For the Future

Delivering Better Health in the Western Pacific Region

A White Paper on WHO work in the Western Pacific Region – for consultation with Member States, WHO staff, partners and stakeholders

April 2019

Contents

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.

The paper is intended to stimulate discussion with WHO Member States, WHO staff, partners and other stakeholders in the lead-up to the seventieth session of the WHO Regional Committee for the Western Pacific in October 2019.

An agenda for our changing Region

Our Region is rapidly – and constantly – changing. Unprecedented economic growth, migration and urbanization in the Western Pacific 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 are all putting 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, others risk being left behind as that development also has fuelled greater 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. 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 countries and areas of 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 WHO's new set of global strategic priorities encapsulated in the *Thirteenth General Programme of Work* (GPW 13), and building on our tradition of solidarity, this paper 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 biggest challenges for the future; in some cases, "different kinds" of support will be required. Three 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 and the environment**.

WHO also remains steadfastly committed to supporting Member States on the "unfinished agendas" of infectious diseases and maternal and infant mortality, noting that going beyond a business-as-usual approach to embrace new technologies and new approaches may be required.

Operational shifts

NCDs and ageing, health security, and climate change and the environment are not new issues, but they require new thinking and new ways of working. In the Western Pacific, WHO will address these issues in partnership with Member States by operationalizing the strategic shifts associated with GPW 13 and adapting them to the Region's particular circumstances by focusing on seven main areas:

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. **Championing health, beyond the health sector**
6. **Driving and measuring country impact**
7. **Strategic communications as a means to deliver on new ways of working.**

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 – which must be underpinned by reflecting on our engagement and dialogue with Member States and the way we engage with partners. Operationalizing all of these shifts will also have implications for organizational structure, staffing and resources.

The Regional Director and the Secretariat look forward to further engaging 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.

1. Introduction

On 1 February 2019, Dr Takeshi Kasai began a five-year term as World Health Organization (WHO) Regional Director for the Western Pacific – a Region that 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 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: acting today to address the challenges of tomorrow, with the goal of making the Western Pacific Region the healthiest and safest Region.

This paper is intended to stimulate discussion with WHO Member States, WHO staff, partners and other stakeholders in the lead-up to the seventieth session of the WHO Regional Committee for the Western Pacific in October 2019.

A changing Region, a changing world

Our Region is rapidly changing – economically, socially and environmentally. 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. 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 countries' full potential.

Yet, the 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 out of the last four influenza pandemics started in this Region, and there is every chance the next one will, too.
- Changing consumption patterns and rapid urbanization have led to an increase in noncommunicable diseases (NCDs), which now kill four in every five of us. 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. At the same time, air pollution now claims some 2.2 million lives in our Region every year.

For many people, their country's economic growth and population shifts, including urbanization, have created life chances 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.

As well as being incredibly dynamic, our Region is also extremely diverse. We are home to the world's biggest 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.

While each country is focused on realizing its own development ambitions – based on its unique context and circumstances – the true strength of the Western Pacific Region in health lies in its pursuit of a collective agenda. 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 investments in 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 turbocharge 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 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 many 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 White Paper 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 do it (operational shifts, or new ways of thinking and working). WHO must continue to be a 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 Sustainable Development Agenda* 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 this time, the Western Pacific Region has 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 region. 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 greatest impact for countries. 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. 1. The Western Pacific Region's change agenda, GPW 13, WHO transformation and United Nations

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. Member States have a clear expectation that WHO support will continue in these areas in order to achieve the unfinished business of control and elimination of infectious diseases as public health threats; to continue advances made in infant, child and maternal health; and to slow the evolution of antimicrobial resistance (AMR). WHO in the Western Pacific Region remains absolutely committed to this work.

At the same time, 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. In fact, many countries in the Region have significantly expanded their own capacity to address the disease control challenges these shifts are causing, including a rise in the lifestyle-associated risk behaviours that lead to NCDs, as well as the burden NCDs are placing on the health system. Whether and how countries are able to address the many emerging challenges will shape the future of our societies and economies. They are looking to WHO for support as they continue to strengthen their country-level capacities and leadership.

In this context, the need is not simply for "more" support, 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 health systems, alongside the more traditional technical assistance. (See the section below on "Operational shifts" for how WHO in the Western Pacific Region proposes to operationalize these different kinds of support.)

In 2017, Member States ratified GPW 13 and its shared commitment to promote health (through universal health coverage, or UHC), keep the world safe (health security) and serve the vulnerable (healthier populations). In order to realize this global vision, three main priorities have emerged as the issues that Member States see as the biggest challenges, reflective of the particular economic, social and demographic circumstances of the Western Pacific Region:

a) **Health security, including antimicrobial resistance**
b) **NCDs and ageing**
c) **Climate change and the environment**.

Of course, there is also a need to continue WHO's strong support for unfinished agendas, including infectious diseases and maternal and infant mortality, as noted above and reflected in the GPW 13's overall mission and strategic priorities.

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 Pacific 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.

Health security threats are not new; indeed, some health security issues are new forms of old threats. AMR is rendering antibiotics ineffective for treating common infections, and slowing the process of 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 become 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. The emergence of novel resistance patterns continues to pose health security challenges.

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 this increasingly interconnected world deadly pathogens can spread rapidly across the globe. Collective action on early detection and response of 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 these circumstances, 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.)

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 has now come to the fore. This aligns with the central objective of the International Health Regulations (2005), which is to strengthen core capacities in every country, 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, 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, and recognize health security as an issue for all. Such an approach considers health security the result of 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.

At the same time, we must intensify our interaction with other sectors to address health security issues, including AMR issues. 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 requires continued and intensified engagement with non-health sectors such as these, 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 Environmental Programme and other sectors concerned with the environment and 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.

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, and strengthen health systems and social services to support healthy ageing.

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. The risks for NCDs involve many factors, and a cross-sectorial approach is required to address these risks, many of which arise from issues outside the health system. 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 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.

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. Beyond tobacco, we are currently 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. And more than four in every 10 of us do not get enough physical activity.

NCDs, including mental illness (depression is now the single largest cause of ill health and disability globally), place huge 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 as we go in areas where the science is less clear.

Harvesting the benefits of decades of health improvements, people across the Region are enjoying longer lives. Over the next 20 years, life expectancy at birth in the Region will 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.

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 have 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 increase by 100% compared to 2016.

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.

While NCDs and ageing are distinct issues, both challenge us to rethink the way we are organizing 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. 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 through the life course, and expand their role beyond detection and treatment of disease.

For WHO, this means better supporting Member States to strengthen primary health care 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. A cultural shift on how we address NCDs and support healthy ageing will only happen by communities themselves taking charge.

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. And it means supporting governments in the at-times challenging dialogue with industries that impact people's health behaviours. In doing so, 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.

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

c) Climate change and the environment

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 and drought; the increased transmission of vector-borne diseases in areas of flooding as a result of more breeding sites for insect vectors, and/or closer proximity of animals and humans; and the psychosocial impacts from people being displaced from their homes. 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, and 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 their capacity to deliver – by damaging health infrastructure and disrupting the delivery of even basic services. Under a business-as-usual scenario, it is estimated 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, ambient air pollution alone leads to an

estimated 850 000 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. 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.

To support countries to build climate-resilient health systems and act on climate change and environmental protection will require WHO to expand our partnerships and communication, including through stepping up engagement with other sectors including 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.

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.

For the health sector to be an effective actor and partner on climate change and environment issues, WHO needs to support Member States in taking the theoretical debate to a practical level. WHO can guide the health sector's role vis-a-vis other players in addressing climate change and environmental health issues, and help make connections both at the national and international level, such as by facilitating access to the Green Climate Fund and other initiatives. Such support will help the health sector stay focused on monitoring, preventing or mitigating health impacts based on resilient health systems, minimizing its own climate and environmental footprint, and lend support to other sectors in advocating for measures that tackle climate change in pollution at their source.

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

d) Unfinished agendas

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 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; the incidence of some communicable diseases, such as hepatitis, HIV or TB remains worryingly high – especially among at-risk populations; and some diseases are resurging, as seen with recent outbreaks of measles, vaccine-derived poliovirus, diphtheria and dengue in some countries.

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. Hence, continued progress on child and maternal health and the control of communicable diseases needs to form an integral part of preparing our communities for the future: public health efforts to address persistent causes of sickness and death remain as relevant as ever, 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.

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.

3. Operational shifts – the "how"

NCDs and ageing, health security, and climate change are not new issues, but our response to them will help shape the future. And they are all areas in which WHO's approach requires new thinking and new ways of working. As noted above, to adequately address these and other challenges, now and for the future, WHO will need not only to strengthen its support to countries, but also modify how support is delivered while working with new partners in order to ensure maximum benefit.

GPW 13 outlines three "strategic shifts" for better delivering on WHO's mission and priorities: 1) stepping up leadership, including in diplomacy, strategic communications and advocacy; 2) driving the public health impact in every country, through a differentiated approach based on capacity and vulnerability, and as noted above, with a greater emphasis on policy dialogue and strategic support for health systems; and 3) focusing global goods – including guidelines and technical advice – on impact, including through better use of data and innovation.

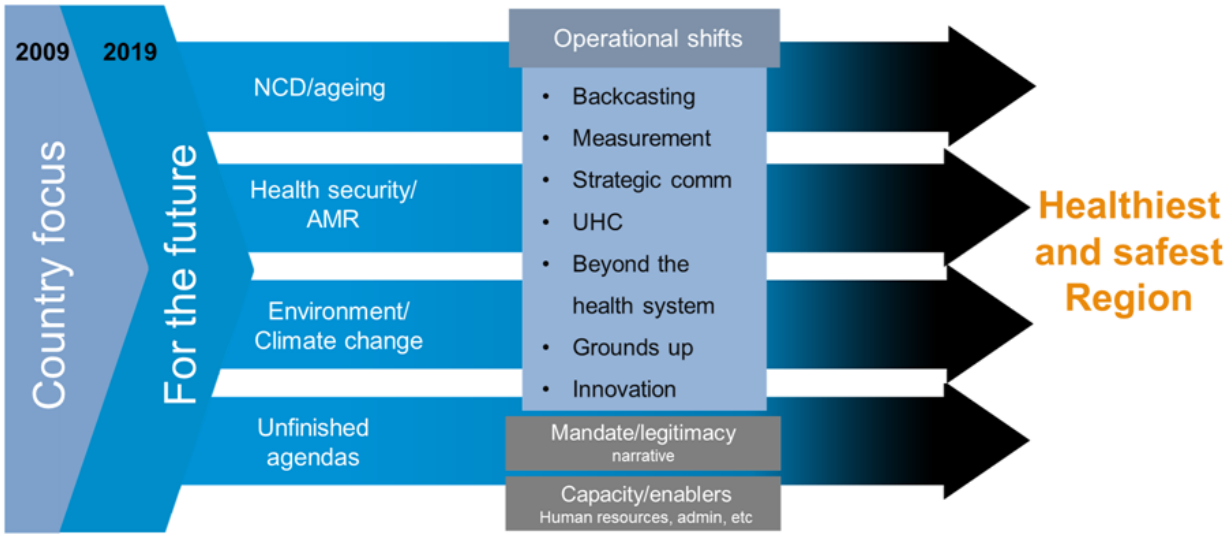
In the Western Pacific, WHO will operationalize the strategic shifts associated with GPW 13 and adapt them for the particular circumstances and unique mix of challenges facing our Region by focusing on the following:

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) **Championing health, beyond the health sector**
f) **Driving and measuring country impact**
g) **Strategic communications as a means to deliver on new ways of working**.

Under the leadership of Dr Shin, the former Regional Director, WHO in the Western Pacific Region pursued a series of reforms designed to strengthen the country focus and impact of WHO work. These reforms made WHO in the Western Pacific more efficient, effective, people-centred, country- and impact-oriented, and a stronger Organization overall. They also created a culture of continuous improvement in the face of constant change.

Building on this significant legacy, and in line with GPW 13 and the global organizational transformation, the operational shifts outlined here represent our ideas for working differently to deliver stronger support to Member States, to realize our shared ambition of being the healthiest and safest Region.

Fig. 2. Thematic priorities and operational shifts



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

Delivering strategic change in the way WHO works requires a focus on innovation: innovation in how WHO works, as well as supporting Member States to find, evaluate, adapt and scale up the most promising new public health approaches – especially in the areas of health security, NCDs and ageing, and climate change and the environment. Where feasible, WHO also has a role to play in championing the importance and impact of innovation in public health.

While some traditional areas of WHO work – such as infectious diseases – have well-established solutions that can lead to controlling or eliminating disease, more recent challenges require new and innovative ways of working. This applies in particular to emerging issues that need lifelong and/or significant non-health sector approaches, such as the surge in NCDs, population ageing, climate change and preparation for emerging health threats. It also applies to cross-cutting agendas, such as efforts to advance health through attention to gender and equity, where new approaches are needed to engage health programmes and partners, ask critical questions, and encourage dialogue on new ways to advance this agenda.

And in some cases, as noted above, traditional areas of public health work such as infectious disease control can also benefit from innovation. For traditional threats, we must move beyond a focus on single diseases and towards a system-wide approach: it is not good enough to protect people from one disease, only to see them get sick or die from another health threat. Innovation can help to achieve this.

Dimensions of innovation can include information technology and data science (incorporating big data, artificial intelligence, machine learning, deep learning, block chains and other tools), as well as related application areas (personalized medicine, telemedicine, e-health, m-health, augmented diagnosis and others). In our 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. 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.

However, it is important to emphasize that 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). With this in mind, innovation is not just something transferred from high-income settings to low- and middle-income settings – the reverse can also be true, and of course low- and middle-income countries can also exchange with and learn from each other.

There is no lack of innovation in the Western Pacific Region, but there are sometimes roadblocks to greater use of it: innovation takes time, effort and investment that can be hard to prioritize over established solutions; and there is a lack of 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. While there are plenty of examples of WHO looking out for – and promoting – new approaches, the Organization's mindset and processes are not yet oriented to take on this role in a systematic way.

What will be different? In order to become a driving force for innovation, WHO will also seek to foster an innovation culture, and put in place processes and dedicate resources to systematically seek out and amplify innovative approaches from countries.

WHO will establish an innovation function in the WHO Regional Office for the Western Pacific – to provide policy support to countries in identifying, testing and scaling up innovative approaches to pressing health problems. WHO will also help countries working on innovations in the same space to connect with and learn from one another. WHO will also 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 available to countries in our Region: that is, identifying gaps where innovation is needed, and draw together the players who can help fill them, based on the circumstances and needs of countries in our Region and their grounds-up experience.

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

WHO and its Member States have a tendency to focus on immediate issues, in the hope that addressing these will have a long-term impact. But, as the saying goes, too often the urgent crowds out the important. Rather than focusing just on the short term, we need a longer-term vision that starts with the definition of the desired state – based on the best available projections for the future in a particular area – and works backwards to identify the actions needed today to deliver the desired future state.

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 than in its economic sense: it is about having a long-term goal or vision, a series of identified actions for getting to the goal, and a process for ensuring that other activities do not distract 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 begins with visualizing an aspirational yet achievable state in the future, and working backwards to identify the steps required to achieve that state. Quick wins – that is, actions and strategies developed for the short term – are not an end in themselves but rather serve longer-term solutions and aspirations.

Backcasting is a useful approach for addressing complex long-term problems, involving many sectors and levels of society. It also is useful when producing incremental changes is 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 – all of which apply to the thematic priorities (health security, NCDs and ageing, and climate change and health) outlined in the previous section of this paper. It can also help Member States and WHO weigh choices between different options and competing short-term priorities for investment and action, based on what contributes to longer-term objectives.

There has been some, albeit mostly fairly limited, use of the concept of backcasting in health. While some countries do have long-term strategies working towards defined scenarios, short-term wins and longer-term development are sometimes in competition with one another, with political, electoral (for some countries), fiscal and other imperatives often prioritizing short-term wins.

Similarly, there are some elements of backcasting in WHO's 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. Within the Organization, the relatively short-term nature of WHO's budget and planning cycle, combined with its reliance on often heavily earmarked donor contributions, does not provide an enabling environment. Further, backcasting requires specific planning, policy and technical skills that are not always available within the health sector in most countries, or within WHO.

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 as noted above, and through support for the development of national health plans. WHO will intensify its work 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 its desired future state that takes into consideration both national health and development targets as well as economic and societal developments.

To support the use of backcasting as an approach within WHO more broadly, as well as to support countries in adopting this approach to developing their national health strategies and goals, WHO will strengthen its own capacity and further develop a cross-cutting, cohesive approach to support countries to sketch future scenarios and engage in dialogue on policies and strategies towards their attainment.

To deliver this, we will establish a strategic policy function in the Regional Office to boost capacity and help deploy a more systematic approach to help countries project social, disease and environmental trends, synchronize them with national health and development goals, and sketch a comprehensive scenario for the future.

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

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 of various populations. But which approach will drive the attainment of this goal? UHC is defined as all people having access to quality health services without suffering the financial hardship associated with paying for health care. 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.

Sustainable health outcomes are rooted in robust systems. From this perspective, UHC is the foundation of strong health service delivery, rather than simply an "umbrella" for a range of different programmes. Yet, too often, countries – and WHO – take the umbrella approach: 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, public and preventive health investments are designed as part of, and to contribute to, building a strong health system. It encourages integration from the outset and helps avoid the negative unintended consequences of fragmented projects. It recognizes that in the real world, there often are no boundaries between the various elements of UHC. Overcoming the fragmentation of systems and programmes – within countries and within WHO – will be crucial to achieving real progress towards UHC.

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 (and their social, political and economic contexts), rather than in isolation from each other. For example, with a systems approach, the family doctor who suspects the first case of a polio or avian influenza outbreak and notifies the appropriate public health authorities accordingly is integral to health security; and the community health worker who takes the opportunity of immunizing children to talk to the parents about healthy behaviours and monitor for hypertension sees this as simply their job. Health systems are inherently complex; the role of WHO is to help find the "nodes" and pathways that can be connected to support progress towards UHC.

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 better health outcomes. Within WHO, while we have taken steps towards a more systems-oriented approach, this has not been supported by an integrated organizational structure that supports cross-cutting work. Further, for the most part, the bulk of donor funding is still focused on specific disease-based programmes; few donors are interested in investing in long-term health system strengthening.

What will be different? WHO will support Member States to determine the attributes of the health system they need in order to deliver UHC over the longer term. Backcasting will identify the health systems elements that will need to be put in place to achieve the longer-term UHC vision. 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 and population ageing. 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 a health system that can deliver UHC. WHO disease control and health systems staff will break down programmatic silos and work together to address present and future challenges. NCDs and ageing, while different, both require Member States and WHO to consider the transformation from acute care health systems to chronic care systems, with the required links to welfare and social security systems.

Specific examples of this approach could include:

- improving the detection and response elements of health security (International Health Regulations capabilities) through health service delivery and health workforce capabilities in primary health care facilities and their linked secondary hospital care;
- developing new models of prevention of NCDs and the long-term management of patients with (often multiple) chronic conditions through looking at models of primary health care service delivery, the use of innovations and e-health, patient management information systems, underpinned by appropriate multidisciplinary staff mix and the right financing incentives;
- 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, including through exploring the innovations in service delivery that will be required; and
- 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.

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 explore the development of tools to assess the readiness of health systems to deliver all aspects of UHC. Primarily, WHO will develop new ways of working in multidisciplinary teams that provide better, 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 (see more on this below), 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 – 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. In our Region, issues such as climate resilience and action on NCDs are just two areas that could benefit from a stronger focus on a grounds-up approach.

This links to the discussion above on 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. There is a need to 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.

There is no shortage of grounds-up solutions to pressing health challenges within the Western Pacific Region: there are wonderful stories from across the Region of communities finding innovative ways to ensure health services reach the people that need them most – the *PEN Fa'a Samoa* and Mekong malaria examples mentioned above are just two of many. 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 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, and in line with our aspiration to "be with each country", 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.

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.

Strengthening our grounds-up focus could also entail supporting countries to learn from local and other relevant best practices, and helping to amplify these best practices to benefit the country as a whole, as well as individuals, families and communities. 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) 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 White Paper. 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. At the same time, there are significant commercial and other vested interests outside the health sector that undermine and threaten public health. Reducing health inequities, which is central to the SDGs agenda, will also 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. Such reframing of the health sector from a consumer of resources to a driver of growth and development has 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 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.

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, 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. Most recently, this includes the *Global Action Plan for Healthy Lives and Well-being for All*, in which 11 multilateral agencies decided to align their efforts with country priorities and needs to accelerate progress by

leveraging new ways of working together and unlocking innovative approaches, allowing those contributions to progress to play out in a more transparent and engaging way.

However, while we recognize the importance of championing health beyond the health sector, our track record in doing so is uneven. For example, sometimes we reach out to other partners when we need something, but we are not always prepared to invest in building a mutually beneficial relationship for the long term. Partnership requires both sides to be good partners – understanding the other partners' concerns and imperatives, and working together to find common ground. There is significant opportunity in doing so: to continue the repositioning of 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. Most of WHO's attention and resources are still focused on health sector action and disease programmes, and while there are some good examples of outreach, there is no systematic effort to reach out to other sectors. 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 with other United Nations agencies and partners.

WHO in the Western Pacific will actively seek to identify concrete opportunities for strengthening our ongoing engagement with regional partners – including through the establishment of an annual or biannual partners forum.

f) 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 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 WHO's GPW 13 hinges on the unconditional 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 making and impact for its "clients", that is our Member States. 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.

WHO will work more fully 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. Such work will be underpinned with clearly spelled-out accountabilities for WHO's own organizational support provided to countries.

g) Strategic communications as a means for delivering our mission and mandate

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. People are increasingly connected and communicating at high speed through social media and other means. 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 we 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, we can have a real impact on public health. If we fail to meet expectations, our 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 must stand as an organization that listens and uses its voice to share the evidence-based information on channels and in formats that our stakeholders want and need, so that countries implement better health policies and people protect their own health.

Clearly, strategic communications – that is, using communications to target a particular audience and for a specific purpose – is a crucially important tool for WHO's work. It enables WHO to deliver on its mission and mandate by ensuring Member States, partners, health workers, the public and our own staff see, understand, trust and act upon our advice. It simply will not be possible to deliver on our organizational goals – including the operational shifts outlined above – without strong and strategic communications. Communications for impact (programme communications) and about impact (corporate communications) are both essential. Strategic communications is also crucial for creating an enabling environment for resource mobilization: in an increasingly crowded global health space, WHO must demonstrate the Organization's impact and unique added value, and give our donors and partners the recognition they deserve.

Harnessing the power of communications 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 telling the WHO story in the Region.

Why hasn't this happened? Significant progress has been made in strengthening communications at the regional and country levels in the last few years, including through the development of the *Strategic Communications Framework for WHO in the Western Pacific Region*, launched in July 2017. In the past, however, communications was seen as optional rather than essential – the cherry on top of the cake rather than a crucial ingredient. An historical underinvestment in communications capacity is therefore having continuing consequences, particularly at the country level.

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 more human stories to demonstrate the impact of WHO's work, providing more visibility for our donors and partners, and using communications to create a shared sense of purpose between WHO and our key stakeholders in the Region and shared ownership of the change agenda.

WHO must also scale up communications capacity at the country level in order to do a better job of listening and engaging in dialogue where it matters most. We need to further strengthen the integration of communications with programme and policy work in order to fully leverage the power of communications as a tool for health – including through increasing advocacy on key issues and building constituencies and partnerships for change.

In the medium to long term, in addition work to strengthen our corporate communications, we aim to significantly increase our capacity to provide the technical support Member States need to help them use strategic communications as a tool for achieving better health outcomes.

4. 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 – which must be underpinned by reflecting on our engagement and dialogue with Member States, and the way we engage with partners.

a) Strategic policy dialogue and engagement with Member States

As noted above, Member States have an expectation that WHO will "be with each country", recognizing that each country has its own individual contexts and needs. This is relevant to every country in the Region, including those where WHO does not have an in-country presence – from the smallest Pacific island country or area to large, high-income countries that want to leverage WHO's capacity more systematically.

This demands strengthening WHO's ongoing engagement and dialogue with all countries in an effort "to be with each country", with policies and a strategic dialogue focused on achieving desired, long-term trajectories for health sector (backcasting), and supporting countries to apply innovative solutions to confront health challenges, based on realities on the ground. To help achieve this, we will also continue to strengthen WHO's country offices in the Region.

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 – and working with *each* country and area in response to its specific priorities and concerns.

How does this build on previous reforms of WHO in the Western Pacific Region? Under the leadership of Dr Shin, the former Regional Director, WHO in the Western Pacific Region became increasingly focused on "putting countries at the centre" of all its work – including through several important organizational reforms, such as the establishment of the Division of Pacific Technical Support in Fiji and the Country Support Unit in the Regional Office. WHO in the Western Pacific Region adopted a new process to develop CCSs in order to ensure they properly reflect country priorities and are better aligned to priorities of the WHO Programme Budget. Further, WHO has also launched CCSs with high-income countries in the Region, including Australia and the Republic of Korea, in a new form of engagement that goes 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.

b) Strengthening partnerships

Championing health beyond the health sector requires strengthened partnerships. This is also a key element of the grounds-up approach. WHO must go beyond conventional partnerships in order to support countries to address wide-ranging and interconnected health and development challenges and to deliver on the SDGs. During his campaign for the nomination of the Regional Director, Dr Kasai also specifically committed to pursuing strengthened partnerships with institutions such as the World Bank and Asian Development Bank.

How does this build on previous reforms at WHO in the Western Pacific Region? Existing partnerships including the Asia-Pacific Parliamentarians Forum on Global Health and the WHO Collaborating Centres Forum have been very successful. There has also been stronger engagement with partners around the annual sessions of the WHO Regional Committee for the Western Pacific, for example, through more proactive outreach and a briefing for non-state actors before the

meeting. However, there is considerable scope to build on these existing mechanisms for engaging with partners, for example, through the establishment of a regular forum for engaging with regional partners more broadly, including as part of our efforts to champion health beyond the health sector.

c) Internal process changes

Clearly, operationalizing all of these shifts will take time and have implications for staffing and resources. To ensure we are set up to deliver, the WHO Secretariat will consider the various areas in which internal changes are needed to support the changes in our work: management and administration practices, potential changes to implementation of the Programme Budget, staff development, and how we make ourselves truly accountable to Member States and partners for what we deliver.

How does this build on previous reforms at WHO in the Western Pacific Region? Over the past decade, WHO in the Western Pacific Region has made good progress in optimizing organizational efficiency, including through staff mobility and rotation and the establishment of the Programme Management Officers Network, the Regional Administrative Network and the Regional Communications Network, as well as improved management of WHO-organized meetings. We have also significantly improved gender equality among staff, including at senior levels. We are committed to building on progress already made to ensure that we are a truly "impact-oriented" Secretariat.

5. Next steps

The ideas outlined in this paper will be further refined in consultation with WHO staff, Member States, partners and other stakeholders in the lead up to the seventieth session of the WHO Regional Committee for the Western Pacific in October 2019.

Comments and feedback on this White Paper are very welcome – please provide them through your WHO country office, or send them directly to Dr Angela Pratt, Director, Office of the Regional Director (pratta@who.int).