Health Sector Development
11. Health Systems Development and Financing

Health Systems Development and Financing. A regional strategy on health financing is being developed to provide guidance to Member States for enhancing adequate, equitable and effective health financing arrangements in various socioeconomic settings. The strategy is based on issues and challenges common to all countries and areas, as well as regional and international experience and evidence. It is being developed with the support of national and international experts and in consultation with Member States.

Overall awareness about the link between macroeconomics and health is improving in the Region. China, Cambodia, Mongolia, and Viet Nam have made progress in translating the major findings of the WHO Commission on Macroeconomics and Health into their specific situations. Emphasis was given to the link between economics, the social sector and health reform in an effort to help balance extensive economic restructuring with both overall health policy agenda and the need for increased health investment, especially from government sources.

Social health insurance continued to be an important area of work in China, Fiji, Malaysia, Mongolia, Papua New Guinea and Vanuatu. In collaboration with the Government of the Republic of Korea and the United Nation’s Economic and Social Commission for Asia and Pacific (UNESCAP), an annual regional training course on social health insurance was launched in October 2004. Participants from 16 countries and areas in the Western Pacific and South-East Asia Regions attended the inaugural course. A book on social health insurance development based on 12 countries in the two Regions has been published and shared widely among Member States and partner agencies.

Social safety nets for health have been strengthened through extensive work on community health insurance initiatives following the success of pilot projects supported by the United Nations Human Security Trust Fund and implemented in the Lao People’s Democratic Republic and Viet Nam. Innovative approaches to extending health insurance coverage to the informal sector in the Philippines led to a rapid increase of coverage. Currently, it is estimated that nearly 70% of the population in the Philippines is covered by social health insurance.

The skills and capacity of health managers with respect to budgetary planning and performance, as well as data on health care financing, are gradually improving through extensive collaboration with Member States. With respect to national health accounts (NHA), focal points have been identified for all relevant countries and they have been connected with the global NHA network to facilitate the sharing of information, skills and experience. NHA estimates have been published for official use in Mongolia and Viet Nam for the first time. An online training course on NHA for the Pacific has been developed and implemented through the Pacific Open Learning Health Network. Participation by experts from 10 Pacific island countries in a Workshop on Financial Planning and Management enabled them to enhance knowledge and skills for better resource planning and management. Following the meeting, a needs-based training manual for health managers on financial planning, monitoring,
and evaluating health budgets and performance was finalized and is now available for similar in-country training activities in Pacific island countries and areas.

Technical support on health legislation was provided to Viet Nam on organ, tissue and cell transplantation. Legislative priorities in Tuvalu were identified, and regulations for health professionals were drafted for the Marshall Islands. A regional guideline for the enforcement of public health legislation is also under development. WHO is assisting the Government of China in jointly implementing a major four-year Health Policy Support Project funded by the Department for International Development of the United Kingdom. WHO also is providing technical support to the Philippines for the licensing and accreditation of health providers and for a review of the regulatory functions of the Department of Health. In Viet Nam, technical support was given for a health sector review, to strengthen the planning processes, and to review and evaluate a primary health care pilot project. Reviews based on the essential public health functions framework commenced in Kiribati and Solomon Islands.

In Cambodia, WHO contributed to streamlining the planning and review process of the Ministry of Health. In October 2004, the Annual Operational Plan for 2005 was finalized. This first annual plan will support implementation and evaluation of the Health Sector Strategic Plan 2003-2007. The inaugural Joint Annual Performance Review in February 2005 combined the National Health Congress with the Joint Annual Health Sector Review, further rationalizing the planning and review process. This review will set priorities and guidelines for the 2006 annual plan.

A High-Level Forum on Millennium Development Goals on Health for Asia and the Pacific was held in Tokyo in June 2005 in collaboration with the Government of Japan, the Asian Development Bank and the World Bank. Policy dialogue with WHO contributed to the National Growth and Poverty Elimination Strategy in the Lao People’s Democratic Republic and to the improvement of the national socioeconomic development planning process with the Millennium Development Goals in Cambodia, a United Nations Millennium Project pilot country.
With respect to poverty, equity and gender, *Reaching the Poor: Challenges for Child Health in the Western Pacific Region*, was published. This analytical document is intended for policy-makers and technical staff working on child health in Member States. It is part of preparatory work on the development of a regional strategy for child survival. Also published was *Reaching the Poor: Challenges for Tuberculosis Programmes in the Western Pacific Region*, with a primary audience of policy-makers and technical staff. Poverty- and equity-focused analytical work also is under way on Viet Nam’s health care fund for the poor, noncommunicable diseases and tobacco control. Several technical modules of *Integrating Poverty and Gender into Health: A Sourcebook for Health Professionals* have been finalized.

An orientation workshop was held on health and human rights with the Department of Health and other national stakeholders in the Philippines, and a session on health and human rights was held at the biannual WHO Representatives and Country Liaison Officers Consultation meeting. The WHO publication *25 Questions & Answers on Health and Human Rights* was translated into Chinese and Pilipino, and a project is continuing to review the health status of indigenous peoples in three countries.
12. Health Technology and Pharmaceuticals

Essential Drugs and Medicines. The Regional Office for the Western Pacific continued to intensify its efforts to improve access to essential medicines. The Regional Strategy for Improving Access to Essential Medicines in the Western Pacific Region (2005-2010) was endorsed by the Regional Committee at its fifty-fifth session in September 2004. Following the endorsement, two intercountry workshops for implementation planning were held in November 2004—one in Nadi, Fiji, for Pacific island countries and areas, and the other in Manila, Philippines, for other countries and areas in the Region. Member States have their national workplans and have started to implement priority activities. An expert from Japan’s Ministry of Health, Labour and Welfare has been seconded as a technical officer to assist in the implementation of the strategy.

As part of the effort to improve access to essential medicines in the Region, a Biregional Workshop on the Management of Antiretroviral Medicines was organized in Phnom Penh, Cambodia, in December 2004. Participants came from drug, health, procurement and patent authorities of Cambodia, China, India, Indonesia, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea, the Philippines, Sri Lanka, Thailand and Viet Nam.

To support Pacific island countries and areas in strengthening their pharmaceutical sector, a collaborative five-year project has been initiated as part of the WHO European Community Partnership Project on Pharmaceutical Policies, involving African, Caribbean and Pacific island countries and areas. The technical areas supported include national medicine policies, international trade agreements, affordability and financing, drug supply management, effective drug regulation, rational use of medicines, and the control of antimicrobial resistance.

WHO also initiated two biregional projects in 2004 in collaboration with the Australian Agency for International Development. The first was a regional Rapid Alert System (RAS) for combating counterfeit medicines that serves as an alert mechanism for Member States and provides for the rapid exchange of information regarding counterfeits. A Biregional Workshop on Combating Counterfeit Medicines was conducted in Manila in May 2005 to discuss among other issues, the implementation of the RAS. The second project involved the promotion of ethical practices in medicine registration and procurement, which was implemented in the Lao People's Democratic Republic, Malaysia, the Philippines and Thailand. An assessment of registration and procurement practices was undertaken in these countries and the results were presented in a biregional workshop in June 2005, in Penang, Malaysia, where a framework of ethical practices in medicine registration and procurement was also discussed.
Traditional Medicine. The Regional Strategy for Traditional Medicine in the Western Pacific seeks to promote the proper use of traditional medicine and encourages the development of evidence-based policies and the management of information essential to achieving this goal.

WHO has achieved considerable success in its work towards the standardization of the location of acupuncture points through a series of informal consultations involving experts in the field. WHO plays an active role in coordinating the efforts towards the standardization of both controversial and non-controversial locations of acupuncture points based on basic principles previously set by Member States. The third and fourth sessions of the Informal Consultation on the Development of Standard Acupuncture Points Location were held in Kyoto, Japan, in October 2004 and Daejon, Republic of Korea, in April 2005. A Task Force Team Meeting also was convened in Beijing in February 2005 to discuss the remaining locations of controversial points.

In addition, the Regional Office is focusing on the development of standard clinical guidelines for 27 priority diseases. The Regional Office convened the First Informal Consultation on the Standardization of Terminologies on Traditional Medicine with China, Japan and the Republic of Korea to prepare the draft standard clinical guidelines as preparatory work for a series of planned regional meetings. During the meeting, the usage of international standard terminologies was confirmed, and appropriate materials and main references were selected and reviewed. The Second Informal Consultation was convened in Tokyo in June 2005.

The standardization of traditional medicine information, including the International Statistical Classification of Diseases and Related Health Problems, Medical Subject Headings, Systematized Nomenclature of Medicine, and the Unified Medical Language System, is another area that now receives keen interest from Member States. The Regional Office supports standardization that will help promote the proper application and development of traditional medicine. Experts from selected countries in the Region were invited to attend the First Informal Consultation on Information Standardization on Traditional Medicine in Beijing in May 2005.

The Western Pacific Regional Forum for Harmonization of Herbal Medicines, consisting of regulatory authorities from Australia, China, Hong Kong (China), Japan, the Republic of Korea, Singapore and Viet Nam, continues its active collaborative role, with its annual standing committee meeting conducted in Tokyo in June 2005.
WHO will continue to work with interested countries to develop and implement national policies and programmes in line with its regional strategy on traditional medicine.

**Blood Safety and Health Technologies.** WHO offered continuous support to strengthen national blood transfusion services in Member States during the past year. It included efforts to establish the project management unit and provide technical support to implement the regional blood transfusion centre project in Viet Nam; a review of the blood safety situation in the Lao People’s Democratic Republic; and technical support for blood safety and other related programmes in Cambodia. In addition, support was given to China, Fiji and the Philippines in reorganizing their national blood systems.

There is an increasing awareness of the essential role voluntary nonremunerated blood donor programmes play in ensuring a safe and reliable blood supply. The Ministry of Health of China has set a goal to phase out paid donations for the clinical use of blood by 2008. Together with the International Federation of Red Cross and Red Crescent Societies and other partners, WHO supported the organization of regional and national workshops for trainers on voluntary blood donor recruitment in China, Singapore and Viet Nam. The training modules, which were tested through the workshops, have been reviewed and will be used for additional training at national and provincial levels in other Member States.

Following the success of two regional quality management training (QMT) courses, an advanced QMT course was held at the Centre for Transfusion Medicine, Singapore, in October 2004. The two-week course brought back 24 participants from 11 countries who had attended previous regional courses and have started implementing WHO quality management programmes (QMP) in their respective countries. The training emphasized hands-on knowledge and skills. WHO also supported Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Papua New Guinea in organizing training courses and implementing QMP. China received support from WHO to upgrade the national external quality assessment scheme (EQAS) for transfusion transmissible infections.

WHO support for laboratories focuses on improving access to and the quality of laboratory services that provide basic diagnostic services to various essential curative and preventive health programmes. In Papua New Guinea, 18 laboratory supervisors from the central and provincial levels were trained on the methodology of quality assurance of sputum smears. Three additional provincial laboratories were upgraded to perform HIV testing. WHO supported the establishment and rehabilitation of laboratories, as well as staff training at the district level to support malaria control and the expansion of tuberculosis directly observed treatment, short-course (DOTS) programmes. In Mongolia, technical support was provided to improve equitable access to laboratory services, restructure the laboratory system, and develop standards and
quality systems. In the Pacific island countries and areas, EQAS and the network established among individual laboratories played important roles in facilitating the continuing improvement of clinical laboratories in the Region. Cook Islands and Tonga have updated quality manuals that cover both blood bank and other sections of laboratory work. Nauru received support for a staff member to attend a training course on blood cell morphology in New Zealand. Tonga received support for a staff member from the Ministry of Health to study laboratory management, also in New Zealand.

Meanwhile, more countries recognized the need for and the cost-effectiveness of developing quality systems in the laboratories. A workshop on strengthening blood safety and laboratory services in the Pacific was organized in Nadi, Fiji, in December 2004, with 21 participants from 13 Pacific island countries and areas. One of the themes of the workshop was the development of quality systems in Pacific laboratories. Strategies to improve blood safety in the Pacific, including the policies and organizational structures that the Pacific island countries and areas should establish to implement strategies, were extensively discussed during the workshop.

In other areas of health technology, WHO supported Member States in improving injection safety through the development and distribution of information, education and communication materials in Cambodia and Viet Nam. An injection safety assessment was conducted in Fiji in September 2004. WHO also provided technical support for an injection safety workshop held in December 2004 in Mongolia. In addition, support was provided to the Fiji School of Medicine to conduct continuing education for diagnostic imaging for 12 participants from nine Pacific island countries and areas.
13. Human Resources for Health

Human Resources for Health. WHO has established a draft regional framework for long-term strategic planning in human resources for health after consultations with experts and a comprehensive review of pertinent issues. The draft framework focuses on three crucial areas:

- health workforce response to population and service needs;
- health workforce development, deployment and retention; and
- health workforce governance and management.

Stakeholder consultations about the draft strategic plan began in 2005.

In November 2004, more than 125 delegates and participants attended the 12th South Pacific Nurses’ Forum, comprised of nursing associations in the South Pacific. Also, through the support of the Ministry of Health of Cook Islands, the Cook Islands Nurses Association and WHO, government nurses from 11 Pacific island countries and areas participated in a meeting of Chief Nursing Officers. The group also included academic officials who support the establishment of an alliance of government nursing leaders. The alliance would promote nursing unity and advocacy in health policy-making and planning; information sharing and dissemination of best practices; support and mentoring among Member States; and data gathering and reporting on World Health Assembly resolutions and other health and nursing decrees.

The emigration of skilled health professionals is a significant concern to a number of countries and areas. This costly skill drain diminishes the morale of the remaining workforce, leaves health needs unmet, and affects the cost and quality of workforce replacements. During the Meeting of Ministers of Health for Pacific Island Countries in Apia, Samoa, in March 2005, working groups explored policy options and agreed on policy frameworks and strategic actions in the areas of workforce management, recruitment, retention, return migration, and education and training.

Health Services and Quality of Care. The second and third in a series of nursing leadership workshops were held in Mongolia and Viet Nam as components of the second phase of the regional International Council of Nursing’s (ICN) Leadership for Change Programme, supported by the ministries of health of Mongolia and Viet Nam and by WHO. Workshop activities, which promote project planning, management and monitoring skills, are aimed at improving health services. Nurses in Viet Nam are addressing the leadership capacity-building needs of provincial and district chief nurses. They also are working to reduce needle and sharp-instrument injuries among nurses, as well as strengthening nursing education to better meet service delivery needs. Mongolia’s nurses are building nursing capacities to safely use new technologies in the delivery of injections and intravenous fluids, revising and standardizing nursing curricula, developing nursing human resource policies, raising nursing care documentation standards, and delineating continuing education requirements.

Over 1000 nurses have been trained in essential HIV/AIDS knowledge, attitudes and skills in the China HIV/AIDS Nursing Leadership Initiative, a multipartner project.
aimed at strengthening the capacity of nurses to effectively respond to the health needs of patients, family members and communities affected by HIV/AIDS. Evaluation data includes nurses' perceptions of changes in their approach to patients, and their knowledge and practices following training are undergoing analysis.

**Education and Training.** Learning centres in the 10 Pacific island countries participating in the Pacific Open Learning Health Network (POLHN) have been fully operational for over 18 months. They are equipped with computers with Internet and LAN connections, learning facilities and resources, and basic supplies and equipment. By the end of January 2005, 15 pilot courses had been offered via POLHN, using the self-directed learning method and interactions with lecturers and mentors mainly via the polhn.com web site. A number of self-learning modules, in priority health topics identified by the Pacific island countries and areas, also were produced and self-learning modular courses conducted in key health topic areas, such as diabetes and hypertension, HIV/AIDS, and promoting healthy schools.

An independent evaluation of the POLHN, conducted in November 2004, revealed that most of the planned activities were successfully implemented and indicated that POLHN was highly regarded and valued by countries and areas as well as by partners. The network was viewed as being useful, not only in terms of the numbers of health professionals benefiting from the technical courses and learning resources, but also in regard to the increased interest among health workers in the use of information and communication technologies.

During the March 2005 Meeting of Ministers of Health for the Pacific Island Countries, consensus was reached on the proposed future direction and key strategic actions to be taken at country and regional levels to make the POLHN an integral component of the national human resources development programmes and to establish its permanent governance structure and dedicated regional secretariat for long-term sustainability.

WHO fellowships were awarded to 171 people and 160 people participated in 46 group study tours during 2004. Of the individual fellowships and study tours, 89% and 72% respectively, took place in the Region. Of the total number of individual fellowships, 25% were awarded to doctors and dentists; 16% to nurses and midwives; 6% to managers and administrators; and 4% to public health workers and allied health professionals. The leading fields of study for individual fellowships were public health and research (32%); undergraduate studies (27%); clinical/curative care (16%); laboratory and diagnostics (11%); nursing/midwifery (9%); and health administration and policy (5%). Of the individual fellowships awarded, 54% were awarded to men and 46% to women, whereas for study tours, 59% were awarded to men and 41% to women. A review and evaluation of the WHO fellowship programme was undertaken in 2004, with changes having been proposed in selected procedures and administrative processes.
Health Information. Advances in information and communication technologies are making more information available to a growing number of people. They also are allowing governments and other organizations to improve routine health care information systems. Access to better health information has become a key international development issue. Countries such as China, the Lao People’s Democratic Republic, Mongolia and Viet Nam are actively remodelling their health information systems. WHO has provided various countries and areas in the Region with training in health statistics, ICD-10 classification and coding, disease surveillance and response, and health information systems (HIS) development, including indicators for health planning and programme management.

China, Malaysia, Mongolia, the Philippines and Samoa have sent members of their health information departments to study evidence-based decision-making, database management systems, health informatics, and disease surveillance and response in developed countries.

WHO supported the development of an HIS strategic framework to guide country efforts to enhance information systems. A series of workshops was conducted in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea and the Philippines to discuss medium-term HIS strategic plans to guide future development. Countries were advised to streamline existing HIS and set priorities.

Technical support also was provided to Mongolia in the development of a health management information systems strategic plan in collaboration with the Asian Development Bank.

A pilot HIS project in Viet Nam was completed, after which the Ministry of Health decided to extend the programme to other provinces with support from donor agencies. This helped consolidate resources for HIS enhancement by reducing duplicative data collection. The ministry will continue to support the development of a hospital information system including a medical record management system and ICD-10 training. Similarly the HIS project in the Lao People’s Democratic Republic was finalized and approved by the Ministry of Health. Experience from pilot projects showed that capacity building is vital to the sustainability of systems. In general, additional efforts are necessary to further the capacity of key health managers to effectively use information in the planning and management of health care services at the district and provincial levels.

In collaboration with the Reproductive Health unit of the Regional Office, a Workshop on Strengthening Health Information Systems for Maternal and Child Care Services in the Pacific Island Countries was held in November 2004 in Suva, Fiji, to enhance the general awareness and importance of information support for programme monitoring and performance assessment. The software developed for data collection and analysis to support decision-making was well received by participants.

To foster closer cooperation with the Regional Office for South-East Asia, biregional publications are in the works to strengthen health information sharing and health indicators development. A biregional
consultation for WHO staff was held in December 2004 in Bangkok to discuss the HIS strategic framework, a biregional brochure on core health indicators, and the content outlines of biregional publication on the health situation in Asia and the Pacific.

During 2004, the Country Health Information Profile database currently maintained by the Regional Office was reviewed and mapping presentations were included on the web site.

Technical support was provided for the preparation of background documents, case studies and a Health Millennium Development Goals (MDG) indicators brochure for the June 2005 MDG High-Level Meeting jointly organized by the Government of Japan, the World Bank, the Asian Development Bank and WHO in Tokyo.

**Health Research.** A Ministerial Summit on Health Research was held in Mexico in November 2004, with participation of four official delegations from Member States in the Western Pacific Region. A few members also participated in the high-level policy meeting in Malaysia in September 2004 to discuss ways to improve the use of research in health policy-making.

Member States received support to upgrade research, with a focus on least developed countries and Pacific island countries and areas. A few projects were commissioned under the theme “poverty and health” to explore and document innovative research approaches. Several malaria research projects were approved for funding. The Regional Office continued to support 12 research projects in Pacific island countries and areas as part of research capacity building, and it supported a research training course for the Pacific island countries in June 2005.

The Lao People’s Democratic Republic and Malaysia continued to collaborate with the Research Policy and Cooperation unit of WHO Headquarters in a pilot project for health research systems assessment, and they reported their interim results in regional workshops. Also, China expressed interest to join the assessment in 2005. The Western Pacific Regional Office began to develop practical tools for the assessment of national health research systems, based on experiences from pilot projects.

The framework for health research, prepared by the Western Pacific Advisory Committee for Health Research (WPACHR), was endorsed by the Regional Director in 2004. The WPACHR and its subcommittees continued their work to develop a business plan for the implementation of the research framework and to develop a research web site and collect data on health research.

In 2004, the number of collaborating centres gradually decreased both in the Western Pacific Region and globally as management was streamlined. Special attention was paid to the terms of reference and workplans so that the collaborating centres could better support the achievement of WHO objectives.
15. Emergency and Humanitarian Action

Emergency and Humanitarian Action. The Western Pacific Region each year faces a greater number of natural disasters than any other WHO region. The brunt of the Asian tsunami hit Member States in the South-East Asia Region, but its impact also was felt in Malaysia. The following emergencies were of note over the past year in the Western Pacific Region: typhoon Suda in the Federated States of Micronesia; a fatal gas leak in Chongqing, China; floods in China, the Philippines and Viet Nam; cyclones Rananim in China and Percy in Cook Islands; and earthquakes in Niigata prefecture, Japan.

To strengthen health emergency management capacity at the subnational and provincial levels of disaster-prone countries and areas in the Region, WHO collaborated with the ministries of health of the Philippines and Viet Nam in conducting Public Health and Emergency Management in Asia and the Pacific (PHEMAP) training courses. As part of the Healthy Cities Alliance activities, WHO provided a grant to Marikina City, Philippines, in its emergency preparedness efforts.

WHO conducted a Preliminary Assessment of National Capacity for Response to Deliberate Use of Biological, Chemical and Radionuclear Materials in the Philippines in February 2005. National workshops were conducted by the ministries of health of China, Malaysia, Papua New Guinea and Vanuatu in reviewing their national and provincial disaster plans and health emergency preparedness activities.

To further strengthen WHO’s institutional capacity to respond in emergencies, staff members participated in Health Action in Crises consultations in September 2004 and March 2005, refresher training of the United Nations Disaster Assessment and Coordination (UNDAC) team of the United Nations Office for the Coordination of Humanitarian Assistance, and the European Commission Humanitarian Aid Office (ECHO) Project Management Workshop.

Coordination and collaboration with partner agencies were further strengthened with joint activities with other agencies. The Emergency and Humanitarian Action unit (EHA) of the Regional Office, in collaboration with the WHO Centre for Health Development, organized a workshop on capacity-building for the Kobe World Conference on Disaster Reduction in January 2005. During the Philippine floods of November 2004, EHA joined the UNDAC team in conducting an assessment for the United Nations country team in the Philippines. A United Nations Flash Appeal was developed and financial support from donor agencies was provided to WHO to work with the Department of Health in its disaster response efforts. EHA also collaborated with the Japan International Cooperation Agency (JICA) mission in its assessment of the effects of the floods.
WHO collaborated with the international nongovernmental organization, Save the Children-US, in implementing activities in the Philippines, in particular in conducting a workshop to review the response to the diarrhoea outbreak and floods in northern Philippines. WHO continuously coordinates with partners: ASEAN Committee on Disaster Management, Asian Disaster Preparedness Center, Asian Disaster Reduction Center, Australian Agency for International Development, Department for International Development of the United Kingdom, ECHO, Government of Italy, International Federation of the Red Cross and Red Crescent Societies, JICA, the Office of U.S. Foreign Disaster Assistance of the United States Agency for International Development, and the United States Centers for Disease Control and Prevention (CDC).

As a response to the dengue outbreak in Viet Nam in November of 2004, WHO provided medicine and supplies. During the Philippine floods, the Regional Director’s Development Programme funds were immediately provided for emergency supplies.

For the Asian tsunami, staff members from the Region were deployed to help run the operations centre of the WHO office in Jakarta and provide support for public information in Sri Lanka. The United Nations Joint Logistics Centre established a Strategic Humanitarian Air Hub in Subang, Kuala Lumpur, and the WHO office in Malaysia provided needed support to this centre.

With typhoon Percy, WHO provided support to the Ministry of Health of Cook Islands for the immediate restoration of services of a hospital that was badly damaged.