnostic timeliness, expanding testing capacity and strengthening outbreak detection, including digitized systems.

In Kiribati, climate and health efforts progressed through integrated system and community-level interventions, with WHO support. Solarization of health facilities across outer islands is improving energy reliability and resilience, while installation of satellite-based internet connectivity is enabling stronger digital health services and reporting. Climate-sensitive disease surveillance has been strengthened through training front-line health workers and the integration of surveillance data into national information systems, and improving early detection and response.

At the community level, partnership with local organizations supported participatory vulnerability assessments, development of village-level action plans, and delivery of context-specific awareness materials incorporating traditional knowledge. Initiatives such as community-led sanitation planning,

food security activities and integrated vector-control campaigns – including village clean-up programmes – are strengthening local resilience.

WHO also supported efforts in Vanuatu to further advance climate-health leadership through the launch of its *Health National Adaptation Plan 2025–2030*. Meanwhile, Tuvalu completed its nationwide health-care facility vulnerability assessments with WHO support, which paves the way for a national climate and health vulnerability and adaptation assessment – marking an important step in translating climate risks into evidence-based planning, providing a foundation for the ongoing development of a Health National Adaptation Plan for Tuvalu.

Combined with retrofitting infrastructural improvements to health facilities and strengthened digital surveillance systems, these efforts towards climate resilience demonstrate how countries are linking long-term adaptation planning with real-time system resilience.

Strengthening health security

Pacific countries are vulnerable to outbreaks and emergencies, including emerging infectious diseases, food and water insecurity, and natural hazards, with this vulnerability increasingly exacerbated by climate change. As a result, countries must continue to learn from and sustain resilience to health threats. For instance, tropical cyclone Sinlaku in the Commonwealth of the Northern Mariana Islands has led to plans to conduct tailored incident management training, supported by WHO.

Hard-fought efforts to pursue disease elimination by Member States and WHO have led to the verification of the Pacific as having achieved the elimination of measles and rubella through sustained immunizations. Fiji also achieved elimination of trachoma, becoming the 26th country globally to do so.

Throughout the year, WHO continued to respond to requests for preparedness and response support

across the Pacific for dengue, hantavirus, HIV, leptospirosis, measles and pertussis, as well as extreme weather events and the ongoing fuel crisis. This included capacity-building to strengthen International Health Regulations core capacities and engagement across sectors, as well as follow-ups from Joint External Evaluations to develop National Action Plans for Health Security – such as in Tonga and Vanuatu. One of the predominant pathways has been through the Pacific Joint Incident Management Team as a multi-agency coordination platform facilitating regular information-sharing, joint analysis and alignment of partner support to Pacific countries for preparedness and response to outbreaks and emerging public health events.

Placing trust, timely communication and management of misinformation at the centre of an effective response, Tonga launched its *Multi-Hazard Risk Communication and Community Engagement Strategy 2026–2030*, which it rapidly put into practice during a 2026 dengue outbreak. Also with WHO



A nurse checks a child's vital signs in March 2026 at Viaola Hospital in Tonga. Health workers are the backbone of health systems designed to promote health and well-being throughout the life course.

support, Tonga advanced a One Health approach through the Pacific's first National Bridging Workshop, strengthening collaboration across human, animal and environmental health sectors to better manage shared risks.

Since the launch of the Pandemic Fund, WHO has played a central convening and technical role, working closely with governments and partners to develop competitive proposals, mobilize co-financing and coordinate across partners. This has enabled PICs – including at least nine countries across the Pacific in recent years – to access funding while aligning investments with national priorities and regional health security needs.

WHO also supported actions to address antimicrobial resistance through national action plans, improvements in surveillance of antimicrobial use, and strengthened governance and coordination mechanisms. Fiji revitalized its national coordination structures, while Tonga updated its antibiotic guidelines and stewardship framework. Several countries – including Fiji, Tuvalu and Vanuatu – also boosted capacity for monitoring antimicrobial use and advanced national awareness and advocacy efforts.

Accelerating action on NCDs

WHO South Pacific supported countries to accelerate action on NCDs through stronger prevention, financing, surveillance, service delivery and regulation of key risk factors.

WHO supported the establishment of the Pacific NCD Alliance in July 2025, strengthening civil society leadership and regional multisectoral collaboration, including engagement with Caribbean small island developing states. Support focused on governance and strategic planning, alongside communication, advocacy and resource mobilization.

In Kiribati, WHO support contributed to the establishment of the National Health Promotion Foundation Act 2025, creating a sustainable financing

mechanism for prevention through excise taxation on health-harming products. This represents an important shift towards locally led, long-term investment in health promotion.

NCD surveillance was strengthened across several countries, including Fiji, Kiribati, Naoero, Niue, Tonga and Tuvalu through STEPwise risk factor surveys. These efforts are improving the availability and use of data to inform policy, planning and resource allocation.

WHO also supported the Pacific Childhood Obesity Surveillance Initiative, in partnership with the Pacific Community, the United Nations Children's Fund, Pacific Island Health Officers Association and the Centre for the Prevention of Obesity and Non-Communicable Diseases with increasing country participation across the Pacific. This is strengthening the regional evidence base and supporting policy dialogue to address the drivers of childhood obesity.

Tobacco control continued to advance across the South Pacific. Countries including Fiji, Kiribati and Naoero strengthened legislation, increased taxation, restricted emerging nicotine products, and raised the legal age of purchase. WHO also supported boosting enforcement capacity, cessation programmes and engagement with civil society in efforts to reduce tobacco use.

Overall, WHO helped translate NCD commitments into practical action by supporting countries to strengthen prevention, improve data and services, engage across sectors and advance policy measures to reduce exposure to major risk factors.

Scaling up digital health

In parallel, WHO worked with partners to strengthen health information systems across the Pacific by aligning investments with national priorities, supporting digital health strategies and facilitating regional knowledge exchange.



Young people are at the heart of the Healthy Islands Vision 2050 – a shared commitment to ensure future generations grow up healthy, resilient and connected to thriving communities and a healthy environment.

Vanuatu is an excellent example of how these efforts are being translated into practice through its implementation of its *Digital Health Strategy 2025–2030*. This has facilitated improved surveillance and service delivery through the introduction of digital tools, including Go.Data for outbreak response and the HeartCare app for patient management and NCD risk screening.

Vanuatu has also improved its mortality reporting and rolled out digital immunization systems to ensure availability and use of timely health data. Together, these investments are supporting more responsive and data-driven health systems.

Meanwhile, the relaunch of the Pacific Open Learning Health Net within the WHO Academy in 2025 is expanding access to accredited training and lifelong learning, strengthening health workforce capacity across geographically dispersed islands.

Making Healthy Islands a reality

Overall, the Pacific is actively Weaving Health for All by putting the *Healthy Islands Vision 2050* into practice. Progress is most evident where strategic direction is matched by concrete implementation: strengthening resilient infrastructure and health systems; advancing sustainable NCD prevention and surveillance; building evidence for climate adaptation; and reinforcing preparedness mechanisms.

Collectively, these achievements reflect a shared regional trajectory, one increasingly defined by delivering results on Pacific-led priorities and strengthened regional solidarity. The WHO multi-country office for the South Pacific, with its three country liaison offices, will continue to provide tightly tailored support, helping countries and areas realize the *Healthy Islands Vision 2050* for a more equitable and resilient future.

Viet Nam

Viet Nam, with a population of more than 100 million people, officially became an upper-middle-income country in 2026. Life expectancy is now 74 years, more than three decades longer than in 1950. In 2025, around 95% of the population was covered by Social Health Insurance. Childhood immunization coverage has rebounded – for example, reaching 99% for the first dose of the diphtheria, tetanus and pertussis vaccine, surpassing levels of coverage before the COVID-19 pandemic.

In 2025, the Government launched an ambitious health reform agenda, prioritizing disease prevention and stronger local health services, with commitments to provide free essential health care, including the accelerated rollout of free annual check-ups, digital transformation, and a multisectoral approach to health security and public health, including a healthier environment.

Despite progress, significant challenges remain, including high out-of-pocket costs for some services, pressures on hospitals and persistent inequities in access – particularly between rural and urban areas. Challenges will intensify as Viet Nam's population ages rapidly and rising incomes drive growing demand for high-quality care. By 2050, more than one in four people in Viet Nam will be over 60.

As a result, the burden of disease is shifting from infectious diseases towards noncommunicable diseases (NCDs), which are responsible for 80% of deaths. The country is also highly vulnerable to the health impacts of climate change and, like many countries, faces ongoing risks from both established and emerging infectious diseases and other health emergencies.

In Viet Nam, the work of WHO focuses on policy analysis and evidence generation, high-quality technical advice, sharing international best practices, supporting innovative and integrated service delivery models where they are needed most, and communicating and advocating for health – all with the aim of contributing to measurable improvements in population health and a stronger, more resilient health system for the future.

As part of its broader health agenda, the Government is prioritizing investment in grassroots health, including public health services and primary care. This arises from Viet Nam's vision that a strong, healthy population is essential for a strong, prosperous nation. This approach also creates an unprecedented opportunity to accelerate transformative primary health care and universal health coverage (UHC), aligned with the Region's Weaving Health for All vision.

WHO works closely with the Ministry of Health to guide the transformation of Viet Nam's extensive network of commune health stations into providers of comprehensive primary health care, as a trusted, equitable and high-performing foundation of the health system. Progress is reflected in a rising UHC Service Coverage Index, especially for diagnosing and managing NCDs such as hypertension and diabetes at the primary care level.

To support Viet Nam in drawing on international best practices, the Ministry of Health and WHO hosted a high-level policy forum, which the WHO Regional Director addressed during his August 2025 visit. For evidence-based policy advice and technical support, WHO published in 2025 *Primary Health Care in Viet Nam: A review of the Commune Health System*, which examined strengths, challenges and opportunities to strengthen primary health care.



A patient with hypertension gets a follow-up check in January 2026 at the Tan Son Nhi Ward Health Station, close to his home in Ho Chi Minh City. Access to care close to home helps ensure patients stick to treatment regimens.

Expanding access to NCD diagnosis and management

Viet Nam has made major gains in hypertension management. With thanks to partners, WHO has collaborated with the Ministry of Health on a model that has already screened up to 10 million people for hypertension and diabetes, and treated more than 2 million. Blood pressure control improved from 53% of enrolled patients in 2022 to 72% in 2025.

Hypertension diagnosis and care show how strengthening grassroots health care delivers significant benefits across the life course. Expanding access is vital, as an estimated 18 million people

in Viet Nam live with high blood pressure, many undiagnosed and untreated. This work also improves equity and ensures patients receive continuous, high-quality care closer to home.

For Ms Hua Thi Thien, a patient at Binh Quoi Ward Health Station in Ho Chi Minh City, getting services closer to home has made a difference. “I used to receive care at Gia Dinh Hospital. It was too far away, and the roads were busy. So I couldn’t ride my bike and had to rely on my family,” she said. “Now that the health station close to home can provide the services I need, I can go by myself. The doctors are very thorough. The treatment is working well, and I feel much better.”

Mitigating risks from extreme weather

In Viet Nam, WHO and partners are helping strengthen the country's capacity to anticipate and respond to risks for more resilient communities and stronger health security. To reinforce preparedness and response, Viet Nam completed its second Joint External Evaluation of International Health Regulations core capacities, identifying priorities to strengthen the preparation, detection and response to public health emergencies. A subsequent workshop used the WHO Strategic Toolkit for Assessing Risks with provincial health, animal health, environmental and foodsafety partners to assist local authorities to identify complex risks and set data-driven priorities. The aim is to build strong, resilient, responsive and inclusive health security capacities.

WHO also supported government preparedness and response to several devastating storms and floods – some among the most severe in central Viet Nam's recorded history – by sharing public



A WHO technical officer assesses damage at Yen Binh Commune Health Station after floods in October 2025 disrupted health care. WHO works with countries to strengthen health security by making communities and health systems more resilient.

risk communication messages and donating water purification tablets and containers to ensure safe drinking water and prevent disease.

In early 2026, the Government, WHO and partners conducted an after-action review of the floods with national and provincial health authorities to assess what worked, identify challenges and capture lessons to strengthen preparedness for the future.

Strengthening control of tobacco and nicotine products

The Government recently enacted a tobacco tax to reduce high levels of male smoking. According to WHO modelling, legislative action to increase cigarette prices should result in 2.1 million fewer smokers by 2031, avert 700 000 premature deaths in the coming decades and generate more than US\$ 900 million in Government revenue by 2031. In addition, the move will reduce access to low-cost cigarette brands, especially among vulnerable youth, contributing to health across the life course.

In 2026, WHO honoured four organizations in Viet Nam with World No Tobacco Day awards for outstanding contributions to protecting families and communities from tobacco-related harm.

There are signs that the 2024 national ban on e-cigarettes and heated tobacco products is protecting young people. Surveys show fewer people vaping, and hospitals report fewer vape-related emergency admissions. In December 2025, the National Assembly tightened the ban by adding these products to the list of items not legal to invest in or trade commercially.

Improving air quality and climate-resilient health care

Together, WHO and the Government are strengthening the health sector's capacity to address climate change and air pollution.



Good air quality is important for safe recovery and well-being of patients, such as this mother and baby at Yen Thanh District Hospital in Nghe An province. WHO and Viet Nam work together to protect people from environmental health risks.

Since 2021, WHO has worked with the Government to pilot improvements to climate-resilient and environmentally sustainable health-care facilities. Viet Nam is one of two countries selected to pilot 20 indicators on climate resilience and greenhouse gas emissions in health-care facilities. The work will be complemented by a facility assessment tool, which will advance data collection efforts and monitoring methodology, supporting national implementation of improvements.

Over the past year, the Government approved the *National Action Plan on Air Pollution Remediation and Air Quality Management for 2026–2030*. To support implementation, WHO works with the Ministry of Health on capacity-building, recommendations for integrating health and environmental data, and a scoping review identifying research gaps and priorities. WHO and partners piloted the installation of air-pollution sensors in selected hospitals, raising awareness of health risks.

WHO also supported the first National Conference on Air Pollution and Health, bringing together government, academic and international stakeholders to align technical evidence with policy priorities. WHO will also support a second conference in 2026.

Looking ahead

The achievements of the past year demonstrate Viet Nam's strong commitment working with WHO and other partners to improve the health and well-being of its people.

Greater emphasis is now placed on prevention and primary care, addressing the upstream prevention of NCD risks such as tobacco, enhancing health security, and institutionalizing climate resilience and environmental sustainability standards for health systems. The country is also increasingly contributing to regional and global health efforts, including being at the forefront in testing indicators on climate resilience and greenhouse gas emissions in health-care facilities.

The background of the entire image is a dark blue, textured surface with a repeating woven or basketweave pattern. The texture is composed of many small, rectangular elements interlaced to create a three-dimensional effect.

2

Region-wide
progress

Introduction

Building on strengthened WHO country presence that is the theme of Strand A of the Western Pacific Region vision of Weaving Health for All, this section of the Report of the Regional Director highlights achievements across the vertical strands of the vision amid a rapidly evolving health landscape and global resource constraints, including a 21% reduction in the Region’s budget.

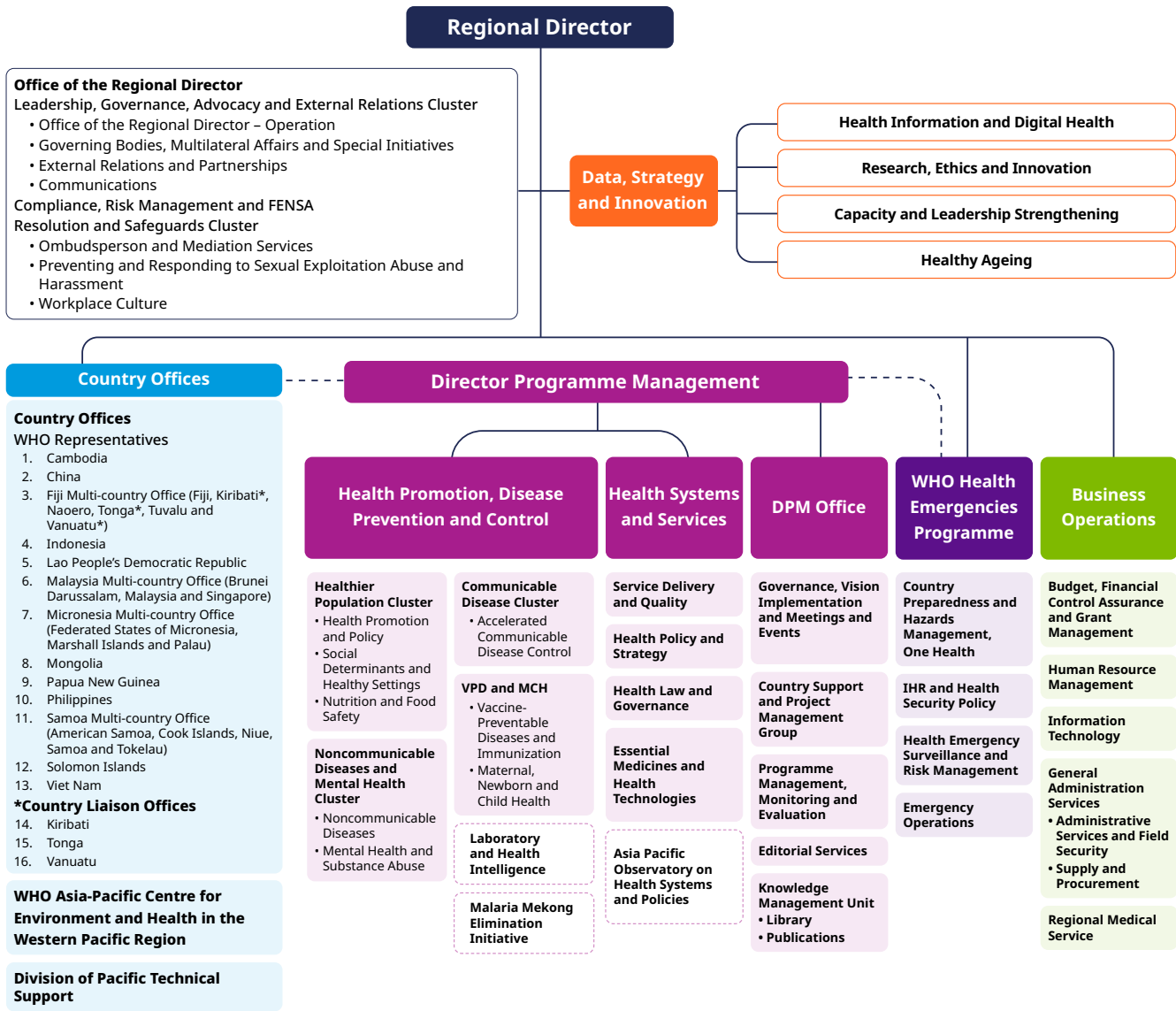
Weaving Health for All, endorsed by Member States two years ago, conveys how diverse strands of action must come together to improve health and well-being. The vertical strands represent priority areas for coordinated action with Member States and other stakeholders, while the horizontal strands represent cross-cutting enablers that connect these priorities for public health impact.

Fig. 1. The vertical and horizontal strands of Weaving Health for All



To realize this vision to improve health outcomes across the Region, the WHO Regional Office in Manila adopted a leaner organizational structure (Fig. 2) that reduces fragmentation and facilitates more integrated support for Member States, while better aligning the Region’s work and structure with those of WHO headquarters and other regions.

Fig. 2. Organogram of the Regional Office, August 2025



The Regional Office comprises three technical divisions – Health Promotion, Disease Prevention and Control; Health Systems and Services; and the WHO Health Emergencies Programme – as well as the divisions of Programme Management and Business Operations, dedicated to oversight and operational support.

The leaner organizational structure reflects regional priorities, including the Regional Director’s flagship initiative on nurturing future generations of health leaders through innovation and the responsible use of artificial intelligence, led by the Division of Data, Strategy and Innovation. Climate action was further prioritized by the establishment of the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region as a division, expanding its mandate beyond that of a geographically dispersed specialized office. Lastly, enabling functions were repositioned to strengthen country support, programme management, planning, monitoring and evaluation, and implementation of the regional vision. Administrative functions were reoriented towards broader business operations.

Programmatically, WHO in the Region conducted a bottom-up prioritization process across the vertical strands of the vision. Guided by the global WHO Fourteenth General Programme of Work, the process led to the identification of 11 regional priorities that align with country priorities and translate Weaving Health for All into a focused workplan or operational agenda for the Organization.

These priorities span primary health care, climate resilience, health security, healthier populations and digital transformation. They are reflected in the Region’s resource allocation, with over 70% of the approved base budget of US\$ 380.6 million directed towards these priorities – much of which is utilized for country-level programmes. Overall, 68.1% of the Region’s Programme Budget is allocated directly to country offices, highlighting the drive for better health outcomes in countries.

Against this backdrop, the following sections present the Region’s progress across the vertical strands and the results achieved in advancing Weaving Health for All.

WHO priority outputs in the Western Pacific Region in 2026–2027

- 1. Climate-resilient health systems
- 2. Risk factors for communicable and noncommunicable diseases
- 3. People-centred integrated service delivery
- 4. Workforce development
- 5. Product quality assurance
- 6. Health information systems and digital health
- 7. Noncommunicable disease management and best buys
- 8. Delivery of communicable disease services
- 9. Quality immunization services
- 10. National preparedness and readiness plans
- 11. Surveillance, alerts and laboratories

Five action areas for Member States and other stakeholders in the regional Weaving Health for All vision

1.	Transformative primary health care for universal health coverage
2.	Climate-resilient health systems
3.	Resilient communities, societies and health systems for health security
4.	Healthier people throughout the life course
5.	Technology and Innovation for future health equity

Action area 1: Transformative primary health care for universal health coverage

Across the Western Pacific Region, progress has been made over the past year on universal health coverage (UHC), improving access for people across the Region to the health services they need, when and where they need them, without financial hardship. But challenges persist in expanding care and services to reach everyone in the Region.

Maintaining and accelerating momentum towards UHC will require sustained investment and the reorientation of health systems towards people-centred, equitable and high-quality primary health care (PHC) that delivers essential services across the life course, while protecting households from financial hardship.

Although the path towards UHC varies for each of the Region's 38 countries and areas, the WHO Transformative PHC Initiative supports their individual journeys with systematized learning and experience-sharing, including helping pilot reforms in small areas and populations. The Initiative provides support at all stages, including evidence generation to identify, test and track reforms; policy dialogues and legislation reviews; guidance to reform service delivery and models of care; and a platform for regional collaboration and knowledge exchange.

The following subsections feature achievements, gaps and emerging priorities across the Region, while also highlighting WHO support in advancing health system transformation and strengthening foundations for building healthier, more equitable and resilient societies.

Expanding population coverage

More than one out of three people in the Region – 840 million in all – lack access to essential health services. Communicable diseases remain a persistent challenge, underscoring difficulties in reaching underserved communities. This is especially true for neglected tropical diseases (NTDs) and immunization coverage, which is reflected in the high number of children who have not received routine vaccinations. At the same time, noncommunicable disease (NCD) prevalence is rising, and mental health burdens are increasing. Furthermore, ageing populations and growing demand for long-term care require sustained investment and strengthened PHC. A key Sustainable Development Goal (SDG) target calls for every country and area in the Region to increase its UHC Service Coverage Index – the regional average as of 2023 is 81 out of a possible 100 – by 2029. Many countries and areas require tailored support, especially those furthest behind.

To address NCDs, WHO supported Member States in integrating essential services – including mental health and oral health – into PHC; strengthening screening and long-term management of chronic conditions; expanding workforce capacity on NCD management and community-based service delivery; and scaling up initiatives such as Healthy Hearts to reach the target of treating an additional 100 million people in the Region with hypertension by 2030 – thus decreasing morbidity and premature mortality from NCDs.

For communicable diseases, WHO supported Member States through technical assistance, policy

guidance, workforce capacity-building, strengthened surveillance and laboratory systems, improved access to medicines and diagnostics, outbreak preparedness and response, and regional collaboration. WHO also provided support to strengthen tuberculosis (TB) programmes and drug-resistant TB management; prevention, diagnosis, treatment and care related to HIV, hepatitis and sexually transmitted infections; and malaria, dengue and NTD control and elimination.

Programme reviews and response assessments of immunization systems supported countries to address coverage gaps, reach non-immunized children and sustain progress towards measles and rubella elimination, alongside strengthened outbreak preparedness and response capacities.

In addition, WHO supported countries – including Cambodia, Indonesia, the Lao People's Democratic Republic, Palau, Papua New Guinea, the Philippines,

Solomon Islands, Vanuatu and Viet Nam – to expand integrated, high-quality population coverage for maternal and child health by strengthening facility-based mechanisms for the regular assessment and improvement of care. In parallel, to advance sexual and reproductive health and rights, WHO supported regional advocacy efforts to eliminate the medicalization of female genital mutilation by issuing a joint inter-agency statement in collaboration with United Nations partners, reinforcing the commitment to evidence-based, rights-based care and the protection of women and girls.

Reforms in service delivery and models of care were also supported. Optimizing care pathways and mapping patient journeys from prevention to rehabilitation strengthens continuity of care, reduces service gaps and improves outcomes. Complementary policies, including patient safety guidelines, referral systems and expanded scopes of practice further

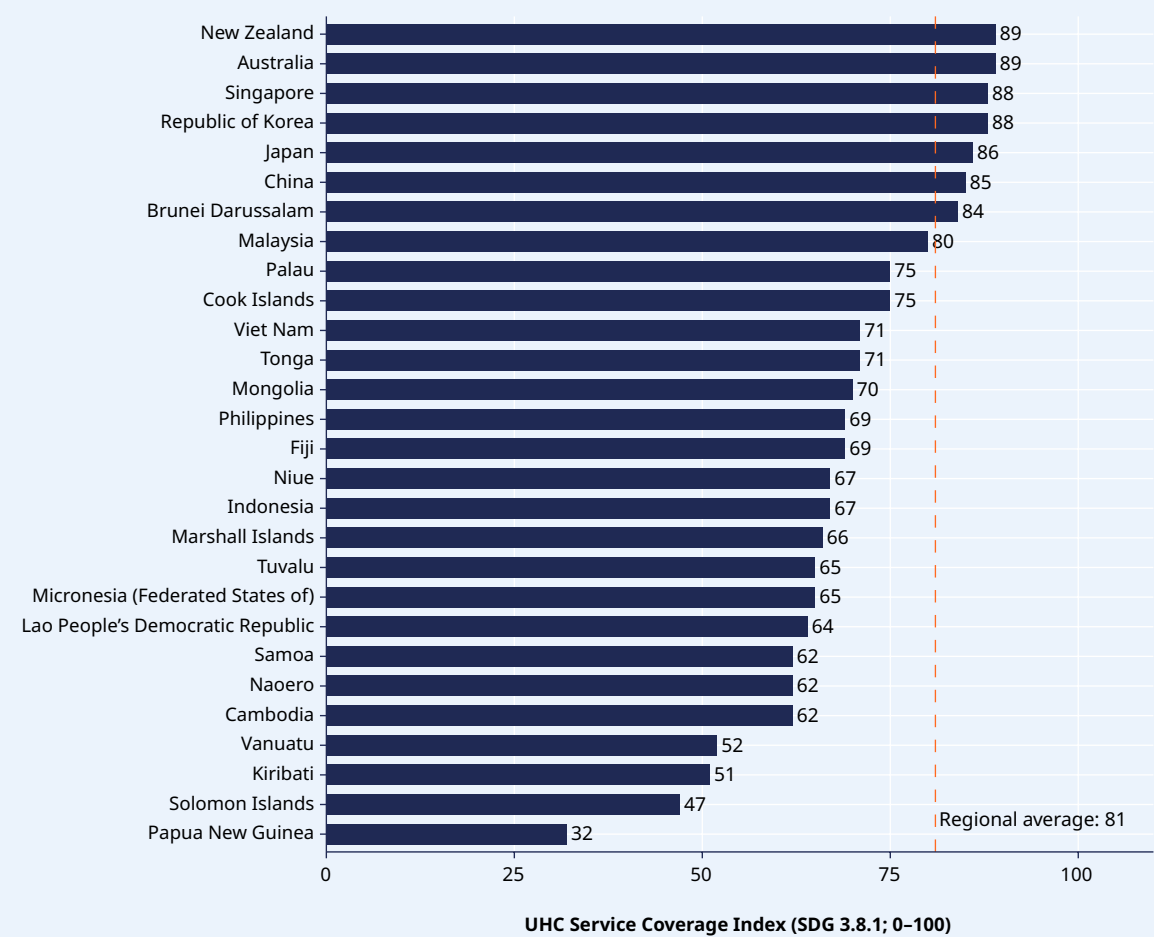


Girls at Central School in Port Vila, Vanuatu, receive human papillomavirus vaccines in school. WHO provides technical guidance to help countries plan and deliver immunization services that reach communities where people live, learn and work, closing immunity gaps and protecting more people.

strengthened integrated PHC delivery. WHO supports countries, including Cambodia and Papua New Guinea, to redesign care pathways and advance service delivery reforms. In the Lao People’s Democratic Republic, this includes leveraging ongoing reforms by creating a new “sub-district” administrative level for reorienting service delivery to a more inclusive, multisectoral model by exploring new PHC roles for local governance.

The Region has seen steady progress towards UHC, with the latest estimates showing that the UHC Service Coverage Index for the Western Pacific Region as a whole had increased from 63 in 2000 to 81 in 2023. However, significant variations remain among countries, with national values ranging from 32 in Papua New Guinea to 89 in Australia and New Zealand (Fig. 3).

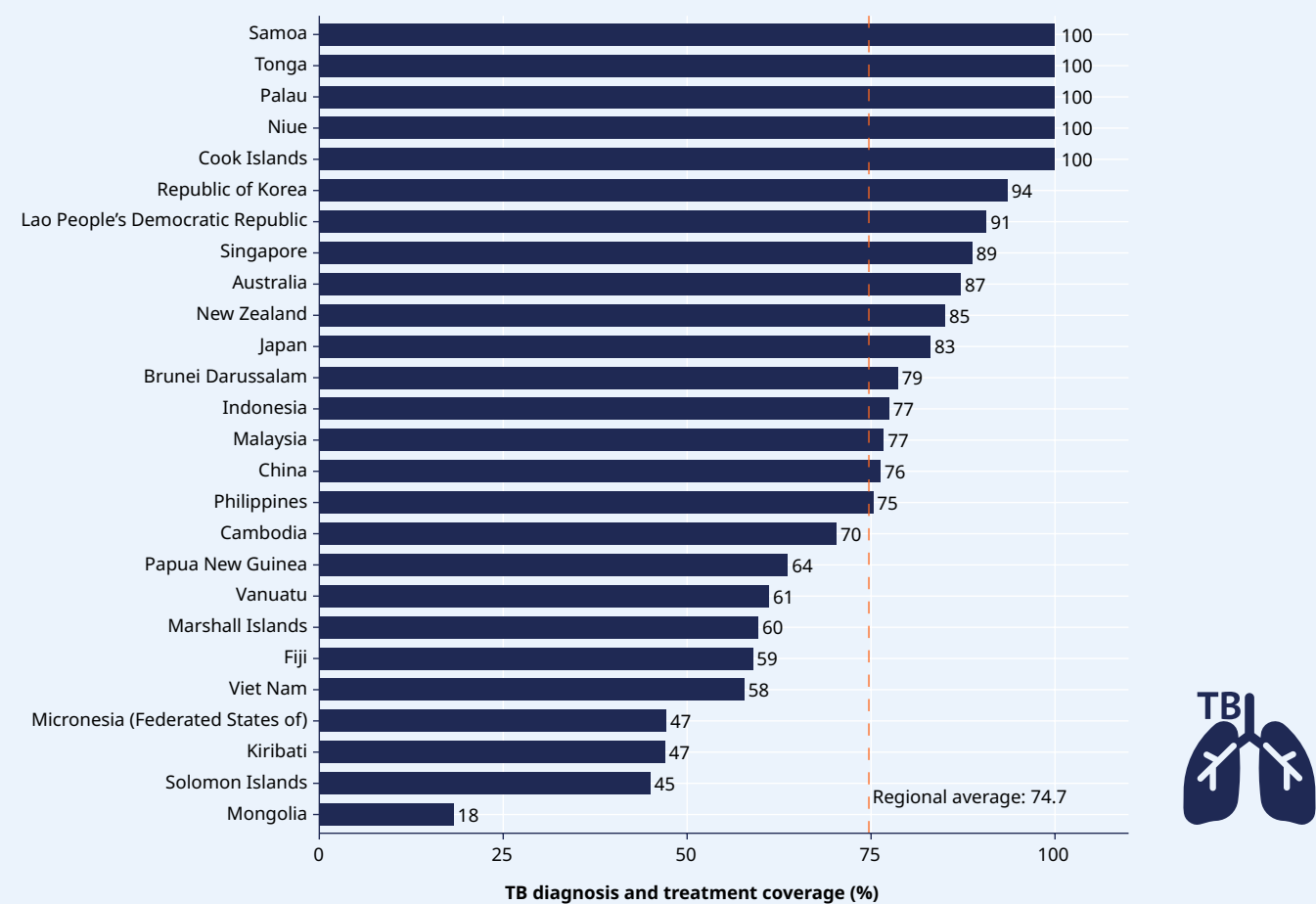
Fig. 3. UHC Service Coverage Index (SDG 3.8.1), by country, 2023



Progress also has been uneven in disease prevention, control and elimination efforts. TB remains a major burden, with an estimated 2.9 million new cases annually in the Region, while HIV and hepatitis continue to challenge several countries, despite expanded integrated services. Coverage of TB diagnosis and treatment has improved. The Region-wide average is

now close to the threshold of adequacy: it improved from 36.4% in 2000 to 74.7% in 2024, with country estimates spanning 18.3% to 100%. In the Region, seven countries have met the 2029 target of coverage above 90%; three are between 85% and 89%; and nine – the majority of which are Pacific island countries and areas – remain below 70% (Fig. 4).

Fig. 4. Coverage of TB diagnosis and treatment, by selected countries, 2024

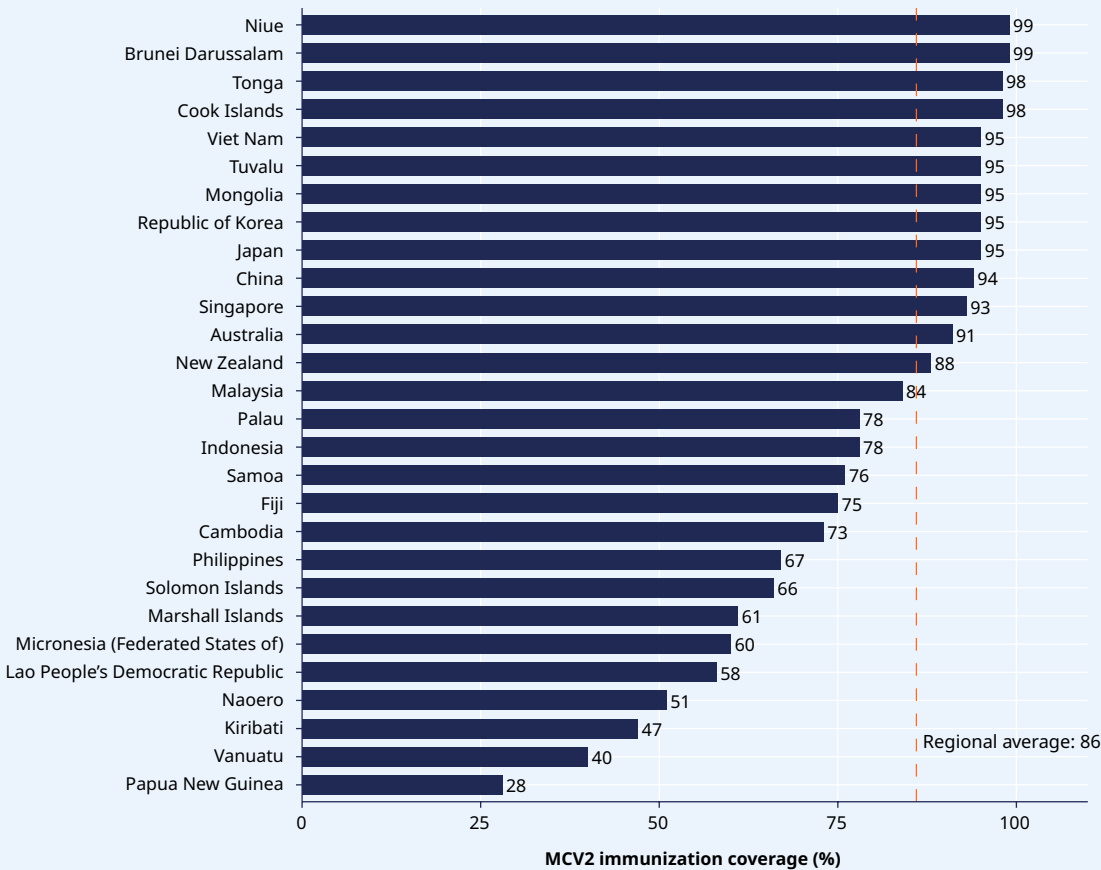


Source: Global Tuberculosis Report 2025.

For immunization, overall, coverage with a second dose of measles-containing vaccine (MCV2) rose from 1% in 2000 to 86% in 2025, ranging from 28% to 99% across individual countries. Twelve countries reached the 2029 target of over 90% coverage, seven are at 70–89% and nine fall below 70%. Alarming, there are still 1.7 million non-immunized children in the Region (Fig. 5).

Improvements in MCV2 coverage demonstrate the contribution of strong PHC systems to child health and disease prevention; however, continued focus is critical to reach non-immunized and under-immunized children through integrated PHC services in order to reduce inequities and sustain progress towards disease elimination goals.

Fig. 5. MCV2 coverage, by country, 2025



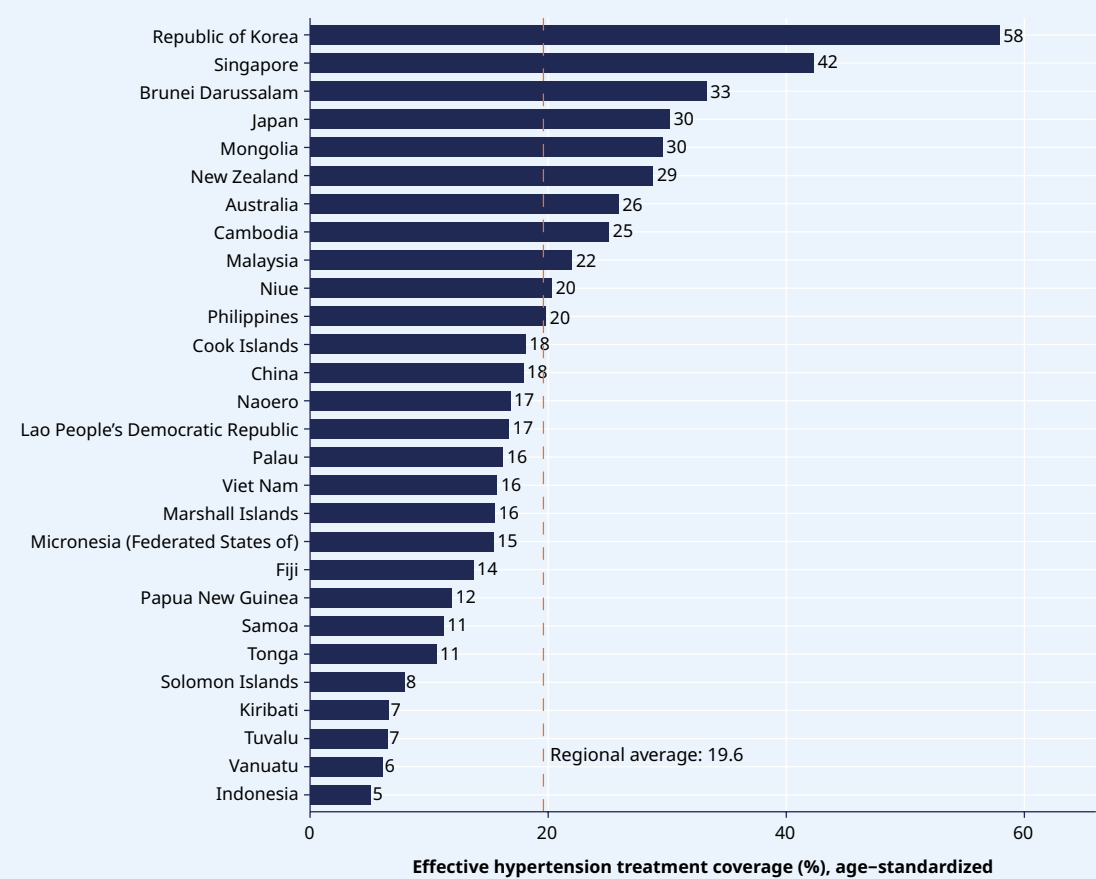
Malaria remains concentrated in a few countries, and dengue outbreaks are increasing across the Region. Meanwhile, strong regional momentum has accelerated NTD elimination, with targeted interventions reaching underserved populations and additional countries validated for trachoma elimination.

The management of NCDs exposes issues of quality and continuity rather than reach. Effective hypertension treatment coverage – the share of adults aged 30–79 with hypertension whose blood pressure is controlled through treatment – was only about 19.6% Region-wide in 2025. This falls far short

of the roughly 50% effective coverage implied by the global goal of 80% of people with hypertension diagnosed, 80% of those diagnosed treated and 80% of those treated achieving blood-pressure control.

The Republic of Korea is the only country in the Region to exceed that benchmark, followed by Brunei Darussalam, Japan and Singapore, while several Pacific island countries record coverage well below 20% (Fig. 6). As health systems shoulder a rising NCD burden, the extent to which widening service contact translates into better control of diseases will be determined by detection, treatment continuity and system readiness.

Fig. 6. Effective hypertension treatment coverage among adults aged 30–79, by country, latest modelled year



Source: NCD Risk Factor Collaboration; WHO projections on effective treatment coverage.

Finally, oral diseases remain among the most prevalent NCDs in the Region, affecting 960 million people, or over 43% of the population, while access to essential oral health services continues to be limited in many settings. Consequently, expanding access to services and care through PHC is a priority in the *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*.

Ensuring equitable access to health services

Barriers related to structural and social determinants of health persist, including within health systems. These include the impacts of climate-related disasters, geographic and financial accessibility challenges, limited social protections, and unequal caregiving responsibilities and stigma, among others. These barriers restrict access to quality-assured health services for people with low socioeconomic status, women and girls, people with disabilities, Indigenous Peoples, LGBTQI+ individuals and people in vulnerable situations.

Member States are working to strengthen health and social systems to be more inclusive, equitable and responsive to the needs of populations experiencing vulnerability and marginalization. With WHO support, this includes meaningful engagement with Indigenous communities to ensure health policies and actions are co-developed and reflect their experiences, priorities and regional contexts. A WHO regional consultation on the draft *Global Plan of Action for the Health of Indigenous Peoples* engaged 12 Member States and provided a platform for dialogue on challenges and opportunities to improve their health and well-being.

WHO also supports the implementation of multisectoral approaches to health promotion and service delivery, including integrated school health approaches that strengthen links between health, education, communities and local governments. In Vanuatu, for example, an integrated essential school health service package was piloted to reduce

health system barriers by bringing health promotion and services closer to children in rural and remote communities, while strengthening collaboration between health, education and local governance structures. WHO supports local governments to identify, monitor and share approaches that address health inequities and improve access to services for vulnerable groups. Strengthened monitoring and evaluation systems are enabling cities to better identify and address health inequities, with the WHO Healthy Cities Recognition Awards helping to promote promising practices.

Developing health workforce solutions

Maintaining an effective health workforce is one of the most challenging hurdles to sustaining gains in coverage. The Region's growing health workforce crisis is being driven in large part by limited opportunities and the declining appeal of health professions, which come amid rising demands created by ageing populations with higher expectations and increasing NCD burdens. The crisis is exacerbated by geographical maldistribution, skill-mix imbalances, an overemphasis on medical specialists and health worker migration.

Region-wide health worker density per 10 000 population edged upwards between 2000 and 2024: medical doctors from 13.1 to 23.2 and nurses and midwives from 36.3 to 45.8. But the range of distribution across countries is extreme. For example, medical-doctor density ranges from 0.46 per 10 000 in Papua New Guinea to 45.96 per 10 000 in Mongolia, and nurses and midwives from 8.84 per 10 000 in Papua New Guinea to 144.31 per 10 000 in Australia (Fig. 7). Notably, though Papua New Guinea has the lowest human-resources-for-health density in the Region, the country made significant progress from 2000 to 2024. However, effectively closing gaps within and across countries requires long-term investment in training, retention and equitable deployment.

WHO supports Member States to strengthen health workforce policy and planning through improved data

and analytics, facilitated policy dialogue and technical guidance on policy development and implementation. For example, guidance provided by WHO helped the Lao People's Democratic Republic implement a policy for flexible and workload-linked staffing in health facilities, which will contribute to efficient deployment of the health workforce. In the Pacific, a WHO-supported health labour market analysis in Fiji has contributed to stronger domestic retention policies, resulting in a notable decline in outmigration of nurses.

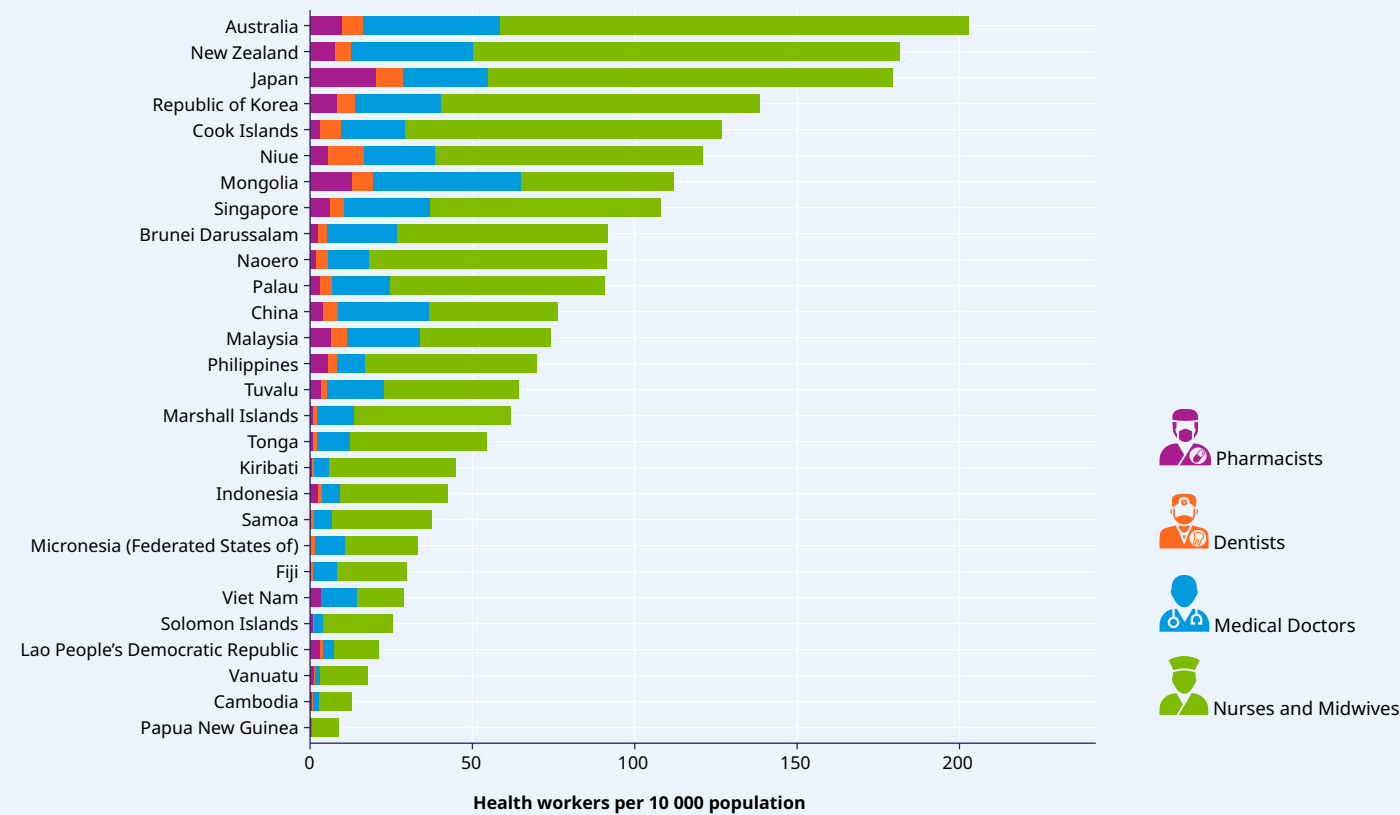
Integrating traditional medicine

Traditional medicine is widely practised in the Region, yet its integration into national health systems remains inconsistent and under-resourced across

many countries and areas. Further, regulatory capacity for traditional medicine products and practitioners varies widely among countries, with many lacking systematic documentation of traditional knowledge, standardized practitioner qualifications and quality control mechanisms for traditional medicines, including herbal preparations. Financing and reimbursement mechanisms for traditional medicine remain largely absent from national health insurance and PHC budgets, limiting its formal integration into UHC pathways.

Aligned with the *Global Traditional Medicine Strategy 2025–2034*, the *WHO Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*

Fig. 7. Health workforce per 10 000 population, by country, 2024



Source: National Health Workforce Accounts.

sets out four strategic actions: promoting traditional medicine within national policies; strengthening safety and quality mechanisms; improving equitable access to services; and advancing documentation and research. WHO supports the implementation of these actions, including revising national traditional medicine policies, providing laboratory training to enhance product safety and quality, and supporting research priority-setting for evidence generation.

By 2024, nearly two thirds (63%) of countries and areas in the Western Pacific had a national policy on traditional medicine, and 12 had public hospitals or clinics offering traditional medicine services. However, progress remains uneven: only 11 countries and areas maintain a national traditional medicine research institute, and herbal-medicine regulation is in place in only 48% of countries, leaving most without comparable capacity.

Increasing investment and sustainable financing

Health systems in the Region face ongoing and emerging challenges. Limited fiscal space, sustainability issues, declining donor funding and insufficient investment in public health and PHC continue to strain health financing progress. Broader macroeconomic pressures, such as recent fuel crises, have increased transport, supply-chain and service delivery costs, placing more pressure on already stretched health budgets.

SDG indicators show that financial hardship due to out-of-pocket health spending declined from 40% in 2000 to 27% in 2022, mostly due to reductions in poverty. But health spending still causes financial hardship for nearly 600 million people in the Region, especially in poorer households. Countries are making efforts to improve health financing systems, including capacity in evidence generation and use, health financing governance and policies, and investments in PHC.

Under the WHO Transformative PHC Initiative, the

Organization supported evidence generation in health financing. In collaboration with the World Bank, WHO helps Member States revise financial hardship estimates. The Organization support countries and areas to better identify populations suffering from financial hardship and understand its drivers, facilitating policy dialogue and helping design more targeted, equity-oriented health policies.

Strengthening leadership for UHC

Legal frameworks are essential to advance UHC and achieve the health-related targets of the 2030 Agenda for Sustainable Development. Yet, in many countries in the Region, legal frameworks for health are outdated and not fit for the purpose and context they were intended to serve. In other cases they may not be adequately resourced or consistently implemented and enforced.

WHO works with country leadership to assist in the passage of new laws to provide a system-wide and cross-sectoral mandate for better health system governance of health ministries. These laws are designed to support public health practice and national and subnational health functions, including at the local government level. Laws aim to enable PHC practices that enhance public health risk management and pandemic preparedness through modern data collection practices and processes, and provide legislative support for the regulation of digital health. These are powerful health system interventions with demonstrable impacts. WHO continuously receives and responds to requests for support on major legislative reforms to enhance legal preparedness and strengthen health systems across the Region.

With WHO support, many countries in the Pacific have developed key policies and law reviews. For example, Cook Islands enacted its Public Health Act 2024, Kiribati its Health Promotion Foundation Act 2025, and Naoero its Health and Medical Services Act 2025. Furthermore, Kiribati and Tuvalu are working on

repealing 100-year-old public health laws and replacing them with modern laws, which were pending Cabinet and Parliamentary approval in July 2025. In Solomon Islands, WHO supported the repeal of the outdated Health Services Act and the development of a new health administration and governance architecture that clarifies institutional responsibilities and introduces a range of governance mechanisms to promote coordination and accountability.

Enhancing regulatory systems

Many countries in the Region continue to face challenges in securing reliable and affordable access to essential medicines and other health products. This is due to many factors, including fragmented procurement arrangements, small market size, geographic remoteness, dependence on imports, limited bargaining power and vulnerability to global supply disruptions. At the same time, regulatory capacity remains uneven across the Region. Many countries face constraints in regulatory governance, workforce capacity, technical expertise and institutional resources, limiting their ability to effectively oversee medical products throughout the product life cycle.

WHO supports Member States to strengthen access to safe, effective, quality-assured and affordable medical products through an integrated approach that includes strengthening regulatory systems, supporting policy and legislative frameworks, enhancing procurement and supply chain functions, and promoting regional collaboration and cooperation.

WHO supports countries to strengthen regulatory systems through the WHO Global Benchmarking Tool, which assesses regulatory authorities against internationally recognized maturity levels and informs the development of plans to address gaps and guide system improvement. The Western Pacific Region has five Member States with regulatory authorities that have been assessed at Maturity Level 3 or 4 (ML3/4) for at least one product scope (Table 1).

Table 1. Countries with a regulatory authority operating at ML 3/4 as benchmarked against the WHO GBT by product scope, August 2026



Country	Vaccines	Medicines	Medical Devices
China	Ⓢ	-	-
Indonesia	Ⓢ	-	-
Republic of Korea	Ⓢ	Ⓢ	-
Singapore	Ⓢ	Ⓢ	Ⓢ
Viet Nam	Ⓢ	-	-

Ⓢ indicates that the country's regulatory authority is operating at Maturity Level 3 or 4 for that product scope, as benchmarked against the WHO Global Benchmarking Tool.
Source: WHO list of national regulatory authorities operating at Maturity Level 3 and Maturity Level 4, as benchmarked against the WHO Global Benchmarking Tool, as of August 2026 (<https://www.who.int/initiatives/who-listed-authority-reg-authorities>).

Looking ahead

WHO work over the past year has demonstrated how comprehensive technical support is helping countries and areas to reorient health systems towards PHC and advance UHC, as envisioned in Weaving Health for All. This technical support is often delivered through regional collaboration, partnerships, knowledge exchanges and engagement with WHO collaborating centres across such issues as disease elimination, service integration, data systems and digital health, capacity-building and the dissemination of best practices.

While progress has been gradual, WHO continues to comprehensively support strengthening health systems through national-level policy dialogues, engaging subnational authorities, integrating disease-specific programmes with broader system approaches and improving patient flows.

Action area 2: Climate-resilient health systems



The Head of the Department of Infection Control in Yen Thanh District Hospital checks real-time air-quality data on a phone app. A WHO-supported pilot programme to enhance the climate resilience and environmental sustainability of health-care facilities installed air-quality sensors in three hospitals in Viet Nam. The sensors help the hospitals track air-quality trends, compare indoor and outdoor conditions, and identify potential risks to patients, staff and visitors.

Higher temperatures, more frequent extreme weather episodes, shifting disease patterns, and worsening food and water insecurity – all exacerbated by climate change – are urgent threats to health in the Western Pacific Region. Member States must build health into national strategies to mitigate the impact of climate change to protect people and strengthen the systems that serve them.

A commitment to climate-resistant health systems can be gauged, in large part, by whether a country has a national adaptation plan or strategy for climate change that explicitly includes health. WHO provided updated guidance for such plans with the 2023 publication of the *Operational Framework for Building Climate Resilient and Low Carbon Health Systems*.

The Western Pacific Region crossed a threshold in 2025–2026 when climate resilience and sustainability became institutional commitments. The Regional Committee endorsed the *Implementation of the Global Action Plan on Climate Change and Health in the Western Pacific Region* in October 2025. Participation increased in the Alliance for Transformative Action on Climate and Health (ATACH), and the Green Climate Fund designated WHO as an “accredited entity”. To accelerate action on the ground, evidence and tools were disseminated to countries that previously had neither. The Region now has strong strategic foundations to build health systems that protect people when climate shocks occur.

The Inaugural Western Pacific Action Forum on Climate Resilient and Sustainable Health Systems brought together representatives from 24 countries and areas, expanding participation in ATACH to 15

countries across the Region. For the first time, climate resilience and sustainability are embedded in the Region's governing architecture – not as a stand-alone project, but as a cornerstone of health systems.

Turning plans into strategic actions

The 2029 regional impact target for climate-resistant health systems is at least 20 countries with both a national adaptation plan and a strategy for climate change that includes health. By 2025, 14 countries (50%) in the Region had a national adaptation plan that includes health and 16 (57%) had a related national strategy (Table 2). Ten countries had neither in place, seven of which were Pacific island countries – despite their high vulnerability to climate-related health risks. The presence of a document does not, however, guarantee implementation or financing, and plans vary in scope and in alignment with WHO recommendations. Closing this gap – and the mismatch it reveals between where risk is highest and where preparedness is weakest – will require political commitment, financing and technical capacity to bring health into wider climate policy, supported by regional cooperation.

Each year, an estimated 43 000 people across the Asia-Pacific region die from storms, floods and landslides. In Pacific island countries, more than 60% of health facilities sit within 500 metres of the coastline, exposed to the very hazards they are meant to help communities survive. Meanwhile, the health sector – responsible for roughly 5% of global greenhouse gas emissions – is both a contributor to the crisis and one of its most consequential victims.

Table 2. National adaptation plan or strategy for climate change that includes health, by country, 2025



Country	Adaptation plan includes health	Strategy includes health
Australia*	Being developed	Yes
Brunei Darussalam*	⊗	⊗
Cambodia*	✓	✓
China*	✓	✓
Cook Islands	✓	✓
Fiji	✓	✓
Indonesia*	Being developed	✓
Japan*	✓	✓
Kiribati	✓	✓
Lao People's Democratic Republic*	✓	✓
Malaysia*	Being developed	Being developed
Marshall Islands*	✓	✓
Micronesia (Federated States of)*	⊗	✓
Mongolia*	✓	✓
Naoero	⊗	⊗
New Zealand	✓	Unknown
Niue	Unknown	Unknown
Palau*	Being developed	Being developed
Papua New Guinea*	✓	✓
Philippines*	Being developed	✓
Republic of Korea*	✓	✓
Samoa	✓	✓
Singapore	⊗	⊗
Solomon Islands	Being developed	Being developed
Tonga*	⊗	⊗
Tuvalu	⊗	Unknown
Vanuatu*	Being developed	Being developed
Viet Nam*	✓	⊗

Source: Regional reports; *WHO global survey on climate change and health, 2025.

What separates a strong climate-resilient and sustainable health system from a weak system? It is often the difference between a facility that can continue to operate during extreme climate events and one that cannot. Or between a surveillance system that can detect a climate-sensitive disease outbreak early and one that cannot detect an outbreak until it is too late to take effective action. Across countries in the Region, WHO worked with governments to close these gaps. In Pacific island countries most exposed to sea-level rise and extreme weather, health facilities that previously lacked reliable power, clean water or internet connectivity were systematically assessed and strengthened, giving communities on remote outer islands access to care that will not be disrupted by the next storm. In China – where heatwave-related mortality increased by 342% in 2022 relative to the pre-2005 baseline – the *China National Climate Change Health Adaptation Action Plan (2024–2030)* was developed with WHO technical support, including conduct of a nationwide capacity survey that for the first time mapped climate and health readiness across provincial institutions. WHO support aims to help countries develop and adapt systems that can be sustained on their own into the future.

One persistent obstacle to scaling climate resilience across the Region has been the fragmentation of assessment tools. Ministries of health were accustomed to conducting separate evaluations for emergency preparedness, climate adaptation, structural safety, and water and sanitation – overlapping processes that consumed limited capacity without producing a unified picture of facility readiness. WHO's new regional ATACH Community Hub addressed this structural barrier directly through the co-development and piloting of a consolidated toolkit called Climate and Emergency Adapted for Readiness, or CLEAR+, which integrates these dimensions into a single, action-oriented assessment. Malaysia's implementation of CLEAR+ in the Malaysia Resilient Healthcare Facilities initiative included field testing across both hospital and primary care settings, generating practical evidence to refine

the tool for wider regional adaptation. Fiji's use of the tool also ensured that the smallest facilities in remote situations are able to access and use CLEAR+, with the Ministry of Health able to track all facilities through the dashboard. These examples show what is possible: a replicable, lower-burden pathway for any country in the Region to systematically understand and act on its climate and emergency vulnerabilities. As the WHO Representative to Malaysia, Brunei Darussalam and Singapore observed, climate change and emergencies are no longer future risks – they are already shaping how health systems operate today.

Extreme heat is emerging as one of the most significant climate-related health risks in the Region. The WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region (ACE) partnered with the Global Heat Health Information Network Southeast Asia Hub and the Rockefeller Foundation to advance a regional strategy and framework on heat and health, as well as local and national heat and health action planning based on heat vulnerability assessments and stakeholder consultations. Discussions at the Prince Mahidol Award Conference 2026 brought together governments, researchers and development partners to strengthen preparedness, improve governance and translate scientific evidence into practical policy action. As temperatures continue to rise across the Region, this work is helping countries better protect vulnerable populations and prepare health systems for one of the defining public health challenges of the coming decades.

Prioritizing safe water and sanitation

Water and sanitation are basic human rights and fundamental determinants of health, well-being and sustainable development.

Safely managed drinking-water comes from improved sources that are accessible on premises, available when needed, and free from faecal and priority chemical contamination. In the Region, 76.4% of the population had access to safely managed drinking-water and 19% to basic services in 2024. Despite

progress in some countries, over 527 million people still lack safely managed drinking-water, including 104 million without basic services who are relying on limited and unimproved sources (Fig. 8).

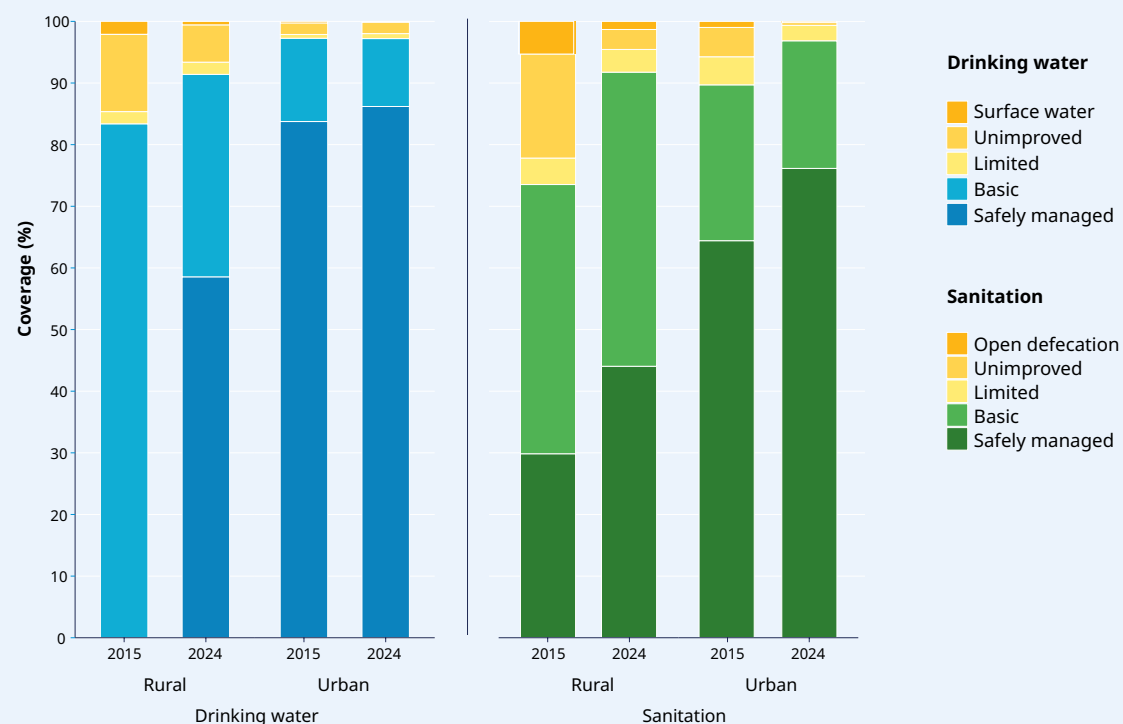
People have access to safely managed sanitation service when they can use improved facilities that are not shared with other households and where excreta are safely disposed of where they live or removed and treated off site. In 2024, 64.7% of the population in the Region had access to safely managed sanitation and 30% to basic sanitation services. This means that 108 million people still lack basic sanitation, using unimproved facilities and practising open defecation, which undermines their dignity and well-being (Fig. 8).

Substantial disparity exists in the provision of safely managed drinking-water between urban (86.2%) and rural (58.6%) areas, as well as in terms of safely

managed sanitation, accessible to 76% of populations in urban areas versus 44% in rural areas. It should be noted that only 2.8% of total Official Development Assistance was committed to water and sanitation in 2023. This indicates a critical need to accelerate progress to achieve SDG targets 6.1 and 6.2 and ensure safely managed sanitation and drinking-water services for all by 2030. This includes closing inequality gaps between geographic areas and prioritizing services to disadvantaged population groups, increasing funding and investments for water and sanitation and strengthening capacities for implementing WHO-recommended risk-based management approaches such as water and sanitation safety planning approaches.

Water, sanitation and hygiene (WASH) services in health-care facilities (HCFs) are fundamental to providing safe and quality-assured health care.

Fig. 8. Population coverage in terms of drinking-water and sanitation services, 2015 and 2024



The regional impact target for 2029 is that 80% of all HCFs have basic water services and 60% have basic sanitation services. The most recent WHO and United Nations Children’s Fund Joint Monitoring Programme data – to be published in a forthcoming report – indicate that in the Western Pacific Region, 95% of HCFs have basic water services, up from 91% in 2022. However, while this progress is important to acknowledge, significant data gaps remain (Fig. 9). There are insufficient data available to establish regionally representative estimates for sanitation, hygiene, health-care waste management and environmental cleaning. Where data are available, major disparities exist across countries. Of the 15 countries with data available on sanitation, two thirds have less than 40% of HCFs with basic

sanitation services (Fig. 10). Similar disparities exist across all WASH services in HCFs. Only 13 countries have data available for hygiene, eight have data for environmental cleaning and 13 for health-care waste management. Of these, data indicate that several countries have fewer than 50% of HCFs with basic WASH services.

While regional targets have been met for water services, continued efforts are required to sustain these gains as risks posed by a changing climate threaten existing infrastructure and changing weather patterns are driving greater water insecurity. All other WASH indicators in HCF service targets remain off track to meet the SDG 6.1 and 6.2 targets.

Fig. 9. Regional and selected country coverage of water in HCFs (%), 2025

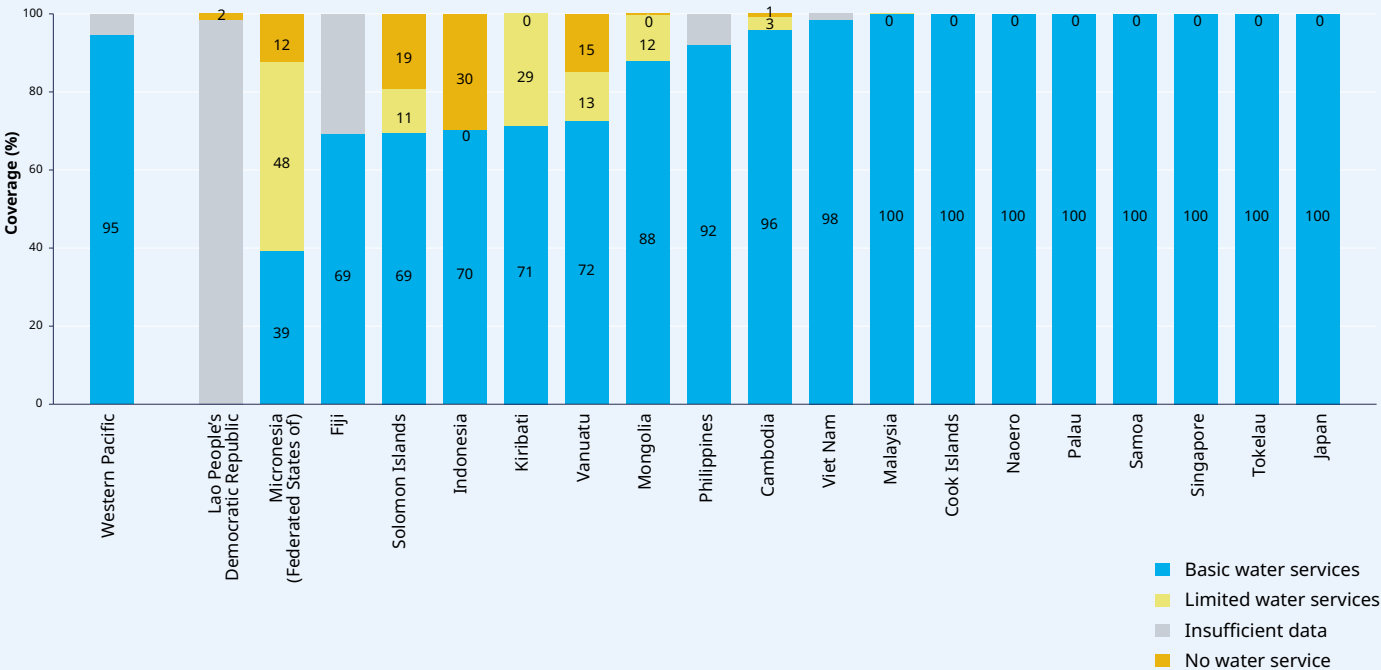
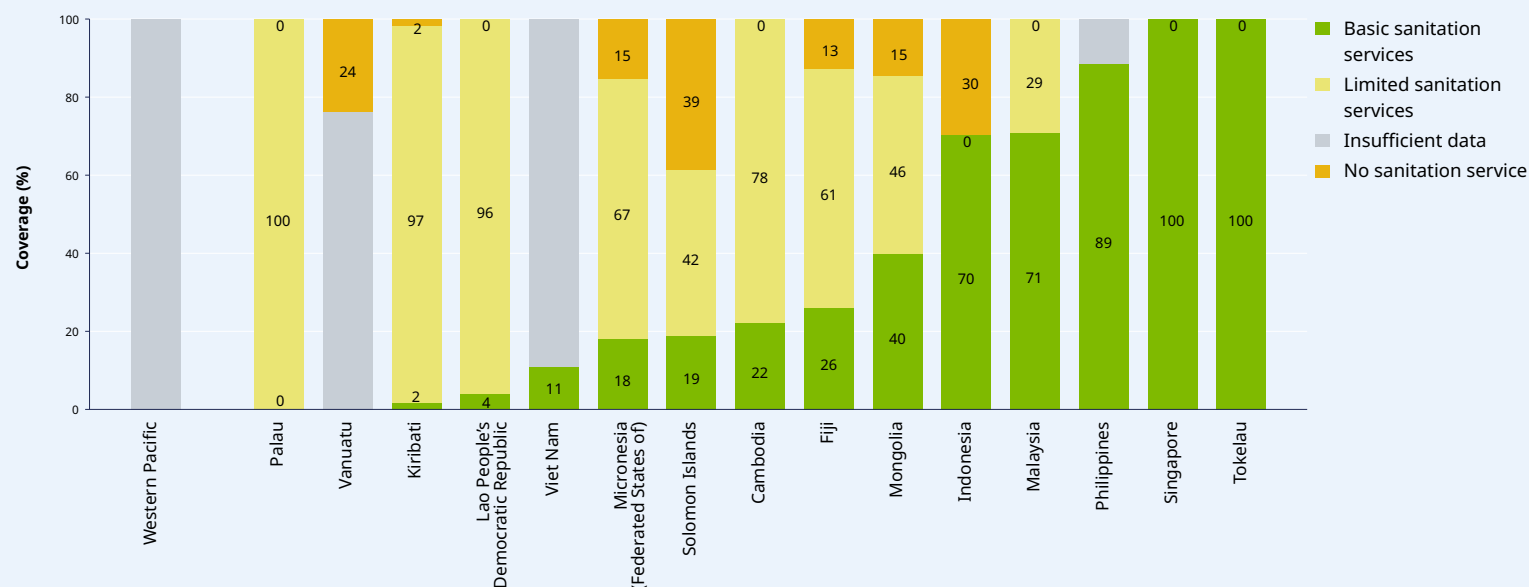


Fig. 10. Regional and selected country coverage of sanitation in HCFs (%), 2025



Source: WHO and United Nations Children's Fund Joint Monitoring Programme, unpublished report, 2025.

To accelerate progress, Member States and other stakeholders are urged to take action in the following areas:

Data: Conduct baseline studies in countries with no available data; ensure data that exist are available for SDG monitoring; and integrate basic WASH indicators into health management information systems to track progress over time.

National targets and dedicated financing: National targets should be set and tracked for WASH services in HCFs; costing analysis should be conducted to understand financing gaps; and financing should be dedicated for capital infrastructure requirements alongside ongoing operation and maintenance needs.

Facility improvements: Risk-based improvement mechanisms, such as the Water and Sanitation

for Health Facility Improvement Tool, or WASH FIT, should be conducted at all HCFs; improvement plans developed; and ongoing upgrades and maintenance implemented.

Financing as an enabling factor

Political commitment and technical capacity are necessary but not sufficient conditions for climate-resilient health systems. Financing is the enabling factor that converts both into results. The most consequential development in this area was WHO's designation in March 2026 by the Green Climate Fund as an "accredited entity", which gives the Organization a formal channel to support Member States in mobilizing dedicated climate financing for projects such as climate-resilient hospitals and health facilities, early-warning systems, and national climate and health adaptation plans. This accreditation,

combined with the piloting of the Access to Climate Finance and Investment Tool for Health, or ACE-FIT, in three countries fundamentally changes the Region's position: rather than waiting for climate financing to find its way to the health sector, countries are now building the demand-side capacity needed to claim the resources already available.

Through ACE-FIT, WHO supported climate-health financing initiatives in Cambodia, Kiribati and the Philippines, while additional support was initiated in Fiji, the Philippines and Tonga. These efforts helped countries identify investment opportunities, strengthen financing pathways and elevate health within national climate agendas. Complementing these efforts, ACE advanced partnerships with international financing institutions, including the Asian Infrastructure Investment Bank, to strengthen long-term investment in climate-resilient health systems.

Fostering leadership and equity

Beyond financing and infrastructure, it is critical for the communities most affected by climate change to have a voice in shaping the response, and that the values of equity and justice are built into frameworks. ACE brought together governments, researchers and community representatives, including First

Nations and Indigenous knowledge holders, to develop a regional ethical framework for climate and health action that will inform priorities at the 31st Conference of the Parties to the United Nations Framework Convention on Climate Change (COP31).

The Region also strengthened its global leadership through the launch of the WHO-coordinated Lancet Commission on Sea-Level Rise, Health and Justice, bringing together 26 leading scientists and knowledge partners to address one of the most pressing challenges facing vulnerable coastal and island communities. With health designated as a dedicated theme of COP31 for the first time, the Western Pacific Region enters the next phase of climate action with strengthened regional leadership and growing influence.

At the April 2026 United Nations Framework Convention on Climate Change Climate Week in Yeosu, Republic of Korea, photographs taken by young people in Kiribati, Mongolia and the Philippines were displayed, documenting the lived health impacts of climate change. This exhibition – supported by WHO in partnership with the National Geographic Society – demonstrated to policy-makers and leaders that climate-resilient health systems are ultimately about protecting people, communities and future generations.

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Action area 3: Resilient communities, societies and systems for health security

WHO worked with Member States, partners and stakeholders across the Western Pacific Region over the past year to strengthen the foundations of regional health security, enable earlier detection of disease outbreaks, respond more rapidly to health emergencies and improve protection for vulnerable populations.

WHO support was instrumental in responding to wide range of challenges ranging from disease outbreaks and natural disasters to the health impact of a cross-border conflict. Support included aiding the response to outbreaks of vector-borne pathogens such as dengue and chikungunya; strengthening the effort to combat vaccine-preventable diseases such as polio, measles and pertussis; and confronting the threat of pathogens, including avian influenza, botulism, hantavirus, HIV and mpox.

When hostilities along the Cambodian-Thai border displaced more than 170 000 people in 2025, WHO supported efforts to keep essential health services functioning, prevent disease outbreaks and support emergency care. WHO also aided the response to extreme weather events in Indonesia, the Federated States of Micronesia, Papua New Guinea and Viet Nam, as well as volcanic eruptions and earthquakes in the Philippines.

The release of more than US\$ 600 000 from the global WHO Contingency Fund for Emergencies supported three countries – Cambodia, the Federated States of Micronesia and Viet Nam – in responding to these acute emergencies and ensuring early access to resources for life-saving interventions.

Regional surge capacity to respond to emergencies increased over the past year, with the number of internationally classified Emergency Medical Teams in the Region rising from 13 to 18. Readiness, deployment and coordination were further strengthened through a 10% expansion of the Global Outbreak Alert and Response Network, from 83 to 91 partners, enabling more experts to support countries in outbreak preparedness and response. This included support for a measles response in Mongolia, Vanuatu and Viet Nam; a dengue outbreak in Fiji; epidemiology and surveillance services in Papua New Guinea following Cyclone Malia; and laboratory outbreak preparedness in Naoero.

Improving outbreak response

The Region also made measurable gains in early detection, notification and preparedness for outbreaks. International Health Regulations (IHR) event notification times fell from 20 days in 2023 to 48 hours by 2025, representing a 90% reduction in turnaround time. AI-enabled epidemic intelligence capacity – built around a 2017 WHO-led initiative known as Epidemic Intelligence from Open Sources (EIOS) – expanded over the past year with three new EIOS communities joining the effort in the Western Pacific Region, bringing the number of communities in the Region to 14. These EIOS communities digitally scan hundreds of thousands of pieces of publicly available information from news media, government websites, social media, blogs and surveillance sites to assess potential public-health threats, complementing traditional surveillance networks.

Pandemic preparedness also improved through increased participation in platforms hosted by the Global Influenza Surveillance and Response System, the expansion of in-country genomic sequencing capacity from 11 countries in 2021 to 15 in 2025, the recognition of a new National Influenza Centre in Brunei Darussalam, and the updating of pandemic plans in nine countries.

Regional surveillance and public health intelligence systems were further strengthened. WHO tracked and responded to 74 events and 1751 signals over the past year through its all-hazards surveillance lens, supporting earlier detection of outbreak trends and timely sharing of public health intelligence. Antimicrobial resistance (AMR) surveillance also expanded, with 13 countries and areas reporting AMR data through the Global Antimicrobial Resistance and Use Surveillance System and 11 countries and areas reporting antimicrobial use data through the Western Pacific Regional Antimicrobial Consumption Surveillance System, an increase from nine in 2024.



A multisectoral team from Malaysia participates in a regional IHR Exercise Crystal. During the exercise, countries and areas in the Western Pacific Region respond to information about a simulated novel respiratory illness.

Seven of 11 reporting countries are implementing all five core components of a national AMR surveillance system, five of 17 reporting countries and areas have developed or updated their national AMR surveillance policies, and four have added AMR pathogens to their notifiable diseases lists, bringing the total to nine.

Strengthening communications

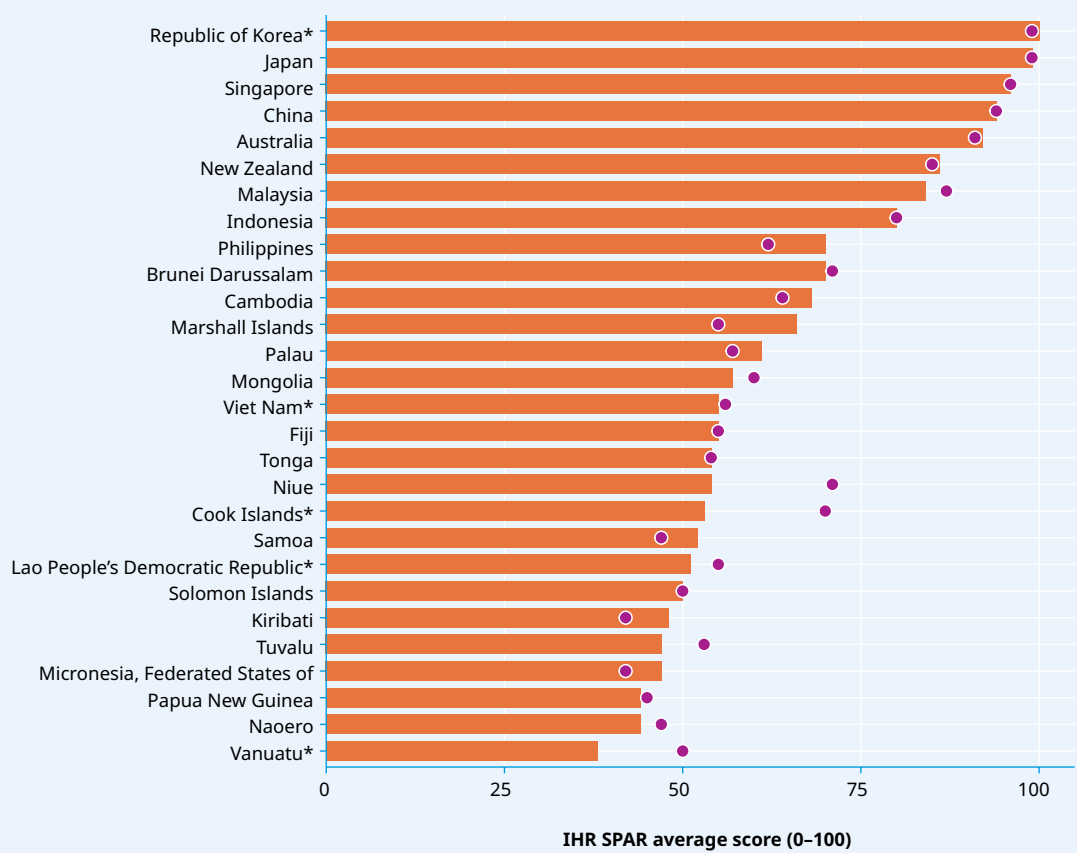
To advance risk communication and community engagement during emergencies, WHO rolled out eight Behavioural Research and Intelligence for Directed Guidance in Emergencies (BRIDGE) tools covering key functions – such as social listening, message testing and the rapid gathering of audience insights – to inform decision-making and key messaging. WHO also established BRIDGE networks linking Member States, academic institutions, media and partners to strengthen collaboration. WHO supported BRIDGE uptake in Cambodia, the Philippines, Tonga, and across members of the Association of Southeast Asian Nations (ASEAN) to monitor public concerns and refine health interventions – resulting in stronger, data-driven emergency responses. These efforts help ensure that behavioural science is continually embedded into crisis preparedness to transform public sentiment into actionable, life-saving communication.

WHO supported these achievements by helping countries advance One Health coordination – people, animals and ecosystems – with 16 of 28 Member States in the Region establishing One Health coordination mechanisms or strategies, reflecting shared advocacy and ownership of the One Health agenda, including AMR. WHO also assisted Member States to leverage IHR tools to benchmark national capacities and drive sustainable financing for health security. Member States assessed IHR capacities through the States Parties Self-Assessment Annual Reporting Tool (SPAR), Joint External Evaluations (JEEs), simulation exercises and action reviews, generating a robust multisectoral evidence base to identify and prioritize critical gaps while strengthening national ownership and coordination.

For two consecutive years, in 2024 and 2025, Member States in the Region achieved universal SPAR submission, providing the most consistent and comprehensive picture of regional health security capacities to date (Fig. 11). This reflects strong country commitment and mutual accountability under IHR. JEEs in countries including Cook Islands,

the Lao People's Democratic Republic, Vanuatu and Viet Nam also helped refine self-reported SPAR scores in 2025. Between July 2025 and June 2026, the Republic of Korea and Viet Nam each completed a second JEE, providing updated insights into the functionality of the core capacities as public health needs, operations and contexts continue to evolve.

Fig. 11. Self-reported IHR core capacities, measured through SPAR, 2024–2025



Points = 2024 SPAR scores; Bars = 2025 SPAR scores.
Countries marked with * conducted a JEE in 2025.

Source: International Health Regulations (2005) States Parties self-assessment annual reporting tool, 2025.



Findings from these capacity and risk assessments informed the development of national action plans for health security, enabling prioritized and costed action plans to strengthen health security capacities in Cook Islands, the Lao People's Democratic Republic, the Philippines, Tonga and Vanuatu. The assessments also provided impetus for updated regional guidance and support to plans, policies and targeted training on AMR. Cambodia, Indonesia, the Lao People's Democratic Republic, Mongolia and Viet Nam advanced their hospital AMR outbreak management. Five countries – Cambodia, the Lao People's Democratic Republic, the Philippines, Singapore and Viet Nam – endorsed updated national AMR action plans, for a total of 24 countries in the Region implementing national AMR action plans.

The IHR assessments also provided the technical foundation required to access large-scale external financing, with findings explicitly referenced in Pandemic Fund investment cases to demonstrate alignment between identified system gaps and proposed financing priorities. More than US\$ 168 million from the Pandemic Fund supported 15 of 17 (88%) eligible countries in the Western Pacific Region between 2023 and 2026 for high-impact priorities, including surveillance, laboratory systems and emergency workforce development.

Through its convening role, WHO continued to strengthen the regional health security agenda in partnership with Member States, regional entities and other stakeholders. In October 2025, at the seventy-sixth session of the WHO Regional Committee for the Western Pacific, Member States unanimously endorsed a regional plan to implement IHR amendments and set targets for programme monitoring. By April 2026, eight Member States – Australia, Brunei Darussalam, China, Japan, the Federated States of Micronesia, the Republic of Korea, Singapore and Viet Nam – had designated a National IHR Authority and communicated details to WHO.

Partnering to accelerate progress

The *Asia Pacific Health Security Action Framework* (APHSAF) was endorsed at the seventy-fourth session of the Regional Committee in October 2023, and annual stakeholder meetings have been held in June 2024, November 2025 and June 2026, providing a platform to advance collective health security priorities under APHSAF. A collaborative mapping exercise of existing regional assets and tools for emergency readiness was completed, which identified key opportunities to further strengthen the Region's health security. A regional policy on multi-source surveillance was endorsed to address silos in health information and promote a single, actionable picture of health threats to support better decision-making before and during health emergencies.

The APHSAF platform has also triggered other bodies of work, such as strengthening partner support to country-led emergency responses. Through a hazard scenario-based approach, WHO and partners are working with Member States to build a Joint Emergency Risk Management Action Plan (JERMAP). Additionally, a comprehensive analysis of 21 country risk profiles for Member States in the WHO South-East Asia and Western Pacific regions has spurred greater investments in emergency workforce capacities and approaches that ensure health systems are better prepared to anticipate, address and withstand a range of crises and shocks.

WHO leveraged its convening power to establish 10 APHSAF communities of practice – uniting over 11 200 public health professionals across ministries of health, technical advisory groups, laboratory and clinical management networks, as well as IHR mechanisms – and enable regional alignment on priorities for disease control and health system strengthening. Together, these communities shared information and expertise during outbreaks of nipah virus, hantavirus, dengue, chikungunya and avian influenza.

WHO strengthened civil-military and cross-sectoral cooperation for health security through the Indo-Pacific Health Alliance for Security, by contributing as a technical partner connecting military and civilian health actors to the regional architecture and to JERMAP. WHO also advanced the Global Health and Peace Initiative in the Region, establishing a new WHO collaborating centre with China Foreign Affairs University to build evidence and capacity on health, peace and security.

Recognizing that the Weaving Health for All regional vision includes strengthening country access to genomic surveillance capacity, in 2025 all countries and areas (100%) reported timely access to genomic sequencing for pathogens with epidemic or pandemic potential (Table 3). This is defined as triggering sequencing within seven days of an event or pathogen detection. As a result of WHO's targeted efforts to train staff and provide commodities to laboratories in eight priority countries for mpox genomic sequencing, these countries are now able to conduct genomic sequencing for priority pathogens such as mpox and share their genomic data to support global, regional and national risk assessments. WHO implemented a first-ever Bioinformatics External Quality Assessment Programme for mpox and tuberculosis in 15 countries in 2025 to ensure the quality of sequencing services.

Through the combination of strategic, technical and operational support, countries in the Western Pacific are better placed to outpace future health threats.

Table 3. Access to and in-country genomic sequencing capacity, by country, 2025



Country	Timely access	In-country capability
Australia	✓	✓
Brunei Darussalam	✓	✓
Cambodia	✓	✓
China	✓	✓
Cook Islands	✓	✗
Fiji	✓	✓
Indonesia	✓	✓
Japan	✓	✓
Kiribati	✓	✗
Lao People's Democratic Republic	✓	✓
Malaysia	✓	✓
Marshall Islands	✓	✗
Micronesia (Federated States of)	✓	✗
Mongolia	✓	✓
Naoero	✓	✗
New Zealand	✓	✓
Niue	✓	✗
Palau	✓	✗
Papua New Guinea	✓	✗
Philippines	✓	✓
Republic of Korea	✓	✓
Samoa	✓	✗
Singapore	✓	✓
Solomon Islands	✓	✗
Tonga	✓	✗
Tuvalu	✓	✗
Vanuatu	✓	✗
Viet Nam	✓	✓

Source: WHO survey on aggregated individual country/area data, 2025.

Action area 4: Healthier people throughout the life course

Across the Western Pacific Region, WHO supported countries over the past year to improve health outcomes throughout the life course through strengthened policies and services, as well as community-based approaches that address disease risk factors and promote better nutrition. Efforts focused on translating regional commitments into country action and advancing integrated and people-centred approaches to NCD prevention, healthy diets and the enhanced delivery of health services.

These efforts revolve around integrated care, an approach that organizes and delivers health services in a coordinated, continuous and people-centred manner, putting the needs and preferences of people and communities – not diseases and institutions – at the centre of health systems.

WHO also promoted community-oriented approaches to meet evolving population needs, including integrated care, disease prevention and capacity-building initiatives, supported by regional platforms and evidence generation. At the same time, intersectoral action and Healthy Settings approaches contributed to advancing health equity and addressing the broader determinants of health.

Together, these efforts supported more integrated, equitable and sustainable approaches to improving health across the Region.

Promoting healthy ageing

WHO strengthened health systems to respond to population ageing by advancing integrated, people-centred approaches across policy, service delivery,

workforce and data systems. Member States were supported to develop and implement national healthy ageing policies and action plans, including Mongolia's national plan. Ongoing technical assistance to countries, including Palau and the Philippines reinforced governance for system-level responses to ageing.

At the service-delivery level, WHO accelerated the adoption of community-based integrated care models, including the implementation of the Integrated Care for Older People framework, long-term care development and social prescribing – an approach that connects people receiving health care with non-clinical services and activities in their communities that can improve their health and well-being. Targeted support to countries, including Cambodia and Mongolia strengthened PHC teams to deliver comprehensive services for older people, while regional platforms facilitated context-specific adaptation and scale-up. Emerging evidence – including regional work on social prescribing and arts and health – contributed to global policy dialogue.

WHO also strengthened capacity for healthy ageing through regional and country-level platforms, including tailored workshops and engagement with subnational leadership, supporting implementation of integrated care approaches. In addition, WHO advanced the Age-friendly Cities and Communities (AFCC) initiative, with over 170 AFCC members across nine countries and areas, enabling countries to use AFCC as a regional indicator to monitor progress and align ageing-related actions within broader system development.

To support evidence-informed policy and planning, WHO strengthened disaggregated data and analytical capacity on older populations, including contributions to the mid-term review of the United Nations Decade of Healthy Ageing (2021–2030) and population-based surveys. These efforts enabled countries to generate evidence, monitor inequalities and inform programmes.

Expanding Healthy Settings

At the subnational level, WHO supported the expansion of Healthy Settings networks, contributing to the target of 500 new cities and islands joining the networks. Through engaging mayors and convening platforms in Australia, Malaysia and the Philippines, WHO supported the establishment and strengthening of national Healthy Cities chapters and facilitated peer-to-peer exchange across cities and islands. These efforts helped institutionalize local leadership for health and advance coordinated action on environmental, social and commercial determinants of health.

WHO co-developed an Essential School Health Service Package with the United Nations Educational, Scientific and Cultural Organization (UNESCO), providing an integrated framework for delivering priority interventions on immunization, NCD prevention, oral health, mental health and violence prevention through schools. School Health Week was developed as an operational approach to implement this package, bringing together technical units through a One WHO approach. This model was piloted in Vanuatu, demonstrating WHO's convening role and the feasibility of integrated school health delivery, with plans to scale the approach across the Region.

Addressing the social determinants of health

WHO advanced the regional vision of Weaving Health for All by strengthening national and local action on health equity through integrated governance, intersectoral collaboration and settings-based approaches. In line with regional priorities and

key Programme Budget outputs, WHO supported Member States to accelerate the development and implementation of national intersectoral policies, strategies and plans on Healthy Settings, contributing to the target of ensuring that at least 80% of countries have such frameworks in place. Technical support was provided to integrate health equity, gender equality and human rights into planning processes, reinforcing whole-of-government approaches to address determinants of health.

WHO also supported scaling up equity-oriented urban health monitoring systems, contributing to the target of 500 cities and islands reporting on at least 10 equity-based indicators. Technical assistance was provided to strengthen data systems, disaggregated indicators and accountability mechanisms, enabling cities to track progress on health equity and translate evidence into policy and action.

Improving food security and nutrition

Member States were supported to strengthen nutrition and food safety systems – promoting healthy diets for NCD prevention, addressing all forms of malnutrition and foodborne disease, and fostering safe, sustainable and healthy food systems across the Western Pacific Region. These efforts occurred on many fronts:

Advancing healthy food environment policies:

Responding to the Region's double burden of malnutrition – the coexistence of undernutrition with overweight, obesity or diet-related NCDs – WHO optimized actions spanning breastfeeding support, nutrition guidelines, school nutrition, marketing regulations, nutrition labelling, salt reduction, fiscal measures, food fortification and management of acute malnutrition. Country-level results included the introduction of front-of-pack nutri-level labelling on ready-to-drink beverages in Indonesia, development of a nutrient profile model in the Philippines underpinning forthcoming nutrition policies, and in Viet Nam the baseline assessment of mandatory nutrient declarations and sodium content of

pre-packaged foods, alongside advocacy to restrict food marketing to children.

Policy advocacy and collaboration with partners, including ASEAN member countries and the Food and Agriculture Organization of the United Nations (FAO), built regional momentum through a food systems lens, strengthening regulatory coherence and sharing examples of effective policies across the Region.

Tackling obesity: Under the WHO Acceleration to Stop Obesity initiative, the Organization supported front-runner countries – including Brunei Darussalam, Malaysia, the Philippines and Tonga – to advance priorities to address obesity, including physical inactivity through thematic workshops and a 100-day challenge, translating policy commitments to coordinated, country-led implementation actions. Brunei Darussalam and China pioneered the WHO Training-of-Trainers programme, becoming among the first countries globally to co-design this evidence-based training and strengthen workforce capacity for integrated, multimodal and life-course approaches to obesity prevention and care.

Translating the global food safety strategy into country action: WHO supported legislative updates in Kiribati, Papua New Guinea and Viet Nam; food safety emergency planning in the Lao People's Democratic Republic and the Philippines; Hazard Analysis and Critical Control Points training in Solomon Islands; and the development of national food safety road maps in Malaysia, the Marshall Islands and Papua New Guinea, guided by WHO's road map tool. WHO support to the Lao People's Democratic Republic strengthened food inspection, while Cambodia improved safety practices in traditional markets and risk-based surveillance. Meanwhile, WHO risk communication materials on *Salmonella* enhanced national capacity for evidence-based action.

Coordinated response to food safety incidents: WHO provided coordinated technical support for the response to food safety incidents, including global infant formula incidents, working across the three

levels of the Organization and with the International Food Safety Authorities Network, or INFOSAN. This reinforced regional readiness to manage food safety events with cross-border implications. WHO also engaged with the Codex Alimentarius Commission – including the FAO/WHO Coordinating Committee for Asia – and the WHO Alliance for Food Safety, aligning regional work with global food safety priorities.

Addressing NCD risk factors

Across the Region, Member States are continuing efforts to prevent NCDs and promote health through policies addressing risk factors and injuries, underpinned by strengthened surveillance systems. WHO work in this area followed consistent logic: securing regional commitment, providing strategic guidance, translating these efforts into country policy action, and building the capacities and evidence to sustain implementation.

Advancing the 30% relative reduction target for tobacco use: The mid-term review of the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)*, presented at the seventy-sixth session of the Regional Committee in October 2025, confirmed uneven progress in tobacco control, weak enforcement and rising youth uptake of new nicotine products. The age-standardized prevalence of current tobacco use among people aged 15 years and older fell from 24.7% in 2015 to 22.7% in 2025 Region-wide. A large sex gap persists – 43.3% prevalence among men against 2.5% among women in 2024 – and prevalence varies widely across countries, from about 9% in New Zealand to about 39% in Papua New Guinea (Fig. 12). Because the indicator excludes e-cigarettes, this decline may understate total nicotine use, particularly among young people. Sustained progress will require continued implementation of proven measures – taxation, smoke-free policies, advertising bans and large graphic health warnings – alongside stronger regulation of emerging products such as e-cigarettes and heated tobacco products.

WHO responded on two fronts. Accelerated support for the tobacco control best buys delivered concrete

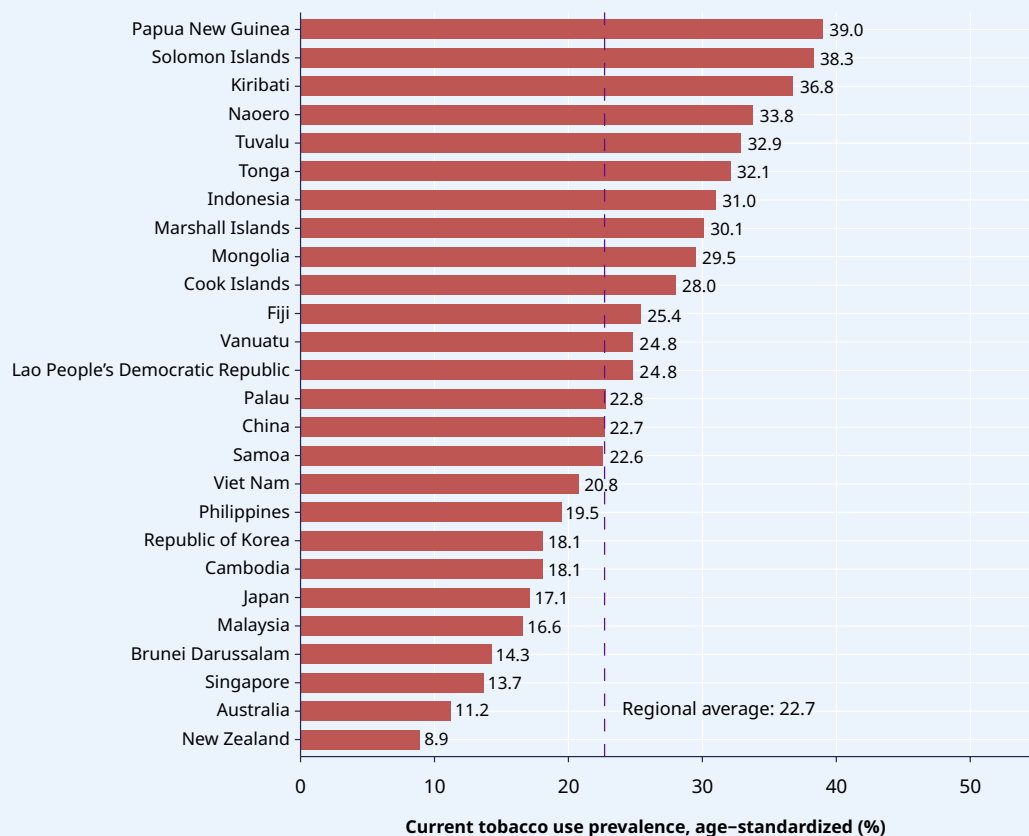
results: comprehensive tobacco control amendments in Kiribati, a decree operationalizing tobacco control laws in the Lao People's Democratic Republic and tax increases in Viet Nam. A new regional publication on smoke-free law enforcement will help strengthen compliance on the ground, while the second Executive Programme on Tobacco Control convened WHO representatives from eight Western Pacific countries for peer learning.

On the evolving product landscape, countries advanced efforts to strengthen the regulation of e-cigarettes and emerging nicotine products with WHO support, particularly in countering industry interference. Viet Nam adopted decrees

operationalizing its bans on e-cigarettes and heated tobacco products, and prohibited investment in and trading of these products. New data platforms now track Regional Action Plan implementation and e-cigarette regulations, and a regional workshop with the Southeast Asia Tobacco Control Alliance tackled growing concerns over digital marketing.

To address persistent governance and cross-border challenges, a draft document, *Accelerating Progress towards the 2030 Tobacco Control Target in the Western Pacific Region*, will be submitted for endorsement to the seventy-seventh session of Regional Committee in October 2026.

Fig. 12. Age-standardized prevalence of current tobacco use, aged 15+, by selected countries, 2025



From regional commitment to country action on alcohol control: The resolution endorsed by the seventy-sixth session of the Regional Committee (WPR/RC76.R4) in October 2025 on accelerating the *Global Alcohol Action Plan 2022–2030* secured high-level political commitment from countries to address alcohol control. This was complemented by the WHO Alcohol Leaves a Mark campaign. This, in combination with WHO’s tailored technical support, translated into country results: Cook Islands identified alcohol taxation as a priority measure; Cambodia banned prize promotions linked to alcohol products; Kiribati strengthened its evidence base through alcohol tax modelling; and the Lao People’s Democratic Republic included the amendment of its alcohol control law on its policy agenda.

Partnering for NCD prevention

WHO’s ongoing dialogue with civil society organizations across the Region has strengthened collaboration between the Organization and civil society in tackling the rising burden of NCDs, leading to the initial establishment of a regional NCD network.

In China, WHO supported a pilot programme integrating NCD prevention into PHC, developing an integrated community-based NCD management model, strengthening digital risk-factor monitoring, and embedding risk factor screening, counselling, referral and follow-up into PHC systems for potential scale-up. A strategic partnership was signed between WHO and the China Institute of Sport Science to advance physical activity as part of a broader health promotion agenda. WHO also collaborated with Shanghai Fudan University to advance policy dialogue on integrating digital technology and AI in strengthening NCD prevention in PHC through the Shanghai Forum. In Mongolia, WHO supported the development of a national NCD plan, with physical activity and other NCD risk factor prevention as core interventions.

Country support for the implementation of population-based surveys – including the WHO STEPwise Approach to NCD Risk Factor Surveillance, school-based surveys and tobacco surveys – continued in several countries, improving the availability and quality of NCD risk factor data across the Region. To ensure data translate into action, a regional workshop was convened with seven countries in collaboration with the WHO Collaborating Centre on NCD Surveillance and Big Data Utilization at the Korea Disease Control and Prevention Agency. A practical Data-to-Action tool was developed to support countries in this process, and as a follow-up, WHO facilitated a bilateral exchange between Brunei Darussalam and the Republic of Korea to share expertise and strengthen national NCD data systems.

WHO country engagement, regional capacity-building and partnerships also strengthened injury prevention. In China, WHO contributed to national policy development and road safety initiatives, while a bi-regional workshop in Thailand, co-organized with the WHO South-East Asia Region, supported countries to develop national road maps. A journalist workshop in Viet Nam built media capacity for injury prevention advocacy. WHO also supported a post-crash response assessment in Malaysia, injury surveillance and emergency response in Mongolia, and development of a national drowning prevention strategy in Cambodia.

Action area 5: Technology and innovation for future health equity

In a Region of striking diversity – spanning megacities such as Beijing, Jakarta, Metro Manila, Seoul and Tokyo to remote Pacific islands – the power of data and digital technology to scale up efforts enabling all populations to enjoy the highest attainable standard of health has never been more consequential.

Over the past year, WHO advanced data and digital innovation as drivers of health equity, supporting countries to transform fragmented health information systems (HIS) into tools for evidence-based action, while also positioning the Region for the responsible adoption of AI in public health.

Driving change with SCORE

The WHO SCORE for Health Data Technical Package – a framework to help Member States strengthen and improve their ability to collect, analyse, report and use health data for decision-making – continued to guide HIS strengthening, with two additional countries completing assessments and bringing second-round implementation to 19 Member States (Fig. 13). SCORE findings informed WHO support to integrate fragmented systems in Cambodia and further strengthen HIS in the Lao People’s Democratic Republic, Solomon Islands and Vanuatu.

WHO continued to support the strategic shift from aggregate-based systems towards greater patient-level tracking through expansion of the Electronic Immunization Registry to all provinces in the Lao People’s Democratic Republic, which provides vital information on under-vaccinated children. A pilot of the Electronic Immunization Registry is now under way in Vanuatu.

Fig. 13. SCORE assessment maturity across five interventions, by country (second round), 2025



	Survey populations and health risks	Count births, deaths and causes of death	Optimize health service data	Review progress and performance	Enable data use for policy and action
Republic of Korea	4	5	5	5	4
Indonesia	4	4	5	5	5
Malaysia	4	5	4	5	4
China	4	5	4	5	4
Australia	4	5	4	5	4
Viet Nam	4	4	4	5	4
Japan	4	5	3	NA	NA
Philippines	4	4	3	5	3
Cook Islands	3	5	3	5	3
Palau	4	4	3	4	3
Mongolia	3	5	3	4	3
Solomon Islands	3	3	3	5	3
Niue	3	5	3	4	2
Samoa	3	3	2	5	3
Papua New Guinea	3	3	3	4	3
Lao People's Democratic Republic	3	3	3	4	3
Cambodia	3	3	3	4	3
Micronesia (Federated States of)	3	4	1	3	3
Vanuatu	4	2	2	3	2

Source: WHO SCORE assessment (second round), 2025.

Strengthening civil registration for digital health

Robust civil registration and vital statistics (CRVS) systems are the bedrock of a functioning health information ecosystem. Recognizing persistent gaps across the Region in the ability to produce timely and reliable mortality statistics, WHO elevated CRVS as a priority, with a side event on the topic planned prior to the October 2026 session of the Regional Committee. This high-level advocacy for CRVS translated into tailored technical assistance in Fiji, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands and Vanuatu, addressing critical weaknesses in cause-of-death certification, mortality coding and the analysis of causes of death data, in close coordination with partners. Furthermore, ongoing support is being provided to Solomon Islands and Vanuatu to enable critical data exchange with civil registration information systems. To strengthen mortality trend analysis, detect unusual patterns and strengthen preparedness for future health emergencies, WHO launched an updated



At the March 2026 Forum on Harnessing Artificial Intelligence for Health Equity, senior health officials, alongside researchers, innovators and policy-makers from across Asia and the Pacific, engaged in discussions on how AI can be governed, financed and scaled to deliver healthier lives for all. The Forum was organized by the Asian Development Bank and the WHO Regional Office in Manila.

All-Cause Mortality and Excess Mortality Calculator, and continues mortality surveillance across eight countries with advanced CRVS systems.

Following endorsement of the *Regional Action Framework on Digital Health in the Western Pacific*, Cambodia, Papua New Guinea, Solomon Islands and Vanuatu finalized national digital health strategies with WHO support. Cambodia also completed a National Digital Health Enterprise Architecture Blueprint and costed implementation plan, guiding investment, reducing fragmentation and supporting foundational registries for facilities, providers and clients.

Advancing the responsible use of AI

The technical discussion on AI in health-care systems during the seventy-sixth session of the Regional Committee in October 2025 set the strategic foundation to advance the responsible use of AI across the Western Pacific Region. Member States were encouraged to strengthen governance, ethical oversight, regulatory readiness and evaluation; identify high-impact AI use cases; and build public sector capacity.

The Forum on Harnessing Artificial Intelligence for Health Equity, co-organized by the Asian Development Bank and WHO in March 2026, moved this agenda from “what” to “how” by testing practical approaches for use-case prioritization, readiness assessments, financing, governance and regional collaboration, especially for resource-constrained settings. The April 2026 Member State Consultation on AI further translated the identified priorities into a more operational pathway for WHO support, including tools for technology assessments and prioritization, ecosystem readiness and a framework for competency-based capacity-building.

Following that consultation, a high-level ministerial policy dialogue and technical workshops on AI in health in the Lao People's Democratic Republic enhanced country support for this regional agenda

by combining leadership dialogue, practical applications, readiness and safeguards for the country's health system.

WHO also advanced practical AI use cases, including an AI-enabled digitization tool piloted in Solomon Islands that allows health workers to photograph paper-based facility forms and automatically digitize data into DHIS2, an electronic health management information system. The Organization is also developing an "AI companion" concept to support front-line health workers with clinical decision-making, digitized records and teleconsultations.

To better understand the Region's AI capacity-building landscape, WHO collaborated with Peking University to map education and training initiatives for health professionals. The findings point to the need to extend AI training to resource-limited settings while strengthening the depth, quality and accessibility of learning through diverse delivery modalities.

Revitalizing capacity-building

Aligned with the Weaving Health for All regional vision, which includes a call to develop next-generation leaders for future-ready health systems, WHO revitalized two regional capacity-building platforms: the Global Health Learning Centre (GHLC) and the Pacific Open Learning Health Net (POLHN). GHLC resumed with a competency-based, interactive model, engaging health officials from 13 Member States and more than 100 faculty across 172 sessions. Participants improved by an average of 19% across six UHC competency domains as a result of the sessions and developed country-level group projects supported by seed funding. POLHN was relaunched with the WHO Academy Learning Platform, informed by a needs assessment across 11 Pacific island countries and a growing pipeline of short online courses and regional partnerships.

Looking ahead

The work of this action area of the Weaving Health for All vision aims to assist countries and areas so that every decision regarding health systems in the Western Pacific Region is grounded in reliable evidence. In this way, no country is left alone to navigate its health challenges. From stronger civil registration and AI-driven data tools, to national digital strategies and harmonized information systems, the Region is building an ambitious digital health ecosystem rooted in country contexts and realities.

To meet the challenges of the future, sustained investment in capacity-building will be critical to translate these systems into real impact in the AI era. This process will entail analysing demands and competencies to meet emerging skill-set needs, developing innovative and incremental regional learning platforms, and strengthening capacities and in-service learning systems for health workers and policy-makers at the country level.

Innovation and technology, and the other action areas for Member States and stakeholders, are combined with the priorities for making WHO support more effective and enabling in the Weaving Health for All vision. In this way, WHO, Member States and other partners and stakeholders are working together to create the metaphorical mat that will ensure better health and well-being for all of the Region's more than 2.2 billion people.

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The background is a dark blue, textured surface with a repeating woven or basketweave pattern. The texture is composed of many small, rectangular elements interlaced to create a three-dimensional effect.

3 Navigating the future

Introduction

As the Western Pacific Region advances the Weaving Health for All vision, WHO continues to strengthen the foundations needed to navigate an increasingly complex and interconnected future. This means cultivating diverse partnerships and strategic networks, strengthening the quality and use of science and data, and investing in the health and well-being of the Region's people – all while modernizing the way WHO works.

Across the Region, WHO works to better connect expertise and action, enhancing strategic communications, fostering a respectful and inclusive workplace, and streamlining business operations through digital innovations and accountability.

Together, these efforts are making the Organization more agile while strengthening trust and the effectiveness of WHO support to countries and areas to address current needs and priorities while preparing for challenges on the horizon.



A WHO team member interviews staff at the Palau Community College Cooperative Research and Extension programme about sustainable practices and the latest knowledge in agriculture, aquaculture and environmental science which have implications across the Pacific and beyond.

Partnerships and strategic communication

Partnerships

Several strategic partnerships were formalized over the reporting period, illustrating how WHO is leveraging its convening role, technical expertise and broader ecosystem of partners to deliver results. A new collaboration with the Asian Infrastructure Investment Bank based in Beijing, China, establishes a forward-looking framework to jointly advance work at the intersection of health, climate and the environment, including through research and the development of innovative approaches to address financing gaps and strengthen systems. At the country level, partnerships with the Trade and Development Bank of Mongolia and MIAT Mongolian Airlines illustrate how private-sector support can be mobilized to expand the reach of public health messaging through the dissemination of evidence-based information through new channels. Partnerships with entities such as the Kanagawa Prefecture Government of Japan help to advance the implementation of the *Regional Action Plan on Healthy Ageing in the Western Pacific* through knowledge exchange, capacity-building and the sharing of best practices on age-friendly policies and healthy ageing.

Efforts by WHO to diversify its contributor base also gained momentum through strengthened engagement with philanthropic partners. Through collaboration with the WHO Foundation and Prudence Foundation, the Organization is advancing innovative approaches to climate and health resilience in Viet Nam, centred on strengthening data, policy and financing frameworks to better respond to climate-related health risks. Building on this, a partnership with the Rockefeller Foundation is also helping to elevate climate and health as a regional and global priority. Collaboration with the Borrow Foundation supports implementation of the *Western Pacific*

Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health, strengthening prevention of oral diseases, primary health-care (PHC) delivery and workforce capacity. Work with the Nippon Foundation is helping to establish climate-resilient mental health systems in the Region by integrating mental health into national climate action, disaster risk reduction and health policies. Partnership with the Institute of Philanthropy has supported two important streams of work: strengthening the Global Health Emergency Corps to enhance emergency preparedness and response, and advancing noncommunicable disease (NCD) prevention and control through PHC approaches to improve screening, treatment and long-term management.

The Region also continued to strengthen regional partnerships through the Philippine–Pacific Health Initiative (PhilPac), a flagship platform for South–South cooperation that brings together governments and ministries of health from the Philippines and Pacific island countries and areas, and WHO. The initiative facilitates technical exchanges, workforce development, institutional partnerships and peer-to-peer learning across a range of priority health areas, demonstrating the value of regional collaboration in addressing shared challenges. By connecting countries with complementary expertise and needs, PhilPac strengthens health systems, promotes sustainable capacity development and serves as a practical example of how WHO can convene diverse partners to generate collective impact at regional scale.

Long-standing partnerships with traditional donors remained critical to sustaining WHO's core work. Continued support from partners including Australia, Japan, New Zealand and the Republic of Korea, underscores the enduring importance of predictable public financing as the backbone of WHO's funding.

The Region also benefited from contributions linked to the WHO Investment Round, with new agreements signed during the reporting period with Cambodia, Malaysia, Mongolia and the Philippines.

WHO continued to position itself strategically in key regional and global platforms, including the AVPN Global Conference, the World Health Summit and the Philanthropy Asia Summit. Engagement in these global meetings has expanded networks with emerging partners, enhanced WHO's visibility and facilitated dialogue on innovative partnership and financing approaches.

Taken together, these efforts reflect WHO's continued evolution towards a more connected and diversified partnership ecosystem – one that leverages its convening power, broadens collaboration beyond traditional actors, and drives collective action to advance health for all in the Western Pacific Region.

Strategic communications

Demonstrating the impact of WHO's work across the Western Pacific – guided by the regional vision of Weaving Health for All – remains a priority at a time when it is more urgent than ever for WHO to fulfil its mandate to serve all people in the Region.

Storytelling with a human face across multiple platforms, supported by data and evidence, lies at the centre of WHO's communications and advocacy work, with messages crafted to resonate strongly with governments, donors, civil society partners, the media and the wider public.

WHO supported a number of key regional campaigns and initiatives, including World Health Day 2026 and its umbrella theme "Stand with Science. Together for Health" – a special focus on partnerships in health that are grounded in science, as exemplified by WHO collaborating centres and the One Health Quadripartite.

During the seventy-sixth session of the Regional Committee in October 2025, WHO mapped out storytelling related to the main agenda

items, including climate change and health; the International Health Regulations and health emergency preparedness; and alcohol control through the communications initiative "Alcohol Leaves a Mark".

Social media and web metrics have demonstrated the strong traction of communications content across existing WHO corporate platforms including Facebook, Instagram, X, LinkedIn, YouTube and Bluesky. Analysis revealed that specific platforms perform well in specific markets – for example, Facebook in the Pacific. In some markets, national language content should be prioritized over English language content to reach the greatest number of people – for example, Bahasa in Indonesia and Vietnamese in Viet Nam. Efforts therefore need to be made to further customize and tailor messages to ensure maximum reach and impact across all countries and areas in the Region.

Leveraging his leadership role, the Regional Director disseminated important health messages through his LinkedIn account with consistent, compelling content on WHO special days, high-profile missions and events in Member States and beyond. As a result, the number of followers on the Regional Director's LinkedIn account grew more than tenfold from September 2025 through June 2026, increasing WHO's presence and engaging a broad range of stakeholders, thus further strengthening its position and enhancing WHO's relevance and contribution to improving global health for all.

Finally, significant efforts were made in the past year to focus on internal communications. The One WHO intranet's Western Pacific pages were used as a site not only to inform and engage colleagues on corporate processes and priorities – such as the transition to the new Business Management System – but also to recognize and showcase the work of WHO staff across divisions and country offices. These included the annual Recognition of Excellence Awards and other events that celebrate the pride WHO staff take in the work they do every day.

Forging the networks

In an increasingly complex and interconnected health landscape, forging stronger and more purposeful networks has become central to advancing collective action and accelerating health outcomes.

A cornerstone of this effort is the Region's network of 214 WHO collaborating centres (WHOCCs) in China (66), Australia (53), Japan (40), the Republic of Korea (25), Singapore (13), Malaysia (six), New Zealand (four), Viet Nam (three), Indonesia (two) and the Philippines (two). Together, their expertise spans a wide range of public health priorities, including health promotion, health emergencies, environmental health, and data and innovation, representing a strategic pool of expertise that can be mobilized to support Member States.



Staff at the Institute of Medical Information, Chinese Academy of Medical Sciences in Beijing, manage the Western Pacific Region Index Medicus as a WHO collaborating centre. The Institute has expanded the index since its launch in 2010 to include more than 1.2 million articles from 760 journals – one of many invaluable contributions collaborating centres have made to health and well-being in the Region.

The Fifth Regional Forum of WHOCCs held in November 2025 brought together institutions and partners from across the Region to strengthen collaboration, reduce fragmentation and improve alignment with country priorities. The Forum reaffirmed that WHOCCs are not only centres of technical expertise but also vital nodes in a regional network supporting research, capacity-building, innovation and implementation.

For example, WHO worked with the WHOCC for Nursing, Midwifery and Health Development at the University of Technology Sydney and the South Pacific Chief Nursing and Midwifery Officers Alliance to strengthen health workforce leadership and regulation across 13 Pacific island countries and areas. In China, the WHOCC for Nursing Policy-making and Leadership at Peking Union Medical College has supported regional training and professional exchanges on nursing leadership, maternal and child health, healthy ageing, and the prevention and management of NCDs. The WHOCC for Health and Biomedical Information at the Institute of Medical Information, Chinese Academy of Medical Sciences, strengthened knowledge-sharing through the Western Pacific Region Index Medicus, expanding access to regional health research and evidence.

Regional efforts have been reinforced by global engagement through the First Global Forum of WHOCCs, which elevated the role of WHOCCs as strategic partners in addressing global public health priorities.

Beyond WHOCC networks, WHO continues to strengthen operational and technical networks that underpin health security and resilience.

In the reporting period, the Global Outbreak Alert and Response Network (GOARN) expanded by 10%, increasing from 83 to 91 partners, and supporting deployments across six countries. In May 2026, GOARN supported a preparedness mission to Naoero, where a laboratory systems specialist from Australia's Victorian Infectious Diseases Reference Laboratory worked with the Ministry of Public Health and Naoero Medical Centre to assess the feasibility of establishing the country's first dedicated national public health laboratory. The deployment resulted in a phased road map towards establishing a fit-for-purpose Physical Containment level 2 public health laboratory, demonstrating how GOARN can help countries translate national health priorities into sustainable health security investments.

Engagement in other health security networks also expanded. The number of internationally classified Emergency Medical Teams in the Region increased by 38%, bringing the total to 18 teams. The designation of a new National Influenza Centre in

Brunei Darussalam further strengthened the Global Influenza Surveillance and Response System. At the same time, growing collaboration among National Regulatory Authorities has advanced regulatory convergence, strengthened quality assurance of medical products and helped countries navigate challenging regulatory environments.

Extending beyond technical cooperation, the Asia-Pacific Parliamentarian Forum on Global Health continues to provide an important platform for parliamentarians across the Asia-Pacific region to exchange experiences, build political commitment, strengthen capacities and collaborate on shared health priorities.

Together, these networks are reshaping how WHO works across the Western Pacific, enabling countries and partners to respond more effectively to emerging challenges and accelerate progress towards resilient, equitable and future-ready health systems.

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Stand with science and data

WHO in the Western Pacific Region continues to deliver timely and high-quality normative guidance, including standards, rules and principles that help guide action, alongside technical support and knowledge/information products to better inform decision-making for health at all levels, from national policies to community programmes. Over the past year, WHO strengthened research and ethics work in practical ways. These efforts assisted countries in setting research priorities, and strengthened reviews of studies to protect human participants and institutional oversight of research in Member States.

In Papua New Guinea, WHO supported the National Department of Health to systematically review health research over the past five years, consult national and subnational stakeholders and finalize the National Health Research Agenda 2025–2030, which will allow future research to be anchored in the country's health needs and priorities.

WHO also collaborated with the Pacific Community and the Pacific Academy of Sciences to help Pacific island countries and areas strengthen local oversight of research ethics. A 2025 workshop on strengthening research ethics governance in the Pacific brought together country representatives, ethics committee members and regional partners to discuss consent, benefit-sharing, data and sample use, research sovereignty and ways to improve support for national ethics frameworks. Collaboration has continued during 2026 to establish a subregional support mechanism for research oversight.

The Ethics Review Committee of the WHO Regional Office for the Western Pacific is a 15-member multidisciplinary group with expertise in public health, medicine, research methods and ethics. The

Committee reviews WHO-supported studies involving human participants in Member States. Studies cover a wide range of topics, from communicable and noncommunicable diseases, to how to best implement research findings and digital health innovations. These reviews have helped improve study designs, community engagement and informed consent, data protection plans and arrangements for sharing findings with countries and communities.

The secretariat for the Committee also organized in-person training workshops on research ethics for national research ethics committees in Indonesia in 2025, and regular virtual training sessions throughout 2026. Through these workshops, the secretariat helps ensure that health-related research in the Region meets international ethical standards and is responsive to local contexts.

Together, these activities strengthen the Region's ability to generate evidence, protect people and communities in research, and use findings to inform better health decisions. They also leave countries with guidance products and follow-up pathways, including the Papua New Guinea National Health Research Agenda, Pacific workshop recommendations on research ethics governance, and practical tools and advice that can be adapted by countries as their research systems grow.

The development and quality control of normative, or standard-setting, products and publications were also strengthened. This included the launch of an online product management and clearance system, Tracking, Understanding and Leveraging Information Products (TULIP). Overseen in the Region by the Knowledge Management Unit, TULIP monitors the status of WHO publications, as well

as articles authored for health journals. A new AI tool supports authors by reviewing manuscripts and proposing revisions to meet WHO guidelines. Quality assurance, however, continues to rely on a meticulous, two-stage review process conducted by the Editorial Services unit, which ensures that information products are in clear and appropriate language and redacted in accordance with WHO style, among other editorial concerns.

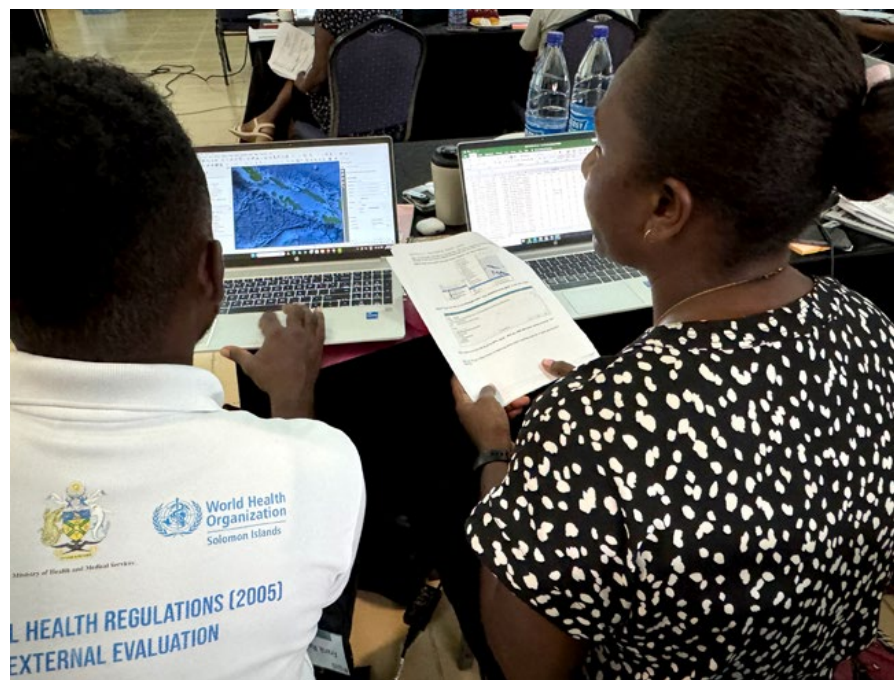
These efforts support the development of more consistent, transparent and high-quality technical products across the Region, enabling countries to make better-informed decisions based on reliable guidance and evidence. The Region also promoted a stronger culture of publication and knowledge exchange through initiatives such as a book fair, an award ceremony recognizing articles and publications that made the most impact with readers, and increased library and research training.

More than 100 health professionals in Papua New Guinea were trained by WHO librarians on the use of online research databases and where to find up-to-date open access health information. One such database is the WHO Western Pacific Region Index Medicus (WPRIM). Managed by the Regional Library and administered in China by the Institute of Medical Information at the Chinese Academy of Medical Sciences, which is a WHO collaborating centre, the database indexes more than a million articles from 760 regional health journals. These initiatives amplify dissemination and awareness of the latest scientific and technical work.

Through the WHO Western Pacific Health Data Platform, WHO continued to host and disseminate a broad range of updated, reliable health statistics, supporting the availability and use of country data for monitoring Sustainable Development Goal indicators and other key regional and global health indicator frameworks. The platform helps strengthen impact measurement by enabling timely access to standardized health data across countries and areas.

Over the past year, the platform was enhanced with new dashboards and analytical products, including ones focused on universal health coverage, NCDs, and tobacco and e-cigarette policies. To promote data standards and interoperability, a newly developed regional geographic data hub facilitates the sharing of standardized geographic datasets and maps across WHO, strengthening data visualization, analysis and consistency in geospatial information across the Organization.

Together, these tools and platforms improve access to high-quality data and evidence for monitoring progress and informing actions, providing countries and partners across the Region and beyond with more accessible and actionable insights for policy-making to improve health outcomes.



Staff from the Ministry of Health & Medical Services in Solomon Islands analyse geospatial data as part of QGIS and Kobo Toolbox Training supported by WHO. The training helps increase capacity to use data for better health planning and decision-making.

Staff health and well-being matters

Under the leadership of the Regional Director, WHO in the Western Pacific continued to advance staff health, dignity and well-being as central to organizational renewal. Across the Regional Office and country offices, efforts focused on strengthening a respectful, inclusive and caring workplace culture grounded in trust, psychological safety, open dialogue, recognition and shared responsibility.

The Healing Hearts initiative established by the Regional Director when he assumed office in February 2024 laid the foundation for the current workplace culture initiative by creating a safe space for staff dialogue, reflection and healing. It supported early efforts to build trust, empathy and inclusiveness, and was sunsetted in June 2026 as its objectives were integrated into broader and more sustainable Workplace Culture Initiative. Staff counselling services

continue to be widely available to personnel across the Region, offering confidential professional support on personal and work-related concerns and helping to sustain a caring and responsive work environment.

The re-engagement of the Regional Ombudsperson further expanded informal, independent and confidential avenues for staff to raise concerns, explore options, seek guidance and resolve workplace issues constructively. Prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) remained a core institutional priority, reinforcing WHO's zero-tolerance commitment to sexual exploitation, abuse and harassment through strengthened focal point networks, risk assessment, action planning, awareness-raising, staff training, performance management and accountability mechanisms.

Together, these efforts reflect a people-centred approach to organizational change – one that upholds human dignity, strengthens trust, promotes inclusion and recognition, supports staff well-being and enables personnel to contribute fully to WHO's mission in the Western Pacific Region.



Staff from the WHO Regional Office and the Philippine country office regularly get together to jog through parks and tourist sites in Manila. WHO Runners is one of many clubs that strengthen staff unity and morale.

Navigating the future – Strengthening operations, digital transformation and accountability

Over the past year, WHO has moved decisively from fragmented, manual ways of working to integrated, systems-enabled operations. An enabling environment is actively cultivated to drive solutions-oriented work and achieve the vision of the WHO Fourteenth General Programme of Work of a future-proof, efficient, 21st-century WHO. New corporate platforms for travel, event management, programme planning and contributor engagement have been rolled out, bringing standardization and

discipline where ad hoc processes were once the norm. The success of the seventy-sixth session of the Regional Committee that took place in Fiji last year demonstrated what this shift looks like in practice – end-to-end logistical control, coordinated stakeholder engagement and confident execution.

Digital innovation is reshaping the way work is conducted every day. By rolling out new corporate-level Business Management System (BMS) solutions in the



WHO staff conduct stakeholder and power mapping exercises during a September 2025 project management training at the WHO Regional Office. These exercises help WHO identify the right people and engagements to ensure that programmes deliver stronger results on the ground.

areas of planning, grants, events, travel management and procurement, as well as putting AI tools directly into the hands of WHO staff, there has been a visible shift not only in speed and consistency of execution of tasks, but even more importantly, in staff well-being. As one colleague shared after a recent emergency response, AI helped the team consolidate data and draft the first health situation report accurately and on time. Another noted that it allowed them to complete their tasks more quickly and avoid having to work past office hours, contributing to work-life balance. AI use is now moving beyond individual productivity into core processes such as procurement planning and financial forecasting, while investments in data analytics and project management training are enabling smarter, more consistent delivery across the Region.

In procurement, WHO has strengthened planning and compliance, established key regional long-term agreements and reinforced supplier performance management, with evaluation compliance now above 92%. Dedicated operational support for complex initiatives – including the Pharmaceutical Laboratory Project in Mongolia and climate-health programmes in a few Pacific island countries – has helped mitigate risks, as well as ensure timely and effective support.

Financial reforms have equally deepened accountability. Assurance activities under the revised Direct Financial Cooperation framework now cover 11 of 16 WHO country offices in the Region, and all audit recommendations from 2025 have been fully closed. Harmonized key performance indicators are guiding performance monitoring and enabling targeted support where needed most, while cost-efficiency measures are being embedded into planning to ensure long-term sustainability.

Finally, none of this is possible without investing in the people who do this work. Improved human resources data, reporting and analytics informed management decisions, including organizational and workforce realignment and strengthened workforce planning. At the same time, recognition initiatives, counselling services and the broader Workplace Culture Initiative continued to promote staff well-being and a positive workplace environment.

Together, these efforts are making WHO in the Western Pacific more agile, accountable and ready to support Member States in a rapidly evolving health landscape.

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4 Annexes

Fig. A1.1. Western Pacific Region (28 countries)

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		81/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		86%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		75%	90%
	Effective hypertension treatment coverage among adults aged 30–79		20% ¹	50%
	At least ML3 regulatory system maturity	Vaccines	5	All countries
		Medicines	2	
		Medical devices	1	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		14/28	All countries
	National strategy for climate change that includes health		16/28	All countries

Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		65/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		28/28	All countries
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		15/28	All countries
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		23% ³	17%
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		3.5	
	Count births, deaths and causes of death		4.1	
	Optimize health service data		3.2	
	Review progress and performance		4.4	
	Enable data use for policy and action		3.3	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. Data compiled from regional reports and the WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.				

Fig. A1.2. Australia

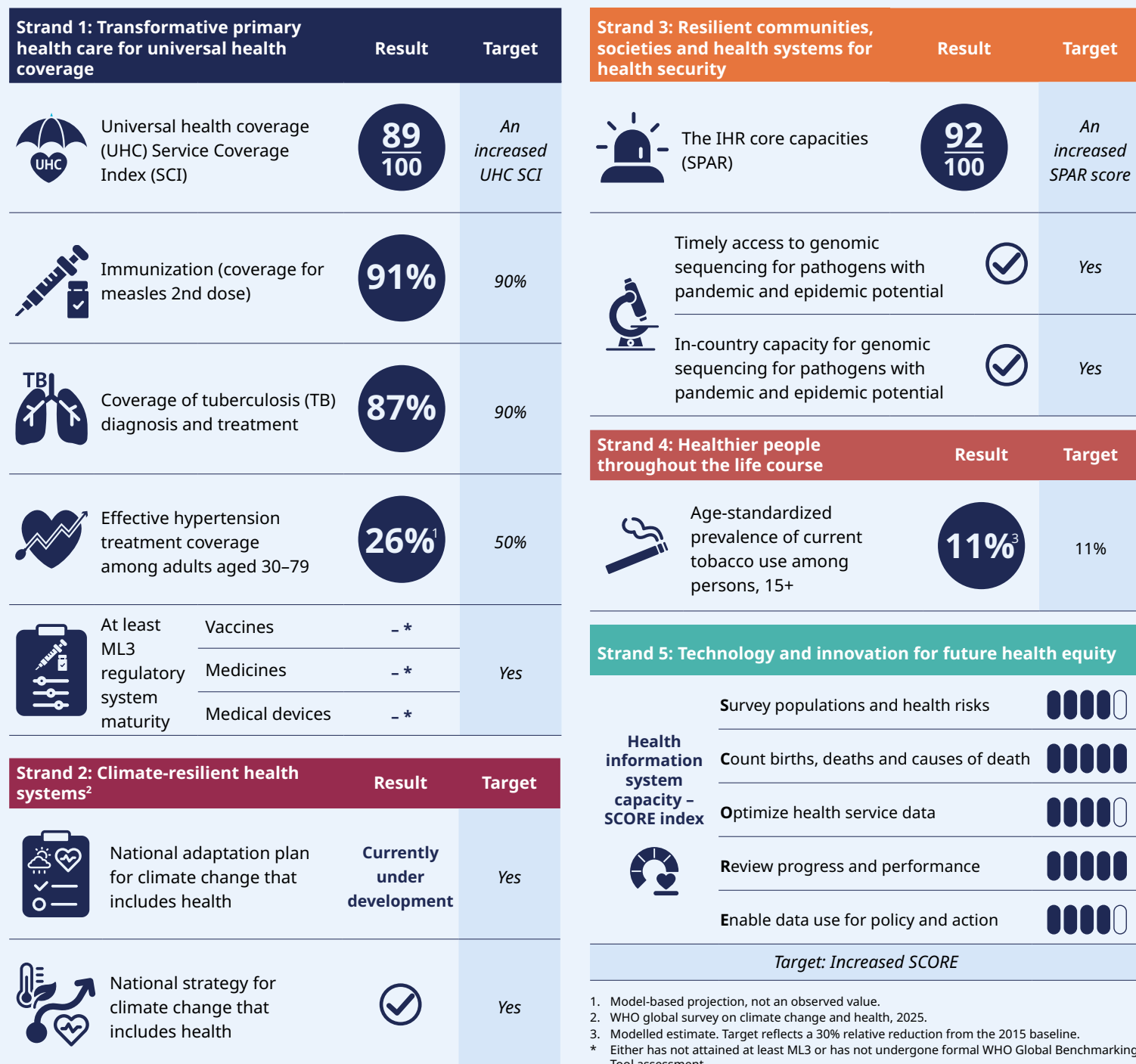


Fig. A1.3. Brunei Darussalam

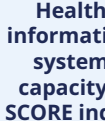
Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		84100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		99%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		79%	90%
	Effective hypertension treatment coverage among adults aged 30–79		33%¹	50%
	At least ML3 regulatory system maturity	Vaccines	– *	Yes
		Medicines	– *	
		Medical devices	– *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		✗	Yes
	National strategy for climate change that includes health		✗	Yes
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		70100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		14%³	11%
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		–	
	Count births, deaths and causes of death		–	
	Optimize health service data		–	
	Review progress and performance		–	
	Enable data use for policy and action		–	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.4. Cambodia

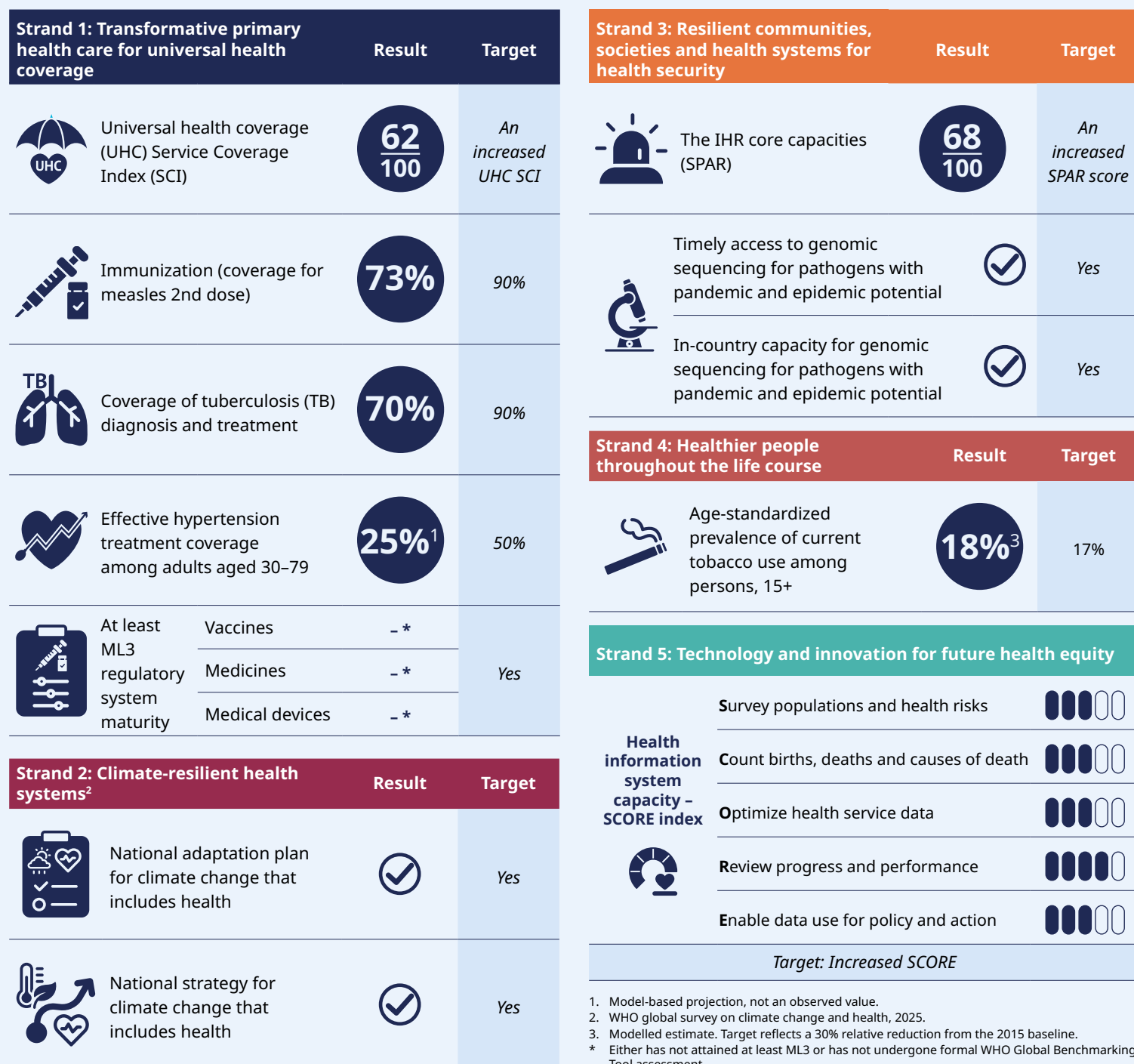


Fig. A1.5. China

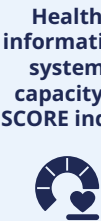
Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		85100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		94%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		76%	90%
	Effective hypertension treatment coverage among adults aged 30–79		18%¹	50%
	At least ML3 regulatory system maturity	Vaccines	✓	Yes
		Medicines	– *	
		Medical devices	– *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		✓	Yes
	National strategy for climate change that includes health		✓	Yes
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		94100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		23%³	17%
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		00000	
	Count births, deaths and causes of death		00000	
	Optimize health service data		00000	
	Review progress and performance		00000	
	Enable data use for policy and action		00000	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.6. Cook Islands

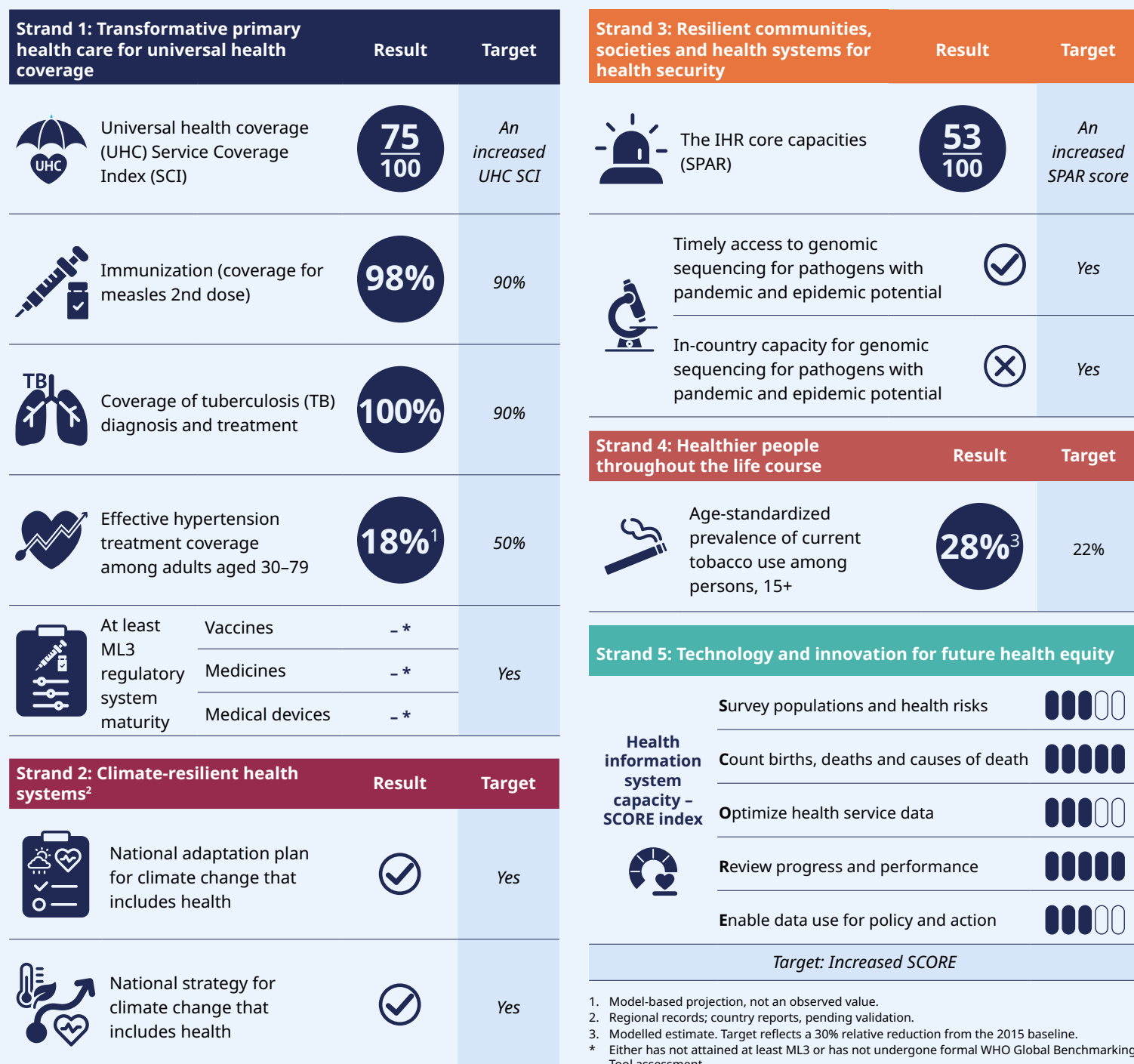


Fig. A1.7. Fiji

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	69100	An increased UHC SCI	
	Immunization (coverage for measles 2nd dose)	75%	90%	
	Coverage of tuberculosis (TB) diagnosis and treatment	59%	90%	
	Effective hypertension treatment coverage among adults aged 30–79	14%¹	50%	
	At least ML3 regulatory system maturity			Yes
	Vaccines	– *		
	Medicines	– *		
	Medical devices	– *		
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		Yes	
	National strategy for climate change that includes health		Yes	
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)	55100	An increased SPAR score	
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	25%³	20%	
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		–	
	Count births, deaths and causes of death		–	
	Optimize health service data		–	
	Review progress and performance		–	
	Enable data use for policy and action		–	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. Regional records; country reports, pending validation. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.8. Indonesia

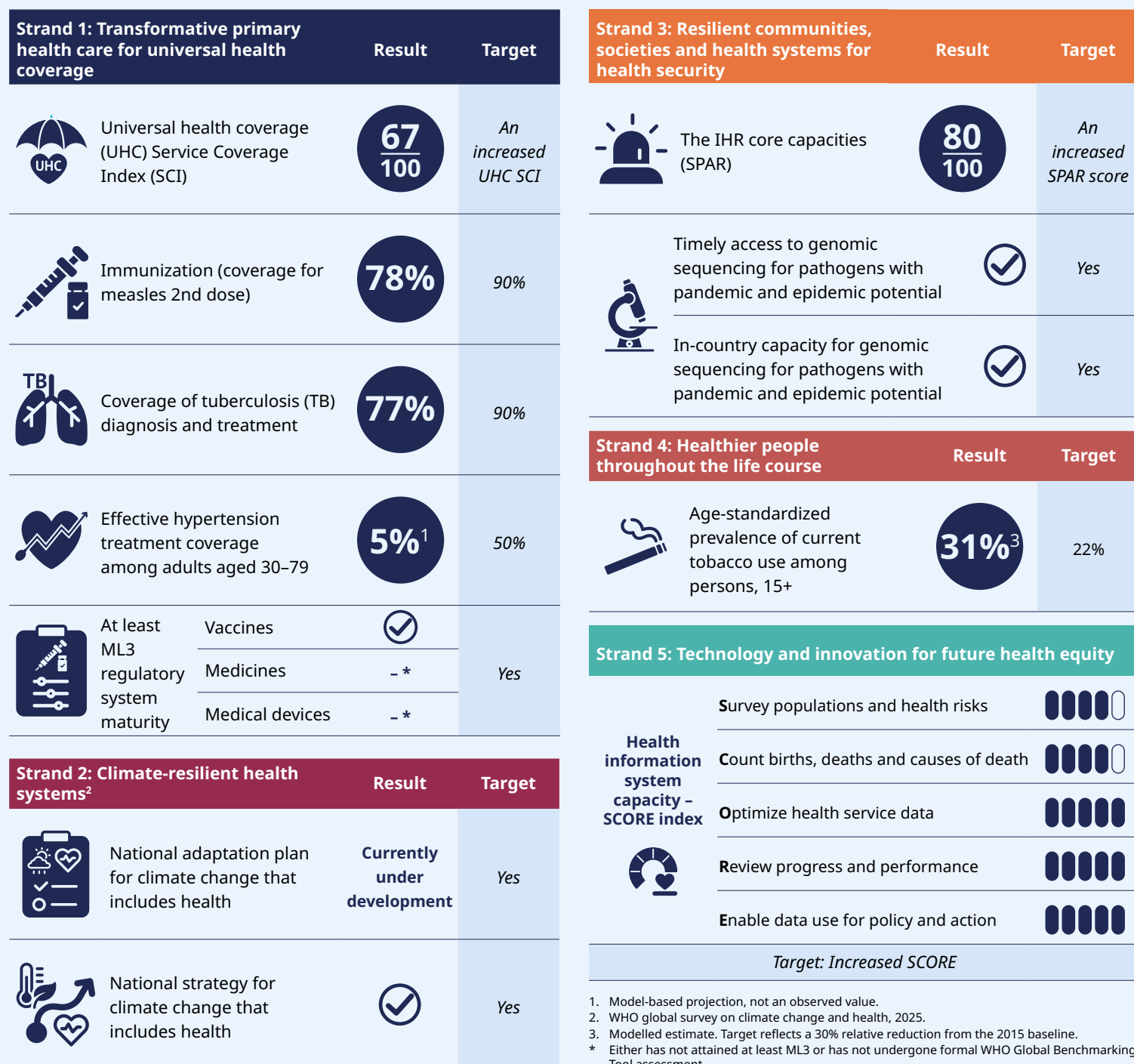
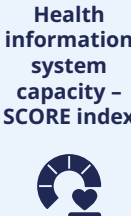


Fig. A1.9. Japan

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	86100	An increased UHC SCI	
	Immunization (coverage for measles 2nd dose)	95%	90%	
	Coverage of tuberculosis (TB) diagnosis and treatment	83%	90%	
	Effective hypertension treatment coverage among adults aged 30–79	30%¹	50%	
	At least ML3	Vaccines	– *	Yes
	regulatory system maturity	Medicines	– *	
		Medical devices	– *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		Yes	
	National strategy for climate change that includes health		Yes	
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)	99100	An increased SPAR score	
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	17%³	16%	
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		00000	
	Count births, deaths and causes of death		00000	
	Optimize health service data		00000	
		Review progress and performance	–	
	Enable data use for policy and action		–	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.10. Kiribati

Strand 1: Transformative primary health care for universal health coverage		Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	51/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)	47%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment	47%	90%
	Effective hypertension treatment coverage among adults aged 30–79	7%¹	50%
	At least ML3 regulatory system maturity		Yes
	Vaccines	– *	
	Medicines	– *	
	Medical devices	– *	
Strand 2: Climate-resilient health systems ²		Result	Target
	National adaptation plan for climate change that includes health		Yes
	National strategy for climate change that includes health		Yes
Strand 3: Resilient communities, societies and health systems for health security		Result	Target
	The IHR core capacities (SPAR)	48/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes
Strand 4: Healthier people throughout the life course		Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	37%³	33%
Strand 5: Technology and innovation for future health equity			
	Survey populations and health risks		–
	Count births, deaths and causes of death		–
	Optimize health service data		–
	Review progress and performance		–
	Enable data use for policy and action		–
Target: Increased SCORE			

1. Model-based projection, not an observed value.

2. Regional records; country reports, pending validation.

3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.

* Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.

Fig. A1.11. Lao People’s Democratic Republic

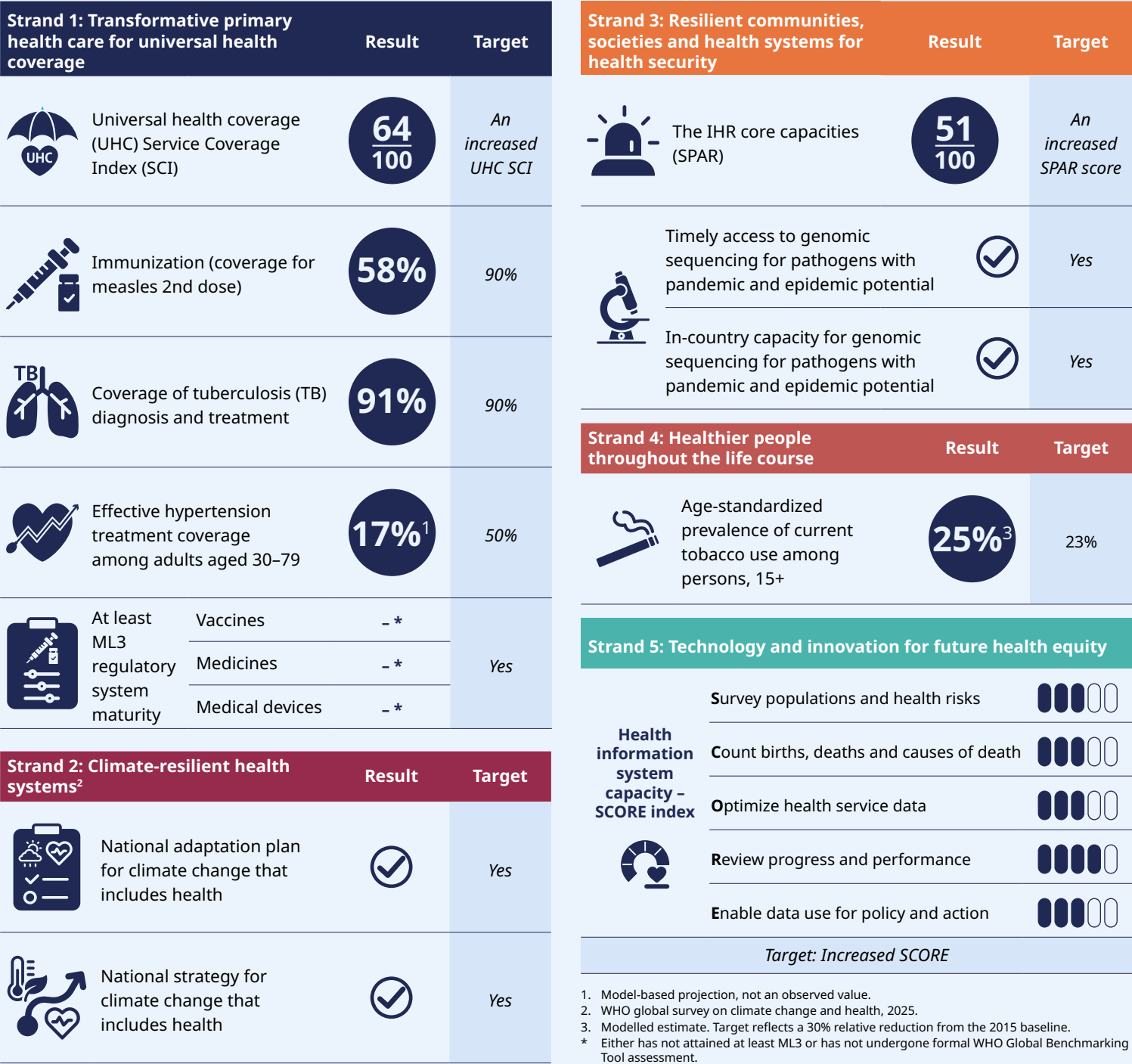


Fig. A1.12. Malaysia

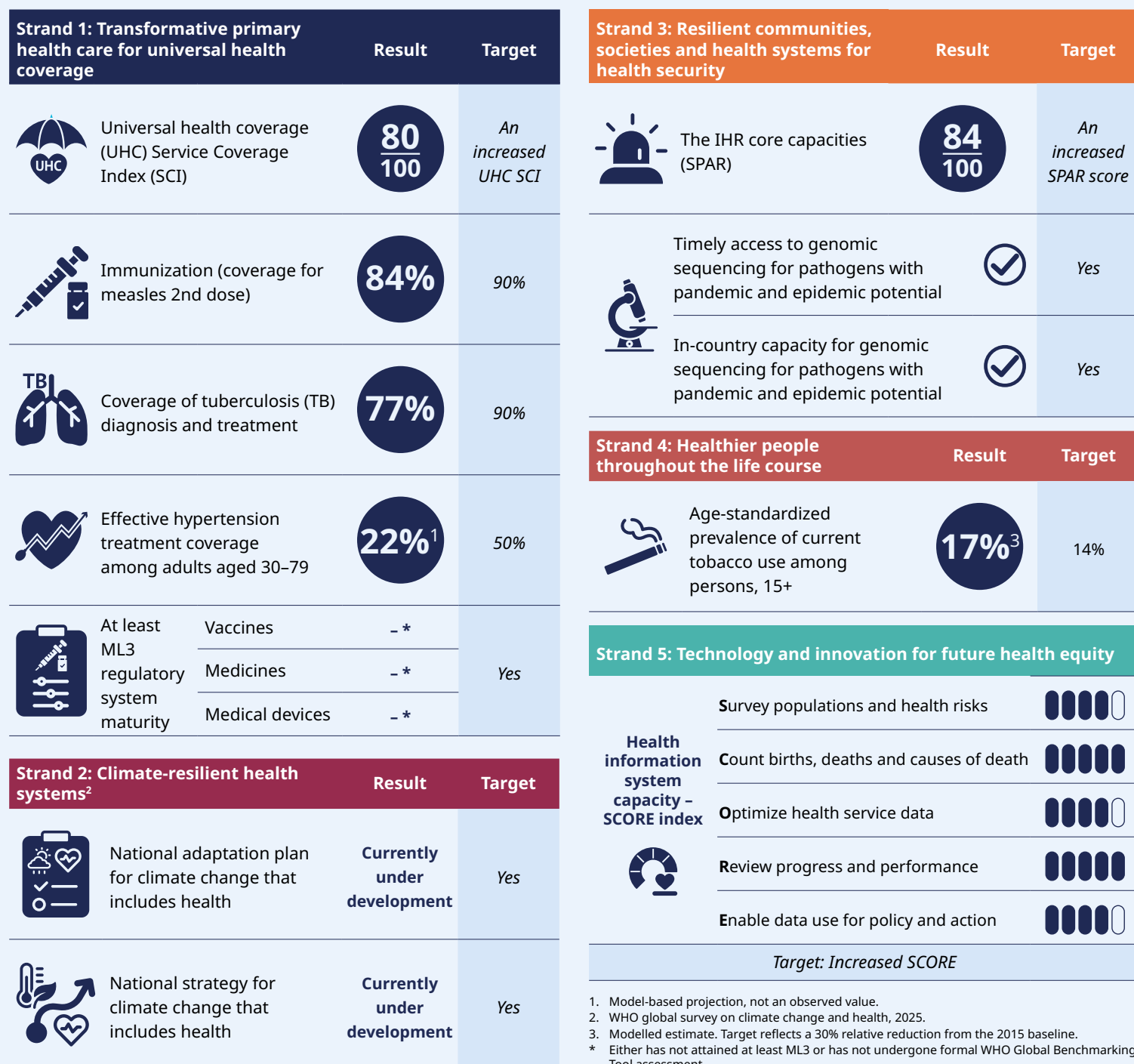
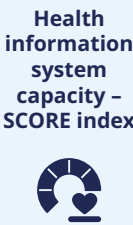


Fig. A1.13. Marshall Islands

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	66100	An increased UHC SCI	
	Immunization (coverage for measles 2nd dose)	61%	90%	
	Coverage of tuberculosis (TB) diagnosis and treatment	60%	90%	
	Effective hypertension treatment coverage among adults aged 30–79	16% ¹	50%	
	At least ML3 regulatory system maturity			Yes
	Vaccines	– *		
	Medicines	– *		
	Medical devices	– *		
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		Yes	
	National strategy for climate change that includes health		Yes	
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)	66100	An increased SPAR score	
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	30% ³	20%	
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		–	
	Count births, deaths and causes of death		–	
	Optimize health service data		–	
	Review progress and performance		–	
	Enable data use for policy and action		–	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.14. Micronesia (Federated States of)

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		65100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		60%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		47%	90%
	Effective hypertension treatment coverage among adults aged 30–79		15%¹	50%
	At least ML3 regulatory system maturity	Vaccines	– *	Yes
		Medicines	– *	
		Medical devices	– *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		✗	Yes
	National strategy for climate change that includes health		✓	Yes
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		47100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		✗	Yes
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		–	–
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks			00000
	Count births, deaths and causes of death			00000
	Optimize health service data			00000
	Review progress and performance			00000
	Enable data use for policy and action			00000
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment				

1. Model-based projection, not an observed value.
 2. WHO global survey on climate change and health, 2025.
 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.
- * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.

Fig. A1.15. Mongolia

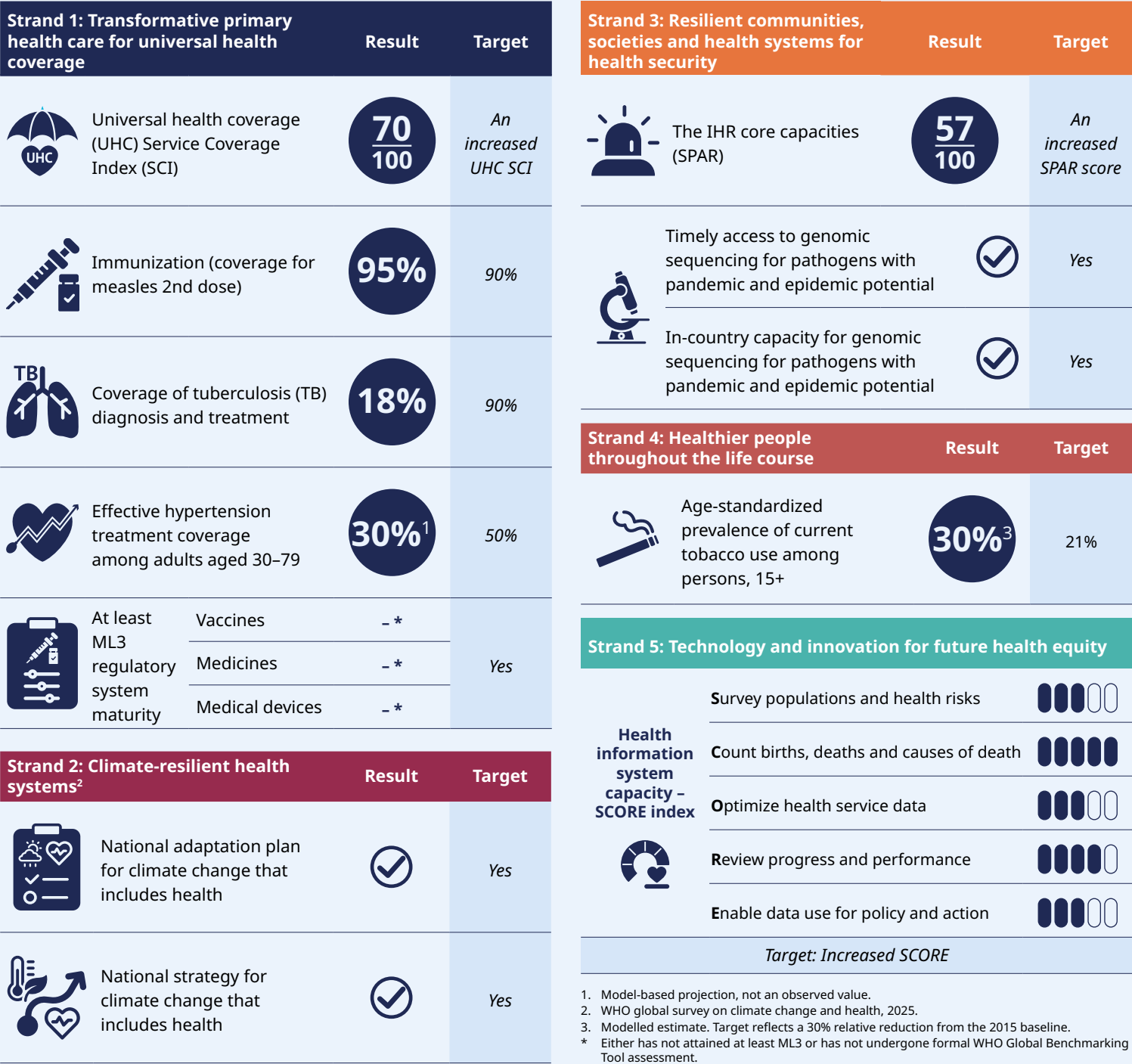


Fig. A1.16. Naoero

Strand 1: Transformative primary health care for universal health coverage		Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	62/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)	51%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment	—	90%
	Effective hypertension treatment coverage among adults aged 30–79	17%¹	50%
	At least ML3 regulatory system maturity		Yes
	Vaccines	— *	
	Medicines	— *	
	Medical devices	— *	
Strand 2: Climate-resilient health systems ²		Result	Target
	National adaptation plan for climate change that includes health	⊗	Yes
	National strategy for climate change that includes health	⊗	Yes
Strand 3: Resilient communities, societies and health systems for health security		Result	Target
	The IHR core capacities (SPAR)	44/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential	✓	Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential	⊗	Yes
Strand 4: Healthier people throughout the life course		Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	34%³	31%
Strand 5: Technology and innovation for future health equity			
	Survey populations and health risks		—
	Count births, deaths and causes of death		—
	Optimize health service data		—
	Review progress and performance		—
	Enable data use for policy and action		—
Target: Increased SCORE			

1. Model-based projection, not an observed value.

2. Regional records; country reports, pending validation.

3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.

* Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.

Fig. A1.17. New Zealand

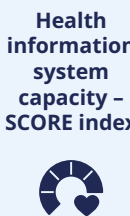
Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	89100	An increased UHC SCI	
	Immunization (coverage for measles 2nd dose)	88%	90%	
	Coverage of tuberculosis (TB) diagnosis and treatment	85%	90%	
	Effective hypertension treatment coverage among adults aged 30–79	29%¹	50%	
	At least ML3 regulatory system maturity			Yes
	Vaccines	– *		
	Medicines	– *		
	Medical devices	– *		
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		Yes	
	National strategy for climate change that includes health	Unknown	Yes	
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)	86100	An increased SPAR score	
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes	
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	9%³	10%	
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks	–		
	Count births, deaths and causes of death	–		
	Optimize health service data	–		
	Review progress and performance	–		
	Enable data use for policy and action	–		
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. Regional records; country reports, pending validation. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.18. Niue

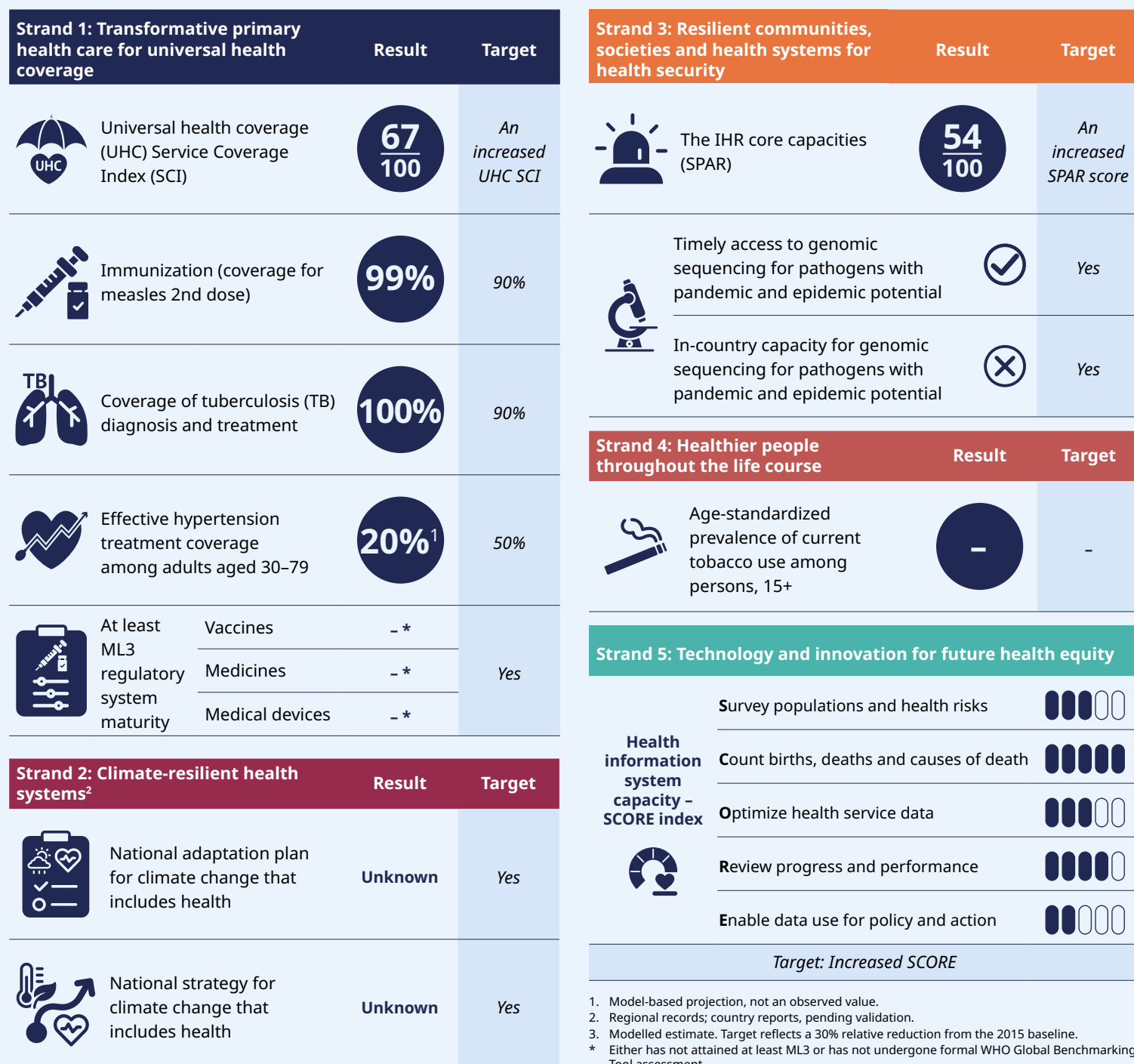


Fig. A1.19. Palau

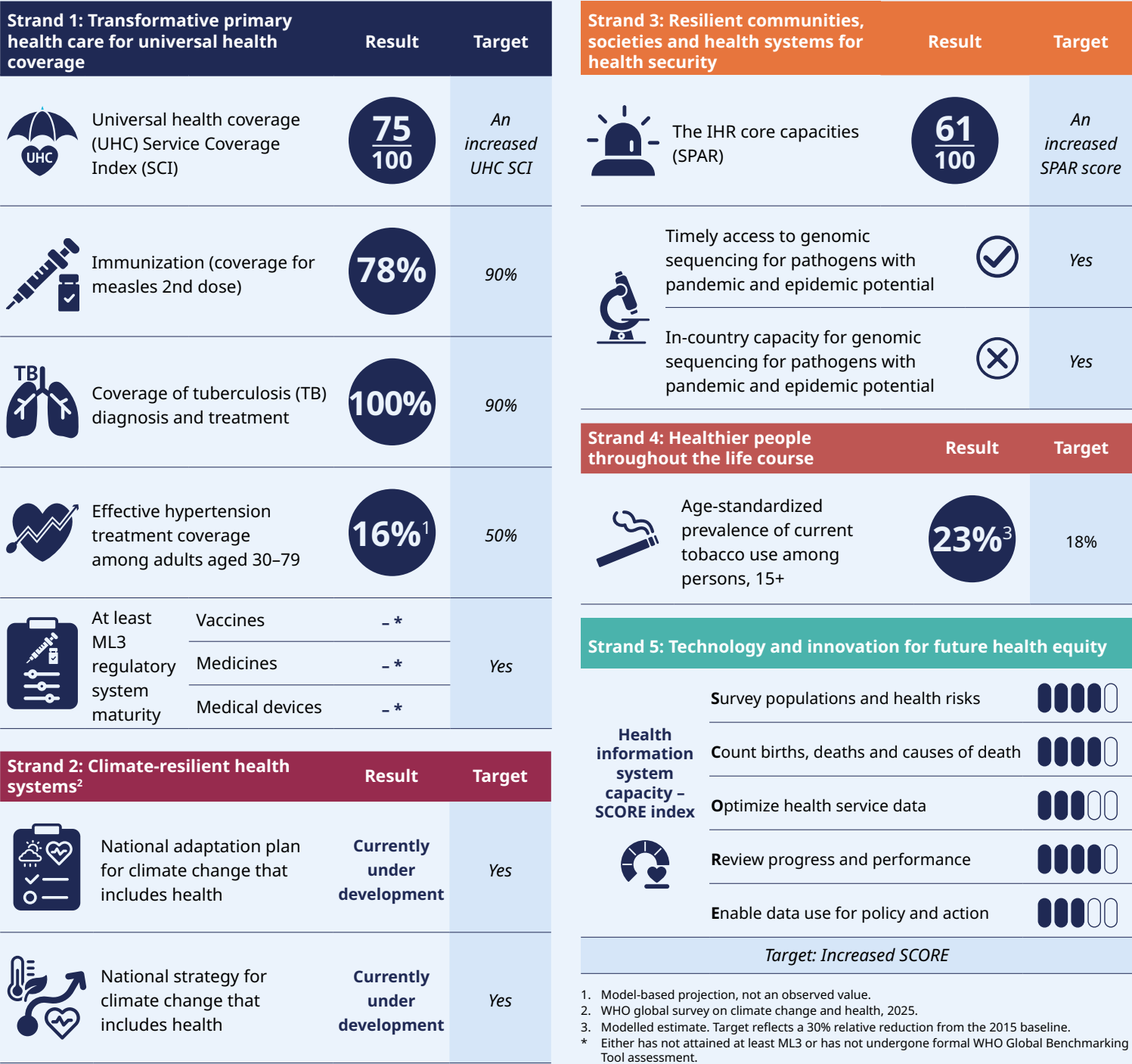


Fig. A1.20. Papua New Guinea

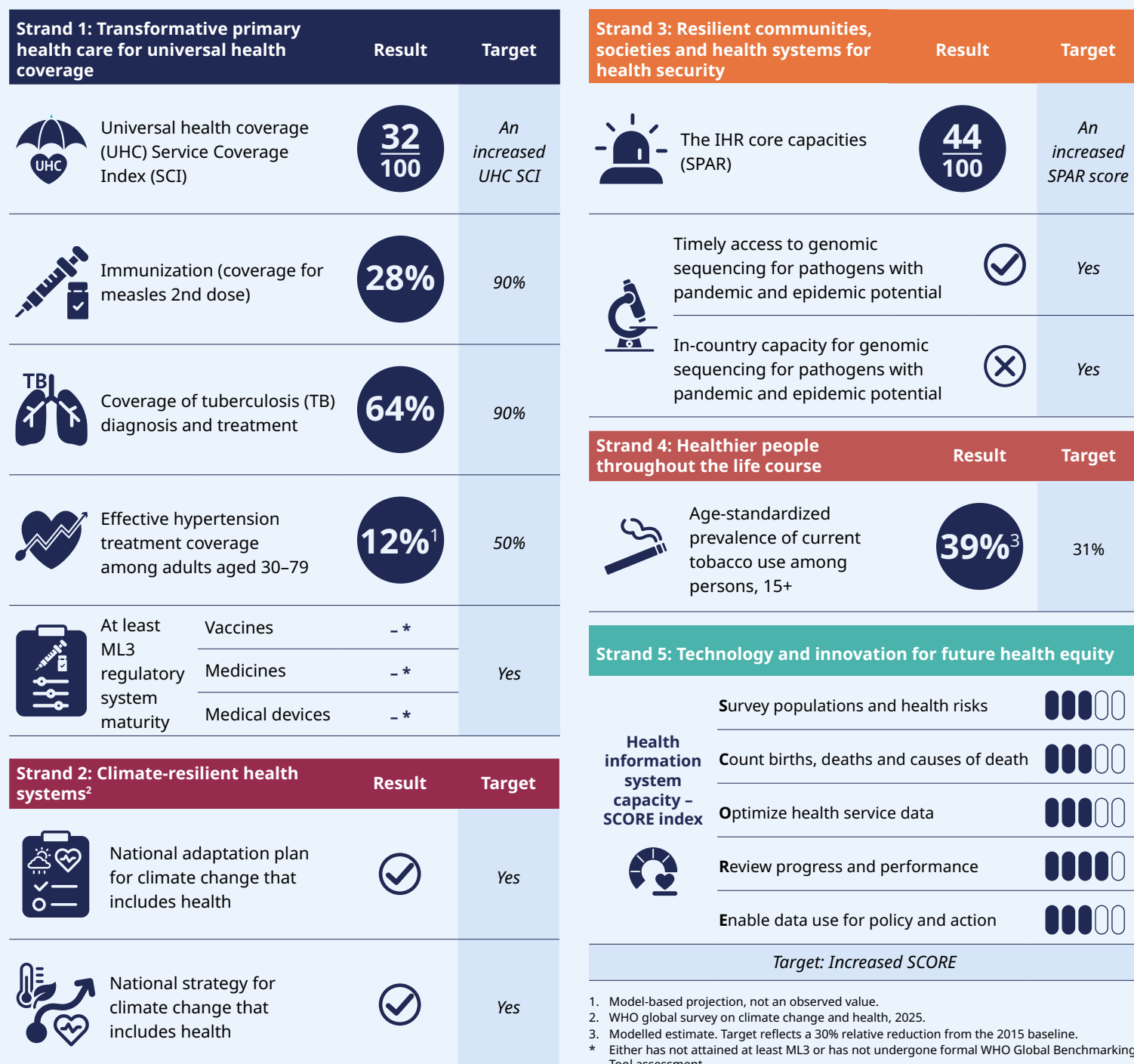


Fig. A1.21. Philippines

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	69100	An increased UHC SCI	
	Immunization (coverage for measles 2nd dose)	67%	90%	
	Coverage of tuberculosis (TB) diagnosis and treatment	75%	90%	
	Effective hypertension treatment coverage among adults aged 30–79	20%¹	50%	
	At least ML3 regulatory system maturity			Yes
	Vaccines	– *		
	Medicines	– *		
	Medical devices	– *		
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health	Currently under development	Yes	
	National strategy for climate change that includes health	✓	Yes	
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)	70100	An increased SPAR score	
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential	✓	Yes	
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential	✓	Yes	
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	20%³	17%	
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks	00000		
	Count births, deaths and causes of death	00000		
	Optimize health service data	00000		
	Review progress and performance	00000		
	Enable data use for policy and action	00000		
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.22. Republic of Korea

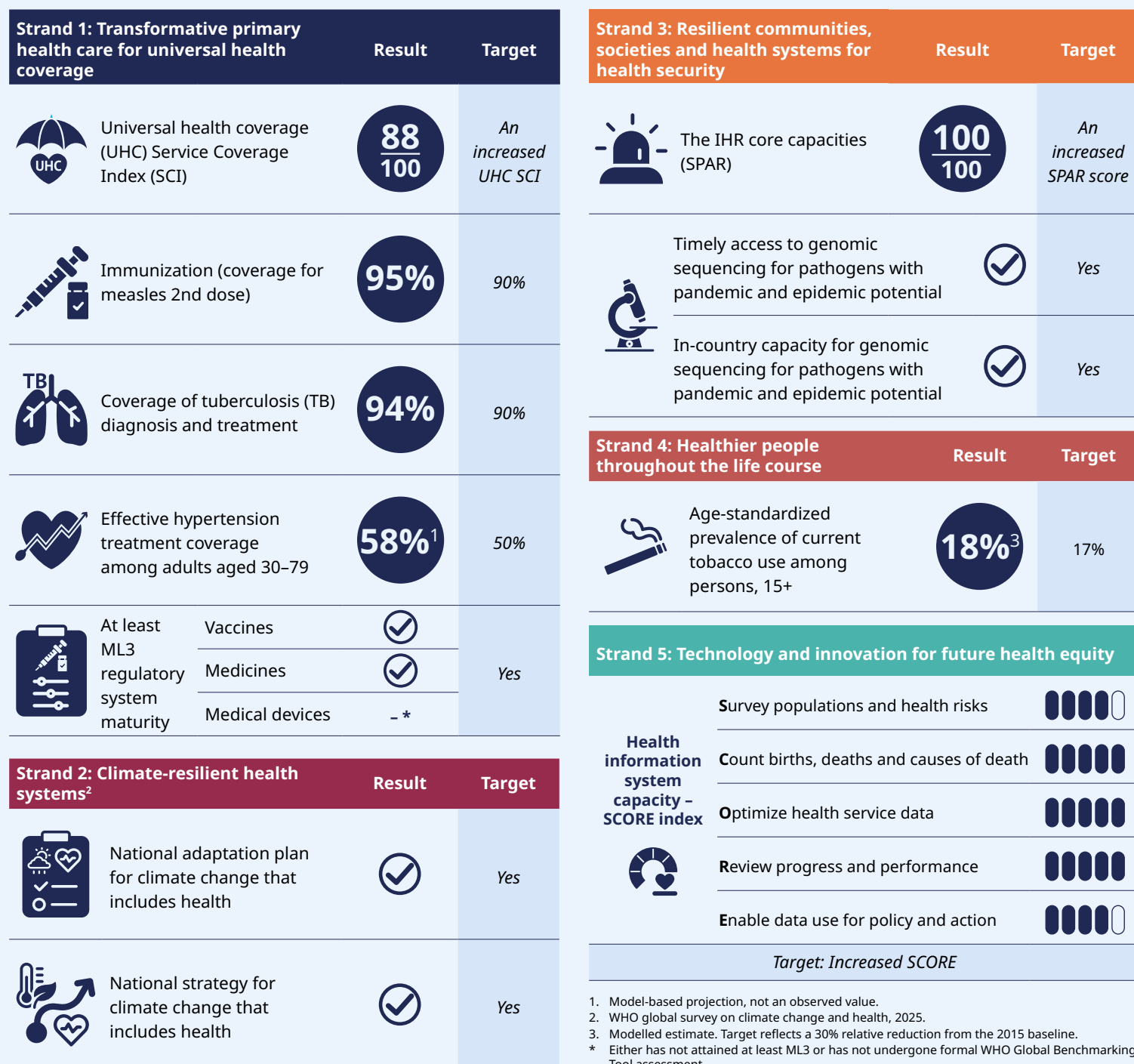


Fig. A1.23. Samoa

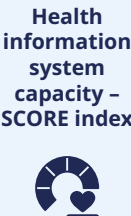
Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		62/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		76%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		100%	90%
	Effective hypertension treatment coverage among adults aged 30–79		11% ¹	50%
	At least ML3	Vaccines	– *	Yes
	regulatory system maturity	Medicines	– *	
		Medical devices	– *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health			Yes
	National strategy for climate change that includes health			Yes
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		52/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential			Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential			Yes
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		23% ³	19%
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks			
	Count births, deaths and causes of death			
	Optimize health service data			
	Review progress and performance			
	Enable data use for policy and action			
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. Regional records; country reports, pending validation. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.24. Singapore

Strand 1: Transformative primary health care for universal health coverage		Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	88100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)	93%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment	89%	90%
	Effective hypertension treatment coverage among adults aged 30–79	42%¹	50%
	At least ML3 regulatory system maturity		Yes
	Vaccines		
	Medicines		
	Medical devices		
Strand 2: Climate-resilient health systems ²		Result	Target
	National adaptation plan for climate change that includes health		Yes
	National strategy for climate change that includes health		Yes
Strand 3: Resilient communities, societies and health systems for health security		Result	Target
	The IHR core capacities (SPAR)	96100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes
Strand 4: Healthier people throughout the life course		Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	14%³	10%
Strand 5: Technology and innovation for future health equity			
	Survey populations and health risks	-	
	Count births, deaths and causes of death	-	
	Optimize health service data	-	
	Review progress and performance	-	
	Enable data use for policy and action	-	
Target: Increased SCORE			
1. Model-based projection, not an observed value. 2. Regional records; country reports, pending validation. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.			

Fig. A1.25. Solomon Islands

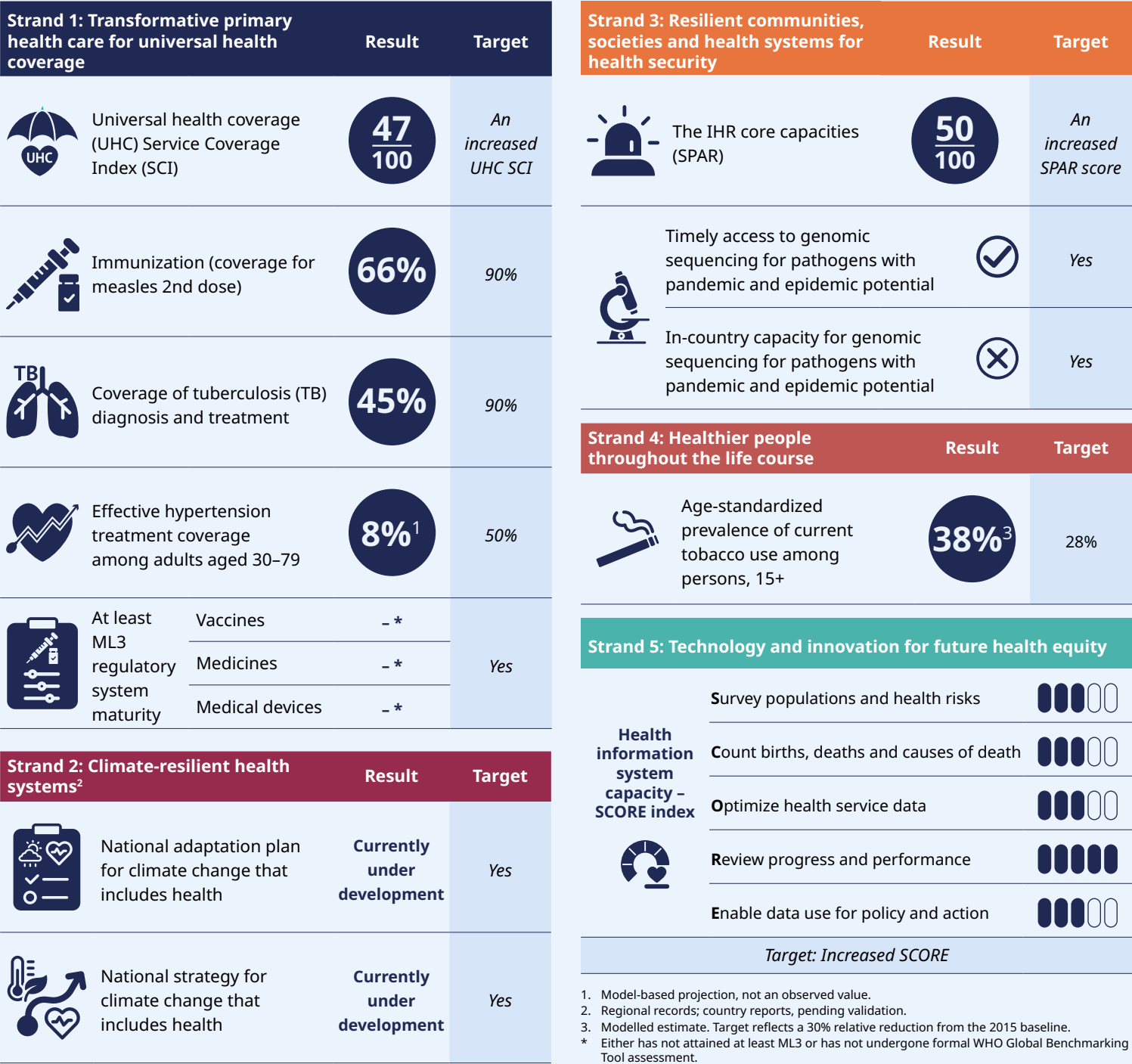


Fig. A1.26. Tonga

Strand 1: Transformative primary health care for universal health coverage		Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	71/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)	98%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment	100%	90%
	Effective hypertension treatment coverage among adults aged 30–79	11%¹	50%
	At least ML3 regulatory system maturity		Yes
	Vaccines	– *	
	Medicines	– *	
	Medical devices	– *	
Strand 2: Climate-resilient health systems ²		Result	Target
	National adaptation plan for climate change that includes health		Yes
	National strategy for climate change that includes health		Yes
Strand 3: Resilient communities, societies and health systems for health security		Result	Target
	The IHR core capacities (SPAR)	54/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes
Strand 4: Healthier people throughout the life course		Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	32%³	23%
Strand 5: Technology and innovation for future health equity			
	Survey populations and health risks		–
	Count births, deaths and causes of death		–
	Optimize health service data		–
	Review progress and performance		–
	Enable data use for policy and action		–
Target: Increased SCORE			

1. Model-based projection, not an observed value.

2. WHO global survey on climate change and health, 2025.

3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline.

* Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.

Fig. A1.27. Tuvalu

Strand 1: Transformative primary health care for universal health coverage			Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)		65100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)		95%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment		—	90%
	Effective hypertension treatment coverage among adults aged 30–79		7%¹	50%
	At least ML3	Vaccines	— *	Yes
	regulatory system maturity	Medicines	— *	
		Medical devices	— *	
Strand 2: Climate-resilient health systems ²			Result	Target
	National adaptation plan for climate change that includes health		✗	Yes
	National strategy for climate change that includes health		Unknown	Yes
Strand 3: Resilient communities, societies and health systems for health security			Result	Target
	The IHR core capacities (SPAR)		47100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		✓	Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		✗	Yes
Strand 4: Healthier people throughout the life course			Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+		33%³	27%
Strand 5: Technology and innovation for future health equity				
	Survey populations and health risks		—	
	Count births, deaths and causes of death		—	
	Optimize health service data		—	
	Review progress and performance		—	
	Enable data use for policy and action		—	
Target: Increased SCORE				
1. Model-based projection, not an observed value. 2. Regional records; country reports, pending validation. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.				

Fig. A1.28. Vanuatu

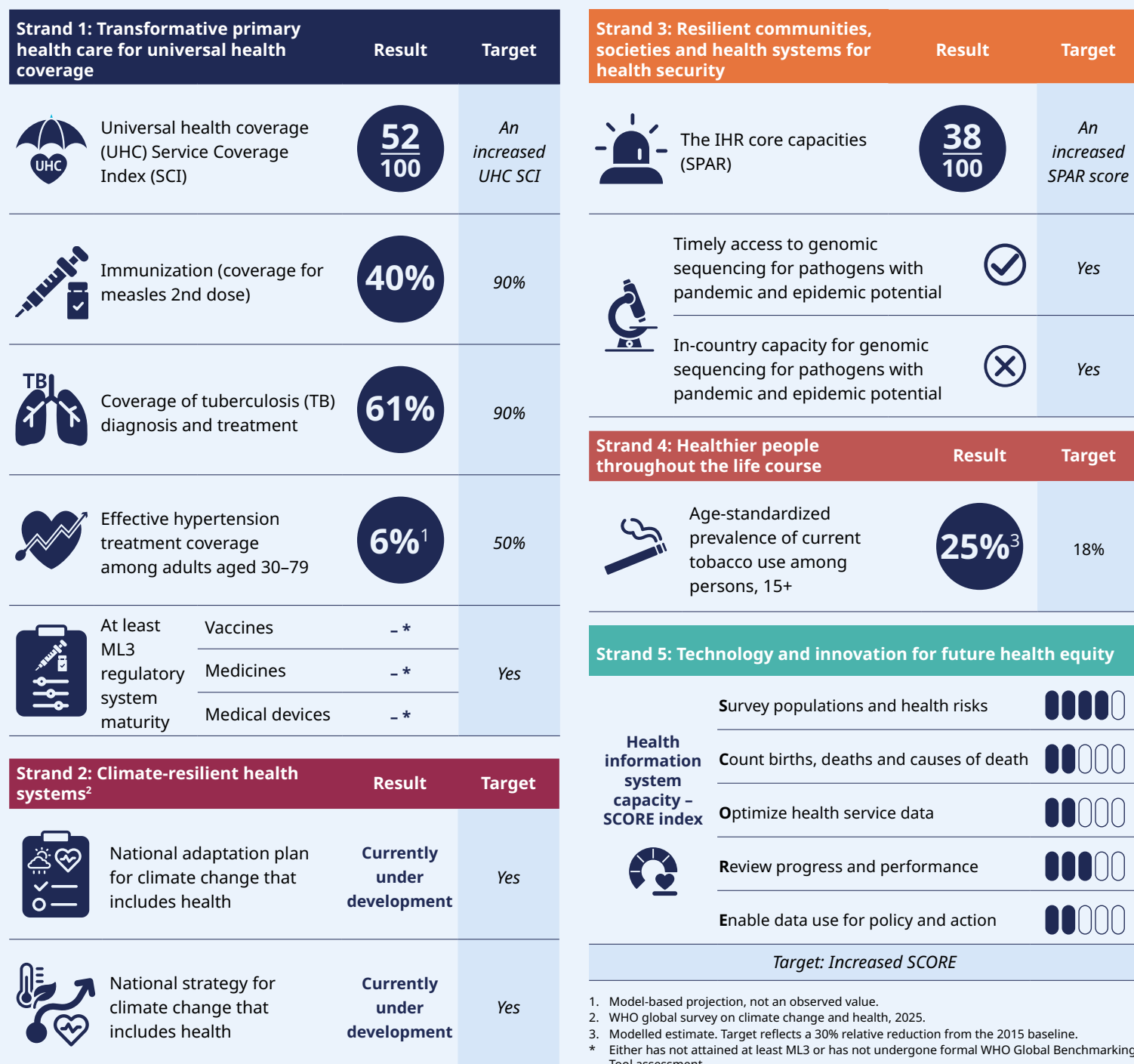


Fig. A1.29. Viet Nam

Strand 1: Transformative primary health care for universal health coverage		Result	Target
	Universal health coverage (UHC) Service Coverage Index (SCI)	71/100	An increased UHC SCI
	Immunization (coverage for measles 2nd dose)	95%	90%
	Coverage of tuberculosis (TB) diagnosis and treatment	58%	90%
	Effective hypertension treatment coverage among adults aged 30–79	16% ¹	50%
	At least ML3 regulatory system maturity		Yes
	Vaccines		
	Medicines	– *	
	Medical devices	– *	
Strand 2: Climate-resilient health systems ²		Result	Target
	National adaptation plan for climate change that includes health		Yes
	National strategy for climate change that includes health		Yes
Strand 3: Resilient communities, societies and health systems for health security		Result	Target
	The IHR core capacities (SPAR)	55/100	An increased SPAR score
	Timely access to genomic sequencing for pathogens with pandemic and epidemic potential		Yes
	In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential		Yes
Strand 4: Healthier people throughout the life course		Result	Target
	Age-standardized prevalence of current tobacco use among persons, 15+	21% ³	17%
Strand 5: Technology and innovation for future health equity			
	Survey populations and health risks		
	Count births, deaths and causes of death		
	Optimize health service data		
	Review progress and performance		
	Enable data use for policy and action		
Target: Increased SCORE			
1. Model-based projection, not an observed value. 2. WHO global survey on climate change and health, 2025. 3. Modelled estimate. Target reflects a 30% relative reduction from the 2015 baseline. * Either has not attained at least ML3 or has not undergone formal WHO Global Benchmarking Tool assessment.			

Data sources for the indicators

Indicator	Year	Source
Strand 1: Transformative primary health care for universal health coverage		
Universal health coverage (UHC) Service Coverage Index (SCI)	2023	WHO Global Health Observatory; WHO & World Bank. Tracking universal health coverage: 2025 global monitoring report. Geneva: WHO; 2025.
Immunization (coverage for measles 2nd dose)	2025	WHO/UNICEF estimates of national immunization coverage, WHO, 2025
Coverage of tuberculosis (TB) diagnosis and treatment	2024	Global Tuberculosis Report 2025
Effective hypertension treatment coverage among adults aged 30–79	2025	NCD Risk Factor Collaboration; effective treatment coverage WHO projections
At least ML3 regulatory system maturity	2025	WHO list of national regulatory authorities operating at maturity level 3 and maturity level 4 based on the WHO Global Benchmarking Tool formal assessment (as of March 2026)
Strand 2: Climate-resilient health systems		
National adaptation plan for climate change that includes health	2025	WHO global survey on climate change and health, 2025. Responses received from 18 countries.
National strategy for climate change that includes health	2025	WHO global survey on climate change and health, 2025. Responses received from 18 countries.
Strand 3: Resilient communities, societies and health systems for health security		
The IHR core capacities States Parties Self-Assessment Annual Reporting Tool (SPAR)	2025	e-SPAR, 2025
Timely access to genomic sequencing for pathogens with pandemic and epidemic potential	2025	WHO survey
In-country capacity for genomic sequencing for pathogens with pandemic and epidemic potential	2025	WHO survey
Strand 4: Healthier people throughout the life course		
Age-standardized prevalence of current tobacco use among persons, 15+	2025	WHO Global Health Observatory; Tobacco control: Monitor: current tobacco use, tobacco smoking and cigarette smoking, age-standardized
Strand 5: Technology and innovation for future health equity		
Health information system capacity – SCORE index	2025	WHO SCORE assessment



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