For the Future

Towards the Healthiest and Safest Region

A vision for WHO work with Member States and partners in the Western Pacific

World Health Organization
Western Pacific Region

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August 2019

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Executive summary

Acting today to address the challenges of tomorrow

This White Paper sets out thematic priorities for WHO work in the Western Pacific Region for the coming five years, as well as a series of ideas for collectively responding to current and future health challenges. It was developed following extensive consultations with Member States, partners and World Health Organization (WHO) staff in the Western Pacific Region.

The document articulates a shared vision: acting today to address the challenges of tomorrow, with the goal of making the WHO Western Pacific Region the healthiest and safest region.

An agenda for our changing Region

The Western Pacific Region is rapidly – and constantly – changing. Unprecedented economic growth, migration and urbanization in the Region have created opportunities for better lives that many people could not have imagined a generation ago.

Yet progress has also created new health challenges: the ever-present risk of health emergencies and the emergence of new health security threats; changing consumption patterns and rapid urbanization that have led to an increase in noncommunicable diseases (NCDs); and air pollution, climate change and other environmental changes that put people's health at risk. At the same time, some countries' populations are rapidly getting older, while others are still facing a significant burden of disease from "traditional" health threats, including infectious diseases and infant and maternal mortality. And while rapid development has created new opportunities for some people, others risk being left behind as that development also has fuelled greater health and gender inequity, poverty and disadvantage – all of which are drivers of poor health.

The health challenges of today – and tomorrow – are unprecedented in scale and complexity, and addressing them will require greater creativity, more innovation and stronger partnerships. At the same time, demographic shifts also represent opportunity: planning ahead for population ageing, for instance, creates opportunities for people to live not only long, but also healthy and happy, lives.

While the 37 countries and areas in our Region are incredibly diverse, the Western Pacific Region's strength in health is in its pursuit of a shared collective agenda that has been the foundation for many of the Region's extraordinary health achievements. Capitalizing on the vast experience, expertise and ingenuity of the Region, aligning with the new set of global strategic priorities for the World Health Organization (WHO) encapsulated in the *Thirteenth General Programme of Work* (GPW 13), and building on our tradition of solidarity, this document is about how WHO and Member States write the next chapter of the Western Pacific Region's story: to become the healthiest and safest region in the world.

Thematic priorities

The evolving nature of the challenges facing Member States in the Western Pacific Region demand that WHO also evolves: not just to provide "more" support on the issues Member States see as their greatest challenges for the future; in some cases, different kinds of support will be required.

Four main priorities have emerged as the issues where this is the case – reflecting the Western Pacific's unique economic, social and environmental context:

1. **Health security, including antimicrobial resistance**
2. **NCDs and ageing**
3. **Climate change, the environment and health**
4. **Reaching the unreached – people and communities still afflicted by infectious disease, and high rates of maternal and infant mortality.**

Operational shifts

NCDs, health security, and the health impacts of climate and environmental change are not new issues, but they require new thinking and new ways of working. Population ageing is not a burden – rather, it can be an opportunity – if we plan ahead. And reaching those still afflicted by infectious diseases and communities where too many mothers are dying at birth requires going beyond a business-as-usual approach.

To reorient our work in this way, in the coming five years WHO will focus on the following ways of working which are aligned with the strategic direction of GPW 13, but were developed mindful of the Region's particular circumstances, capacities and challenges:

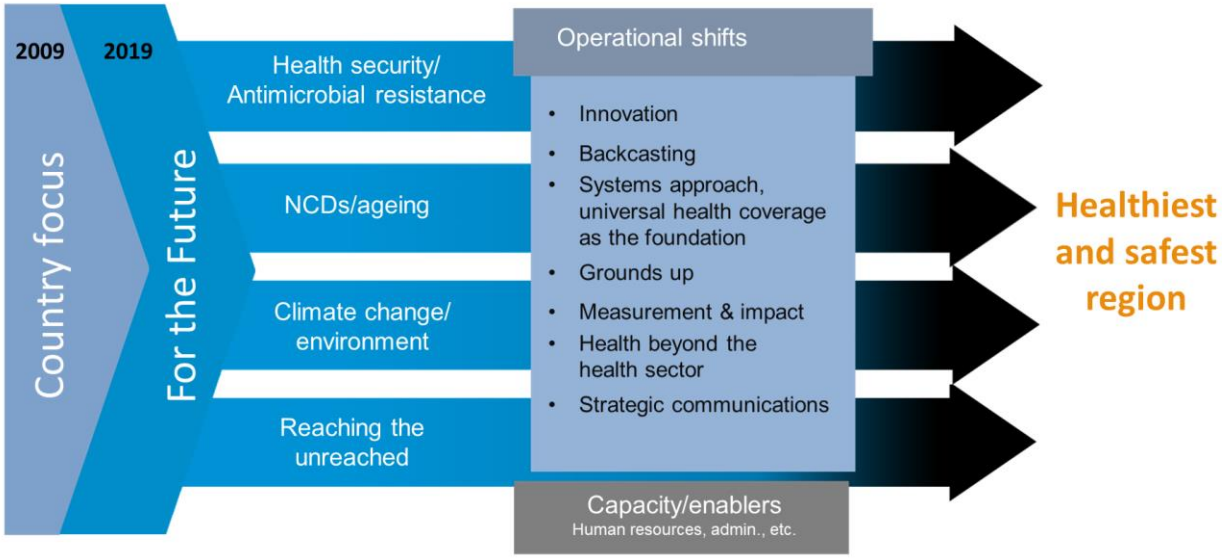
1. **Finding new approaches to meet future challenges (innovation)**
2. **Working backwards from the longer-term goal (backcasting)**
3. **Taking a systems approach, with universal health coverage as the foundation**
4. **Building solutions from the ground up (grounds up)**
5. **Driving and measuring country impact**
6. **Championing health, beyond the health sector**
7. **Strategic communications as a means to deliver on new ways of working.**

These tools will help us to drive strategic, long-term dialogue with countries for the purpose of transforming and "future-proofing" countries' health systems, supported by strategic partnerships for health and development. In all of our work, WHO will apply a gender and equity lens to ensure that everyone benefits equally from regional progress towards better health.

Delivering on the change agenda

In order to deliver on the change agenda outlined above, WHO clearly needs to continue to reflect on changing how we work as an organization – including our organizational structure, budget and resource allocation, staff development, and management and accountability practices. We will seek to make WHO a health-promoting, "green" workplace. And we will continue to strengthen our work in countries by working with *all* countries to address the common agendas outlined in this document, as well as working with *each* country and area in response to its specific priorities and concerns – recognizing that while countries of the Region have much in common, every country is different.

Fig. 1. Thematic priorities and operational shifts



1. Introduction

The World Health Organization (WHO) Western Pacific Region is home to nearly 1.9 billion people, or more than one quarter of the world's population, spread across 27 countries and 10 areas.

This document, *For the Future: Towards the Healthiest and Safest Region*, sets out thematic priorities for WHO work in the Western Pacific Region for the next five years, as well as a series of ideas for collectively responding to current and future health challenges. It was developed following extensive consultations with Member States, partners and WHO staff in the Western Pacific Region between April and July 2019.

The shared vision articulated in this document is simple: acting today to address the challenges of tomorrow, with the goal of making the Western Pacific Region the healthiest and safest region.

A changing Region, a changing world

The Western Pacific Region is rapidly changing – economically, socially and environmentally. The last half century has brought more change here than in any other region in the world, and as a result, today people in this Region live longer and healthier lives, and fewer women, men, girls and boys are dying of avoidable diseases. Between 1990 and 2017, the total gross domestic product of countries in the Western Pacific Region tripled. In many fields, the Region has emerged as a dynamic, innovative and ambitious global leader – for example, in reducing tobacco use, embracing new technology and controlling emerging infectious disease. Improvements in health and longer life expectancy have driven astounding economic and social development in many countries, and the health sector is increasingly seen less as a consumer of resources and more as an engine of progress and productivity – and a potentially powerful source of revenue. As countries strive to reap the benefits of economic growth, ministries of health have an opportunity to contribute to realizing their country's full potential – through improving health, well-being and health equity.

Yet, this progress and growing prosperity over recent decades have also spurred new, shared health challenges for the Region:

- Growing mobility and connectivity have increased the ever-present risk of health emergencies and the emergence of new health security threats. Two of the last four influenza pandemics began in this Region, and there is every chance the next one will, too.
- Changing consumption patterns, rapid urbanization and greater longevity have contributed to an increase in noncommunicable diseases (NCDs), which now kill four in every five of us – though with striking differences between genders. At the same time, some countries' populations are rapidly getting older: half a century ago, fewer than one in 20 people in the Region were aged 65 or older; 20 years from now that proportion will be more than one in four.
- Environmental and climate changes are affecting the fundamentals – like the air we breathe, the water we drink and the ground under our feet – which, for some communities in the Pacific, is disappearing before their eyes, as sea levels rise. More frequent natural disasters associated with climate change are adding to the Region's trauma burden. And at the same time, air pollution now causes some 2.2 million lives to be lost in our Region every year.

For many people, their country's economic growth and population shifts, including urbanization, have created life opportunities that were unimaginable a generation ago. Others, however, risk being left behind as rapid development has also fuelled greater health and social inequity, poverty, gender inequality and disadvantage – all of which are clearly associated with poor health outcomes. Gender affects our health, and it creates inequities in health outcomes not only between, but also within countries: in the Western Pacific, while women live longer than men, they are more likely to

experience disability. One in three women in the Region has experienced violence; on the other hand, men in this Region are three times more likely than women to die from a road traffic injury. Progress is not only uneven within countries, but also among countries in different parts of the Region: few Pacific island countries, for example, are experiencing economic growth at the rate of Asian economies, with implications for their health and health systems development.

As well as being incredibly dynamic, our Region is also extremely diverse. We are home to the world's most populous country and some of its smallest. Our Region includes highly advanced, industrialized economies, as well as economies in transition; some countries have federalized systems of government, while others are highly decentralized. Several of the world's largest megacities are in the Western Pacific, as well as some of the smallest and most remote island communities. In our efforts to improve overall health, we must bear in mind each country's unique needs and circumstances – and be prepared to address health inequities not only between, but also within, countries.

While each country is focused on realizing its own development ambitions – based on its unique context and circumstances – the strength of the Western Pacific Region in health lies in its pursuit of a collective agenda. Countries in the Region share a joint ambition to make health a centrepiece of social and economic development, and understand that this ambition can be best realized in solidarity. Health challenges do not respect national borders: pathogens and disease-carrying parasites do not carry passports; countries share an increasingly mobile workforce, and with that increasingly similar disease patterns; and environmental challenges go beyond individual countries. In all of these areas, collective action is needed. But while health is increasingly global, bilateral donors face domestic pressure and scrutiny about the efficient and effective use of their international development assistance.

The health challenges we face today and will face tomorrow are unprecedented in scale and complexity. To address them, we need greater creativity, more innovation and stronger partnerships outside the health sector. These are challenges, but change and uncertainty can also create unprecedented opportunity: for instance, harnessing technology can revolutionize the provision of health care. As economies develop, investing in health can supercharge growth and productivity, as well as ensure those gains are more equitably shared. And planning ahead for demographic shifts such as population ageing creates opportunities for people to live not only long, but also healthy, productive and happy lives.

There is vast experience, expertise and ingenuity in the Western Pacific Region. There are many opportunities for, and a longstanding tradition of, countries sharing experiences, learning from one another, and working together towards shared goals and the creation of global goods. Indeed, this tradition of cooperation has been the foundation for many of the Region's significant health achievements in recent decades: being declared polio-free in 2000; dramatically reducing the rate of mothers and their babies dying during or soon after birth; massively reducing the incidence of tuberculosis (TB) and the number of people who die from it; eliminating a number of so-called neglected tropical diseases (NTDs); and the declining use of tobacco.

Facing the future with optimism, and building on our Region's tradition of solidarity and history of health achievements, this document is about how WHO and Member States write the next chapter of the Western Pacific Region's story: to become the healthiest and safest region in the world.

WHO in the Western Pacific Region and the global agenda

A changing world has implications both for how Member States pursue their own ambitions for health, and for how WHO supports them in doing so. As the challenges Member States face evolve, so must WHO – both in terms of *what* we focus on (thematic priorities), and *how* we work (operational shifts, or new ways of thinking and working). Over the past decade, WHO has evolved from an "external adviser" on what to do, to being a partner in every country on the "how to" of improving health. WHO must continue to be a trusted partner in driving technical excellence, accompanying Member States in realizing their own health and development potential, and facilitating progress towards our common agenda of becoming the safest and healthiest region.

The change in leadership in the Western Pacific Region coincides with a new global set of strategic priorities and goals, endorsed by all WHO Member States and encapsulated in WHO's *Thirteenth General Programme of Work* (GPW 13). GPW 13 sets out a strategy for WHO that encapsulates the health dimension of the *2030 Agenda for Sustainable Development* by focusing on keeping the world safe, promoting health and serving the vulnerable.

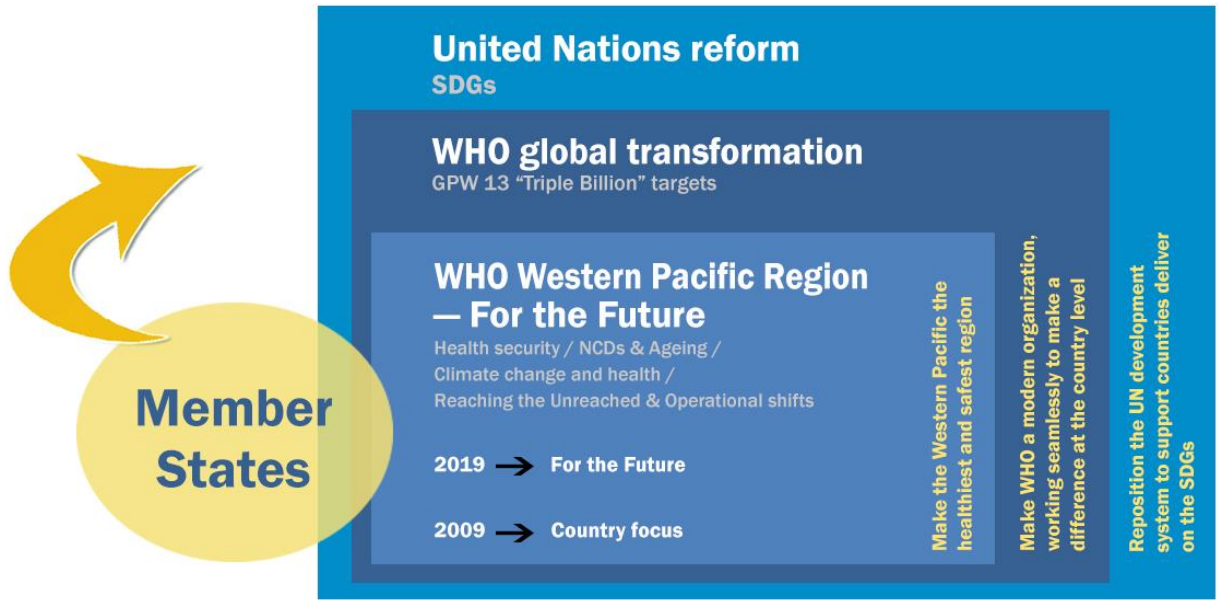
The associated organizational transformation process, which is also aligned with the broader United Nations reforms inspired by the Sustainable Development Goals (SDGs), aims to make WHO "a modern organization that works seamlessly to make a measurable difference in people's health at the country level". The global transformation process builds on identified best practices from within the Organization, many of which stemmed from reforms in the Western Pacific Region, recognizing the intensive focus on country impact and organizational excellence over the last decade under the leadership of the former Regional Director, Dr Shin Young-soo. During his tenure, the Western Pacific Region earned a reputation as a leader and an early adopter of change within WHO.

Both the United Nations reform process and WHO's broader organizational transformation have been adopted and supported by Member States as setting the right frame for increasing the relevance and effectiveness of the United Nations and WHO as partners in the realization of their own health and development ambitions. At the same time, Member States now expect that the strategic goals and shifts articulated in GPW 13 and in the global transformation will be "operationalized" to meet the needs of each of WHO's six regions. That is, translated into concrete actions in the Western Pacific, based on the specific circumstances of the Region, capitalizing on its cultural, social and economic assets, and fundamentally geared towards delivering better health outcomes on the ground. It is a change agenda that looks to the future to shape responses to health challenges of the present.

As in the past, WHO in the Western Pacific Region is committed to leadership that delivers the greatest impact for countries. Our staff are dedicated to supporting countries in delivering the shared ambition of becoming the healthiest and safest Region: we are committed to putting people's health interests first; to promoting health as a right for all, not a luxury for a few; and we strive to be trusted servants of public health, professionals committed to excellence in health, people of integrity, and collaborative colleagues and partners.

Member States have an expectation that WHO is "with each country". We are committed to supporting each country's health sector leaders, recognizing that while some challenges are common across the Region, every country's context – and therefore the manifestation of these challenges in each country – is different.

Fig. 2. United Nations reform, GPW 13, and the Western Pacific Region's shared vision



2. Thematic priorities – the "what"

Traditionally, WHO's work and resources have been concentrated on infectious diseases such as HIV, malaria and TB and issues such as infant and maternal mortality. However, epidemiological and demographic shifts within the Region over recent decades mean other challenges are taking on greater importance, especially as Member States look to the future. Whether and how countries are able to address the many emerging challenges will shape the future of our societies and economies.

At the same time, countries in the Region have significantly expanded their own capacity to address disease control challenges, as well as the burden these challenges are placing on health systems.

In this context, the need from Member States is not simply for "more" support from WHO, but rather for different kinds of support. As stated above, in a rapidly changing world the nature of WHO's role is evolving. This is reflected in GPW 13, which emphasizes the importance of policy dialogue and strategic support to build high-performing and equitable health systems, alongside the more traditional technical assistance – and building on our traditional strengths in convening and in standard and norm setting.

In order to realize GPW 13's commitment to promote health (through universal health coverage, or UHC), to keep the world safe (health security) and to serve the vulnerable (healthier populations), four main priorities have emerged as the issues that Member States in the Western Pacific Region see as their greatest challenges, reflective of our particular economic, social and demographic circumstances:

a) **Health security, including antimicrobial resistance**
b) **NCDs and ageing**
c) **Climate change, the environment and health**
d) **Reaching the unreached – people and communities still afflicted by infectious disease, and high rates of maternal and infant mortality.**

Health security, NCDs and ageing, and the health impacts of climate change and environmental changes are the greatest collective priorities for our Region when we think about the future – and increasingly, this is where our focus must lie. However, WHO remains absolutely committed to the "unfinished business" of the control and elimination of infectious diseases as public health threats, and to continuing advances made in infant, child and maternal health – not least of all because these health problems disproportionately affect the most vulnerable and marginalised in our communities. That is, we must redouble our efforts to "reach the unreached".

It is only through addressing all of these challenges that we can create healthier, fairer and more equitable societies in the Western Pacific – and become the healthiest and safest region in the world.

a) Health security, including antimicrobial resistance

The Western Pacific Region continues to face health security threats, posing continuous risks to health, safety and development. We need more resilient health systems, as well as stronger partnerships to address health security threats.

Over the past decade, the Western Pacific Region has experienced outbreaks of avian influenza in humans, Middle East respiratory syndrome (MERS), dengue and a range of other emerging infectious diseases. The next outbreak may strike at any time, and it could lead to a pandemic that first emerges in the Western Pacific Region, with potentially devastating human, social and economic consequences. After all, two of the last four influenza pandemics started here.

Every year, more than 50 000 people in the Region die from consuming unsafe food, and another 125 million fall ill. Globally, eight of the countries most prone to natural disasters are in the Western Pacific Region. Both floods (more common in Asian countries) and cyclones and storms (to which island countries are particularly prone) have increased in frequency and severity in recent decades – and now result in 8.7 million people being internally displaced in the Region every year. As well as the implications for physical health and safety, natural disasters have huge impacts on the mental health and well-being of affected populations. In disaster situations, the prevalence of both mild or moderate mental disorders, and severe mental disorders, can increase significantly.

Health security threats are not new; indeed, some health security issues are new forms of old threats. Antimicrobial resistance (AMR) is rendering antibiotics ineffective for treating common infections, and slowing the process of the control and elimination of high-risk infections such as malaria, sexually transmitted infections and TB. Nearly 90 000 cases of multidrug-resistant TB were estimated to have occurred in the Region in 2017, yet only 30% of them were diagnosed. The consequences of AMR are potentially catastrophic, as medical interventions such as surgery, organ transplantation and chemotherapy will involve much higher risk without effective antibiotics to prevent infection. As well as increasing morbidity and mortality from common infectious diseases, AMR also increases health-care costs.

Countries must be prepared to face these risks, and no country is immune – regardless of size or stage of development. The range and complexity of the threats we face today are greater than ever before, and in our increasingly interconnected world deadly pathogens can spread rapidly across the globe. Collective action on early detection of and response to new and emerging diseases will be crucial because viruses do not respect borders. In fact, the unique demographic characteristics of the Region will potentially serve to amplify the health threats we face. For example, rapid population ageing could compound the impact of emerging infections and the outbreaks and pandemics they cause, while densely populated urban areas could enable the rapid transmission of an emerging

novel pathogen. In addition to claiming lives, outbreaks and emergencies can disrupt societies, devastate economies and undermine progress towards broader development goals – including UHC and the SDGs.

The Region has made considerable progress in strengthening health security systems over the last decade, building on lessons from the SARS epidemic, the H1N1 influenza pandemic and other real-life events – leading to the development and implementation of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, known as APSED III in its third and current iteration. (APSED acknowledges that the Western Pacific and South-East Asia regions are intertwined and constitute a contiguous and broad geographic area with similar common health risks that common actions can mitigate.) WHO has also developed capacity to provide psychological and mental health support in the aftermath of public health emergencies, which can make a big difference to communities affected by disasters that may be left without food, shelter and livelihood.

However, recent experience has shown that even countries with the most advanced health systems can be vulnerable when severe infectious disease outbreaks and other health security threats occur. In some cases, there also are substantial disparities within countries with regard to subnational system capabilities and resource allocation, which may compound overall vulnerability.

For many years, the emphasis was on supporting countries in preparedness and response, planning for emerging infections and health emergencies. As confirmed by a series of Joint External Evaluations that have been implemented in both resource-rich and resource-limited countries, the issue of building capacity within systems to execute these plans must now be a top priority. This aligns with the central objective of the International Health Regulations (2005), which is to strengthen core capacities in every country – or through subregional approaches where appropriate, such as in the Pacific – while providing an international safety net as backup support.

Now, WHO must continue to support Member States to address these challenges and keep the Region safe. We must intensify our work to ensure that health systems are resilient at times of disease outbreaks and capable of responding, using pandemic preparedness as a foundation and opportunity to grow. In doing so, we need to shift away from a mere focus on rapid detection and microbial control, and move to a broader perspective of building systems that prevent epidemics and AMR at the source – such as by maximizing the use of vaccinations to prevent AMR.

In this context, health security is the result not only of rapid detection and response – but of a broader, systematic approach incorporating good stewardship, use of innovation and technologies, and equitable access to health products and services. Conversely, it capitalizes on opportunities that health security structures and approaches can contribute to solving non-emergency issues, such as the use of emergency operation centres for steering TB or malaria elimination projects. With increasing awareness about the importance of mental health and psychosocial support in the wake of emergencies, emergency preparedness also provides an opportunity to build better and more sustainable mental health systems.

At the same time, we must intensify our interaction with other sectors to address health security issues, including AMR. WHO has developed a good partnership with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to address zoonoses and AMR under the “One Health” approach. Addressing pandemics and other public health emergencies also requires continued and intensified engagement with non-health sectors and partners, as well as whole-of-government and whole-of-society approaches.

There is also considerable scope for closer collaboration with agencies such as the United Nations Environment Programme and other sectors concerned with the environment and climate change – given the health security implications of extreme weather events associated with climate change. Failure to work effectively across sectors on issues such as AMR and climate change will pose serious threats to security and stability over the medium and long term. This imperative must be recognized and treated with the same urgency as emerging infectious diseases.

We want to ensure a Region where countries have strong and resilient health systems that are prepared to detect and respond to public health emergencies and health security threats – so that everyone is safe during outbreaks and natural disasters, and protected from the risks of AMR and unsafe food.

In order to achieve this part of our vision for making the Western Pacific the healthiest and safest region, and guided by APSED III, WHO will support countries in the Region:

- **to use pandemic preparedness as a driver for strengthening countries' planning and readiness for responding to health emergencies and outbreaks; and**
- **to combat the threat of AMR through fully implementing the Regional AMR framework – with a focus on strengthening the animal–human interface both for AMR control and pandemic preparedness, through a One Health approach.**

b) NCDs and ageing

Today, no country in the Western Pacific Region is spared from the surge of NCDs. These diseases are on the rise at a time in which many countries' populations are growing older. We need to create environments that prevent NCDs, strengthen health systems and social services, and improve the productivity of the health sector to support better management of NCDs and healthy ageing – that is, health systems and services which "accompany" people with the care they need throughout their lives.

NCDs – mainly heart disease, stroke, cancer, diabetes and chronic respiratory diseases – are, by far, the Region's biggest killers, responsible for 86% of deaths in the Western Pacific Region and 71% worldwide. Many NCDs can be prevented by addressing the risk factors that cause them: smoking – particularly high in certain countries in the Region; unhealthy diets and obesity; low levels of physical activity among populations of all ages; and excess alcohol use. At the same time some cancers – cervical and hepatic – can be prevented by vaccination, and are a part of the unfinished infectious disease agenda. The risks for NCDs involve many factors that differ starkly across gender, requiring a cross-sectorial approach given many of the risks arise from issues outside the health system.

The example of tobacco shows that even the most engrained risk factors are modifiable: in the last three decades, smoking prevalence in the Region has been reduced from 30% to less than 25%. And by 2025, there will be 21 million fewer smokers in the Region than there were a decade ago – as a result of countries' implementation of proven tobacco control interventions, including smoke-free laws for public places; awareness campaigns and graphic health warnings; bans on tobacco advertising, promotion and sponsorship; and higher tobacco taxes. Our Region has also pioneered world-leading policies such as plain packaging of tobacco products. We need to build on these successes and adapt and apply them to other risk factors – such as excessive alcohol consumption and unhealthy diets.

Yet the battle is far from over. One third of cigarettes consumed globally are smoked in our Region, and three people die every minute from tobacco-related disease. Currently, we are losing the battle

against other NCD risk factors, including overweight and obesity: the prevalence of overweight tripled since 1975, and the rate of obesity has increased more than sixfold – with women at higher risk of overweight and obesity in middle-income countries and men at higher risk in high-income countries. And more than four in every 10 of us do not get enough physical activity.

NCDs place significant pressure on health systems and services and on society as a whole: disease, direct health expenditures and foregone economic activity due to NCDs represent a huge burden on national economies and the social fabrics of our communities. Investments in NCD prevention and treatment can reverse these trends, and in that sense they are a form of economic stimulus. We must continue to intensify our efforts to prevent NCDs – especially the burden of premature mortality caused by NCDs – in line with the relevant GPW 13 and SDG targets by focusing on NCD prevention, learning from what has worked in areas such as tobacco control and building a stronger evidence base in areas where the science is less clear.

Mental illness is also a significant concern for countries in the Western Pacific: more than 100 million people suffer from mental health disorders in the Western Pacific Region, and depression is now the single largest cause of ill health and disability globally. NCDs and mental health conditions have many determinants and consequences in common, and many people suffer from both NCDs and mental illness. NCDs and mental health disorders are both risk factors for suicide. If left untreated, mental health disorders create an enormous toll of suffering, disability and economic loss – which could be averted through better prevention and treatment. There is the potential to successfully treat mental health conditions, but unfortunately only a small fraction of those in need receive even the most basic treatment.

Despite these challenges for health, in many countries across the Region people are enjoying longer lives – resulting from the benefits of decades of health improvements. Over the next 20 years, life expectancy at birth in the Region is expected to increase on average by 3.8 years for women and 3.7 for men. While this trend creates formidable opportunities for individuals and communities, declining fertility rates mean that the proportion of older people is growing faster than any other age group in the Western Pacific Region. The increase is especially fast in middle-income countries: Australia took 62 years for its population aged over 65 years to double from 7% to 14%; in Viet Nam this demographic shift is expected to occur in just 17 years. At the same time, the youth population in many Pacific countries is growing: 50% of Pacific island people are under the age of 25.

Adding years to life is good, but for many people they are not always healthy and able years. As people grow older, many do so with functional impairments and one or more chronic conditions – some of which are caused by NCDs. Ageing populations will also lead to changes in the disease burden in countries. For example, approximately 16 million people in the Western Pacific Region were estimated to live with dementia in 2016; it is projected that in at least 10 countries in the Region, the burden of Alzheimer's disease and other forms of dementia will have increased 100% by 2040.

More people living longer require planning for health and social systems that support people to be happy and healthy as they grow old, especially where population ageing coincides with an increasing burden of NCDs. Of course, happy, healthy and successful ageing is more than merely the absence (or management) of NCDs. But grasping the *opportunity* of population ageing – for example, by promoting older people's social participation and contribution to the community – requires health (and social support) systems that are designed for supporting people as they age, including through effective management of NCDs, along the continuum of care and through the life course. The overwhelming lesson learnt from countries around the world that have already experienced this demographic transition is to plan ahead – and the earlier, the better.

While NCDs and ageing are distinct issues, both challenge us to rethink the way we organize health services. Both demand, for instance, a much stronger focus on primary health care as part of each country's journey towards UHC, including primary health care services that are capable of addressing multiple co-conditions and risk factors along the continuum of care – as well as services such as rehabilitation and palliative care. That is, health services in which separate specialists treat acute episodes of individual ailments in isolation are inadequate for responding to the growing burden of NCDs, and they will be especially ineffective in supporting older people to live healthy, productive lives. Rather, health services need to evolve towards accompanying people over the life course, and expand their role beyond the detection and treatment of disease.

Integrating mental health services into primary health care – and ensuring that primary health care workers are adequately skilled in mental health – is also the most viable way of ensuring that people get the mental health care they need. The burden of illness from NCDs and injuries that could benefit from surgery requires integrated surgical and medical services, as part of a comprehensive approach to health system strengthening.

For WHO, this means better supporting Member States to strengthen the full range of primary health care services – including mental health services – including the financial sustainability of these services in the future. More broadly, WHO will need to support Member States in tackling the multifactorial genesis of NCDs, recognizing that reducing NCD risk hinges, more often than not, on action outside of the health sector. This requires action by government and nongovernmental counterparts, and will be best achieved by including communities themselves in the change process. Such action can, in turn, contribute to the improvement of health equity.

Likewise, this means supporting ministries of health to engage with the broader social support system and other sectors, both to prevent and support people managing NCDs, and in collective efforts to promote healthy ageing. It means not only engaging with national governments and political leaders, but also mayors, provincial governments and community leaders to support the creation of healthy, age-friendly urban environments, as well as supporting the implementation of the Healthy Islands approach in the Pacific. It means engaging with sectors beyond health to ensure that people with mental health conditions are able to access the educational, social and employment initiatives required for their recovery and full integration into the community. And it means supporting governments in the often-challenging dialogue with industries that impact people's health behaviours. In supporting countries in these areas, WHO will continue to help translate global evidence into local policies, strategies and programmes. Recognizing that many innovations in the areas of NCDs and ageing are born in the field, WHO will also have to play an increasing role in supporting countries to learn from each other's innovations and "grounds up" solutions (see next chapter).

We want a region where as many NCDs as possible are prevented and where mental health and well-being is promoted; but where they are not, we need primary health care and other health services that better manage NCDs and mental health conditions and keep people well. And we want to build health systems and social services that support all people to live long, healthy, productive lives.

In order to achieve this part of our vision for making the Western Pacific the healthiest and safest region, WHO will support countries in the Region:

- **to measure and visualize the changes and trends in lifestyles and disease patterns occurring in each country and specific population groups (including through data disaggregated by gender and income group), to highlight the social and economic impact of the NCD epidemic;**
- **to curb the surge of NCDs through leveraging cross-sectoral opportunities for reducing avoidable risks, with a focus on regulation and tax increases for tobacco products, alcohol and unhealthy food, and stimulating healthy physical and social environments; and**
- **to orient health systems towards providing services focused on people, and that "accompany" them through the life course, protecting their mental, physical and reproductive health – including through support for management of chronic illnesses such as diabetes and hypertension, as well as rehabilitation and palliative care when needed.**

c) Climate change, the environment and health

For Pacific islands, climate change is much more than an abstract scientific or distant political issue. Rising sea levels are threatening to erode whole islands and atolls, and with them the only homes many people have ever known.

Climate change also poses a vast range of serious health risks: heat stress, to which older people are particularly vulnerable; waterborne and foodborne diseases associated with the destruction and displacement of populations as a result of extreme weather events; malnutrition due to food insecurity, caused by changes in rainfall patterns, drought and rising sea levels; the increased transmission of vector-borne diseases in areas of flooding as a result of more breeding sites for insect vectors, and/or the closer proximity of animals and humans; and the direct psychosocial consequences of climate change such as trauma related to extreme weather events, as well as the indirect mental health consequences that result from social, economic and environmental disruptions. While all people are affected by climate change in some way, the impact is uneven, as it is influenced by a person's sex, income, social status, place of residence, and access to and control over resources such as education.

At the same time, as they increase demand for health services, extreme weather events associated with climate change can reduce the capacity of those services to deliver – by damaging health infrastructure and disrupting the delivery of even basic services. Under a business-as-usual scenario, WHO estimates that between 2030 and 2050 climate change will cause an additional 250 000 deaths each year.

For Asian countries, environmental issues associated with rapid economic development – such as air, soil and water pollution – pose a huge threat. Currently, WHO estimates that ambient air pollution alone causes more than 1 million deaths in the Region every year, and an even greater number due to indoor air pollution. Children – especially those in low-income countries with fewer resources to mitigate the health impacts – are among the most at risk. Older people are also especially vulnerable to respiratory and other diseases caused by air pollution and aeroallergens.

Preventing and mitigating the impacts of climate and environmental change on health requires climate-resilient health systems. This includes, for example, services and physical infrastructure that are safe and able to remain operational, even during natural disasters and extreme weather events, and ensuring good water, sanitation and hygiene management practices in health facilities –

including secure water supplies and psychological first aid. Moreover, health systems need to be able to act quickly to detect, prevent and manage climate-sensitive diseases, for instance, through the establishment of climate-based early warning systems and ensuring that preventive activities such as vector control and nutrition programmes have adequate surge capacity.

While the health sector must contend with many of the problems caused by climate change and environmental degradation, it has little control over the factors causing the problems. However, recognizing the prominence of health consequences, the health sector is uniquely positioned – and indeed has a responsibility – to join the advocacy for broader national action in these domains.

Supporting countries in building climate-resilient health systems and acting on climate change and environmental protection will require WHO and ministries of health to expand our partnerships and communication, including through stepping up engagement with other sectors such as transport, energy, food production, water resources and urban planning. We must also engage more closely with environment and finance ministries to leverage policy action that supports countries to address the health impacts of climate and environmental change – that is, through mainstreaming climate change and health considerations into other policies.

The health sector must also address its own contribution to carbon emissions and environmental degradation, which is in some countries significant even at the national scale. Thus, the health sector can also lead by example, through taking action to reduce its own contribution to climate change and environmental damage – for example, through greater use of renewable power and energy efficiency measures, and improving waste and water management.

We want to ensure a Region in which countries and communities are well prepared to face a changing climate and environment, and in which the health sector will emerge as a strong force for preserving the planet.

In order to achieve this part of our vision for making the Western Pacific the healthiest and safest region, WHO will support countries in the Region:

- **to develop stronger narratives and arguments about the relationship between climate change, environmental degradation and health, including the economic case for climate change action that protects health – and use these to advocate for action on the health impacts of climate change and environmental issues at the highest political and policy-making levels, in close collaboration with civil society and other partners;**
- **to monitor the health impacts of climate and environmental change on health; and**
- **to ensure national climate change adaptation and mitigation strategies – and environmental health action plans – prioritize health sector resilience to climate and environmental change, and the ability to mitigate the health impact, including through assessing country-specific vulnerabilities to climate change and environmental health risks, and convening actors across sectors to address identified gaps.**

d) Reaching the unreached

Strong commitment from Member States, along with significant social and economic development of the Western Pacific, have brought marked improvements in maternal, child, and family health and the control – and in some cases elimination – of communicable diseases over the last few decades.

Notably, the Region as a whole achieved the targets for the 2015 Millennium Development Goals for HIV, immunization, malaria and TB. For instance, in the last 10 years, the maternal mortality ratio in the Region fell from 61 to 41 deaths per 100 000, and under-5 child mortality fell from 35 to 13 per 1000 live births. TB incidence in the Region has declined by 14% over the same period, and TB deaths have fallen by 29%. The Region has seen remarkable progress on other important global and regional targets, including polio eradication, hepatitis B control and the elimination of NTDs such as lymphatic filariasis and trachoma. Countries in the Region are now striving to achieve the ambitious global targets set by the SDGs and complete the business of ending epidemics of major communicable diseases by 2030.

Yet, progress made remains fragile, and in some countries – especially those with the weakest health systems – maternal and infant mortality has plateaued due to factors such as lack of access to essential services that should be provided as part of UHC, including emergency obstetric care and sexual and reproductive health services. In addition, the incidence of some communicable diseases, such as hepatitis, HIV and TB, remains worryingly high, and some diseases are resurging, as seen with recent outbreaks of measles, vaccine-derived poliovirus, diphtheria and dengue in some countries. Within countries, invariably it is the most disadvantaged and marginalized who are most at risk.

Rapid economic, social and environmental change not only creates new challenges, but also affects the nature and dynamics of our “residual challenges”. It is not a coincidence that those most affected by NCDs, AMR and climate change are also those most prone to communicable diseases – and vice versa – and are those populations in situations of vulnerability. Hence, continued progress on child and maternal health and the control of communicable diseases needs to form an integral part of advancing UHC. And in many cases, the public health infrastructure that supports responses to these issues is the safety net for communities that we need to preserve and further strengthen. Without this, the economic and social dividends of healthy communities cannot be harnessed.

Long-standing and emerging health challenges are closely linked. They not only share some common roots, but may also stimulate mutually reinforced solutions. For example, the need for close follow-up and adherence support for people with infections such as hepatitis, HIV or TB has brought about new tools and approaches that in turn can improve long-term support for people with NCDs. Efforts to improve maternal mortality have been a major driver for greater community involvement in health care, as well as local innovation. Regionally standardized communicable surveillance systems contribute to prompt responses to international health emergencies.

Looking forward, it is clear that the very reason why challenges still exist, or re-emerge, is that a business-as-usual approach is not always sufficient to address them adequately. The ambitious SDG targets need a shift in response. New approaches and new technologies – which are often inspired by the need to respond to emerging challenges – create significant opportunities to reframe how we look at residual challenges, and render our efforts to control and eliminate disease more effective. That is, in a successful response, the “existing” and “new” are not competing priorities. Increasing focus on emerging challenges will catalyse progress in meeting community expectations and country commitments in both areas.

WHO in the Western Pacific Region remains absolutely committed to support Member States in pursuing their established commitments and priorities in child and maternal health, as well as communicable diseases. WHO will support countries to find approaches in which new ways of addressing emerging health challenges can reframe and create space for improved country responses to existing challenges, and where both will ultimately be addressed through resilient health systems.

In order to achieve this part of our vision for making the Western Pacific the healthiest and safest region, WHO will support countries in the Region:

- **to sustain momentum for ending epidemics and improving mother and child health, including through communicating the centrality of this agenda for addressing persistent health inequities and saving lives;**
- **to link our work to "reach the unreached" still afflicted by persistent epidemics and maternal, infant and child mortality to the UHC agenda, through:**
  - **– analysing system capacity needs for relevant infectious disease and maternal and child health targets to be met, and planning to ensure they are in place and sustained as part of the national UHC effort; and**
  - **– building on vertical (disease-specific) programmes as drivers for stronger service delivery systems overall; and**
- **to harness the potential of "grounds-up" solutions, innovation and the strategic use of data for action to accelerate progress towards disease elimination and control targets.**

3. Operational shifts – the "how"

While NCDs, health security threats, and climate and environmental change are not new, they are all issues on which the health impact trajectory is moving in the wrong direction: upwards. Population ageing is not a burden – rather, it can be an opportunity – if we plan ahead. Simply, our response to these trends will help shape the future of our societies. For infectious diseases and maternal and infant mortality, for the most part the opposite is true: both incidence and impact are declining as we move closer towards achieving disease elimination and control targets in many areas.

However, adequately addressing all of these issues in a complex, changing world requires new thinking and new ways of working: to reverse or at least stabilize upward trends – for instance, in NCDs – to go the last mile in order to "reach the unreached" still afflicted by infectious disease and maternal and child mortality, and to reduce health inequities in doing so. Accordingly, WHO needs not only to strengthen its support to countries, but also to modify how this support is delivered.

To reorient our work in this way, in the coming five years WHO will focus on the following ways of working, which are aligned with the strategic direction of GPW 13, but developed mindful of the particular circumstances, existing capacities and unique mix of challenges facing our Region:

a) **Finding new approaches to meet future challenges (innovation)**
b) **Working backwards from the longer-term goal (backcasting)**
c) **Taking a systems approach, with UHC as the foundation**
d) **Building solutions from the ground ("grounds-up")**
e) **Driving and measuring country impact**
f) **Championing health, beyond the health sector**
g) **Greater use of strategic communications**.

These operational shifts – designed to strengthen WHO's support to Member States – build on our Region's culture of continuous improvement, created and entrenched under the leadership of Dr Shin, the former Regional Director. They are both approaches to guide WHO work, and tools through which we will work with countries to deliver better health.

These approaches will shape the way we tackle the Region's emerging health challenges. But beyond their application to the "thematic priorities", these tools will help us to drive **strategic, long-term dialogue** with countries, for the purpose of **transforming and "future-proofing" countries' health systems**, supported by **strategic partnerships for health and development** – in order to realize the shared ambition of becoming the healthiest and safest region in the world.

Through these approaches and new ways of working, WHO will work with countries:

- **to support strategic dialogue about countries' social, economic and environmental changes and the future of health to develop a long-term agenda for health system transformation: reorienting the health system from a single-disease episode focus, towards services which "accompany" people throughout their lives, grounded in community-based primary health care;**
- **to position health as a driver of social and economic development, including through making the political case for investment in health, and developing high-impact partnerships at regional and country level that can help to realize national health and development ambitions;**
- **to amplify innovations in technology, social entrepreneurship and service delivery, as well as "grounds up" solutions – through country and regional platforms for information exchange and learning;**
- **to establish regional dialogue and monitoring mechanisms on shared agendas through Western Pacific technical advisory groups on thematic priorities, in which countries and experts together shape the agenda, and follow through on its implementation;**
- **to leverage the power of strategic communications as a health and development intervention; and**
- **to engage communities and key populations, including young people, in dialogue about issues that affect their health and future.**

In all of our work, WHO will utilize a gender and equity lens to ensure that everyone benefits equally from regional progress towards better health.

a) Finding new approaches to meet future challenges (innovation)

Delivering strategic change in the way WHO works requires a focus on innovation and an increase in support to Member States in finding, evaluating, adapting and scaling up the most promising new public health approaches. This is especially true for health security, NCDs and ageing, and climate change and the environment.

Current and future challenges require new and innovative ways of working. This applies in particular to emerging issues that might require lifelong and non-health-sector approaches, such as NCDs, population ageing, mental health, climate change and preparedness for emerging health threats. Cross-cutting agendas, such as advancing health through attention to gender and equity, call for new approaches to engage health programmes and partners, ask critical questions and encourage dialogue. Traditional areas of WHO work, such as infectious diseases, have well-established interventions – but can also benefit from innovation.

Dimensions of innovation can include information technology and data science that incorporate big data, artificial intelligence, machine learning, deep learning, blockchains and other tools. It also can make use of related applications, including personalized medicine, telemedicine, e-health, m-health, augmented diagnosis and others. In the Western Pacific Region, innovations in health care include the use of drones to deliver vaccines to remote islands in the Pacific, the greater use of videoconferences and other applications to provide remote health consultations, medical robots to aid surgery and other hospital services, and the use of big data to predict the future health needs of the population and the services that they will require. In addition, new rapid diagnostic tools have dramatically reduced the time it takes to diagnose various diseases – and where this is linked to health services that provide follow-up treatment, lives are saved. The opportunities for improving health with new technologies can be enhanced with robust regulatory frameworks that can accelerate their adoption, dissemination and application in countries.

However, innovation does not always have to mean high technology: the concept of innovation extends far beyond technology to include the work of social entrepreneurs and others on the ground, linking closely to the idea below of working from the "grounds up". Innovation is also not only something that trickles down from wealthier to more modest settings; less affluent countries can often provide valuable lessons to wealthier countries, and to each other. Critically, in seeking to apply innovation we must always consider the social determinants of health and gender inequities – and use innovation to reduce, rather than entrench, inequity.

There is no lack of innovation in the Western Pacific Region, but there are roadblocks to scaling it up: innovation takes time, effort and investment that can be hard to prioritize over established solutions. Too often, there are not adequate mechanisms to systematically identify, evaluate and prepare viable solutions for amplifying innovation. Within WHO, there is a need to develop staff and organizational capacity and mechanisms to assist in identifying, evaluating and supporting countries to scale up innovation in public health.

What will be different? In order to become a driving force for innovation, WHO will seek to foster a culture of innovation, with processes and resources to systematically seek out and amplify innovative approaches from countries.

WHO will seek to provide policy support to countries on innovation – to assist them in identifying, testing and scaling up innovative approaches to pressing health problems, based on the country context. This effort will be led by a new Data, Strategy and Innovation (DSI) group at the Regional Office. DSI will also help countries working on innovations in the same field to connect with and learn from one another.

In addition, WHO will seek to identify multi-country and regional issues where innovative solutions are most needed, and partner with other organizations working on these solutions, in order to help make them equitably available to countries in our Region. In other words, our goal is to identify gaps where innovation is needed, and draw together players who can help fill those gaps, based on the circumstances, needs and experiences of countries in our Region.

b) Working backwards from a longer-term goal (backcasting)

WHO and its Member States understandably focus on immediate issues, hoping their response also will have a long-term impact on important public health challenges. But, as the saying goes: too often, the urgent crowds out the important. Rather than focusing only on the short term, we need a longer-term vision that begins with the definition of the desired goal – based on the best available projections – and works backward to identify actions needed today to deliver the desired future.

Backcasting – a term commonly used in economics – is both an approach to long-term planning and a way of thinking that enables organizations to move beyond traditional business practices to spark creativity, identify innovative solutions and inspire teams to work towards a common goal, informed by data and projections. Here, we use the term more broadly: it is about having a long-term goal or vision, a series of identified actions for advancing towards the goal, and a process to ensure other activities do not distract us along the way. It is sometimes described as a "future-to-now approach".

In our Region, developing health systems that are resilient to climate change, disease outbreaks and natural disasters is one example of an area that could benefit from the backcasting approach.

Backcasting is useful for addressing complex long-term problems, involving many sectors and levels of society. It also is useful when incremental changes are not sufficient to achieve a sustainable long-term outcome, when external factors play a significant role, and when prevailing trends are not favourable to the achievement of the desired future state. This is the case for all of the thematic priorities – health security, NCDs and ageing, climate change and health, and "reaching the unreached" – outlined earlier. It can also help Member States and WHO weigh choices among different options and competing short-term priorities for investment and action, based on what contributes to longer-term objectives.

There has been fairly limited use of backcasting in health, and some elements of the approach are evident in WHO work, for example, in the development of country cooperation strategies (CCSs) and in adoption of action plans and frameworks that set long-term disease elimination or other goals. However, backcasting is not systematically or comprehensively applied in work across WHO. The relatively short-term nature of WHO's budget and planning cycle, combined with its reliance on often heavily earmarked donor contributions, does not always provide the most enabling environment for backcasting.

What will be different? WHO does engage with Member States in some forward-looking planning and strategy development – for example, through CCSs and regional action plans and frameworks, and through support for the development of national health plans. WHO will intensify its engagement with Member States that wish to build on this work and develop longer-term, country-specific trajectories for their health sector, founded on the formulation of the desired future state, and taking into consideration both national health and development targets as well as economic and social developments.

The new DSI team will help support this approach with data, strategic policy advice and innovation, and the development of a cross-cutting, cohesive approach to sketching future scenarios – which supports countries in health systems transformation and "future-proofing" their health systems.

c) Taking a systems approach, with UHC as the foundation

UHC means all people having access to quality health services, when and where they need them, without financial hardship. That is, everyone, regardless of gender, age, ethnicity, beliefs or geography (rural or urban), should be covered by, and benefit from, the full range of health care, public health services and health security. While people's health has improved substantially in many countries in the past few decades, challenges remain in attaining UHC, as well as in addressing the emerging and future health challenges.

Sustainable health outcomes are rooted in robust systems. UHC is the foundation for strong health service delivery, rather than simply an "umbrella" for a range of different programmes. Yet, too

often, health services remain fragmented, the product of short-term projects and funding priorities. Taking UHC as the foundation for strengthening health systems will help to ensure that all disease control, health service, health security, and public and preventive health investments are designed as part of, and to contribute to, building a strong health system.

A systems approach is the most efficient, equitable and cost-effective approach to the design and delivery of health services. The systems approach is characterized by considering the elements of the system – such as institutions, people and the environment – in the context of their interrelationships, as well as their social, political and economic contexts, rather than in isolation from each other.

Similar to the challenges with backcasting, health systems development is not always based on a long-term strategic vision and plan, but rather short-term decisions and funding priorities. For many years, targeted disease control programmes – for example, expanded immunization programmes, HIV treatment and efforts to control malaria – were important for effectively delivering health improvements in the absence of the foundations of a strong system. Individual health programmes focus on their own specific imperatives – for example, ensuring regular supplies of medicines or providing relevant strategic information – all of which are important, but do not always combine in a joint effort that contributes to the underlying health systems that deliver UHC, and sustainable health outcomes.

What will be different? WHO will support Member States to determine the attributes of the health system they need in order to determine their own path to achieving UHC. Backcasting will identify the health systems elements that will need to be put in place to achieve the longer-term UHC vision – ensuring that short-term actions lead to health systems that provide comprehensive coverage to women, men, boys and girls. There will be a particular focus on supporting Member States to strengthen comprehensive, people-centred primary health-care services that include both preventive and clinical services, and sustainably finance these services into the future to address population health challenges such as the growing burden of NCDs, mental health conditions and population ageing. The newly created DSI will play a leading role in this process.

In taking a systems-oriented approach, we must ensure our work genuinely puts people at the centre, bringing health care closer to women, men, girls and boys in their communities, and addressing health needs along the continuum of care – beyond the specific disease or even the health service itself. To do this WHO will support Member States in a multidisciplinary manner that addresses health issues in the framework of, and contributing to, building health systems that can deliver UHC.

Specific examples of this approach could include:

- improving the detection and response elements of health security;
- working with experts from outside the health sector to plan health systems that are “future proofed” to address population migration and shifting disease transmission consequences of climate change;
- continuing initiatives to reduce the financial barriers people face in accessing health care, working with communicable disease and NCD experts to understand the out-of-pocket payments people make directly or indirectly to access health care;
- working with countries to develop innovative approaches to address specific service delivery challenges, such as service delivery to remote islands and areas;
- addressing high rates of maternal mortality through addressing the broad range of contributing factors, including lack of access to sexual and reproductive health services;

- supporting countries to create access to safe and affordable surgery, as part of the systems approach and as an essential component of UHC; and
- examining barriers within health systems that cause inequities in health-care service utilization in order to determine how to best strengthen health systems in an equitable manner.

WHO will work with Member States to learn and disseminate the innovative solutions being tested to build health systems equipped to meet future challenges. WHO will also develop new ways of working in multidisciplinary teams that provide more integrated support to Member States. UHC is for all public health and disease control specialists and not just for health systems experts, because UHC is for all people. It is the foundation upon which our efforts will be unified.

d) Building solutions from the ground (grounds up)

While many of the pressing issues confronting our Region – including the thematic priorities outlined above – demand a systems-based approach, systems thinking should be informed by experiences and realities on the ground. In other words, effective solutions emerge from the ground up, based on real world challenges and circumstances. We call this approach "grounds up", or "corals up" in some Pacific island countries – with a deliberate use of the plural to signify the multiple grounds from which innovation and solutions can emerge.

Traditionally, global health architecture has tended to be dominated by top-down approaches and Global North solutions for the Global South. Within WHO, the norm is often to prioritize health problems and recommended solutions using hard data, and use these data to develop policies and strategies that are not always "road tested" with their end users. As a result, there is sometimes a disconnect between global agendas and donor priorities on the one hand, and country needs and aspirations on the other. The "grounds-up" approach is a way of thinking that supplements conventional wisdom and systems thinking with solutions and innovations from the community and grass-roots level.

This links closely to innovation – especially "low tech or no tech" innovation – as innovative solutions at the community level are often all that people have to address their real, daily challenges. These local innovative solutions can draw on local resources and ingenuity, managed by local residents to solve challenges in a relevant and practical manner. One example from our Region is *PEN Fa'a Samoa*. PEN refers to WHO's *Package of Essential Noncommunicable Disease Interventions for Primary Care in Low-resource Settings*. *PEN Fa'a Samoa* literally means "PEN the Samoan way", reflecting the fact that in Samoa, groups of women community leaders are mobilizing villages and communities to roll out PEN, adapted to local culture and customs.

Recognizing the importance of considering the political, economic, social and cultural factors at play at the community level – close to people's homes and lives – is also important to consider, in addition to understanding national political, gender, cultural, and socioeconomic and social dynamics.

The Mekong Malaria Elimination Programme used a community-based approach to engage forest-goers – who are disproportionately affected by malaria in Cambodia, the Lao People's Democratic Republic and Viet Nam – in developing local strategies to protect against malaria. The forest-goers helped to identify the solutions that would work to enable quicker diagnosis and treatment: for example, training forest-goers themselves in the use of rapid diagnostic tests for use after visiting the forest. This approach captures important insights from the people most affected by this issue, and creates an opportunity to ensure that malaria interventions reach this group.

At the country level, WHO is well placed in its convening role to facilitate new ways of thinking and supporting processes for problem-solving and decision-making, based on a recognition that innovation, change and solutions are increasingly being driven by health system users, patients, health system managers, doctors, nurses, community health workers and others. Through engaging more closely with these groups, we can shift from a theoretical understanding of the "what" to an enhanced and lived experience of the "how". By understanding the human, financial and technological challenges that exist on the ground, WHO can support solutions to systematically address those issues and support the delivery of quality, people-centred care in an equitable manner.

There is no shortage of "grounds-up" solutions to pressing health challenges within the Western Pacific Region, as highlighted by the example above. However, as is the case with innovation, it is sometimes challenging for countries to easily access well-documented "grounds-up" solutions and identify support for scaling them up.

Traditionally, WHO's role has been to define what countries and communities can do to improve health, and in this area WHO's normative role remains crucially important. But countries increasingly expect us to go beyond the "what", and give better, clearer, stronger and more systematic advice on the "how". For example, WHO routinely recommends that countries strengthen their primary health care services, but the way to actually operationalize these recommendations varies from country to country, and sometimes even from community to community. Supporting countries – and communities – to determine their own "how" needs to become a stronger focus of WHO's work.

What will be different? Already, WHO in the Western Pacific Region has done much to put countries at the centre of its work. In the future, WHO in the Western Pacific Region will advance this shift further by placing much stronger emphasis on listening to, supporting and amplifying grounds-up solutions to pressing public health challenges.

WHO has long advocated a bottom-up approach, in which input and feedback from the field travels up the chain of command and helps inform decision-making. The "grounds-up" approach goes further, for example, by sending senior technical and management staff out in the field – going to the ground – in an effort to meet and learn from the people we are serving. In addition, the newly formed DSI will have a role to play in supporting innovation and strategic thinking to bolster this approach.

Countries have expressed their desire to receive more guidance from WHO on the "how" of locally appropriate solutions – based on an understanding (and documentation) of best practices emerging from the ground in other countries and in subnational contexts. Being a clearinghouse for best practices in areas of shared challenge could be one practical means through which the WHO Regional Office for the Western Pacific strengthens our support for "grounds-up" solutions, as part of the future approach. This approach will also require strong engagement across multiple sectors, to ensure various grounds are covered in addressing community challenges and finding practical solutions.

Not only will WHO continue to put countries at the centre of its work, but it will also take a further step to bring communities into the focus of our solutions.

e) Driving and measuring country impact

Over the past few decades, countries have made significant investments in improving their strategic information systems, reorienting them progressively from simply measuring input and processes, to documenting results. As health metrics are moving to the centre stage of data-driven global and national health strategies, the need for demonstrating impact, accounting for investments and linking data to policy-making calls for rethinking our measurement frameworks and how we use data with purpose.

The attainment of the health-related SDGs and GPW 13 hinges on the commitment of Member States to put population impact at the centre and – consequently – shift from a programme-based perspective (communicable diseases, NCDs, health system strengthening programmes, etc.) to a results-based perspective, focusing on promoting health, keeping the world safe, and serving the vulnerable. The *13th General Programme of Work Impact Framework* places data squarely at the centre of measuring progress towards this ambition.

New demands on our measurement frameworks for increased accountability go hand in hand with changes in disease burden, which – in turn – call for new analytics. For example, the rise in NCDs necessitates long-term documentation of patient pathways; pollution and climate change require systems that link data from across different sectors; and beyond the immediate impact of improved health, the health sector is challenged to understand – and demonstrate – the value of health interventions for our societies, including the economy, education or simply community participation.

At the same time, new approaches to analytics have opened new opportunities for better understanding public health impact and bottlenecks: concepts of effective coverage help to capture UHC in the real world; cascade analyses help identify and address bottlenecks in programme delivery; and projections and counterfactuals support rational policy-making.

These approaches are supported by rapid technological advances that allow more efficient and flexible generation and integration of data across sources and sectors. For example, “big data” from social media or search engines provide rapid information on health security threats, health insurance data analytics help identify new disease patterns, and geospatial data on environmental threats are linked to community health.

These demands and opportunities in a rapidly changing world challenge us to review and “future proof” our measurement and analytics frameworks by matching demands, systems, analytics and technology. The prime objective is to centre these on their relevance for advancing national health goals, while meeting internationally agreed commitments. When global approaches are contextualized carefully, they can transform from a reporting burden to a public health tool.

Increased accountability based on measurement also applies to WHO’s own actions: improved metrics are needed to show how WHO’s products and services are having an impact in countries. This accountability is also important for donors. Rather than simply relying on documenting health improvements in countries, WHO needs to develop and share up-front measures that can be used to justify the Organization’s added value to national responses, both in qualitative and quantitative ways.

Often, countries have invested in the improvement of data generation and quality from a data-generation perspective rather than that of data users. As a result, systems continue to be overburdened as they generate substantial amounts of data that are of questionable relevance, see the fragmentation of data across health programmes and beyond the health sector, and – most

importantly – struggle with maximizing data use for strategic dialogue and decision-making. Such difficulties occur against the background of fragmented actors and systems, and a lack of cohesive measurement frameworks that are supported by coordinated investments. For WHO, measuring ourselves has traditionally been focused more on inputs and activities than outcomes and results.

What will be different? WHO in itself has all too often taken a fragmented approach to supporting the generation and use of strategic information at the country level, with various disease programmes and health system specialities proposing at times uncoordinated and/or conflicting solutions. In the future, WHO needs to focus its efforts on supporting countries in developing integrated measurement frameworks and systems that can meaningfully inform the pursuit of national health and development goals and focus on the generation, analysis and use of metrics that are relevant to policy-making, implementation and resource allocation at all levels. Disaggregated data will also be essential in determining where health inequities exist and to addressing health issues in an equitable manner.

WHO will work more closely with countries on the development of data systems that harness new technologies and innovations, and are supported by the allocation of sufficient resources to strengthen local strategic information capacity. Most importantly, WHO will support countries in the strategic use of data for regular programmatic reviews and decision-making to improve health services and health outcomes. DSI will have an important role to play in this work.

f) Championing health beyond the health sector

The range and complexity of the health challenges we face today are unprecedented, as noted in the Introduction to this document. In the SDG era, it is clear that major gains in health and well-being will stem from action outside the health sector. This is particularly relevant with regard to health challenges such as NCDs, ageing, AMR, and the environment and climate change. While engaging with sectors beyond health and with the private sector can be of benefit to public health, at the same time there are significant commercial and other vested interests outside the health sector, such as the tobacco, alcohol and other industries, that undermine and threaten public health. Reducing health inequities, which is central to the SDGs agenda, also will not be possible without attention to the broader social, economic and cultural factors that leave some population groups behind.

While much of the health sector's focus in the past has been on "what others can do for health", there is increasing realization – and attention – to the health sector's contribution to economic and societal development more broadly. Reframing the health sector as a driver of growth and development (rather than just a consumer of resources) will have a significant impact on the health sector's standing with government and society, and associated investments in health.

As WHO is advocating for ministries of health to become champions of whole-of-government and whole-of-society approaches to health (and to development more broadly), Member States expect increased support and guidance in order to achieve this – within the framework of the SDGs. In other words, full achievement of the SDGs, including SDG 3 (Good health and well-being), cannot be accomplished without fully leveraging cross-sectorial linkages – but ministries of health have expressed a need for better support in establishing and leveraging these linkages.

Multisectoral engagement is not new to WHO or to the health sector. WHO has long advocated health-in-all policies and whole-of-government approaches to address health and health inequities, and various resolutions have been adopted by the World Health Assembly and the WHO Regional

Committee for the Western Pacific mandating the Organization to champion health beyond the health sector.

However, while we recognize the importance of championing health beyond the health sector, our track record in doing so is uneven. Partnership requires both sides to be good partners – understanding the other partners' concerns and imperatives, and working together to find common ground. Through doing this, we can continue to reposition health as a contributor to and driver of productivity and prosperity for the future.

What will be different? In order to strengthen its multisectoral engagement, WHO will have to strengthen the skills of its own staff in this area, as well as be clear about its strategic objectives. WHO must become an intersectoral champion for health and play the same role it urges ministries of health to adopt – that is, engaging with and leading action for health at the regional and country levels and with other United Nations agencies and partners. This will require an increasing emphasis on partnerships, including with diverse and nontraditional stakeholders, and sustained engagement of a broader range of partners within countries and communities, and with a particular focus on continuing to engage with young people.

WHO will also support ministries of health to engage more effectively with other sectors within their own countries. We will also actively seek to identify concrete opportunities for strengthening our ongoing engagement with regional partners – including through the establishment of a regular partners forum, following on from the inaugural Western Pacific Region Partners Forum held in July 2019.

g) Strategic communications

The digital age has profoundly changed the way people engage with each other and the world. The majority of people in many countries now get their news via the Internet and social media, rather than traditional news channels. Many have easy access to information and advice from peer groups, influencers and institutions, and a culture of "instant gratification" and "Dr Google" mean they have high expectations of quick responses to their questions and concerns. This is both a challenge and an opportunity.

If WHO and health authorities in Member States anticipate needs; provide communications content that is accessible, understandable, relevant, credible, timely and actionable; and become agile and risk savvy in responding to emerging needs, communications can become a much more effective tool for improving public health. If we do not do this, audiences will turn elsewhere for information and advice, and this can have devastating consequences for health, as has been demonstrated by the spread of misinformation about immunization on social media. In the midst of the noise, WHO and Member State health authorities must stand as organizations that listen and use their voices to share the evidence-based information that can generate support for better health policies, and empower people to protect and improve their own health.

This requires moving away from a focus on outputs (products and activities), towards a focus on the outcomes and impact of communications. Approaches must be evidence-informed, measured and evaluated. We must do a better job of articulating the specific problems we are trying to solve through communications (closing gaps in knowledge, correcting misunderstandings and encouraging appropriate actions among particular groups) and in overcoming the barriers to the changes we want to see – that is, a longer-term, more strategic approach.

Harnessing the power of communications also means going beyond the data and evidence, and connecting with people on a human level – showing that we understand and care about their concerns, and we are making a difference to the lives of people like them. We must do a better job of sharing stories about how peoples' lives are affected by key health challenges in the Region, and the work we are doing to address them.

What will be different? WHO is committed to continuing to improve how we communicate with governments, health workers and communities about how to improve health. We will also communicate by presenting more human stories that will resonate with stakeholders and motivate them to act, by demonstrating the impact of our work, by providing more visibility for donors and partners, and by helping create a shared sense of purpose around our work to improve health in the Region.

To fully leverage the power of communications as a tool for health in the Western Pacific, an approach known as C4H (Communications for Health) will be adopted. C4H refers to communications principles and processes that inform and change attitudes and behaviours for defined public health outcomes at the individual, community and societal levels. C4H recognizes that knowledge, attitudes and social norms – including gender norms – are key determinants of health. It uses insights from social and behavioural sciences to inspire and empower people to make healthy choices for themselves and their families – from getting vaccinated and to practising safer sex, to visiting a primary health care provider for a check-up.

WHO aims to increasingly use the C4H approach in our own work, and over the medium term and long term be able to support Member States to build their own capacity to use strategic communications as a tool for delivering better health.

A gender and equity lens applied to everything we do

Overwhelmingly, the evidence shows that poverty and gender affect our health, which creates inequities in health outcomes. Therefore, paying attention to gender and equity is an opportunity to improve health and reduce health inequities – both among and within countries. In all that we do, WHO will utilize a gender and equity lens to ensure that everyone benefits equally from regional progress towards better health. This is not an additional operational shift, as working on gender and equity is not a new approach and has historically been a priority for WHO in the Western Pacific – rather, this is a commitment to strengthen this approach in all of our work in the Region.

WHO will build upon a strong foundation of work in this area by:

- generating new evidence on gender and equity within the four thematic priority areas in order to address barriers and facilitating factors (such as education, economic development and participation in the workforce), and strengthening each policy's and programme's contributions to address gender and health inequities;
- promoting best practices and impact-driven interventions through gender mainstreaming – that is, explicitly taking into account the needs and interests of all genders at all levels and stages of the programme and policy-making process;
- investing in data disaggregated by gender and income group in order to identify health inequities and better understand *who* is left behind;
- employing practical, "grounds-up" approaches – with active participation of women and men, and boys and girls, in designing and implementing future health programming, which this is vital in understanding that local contexts, gender and other health inequities can be addressed in these contexts;

- undertaking systematic and effective capacity-building for gender mainstreaming in order to ensure that all staff within both WHO and ministries of health recognize, adopt and adhere to a minimum level of gender and equity mainstreaming within WHO, and in policies and programmes;
- documenting and evaluating innovations in gender and health; and
- establishing a regional mechanism(s) for sharing knowledge and learning on gender mainstreaming in order to further strengthen our work with other sectors beyond health.

These actions over the short and medium term will contribute to institutionalizing gender mainstreaming in all of our policy and programme work – from operational planning to budgeting and implementation. Reducing gender and health inequities is critical to achieving our long-term vision of making the Western Pacific the healthiest and safest region.

4. Enabling the change agenda

In order to deliver on the change agenda outlined above, WHO clearly needs to continue to reflect on and change, where necessary, how we work as an organization – including our organizational structure, budget and resource allocation, staff development, and management and accountability practices. This will include considering gender and health equity at the forefront of our everyday work, and as a core aspect of every staff member's duties. We will also seek to make WHO a health-promoting, "green" workplace.

a) WHO's work with countries

One of the legacies of the former Regional Director, Dr Shin, is the Western Pacific Region's culture of "putting countries at the centre" of all of our work – and the Regional Office and country offices working together with staff in WHO headquarters as one team to support countries. This principle will continue to be the foundation of our work in the coming five years.

WHO's work with countries will be geared towards working with *all* countries to address the thematic priorities and common agendas outlined above – recognizing that each country will address the shared challenge in its own way. We will also continue to work with *each* country and area in response to its specific priorities and concerns, and ensure tailored support where it is needed – such as for Pacific island countries and areas – recognizing that while countries of the Region share many challenges in common, every country is different.

To help achieve this, we will continue to look for opportunities to strengthen WHO's country offices in the Region – and ensure the appropriate staffing fit for each country office. We will also continue to engage in dialogue with high-income countries – in new forms of engagement that go beyond the traditional donor country relationship, aiming at better leveraging the experience and expertise of high-income countries to support other countries in the Region, and vice versa.

b) Efficient management and administration, stronger accountability

Management and administration are critical functions that organize and support WHO staff and their efforts in delivering for Member States. Being accountable to Member States (and donors and partners) for all that we do is also crucially important. WHO in the Western Pacific Region has a well-established culture of accountability and of constantly looking for ways to optimize organizational efficiency and improve ways of working to better support countries. We are committed to

strengthening this approach, through the regular and active review of our processes and the greater engagement of staff.

We will build on our progress to date through a continued drive towards leaner and more efficient management; ongoing analysis of human and financial resources to identify opportunities to optimize our work through outsourcing, rightsizing and "best fits"; maintaining our strong performance against key organizational management and compliance indicators; strengthening the "service orientation" of staff to support our focus on delivering for countries; and mainstreaming of accountability and risk management – as integral parts of decision-making, lessons learnt and future planning.

c) A refocused Regional Office structure

The organizational structure of the WHO Regional Office for the Western Pacific is being realigned in the second half of 2019 to strengthen our work on the thematic priorities and operational shifts outlined in this document and to provide clear accountabilities for each priority and shift, to ensure alignment with GPW 13 and the new structure of WHO headquarters, and to ensure continued effectiveness in supporting countries. The technical work of the Regional Office will be organized in six broad areas:

- The **Division of Healthy Environments and Populations (DHP)** will focus on addressing the upstream drivers of poor health such as tobacco and alcohol use, unhealthy environments, and social determinants including gender, as well as climate change and the environment.
- The **Division of Programmes for Disease Control (DDC)** will focus on the delivery of services and programmes to individuals, with services and programmes designed to address specific diseases and health issues, particularly focusing on reaching the unreached – including both infectious and NCDs.
- A reconfigured **Division of Health Systems and Services (DHS)** will provide technical advice on the various components of health systems – such as financing, workforce, essential medicines, service design, and law and legislation – using a systems approach.
- The **Division of Health Security and Emergencies (DSE)** will continue to work with Member States and partners to strengthen emergency preparedness, prevention, detection, response and recovery, and work on food safety.
- The **Division of Pacific Technical Support (DPS)** based in Suva, Fiji, will continue to provide tailored support for Pacific island countries and areas, in close coordination with the Regional Office.
- A new group, led by a **Director of Data, Strategy, Innovation (DSI)** will focus on innovation, data, backcasting and strategic engagement with countries on health systems transformation. This team will coordinate strategic and technical support to countries to drive improvements in systems and the design of health services.

The work of the **Division of Programme Management (DPM),** the **Division of Administration and Finance (DAF),** and the **Office of the Regional Director (RDO)** will remain largely unchanged, although all will play a key role in driving implementation of the vision and priorities outlined in this document – with RDO leading work on strengthening strategic communications and partnerships in the Region.

d) Aligning the Programme Budget with thematic priorities and new ways of working

Clearly, aligning the Programme Budget with the vision outlined in this document is critical. The Seventy-second World Health Assembly in May 2019 approved the *Programme Budget 2020–2021*, the first WHO Programme Budget that fully articulates the implementation of the GPW 13.

The operationalization of the *Programme Budget 2020–2021* in the Western Pacific Region will be based on the thematic priorities and operational shifts outlined in this document, reflecting the priorities and concerns of Member States – and delivered within our existing budget envelope. The thematic priorities will provide overall guidance for countries. However, there will also be strong emphasis on country specificity, with flagship programmes also being developed and implemented based on country contexts.

e) Staff development

The success of WHO work is dependent on our staff members. The Western Pacific Region has had a strong track record in staff development over the last decade – including a significant increase in the ratio of female staff, an effective approach to staff mobility and the recent establishment of a regional mentoring programme.

GPW 13 and the strategic directions outlined in this document will require both existing staff to adapt to new ways of working and, over time, the addition of new staff with different skills and experience. To achieve this, we will continue to build and maintain the technical excellence of our staff, provide healthy and supportive working environments, and develop the skills and capacities the evolving nature of WHO work will require in the future – through a greater focus on individualized staff career and development plans and opportunities, supported by agreed staff rotations, mentoring and regional peer review groups.

f) Leading by example: a “green”, health-promoting workplace

In some countries, the health sector contributes up to 10% of the national carbon footprint. In the Western Pacific Region, WHO will strive to reduce our own carbon and environmental footprint – for example, through moving towards paperless meetings and electronic workflows, where possible; reducing travel for meetings and the related carbon footprint, wherever possible, by continuing to review the scope, size and need for face-to-face meetings and conducting online and virtual consultations; improving waste management; and phasing out single-use plastics in WHO offices around the Region.

5. Conclusions and next steps

Following the seventieth session of the WHO Regional Committee for the Western Pacific in October 2019, the Secretariat will move ahead with building on the foundations of the agenda for the future outlined in this document, and with implementing it – in continued close collaboration with Member States.

The Regional Director and the Secretariat look forward to working with Member States, WHO staff members, partners and other stakeholders as we all work together to achieve better health for the nearly 1.9 billion people of the Western Pacific Region, and to make ours the healthiest and safest region in the world.