The Western Pacific region is home to nearly 1.9 billion people spread across 27 countries and 10 areas. The Region is rapidly and constantly changing. Unprecedented economic growth, migration and urbanization have created opportunities for better lives that many people could not have imagined a generation ago. Yet these social, economic and demographic changes have also created new health challenges: the ever-present risk of health emergencies and the emergence of new health security threats; 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.

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. The evolving nature of the challenges demand that World Health Organization (WHO) also evolves: not just to provide more support; in some cases, different kinds of support will be required. Our aim in the Western Pacific region is for WHO and Member States to work together to write the next chapter of our region’s story: to address challenges, and in doing so, seize opportunities to become the healthiest and safest region in the world.

‘WHAT’ WE WILL FOCUS ON: THEMATIC PRIORITIES

Among our Member States, three main priorities have emerged—which are reflective of the Western Pacific’s unique economic, social and environmental context: health security, including antimicrobial resistance (AMR); NCDs and ageing; and climate change and the environment. Of course, WHO also remains steadfastly committed to addressing the ‘unfinished business’ of infectious disease elimination and control, and addressing high rates maternal and child mortality where this persists.

Health security, including antimicrobial resistance

Over the past decade, the region has experienced outbreaks of avian influenza in humans, Middle East respiratory syndrome, dengue and a range of other emerging infectious diseases.
The next outbreak may strike at any time and it could lead to a pandemic with potentially devastating human, social and economic consequences. Every year, more than 50,000 people in the Region die from consuming unsafe food, and another 125 million fall ill. Both floods and cyclones 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. 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 tuberculosis (TB).

The region has made considerable progress in strengthening health security systems over the last decade. 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.

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.

**NCDs and ageing**

Today, no country in the region is spared from the surge of NCDs. 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 region and 71% worldwide. NCDs, including mental illness, 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.

Many countries’ populations are growing older. 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.

NCDs and ageing challenge us to rethink the way we are organizing health services. 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.

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.

**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; 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.

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, with an even greater number of deaths caused by indoor air pollution.

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.

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.

**Unfinished agendas**

Strong commitment from Member States along with rapid social and economic development in the region 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.

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, human immunodeficiency virus 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. 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. 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 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.

**CHANGING ‘HOW’ WE WORK: OPERATIONAL SHIFTS**

NCDs and ageing, health security, and climate change and the environment are not new issues, but successfully addressing them requires new thinking and new ways of working. In
the Western Pacific, WHO will address these issues in partnership with Member States by focusing on 7 main areas:

a) Finding new approaches to meet future challenges—that is, innovation;
b) Working backwards from the longer-term goal—drawing on the concept of ‘backcasting’ sometimes used in economics;
c) Taking a systems approach, with universal health coverage as the foundation;
d) Pairing systems thinking with building solutions from the ground—what we call ‘grounds-up’ (with a deliberate plural in the word ‘grounds’, to signify the multiple grounds from which solutions can emerge);
e) Championing health, beyond the health sector—recognising that many of today’s health challenges stem from outside the health sector;
f) Driving and measuring country impact—using data and information strategically to drive change; and
g) Strategic communications as a means of delivering both on these new ways of working, and WHO’s mission and mandate more broadly.

**WORKING TOGETHER FOR THE FUTURE**

As Regional Director, I look forward to further engaging with Member States, 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.