



**REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTY-EIGHTH SESSION
Brisbane, Australia
9–13 October 2017**

FINAL REPORT OF THE REGIONAL COMMITTEE

**Manila
January 2018**

PREFACE

The sixty-eighth session of the Regional Committee for the Western Pacific was held in Brisbane, Australia, from 9 to 13 October 2017. Ms Glenys Beauchamp (Australia) and Honourable Tautai Agikimua Kaitu'u (Solomon Islands) were elected Chairperson and Vice-Chairperson respectively. Dr Caroline McElnay (New Zealand) and Dr Jean-Paul Grangeon (New Caledonia) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 13 to 38.

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I. INTRODUCTION

The sixty-eighth session of the Regional Committee for the Western Pacific was held at the Brisbane Convention & Exhibition Centre, Brisbane, Queensland, Australia, from 9 to 13 October 2017.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia, New Zealand, Niue, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu and Viet Nam, and by representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from UNAIDS Asia-Pacific and the Secretariat of the Pacific Community; representatives of 27 nongovernmental organizations; and observers from 10 institutions from around the Region.

The resolutions adopted and the decision taken by the Regional Committee are set out below in Part II. Part III contains the report of the plenary meetings. The agenda and the list of participants are attached as Annexes 1 and 2.

The opening ceremony was held in the Plaza Auditorium of the Brisbane Convention & Exhibition Centre, which included a cultural presentation and addresses by the Australian Minister for Health and Minister for Sport, the WHO Regional Director for the Western Pacific and the outgoing Chairperson of the sixty-seventh session of the Regional Committee. Following the opening ceremony, the outgoing Chairperson declared open the sixty-eighth session of the Regional Committee for the Western Pacific.

At the opening of the session, remarks were made by the outgoing Chairperson and the WHO Regional Director for the Western Pacific (see Annexes 4 and 5).

II. RESOLUTIONS ADOPTED AND DECISION MADE BY THE REGIONAL COMMITTEE

WPR/RC68.R1 MEASLES AND RUBELLA ELIMINATION

The Regional Committee,

Recalling Regional Committee resolutions: endorsing the *Western Pacific Regional Plan of Action for Measles Elimination* and the *Western Pacific Regional Plan to Improve Hepatitis B Control through Immunization* (WPR/RC54.R3); deciding that the Region should aim to eliminate measles by 2012 (WPR/RC56.R8); reaffirming the commitment to eliminate measles and accelerate rubella control in the Region (WPR/RC61.R7); and endorsing the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* (WPR/RC65.R5), which specifies rubella elimination as one of eight regional immunization goals;

Noting that the commitment and collective efforts of all Member States and partners enabled the Region to achieve historically low measles incidence in 2012;

Noting with satisfaction that two countries in the Region were verified as having achieved measles and rubella elimination in 2017, and another four countries and two areas have maintained measles elimination;

Fully aware that the recent measles resurgence and large-scale outbreaks in several countries of the Region were caused by residual immunity gaps among different age groups and accumulations of susceptible children;

Deeply concerned that the risk of congenital rubella syndrome has been increasing significantly in several countries of the Region;

Emphasizing that elimination of rubella by interrupting circulation of rubella virus is the best way to prevent congenital rubella syndrome;

Recognizing that surveillance and outbreak response components of measles and rubella elimination and vigilance after elimination correspond to core capacities under the International Health Regulations (2005);

Noting that the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region recommended in June 2017 that Member States set a regional target year for rubella elimination to help build political will and to support a synchronized effort across the Region;

Acknowledging challenges that Member States can face in achieving and maintaining measles and rubella elimination;

Having reviewed *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*,

1. DECIDES that all Member States in the Region aim to eliminate rubella as soon as possible and establish a target year for each country or area, based on country or area context;
2. ENDORSES *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*;

3. URGES Member States:

- (1) to develop or update national strategies and plans of action relating to measles and rubella elimination, in accordance with the Regional Strategy and Plan of Action, taking into consideration individual country contexts;
- (2) to ensure adequate technical and financial resources are available for the implementation of national strategies and plans of action for measles and rubella elimination;
- (3) to ensure that measles and rubella immunization services reach all who need them so that no one is left behind;

4. REQUESTS the Regional Director:

- (1) to provide technical support for Member States to update or develop and implement national strategies and plans of action for measles and rubella elimination, including through strengthening core capacities under the International Health Regulations (2005);
- (2) to advocate and enhance international collaboration for measles and rubella elimination;
- (3) to report progress periodically on target dates for elimination of rubella, including a possible regional target year, and on the implementation of *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*.

Fourth meeting, 11 October 2017

WPR/RC68.R2 TRIPLE ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF
HIV, HEPATITIS B AND SYPHILIS

The Regional Committee,

Recalling the World Health Assembly resolution on the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for 2016–2021, including global targets of elimination of mother-to-child transmission of HIV by 2020 and hepatitis B and syphilis by 2030 (WHA69.22);

Recalling also the Regional Committee resolution endorsing the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* to reduce the impact of viral hepatitis (WPR/RC66.R1);

Acknowledging attainment of the 2017 regional target of less than 1% prevalence of hepatitis B among children 5 years of age and older through infant immunizations;

Recognizing the progress of Member States in improving the health and well-being of mothers and newborn infants, guided by the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*;

Recognizing also that interventions to eliminate mother-to-child transmission of HIV, hepatitis B and syphilis are more accessible, effective and efficient using a coordinated approach through maternal, newborn and child health care;

Acknowledging the commitment of Member States in the *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)* to end preventable deaths, ensure health and well-being, and expand enabling environments for every woman, child and adolescent,

1. ENDORSES the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030*;
2. URGES Member States:
 - (1) to ensure that adequate technical and financial resources are available for the incorporation of interventions to eliminate mother-to-child transmission of HIV, hepatitis B and syphilis into maternal, newborn and child health-care platforms;
 - (2) to ensure that services to achieve elimination of mother-to-child transmission of HIV, hepatitis B and syphilis reach all who need them;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States in implementing the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030*;
 - (2) to advocate an integrated approach to achieve the elimination of mother-to-child transmission of HIV, hepatitis B and syphilis using maternal, newborn and child health-care platforms;
 - (3) to report progress periodically on the implementation of the Regional Framework.

Fourth meeting, 11 October 2017

WPR/RC68.R3 PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD
MARKETING

The Regional Committee,

Recalling Regional Committee resolutions: on the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* (WPR/RC64.R6); on the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health* (WPR/RC66.R2); and on the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* (WPR/RC67.R5);

Recalling also World Health Assembly resolutions relevant to the marketing of food products for infants and young children: the International Code of Marketing of Breast-milk Substitutes (WHA34.22); the Comprehensive implementation plan on maternal, infant and young child nutrition (WHA65.6); and Ending inappropriate promotion of foods for infants and young children (WHA69.9);

Recalling further United Nations Human Rights Council resolution on the rights of the child to the enjoyment of the highest attainable standard of health (A/HRC/22/L.27/Rev.1);

Guided by World Health Assembly resolutions relevant to marketing of food to children: the Global strategy on diet, physical activity and health (WHA57.17); on International trade and health (WHA59.26); on the Marketing of foods and non-alcoholic beverages to children (WHA63.14); on the Rome Declaration on Nutrition and Framework of Action (WHA68.19); and on the United Nations Decade of Action on Nutrition (2016–2025) (WHA69.8);

Taking into consideration guidance provided by the UN Committee on the Rights of the Child in its General Comments on the rights of the child to the enjoyment of the highest attainable standard of health (CRC/C/GC/15); and on state obligations regarding the impact of the business sector on children's rights (CRC/C/GC/16);

Noting the report *Protecting children from the harmful impact of food marketing*;

Concerned that, despite Member State efforts, harmful effects of food marketing on the diet and health of children continue to be widespread in the Region,

1. URGES Member States to accelerate multisectoral and multi-stakeholder action to protect children from harmful impacts of food marketing and share best practices;
2. REQUESTS the Regional Director:
 - (1) to advocate and provide technical support to Member States to protect children from harmful impacts of food marketing;
 - (2) to foster collaboration among Member States to share experiences and best practices on mechanisms for measuring and mitigating the harmful impacts of food marketing;
 - (3) to develop a regional action plan on protecting children from the harmful impact of food marketing, in consultation with Member States and seeking views of key stakeholders.

Fifth meeting, 11 October 2017

WPR/RC68.R4 HEALTH PROMOTION IN THE SUSTAINABLE DEVELOPMENT
GOALS

The Regional Committee,

Recalling Regional Committee resolutions: on healthy settings (WPR/RC61.R6); on the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* (WPR/RC66.R5); and on the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* (WPR/RC67.R5);

Recognizing that health promotion increases people's control over their health through actions that address the determinants of health in individuals and communities, thereby contributing to the achievement of the Sustainable Development Goals;

Recognizing also that health promotion has the ability to foster lifestyle change by reaching populations in their daily settings, and to contribute to the prevention and control of noncommunicable diseases and other ailments;

Recalling Member State commitments from the Ninth Global Conference on Health Promotion in Shanghai in 2016 and the 2030 Agenda for Sustainable Development to foster health literacy, expand healthy settings and strengthen governance;

Reaffirming the urgent need to address risks to health through greater engagement and coordination to reach individuals across all settings and sectors, as many health challenges originate and can be addressed beyond the health sector;

Acknowledging that achievement of the Sustainable Development Goals requires coherent intersectoral policy and effective governance for health promotion,

1. ENDORSES the *Regional Action Plan on Health Promotion in the Sustainable Development Goals 2018–2030* in the Western Pacific;
2. URGES Member States:
 - (1) to mainstream health promotion approaches using the Regional Action Plan as a tool for achieving the Sustainable Development Goals;
 - (2) to mobilize technical and financial resources to deliver health promotion comprehensively;
 - (3) to pursue an inclusive model of governance for health and sustainable development that mobilizes people and engages all sectors;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States for the implementation of the *Regional Action Plan on Health Promotion in the Sustainable Development Goals 2018–2030*;
 - (2) to advocate mainstreaming of health promotion towards the achievement of the Sustainable Development Goals;
 - (3) to report progress periodically on the implementation of the Regional Action Plan.

Fifth meeting, 11 October 2017

WPR/RC68.R5 TRANSITIONING TO INTEGRATED FINANCING OF PRIORITY
PUBLIC HEALTH SERVICES

The Regional Committee,

Reaffirming the whole-of-system approach in the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health* (WPR/RC66.R2) and the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* (WPR/RC67.R5);

Recognizing the need to sustain progress in reducing the burden of communicable diseases in the Western Pacific Region, and the challenges of responding to population health needs given changing epidemiological and demographic profiles, in the context of declining external funding and limited domestic health budgets;

Concerned about the need to improve sustainable financing and the efficiency of the health system, in addition to affordable and equitable access to good-quality services and continuum of care, particularly for vulnerable populations;

Emphasizing the need to secure essential public health functions, including primary health care, and build and maintain capacities to detect, respond to and prevent priority diseases for more sustainable and resilient health systems;

Recognizing diverse country contexts, including broader health and public sector reforms, and the need to develop country-specific approaches to transition to more integrated health financing and service delivery;

Having reviewed the draft *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*,

1. ENDORSES the *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*;
2. URGES Member States:
 - (1) to use the Regional Framework to secure essential public health functions, including primary health care, and strengthen capacities to detect, respond to and prevent priority diseases;
 - (2) to develop phased transition plans as part of their universal health coverage road maps and national policy and planning processes;
 - (3) to monitor the impact of the transition, especially in countries managing reduced external funding for priority public health services;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States for essential public health functions, including developing and implementing country-specific transition plans as part of their universal health coverage road maps;
 - (2) to facilitate policy dialogue and disseminate country experiences on transitioning to integrated financing and service delivery;

- (3) to report progress periodically on the implementation of the *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*.

Sixth meeting, 12 October 2017

WPR/RC68.R6 FOOD SAFETY

The Regional Committee,

Recalling the World Health Assembly resolution on Advancing food safety initiatives (WHA63.3) and the Regional Committee resolution on the *Western Pacific Regional Food Safety Strategy (2011–2015)* (WPR/RC62.R5);

Recalling also Regional Committee discussions in 2015 regarding the need to strengthen food safety systems with an updated framework to guide efforts;

Noting that an evaluation completed in 2017 of the *Western Pacific Regional Food Safety Strategy (2011–2015)* confirmed progress and emerging challenges due to the changing context of food safety;

Reaffirming that health and food safety are intrinsically related and that food safety is an essential component of sustainable development;

Emphasizing linkages between food safety, nutrition and noncommunicable diseases;

Stressing that food safety presents complex challenges that involve multiple sectors and stakeholders, and that food safety incidents and emergencies can have serious health and economic consequences domestically and internationally;

Noting that countries in the Western Pacific Region have food safety systems at different stages of development;

Recognizing that food safety risks cannot be eliminated, only reduced, and that managing food safety risks requires a new approach;

Having reviewed the draft *Regional Framework for Action on Food Safety in the Western Pacific*,

1. ENDORSES the *Regional Framework for Action on Food Safety in the Western Pacific*;
2. URGES Member States:
 - (1) to develop national action plans and implement priority actions in line with the *Regional Framework for Action on Food Safety in the Western Pacific*;
 - (2) to ensure adequate technical and financial resources for the implementation of national action plans and priority actions;

- (3) to engage in regional cooperation to monitor progress and share experiences and best practices for continuous improvement of food safety systems;
3. REQUESTS the Regional Director:
- (1) to provide technical support for Member States to implement the *Regional Framework for Action on Food Safety in the Western Pacific*;
- (2) to facilitate regional food safety cooperation and promote learning and best practices for continuous improvement;
- (3) to report progress periodically on the implementation of the Regional Framework for Action.

Sixth meeting, 12 October 2017

WPR/RC68.R7 REGULATORY STRENGTHENING, CONVERGENCE AND
COOPERATION FOR MEDICINES AND THE HEALTH WORKFORCE

The Regional Committee,

Recalling the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health* that emphasizes quality as a key attribute of a good performing health system which in turn depends on strong national regulatory systems for medicines and the health workforce;

Recognizing the regulatory challenges faced by Member States in the context of the rapid introduction of therapeutic products, the increasing demand for health services, the use of traditional medicine products and services, and the movement of medicines and health workers across borders;

Recognizing also that regulatory cooperation and convergence facilitate setting standards, developing legal frameworks, and sharing best practices and information, thereby supporting Member State efforts to strengthen national regulatory systems;

Noting that regulatory cooperation and convergence allow Member States to address public health issues that transcend borders, such as health emergencies, falsified and substandard products, and antimicrobial resistance;

Noting also that regional integration presents an opportunity for regulatory cooperation and convergence;

Having reviewed the draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*,

1. ENDORSES the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*;

2. URGES Member States:

- (1) to use the Regional Action Agenda to guide the development of legal frameworks, policies, strategies and plans for regulatory strengthening;
- (2) to develop and strengthen capacity of the regulatory workforce and engage relevant stakeholders to monitor the impact and effectiveness of national regulatory systems for medicines and the health workforce;
- (3) to participate in regional convergence and cooperation initiatives to collectively strengthen the regulatory capacity of the Region and address public health issues;
- (4) to share information on progress in implementing the Regional Action Agenda;

3. REQUESTS the Regional Director:

- (1) to continue to support Member States to strengthen national regulatory systems and implement the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*;
- (2) to facilitate coordination among networks in the Region to enhance Member State participation and strengthen national regulatory systems;
- (3) to facilitate discussion with Member States on the development of regulatory systems for traditional medicine and, where appropriate, integration into health-care systems;
- (4) to report periodically on progress in implementing the Regional Action Agenda.

Seventh meeting, 12 October 2017

WPR/RC68.R8

SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

1. DECIDES that the dates of the sixty-ninth session shall be from 8 to 12 October 2018;
2. CONFIRMS that the sixty-ninth session of the Regional Committee shall be held at the WHO Regional Office for the Western Pacific in Manila.

Eighth meeting, 13 October 2017

WPR/RC68.R9 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks:

1. first and foremost, to the Government of Australia for:
 - (a) hosting the sixty-eighth session of the Regional Committee for the Western Pacific;
 - (b) the excellent arrangements and facilities provided; and
 - (c) the gracious welcoming ceremony and hospitality throughout the event;
2. secondly, to the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee for the smooth conduct and successful conclusion of this meeting;
3. last but not least, to the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements that add value and clarity to the resolutions of this meeting.

Eighth meeting, 13 October 2017

DECISION

WPR/RC68(1) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND
RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP
OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Republic of Korea, as a member, under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2017, selects the Philippines to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2018 to 31 December 2020.

Eighth meeting, 13 October 2017

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Agenda

1. The sixty-eighth session of the World Health Organization (WHO) Regional Committee for the Western Pacific, held in Brisbane, Australia, from 9 to 13 October 2017, was declared open by the outgoing Chairperson of the sixty-seventh session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

2. At the first plenary meeting, the outgoing Chairperson addressed the Committee (see Annex 4).

ELECTION OF NEW OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPORTEURS: Item 3 of the Agenda

3. The Committee elected the following officers:

Chairperson:	Ms Glenys Beauchamp, Secretary, Australian Government Department of Health
Vice-Chairperson:	Honourable Tautai Kaitu'u, Minister for Health and Medical Services, Solomon Islands
Rapporteurs:	
in English:	Dr Caroline McElnay, Director, Public Health, Ministry of Health, New Zealand
in French:	Dr Jean-Paul Grangeon, Medical Inspector and Deputy Director of Health and Social Affairs, New Caledonia

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

4. The Chairperson of the sixty-eighth session of the Regional Committee addressed the Committee (see Annex 6).

ADOPTION OF THE AGENDA: Item 5 of the Agenda (document WPR/RC68/1)

5. The Agenda was adopted (see Annex 1).

ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

6. The Director-General of the World Health Organization addressed the Committee (see Annex 7).

7. Certificates were awarded to the representatives of Cambodia and the Lao People's Democratic Republic in recognition of the elimination of trachoma as a public health problem in those countries.

8. In response to the Director-General's address, representatives outlined a number of areas of concern they felt should be at the heart of WHO's work. The Director-General's vision for the future of WHO needed to be easily understood and accepted by governments, staff members and development partners alike. The key question for many was why health care was so complicated and expensive. The continuing existence of vulnerable population groups with inadequate access to health care and the need to make health care more affordable were recurrent topics of discussion at the Regional Committee. The Director-General's mission to "serve the vulnerable", therefore, registered with Member States. Vulnerability also meant exposure to the environmental health risks and natural

disasters associated with climate change, with representatives of Pacific island countries calling for greater inclusiveness and support in efforts to address their common challenges.

9. Noncommunicable diseases (NCDs), as the leading cause of death and disability in the Region and a burgeoning public health problem, should be given the same priority as emerging disease outbreaks, and the importance of health promotion should be emphasized. The increasing prevalence of childhood obesity, acute rheumatic fever and rheumatic heart disease, the cost of sending people abroad for costly medical treatment and the need for better health data to track NCD trends were all cited as issues of specific concern. While being responsive to health emergencies, the Organization needed to ensure that technical programmes complemented and built on one another.

10. WHO was in the unique position of being able to encourage intercountry collaboration and support national efforts by facilitating cooperation between countries and partners. The Organization should continue to deepen its engagement with partners outside the health arena, including other international agencies such as the World Trade Organization, the International Labour Organization and the Food and Agriculture Organization of the United Nations. At the same time, continuous efforts should be made to identify ways to collaborate more effectively.

11. The Director-General said he would respond to Member States interventions after the discussion about the Consultation of the draft concept note towards WHO's 13th General Programme of Work 2019–2023, which would take place under agenda item 17.3.

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC68/2)

12. The WHO Regional Director for the Western Pacific addressed the Committee (see Annex 5).

13. Representatives described recent developments in their respective countries and their contributions to the work of the WHO in the Region. They commended the Regional Office's focus on putting country priorities at the centre of WHO work, boosting regional public health capacity for emergency response, strengthening health systems, reducing morbidity and mortality due to communicable diseases, and lowering risk factors for NCDs. A number of representatives expressed gratitude for the Organization's technical support on a wide range of health issues and initiatives, for example the Joint External Evaluations (JEEs) designed to boost health security capacity, and praised the personal commitment of the Regional Director to achieving positive health outcomes in small island states.

14. Looking ahead, WHO should continue to act a platform for health exchanges with a view to achieving universal health coverage (UHC) and to advocate innovative, whole-of-government and multisectoral approaches to the same end. New partnerships should be forged and existing ones strengthened to develop a regional action agenda on the Sustainable Development Goals (SDGs) as a guide to health decision-making and, thereby, keep health at the centre of the global development agenda. Overall, the 2030 Agenda for Sustainable Development would provide a valuable opportunity to reframe and refocus the Organization's work. WHO needed to adopt a delivery mindset that placed a premium on resource mobilization and the real impact of the various regional action plans. Suggested areas where WHO might focus its attention in the Region included the financial aspects of UHC, active ageing, and multisectoral partnerships to achieve UHC, for example collaboration with parliamentarians and in the context of trade negotiations. More attention should be given to encouraging research and development at the regional level and nurturing contacts with academic institutions, and on succession planning to institutionalize training and awareness-raising among younger health professionals.

15. Several representatives noted that WHO headquarters had decided to continue to pursue the ongoing reform process; the Secretariat in the Western Pacific Region was, therefore, encouraged to continue its successful reform initiative which had begun more than eight years ago. Member States expected the reforms to produce an agile and efficient Organization with coherent policies across its three levels, although mindful of the fact that the new Director-General might wish to change the direction and focus of the Organization's work.

16. The Regional Director said the JEEs, which are part to the monitoring and evaluation framework for the International Health Regulations, or IHR (2005), had helped to identify programme areas that needed to be strengthened, and the Secretariat would prioritize those aspects while recognizing the challenges posed by limited external funding and the need for training. On the topic of succession planning, the Regional Office had instituted a programme to provide intensive courses in English and public health training for young medical officers from national ministries of health around the Region. Graduates from the programme had subsequently taken on positions of responsibility in their respective ministries. In addition, the Regional Office had embarked on extensive cooperation with the WHO Regional Office for South-East Asia, which had gone on to adopt a number of measures first introduced in the Western Pacific Region. Best practices were also shared between the regional offices for the Western Pacific and Africa, including in the area of programme management, and a programme management training course had been organized in Manila for staff members from the African Region.

**PROGRAMME BUDGET 2016–2017: BUDGET PERFORMANCE (INTERIM REPORT):
Item 8 of the Agenda (document WPR/RC68/3)**

17. The Director, Programme Management, said that the approved Programme Budget 2016-2017 for the Western Pacific Region was US\$ 285.6 million, and the Programme Budget ceiling had increased by US\$ 6.2 million to the current working allocation of US\$ 291.8 million. At the same time, there had been a net decrease of US\$ 4.8 million in the Category 5 WHO Health Emergencies area as part of the overall restructuring and realignment of the new global WHO Health Emergencies Programme. Total funds available from all sources were US\$ 231.2 million or 79.2% of the current working allocation.

18. In terms of utilization, 74.9% of available resources were utilized in 2016–2017, versus 69.5% in the same period of the previous biennium. All expenditure categories had experienced reductions with the exception of transfers and grants to counterparts, which had increased by US\$ 2.7 million, mainly as a result of a poliomyelitis (polio) outbreak in the Lao People's Democratic Republic. Staff costs had been reduced by US\$ 4 million and travel costs by US\$ 3.2 million. The portion of female staff in the Region had increased to 46%, and the Region's 172 professional staff represented 39 countries. Although the Western Pacific Region had seen reductions in funding over the past two biennia, 85 out of 89 total programme outputs were nevertheless on track. As a result of strategically allocating funds to priority activities and implementing cost-saving measures, only three outputs were classified as "at risk" and only one as "in trouble".

19. Representatives commended the Secretariat on producing such a clear and transparent interim report and took note of the substantial funding gap and the reduction in voluntary contributions that had contributed to bigger shortfalls compared with the previous biennium. The trend towards less predictable funding and the misalignment of available funds between programmes should be addressed, specifically through innovative contingency plans to put the "at risk" and "in trouble" programmes back on track and minimize the differences between approved and actually available funding. Among longer-term solutions, consideration might be given to soliciting increased voluntary contributions from targeted Member States – in particular those whose assessed contributions had fallen – and to realigning regional priorities within budget limits when planning the biennial Programme Budget. The point was made that Member States should fulfil the commitments they had

made at the World Health Assembly, and moreover that they should try to ensure that their voluntary contributions were not specified or earmarked. At the same time, Member States expected the Secretariat to utilize financial resources effectively, even within the constraints of a limited budget, through strategies such as expanded fundraising and resource-sharing with partners to reduce redundancy and waste. Serious consideration should also be given to ways of making underfunded programmes more appealing to donors.

20. One representative said that Member States were well aware that the responsible programme teams had attempted to align and include underfunded programme areas in related but better-funded programmes. That approach, and the issue of whether and how the balance of funding between programmes should be recalibrated, could be discussed productively in the forthcoming discussion on the 13th Global Programme of Work.

21. A number of representatives noted the positive indicators with respect to gender balance and equitable geographical representation at the Regional Office for the Western Pacific, but called for improved gender parity at the senior management level and in the senior technical and professional staff category. In addition, the issue of the geographical representation of small and low- and middle-income countries such as Pacific island countries should be reviewed.

22. The Director, Programme Management, commenting on the general budget environment, explained that: 1) the overall budget envelope had itself increased; 2) that the total volume of core voluntary contributions Organization-wide was 40% less than in the past, so a smaller proportion of the total was available for each Region; and 3) that the reduction in specified voluntary contributions reflected the transition of some Member States in the Region from low- to middle-income status, which led to a number of donors either withdrawing or changing the format of their support. In addressing imbalances between different programmes, the Secretariat had traditionally tried to cover budget lines that attracted few donors by drawing on core voluntary contributions, i.e. the very source of funding that had been the hardest hit. The contingency planning measures that had been adopted included: 1) resource mobilization, including with headquarters and other regions and through country dialogue, and instituting systems to improve accountability; and 2) efforts to achieve greater efficiency, with regular exercises being conducted to prioritize high-impact activities and monitor their implementation, thereby facilitating rapid assessment and management of the risks associated with foreseeable reductions in specified voluntary contributions. It would probably be possible to put the gender, equity and human rights output back on track by adopting a different methodology, but delivery of outputs of the other “at risk” areas would not be possible for lack of funds.

23. The Director, Administration and Finance, said that the proportion of female professional staff in the Western Pacific Region had increased from 32% to 46% since 2010. Specific practices were in place to facilitate the recruitment and selection of women, although the number of female applicants remained low for professional posts, especially in country offices. Over 50% of the Regional Director's Senior Management Team were women, and the Regional Office operated a mentoring programme for mid-level female professional officers. The Western Pacific Region continued to be the Region in which more than 50% of staff were from outside the Region, thus demonstrating its diversity and openness. In addition, the Regional Office had organized targeted workshops to encourage recruitment of staff from unrepresented or underrepresented Member States, and the extensive internal networks of country offices were being utilized for promoting a greater representation of staff.

24. The Regional Director said that, despite the continuation of regional fundraising efforts, the reality of the current budget situation was that the World Health Assembly had decided some years previously to reform the method of allocating the Organization's budget by consolidating assessed and voluntary contributions into a single package that was subsequently subdivided among the

regions, as decided by headquarters. The Western Pacific Region, therefore, had less control over funding than previously. It was also stressed that WHO was a technical organization that spent 47% of its budget on human resources, including world-class technical experts whose recruitment requires competitive salaries. It remained to be seen whether the new Director-General would resolve to change those underlying financial realities.

MEASLES AND RUBELLA ELIMINATION: Item 9 of the Agenda (document WPR/RC68/4)

25. The Director, Programme Management, said that two countries in the Region had achieved measles and rubella elimination in 2017, and another four countries and two areas had successfully maintained measles elimination status. Although the Region as a whole had achieved historically low measles incidence in 2012, a Region-wide measles resurgence had occurred from 2013 to 2016, and a higher proportion of rubella cases had been reported recently among adolescents and young adults in several countries, which increased the risk of congenital rubella syndrome (CRS). The draft *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*, which Member States were invited to endorse, updated the current regional strategy with the inclusion of three components: strategies for rubella elimination; strategies to prevent and interrupt measles virus transmission among infants, adolescents and adults; and strategies for outbreak preparedness and response. The Technical Advisory Group on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region had recently recommended that Member States set a regional target year for rubella elimination.

26. Representatives outlined the situation in their respective countries, with some describing outbreaks caused by imported cases, after the country had achieved measles elimination. Immunization rates were not yet high enough in a number of countries, and even in countries with high coverage there were still groups that were not adequately reached by immunization, due to logistical challenges, fears about vaccine safety, or other challenges. To meet those challenges, it would be important to better understand any coverage gaps, mobilize communities and to further strengthen routine immunization. Measles and CRS surveillance also needed to be strengthened.

27. There was broad support for the draft Regional Strategy and Plan of Action. However, Member States requested WHO support in engaging with partners such as Gavi, the Vaccine Alliance, mobilizing financial support, and gaining and maintaining the health system capacities for routine immunization. The link to core capacities under IHR (2005) and the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was also recognized. WHO should also support capacity-building and provide technical assistance, especially to low- and lower-middle-income countries.

28. One representative urged that the way to measure the Regional Strategy's targets should take into account country-specific challenges and that it should be applied flexibly. As for the final elimination target year, several representatives said that 2025 would be feasible. The representative of France (New Caledonia) requested WHO certification of measles elimination in New Caledonia.

29. The Director, Division of Communicable Diseases, took note of countries' efforts and assured representatives that WHO would continue to provide support as requested. In response to the representative of France (New Caledonia), he explained that the Pacific islands could only receive certification as a bloc, because each individual island was too small to maintain transmission. The verification commission would discuss the possibility of certification for the entire subregion in 2018.

30. The sustainability of any immunization effort depended on immunizations being routine and supported by a robust health-care system. Vaccine-preventable diseases such as measles were also important health security issues, and as countries moved towards and achieved elimination, the diseases increasingly needed to be managed as emerging or re-emerging diseases, with sensitive

surveillance, and rapid response to cases and outbreaks. Hence they came within the scope of APSED III and IHR (2005).

31. Regarding the anti-vaccination movement, he acknowledged that this was an issue in many countries. Communication on vaccine safety and effectiveness needed to be proactive rather than reactive: information needed to come not only from health officials but also from trusted sources in the community. A number of countries could serve as good models and should share best practices.

32. Even in countries where measles and rubella elimination had been achieved, further efforts were still required. Until the diseases had been eradicated worldwide, maintaining high levels of coverage, filling gaps and ensuring strong surveillance and response systems would all be essential. Before then, imported cases would inevitably occur. As such, detection and response would continue to be critical, with vulnerabilities minimized through good immunization coverage.

33. The Director, Programme Management, took note of a request by one representative that outbreak response efforts should be coordinated through APSED III and assured the Committee that the 2010 version of the APSED framework had an outbreak component. He stressed that timely action was essential in pandemic preparedness, and recalled that the Expanded Programme on Immunization had supplied vaccines during the 2009 pandemic. Lastly, the global WHO Health Emergencies Programme had been designed to coordinate efforts at headquarters and at the country level, and was well aligned with other programmes so that resources could be utilized effectively.

34. The Regional Committee considered a draft resolution on measles and rubella elimination.

35. The resolution, which among other actions endorsed the draft *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*, was adopted, as amended (see resolution WPR/RC68.R1).

PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING: Item 10 of the Agenda (document WPR/RC68/5)

36. The Director, Programme Management, took note of a report, *Protecting children from the harmful impact of food marketing*, which had been distributed to all representatives in their working documents. He said that consumption of unhealthy foods increased the risk of illness, especially NCDs, and Member States were increasingly concerned about the harmful impact on children. Marketing of breast-milk substitutes to mothers and unhealthy foods to children had continued unabated, despite studies showing that children exposed to marketing of foods high in salt, free sugars and/or fats had higher rates of overweight, obesity and malnutrition.

37. Representatives all agreed that action needed to be taken. Many described challenges they faced in their countries, with the increasing popularity of sugary or fatty processed foods due to their low cost and convenience. Several speakers highlighted the international nature of the issue, as many such products were imported, especially in island countries. It was also observed that children were increasingly exposed to online marketing, which was more difficult to regulate than traditional media.

38. Positions were split between those whose governments had passed or hoped to pass regulations and those favouring a voluntary, or self-regulatory, approach. The former cited the greater impact of mandatory regulations and fiscal measures. The latter stressed the importance of education and conforming to international trade obligations. One representative stated that her government would not support the development of a plan that was inconsistent with those obligations, excluded private stakeholders or restricted the marketing of all nutrition-rich complementary foods without discrimination, among other concerns.

39. There was general agreement, however, that the issue went beyond the health and food sectors. National efforts must include parents and other caregivers, schools, trade and financial institutions, local governments, nongovernmental organizations and community members. Media companies and digital technology firms were also potential allies, so long as they acted in the public interest. WHO should lead consensus-building efforts.

40. A statement was made on behalf of the World Heart Federation.

41. The acting Director, Division of NCD and Health through the Life-Course, thanked representatives for their support for the idea of developing a regional action plan on the harmful impact of food marketing and their efforts to promote healthy diets and prevent NCDs. In reference to the debate over voluntary versus legal measures, the latter were more evidence-based. Member States would be consulted regarding the integration of broad stakeholder involvement and a multisectoral approach into the action plan, and individual country commitments and contexts would also be taken into account.

42. The Director, Nutrition for Health and Development, WHO headquarters, said that the latest global assessments showed that 135 countries had integrated the International Code of Marketing of Breast-milk Substitutes into their national legislation, among which 41 had laws covering complementary feeding. World Health Assembly resolution WHA69.9 called for strengthening that area, and he said operationalization recommendations would be published in November. On the marketing of unhealthy foods to children, about 70 countries had taken measures, of which roughly two thirds were regulatory in nature. The United Nations Decade of Action on Nutrition (2016–2025) was a good opportunity to scale up action and call for greater commitment. Lastly, he recommended a report from the WHO Regional Office for Europe on regulating digital marketing as a useful guide, along with the examples of various countries that had imposed regulations.

43. The Director, Programme Management, noted that while Member States agreed that the issue should be addressed, there was great variance in their approaches; this had to be taken into account in developing a draft regional action plan.

44. The Regional Committee considered a draft resolution on protecting children from the harmful impact of food marketing, which among other actions requested the Regional Director to develop a regional action plan on protecting children from the harmful impact of food marketing.

45. The resolution was adopted, as amended (see resolution WPR/RC68.R3).

HEALTH PROMOTION IN THE SUSTAINABLE DEVELOPMENT GOALS: Item 11 of the Agenda (document WPR/RC68/6)

46. The Director, Programme Management, said that achieving the SDGs required Member States to promote health in such a way as to empower people to make appropriate changes in their behaviour and their environment to prevent and control NCDs. He noted the Region's tradition of innovative health promotion initiatives such as Healthy Cities, Healthy Islands and Health Promoting Schools, and highlighted the active role of several Member States at the Ninth Global Conference on Health Promotion in Shanghai, China, in 2016. He said the proposed draft *Regional Action Plan on Health Promotion in the Sustainable Development Goals 2018–2030* would help guide Member State efforts to accelerate achievement of the SDGs, including through improved health literacy and evidence-based health promotion approaches to address the broad determinants of health, including gaps and misalignments in policy.

47. Representatives expressed broad support for the draft Regional Action Plan, agreeing that it constituted a consolidated digest of recommended interventions and presented an inclusive model of

governance and decision-making. The links between the draft Regional Action Plan and national health development plans were described. The guiding principles embodied in the draft plan, characterized by equity and inclusiveness, were particularly appreciated. A number of representatives stressed that to be successful health promotion initiatives should be multisectoral and cross-disciplinary in nature and should integrate the capacity-building expertise of other sectors, for example psychology or urban planning. An array of policy measures to promote health could be envisaged: regulatory, voluntary or codes of practice. It was important to visualize individuals within specific settings shaped by specific determinants of health: people should be prompted to make healthy lifestyle choices by ensuring that the healthiest lifestyle choices were socially validated.

48. A number of areas were proposed for which health promotion activities might be usefully focused: emphasis on physical activity; screening and disease management programmes for NCDs; promoting education about good health and encouraging people to take control of their health; using healthy cities as a platform for health literacy; generating revenue for health promotion activities through taxes on tobacco and alcohol; greater involvement of non-state actors and the private sector in inclusive decision-making; the establishment of a strong evidence base to design, build and target health initiatives; high-level advocacy by WHO in relation to other sectors; and the enhancement of technical guidance for health literacy and healthy lifestyles, including by specially trained professionals and cross-sectoral communicators. Several representatives asked the Regional Office to provide technical support to implement the draft Regional Action Plan nationally.

49. Representatives of Pacific island countries noted that their health and well-being were particularly at risk from climate change. The disaster-prone environment had already prompted governments in the Pacific subregion to adopt a cross-cutting approach to healthy settings characterized by resilience, food and energy security, and planning for the eventuality of rising water levels. The nexus between health and climate change was already implicit in the SDGs; it was also reflected in the traditional way of life in Pacific island countries, where each member of the population had retained extensive social responsibilities that predisposed them to take a broad view of the determinants of health.

50. A joint statement was made on behalf of the International Council of Nurses, the International Society of Nephrology and the World Heart Federation. Statements were made individually on behalf of the World Federation of Public Health Associations, the International Society of Nephrology and the World Organization of Family Doctors.

51. The acting Director, NCD and Health through the Life-Course, said that many of the innovative NCD interventions launched in the Western Pacific Region, from the Baby-friendly Hospital Initiative to healthy settings approaches, are cost-effective and can be embedded in health promotion activities through the creation of health promotion boards and foundations. The importance of cross-sectoral activities in health promotion was highlighted, with the acting Director noting the Regional Action Plan's multisectoral approach, which would help guide the development of national action plans.

52. The Special Adviser, Division of NCD and Health through the Life-Course, said that the abundant suggestions and reactions by Member States to the draft Regional Action Plan demonstrated the urgent need to emphasize health literacy and find innovative ways to encourage individuals to take ownership of the SDGs. Considering the broader context, the world had become richer, people were consuming more, but government efforts to regulate harmful products had continued to lag. Meanwhile, the private sector was constantly developing new products such as electronic cigarettes, and, for their part, Member States had themselves referred to a number of new health promotion initiatives, for example in the areas of healthy sleep habits and parenting. In the future, programmatic rather than ad hoc solutions to promoting health would be needed, that focused on regulation,

measurement/evidence, resilience, sustainability and the ways to finance health promotion, for example through taxation.

53. The Regional Committee considered a draft resolution on health promotion in the SDGs.

54. The resolution, which among other actions endorsed the *Regional Action Plan on Health Promotion in the Sustainable Development Goals 2018–2030*, was adopted as amended (see resolution WPR/RC68.R4).

TRIPLE ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, HEPATITIS B AND SYPHILIS: Item 12 of the Agenda (document WPR/RC68/7)

55. The Director, Programme Management, said that in 2016 the World Health Assembly had endorsed three interlinked global health sector strategies on HIV, viral hepatitis and sexually transmitted infections covering 2016–2021, with ambitious targets in each area. The Region had already achieved the 2017 target of reducing prevalence of chronic hepatitis B infection among children to less than 1%, but additional interventions would be required to reach the global 2030 target of 0.1%. The draft *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030* proposed a coordinated approach with a shared maternal, newborn and child health-care platform to deliver necessary interventions that would be more accessible for women, children and their families.

56. Representatives commended the draft Regional Framework on triple elimination as a tool that complemented and consolidated their national programmes, which would help to streamline separate national efforts into a single platform and thereby scale up health services in a cost-efficient manner, while also taking a huge stride towards UHC. While past programmes to eliminate bloodborne diseases had been vertical in nature, the coordinated strategy presented in the draft Regional Framework was an excellent example of an integrated programme, and its achievement would distinguish the Western Pacific Region as a pioneer and world leader.

57. It was acknowledged that the scaling up and coordination of existing interventions would require countries to make significant investments in strengthening the capacity, scope and quality of maternal, newborn and child health services. Accordingly, it would be important to focus on implementation within the context of broader health systems strengthening in order to guarantee sustainability. One representative agreed with the priorities outlined in the draft Regional Framework, but requested the Secretariat to review the impact and process targets, because measuring the prevalence of hepatitis B in low-burden countries would represent a financial and logistical burden.

58. Other representatives requested technical support for preparatory work on the verification of the elimination requirements, analysis of the cost-effectiveness of the integrated approach, and assistance with official efforts to encourage community organizations and associations of infected women to participate in prevention campaigns. It was hoped that WHO would act as a network or platform to enable national experts to participate more widely in international verification work. Nationally, governments should contemplate certain reforms to ensure that an integrated approach to triple elimination was sufficiently budgeted for within the health sector, in addition to envisaging possible negotiations with partners and donors with a view to making adjustments in funding.

59. Statements were made by the Director, Regional Support Team for Asia and the Pacific, UNAIDS, and on behalf of the International Federation of Medical Students' Associations.

60. The Director, Communicable Diseases, thanked Member States for their national contributions to the draft Regional Framework, which had greatly enriched the final product. The coordinated and integrated approach reflected in the draft Regional Framework was a well-established

methodology at the Regional Office for the Western Pacific and the fruit of collaborative efforts across a number of teams. Throughout the preparation of the draft Regional Framework, the Secretariat had kept in mind the need to advocate the most cost-effective solutions for Member States, for example minimizing the monitoring and reporting burden on national governments. This included using already agreed indicators and targets rather than proposing new ones. In addition, the Secretariat was keenly aware of the practical challenges that countries faced in differing situations, and was therefore open to further dialogue on the most practical ways to measure the indicators or targets contained in the draft Regional Framework.

61. The Regional Committee considered a draft resolution on the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis.

62. The resolution, which among other actions endorsed the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030*, was adopted (see resolution WPR/RC68.R2).

TRANSITIONING TO INTEGRATED FINANCING OF PRIORITY PUBLIC HEALTH SERVICES: Item 13 of the Agenda (document WPR/RC68/8)

63. The Director, Programme Management, presented the draft *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services*, which was intended as a guidance document to improve the sustainability of financing of health systems. The draft Regional Framework offered guidance on how to ensure the sustainability and resilience of health systems at a time when many Member States in the Region were facing cuts in external funding for disease control programmes. The draft Regional Framework would also be valuable for countries enacting service delivery or budgeting reforms. It took the unique situation of each Member State into account, offering suggestions on ensuring a smooth transition to sustainable financing for priority public health services, regardless of a Member State's starting point.

64. Representatives welcomed the guidance on integrated financing contained in the draft Regional Framework and outlined experiences of their country in transitioning from donor-funded to domestically financed priority health services, following the reclassification of some countries in the Region from low- to middle-income status. The importance of mutual learning and knowledge-sharing between countries was emphasized. Several representatives called on the Organization to provide technical support during the transition, for example by developing evidence-based evaluation tools for tracking performance and targets. The specific country context should always be considered. In particular, health-system issues related to small nations were unique, so that it might not be possible to apply concepts shown to be successful in larger Member States. The practice of basing external funding on income classification had limitations, especially for small island nations with small populations and limited and volatile income streams. The considerable geographical and environmental challenges faced by small island countries needed to be more widely recognized, and those challenges should be taken into account when deciding at the global level when countries needed to transition from external funding sources. Additionally, there should be open and clear communication with external funding partners well in advance so that informed decisions could be made to ease the transition process.

65. The gap in the funding of key public health functions transitioning from external financing was often met by increased out-of-pocket funding, so governments needed to sustainably increase total domestic budget allocations for health while maintaining fiscal flexibility. It was not necessarily the role of government to finance or implement all public health functions, but government did have a duty to ensure that those functions were sustainably financed to respond to needs, especially those of the most vulnerable and high-risk groups. More effective collaboration within government was therefore required, for example between ministries of health and finance, and consideration should

also be given to greater engagement with the private sector as key stakeholders in financing and delivering health services, for example in the area of market availability of essential medicines and medical supplies.

66. Member States should seek to negotiate a flexible transition process with withdrawing donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, while keeping in mind that different diseases would require different funding models, depending on whether they had short- or long-term treatment impacts. Governments should display maximum flexibility in exploring a range of financial resource options such as expansion of health insurance schemes, consumption taxes, higher insurance premiums, or social impact bonds. Representatives requested technical guidance from WHO on the impacts, risks, benefits and effectiveness of the various alternatives for funding priority public health services.

67. Statements were made on behalf of the International Hospital Federation and the World Organization of Family Doctors.

68. The Director, Division of Health Systems, said that sustainable and resilient health systems were a cornerstone of UHC, and focusing on prevention was an effective means of managing cost pressures on health systems. The comments by Member States had demonstrated that health systems needed to be well prepared to meet evolving health challenges. The transition to integrated financing was also relevant to other types of budgetary challenges, for example in systems that were moving towards changing programme budget structures, in which certain programmes would be combined with others, or in countries starting to use social health insurance schemes to pay for preventive health services. The management of limited fiscal space had clearly emerged as a common theme, specifically what kind of advocacy planning policy might be appropriate to expand fiscal flexibility. It was crucial to monitor the impact and the effectiveness of reforms designed to increase the revenue pool and thus cover the gap left by withdrawal of donor funding, and to gauge the return on investment in terms of good health outcomes.

69. Stakeholder engagement was essential for transition planning, including domestic stakeholders and development partners. Consequently, the Regional Office had established good collaboration with the World Bank and the Asian Development Bank, in addition to informal coordination mechanisms for discussion with development partners. The Secretariat was mindful that many of the specific issues facing small countries in the Region were applicable to states in other regions, for example in the Eastern Caribbean, so it had tried to adopt a global approach to sharing experiences. A number of innovative health financing approaches or instruments were currently on the table, but it was important to beware of passing trends: it remained to be seen whether they could be scaled up, or whether they were of value only in very specific circumstances. In general, the Organization could indeed make greater efforts to integrate or combine its disease programmes within its planning activities; the Secretariat in the Western Pacific Region, however, had attempted to work across its various programmes, as demonstrated by the draft regional Framework before the Regional Committee.

70. The Regional Committee considered a draft resolution on transitioning to integrated financing of priority public health services.

71. The resolution, which among other actions endorsed the *Regional Framework for the Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*, was adopted (see resolution WPR/RC68.R5).

REGULATORY STRENGTHENING AND CONVERGENCE FOR MEDICINES AND HEALTH WORKFORCE: Item 14 of the Agenda (document WPR/RC68/9)

72. The Director, Programme Management, presented document WPR/RC68/9, which built on the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health*. The framework emphasized quality as a key attribute of a good performing health system, and that strong national regulatory systems for medicines and the health workforce were essential for achieving quality. Disparities in economic development among Member States had resulted in wide differences in the degree and level of protection for populations across the Region. The draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*, under consideration for endorsement, provided guidance for increasing cooperation and convergence among countries to strengthen regulatory systems and, thus, improve quality.

73. Representatives from Pacific island countries discussed the challenges they faced in implementing effective regulations, procuring essential medicines and attracting competent staff to small island communities. It was important to keep in mind what was feasible with such limited capacity. However, small island nations could turn their lack of formal institutions to their advantage by bypassing conventional models of care and adopting innovative solutions, for example employing medical staff members who were not qualified physicians where appropriate.

74. Although each country had its own regulatory goals, incorporating them into a regional framework would promote convergence. However, enacting regulations was an essential function of government and was therefore a matter of national sovereignty. WHO should assess the conditions in different countries and provide targeted guidance, taking individual country contexts into account. Further suggestions included shifting to a competency-based model of training for health workers, including food safety regulations in the draft Action Agenda, and exploring possible collaboration with the Association of Southeast Asian Nations (ASEAN) or other organizations.

75. Several representatives highlighted the widespread use of traditional medicine in their countries and their efforts to ensure the safe production and distribution of ingredients. Countries with successful experience should share their best practices with smaller countries, where production and distribution systems were less developed.

76. Statements were made on behalf of the International Pharmaceutical Federation and the World Organization of Family Doctors.

77. The Director, Division of Health Systems, recognized that regulation was one of the roles of government. The challenge was therefore to strike a balance between promoting convergence and thereby increasing efficiency, while at the same time recognizing that regulation must be context-specific and respect national sovereignty. Regulations governing the health workforce were particularly context sensitive, a point that had been discussed at a recent Pacific Health Ministers Meeting.

78. The idea of extending convergence to food safety regulations had also been discussed at the regional level, along with other potential areas for increased cooperation, such as information sharing and pharmacovigilance. Those areas should be examined individually to ensure that none infringed on the sovereignty of Member States. Regulation of traditional medicines might gradually be integrated into that discussion. A new Regional Office team focused on health law and ethics had been put in place to strengthen support and work across technical units.

79. The Secretariat noted the request to include guidance on regulating traditional medicines in the draft Action Agenda. Despite the fact that such medicines were widely used in Pacific island

countries, they were not as well documented as they were in China or Japan, for example. More data were therefore needed before an appropriate framework could be developed. Regarding collaboration with other organizations, ASEAN would indeed be a valuable partner.

80. Other challenges included addressing the growing number of private-sector training institutions seeking accreditation; bringing together different parts of government with different agendas; and removing poor-quality products from supply chains without impeding the flow supplies in emergencies. WHO had not underestimated the challenge and would continue to press ahead so long as there was political will to do so.

81. The Regional Committee considered a draft resolution on regulatory strengthening, convergence and cooperation for medicines and the health workforce.

82. The resolution, which among other actions endorsed the draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*, was adopted, as amended (see resolution WPR/RC68.R7).

FOOD SAFETY: Item 15 of the Agenda (document WPR/RC68/10; WPR/RC68/INF/1)

83. The Director, Programme Management, said that the *Western Pacific Regional Food Safety Strategy (2011–2015)* had resulted in good progress on strengthening national food safety systems. The food safety environment had changed due to advances in technology, increasing demand for safer food, and new production, distribution and consumption patterns. Those changes required a new approach to food safety issues across the Region. The draft *Regional Framework for Action on Food Safety in the Western Pacific*, the outcome of comprehensive consultation with Member States, technical experts and partners, took account of the evolving context and offered guidance on strategic action and a stepwise approach to strengthening food safety systems.

84. Representatives discussed the impact on food safety of globalization and increasingly complex food supply chains. The issue had assumed an international dimension, particularly in Pacific island countries, which imported most of their food. One representative suggested that encouraging consumers to buy local foods and sharing of food safety information across countries should therefore be mentioned in the draft Framework. Another representative said that the definition of food safety should not be restricted to immediate effects, such as food poisoning, but should instead be extended to encompass long-term health impacts, such as obesity and NCDs caused by eating high-fat, high-sugar, nutrient-poor foods. Several representatives said that NCDs caused by unhealthy foods should be considered as a food safety matter.

85. Given the international nature of the issue, representatives called for increased international and multisectoral collaboration, which should include governments, consumers, businesses and public health experts together with other non-health sectors. Regulation should not prevent small to medium-sized companies from doing business. International cooperation should comprise active participation in INFOSAN, (the global alert system), increased information-sharing and access to test laboratories for countries that did not have such facilities. One representative called for the creation of a Western Pacific Region food safety surveillance network to pool data and coordinate monitoring by Member States. The importance of aligning national food controls with the Codex Alimentarius was also highlighted.

86. The Director, Division of Health Security and Emergencies, who also serves as Regional Emergency Director, thanked representatives for their broad support for the draft Framework and highlighted the guidance it provided for developing a risk-based approach to managing food safety. Linkages with generic systems for public health preparedness, risk assessment and response, including between National IHR Focal Points and International Food Safety Authorities Network

emergency contact points, will be strengthened. The comments on multisectoral collaboration and the unique challenges of Pacific island countries would be taken into account when the draft Framework was implemented, and with Member States at different stages of development the Framework advocates a stepwise approach. The Regional Office had considered widening the scope of food safety to include chronic diseases caused by eating unhealthy foods, but as recommended by Member States during the consultation process, it was ultimately decided the issue was already covered under the strategy on NCDs. However, the linkages between food safety and nutrition and NCDs mean that a country-based approach can facilitate cooperation among technical programmes at the country level. In response to the stated need for a regional food safety surveillance system, she noted that a regional event- and incident-based surveillance system already existed. An increasing number of food safety incidents had already been reported, so the system would continue to be strengthened.

87. The Director, Programme Management, said that countries with an interest in making NCDs a component of food safety would have the opportunity to do so when the Framework was being implemented. He promised to report back in that regard if the draft Framework was endorsed.

88. The Regional Director said that whereas in the past, food had been viewed primarily through the lens of nutrition, as countries in the Region became richer, the question of regulation would increasingly come to the fore. Although the current discussion focused on food safety, the nutrition aspect and links with NCDs also were important.

89. The Regional Committee considered a draft resolution on food safety.

90. The resolution, which among other actions endorsed the draft *Regional Framework for Action on Food Safety in the Western Pacific*, was adopted as amended (see resolution WPR/RC68.R6).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 16 of the Agenda (document WPR/RC68/11)

Item 16.1 Health security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

91. The Director, Programme Management, noted that APSED was developed in 2005 as the framework to guide Member States in addressing shared health security threats and building core capacities under IHR (2005). It was updated in 2010 and 2016 to reflect lessons learnt from 10 years of implementation and experiences from past regional and global events, including the Ebola outbreak. He said that components of the *IHR (2005) Monitoring and Evaluation Framework*, which had been developed in 2016, were already embedded in APSED III. Over the past year, five Member States in the Region (Cambodia, the Lao People's Democratic Republic, Mongolia, the Republic of Korea and Viet Nam) had completed JEEs under the IHR Framework. Australia was scheduled to conduct a JEE in November, and six more Member States were preparing JEE missions for 2018.

92. At the global level, the Seventieth World Health Assembly requested the Director-General to develop, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response for consideration by the Executive Board and the World Health Assembly in 2018. APSED III had been taken into consideration when developing the draft global plan, so when Member States were implementing APSED III they would also be implementing the global plan – and not duplicating their efforts. Any comments by Member States would be shared with the global WHO Health Emergencies Programme and contribute to finalizing the draft global plan.

93. Representatives outlined recent developments with regard to their national action plans and stressed the central role of APSED III for guidance as a trusted framework for strengthening and advancing IHR core capacities including national public health emergency planning. Representatives

of countries that had already undergone a JEE reported back on the findings and recommendations of the evaluation and the subsequent steps taken by their governments. A number of representatives commented that the process of preparing for a JEE was in itself a valuable learning experience. It was widely agreed that all countries should conduct the JEE exercise and that the Regional Office should make available technical support for JEE implementation. In addition, Member States should be proactive in identifying national experts to take part in assessment teams, and as observers in JEE missions to other countries. One representative pointed out that both annual reporting and the JEE tool under the *IHR (2005) Monitoring and Evaluation Framework* were currently used to evaluate national capacities, in some cases yielding inconsistent results. It was suggested that efforts be made to provide technical consistence in both annual reporting and the JEE towards IHR implementation.

94. A number of delegations made the point that small Pacific island countries faced common but at the same time unique health security threats, specifically the consequences of major climate events, and accordingly the JEE tool should be adapted to facilitate collective action for Pacific health security by achieving economies of scale. The representative of France (New Caledonia) requested WHO recognition of the IHR focal point for New Caledonia, with the subsequent granting of access to the same level of information as other focal points and to regional training in emergency preparedness and response in a globalized context.

95. Representatives expressed broad support for the proposed five-year global strategic plan to improve public health preparedness and response, while requesting flexibility in its implementation to ensure consistency with regional strategies such as APSED III and adaptation of the plan to the Pacific context and national health security priorities. By virtue of being aligned with APSED III, the global plan would enable Member States to refer to both instruments for guidance when developing their national plans for IHR implementation without the need to reconcile any discrepancies or inconsistencies. A number of representatives specifically appreciated the fact that regional integration and operational plans had been reflected in the guiding principles, and said that they intended to monitor the final draft with a view to avoiding duplication of effort and limiting the reporting obligations on Member States, for example through the consolidation of self-assessment tools. A request was made to circulate subsequent drafts of the global plan well in advance to allow for sufficient consultation.

96. The emphasis in the proposed global plan on country ownership, integration of health security within health systems and domestic financing was welcomed. One representative welcomed the fact that the implications and potential gains, in terms of continuity of certain country capacities that would be triggered by the transition of the Global Polio Eradication Initiative towards a post-certification strategy, would need to be considered. The plan could potentially be developed in the following areas: greater emphasis on the importance of fully coordinating between the animal health sector and public health preparedness and response efforts; the need to strengthen the role of the National IHR Focal Point through technical guidance, standard operating procedures and training, and the hope that such training would include an event-based surveillance and risk assessment component; the need for self-assessment tools to be accompanied by clear guidance and a consultation mechanism; the need to institute a management framework aligning with the SDGs and other key global frameworks and plans; and the strengthened use of relevant regional resources or networks for implementing certain IHR core capacities in small countries or small island states by facilitating novel approaches for collective action and formalizing such approaches in technical fields such as laboratory capacity.

97. Several representatives suggested that the global plan be further refined and the working targets clarified, and requested the provision of tailor-made guidance to Member States for establishing their emergency response capacities. Further information would be appreciated on the relationship between the three pillars and the six proposed areas of action of the global implementation plan as identified in Seventieth World Health Assembly provisional agenda item 12.4

(document A70/16). Some of the guiding principles might benefit from being more clearly articulated, specifically principle 4 on broad partnership, which could include a reference to regional partners, and principle 9 on regional integration, which could refer to the need for sensitivity to the context of different regions and subregions.

98. The Director, Health Security and Emergencies, who also serves as the Regional Emergency Director, the WHO Health Emergencies Programme, said that JEEs were a top priority, together with national action plans, but it should not be forgotten that the *IHR (2005) Monitoring and Evaluation Framework* included other, equally important, components, such as annual progress reporting, after-action reviews and simulation exercises. The pandemic risk of influenza was still a major concern in the Region, and more work needed to be done on surveillance risk assessment; the development, implementation and improvement of emergency operations centres; the Field Epidemiology Training Programme; and public health emergency planning. JEEs were highly labour-intensive, with countries typically taking six months to carry out activities to prepare for the evaluation mission. If the Secretariat had advised some Member States to reschedule JEEs (six were scheduled for the coming year), it was because the need for the widest possible geographical coverage had to be weighed against the requirement for thoroughness and quality. There have been many lessons learned from undergoing the JEEs: they constituted an invaluable peer learning experience for participating observers; they were an excellent platform for demonstrating IHR core capacities in an objective and transparent way; they enabled the health sector to reach out to other sectors from a health advocacy perspective; and they helped countries to prioritize health emergency interventions after the exercise had been completed. On some occasions, however, JEEs had identified gaps which were not necessarily a priority for the country being evaluated.

99. The Executive Director of the WHO Health Emergencies Programme updated the Regional Committee on the current work and future direction of the WHO Health Emergencies Programme. Since the Ebola crisis and the establishment of the Programme, WHO had become much more “operational” across a range of emergency scenarios including disease outbreaks, wars and natural disasters. Some of the major themes in recent emergencies had been the growing importance of zoonotic diseases occurring at the human–animal interface, the effects of uncontrolled urbanization and climate change on the profile of existing diseases, and the overlap between disease and conflict in vulnerable countries. Other points of note included action to address long-term vulnerabilities, for example the development of global strategies for neglected diseases, the optimal utilization of emergency stockpiles of medicines, and the development of IHR core capacities; building partnerships such as the emergency medical teams and the Global Outbreak Alert and Response Network (GOARN); ensuring better coordination of research and development, for example by prioritizing pathogens with the biggest potential to cause epidemics, proposing regulatory and ethical approaches to deal with them, and investing in medical countermeasures; and the development of assets such as the global Contingency Fund for Emergencies and rosters of internal and external staff for rapid deployment in emergencies. Given that the Western Pacific Region had long been at the forefront of global outbreak and public health emergency response, as exemplified by APSED III, it might reasonably be asked what added value the draft five-year global strategic plan could bring to the Region. The answer was that the international community was only as strong as its weakest link: in a globalized world, any response to a public health emergency must be global in nature; not even high-income countries were immune from risk. The Western Pacific Region would continue to make a major technical and financial contribution to global health security, it being understood that the proposed global strategy would necessarily build on existing regional instruments and no one solution could be applied across the board.

Item 16.2 Noncommunicable diseases

100. The Director, Programme Management, noted with satisfaction that all Member States in the Region had participated in the recent NCD Country Capacity Survey, which would help inform

discussions at the third United Nations General Assembly High-level Meeting on NCDs in September 2018. The *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* continues to guide countries in the development of NCD policies and plans as well as the strengthening of national capacities and surveillance systems. The roll-out of the WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* continued to be successful. Consultations with Member States were organized on the draft global action plan on physical activity which would be discussed during the Executive Board meeting and World Health Assembly in 2018. Overall, WHO had strengthened its work with other United Nations agencies and partners.

101. Representatives outlined new and ongoing NCD strategies and programmes in their countries, with a general focus on prevention and control. Measures included the promotion of healthy, active lifestyles; taxes on tobacco and unhealthy foods; alcohol control laws; and community outreach and overall health systems strengthening. Countries with experience in managing age-related diseases and those that had acquired expertise in forming public–private partnerships to address NCDs offered to share their best practices.

102. NCDs were a priority issue in the Region; they were the leading cause of death in many countries, and challenges were compounded by a lack of funding and qualified health personnel, especially in small island countries. WHO should continue to provide technical assistance in surveillance, policy-making, and monitoring and evaluation and provide guidelines on kidney diseases and rheumatic heart disease. Representatives also called on nongovernmental organizations and other partner organizations to continue providing invaluable support.

103. The acting Director, Division of NCD and Health through the Life-Course, shared the results of the 2017 NCD Country Capacity Survey for the Western Pacific Region. She said that despite differences between countries in the NCD progress indicators, the Region is generally on track to achieve the targets. While progress had been uneven across the Region, there had been gains in terms of surveillance, development of evidence-based national guidelines and tobacco demand-reduction measures. The Region scored less favourably with regard to indicators on reducing unhealthy diets and preventing heart attacks and strokes. WHO had recently published estimated changes in obesity rates between 1975 and 2016, which showed a 30% increase in the prevalence of child and adolescent obesity in certain Pacific island countries. However, the Secretariat would work with Member States, WHO collaborating centres, development partners and other stakeholders to prepare for the upcoming United Nations High-level Meeting and to make a difference for future generations.

Item 16.3 Tobacco Free Initiative

104. The Director, Programme Management, said that Member States had made impressive gains in tobacco control, particularly with demand-reduction measures, using the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)* as a guide. More people than ever before were protected from second-hand smoke thanks to comprehensive laws in the Region: seven countries had strengthened their national policies that banned smoking in public places, and in countries without nationally applicable legislation, cities were leading the way with their own smoking bans. Nearly half of the countries in the Region had introduced graphic warning labels on tobacco products.

105. Representatives reported largely positive results in reducing tobacco use – especially among young people – through taxes, smoking bans and strengthened controls. Some Member States also planned to ban or regulate the sale of electronic cigarettes. Remaining challenges included scarce resources and tobacco industry interference in the passage of legislation. The importance of tobacco control in tackling NCDs was widely acknowledged, and there was unanimous support for ongoing

efforts and continued WHO engagement on the issue.

106. The acting Director, Division of NCD and Health through the Life-Course, said that WHO would support Member States in strengthening their capacity, including through the Secretariat of the WHO Framework Convention on Tobacco Control to enact laws on smoke-free environments and to strengthen enforcement. She cited significant achievements in implementing recommendations from the WHO Tobacco Free Initiative (TFI), such as plain packaging and graphic health warnings, with 14 countries having fully achieved the indicators. The Organization would also provide technical assistance to help countries to draft regulations creating a smoke-free environment.

Item 16.4 Mental health

107. The Director, Programme Management, invited representatives to review progress on the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*. Since the endorsement of the Regional Agenda, nine countries and areas in the Region had developed national mental health policies and plans, and five more were in the process of having such plans and policies approved. Several Member States have developed national suicide prevention strategies and have incorporated mental health into national disaster plans. Awareness of mental health issues was on the rise in the Region and would continue to be a priority for WHO.

108. Representatives reviewed the progress made towards achieving the objectives of the Regional Agenda and highlighted the importance of providing mental health services in a community setting, improving surveillance systems and increasing access through outreach, such as by connecting people to services via phone or the Internet. Representatives from Pacific island countries described the significant obstacles they faced in providing mental health care, especially lack of resources, medicines and qualified health workers. Some islands lacked resident psychiatrists or dedicated hospital wards despite high rates of mental illness and suicide. Continued technical and financial assistance from WHO would be essential for implementing existing action plans and facilitating the enactment of legislation.

109. The acting Director, Division of NCD and Health through the Life-Course, said that the Region had high suicide rates and rising rates of dementia and Alzheimer's due to its ageing population. The Secretariat was therefore committed to promoting mental health and healthy lifestyles in workplaces and schools. Strengthened service delivery, governance and information systems were also key components in addressing mental health issues.

Item 16.5 Tuberculosis

110. The Director, Programme Management, said that the *Regional Framework for Action to Implement the Global End TB Strategy in the Western Pacific, 2016–2020* had served as a guide for Member States to step up the fight against tuberculosis (TB). He said new models for patient-centred care had led to improved treatment outcomes for TB in many Member States. The expanded use of new diagnostics, new drugs and a shorter treatment regimen in high-burden countries was helping to address the growing burden of drug-resistant TB. Meanwhile, efforts were being made to establish baseline costs for treatments to aid in the development of a global approach to ensure that no families would face catastrophic costs due to TB treatments.

111. Representatives described the systems in place in their countries, which included quality, people-centred care; surveillance of drug resistance; and government subsidies to help pay for treatment. It was important to keep costs affordable because treatment interrupted for financial reasons also contributed to drug resistance. Representatives also raised the issue of protecting high-risk populations, noting that many cases among vulnerable groups went undetected, and there was an increasing number of cases among older people. The upcoming Global Ministerial Conference on

Ending TB in the Sustainable Development Era, scheduled for November 2017, was welcome and timely.

112. The Director, Division of Communicable Diseases, agreed that the issue of undetected cases and the gap between the estimated and real disease burdens was extremely important. Screening and treating vulnerable, hard-to-reach populations would be essential to close that gap, in addition to being a fundamental challenge in terms of UHC. A number of Member States also faced funding challenges, both in scaling up services and reducing reliance on external donors. He was pleased to note representatives' interest and investment in the upcoming Global Ministerial Conference and the 2018 United Nations General Assembly High-level Meeting on Tuberculosis, which would hopefully build momentum behind efforts to end TB. He also emphasized that, as was acknowledged by a number of Member State interventions, drug-resistant TB was a key health security challenge, a reminder that working with Member States to tackle threats to health security was core work for a number of divisions in the Regional Office, including the Division for Communicable Diseases. Member States had agreed upon ambitious targets that should be achievable using the tools available. However, it was important to act quickly given the growing threat posed by multidrug-resistant TB.

113. The Director-General said that TB was an old disease, but one that was becoming increasingly dangerous worldwide. WHO would work to strengthen its capacity and that of its Member States. The Global Ministerial Conference and the United Nations High-level Meeting would be opportunities for finding solutions, and he urged Member States to continue drawing attention to the issue of TB over the coming year.

Item 16.6 Hepatitis

114. The Director, Programme Management, summarized regional progress on hepatitis under implementation of the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*. The progress included the development of comprehensive action plans in seven countries, the screening of 41% of women in Mongolia between the ages of 40 and 65 as part of the drive to eliminate hepatitis B as a public health threat by 2010 and the threefold reduction of prices for hepatitis B medicine in China, among other achievements. WHO supported efforts to strengthen data systems so that investments in hepatitis control would be based on scientific evidence. The Organization was also working with Member States to improve access to hepatitis treatments through regulatory processes, price negotiations and a platform for sharing price information in an effort to deliver treatment effectively and prevent catastrophic expenditures for individuals and families.

115. Representatives discussed solutions that had successfully increased immunization coverage and lowered incidence rates. Despite progress, however, it was still necessary to improve access to treatment, reduce costs, cut mortality rates from viral hepatitis and boost quality of life for hepatitis patients. Governments should apply themselves to curbing the spread of the disease and reducing the social stigma around hepatitis, and WHO was urged to continue demonstrating leadership in the global effort.

116. The Director, Division of Communicable Diseases, said that reducing the cost of hepatitis C medicines is an important issue; WHO would continue to engage with individual Member States regarding the Organization's possible role in helping lower costs. Several representatives had described their efforts to reduce vertical transmission of hepatitis, but transmission in health-care settings was another important mode of transmission that must be addressed, and was a key health-care quality safety issue. The stigma and discrimination faced by some hepatitis patients was worrisome, not only from a moral standpoint, but because it created a barrier to access and led to cases going undiagnosed, unreported and untreated.

117. The Director-General noted that access to treatment had improved with the advent of generic

drugs. Nevertheless, many medicines remained too expensive. WHO would focus on prevention and access to treatment, especially at the community level.

Item 16.7 Traditional medicine

118. The Director, Programme Management, said Member States had recognized the need to improve access to safe and effective traditional medicine in endorsing the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)*. He further noted that the global *WHO Traditional Medicine Strategy 2014–2023* endorsed in 2014 and the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health* had guided Member States in integrating traditional medicine into their national health systems. WHO was committed to continue to work with Member States on traditional medicine as it has a long history in the Region and was sometimes the only affordable health-care option available to some individuals, especially those in remote areas.

119. Nearly all representatives said that traditional medicines and practices were widely used in their countries. Traditional medicines could help advance UHC and let countries capitalize on their cultural heritage while reducing their reliance on expensive, imported medicines. There was broad agreement that it was important to ensure that products and practices were safe, well documented and of good quality. Countries with well-established systems for regulating the manufacturing, trade and use of traditional medicines described the structures in place and offered to share their best practices. Other countries, particularly Pacific island countries, faced challenges and requested WHO support in capacity-building, collecting data and developing country-specific frameworks or national policies. WHO was asked to advise whether a potential updated regional action plan would be based on evaluation of the existing regional strategy.

120. The Director, Division of Health Systems, said that the Secretariat was in discussions with WHO collaborating centres that had expertise in traditional medicines as to how they could help Pacific island countries with documentation and research. The current focus of the work in the Secretariat was based on an informal stocktaking in 2015 of progress in the implementation of the 2011–2020 strategy. How formal a review might proceed in the coming years depended on current discussions with WHO headquarters which was aiming to undertake an updated survey globally. The Regional Office has been concerned about reducing the data collection burden on countries while ensuring that any further data collection efforts would be fit for purpose in terms of informing an updated regional action plan.

121. The Director-General acknowledged the challenge posed by the lack of data, noting that no country had complete knowledge of all existing practices. Because many countries lacked the capacity to improve the quality and safety of traditional medicines and integrate them into existing systems, collaboration with countries with advanced traditional medicine systems would be essential. The great respect for traditional medicine among populations, as described by representatives, meant that regulation was needed to prevent false or unqualified practitioners from deceiving the public.

Item 16.8 Gender and health

122. The Director, Programme Management, said that gender-based violence against women and girls was a significant public health issue in the Region. In 2015, the Regional Office had restructured its Technical Working Group on gender and women's health to focus more on gender as a social determinant of health. A new report, *Advancing Health through Attention to Gender, Equity and Human Rights*, contained examples of best practices from across the Region on these issues. WHO would continue to prioritize gender and health in the context of the SDGs.

123. While some representatives reported improvements in women's health outcomes and the

overall situation in their countries, including reduced maternal mortality rates and the passage of legislation on domestic violence, many described gender-based physical and sexual violence as a major ongoing concern. Rates of infection were especially high among young women and girls, and rates of unintended pregnancy, abortion and maternal mortality were also worryingly high in many countries. There was a need for sex-specific health statistics, cross-sectoral collaboration among ministries, women's empowerment and capacity-building, gender-equality provisions in national legislation, and increased advocacy at all levels.

124. The Director, Division of Health Systems, said that there was a need in the Region to strengthen the capacity of health services to respond to gender-based violence and there was still much work to be done to foster a cross-sectoral response for gender-based violence – and gender equality in general – that extended to changing social norms. Involving men was a critical part of this work. In addition, more documentation was needed from all programmes, as gender mainstreaming was central to the larger concern of leaving no one behind. The larger issue of developing gender-sensitive institutions must not be neglected.

125. The Director-General said that discrimination against women was rooted in societal structures and an inequitable distribution of economic, political, social and cultural power. Discrimination against girls began at home, in the family, and had repercussions through to the global level. The day-to-day work of WHO was to focus on the health aspects of gender inequality, but there could be no solution so long as the structural causes were not addressed. He encouraged Member States to speak out about the root causes of gender inequality to governments and other stakeholders.

126. Statements were made on behalf of the International Federation of Medical Students' Association, World Heart Federation, World Self-Medication Industry, International Society of Nephrology, International Pharmaceutical Students' Federation, World Cancer Research Fund International and Médecins Sans Frontières.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 17 of the Agenda (document WPR/RC68/12)

Item 17.1 Agenda for 2018

127. The Director, Programme Management, recalled that the Regional Committee had agreed on a revised agenda development process at its sixty-sixth session. Under that new process, eight technical items had been proposed in 2016 for discussion at the present session, of which seven had been included on the agenda. In addition, Member States had requested that health security, WHO reform and NCDs be included as standing items. Member States were invited to prioritize among the seven items currently proposed for the sixty-ninth session in 2018, with the understanding that the number of technical items on the agenda would probably be limited to five in order to accommodate the process for electing the new Regional Director.

128. In general comments, representatives said that the agenda-setting process over the next few years should be flexible enough to allow for alignment with the 13th General Programme of Work (GPW13). The Secretariat should clarify whether side events at Regional Committee sessions were a response to World Health Assembly resolutions, or whether they in some way anticipated emerging issues. Any technical items proposed by Member States should be circulated well in advance to allow for proper debate.

129. More information was requested on the item entitled "Law reform for the 2030 agenda", specifically the underlying purpose; that is, whether it was intended to be a springboard for discussion or whether it was intended to generate a resolution tasking WHO with specific actions. Discussion of

the item should focus on guiding principles clustered around a few core areas of health, such as health security-related legislation or workforce regulation. One Member State queried whether the issue was ripe for discussion in 2018 but acknowledged its importance in the context of UHC.

130. The Director, Division of Health Systems, said that the proposed agenda item on “Law reform for the 2030 agenda” was a response to the increasing number of requests from Member States for assistance in crafting health legislation or updating existing laws. The exact direction of the future debate was unclear at the present time, but it was hoped that the proposed agenda item would provide an opportunity to think in legislative terms about policy coherence and how to work with non-health sectors in pursuit of UHC and the SDG agenda.

131. The Secretariat needed to clarify whether the intended outcome of the item on “Preventing unwanted pregnancies” was an action plan, a study or something else. Representatives saw value in reframing the item, as it was likely to prove very controversial. At the very least, the formulation “unwanted” should be replaced by “unintended” or “unplanned”. If the focus of the item in fact was broader, the title should be changed to reflect the fact that the discussion was really about family planning or sexual and reproductive health.

132. The item on “e-health for integrated service delivery” could be included in the agenda for 2018 provided it reflected the realities of all contexts in the Region, as it was an important issue from the perspective of UHC.

133. Discussions around the item on “Planning and managing hospitals” should position the issue in the context of UHC and integration with primary health care and people- and community-centred services. The item might be usefully reformulated in terms of planning health services for complex needs, and in any event the topic was closely linked to e-health for integrated service delivery. There should be a broader focus on all aspects of service delivery and a patient-safety component should be incorporated. One representative noted that the proposed item could prove to be a valuable springboard for sharing experiences, as the management of health systems had not been discussed by WHO for some time. However, it was earnestly to be hoped that any such exchanges would yield practical recommendations rather than turning into an exercise in management theory.

134. Representatives further requested that the proposed items on “Neglected tropical diseases”, in the context of efforts to implement the global vector control strategy, and “Disability and rehabilitation” should be included in the Regional Committee’s agenda for 2018.

135. The Regional Director said that the new agenda-setting process had generated interesting interaction with Member States. Sometimes the less-than-specific statement of a general topic provoked a lively reaction and was a useful step in refining the underlying issues involved.

Item 17.2 WHO reform (see Agenda Item 17.3.b)

Item 17.3 Items recommended by the World Health Assembly and the Executive Board

Item 17.3.a Consultation on the Draft concept note towards WHO’s 13th General Programme of Work 2019–2023

136. The Director, Governing Bodies, WHO headquarters, sought feedback from regional Member States on a draft concept note towards GPW13 covering 2019–2023. The GPW was a constitutional requirement that set the high-level strategic vision for the work of WHO, outlined Member State-agreed priorities and provided an overall direction for the Organization’s work. The GPW also set the primary high-level direction for technical programming and budgeting and was the main instrument for accountability, transparency and resource mobilization. The high-level policy direction had already been defined for 2019–2023, with GPW13 shaped by the SDGs, the Director-General’s vision, and a

strategic review of ongoing global and regional commitments. Key shifts in GPW13 included full alignment with the SDGs, a focus on outcomes and impacts rather than process and outputs, following through on clear priorities, making WHO more operational and providing political leadership with a strong focus on equity – all while keeping countries at the centre of the Organization’s work. A conceptual framework incorporating vision, mission, impacts, strategic priorities and enablers was presented, in addition to a “scorecard” to monitor the health-related SDGs. Feedback from the Regional Committee for the Western Pacific, the last of the regional committees to meet this year, would allow GPW13 to be drafted by 1 November. The goal was to have GPW13 approved by the World Health Assembly in May 2018 in order to rapidly pivot from planning to implementation, to use GPW13 to shape the Programme Budgets for the biennia 2020–2021 and 2022–2023, and to provide a framework to pursue resource mobilization.

137. Representatives broadly welcomed and supported the ideas contained in the draft concept note while reserving the right to give further inputs via the web-based consultation in the run-up to the special session of the Executive Board devoted to GPW13 on 22–23 November. The priorities in GPW13, in addition to addressing global health challenges and promoting the SDGs, should be to develop and improve the Organization by enhancing its normative functions and strengthening its leadership role in global health. Specific measures were also required to enhance country office capacities and improve coordination among regional offices and the three levels of the Organization. Funding structural reform measures should also be a priority. Polio and polio transition, antimicrobial resistance and the prevention and control of NCDs must be given due prominence, as should the health effects of climate change, which had emerged as a key issue for small Pacific island countries.

138. A number of shifts in the general approach were recommended. In its role of preventing, detecting and responding to outbreaks, the task was not simply to strengthen WHO as an Organization, but rather to improve the broader organizational arrangements used by WHO, its Member States and partners to address outbreaks as effectively as possible. It was right that GPW13 should focus narrowly on areas where the Organization could have a positive impact, but narrowness of focus presupposed difficult decisions about reallocating resources and potentially scaling back certain activities. In terms of its operational role during outbreaks and epidemics, one representative observed that, under pressure, Member States tended to adopt extreme measures that impeded the movement of people and goods. Such measures were usually fuelled by unsubstantiated rumours and were inconsistent with WHO advice, so timely risk communication and appropriate leadership that emphasized the role of WHO as a reliable source of information should be given prominence in GPW13.

139. WHO should increasingly seek to lead Region-wide and multisectoral approaches, actions and strategies to solve country-specific challenges. In addition to health diplomacy to foster interagency cooperation, there was a clear need to increase the diversity of technical knowledge and skills within the Organization and ensure better representation of smaller island countries and developing countries. Care should be taken at all times to ensure gender balance in senior posts. Representatives expressed support for the drive to foster innovation, but, as with country strategies, the approach should be demand-driven and based on the needs of Member States, not simply pursued for innovation’s sake.

140. Representatives expressed a number of concerns and reservations and sounded notes of caution with respect to the proposed GPW13. The five leadership priorities and five strategic priorities would require further clarification. The SDG-inspired vision of leaving no one behind and ensuring health equity prompted one representative to enquire about the Organization’s proposed core strategies for reaching marginalized population groups. Another observed that, given the centrality of health to WHO’s mission, the concept note might have been more justifiably entitled “Improve health, serve the vulnerable, keep the world safe”. The question was asked what “becoming more operational” meant in practice. The concept needed to be clearly defined and understood, thereby ensuring that the expectations of Member States could be appropriately managed. Operational functions should be in

line with the Organization's comparative advantage. They should centre on helping the most vulnerable countries with the weakest health systems and complementing the work of partners, but also reflect the real resource constraints that existed. Furthermore, making WHO's actions more operational presupposed a significant impact on the Organization's budgetary and staff allocation and the division of labour with key partners on the ground. If countries were to be at the centre of the Organization's activities in the future, to what extent human resources have to be reallocated among three levels of the Organization would have to be considered.

141. It was natural that WHO should be renewed and reinvented with ambitious goals following the election of a new Director-General, but the Organization and Member States needed to remember that ever-increasing demands for services and value for money were counterbalanced by limited financial resources. As a result, WHO needed to be more efficient in its normative and technical work and more active in mobilizing partnership and collaboration with all possible stakeholders and sectors, including outside the health sector. The Organization needed to be more open to new initiatives, technologies and expertise while learning from its previous success and failures. While it was a good idea for WHO to focus more on outcomes or impacts on the ground or at country level rather than outputs at its Geneva headquarters, care should be taken in the meantime not to downplay the importance of careful planning or processes in multiyear projects.

142. One representative noted the benefits of the accelerated time frame for the development of GPW13, while another observed that the GPW cycle starting in 2019 was out of synch with the biennial budget cycle and the term of the Director-General. It was asked whether in the future those different cycles would be brought back into alignment. In accordance with the new focus on a multisectoral approach to health advocacy, requiring collaboration within government and a multitude of partners, some representatives wished to know whether the Organization intended to develop internal capacity to deal with other ministries or international agencies, which might require staff to take on new roles or acquire new skill sets. Finally, as GPW13 was being developed, the Organization would need to actively manage the continuing tension between calls for prioritization and being asked to undertake work on a broad range of topics, and also to reconsider the uncomfortable balance of funding between communicable and noncommunicable diseases.

143. The WHO Director-General responded to comments by representatives on the proposed GPW13 and more generally on his vision for the future of the Organization. He said feedback from all the regional committees will be factored in as GPW13 is further developed. In accelerating the timeline for the development of GPW13, he had sought to instil a sense of urgency, and also to create more space for resource mobilization. He highlighted three issues as key to transformation of WHO: 1) speed; 2) the scale of change, noting that changes must be broad in scope to have impact; and 3) quality. He said he had tried to make the vision and concepts underpinning the GPW as simple and accessible as possible so that all staff could take ownership of them. Essentially he sought nothing less than a change in organizational mindset. Priority-setting would be impossible if Member States were unwilling to yield on certain issues so that together all Member States could agree on a core set of shared priorities. Once a small set of priorities had been identified, value for money would be the natural consequence. He also emphasized the need to make WHO more operational, without abandoning its normative role in health. Being operational meant conducting regular policy dialogue with all countries, some of which would subsequently require technical assistance, and a very small number – around 35 – would need operational support. WHO operational support would complement rather than duplicate the work of other agencies and partners, and at all times the Organization would seek to play a convening or coordinating role. It followed that staff would require retraining to develop operational capacities, but WHO also had a specific normative mandate and the two areas of work were not mutually exclusive.

144. While all Member States had to contend with environmental health issues associated with climate change, some small island developing states in the Pacific or the Caribbean were

disproportionately affected, so WHO intended to adopt a differentiated, bloc-based approach when allocating resources at the country level. Modernizing WHO meant focusing on technology: to create a digitally smart organization, meetings had already been held with the Secretary-General of the International Telecommunication Union (ITU), who had facilitated appropriate contacts with the private sector. A new paradigm had to be urgently developed to counter the burden of NCDs, not just by multiplying international conferences and generating consensus around the issue, but through real actions on the ground. For that reason, Dr Sania Nishtar had been appointed to lead a new High-level Global Commission on NCDs with a view to exploring innovative approaches to the growing burden of NCDs. There were more smokers in the Western Pacific Region than anywhere else in the world, yet only four countries from the Region had signed the Protocol to Eliminate Illicit Trade in Tobacco Products, and only one had ratified it. He said that fact was an embarrassment and regional Member States should accordingly redouble their efforts to sign and ratify the instrument in order to demonstrate their commitment to tobacco control. Finally, giving a political focus to the work of WHO meant reaching out to ministries and government departments in non-health sectors, not excluding heads of state. WHO would develop the capacity to offer support and advice with a view to making a success of such outreach efforts, and was prepared to work with civil society and the private sector to bring pressure to bear on leaders and opinion-formers if necessary.

Item 17.2 WHO reform

Item 17.3 Items recommended by the World Health Assembly and the Executive Board

Item 17.3.b Other items recommended by the World Health Assembly and the Executive Board

145. The Director, Programme Management, drew attention to the 16 resolutions and 24 decisions adopted by the Seventieth World Health Assembly, specifically, WHA70.16 on Global vector control response, which called for the Director-General to develop appropriate regional action plans through the regional committees. The *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016)* and the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)* had taken significant steps to address this issue. A Member State representative said neglected tropical diseases, which is an item proposed for the agenda of the sixty-ninth session of the Regional Committee for the Western Pacific, could further address this issue with a new action plan, thus aiding global efforts the Director-General was requested to undertake in vector control.

Item 17.4 Geographically dispersed specialized offices in the Region

146. The Regional Director said that the changing global and regional landscape had led many regions to establish geographically dispersed specialized offices (GDSOs), or WHO offices housed in different locations that contributed directly to the work of a regional or main office. The offices were funded mainly by the countries that hosted them and made significant contributions to WHO's work. Their work was integrated into the General Programme of Work. Creating GDSOs in the Western Pacific Region would contribute significantly to the technical support offered by the Organization. GDSOs could be useful in areas such as environmental health, health systems and financing, and ageing, expanding capacity and making more services available to Member States. Establishing a GDSO was the prerogative of the Director-General and Regional Director. However, to ensure a transparent, informed process, Member States were invited to voice any observations or objections they might have. The Secretariat would report back to Member States when the establishment process was completed.

147. Representatives expressed support for the establishment of a GDSO in the Western Pacific Region, particularly if used for interregional collaboration. There were a number of concerns, however. Although GDSOs had the potential to increase technical and research capacity in the Region, they must be used effectively and not duplicate the functions of the Regional Office. A needs analysis and financial impact evaluation should be carried out, and the management structure, funding sources

and functions should be clarified. It would be important to benchmark against the most effective GDSOs being used by headquarters or other regions and to choose a host country with a stable financial and political environment, taking into account that conditions in the country could change over time.

148. The Regional Director assured representatives that their concerns and suggestions would be reflected in future planning. Any proposal to establish a GDSO would be clearly stated, detailed and transparent, and an external committee might be established to work on the issue. He recognized that not all existing GDSOs were effective and reassured representatives that benchmarking would be carried out. The memorandum of understanding with the host country would minimize the liability that fell on WHO. The Secretariat planned to report back to Member States on the project status, the type of institute envisioned and the country planning to host, including the detailed memorandum of understanding.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 18 of the Agenda (document WPR/RC68/13)

149. The Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee, the governing body of the WHO Special Programme of Research, Development and Research Training in Human Reproduction, were currently the Republic of Korea, Papua New Guinea and Fiji. The term of office of the Republic of Korea expired on 31 December 2017, and the Regional Committee was requested to select a Member State to succeed it.

150. The Regional Committee selected the Philippines to replace the Republic of Korea (see decision WPR/RC68(1)).

TIME AND PLACE OF THE SIXTY-NINTH AND SEVENTIETH SESSIONS OF THE REGIONAL COMMITTEE: Item 19 of the Agenda

151. The Regional Director said that, given the fact that a new Regional Director would be elected in 2018, the next session of the Regional Committee would be held at the WHO Regional Office for the Western Pacific in Manila, Philippines, from 8 to 12 October 2018.

152. A resolution confirming the time and place of the sixty-ninth session was adopted (see resolution WPR/RC68.R8).

153. The representative of Samoa made a tentative offer to host the seventieth session.

CLOSURE OF THE SESSION: Item 20 of the Agenda

154. The Vice-Chairperson announced that the draft report of the sixty-eighth session would be sent to all representatives, with a deadline for submission of the proposed changes. After that deadline, the report would be considered approved.

155. The Regional Director delivered his closing remarks (see Annex 8).

156. The representative of Samoa proposed a resolution of appreciation to the Government of Australia; to the Chairperson, Vice-Chairperson and Rapporteurs; and to the representatives of intergovernmental and nongovernmental organizations for their oral and written statements (WPR/RC68.R9).

157. After the usual exchange of courtesies, the sixty-eighth session of the Regional Committee was declared closed.

AGENDA

Opening of the session and adoption of the agenda

1. Opening of the session
2. Address by the outgoing Chairperson
3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs
4. Address by the incoming Chairperson
5. Adoption of the agenda

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director
WPR/RC68/2
8. Programme budget 2016–2017: budget performance (interim report)
WPR/RC68/3

Policies, programmes and directions for the future

9. Measles and rubella elimination
WPR/RC68/4
10. Protecting children from the harmful impact of food marketing
WPR/RC68/5
11. Health promotion in the Sustainable Development Goals
WPR/RC68/6
12. Triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis
WPR/RC68/7
13. Transitioning to integrated financing of priority public health services
WPR/RC68/8
14. Regulatory strengthening and convergence for medicines and health workforce
WPR/RC68/9

Annex 1

15. Food safety

WPR/RC68/10

16. Progress reports on technical programmes

16.1 Health security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

16.2 Noncommunicable diseases

16.3 Tobacco-free initiative

16.4 Mental health

16.5 Tuberculosis

16.6 Hepatitis

16.7 Traditional medicine

16.8 Gender and health

WPR/RC68/11

17. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee

17.1 Agenda for 2018

17.2 WHO reform

17.3 Items recommended by the World Health Assembly and the Executive Board

17.4 Geographically dispersed specialized offices in the Region

WPR/RC68/12

Membership of Global Committee

18. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee

WPR/RC68/13

Other matters

19. Time and place of the sixty-ninth and seventieth sessions of the Regional Committee

20. Closure of the session

LIST OF REPRESENTATIVES**REPRESENTATIVES OF MEMBER STATES****AUSTRALIA**

Honourable Greg Hunt, Minister for Health and Minister for Sport,
Australian Government Department of Health, Canberra,
Chief Representative

Ms Glenys Beauchamp, Secretary, Australian Government
Department of Health, Canberra, *Chief Representative*

Mr Mark Cormack, Deputy Secretary, Australian Government
Department of Health, Canberra, *Alternate*

Professor Brendan Murphy, Chief Medical Officer, Department of
Health, Canberra, *Alternate*

Dr Lisa Studdert, Acting Deputy Secretary, Department of Health,
Canberra, *Alternate*

Ms Sharon Appleyard, First Assistant Secretary, Department of
Health, Canberra, *Alternate*

Ms Janet Quigley, Acting First Assistant Secretary, Health Systems
Policy, Department of Health, Canberra, *Alternate*

Mr Matthew Williams, Assistant Secretary, International Strategies
Branch, Department of Health, Canberra, *Alternate*

Ms Sonia Boland, Acting Director, International Strategies Branch,
Department of Health, Canberra, *Alternate*

Ms Madeleine Heyward, Counsellor (Health) - Permanent Mission,
Geneva, Department of Health, Canberra, *Alternate*

Mr Blair Exell, First Assistant Secretary, Development Policy
Division, Australian Government, Department of Foreign Affairs
and Trade, Canberra, *Alternate*

BRUNEI DARUSSALAM

Honourable Dato Dr Zulkarnain Hanafi, Minister of Health,
Ministry of Health, Bandar Seri Begawan, *Chief Representative*

Honourable Zakaria Ahmad, High Commissioner of Brunei
Darussalam, in Australia, High Commission of Brunei Darussalam
Canberra, *Alternate*

Annex 2

BRUNEI DARUSSALAM
(continued)

Mr Zakaria Serudin, Permanent Secretary, Ministry of Health,
Bandar Seri Begawan, *Alternate*

Dr Justin Wong Yun Yaw, Medical Superintendent of Public
Health, Ministry of Health, Bandar Seri Begawan, *Alternate*

Dr Yusma Jeffrin Yusof, Medical Officer (Public Health),
Ministry of Health, Bandar Seri Begawan, *Alternate*

Azmanishah Rahman, Communication Attaché, High Commission
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CAMBODIA

Honourable Dr Or Vandine, Director General for Health,
Ministry of Health, Phnom Penh, *Chief Representative*

Dr Lo Veasnakiry, Director, Department of Planning and Health
Information, Phnom Penh, *Alternate*

Dr Sung Vinntak, Director, Department of International
Cooperation, Ministry of Health, Phnom Penh, *Alternate*

Professor Ngy Meng, Director, Khmer Soviet Friendship Hospital,
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Dr Do Seiha, Deputy Head, Ophthalmology Department,
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CHINA

Ms Zhang Yang, Director General, Department of International
Cooperation, National Health and Family Planning Commission
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International Cooperation, National Health and Family Planning
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Ms Shao Meng, Deputy Division Director, Department of
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Ms Jiang Wen, Division Director, Department of
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CHINA (continued)

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National Health and Family Planning Commission
Beijing, *Alternate*

Mr Tian Jianxin, Division Director, Department of Food Safety
Standards, Risk Surveillance and Assessment, Beijing, *Alternate*

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Ms Shi Ying, Deputy Division Director, Bureau of Disease
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Mr Gao Penglai, Deputy Division Director, General Office, China
Food and Drug Administration, Beijing, *Alternate*

Mr Ye Jiahui, Principal Program Officer, Department of Drug and
Cosmetics Supervision, China Food and Drug Administration
Beijing, *Alternate*

Ms Xie Zheng, Associate Professor, School of Public Health
Peking University, Beijing, *Alternate*

Ms Yin Hui, Lecturer, School of Public Health
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CHINA (HONG KONG)

Professor Chan Siu-chee, Sophia, Secretary for Food and Health
Food and Health Bureau, Hong Kong, *Chief Representative*

Dr Chan Hon-yee, Constance, Director of Health, Department of
Health, Hong Kong, *Alternate*

Dr Chan Chi-wai, Kenny, Consultant (Special Preventive
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and Health (Health)1, Food and Health Bureau, Hong Kong,
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Mr Wu Kui-wah, Thomas,
Administrative Assistant to Secretary for Food and Health,
Food and Health Bureau, Hong Kong, *Alternate*

Dr Ho Ka-wai, Rita, Principal Medical and Health Officer,
(Family Health Service), Department of Health,
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Ms Chu Yee-ling, Elaine, Chief Information Officer (Food and
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Annex 2

CHINA (HONG KONG) (continued)	Dr Wong Kin-ho, Philip, Senior Medical and Health Officer (Surveillance Section), Department of Health, Hong Kong, <i>Alternate</i>
CHINA (MACAO)	Dr Kuok Cheong U, Deputy Director, Health Bureau, Macao Special Administrative Region, Macao, <i>Chief Representative</i>
	Dr Leong Iek Hou, Head of Unit for Communicable Disease Prevention and Diseases Surveillance, Health Bureau, Macao SAR Macao, <i>Alternate</i>
	Dr Li Siu Tin, Head of Unit for Environmental and Food Hygiene, Health Bureau, Macao Special Administrative Region Macao, <i>Alternate</i>
	Dr Ho Chi Veng, Chief of Department of Psychiatry, Conde S. Januario General Hospital, Health Bureau, Macao Special Administrative Region, Macao, <i>Alternate</i>
COOK ISLANDS	Honourable Nandi Tuaine Glassie, Minister of Health, Cook Islands Ministry of Health, Rarotonga, <i>Chief Representative</i>
	Mrs Elizabeth Iro, Secretary of Health, Cook Islands Ministry of Health, Rarotonga, <i>Alternate</i>
	Dr Yin May, Chief Medical Officer, Cook Islands Ministry of Health, Rarotonga, <i>Alternate</i>
FIJI	Honourable Rosy Sofia Akbar, Minister for Health, Ministry of Health and Medical Services, Suva, <i>Alternate</i>
	Mr Philip Davies, Permanent Secretary, Ministry for Health and Medical Services, Suva, <i>Alternate</i>
FRANCE	Madame Anne Rouault, Attaché pour la science et la technologie, Service de coopération et d'action culturelle, Ambassade de France à Canberra, <i>Chief Representative</i>
	Dr Merehau Mervin, Deputy Director of Health in French Polynesia, Department of Health, Tahiti, French Polynesia, <i>Alternate</i>
FRANCE (NEW CALEDONIA)	Mme Valentine Eurisouke, Membre du gouvernement chargée d'animer et de contrôler le secteur de la santé, de la jeunesse et des sports, <i>Chief Representative</i>
	M. Claude Gambey, Collaborateur de Madame le membre du gouvernement chargée d'animer et de contrôler le secteur de la santé, de la jeunesse et des sports, <i>Alternate</i>

FRANCE (NEW
CALEDONIA) (continued)

Dr Jean-Paul Grangeon, Médecin inspecteur et
Directeur adjoint des affaires sanitaires et sociales de la Nouvelle-
Calédonie, *Alternate*

JAPAN

Mrs Mizuho Onuma, Parliamentary Vice-Minister of Health,
Labour and Welfare, Ministry of Health, Labour and Welfare
Tokyo, *Chief Representative*

Dr Yasuhiro Suzuki, Chief Medical and Global Health Officer,
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Mr Kazuhisa Takahashi, Deputy Assistant Minister for
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Mr Naohiro Manago, Secretary to the Parliamentary Vice-
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JAPAN (continued)	<p>Ms Kaori Miura, Section Chief, Office of Global Health Cooperation International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, <i>Alternate</i></p> <p>Dr Hiroki Nakatani, Advisor for International Affairs to the Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, <i>Alternate</i></p>
KIRIBATI	<p>Honourable Tauanei Marea, Minister of Health, Ministry of Health and Medical Services, Tarawa, <i>Chief Representative</i></p> <p>Mrs Tiene Kanoua, Permanent Secretary for Health, Ministry of Health and Medical Services, Tarawa <i>Alternate</i></p> <p>Dr Burentau Teriboriki, Director of Hospital Services, Ministry of Health and Medical Services, Tarawa, <i>Alternate</i></p>
LAO PEOPLE'S DEMOCRATIC REPUBLIC	<p>Honourable Bounkong Syhavong, Minister of Health, Ministry of Health, Vientiane Capital, <i>Chief Representative</i></p> <p>Dr Nao Boutta, Director-General of the Cabinet, Ministry of Health, Vientiane Capital, <i>Alternate</i></p> <p>Dr Bounsarth Keoprasith, Secretary to Minister of Health, Ministry of Health, Vientiane Capital, <i>Alternate</i></p>
MALAYSIA	<p>Honourable Datuk Seri Dr S. Subramaniam, Minister of Health, Ministry of Health Malaysia, Federal Government Administrative Centre, Putrajaya, <i>Chief Representative</i></p> <p>Datin Seri Dr S. Umarani, Spouse of the Minister</p> <p>Dr Noor Hisham Bin Abdullah, Director General of Health, Malaysia Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p> <p>Dr Rohani Binti Jahis, Senior Principal Assistant Director, Disease Control and Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p> <p>Mr Saravanan A/L Mariappan, Principal Private Secretary to the Minister of Health, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p>
MARSHALL ISLANDS	<p>Honourable Kalani Kaneko, Minister for Health, Ministry of Health and Human Services, Majuro, <i>Chief Representative</i></p> <p>Mrs Lorraine Kaneko, Official Delegate</p> <p>Ms Julia Alfred, Secretary for Health, Ministry of Health and Human Services, Majuro, <i>Alternate</i></p>

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MICRONESIA (FEDERATED STATES OF)	Honourable Magdalena Walter, Secretary (Minister), Department of Health and Social Affairs, Pohnpei <i>Chief Representative</i>
	Mr X-ner Luther, NCD Section Chief, Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
MONGOLIA	Honourable Tsogtsetseg Ayush, Acting Minister of Health, Ministry of Health, Ulaanbaatar, <i>Chief Representative</i>
	Dr Baigalmaa Dangaa, Senior Officer, Department of Public Health, Ministry of Health, Ulaanbaatar, <i>Alternate</i>
	Ms Bolormaa Sukhbaatar, Officer-in-charge, Division of International Cooperation, Department of Public Administration and Management, Ministry of Health, Ulaanbaatar, <i>Alternate</i>
	Dr Tsogtbaatar Byambaa, Director-General, National Center for Public Health under the Ministry of Health, National Center for Public Health, Ulaanbaatar, <i>Alternate</i>
	Dr Enkhzul Jargal, Director-General, Bayanzurkh District Health Center, Ulaanbaatar, <i>Alternate</i>
NAURU	Honourable Charmaine Patrice Scotty, Minister for Health and Medical Services, Ministry of Health and Medical Services, Yaren District, <i>Chief Representative</i>
	Mr Rayong Itsimaera, Secretary for Health, Ministry of Health and Medical Services, Yaren District, <i>Alternate</i>
	Ms Leane Esther Pearce, Clinical Services Quality Specialist and Advisor to Minister for Health, Ministry of Health and Medical Services, Yaren District, <i>Alternate</i>
NEW ZEALAND	Dr Stewart Jessamine, Director, Protection Regulation and Assurance, Ministry of Health, Wellington, <i>Chief Representative</i>
	Dr Caroline McElnay, Director, Public Health, Ministry of Health, Wellington, <i>Alternate</i>
	Dr Natasha Murray, Principal Advisor, Public Health, Ministry of Health, Wellington, <i>Alternate</i>
NIUE	Ms Alicia Hipa, Representative for Health, Government of Niue, Niue Health Department, Alofi, <i>Chief Representative</i>
PALAU*	

* Did not attend

Annex 2

PAPUA NEW GUINEA	Dr Paison Dakulala, Deputy Secretary, National Department of Health, Port Moresby, <i>Chief Representative</i>
PHILIPPINES	Dr Mario C. Villaverde, Undersecretary, Office for Health Regulation, Department of Health, Manila, <i>Chief Representative</i>
	Dr Kadil M. Sinolinding, Jr., Secretary, DOH-ARMM, Department of Health, Cotabato City, <i>Alternate</i>
	Ms Nela Charade G. Puno, Director General, Food and Drug Administration, Muntinlupa City, <i>Alternate</i>
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	Dr Rio Lat Magpantay, Director IV, Department of Health, Quezon City, <i>Alternate</i>
	Dr Alinader D. Minalang, Chief, IPHO – Lanao del Sur, Department of Health, Marawi City, <i>Alternate</i>
	Dr Maria Soledad Antonio, Medical Officer V, Health Policy Development and Planning Bureau, Department of Health, Manila, <i>Alternate</i>
	Ms Georgina E. Ramiro, Chief Health Program Officer, Bureau of International Health Cooperation, Department of Health, Manila, <i>Alternate</i>
	Ms Gwyn Grace Dacurawat, Human Resource Management Officer V, Health Human Resource Development Bureau, Department of Health, Manila, <i>Alternate</i>
	Dr Charl Andrew Bautista, Medical Specialist II, Office for Policy and Health System, Department of Health, Manila, <i>Alternate</i>
REPUBLIC OF KOREA	Mr Kim Ganglip, Deputy Minister for Planning and Coordination, Ministry of Health and Welfare, Sejong-si, <i>Chief Representative</i>
	Mr Cho Tae Ick, Director General for International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>
	Ms Jang Jaewon, Director for International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>
	Mr Kang Joonhyuk, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>
	Ms Jung Suah, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>

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REPUBLIC OF
KOREA
(continued)

Dr Park Ok, Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention, Chungcheongbuk-do, *Alternate*

Ms Park Eunjeong, Assistant, Ministry of Health and Welfare, Sejong-si, *Alternate*

Ms Kim Hee Kyoung, Assistant Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention, Chungcheongbuk-do, *Alternate*

Ms Jeon Ga eun, Assistant, Ministry of Health and Welfare, Sejong-si, *Alternate*

Mr Sorornejad Pejmon, Interpreter, Korea Centers for Disease Control and Prevention, Chungcheongbuk-do, *Alternate*

Dr Jun Jina, Associate Research Fellow, Korea Institute for Health and Social Affairs, Sejong-si, *Alternate*

SAMOA

Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Ministry of Health, Apia, *Chief Representative*

Mrs Letelemalanuola Tuitama, Spouse of the Minister of Health, Samoa, Ministry of Health, Apia

Lemalu Mathew Mualia, Board Member, National Health Services, Ministry of Health, Apia, *Alternate*

Darryl Anesi, Assistant Chief Executive Officer, Corporate Services Division, Ministry of Health, Apia, *Alternate*

SINGAPORE

Dr Lam Pin Min, Senior Minister of State (Health), Ministry of Health Singapore, Singapore, *Chief Representative*

Dr Lyn James, Director, Epidemiology and Disease Control Division, Ministry of Health Singapore, Singapore, *Alternate*

Ms Yeo Wen Qing, Deputy Director, International Cooperation, Ministry of Health Singapore, Singapore, *Alternate*

Mr Lan Mingjun, Senior Assistant Director, Finance Policy, Ministry of Health Singapore, Healthcare Finance Division, Singapore, *Alternate*

Ms Amanda Leong, Manager, International Cooperation, Ministry of Health Singapore, Singapore, *Alternate*

SOLOMON ISLANDS

Honourable Tautai Agikimua Kaitu'u, Minister for Health and Medical Service, Ministry of Health and Medical Service, Honiara, *Chief Representative*

Dr Tenneth Dalipanda, Permanent Secretary, Ministry of Health and Medical Service, Honiara, *Alternate*

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TOKELAU*

TONGA

Honourable Saia Mau Piukala, Minister for Health, Ministry of Health, Nuku'alofa, *Chief Representative*

Dr Siale Akauola, Chief Executive Officer for Health, Ministry of Health, Nuku'alofa, *Alternate*

Ms Debra Mary Delores Sorensen, Health Advisor, Ministry of Health, Vaiola Hospital, Nuku'alofa, *Alternate*

TUVALU

Honourable Satini Tulaga Manuella, Minister for Health, Ministry of Health, Funafuti, *Chief Representative*

Mrs Ilaisita Manuella, Minister's Spouse

Mr Pelesala Kaleia, Acting Medical Superintendent, Ministry of Health, Princess Margaret Hospital, Funafuti, *Alternate*

UNITED KINGDOM OF
GREAT BRITAIN AND
NORTHERN IRELANDUNITED STATES OF
AMERICA

Ms Erika Decker Elvander, Director, Asia and the Pacific Office of Global Affairs, U.S. Department of Health and Human Services, Washington, DC, *Chief Representative*

Mr Lance Brooks, Chief, Cooperative Biological Engagement Program, Defense Threat Reduction Agency, Department of Defense, *Alternate*

Mr William Gallo, Associate Director for Insular Area Support, U.S. Centers for Disease Control and Prevention, Honolulu, *Alternate*

Ms Melissa Kopolow McCall, Senior Health Advisor, United States Department of State, Washington, *Alternate*

Mr Daniel Caporaso, International Program Manager, Cooperative Biological Engagement Program, Defense Threat Reduction Agency, Department of Defense, *Alternate*

Mr Matthew Johns, Lieutenant Commander, United States Public Health Service, HHS Global Health Security Advisor, Asia Pacific Office of Global Affairs, *Alternate*

Ms Lauri Bennett Ogumoro, Chairperson, Board of Trustees, Commonwealth Healthcare Corporation, Saipan, *Alternate*

VANUATU*

*Did not attend

Annex 2

VIET NAM

Professor Dr Le Quang Cuong, Vice Minister of Health,
Ministry of Health, Hanoi, *Chief Representative*

Associate Professor Tran Thi Giang Huong, Director General,
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Hanoi, *Alternate*

Associate Professor Khue Ngoc Luong, General Director,
Medical Service Administration, Ministry of Health,
Hanoi, *Alternate*

Dr Tran Viet Nga, Deputy Director General, Food Administration,
Ministry of Health, Hanoi, *Alternate*

Associate Professor Dr Doan Ngoc Hai, Director,
Institute of Occupational Health and Environment, Hanoi,
Alternate

Associate Professor Dr Duong Thi Hong, Deputy Director,
National Institute of Hygiene and Epidemiology, Hanoi, *Alternate*

Mr Nguyen Duc Thanh, Head of Disaster Management Unit,
Ministerial Cabinet, Ministry of Health, Hanoi, *Alternate*

Mrs Pham Thi Minh Chau, Senior Official, International
Cooperation Department, Ministry of Health, Hanoi, *Alternate*

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**II. REPRESENTATIVES OF UNITED NATIONS
OFFICES, SPECIALIZED AGENCIES AND
RELATED ORGANIZATIONS**

UNAIDS ASIA-PACIFIC

Mr Eamonn Murphy

III. OBSERVERSDEPARTMENT OF FOREIGN AFFAIRS AND
TRADE, AUSTRALIA (affiliated)

Dr Robert James Condon

GAVI, THE VACCINE ALLIANCE

Mr Santiago Cornejo
Mr Charles Whetham

JAMES COOK UNIVERSITY

Professor Maxine Anne Whittaker

PACIFIC FRIENDS OF THE GLOBAL FUND
TO FIGHT AIDS, TB AND MALARIA

Mr William Bowtell AO

PACIFIC ISLAND HEALTH OFFICERS
ASSOCIATION (PIHOA)

Mrs Emi Chutaro

QUEENSLAND UNIVERSITY OF
TECHNOLOGYProfessor John Aaskov
Professor Lidia Morawska

RMIT UNIVERSITY

Dr Charlie C. Xue

SHADOW MINISTER FOR HEALTH AND
MEDICAREHonourable Catherine King
Mr Andrew GarrettUNIVERSITY OF TECHNOLOGY, SYDNEY
(WHO COLLABORATING CENTRE)

Ms Michele Rumsey

WORLD BANK

Ms Susan Ivatts

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

PACIFIC COMMUNITY

Mr Taniela Soakai

V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

COMMONWEALTH PHARMACISTS
ASSOCIATION (CPA)

Ms Elizabeth McCourt
Ms Kaitlyn Porter

FRED HOLLOWS FOUNDATION (FHF)

Ms Jennifer Gersbeck
Marleen Nelisse

GLOBAL MEDICAL TECHNOLOGY ALLIANCE
(GMTA)

Ms Val Theisz
Ms Shakilla Shahjihan

INTERNATIONAL BABY FOOD ACTION
NETWORK (IBFAN)

Dr Julie Patricia Smith
Ms Naomi Hull

INTERNATIONAL COUNCIL OF NURSES (ICN)

Mr David Stewart

INTERNATIONAL FEDERATION OF
BIOMEDICAL
LABORATORY SCIENCE (IFBLS)

Ms Robyn Wells

INTERNATIONAL FEDERATION OF MEDICAL
STUDENTS' ASSOCIATION (IFMSA)

Ms Bethany Holt
Ms Mokshada Sharma
Ms Stormie Ilanna de Groot
Ms In Han Lee
Mr Thomas Pearson

INTERNATIONAL FEDERATION OF
PHARMACEUTICAL MANUFACTURERS AND
ASSOCIATIONS (IFPMA)

Ms Louise Sarah Abbott
Mr Franck Perraudin
Professor Michael Nissen
Ms Wen-Chi (Angela) Lo

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INTERNATIONAL HOSPITAL FEDERATION (IHF)	Ms Alison Verhoeven
INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)	Mr John Keith Jackson
INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION (IPSF)	Mr William Hagan Mr Sai Yan Brian Wong Mr Yacoob Moustafa Mr Tze Wei Yeoh Ms Khansa Chavarina
INTERNATIONAL PSYCHO-ONCOLOGY SOCIETY (IPOS)	Professor Jane Turner
INTERNATIONAL SOCIETY OF NEPHROLOGY (ISN)	Professor Robyn Langham
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA)	Dr Cissy Yu
MÉDECINS SANS FRONTIÈRES INTERNATIONAL (MSF)	Mr Brian Davies
UNION FOR INTERNATIONAL CANCER CONTROL (UICC)	Dr Saunthari Dharmalingam
WORLD CONFEDERATION FOR PHYSICAL THERAPY (WCPT)	Ms Melissa Locke Ms Katrina Williams
WORLD FEDERATION OF ACUPUNCTURE- MOXIBUSTION SOCIETIES (WFAS)	Dr Kuo TungHo Dr Fong Cheng Ek Dr Walter Simpson Ms Judy James Dr Teoh Boon Khai Professor Tzi Chiang Lin
WORLD FEDERATION OF CHINESE MEDICINE SOCIETIES (WFCMS)	

WORLD FEDERATION OF MENTAL HEALTH (WFMH)	Professor Abd Malak
WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS (WFPHA)	Professor Michael Moore Dr Ingrid Johnston
WORLD HEART FEDERATION (WHF)	Mr Jeremiah Mwangi Dr Rosemary Wyber Mr Jonathan Carapetis
WORLD STROKE ORGANIZATION (WSO)	Professor Julie Bernhardt
WORLD SELF-MEDICATION INDUSTRY (WSMI)	Dr Gideon Schoombie
WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)	Dr Karen Flegg
WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE (WHPCA)	Dr Ednin Hamzah Dr James Cleary

**LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES
MADE STATEMENTS TO THE REGIONAL COMMITTEE**

International Council of Nurses

International Federation of Medical Students' Associations

International Hospital Federation

International Pharmaceutical Federation

International Pharmaceutical Students' Federation

International Society of Nephrology

Médecins Sans Frontières

World Cancer Research Fund International

World Federation of Public Health Associations

World Heart Federation

World Organization of Family Doctors

World Self Medication Industry

**ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE DATUK SERI DR SATHASIVAM SUBRAMANIAM
AT THE OPENING SESSION OF THE SIXTY-EIGHTH SESSION OF THE WHO
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Honourable Ministers
Distinguished Representatives
Dr Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of agencies of the United Nations, intergovernmental organizations and
nongovernmental organizations
Ladies and gentlemen:

I welcome you all to the sixty-eighth session of the WHO Regional Committee for the Western Pacific.

As outgoing Chairperson of the Regional Committee, I have the honour to express again the appreciation of fellow Health Ministers and Representatives to the Minister of Health of Australia and the Australian Government for the extraordinary welcome and reception we received this morning.

This will be an especially memorable session of the WHO Regional Committee for the Western Pacific, not just for the terrific venue and beautiful city in which we meet.

This week, the WHO Director-General Dr Tedros will be addressing this Regional Committee for the first time. As with any change at the top, a new Director General brings new directions, new ideas, and a new style of leadership – we are looking forward to the opportunity to engage with Dr Tedros on his vision for WHO later this week.

Excellencies:

We gathered last year at the WHO Regional Office in Manila and tackled an ambitious agenda. It is my great pleasure and honour to be able to report to you on some of the progress that has been achieved since we last met.

Distinguished colleagues:

At our last session, last year, the Regional Committee endorsed the Regional Action Plan for Dengue Prevention and Control. In line with the Action Plan we adopted, countries are now being supported by WHO to update their own national plans. For Pacific island countries, training on capacity-building in integrated vector management was conducted in Fiji this year.

In China, Malaysia, Fiji, Singapore, Vanuatu and Viet Nam, pilot projects for dengue vector control using Wolbachia-infected mosquitoes are ongoing. WHO continues to support Member States' capacity strengthening in diagnostics, case management and risk communications in line with the Regional Action Plan.

Last year, the Committee also endorsed the Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020). Since then, as with dengue, the Framework has been used to update national strategic plans. On the strength of these, seven endemic countries eligible for funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria have submitted concept notes for continued funding in the next cycle.

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A regional meeting to strengthen surveillance of malaria control and elimination was conducted this year and countries are currently engaged in surveillance capacity strengthening – which we know is a crucially important part of malaria control efforts. WHO continues to support country capacity for malaria diagnostics through refresher training and external competency assessment. Monitoring of antimalarial resistance through therapeutic efficacy surveillance continues in endemic countries; and a regional workshop on updating national treatment guidelines was also conducted this year.

Climate change and environmental issues affect all of us. A year ago, the Committee endorsed the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet. Recent progress has contributed to the key objective of the framework: to accelerate action on health and the environment to achieve the Sustainable Development Goals.

Six countries have initiated large-scale national projects to build climate resiliency into health systems—with components of legislation and policy-making, digitized information and surveillance, and improvement of service delivery and hospital safety. WHO has provided support to countries in: (1) the mainstreaming of Water Safety Plans into the water distribution systems of 9 countries. (2) training on the ratification process and implementation of the Minamata Convention on mercury exposure for 18 countries; and (3) addressing asbestos and other occupational hazards in four countries, through provision of the evidence base for regulation, and training in awareness-raising.

Also, last year, the Committee endorsed the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific. The Regional Monitoring Framework for the SDGs and universal health coverage has since been further advanced with technical guidance and a baseline report.

Delivering on the SDG agenda will require new partnerships and new ways of working, beyond just the health sector – because the health-related SDG goals and targets are so closely interlinked to the overall SDG vision of inclusive and sustainable development. We saw this approach in action last year at the ninth Global Conference on Health Promotion, as well as in forums such as the Asia-Pacific Parliamentarians Forum on Global Health.

Another priority in this area is on integrating an equity focus into health programmes, including through service delivery models which are gender- and equity-focused. If we are truly going to deliver on the vision of leaving no-one behind, we must ensure our health programs and services work for everyone.

Last but not least, health security threats are inevitable – and we must remain ever vigilant. The Region's vulnerability was again highlighted by a range of health security events over the last year, particularly threats to human infection from A/H7N9 and other avian influenza viruses, dengue virus, Zika virus with associated clusters of microcephaly and Guillain–Barré syndrome, as well as natural hazards from typhoons and tropical cyclones.

Last year, the Committee endorsed the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, or APSED III. In a context where health security and the health security threats we face are constantly changing, it was important to update our common framework of preparedness

and response, and our region-wide strategy for meeting the core capacity requirements of the International Health Regulations (IHR).

APSED III incorporates the Monitoring and Evaluation Framework for the all-important IHR core capacities. Five Member States in this Region have already completed a Joint External Evaluation or JEE, with several more countries in the pipeline. Post-evaluation, countries are supported to complete their national action plans within the APSED III framework.

APSED III is also the framework for delivering the WHO Health Emergencies programme, established in 2016, in this Region.

Excellencies:

This year we have an even busier agenda ahead of us. As always, I look forward to the opportunity to exchange our views and experiences, and to refine our approaches to the complex issues that we will discuss this week.

We meet against the backdrop of terrible natural disasters, conflicts and political instability in other parts of the world. We may not be able to solve all the world's problems this week, but we should always keep in mind the noble goal which brings us together: advancing the health and well-being of the people of this vast and diverse Region.

I would like to thank the Vice-Chairperson, the Honourable Nandi Tuaine Glassie, Minister of Health of the Cook Islands, for taking the Chair while I was absent last year – and the other office-bearers for their excellent support.

Finally, thank you to Regional Director Dr Shin and your staff, for the excellent organisation and management of this meeting and for your hard work since last year – which supports us to make sustained progress on our health agenda.

Thank you.

**ADDRESS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR
FOR THE WESTERN PACIFIC, DR SHIN YOUNG-SOO, AT THE
SIXTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE
FOR THE WESTERN PACIFIC**

*Madam Chairperson;
Honourable ministers;
Representatives from Member States and partner agencies;
Colleagues, ladies and gentlemen:*

Good afternoon and welcome to the sixty-eighth session of the World Health Organization Regional Committee for the Western Pacific.

We all thank the Government of Australia for graciously hosting us here in beautiful Brisbane. The opening ceremony this morning was a work of art.

We have full week ahead of us to work on important decisions regarding some of the Region's most pressing health issues — the issues that you, our Member States, have told us are priorities.

You will also have the opportunity later this week to meet Dr Tedros, the new Director-General of WHO, and hear his vision for the Organization. I encourage you to share your views with him directly.

Usually, I take this time every year to highlight our work over the past year. But this year I want to focus more on the bigger picture.

This is a critical time for WHO and for global health.

Health is now at the centre of the development agenda. Good health and well-being is the theme of Sustainable Development Goal 3 – but it is also key to achieving several of the other goals. Health has finally been recognized as a driver of development and human progress.

This is good news – but it makes our mission in public health much broader.

We must address the determinants of health — many of which have roots that stretch far outside the health sector. To address them, we must work across all sectors and settings. We must take collaboration and cooperation to new heights — with partnerships that help Member States deliver on the promise of universal health coverage, the platform for achieving all the health-related SDG targets.

Together, we must build efficient and effective health systems with sustainable capacity to deliver high-quality services to everyone. It is unacceptable that four out of 10 people in the world cannot get health care without financial hardship.

Indeed, the SDG motto — development that leaves no one behind — is more than a new way of thinking. For us in the Western Pacific Region, it is a new way of working.

I want to highlight three areas of focus in this new way of working:

First: our efforts to build mechanisms that work across sectors and societies to address the determinants of health;

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Second: our strengthened focus on partnerships that produce measurable results at the country level;

And finally, concrete steps we are taking to ensure that Member States work together to safeguard global health security.

On the first point — cross-cutting work to address the determinants of health — you need look no further than the 9th Global Conference on Health Promotion in November in Shanghai.

WHO and the Chinese Government hosted the conference attended by more than 1000 decision-makers. They included some 40 ministers of health – including many of you – and more than 100 mayors from all over the world, as well as the heads of several United Nations agencies.

They made firm commitments to bolster multisectoral cooperation — with the adoption of the Shanghai Declaration on Health Promotion and the Consensus on Healthy Cities.

Our efforts must target cities. More than half of the people in the world live in urban areas. By 2050, more than two thirds will live in cities.

Such growth brings unending health challenges, many of which originate outside of the health sector. This is why we launched the Regional Framework for Urban Health and Healthy and Resilient Cities, and a toolkit on Healthy Cities. Now city leaders have a guide to policies and planning to promote healthier lifestyles.

Just as Healthy Islands does in the Pacific, Healthy Cities seeks to combat the cause of some 80% of deaths in the Region, noncommunicable disease. These diseases are overwhelmingly tied to lifestyle issues, such as unhealthy diet, tobacco use or a lack of physical activity. These risk factors are usually the result of unhealthy environments.

We are working closely with ministries of health and sectors beyond health – like city mayors – using whole-of-government and whole-of-society approaches to promote health and address risk factors that drive the NCD epidemic.

At the same time, WHO is building partnerships with the leaders that influence policy-making at the highest levels.

In November last year, we supported the National Assembly of the Republic of Korea to convene the Second Annual Meeting of the Asia-Pacific Parliamentary Forum on Global Health. Lawmakers from 17 countries in the WHO Western Pacific and South-East Asia regions promoted the role of government and whole-of-government approaches in achieving health in the SDGs.

The most recent meeting of the Parliamentary Forum in August was even bigger – 55 parliamentarians from 22 countries attended. The growing influence of this Forum fills me with hope about the impact it will have in the future.

Last October, health and environment ministers from 14 countries across Asia and the Pacific came together in Manila. They pledged to redouble efforts to jointly tackle the pressing issues of climate change, air pollution, safe water, sanitation and hazardous chemicals.

In line with the SDGs, we work to bolster collaborative actions that bring all the players to the table to address health issues — even though many fall outside of the health sector.

This year, we devoted an agenda item to the role of health promotion in the SDGs. It spotlights the role of health literacy in assessing the impact of education, environment, transport, energy, labour and other sectors on the health of people.

Indeed, partnership and collaboration will be crucial to our success — even more so as many Member States face drops in global funding for disease programmes. Health services must become more efficient, interconnected and sustainable to reach everyone who needs them.

This brings me to my second theme: new ways of working at the country level, to produce measurable results.

Two items on this year's agenda — measles and rubella elimination efforts, and the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis — show how programmes can be creatively leveraged to increase coverage and life-saving ability.

By strengthening health systems, we are working with Member States to close immunization gaps on all fronts. It is unacceptable that in 2017 we are still losing an estimated 400 000 lives each year in the Region to diseases that vaccines can prevent.

These initiatives are products of this new way of working in the Western Pacific Region. They will help Member States reach more people more efficiently with more basic health services — while increasing quality and lowering costs.

Keep in mind that nearly 70 years before the SDGs called on countries to leave no one behind, the WHO Constitution established the highest attainable standard of health as – and I quote – “one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

I may NOT be a native English speaker, but I know that means NO ONE left behind.

When WHO was founded in 1948, communicable diseases were our chief concern. We continue to make strong progress in our fight against these deadly diseases.

In the past year, Tonga and the Marshall Islands eliminated lymphatic filariasis as a public health problem, and Cambodia and the Lao People's Democratic Republic did the same with trachoma.

We finally have a cure for hepatitis C, and we are working with countries to help make it available to everyone in need at an affordable price.

The WHO-endorsed rapid diagnostic tuberculosis test — which cuts waiting time for results to just a few hours — is now available in all high-burden countries. We must make sure it is accessible to all who need it.

Multidrug resistant TB – along with the overall global increase in antimicrobial resistant pathogens – is one of the most frightening health threats in the world.

This brings me to my third and final area of focus in this new way of working at WHO — steps we are taking to ensure that Member States work together to safeguard global health security.

WHO recently established the global Health Emergencies Programme. It has a clear mission — to protect health and save lives during outbreaks and emergencies.

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The Western Pacific is home to seven of the 10 most disaster-prone countries in the world. We are accustomed to emergencies and health security threats.

Through this new programme, we continue to support countries to build their capacity to respond to outbreaks and emergencies. At the same time, our Region's considerable experience and success in improving health security is helping make the world safer.

This Regional Committee last year endorsed APSED III — the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies. APSED III builds on a long history of hard work in our Region.

Health emergencies can test even the most advanced health systems and best preparedness and response plans. That is why APSED III not only incorporates lessons from actual events, but also anticipates future needs.

The mechanisms for monitoring and evaluation in APSED III have contributed to the development of a global monitoring and evaluation framework. These mechanisms include annual reporting, after-action review, simulation exercises and Joint External Evaluations.

The Joint External Evaluations of JEEs use independent experts to gauge Member State core capacities and preparedness. The JEE process will help Member States better handle the health challenges of tomorrow — whatever they may be.

To date, there have been 56 JEEs globally. I applaud the five countries in the Region that have completed JEEs in the past year — Cambodia, the Lao People's Democratic Republic, Mongolia, the Republic of Korea and Viet Nam.

I also salute the eight countries in the Region with JEEs planned or in the process – Australia, the Federated States of Micronesia, Japan, Malaysia, New Zealand, Papua New Guinea, the Philippines and Singapore.

These evaluations and other innovative mechanisms are paramount to sustain momentum in health security – for all countries. They also are shining examples of our new way of working and continually improving.

Over the past nine years, with your guidance and support, it has been my privilege to oversee the reinvention of WHO in the Western Pacific Region.

Our effort has been guided by a crystal-clear vision of Keeping Countries at the Centre. We plan our work based on what you, our Member States, tell us are your national needs and priorities.

Since 2009 when we launched these reforms, we have focused on delivering results at the country level.

While we have achieved much together, our attention must stay focused on what is around the corner – the next outbreak, the next emergency, the next funding crisis, the next big threat to health.

We can, however, take comfort in the fact that together we have reinforced the foundation for future success. This Regional Committee, the Regional Office and Member States have taken the lead in regional and global reforms — reforms that have helped make the Organization more streamlined, efficient and responsive to Member States.

We have come a long way, but we still have so much more work to do. It has been an honour to serve as your Regional Director throughout this journey.

Over the final year and a half of my term, my staff and I will continue to work tirelessly to leave no one behind in improving the health and well-being of the nearly 1.9 billion people who make their home in the Western Pacific Region.

Thank you.

**ADDRESS BY THE INCOMING CHAIRPERSON,
MS GLENYS BEAUCHAMP, SECRETARY, AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH, AT THE SIXTY-EIGHTH SESSION OF THE WHO
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Honourable Ministers
Distinguished Representatives
Dr Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of agencies of the United Nations, intergovernmental organizations and
nongovernmental organizations
Distinguished colleagues, ladies and gentlemen:

Welcome, again, to Brisbane.

Thank you for your trust and confidence in electing me to chair this sixty-eighth session of the WHO Regional Committee for the Western Pacific.

I thank the outgoing Chairperson, the Honourable Minister of Health from Malaysia, and other officers of the last session. I will do my best to live up to their fine example and to manage our programme well.

Australia looks to WHO as the pre-eminent leader in global health. We greatly value the work of WHO especially in this Region. Australia takes its responsibilities as a WHO Member State very seriously, and so we are very proud to be hosting this session of the Regional Committee for the Western Pacific here in Brisbane this week.

Last year the Committee discussed the impact of the environment and environmental change on health. Brisbane and the State of Queensland are no strangers to the effects of climate on health – with frequent experience of extreme weather events, and the impacts those have on people and communities. It is fitting, therefore, that we are meeting in Brisbane this week to carry on this Committee's work.

Distinguished colleagues:

We heard yesterday afternoon the excellent report of the Regional Director on the progress that has been towards better health in the Region over the past 12 months. Thank you, Dr Shin, for your leadership and the hard work of all of your staff.

We have a packed agenda before us this week, including seven technical agenda items. Allow me to provide a brief overview of these items now.

First, measles and rubella elimination. Measles is one of the most contagious and devastating infectious diseases. Fourteen years ago, in 2003, this Committee took action to eliminate measles – endorsing a plan of action and subsequently setting 2012 as the target year for elimination.

By 2012, the Region had achieved an historically low incidence of measles, though the goal of elimination was not met. In the time since then, we have seen a resurgence in cases across the Region – resulting in, on average, around 60,000 people infected with measles every year.

At the same time, several thousand babies are born with congenital rubella syndrome in the Western Pacific Region every year. Rubella is a devastating disease when it occurs in pregnant women and is passed on to their babies.

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Clearly we are facing some new challenges in our goal of eliminating both of these diseases – so it is time for a renewed approach and commitment, which is proposed in the new *Regional Strategy and Plan of Action* for measles and rubella elimination before us this week.

Next, we will discuss protecting children from the harmful impact of food marketing. Good nutrition and lifestyle habits early in life set the foundation for health and well-being throughout life. Yet more than 6.2 million children under 5 years of age in the Western Pacific Region are overweight or obese.

Wider availability of cheaper foods high in salt, free sugars and fats is driving the increasing prevalence of overweight and obesity. Exposure to aggressive marketing of these foods contributes to the problem.

Widespread promotion of breast-milk substitutes is also contributing to the increase in nutritional problems in children. More can be done to protect and promote breastfeeding, including through implementation of the International Code of Marketing of Breast-milk Substitutes.

This is a complex and challenging issue. The background paper we will consider this week presents the evidence to support a more rigorous approach to restrictions on food marketing to children. Member States will also consider a resolution to develop a regional action plan on this issue.

Our third technical agenda item concerns health promotion in the Sustainable Development Goals. Health promotion is about equipping and empowering individuals and communities to take charge of their own health.

Health promotion is an important tool for improving individuals' and communities' health – and as such it can be an important tool for achieving the Sustainable Development Goals.

The proposed *Regional Action Plan on Health Promotion in the Sustainable Development Goals 2018–2030* articulates four practical approaches to improving health literacy, and supporting better informed decisions on health and development: first, mainstreaming health promotion and healthy settings; second, accelerating action to expand the scope and reach of health promotion; third, providing policy support; and fourth, strengthening capacity for health promotion.

Our fourth technical agenda item concerns the elimination of mother-to-child transmission of HIV, Hepatitis B, and Syphilis. While maternal, newborn and child health has improved significantly in the Western Pacific Region in the last three decades, we still have some important unfinished business: each year, there are estimated 180 000 babies newly infected with hepatitis B, 13 000 with syphilis, and 1400 with HIV through mother-to-child transmission.

It is within our power to fix this. These infections can be effectively prevented by simple interventions that can be delivered with antenatal, delivery and postnatal care—such as antenatal screening, treatment of infected mothers and prophylaxis of exposed infants.

The proposed *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030* proposes a series of coordinated actions to ensure that every child in this Region is born free from these three preventable infections.

The next technical agenda item is about transitioning to integrated financing of priority public health services. Great progress has been made in reducing the burden of communicable diseases in our Region over the past few decades, but reductions in external funding for disease control programmes pose challenges to sustaining progress.

To address this, we not only need to support countries to identify alternative domestic funding streams. Just as, if not more important, is strengthening health systems through integration of service delivery and better coordination of financing mechanisms. A whole-of-system approach to essential public health functions—beyond a singular focus on specific diseases—is needed. This is the approach outlined in the *Action Framework for Transitioning to Integrated Financing of Priority Public Health Services* which we will consider this week.

All of us need medicines and the services of health professionals at various points in our lives. Ensuring the quality and safety of these services requires effective regulation of medicines and the health workforce – which is the subject of our next agenda item.

Good regulation by competent authorities is a core health system function for universal health coverage. However, some countries of the region already have mature regulatory systems while others still face challenges in setting up appropriate regulatory functions. Regulation is further complicated by increasing trade in medicines and recruitment of health workers between countries.

The proposed *Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce* identifies ways regional cooperation can contribute to good regulatory systems.

Finally, our seventh technical agenda item relates to food safety. In the Western Pacific Region, despite solid progress in this area, food safety incidents continue to impact health. In 2015, it was estimated that 125 million people fell ill, and over 50 000 people in the Region died from consuming unsafe food.

This is a complex area with many stakeholders across multiple sectors. Food safety risks cannot be completely eliminated, but they can be reduced through combined efforts of governments, businesses and consumers across multiple sectors. The proposed *Regional Framework for Action on Food Safety in the Western Pacific* will guide strategic action for national food safety and regional cooperation among food safety authorities and systems.

In addition to these important technical agenda items, we will also consider progress reports on a range of critical issues for health in the Region:

Health Security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

Noncommunicable diseases

Tobacco-free initiative

Mental health

Tuberculosis

Hepatitis

Traditional medicine, and

Gender and health

Of course, later in the week, we will be joined by the newly elected Director-General, Dr Tedros, to discuss his vision for WHO's work as outlined in the draft concept note towards the 13th WHO General Program of Work.

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We will also discuss a range of other important standing agenda items, including the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee, and the agenda for next year's session of this Committee.

Excellencies, distinguished delegates:

Thank you again for your confidence in electing me as Chair of this important meeting. I very much look forward to our discussions this week on the range of important and complex issues before us. We have a lot to do. Let's get down to work!

Thank you very much.

**ADDRESS BY THE DIRECTOR-GENERAL OF THE
WORLD HEALTH ORGANIZATION, DR TEDROS ADHANOM GHEBREYESUS
AT THE SIXTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC**

Madam Chair, Glenys Beauchamp,
My brother Dr Shin Young-soo, WHO Regional Director for the Western Pacific,
Honourable ministers, heads of delegation, ladies and gentlemen,

Good afternoon.

I am very proud to be with you as Director-General for the first time.

As you know, this is my final Regional Committee meeting for this year.

During my campaign I was honoured to visit many countries, and meet many wonderful people, but it has been a unique honour to travel as Director-General, from Zimbabwe to the Maldives, Hungary, the United States, Pakistan, and now Australia.

Everywhere I have been, the hospitality has been wonderful, and I would particularly like to thank the Australian Government for the warm welcome you have given me.

But even better than friendly faces is the dedication to public health that I have witnessed in all corners of the globe.

This gives me tremendous hope. We face many formidable challenges, but the commitment and talent of so many people are the best assets we have.

And we all have a role to play.

As you know, the Western Pacific Region is home to almost 1.9 billion people – one quarter of the world's population.

From the steppes of Mongolia to the fiords of New Zealand; from the Himalayas to the Australian outback, this is an enormous and remarkably diverse region of our planet.

The health challenges you face are equally diverse, from the ballooning epidemics of obesity, to deadly outbreaks of new viruses, and the ever-increasing health impacts of climate change.

As you know, I have recently begun an initiative to support small island developing states – many of which are in this region – to adapt to the health effects of climate change.

A few weeks ago I sent my representatives to Cook Islands to meet with representatives of the Pacific Islands, and just a fortnight ago I had a very positive meeting with the small island states in the Caribbean.

Although these islands are the least responsible for climate change, they are the most at risk. We owe it to them to do everything we can to help them prepare for the future that is already washing up on their shores.

Ladies and gentlemen,

The Western Pacific Region is home to some remarkable success stories.

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China's progress in expanding health coverage to its vast population is an inspiring illustration of what is possible in even the biggest, most complex countries.

Nine out of 10 women in this region have access to modern family planning methods, the highest of all WHO regions.

Suicide rates are decreasing regionally, and especially in the Republic of Korea, thanks to the banning of a particularly lethal pesticide.

In Papua New Guinea, death and disease from malaria has dropped significantly.

And I am very pleased to be here today to celebrate the elimination of trachoma in Cambodia and the Lao People's Democratic Republic.

Earlier this year, WHO validated both countries as having eliminated trachoma as a public health problem, after more than a decade of commitment and efforts on the part of government, donors, and WHO.

This is a remarkable public health achievement, and a great gift to the people of both nations.

I hope I will get to celebrate achievements like every time I come to WPRO!

But of course, challenges remain.

You still have an enormous burden of tuberculosis.

Alcohol consumption is increasing.

More people smoke in this region than anywhere else in the world, and although countries such as Australia are setting the standard for plain packaging, in other areas you are falling behind.

Only four countries from the Western Pacific have signed the Protocol to Eliminate Illicit Trade in Tobacco Products: China, Fiji, Mongolia and the Republic of Korea. Only Mongolia has ratified it.

Frankly, that is embarrassing.

If we serious about tobacco control, we must walk the talk.

Another nine countries need to ratify the protocol for it to come into force by July 2018. I urge those of you who have not yet signed the protocol to sign, and those who have signed but not yet ratified the protocol to do so.

Ladies and gentlemen,

Last Saturday marked my one-hundredth day in office.

I am proud of everything we have accomplished together in the past three months.

I have advocated for universal health coverage and health security at the highest political levels, including the G20 and the UN General Assembly.

I've introduced a new approach to WHO's emergency response operations, including daily briefing notes, and established a WHO Health Security Council which meets fortnightly that I chair,

in which we review the status of all health emergencies globally, and how WHO is responding to them.

I have launched the process of transforming WHO to make it more focused on delivering results.

And we have appointed the largest and most diverse leadership team in WHO's history, 60% of whom are women.

I am especially proud to have three members of my senior management team from the Western Pacific: Dr Peter Salama of Australia, Dr Naoko Yamamoto of Japan, and Dr Ren Minghui of the People's Republic of China.

It also gives me great pleasure to announce today the appointment of Elizabeth Iro, the Secretary of Health in the Cook Islands, as Chief Nurse at WHO.

WHO leadership now looks exactly as the world looks. Elizabeth will bring valuable experience, and contribute to our efforts to ensure all countries have a fit-for-purpose health workforce. Her appointment also means the Pacific region will be represented in WHO's senior leadership.

Ladies and gentlemen,

In my first 100 days I have met some of the richest and poorest people in our world. I have met the most powerful, and the most vulnerable.

I have listened to you, our Member States. I have listened to our staff, who I have said repeatedly are WHO's greatest asset. I have listened to our partners. I have listened to the voice of age and experience, and I have listened to the voice of youthful enthusiasm.

And I have come to realise that the world expects WHO to do three things:

To keep the world safe, to improve health, and to serve the vulnerable. Let me repeat that: the world expects WHO to keep the world safe, to improve health, and to serve the vulnerable.

That is our mission.

And in many ways, we already do all three. But we can and must do better.

For that reason, I have taken the decision to accelerate the process of shaping the next General Programme of Work from 24 months to 12 months.

Our work is too urgent to wait. We have no time to lose.

The concept note on the new GPW has already been discussed at the other five regional committee meetings.

I have been very encouraged by the feedback we have received.

Now it's your turn.

Shortly, you will hear more about our ideas for the next five years, and we are looking forward to getting your input.

Annex 7

But allow me take a few moments just to give you the outline.

The GPW describes several key priorities that will define our work in the years to come. In fact, these priorities have evolved even in the course of the regional committee meetings.

Let me summarize them like this: health coverage, health security, health SDGs.

First, WHO's core business is to help countries progress towards universal health coverage.

WHO was founded on the conviction that health is a human right. It is a conviction I share. No one should get sick and die just because they are poor, or because they cannot access the health services they need.

WHO is not in the business of prescribing the exact steps countries must take to reach universal health coverage.

But for all countries, it must be built on the foundation of strong health systems, including primary care that delivers health services designed to meet the needs of people, not the needs of providers.

The second priority is to strengthen global health security. When an outbreak becomes an epidemic, the world looks to WHO.

We must accelerate our evolution towards being more responsive to emergencies. When disaster strikes, our partners expect us to be shoulder-to-shoulder with them on the frontlines, not shouting instructions from the side-lines.

We are on the right track. Today, we are on the ground in countries like Yemen, Bangladesh and Madagascar, delivering much-needed assistance.

Outbreaks are inevitable, but epidemics are preventable. That is why I have taken action to work with our partners – including the Wellcome Trust – to map global emergency response capacities, and global R&D capacities, in order to multiply the capacities we have.

If we are able to deploy emergency medical teams rapidly, and swiftly engage the world's R&D machinery to develop new tests and vaccines, millions of lives can be saved.

And the third priority is to drive progress towards the SDGs. The Sustainable Development Goals will be the foundation for all our work. They are the priorities on which the world has agreed, and must also be our priorities. There is no need to reinvent the wheel.

But the World Health Organization is also the custodian of several specific SDG targets, and we will focus our attention on four specific areas:

- protecting against the health impacts of climate change and environmental problems;
- improving the health of women, children and adolescents;
- ending the epidemics of HIV, tuberculosis, malaria and hepatitis (the big 4); and
- preventing premature deaths from noncommunicable diseases, including mental health.

And to address the enormous burden of noncommunicable diseases in this region, and all over the world, I have established a new High-Level Global Commission on Noncommunicable Diseases, to be led by Dr Sania Nishtar, which we announced from Islamabad yesterday.

In order to fulfil our mission and mandate, I believe that WHO needs to make several big shifts in the way we work. That starts from planning and the GPW is being prepared accordingly.

First, we must become far more focused on outcomes and impact. WHO must be results-oriented.

Too often we are focused simply on outputs and processes, without thinking carefully enough about whether we are truly making a difference to public health.

This must change. In order to make progress, we must be able to measure progress.

The second major shift we must make is that WHO will become more operational, especially in fragile, vulnerable and conflict areas.

I believe that WHO must be relevant in all countries. No country's health system is perfect. There is always room for improvement. So in all countries, we will engage in regular policy dialogue to identify gaps and solutions.

In addition to policy dialogue, some countries will require our technical assistance, in the form of the practical tools, experience and know-how we offer.

A third group of countries will require policy dialogue, technical support and operational support to deliver services where nobody else will or can.

At the same time, we will continue to play our normative, standard-setting role – and indeed we will strengthen those functions.

The third shift is that we must put countries at the centre of WHO's work. This seems obvious, but it bears repeating. Results don't happen in Geneva or in regional offices; they happen in countries, in the frontlines. Our role is to support you, our Member States, and to enable you to strengthen your health systems, achieve universal health coverage for your people and protect against epidemics in your countries. To do that, you must be in the driver's seat.

And fourth, WHO must provide leadership by advocating for health at the highest political levels. The importance of mobilising political commitment for health is clear to all of us. Our technical work may be excellent, but it will not bear fruit unless we engage politically to create the demand for it. A balance of technical and political interventions will bring better results.

I know, and you know, that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve. For a paradigm shift, we need political intervention.

From the G20 in Hamburg to the General Assembly in New York last month, I have been very encouraged by the support I see for health at the highest political level.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high.

Meaningful change happens when political leaders are engaged. WHO must therefore not be afraid to go beyond the technical to the political in pursuit of its mission.

My friends,

We stand on the threshold of a new era in global health.

Annex 7

The SDGs give us the political mandate to drive significant change.

We are seeing unprecedented momentum for the twin priorities of universal health coverage and health security.

But the clock is ticking. We have just 13 years to keep the promises we made to the world's people.

History will be our judge. Will our grandchildren admire our achievements? Or will they say we had a lot of meetings, and wrote a lot of reports, but didn't achieve very much?

As I embark on my voyage as Director-General, I have never been more optimistic about the potential for the World Health Organization to make a meaningful and measurable difference.

But we cannot do it alone.

A safer, fairer and healthier world can only be realized through collaboration, cooperation, solidarity and joint action.

I especially want to thank my brother Dr Shin once again for his hospitality and leadership. I look forward to working with him and with you all to make our shared vision a reality.

Thank you so much. Xie xie. Arigatō gozaimashita. Merci beaucoup!

**CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC,
DR SHIN YOUNG-SOO,
AT THE SIXTY-EIGHTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Mr Vice-Chairperson;
Honourable ministers,
Distinguished representatives;

Once again, we have had another very busy, but successful, RCM week.

The issues on our agenda this week – from the unfinished business of communicable diseases such as measles and rubella, to the complex policy issues of food marketing, sustainable financing and regulatory convergence – have not all been easy to deal with.

But as always, we have come together in this Region's tradition of solidarity and cooperation, to forge a path forward on all. This year we adopted a record number of resolutions – covering 7 technical agenda items.

It has been wonderful to have our new Director-General, Dr Tedros, with us for the last two days – to share his inspiring vision for WHO's work into the future. It is clear that we have a very powerful new leader of global health.

It is clear that Member States in this Region strongly support the DG's vision for a WHO focused on "keeping the world safe, improving health, and serving the vulnerable".

In addition to the important business of our formal sessions, we also held several interesting side events – in particular yesterday's event on WHO's work in countries. As you all know, this topic is very important to me – and I take great pride in sharing our work in countries with all of you.

And of course, as always, we also managed to have some fun. I think the quality of the performances at RD's dinner is getting better and better every year. I can't wait to see what you have in store for next year!

I would like to thank our excellent office-bearers:

Chairperson Glenys Beauchamp from Australia for her skilled and very efficient stewardship of the meeting throughout the week;

Vice-Chairperson, Honourable Minister Kaitu'u from the Solomon Islands for his excellent support to the Chair and for stepping in today to run matters;

Dr Caroline McElnay of New Zealand, English rapporteur

Dr Jean-Paul Grangeon of New Caledonia, France, our expert French rapporteur

Please accept these small gifts tokens of our appreciation.

I thank all of my staff who have been working very, very hard to prepare for this RCM and to ensure that our meeting ran smoothly this week.

Annex 8

Finally, I sincerely thank our hosts, the Government of Australia. From the moment each of us stepped off the plane, your hospitality has been warm and generous. Australia, you have set a new bar for a host country!

I know the Department of Health team has been working incredibly hard for more than a year to prepare for this week, and to ensure that every last detail has been well taken care of.

Thank you so much for your efforts and hard work: I hope you can all take some well-deserved rest now.

Friends and colleagues – it has been a busy and tiring week, but as always, it is has been a pleasure to be working together with you towards our shared goal of improving the health of the almost 1.9 billion people of this Region.

Safe travels home, and I look forward to seeing you in Manila next year.

Thank you.