

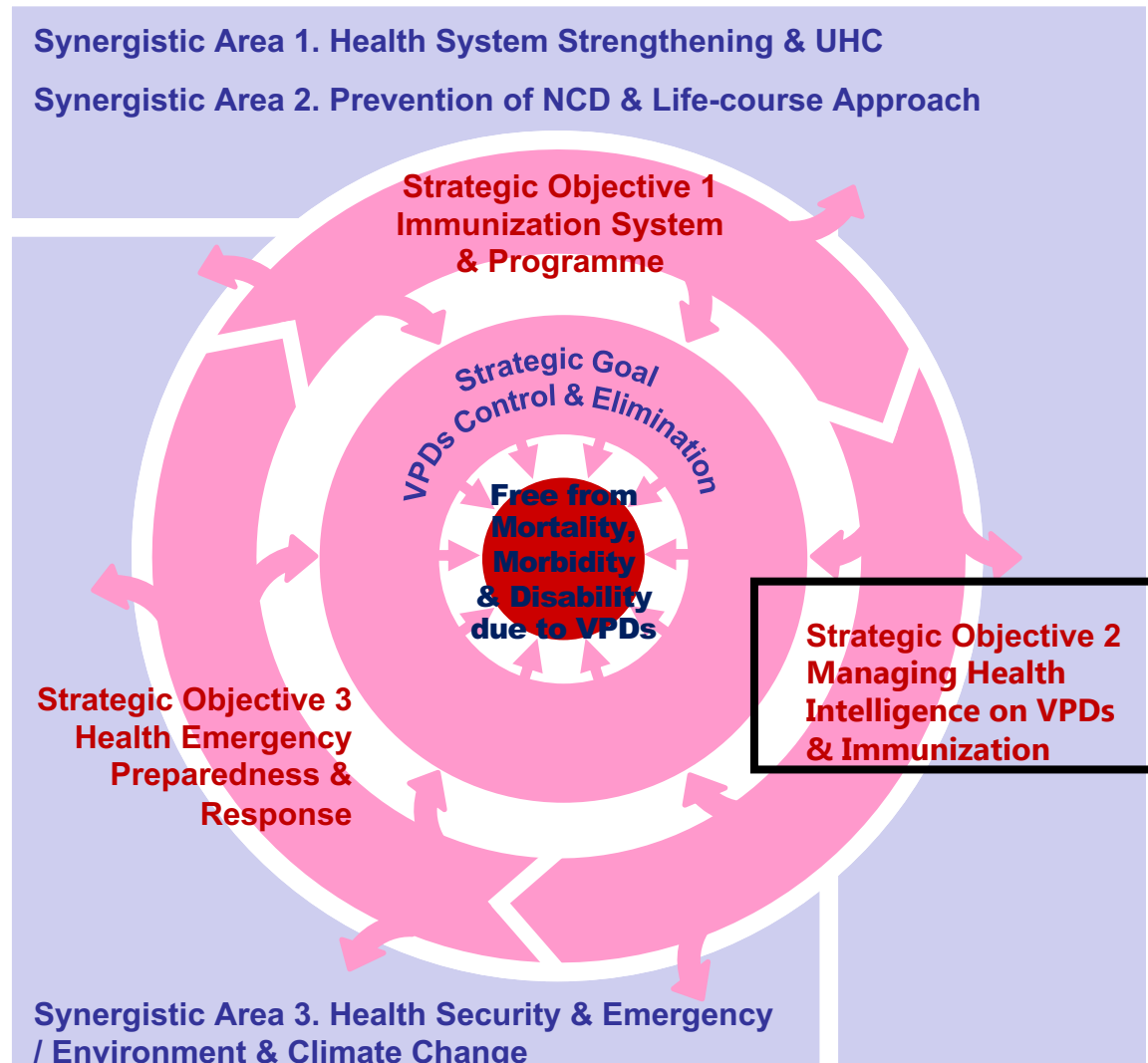
# **WHO Western Pacific Regional Office: Summary of Regional Goal 2030 and Strategic Direction for Managing Health Intelligence on Vaccine-Preventable Diseases (VPDs) and Immunization Systems**



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1. Draft WPRO strategic framework for 2021-2030
2. Strategic Objective 2 - Managing Health Intelligence on VPDs and Immunization:
  - Summary of main issues
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3. **WHO/WPRO restructuring** to support country data needs in comprehensive manner

# Regional Strategic Framework for VPDs and Immunization in Western Pacific 2021-2030



## Strategic Objective 2 Managing Health Intelligence on Vaccine-Preventable Diseases & Immunization



1. VPD Surveillance
2. Laboratory Capacity & Networks
3. Monitoring & Evaluation
4. Data for Action

**Synergistic Area 1. Health System Strengthening & UHC**

**Synergistic Area 2. Prevention of NCD & Life-course Approach**

**Synergistic Area 3. Health Security & Emergency /  
Environment & Climate Change**

# Rationale for suggested strategic directions for Strategic Objective 2: Managing Health Intelligence on VPDs & Immunization

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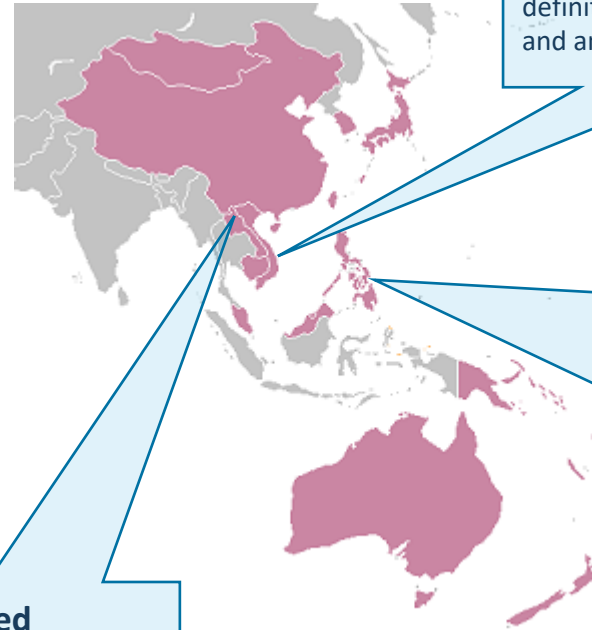
- **36 countries and areas in WPR**
  - **19 (53%) are MICs** and transitioning economies;
  - **5 are Gavi countries** (all transitioning);
  - **20 are Pacific Island Countries** with small population and limited resources
- Increased focus in the region on HSS, PHC and UHC, health security and shifting priorities for government investments
- **Ongoing digitization of health information** and large investments in IT infrastructure
- **Limited use of data driven strategies**
- **Emerging data needs to address challenges** due to urbanization, largely mobile population, immunization through life-course, vaccine hesitancy

# Main issues & challenges

## (1) Comprehensive VPD surveillance

### Large variability of VPD surveillance “maturity” and performance across countries

- 50% of WPR countries have all or some VPDs included in an integrated surveillance system



**Vietnam** integrated all VPDs in national notification system

Integrated use of standard case definitions, registration, reporting and analysis of data

**Philippines** integrated all VPDs surveillance in “Philippine Integrated Disease Surveillance and Response (PIDSR)”

Integrated use of standard case definitions, surveillance core activities and resources

**Lao PDR** integrated reporting of most suspected VPDs in EWAR system, managed by same staff in charge of other surveillance functions

# Main issues & challenges

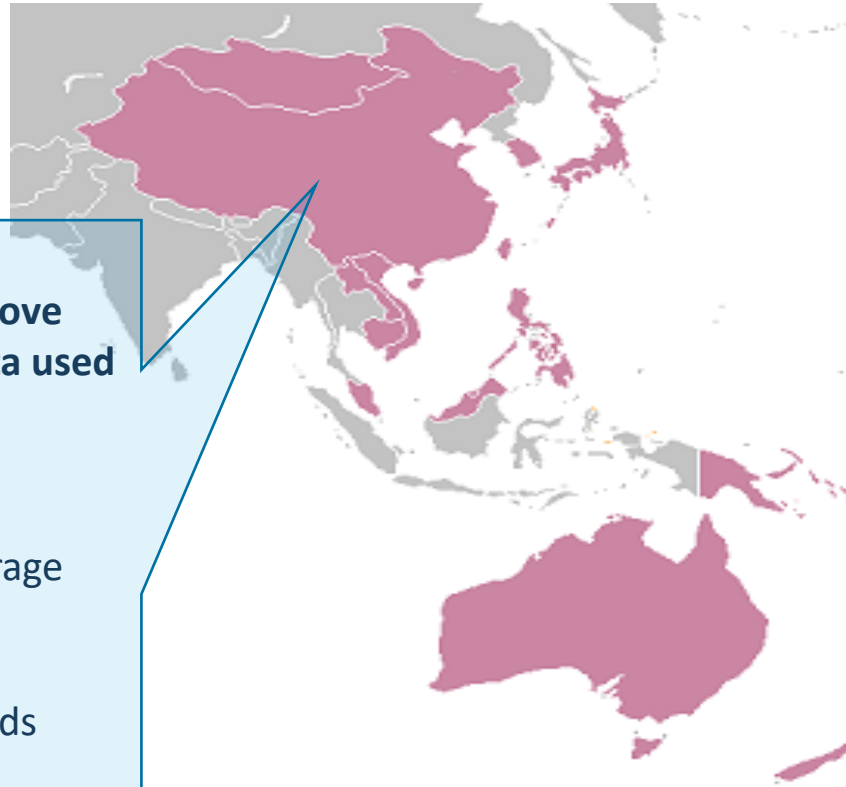
## (1) Comprehensive VPD surveillance

(cont.,)

### Large variability of VPD surveillance “maturity” and performance across countries (cont.,)

- **Variable performance**
  - often not fitting elimination-standards criteria
  - Still large proportion of parallel, duplicated, fragmented systems
- **Suboptimal scope and design**, in terms of VPDs under surveillance, standard case definitions, network of reporting facilities (ex. excluding private sector, hospitals)
- **Limited laboratory capacity**
- **Inadequate capacity of HR** involved in surveillance for case detection, notification, investigation, data analysis and response

# Successful approaches to strengthen Monitoring & Evaluation



## **China –**

- **Multiple sources to improve accuracy of coverage data used by EPI**
  - routine coverage monitoring
  - immunization coverage surveys
  - school-based immunization records checking
  - case-based VPD surveillance
- Need to improve each source of data and how to use all sources of data to improve immunization programme

## **Solomon Islands - Comprehensive approach to data**

- Implementation of DHIS and mSupply also for EPI data / align with eHealth strategy



# Main issues & challenges

## (2) Monitoring & Evaluation

- **Better quality data needed** in terms of accuracy, reliability of trends over time, and representativeness for multiple age groups, subnational level, special populations
- **Uncertain population estimates**
  - Unclear/missing SOPs to record and report service delivery among mobile populations, migrants
- **Some indicators not routinely monitored** (financing, vaccine stocks and supply)
- **Integration of EPI data in other platforms** (ex. HMIS, LMIS) often done without engagement of EPI
- **Innovations and IT solutions for data** management and visualization implemented without long-term planning and tailoring to country context

# Main issues & challenges

## (3) Data for action

- **Subnational and service delivery levels** most frequently data fit-for-purpose are available but:
  - not regularly analyzed and used, mainly because of poor culture of data use and lack of capacity
- Occasionally **data are not accessible and available for use** due to poor data management and dissemination
- **Inadequate use of data-savvy resources** (ex. FETPs, alumni of masters in epidemiology, etc.)
- **Inadequate national capacity for complex analysis** (i.e. burden estimates, risk assessment, time-series analysis, WUENIC-like coverage estimation, geo-data analytics, financial analysis)
- **Lack of political commitment and funds** to implement strategies/actions which are data driven and evidence-based

# Main Strategic directions for WPR (1)

Among identified strategic directions, high degree of alignment with SAGE Data WG recommendations, particularly for:

- **Increase workforce capacity for data management and use (HSS)**
  - adequate for each level and supported by relevant tools and approaches
- **Increase focus on use of data fit-for-purpose**
  - Triangulation of different data sources; coverage data as well as surveillance data, serosurveys, process indicators to describe availability and access to services
  - Strengthen data quality through continuous quality improvement approach
- **Develop capacity at regional level** to support countries for complex analysis

- **Advocate for strong governance** on implementation of ICT solutions for data to ensure sustainability and tailoring to country context
  - Increase EPI engagement in development of HIMS, integrated surveillance systems and eHealth strategies by providing clear description of data needs and desired functional requirement for systems relevant to EPI and VPDs surveillance
- **Develop approaches** to address emerging data needs, including leveraging ongoing efforts under UHC
- **Support WIISE** implementation

# New WPRO structure

Regional Director

CRM

*Director, Data, Strategy & Innovation (DSI) Team - Ageing, UHC (incl. PHC), HII*  
*Strategic dialogue w/ countries*  
*Systems approach, Innovation, Grounds-up, Measurement, Back-casting*  
*DSI will provide cross-cutting support to COs & RO Divisions*

Director, Administration & Finance (DAF)  
 BFU, HRM, IT, ASU, RSP  
 Enablers – Staff development, management & admin, Accountability

Director, Programme Management (DPM)  
 PDO, CSU\*\*, EDT  
 AMR GDSO/s

Director, RD's Office & Communications / External Relations (EXD)  
 COM, ERP, IPS, RDO, Gov. Bodies  
 Strategic comms, Partnerships

EXD/WHE (HQ)

Division of Health Security & Emergencies / Regional Emergencies Director (DSE/RED)

CPI  
 HIM  
 EMO  
 FOS

Health security

## Data, Strategy & Innovation (DSI) Team

- Foster collaboration of all departments and programmes in WPRO and WHO Country Offices on cross cutting issues, including data and strategic information
- Promoting systematic approaches to implementation of solutions and innovation, under the umbrella of UHC
- Enable measurement of impact of WHO work

WPRO Divisions (existing)

New WPRO Team

Indicates primary responsibility for White Paper – Thematic & Operational shifts, Enablers. 'Health beyond health' is a shared responsibility

\*incl. GHLC

\*\*incl. Fellowships and WHOCCs

# Acknowledgment

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**Roberta Pastore** EPI/WPRO

**Yoshihiro Takashima**, EPI/WPRO

**THANK YOU!**