

SECOND REGIONAL FORUM OF WHO COLLABORATING CENTRES IN THE WESTERN PACIFIC



28–29 November 2016
Manila, Philippines



Second Regional Forum of WHO Collaborating Centres in the Western Pacific
28–29 November 2016
Manila, Philippines

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

REPORT OF THE SECOND REGIONAL FORUM OF
WHO COLLABORATING CENTRES IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
28–29 November 2016

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NOTE

The views expressed in this report are those of the participants of the Second Regional Forum of WHO Collaborating Centres in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Second Regional Forum of WHO Collaborating Centres in the Western Pacific in Manila, Philippines from 28 to 29 November 2016.

CONTENTS

	<u>Page</u>
SUMMARY	1
INTRODUCTION.....	2
1.1 Background.....	2
1.2 Forum objectives	2
1.3 Forum organization.....	2
1.4 Participants	2
2. PROCEEDINGS	3
2.1 Opening session.....	3
2.2 Plenary session 1: Taking stock – Identifying opportunities, implementation challenges and good practices in networking and partnerships	3
2.3 Plenary session 2: Transforming our world – The 2030 Agenda for Sustainable Development	4
2.4 Parallel sessions 1: Technical sessions (part one) – Supporting Member States to achieve the SDGs.....	5
2.5 Plenary session 3: Aligning the work of WHO Collaborating Centres to the needs of Member States.....	5
2.6 Parallel sessions 2: Cross-cutting thematic group discussions	6
2.7 Parallel sessions 3: Cross-cutting operational group discussions – Improving effectiveness of work in countries	7
2.8 Parallel sessions 4: Technical session (part two) – Supporting Member States to achieve the SDGs.....	8
2.9 Lunchtime seminars: Overview of policies and procedures related to WHO collaborating centres	8
2.10 Plenary session 4.....	8
3. CONCLUSIONS.....	9
<u>ANNEXES:</u>	
ANNEX 1 - MEETING PROGRAMME	13
ANNEX 2 - LIST OF PARTICIPANTS, OBSERVERS AND SECRETARIAT	15
ANNEX 3 - OUTCOMES OF PARALLEL SESSIONS	29
ANNEX 4 - LIST OF POSTERS PRESENTED.....	53

Keywords:

Intersectoral collaboration / International cooperation / Technical cooperation

SUMMARY

World Health Organization (WHO) collaborating centres in 10 Member States in the Western Pacific Region are indispensable partners in advancing WHO technical work. WHO collaborating centres provide strategic support to the Organization to meet two main needs: implementing WHO's mandated work and programme objectives, and developing and strengthening institutional capacity in countries and regions.

The Second Regional Forum of WHO Collaborating Centres in the Western Pacific, held in Manila, Philippines on 28-29 November 2016, was designed to promote partnerships in the Sustainable Development Goals (SDGs) era, building on the gains from the first Forum held in November 2014.

The Forum offered WHO and WHO collaborating centres an opportunity to consider multidisciplinary, interprofessional approaches to collaboration, leading to recommendations and actions to improve the quality of WHO collaborating centre work plans. The Forum also enabled WHO collaborating centres to better understand their key role in amplifying WHO efforts to achieve the SDGs vision of universally shared and common progress towards the goals and targets reflecting that no one and no country should be left behind in balanced and sustainable development.

A total of 214 representatives from 143 collaborating centres attended, including five collaborating centres that participated via videoconference. The Forum's technical sessions were complemented by working sessions that explored cross-cutting themes and operations that contribute to greater effectiveness in countries. The Forum concluded with remarks by the WHO Regional Director and endorsement of the 2016 Outcome Statement by the participating centres and WHO Secretariat.

1. INTRODUCTION

1.1 Background

World Health Organization (WHO) collaborating centres provide strategic support to the Organization to implement its mandated work and programme objectives, and to strengthen institutional capacity in countries and regions. Designation as a WHO collaborating centre offers institutions heightened visibility for their work and enables them to extend their networks and technical cooperation with other institutions and mobilize resources from funding partners. In an effort to build more effective and accountable partnerships with WHO collaborating centres, the WHO Regional Office for the Western Pacific convened the First Regional Forum of WHO Collaborating Centres in the Western Pacific in 2014.

The WHO Regional Office convened the Second Regional Forum to stimulate new approaches to collaboration for accelerated achievement of the Sustainable Development Goals (SDGs) in Member States, including universal health coverage, so that no one is left behind. This goal will remain a core focus of WHO's work with Member States in the SDG era. WHO collaborating centres can play a key role in these efforts.

1.2 Forum objectives

The objectives of the Forum were:

- (1) to promote, report and share successful progress since the first Forum by identifying opportunities, implementation challenges and good practices, and using these towards promoting better implementation, reporting, networking and communication;
- (2) to propose innovative collaboration mechanisms to support the achievement of the SDGs through universal health coverage, using multidisciplinary, interprofessional approaches to existing and emerging challenges; and
- (3) to discuss how to improve alignment of WHO collaborating centres' support activities with the needs and priorities of Member States.

1.3 Forum organization

The Forum was convened by the WHO Regional Office for the Western Pacific. The meeting agenda and detailed programme are available in Annex 1.

1.4 Participants

A total of 214 representatives from 143 collaborating centres attended, including five collaborating centres that participated via videoconference. The WHO Secretariat was represented by the Regional Director, directors of the technical and administrative divisions, the core organizing committee, and the WHO responsible technical officers for the collaborating centres. A list of participants is available in Annex 2.

2. PROCEEDINGS

2.1 Opening session

In his opening address, Dr Shin Young-soo, WHO Regional Director for the Western Pacific, outlined regional health and development gains realized since the first Forum, held in 2014. He acknowledged the collaborative efforts that had contributed to progress and noted the challenges that threaten some of the Region's most celebrated health gains.

Dr Shin summarized the priorities set by the WHO Regional Committee in 2015 and 2016 to inform the work of WHO and its collaborating partners. This broad and substantial agenda includes communicable diseases such as viral hepatitis, tuberculosis (TB), malaria and dengue, as well as broader public health challenges such as injuries and violence, urbanization, health and the environment, and health systems strengthening, in the context of the SDGs, including the universal health coverage (UHC) target. In this context, Dr Shin highlighted the updated Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), which promotes multi-source information for evidence-based risk assessment, integrated management systems and emergency operation centres. APSED III maintains its emphasis on the core system, while emphasizing the broader health system context and links with the SDGs. Dr Shin referred to progress made and lessons learnt from recent disease outbreaks and natural disasters in the Region, including the Middle East respiratory syndrome in the Republic of Korea, circulating vaccine-derived poliovirus in the Lao People's Democratic Republic, and tropical cyclone Winston, the most powerful storm on record to make landfall in the southern hemisphere.

In closing, Dr Shin recognized the importance of effective partnerships in extending WHO's reach and responsiveness to the Region's priority public health challenges. He called for further strengthening of partnerships to effectively support countries to accelerate achievement of the SDGs, an agenda with important implications for ways of working in WHO and Member States alike.

2.2 Plenary session 1: Taking stock – Identifying opportunities, implementation challenges and good practices in networking and partnerships

This session enabled participants to share and reflect on the valuable work undertaken in the Region since the last Forum. WHO collaborating centres presented three case studies illustrating the value of collaboration in improving the effectiveness and relevance of technical support for the priority needs of Member States.

First, Dr Masato Kasuga, National Centre for Global Medicine, Japan (WHO Collaborating Centre for Health Systems Research and WHO Collaborating Centre for Health Development and Related Technical Cooperation) presented on the centre's work to improve health workforce quality in Cambodia and the Lao People's Democratic Republic by strengthening the foundations of the health workforce regulatory framework in both countries.

Next, Dr Sangjin Park, National Institute of Food and Drug Safety Evaluation of the Ministry of Food and Drug Safety, the Republic of Korea (WHO Collaborating Centre for Standardization and Evaluation of Biologicals) presented on the partnership between WHO and the Ministry of Food and Drug Safety to support Member States in regulating biomedical products. Ministry experts worked with governments in Cambodia, Mongolia and the Philippines to support national regulatory authority assessments.

Lastly, Dr Samuel Yeung, Centre for Food Safety, Food and Environmental Hygiene Department, Hong Kong SAR (China) (WHO Collaborating Centre for Risk Analysis of

Chemicals in Food) presented a case illustrating the benefit of cross-centre collaboration and new ways of working.

In the discussions that followed, participants shared other examples of success based on strong partnerships and stressed the importance of close working relationships.

2.3 Plenary session 2: Transforming our world – The 2030 Agenda for Sustainable Development

At the sixty-seventh session of the WHO Regional Committee for the Western Pacific in October 2016, Member States endorsed the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*.

Through a panel moderated by Dr Takeshi Kasai, Director, Programme Management, and consisting of directors of the Regional Office technical divisions, this session enabled participants to better understand the implications of the SDGs for WHO, its partners and Member States.

Dr Vivian Lin, Director, Health Systems, reflected on the progress made towards the Millennium Development Goals (MDGs) and the challenge of persistent health inequities in moving from the MDGs to the SDGs. Health is influenced by, and in turn influences, all the SDGs. UHC is a separate SDG target and also provides a unifying platform that brings together efforts across health programmes. Given their interconnected and indivisible nature, achieving the SDGs while leaving no one behind requires working across the whole health system and across sectors and stakeholders. This implies new roles for the health sector in the SDG era, including that of informing, influencing and institutionalizing action. WHO's initial support to countries focuses on country reporting and regional monitoring of progress towards UHC and other SDG targets, as well as integrating an equity focus into health programmes.

Dr Mark Jacobs, Director, Communicable Diseases, explained that communicable diseases had been a major focus of the MDGs and remain an explicit focus of the SDGs. He used examples to illustrate how communicable diseases are also implicitly closely linked to several other SDGs. In some cases, communicable diseases contribute to SDG achievement; in others, the SDG or target (addressing a given social determinant of health) contributes to communicable disease control. Current communicable disease control priorities include ensuring sustainable financing, developing integrated regional frameworks for priority communicable diseases, and working across programmes to achieve elimination goals.

Dr Susan Mercado, Director, NCD and Health through the Life-Course, explained how the SDGs will enable people to take control of their lives and health through the various targets that address underlying causes of poor health, specifically those related to the environment. WHO's DPSEEA model (comprising a chain ranging from driving forces, to pressures, state, exposures, health effects and actions) illustrates the importance of acting on the upstream determinants of health to improve population health. The SDGs have repositioned health promotion in the context of global health; the 9th Global Conference on Health Promotion held in Shanghai in November 2016 had the theme "Health Promotion in the SDGs". Dr Mercado stressed that multisectoral action will be the new norm in the SDG era.

Reiterating the interrelated and interconnected nature of the SDGs, Dr Li Ailan, Director, Health Security and Emergencies, explained that strengthening national capacities for early warning, disaster risk reduction and management of national and global health risks affects, and is in turn affected by, a range of sectors and issues. Success can only be achieved using a systems approach. She presented on APSED III, food safety and disaster risk management as key examples of investments in achieving sustainable development.

2.4 Parallel sessions 1: Technical sessions (part one) – Supporting Member States to achieve the SDGs

In 20 parallel technical sessions facilitated by WHO technical officers, WHO collaborating centres and WHO responsible officers discussed their activities and priorities, took stock of progress in implementing the 2014 Forum recommendations, and explored the links between SDGs and their respective programme areas. A summary of the outcomes of these sessions is available in Annex 3.

2.5 Plenary session 3: Aligning the work of WHO collaborating centres to the needs of Member States

This session was moderated by Prof Regina Lee, Associate Professor and Deputy Director, School of Nursing, Hong Kong Polytechnic University (WHO Collaborating Centre for Community Health Services). The session aimed to identify ways to bring the expertise of WHO collaborating centres into WHO's country support initiatives. It sought to motivate them to think and work beyond national/technical boundaries and to work with WHO in proactively supporting Member States. The session comprised three case studies, presented jointly by WHO representatives, WHO collaborating centres and WHO Regional Office focal points, illustrating examples of successful collaboration on support to countries.

The first presentation related to support for emerging infectious diseases in Viet Nam and was presented by Dr Lokky Wai, WHO Representative in Viet Nam (by videoconference), Dr Kouichi Morita, Nagasaki University (WHO Collaborating Centre for Reference and Research on Tropical and Emerging Virus Disease) and Dr Frank Konings, Acting Medical Officer for International Health Regulations and Technical Officer for Laboratory, WHO Regional Office for the Western Pacific.

The second presentation related to early essential newborn care in the Lao People's Democratic Republic, and was presented by Dr Juliet Fleischl, WHO Representative in the Lao People's Democratic Republic (by videoconference), Dr Kim Mulholland, Centre for International Child Health (WHO Collaborating Centre for Research and Training in Child and Neonatal Health) and Dr Howard Sobel, Coordinator, Reproductive, Maternal, Newborn, Child and Adolescent Health, WHO Regional Office for the Western Pacific.

The third presentation related to a Diploma in Medical Laboratory Science in the Pacific, and was presented by Dr Corinne Capuano, Director, Pacific Technical Support and WHO Representative in the South Pacific (by videoconference), Mr Philip Wakem and Mr Navin Karan, Pacific Paramedical Training Centre (WHO Collaborating Centre for External Quality Assessment in Health Laboratory Services) and Ms Elaine O'Leary, Technical Officer: Capacity-building, WHO Regional Office for the Western Pacific.

The presentations highlighted good practices of WHO collaborating centres in providing country support, based on sound understanding of country contexts, priorities and stakeholders, the building of rapport with national counterparts, and sustained engagement, including through review and evaluation. Each case illustrated successful team approaches between WHO country offices, the Regional Office and WHO collaborating centres, enabling the centres to directly contribute to advancing WHO priorities at country and regional levels. WHO collaborating centres interested in expanding their Member State support role were encouraged to liaise with their WHO responsible technical officer as a first point of contact.

2.6 Parallel sessions 2: Cross-cutting thematic group discussions

The cross-cutting thematic group discussions gave participants the opportunity to understand how various cross-cutting issues intersect with and contribute to WHO and Member State priorities. WHO collaborating centres considered ways to incorporate these issues into their current and future work plans, for greater effectiveness at the country level. A summary of the outcomes of these parallel sessions is available in Annex 3.

2.6.1 Health promotion in the age of urbanization and ageing

In this session, participants discussed how health promotion action works towards improving the conditions of daily life by building healthy public policies, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. They identified ways in which health promotion frameworks can strengthen technical support to countries.

2.6.2 Achieving UHC: a synergized action addressing equity, quality, efficiency and financial protection

WHO defines UHC as all people having access to quality health services without suffering the financial hardship associated with paying for care. UHC is the overarching vision for health sector development and a key target in SDG 3. This session offered the opportunity to better understand UHC in the context of the SDGs and identified ways in which WHO collaborating centres can support the WHO Regional Office in advancing UHC. UHC work follows the regional action framework *Universal Health Coverage: Moving Towards Better Health*, endorsed by the Regional Committee in 2015.

2.6.3 Health security, including public health preparedness and response to emergencies and disasters

The Western Pacific Region is vulnerable to health security and emergency risks. WHO's Health Emergencies Programme aims to help countries prepare for, prevent, respond to and recover from emergencies quickly, in a more predictable, dependable and accountable way, whether these are caused by disease outbreaks, disasters or conflict. This session explored options for country support to address public health preparedness and response to emergencies and disasters, and explored the collaboration needed beyond technical boundaries.

2.6.4 Tackling the social roots of health inequities

Health equity is described as the absence of unfair and avoidable or remediable differences in health among social groups. The SDGs have a strong focus on equity and human rights, informed by the social determinants of health. The integration of equity, human rights, gender equity and the social determinants of health into WHO policies, programmes and institutional mechanisms is vital in leaving no one behind, a core principle of the SDGs. Participants in this session discussed the links between equity and current work plans in the context of UHC and the SDGs, policies and actions that can help reduce health inequities, and ways to measure performance on health equity.

2.6.5 Public health law: effective use of legislation to support public health policy objectives

Law is a powerful policy tool that can improve health outcomes and the achievement of the SDGs in many ways. However, it can be difficult to use effectively. Laws are often developed without regard to existing evidence and expertise, and not effectively implemented or enforced. Laws can be poorly designed and ineffective in supporting the underlying policy objective or

have unintended impacts that are harmful to population health. This session considered the challenges in the effective use of legislation and provided an opportunity for WHO collaborating centres to discuss and share their experiences and lessons learnt in the development, implementation and/or review of legislation as it relates to their areas of work.

2.6.6 Antimicrobial resistance: need for a global response

Antimicrobial resistance (AMR) is a complex problem that affects all of society and is driven by many interconnected factors. Single, isolated interventions have limited impact. Coordinated action is required to minimize its emergence and spread. This session examined AMR in the context of the SDGs and provided an overview of WHO's work at the global, regional and national levels to support countries in developing and implementing national AMR action plans.

2.7 Parallel sessions 3: Cross-cutting operational group discussions – Improving effectiveness of work in countries

These parallel sessions were designed to increase understanding of the factors that can strengthen the effectiveness of WHO collaborating centre activities in countries. WHO collaborating centres had identified the issues discussed in these sessions in a pre-Forum survey. A summary of the outcomes of these parallel sessions is available in Annex 3. These outcomes and those from the thematic discussions in Parallel Sessions 2 fed into discussions during the second round of technical sessions on enhancing the effectiveness of current work plans and the design of future work plans.

2.7.1 Research to support country needs

Participants in this session considered how to improve the relevance and application of research in countries. Research is essential for fostering innovation and promoting development. Research should go beyond publication to inform policy development and improve health outcomes. It can play an important role in informing policy development, health interventions and education and training. Building evidence-based sustainable institutional capacity is one of WHO's core functions. WHO depends on many partners such as WHO collaborating centres to generate evidence. WHO and its research partners are duty-bound to ensure that this evidence is transparent, complete, and free of perceived or real conflicts of interest, and provided in a way that is most useful for Member States.

2.7.2 Training for impact at country level

In this session, participants discussed the potential of training in health workforce capacity development. Training can help develop health workforce capacity in countries, when it is designed and implemented using a systems approach. This approach takes into account the country, institution, health and education, and existing workforce contexts, and assesses the organisation's and country's readiness for training. Assessment of training effectiveness is often limited to participants' feedback. Good training is an important starting point, but complementary policies and actions are needed to increase the likelihood of behavioural change and application of the new skills learnt.

2.7.3 Communicating for better results

In this session, participants discussed key aspects of communications and how it may be used to increase the effectiveness of collaboration and activities in countries. Communications can be a powerful tool for improving the effectiveness of activities. It can build support for health development, promote advocates for reform, galvanize support and encourage more informed decision-making at all levels. Communications should therefore be an integral part of the planning of any initiative, rather than a process that is undertaken at the end of an activity.

2.8 Parallel sessions 4: Technical session (part two) – Supporting Member States to achieve the SDGs

These sessions brought WHO collaborating centres and WHO technical officers back together to reflect on outcomes from the previous cross-cutting sessions and plenaries. Participants discussed strategies to strengthen collaboration and identified options for enhancing existing work plans to better support Member States in achieving the SDGs. A summary of the outcomes of the parallel technical sessions is available in Annex 3.

2.9 Lunchtime seminars: Overview of policies and procedures related to WHO collaborating centres

These sessions, facilitated by Mr Matias Tuler, Programme Officer, Policy and Information, WHO headquarters, and Dr Rasul Baghirov, Coordinator, Integrated Service Delivery, WHO Regional Office for the Western Pacific, were held during lunch breaks, to update participants on policies and procedures related to WHO collaborating centres and to answer questions on different aspects of designation and redesignation. The sessions were well attended and attracted interest from participants.

2.10 Plenary session 4

In the final plenary session, the highlights of the discussions in preceding sessions were summarized as follows:

- Health promotion action works towards improving the conditions of daily life. It is a cost-effective way for Member States to improve public health and reduce the economic costs of illness.
- UHC is the overarching vision for health sector development and is critical to sustainable development. As the pathway to achieving the SDGs, UHC requires actions to strengthen the health system attributes of quality, efficiency, equity, accountability and governance, and sustainability and resilience.
- Cross-boundary technical collaboration can improve the effectiveness of country support to address public health preparedness and response to emergencies and disasters.
- The integration of equity, human rights, gender and social determinants into WHO policies, programmes and institutional mechanisms is key to the core SDG principle of leaving no one behind.
- Public health law is a powerful policy tool that can support improved health outcomes and the achievement of the SDGs if based on existing evidence and expertise and effectively implemented and enforced. Coordinated action is required to minimize the emergence and spread of AMR.
- WHO-led training is best embedded in a health systems approach. The objectives of the training should go beyond merely transferring knowledge to also include practical outcomes and ongoing mentoring. Training should be recognized as a long-term investment.
- Research objectives and outcomes need to be discussed with end users to ensure relevance and timeliness for Member States, with WHO collaborating centres playing a

bigger role in building evidence and information systems and engaging in country-level monitoring and evaluation of strategies and plans.

- Before communication products are developed, the target audience(s) must be identified.
- WHO collaborating centres and WHO should have regular teleconferences and increase regular and mutual sharing and translation of strategies, documents, tools and resources. WHO should continue to guide the WHO collaborating centres on evolving priorities in Member States.

On partnership:

- WHO can build on the technical strengths of WHO collaborating centres to enhance country support in technical priority areas. WHO collaborating centres should explore increasing direct collaboration with and support of Member States.
- WHO collaborating centres should be mindful of commercial interests and industry engagement and how these might affect the collaboration with WHO.
- WHO collaborating centres can work more closely with WHO by being better aware of WHO norms and standards and the contexts in Member States.
- Collaboration can be strengthened between WHO and WHO collaborating centres and between collaborating centres (e.g. joint activities) and networks built with other partners, institutions and experts.
- WHO collaborating centres should broaden their focus areas (through a public health, whole-of-systems perspective) and align better with UHC and the SDGs, including through multidisciplinary approaches.

The session also discussed and adopted the Forum's Outcome Statement.

3. CONCLUSIONS

Conclusions

Forum participants acknowledged the importance of working across the whole health system, as well as across sectors and stakeholders, to achieve the vision of the SDGs. They committed to strengthening collaboration between WHO collaborating centres, WHO and Member States through their delivery of programme work plans, focusing on impact, equity and sustainability to improve the effectiveness of work in and across Member States.

Participants agreed on an Outcome Statement that recognized the profound implications of the SDGs for WHO, Member States and partners, in terms of new ways of working and new partnerships. The Statement emphasized that collaborative cross-programmatic and cross-sectoral action for health is paramount for balanced, equitable and sustainable development that leaves no one behind.

Consistent with agreed terms of reference and work plans, participants at the Forum agreed to:

- continue to foster active, innovative and effective partnerships for better health in countries;
- ensure that collaboration is designed, implemented and communicated in line with Member State priorities and commitments to achieving the SDGs;
- support collaboration between WHO collaborating centres working across technical areas and WHO regions to facilitate optimum outcomes for countries;
- promote, report and share progress and good practice with WHO, other WHO collaborating centres and Member States using the most effective modes of communication; and
- reconvene in 2018 to review the outcomes of the partnership of WHO and WHO collaborating centres consistent with SDG priorities in countries.

OUTCOME STATEMENT OF THE SECOND REGIONAL FORUM OF WHO COLLABORATING CENTRES IN THE WESTERN PACIFIC

Preamble

The Second WHO Regional Forum of WHO Collaborating Centres in the Western Pacific was significant in its timing and relevance, being held in the first year of the new era of the Sustainable Development Goals (SDGs).

The adoption of the SDGs by world leaders in September 2015 signalled the commitment of governments to work across sectors, the integration of health programmes, reaching populations in need, and ensuring that no one suffers undue financial hardship in accessing health services. In taking the lead on the SDG agenda, Member States of the Western Pacific Region have endorsed *Universal Health Coverage: Moving Towards Better Health* and the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*. At the core of this regional action framework for health system strengthening are five attributes: quality, efficiency, equity, accountability, and resilience and sustainability. In this context, countries have asked WHO for assistance in tackling an ambitious development agenda over the next 15 years.

The SDG era has profound implications for new ways of working and new partnerships. This Forum has discussed and identified the extended value, reach and expertise that the WHO collaborating centres offer WHO to promote its work in countries, regionally and globally.

We, the representatives of the WHO collaborating centres in the Western Pacific Region and the WHO Secretariat, participating in the Second Regional Forum of the WHO Collaborating Centres in the Western Pacific, organized in Manila in November 2016,

Acknowledge that

Since the first Forum, considerable progress has been made in strengthening collaborative and strategic partnerships between WHO and WHO collaborating centres towards improving health at the country and regional levels.

Reaffirm that

WHO collaborating centres play a key role in amplifying WHO efforts to support Member States to achieve shared and common progress towards the SDGs.

Emphasize that

Collaborative cross-programmatic and cross-sectoral action for health is paramount for the agenda of balanced, equitable and sustainable development, calling to leave no one behind.

Remain convinced that

Effectiveness of work in and across countries can be strengthened through collaborations that focus on impact, equity and sustainability.

Agree to

Consistent with agreed terms of reference and work plans:

- Continue to foster active, innovative and effective partnerships for better health in countries.
- Ensure that collaboration is designed, implemented and communicated in line with Member State priorities and commitments to achieving the SDGs.
- Support collaboration between WHO collaborating centres working across technical areas and WHO regions to facilitate optimum outcomes for countries.
- Promote, report and share progress and good practice with WHO, other WHO collaborating centres and Member States, using the most effective modes of communication.
- Reconvene in 2018 to review the outcomes of the partnership of WHO and WHO collaborating centres consistent with the SDG priorities in countries

FULL PROGRAMME

Time	Day 1: Monday, 28 November 2016									
08:30	Opening session - Conference Hall <ul style="list-style-type: none"> Welcome by Dr Takeshi Kasai – WHO Director of Programme Management, WHO Regional Office for the Western Pacific Introduction of Forum participants Keynote speech - Dr Shin Young-soo – WHO Regional Director for the Western Pacific 									
10:00	Group photo on the Lawn									
10:20	Mobility break - Upper and lower conference hall lounge and AI Fresco									
10:50	Plenary session 1 – Conference Hall Taking stock: Identifying opportunities, implementation challenges and good practices in networking and partnerships <ul style="list-style-type: none"> Report from the Secretariat – Dr Takeshi Kasai, WHO Director of Programme Management, WHO Regional Office for the Western Pacific Experiences working through effective partnerships and collaboration: <ol style="list-style-type: none"> National Centre for Global Medicine (NCGM)- Japan - WHO Collaborating Centre for Health Systems Research National Institute of Food and Drug Safety Evaluation (NIFDS) of Ministry of Food and Drug Safety (MFDS)- the Republic of Korea – WHO Collaborating Centre for Standardization and Evaluation of Biologicals Centre for Food Safety, Food and Environmental Hygiene Department, Hong Kong SAR (China) - WHO Collaborating Centre for Risk Analysis of Chemicals in Food 									
11:50	Lunch Cafeteria and Alfresco	Poster Session 1 (12.45-13.30) Conference Hall upper and lower lounge and foyer			Day 1 Seminar - Conference Hall (12.45-13.30) Overview on policies and procedures related to WHO collaborating centres Facilitators: Matias Tuler and Rasul Baghirov					
13:45	Plenary session 2 – Conference Hall Transforming our world – the 2030 Agenda for Sustainable Development – panel session <ul style="list-style-type: none"> Dr Vivian Lin, Director, Health Systems Dr Mark Jacobs, Director, Communicable Diseases Dr Susan Mercado, Director, NCD and Health through the Life-course Dr Li Ailan, Director, Health Security and Emergencies 									
14:45	Parallel sessions 1: Technical session for WHO CCs by themes									
Mobility break 15:45-16:15, various locations	Malaria, other vector-borne and neglected tropical diseases Lead: Rabindra Abeyasinghe Room: 421	Tuberculosis Lead: Nobuyuki Nishikiori Room: 404	HIV/AIDS, hepatitis and sexual transmitted infection Lead: Ying-Ru Lo Room: 409-D	Noncommunicable diseases Lead: Hai-Rim Shin Room: 212	Health promotion Lead: Tara Kessaram Room: 212	Healthy diet and oral health Lead: Katrin Engelhardt Room: 212	Tobacco Free Initiative Lead: Katia De Pinho Campos Room: 212	Mental health and substance abuse Lead: Xiao Sobel Room: 402	Reproductive, maternal, neonatal, child and adolescent health Lead: Howard Sobel Room: 410 Pizza	International Health Regulations: emerging diseases and food safety Lead: Peter Hoejskov Room: 403 EOC
	Health research ethics and law Lead: Ki Hyun Hahm and Luke Elich Room: 406-E	Essential medicines, health technology and biologicals Lead: David Newby Room: 210-A	Health information and e-health Lead: Gao Jun Room: 310 Blue wave	Service delivery and financing Lead: Rasul Baghirov and Xu Ke Room: 208-E	Health workforce Lead: Indrajit Hazarika Room: 414-A Cake	Traditional medicine Lead: Yu Lee Park Room: 321	Disability and rehabilitation Lead: Darryl Barrett Room: 210-B	Environmental health Lead: Rifat Hossain Room: 313-S	Occupational health Lead: Nasir Hassan Room: 314 Narra	Library and publications Lead: Marie Villemain-Partow Room: Library
17:30	Transport to the Regional Director's Reception									
18:00	Regional Director's Reception – Manila Ballroom of Manila Hotel									

Time	Day 2: Tuesday, 29 November 2016									
08:30	Plenary session 3 – Conference Hall Aligning the work of WHO collaborating centres to the needs of Member States <ul style="list-style-type: none"> Nagasaki University – emerging infectious diseases in Japan Pacific Paramedical Training Centre – blended learning and course accreditation Centre for International Child Health – coaching in Early Essential Newborn Care 									
9:30	Mobility break - Upper and lower conference hall lounge and AI Fresco									
10:00	Parallel sessions 2 – cross-cutting thematic group discussions									
	Health promotion Lead: Hai-Rim Shin Room: Conference Hall	Universal health coverage Leads: Xu Ke and Rasul Baghirov Room: 212	Health security Lead: Frank Konnings Room: 210	Addressing health inequities Leads: Anjana Bhushan, Britta Baer Room: 208-E	Public health law Leads: Luke Elich, Ki-Hyun Hahm Room: 410 Pizza	Antimicrobial resistance Leads: Sarah Paulin, Babatunde Olowokure Room: 414-A Cake				
11:00	Move to meeting rooms for Parallel Sessions 3									
11:15	Parallel sessions 3 – cross-cutting operational group discussions									
	Research to support country needs			Training for impact at country level			Communicating for better results			
	Group 1 lead: Jun Gao and David Newby Room: 410 Pizza	Group 2 lead: Nobuyuki Nishikiori Room: 414-A Cake	Group 1 lead: Elaine O’Leary Room: 212	Group 2 lead: Howard Sobel Room: 210	Group 1 lead: Angela Pratt Room: 208-E	Group 2 lead: Eloi Yao+02 Room: 403 EOC				
12:15	Lunch Cafeteria and Alfresco	Poster Session 2 (13:00 – 13:45) Conference hall upper and lower lounge and foyer			Day 2 Seminar - Conference Hall (13:00 – 13:45) Overview on policies and procedures related to WHO collaborating centres Facilitators: Matias Tuler and Rasul Baghirov					
14:00	Parallel sessions 4 – technical groupings – Supporting Member States to achieve the SDGs									
	Malaria, other vector-borne and neglected tropical diseases Lead: Rabindra Abeyasinghe Room: 421	Tuberculosis Lead: Nobuyuki Nishikiori Room: 404	HIV/AIDS, hepatitis and sexual transmitted infection Lead: Ying-Ru Lo Room: 409-D	Noncommunicable diseases Lead: Hai-Rim Shin Room: 212	Health promotion Lead: Tara Kessaram Room: 212	Healthy diet and oral health Lead: Katrin Engelhardt Room: 212	Tobacco Free Initiative Lead: Katia De Pinho Campos Room: 212	Mental health and substance abuse Lead: Xiao Sobel Room: 402	Reproductive, maternal, neonatal, child and adolescent health Lead: Howard Sobel Room: 410 Pizza	International Health Regulations: emerging diseases and food safety Lead: Peter Hoejskov Room: 403 EOC
	Health research ethics and law Lead: Ki Hyun Hahm, Luke Elich Room: 406-E	Essential medicines, health technology and biologicals Lead: David Newby Room: 210-A	Health information and e-health Lead: Gao Jun Room: 310-Blue Wave	Service delivery and financing Lead: Rasul Baghirov and Xu Ke Room: 208-E	Health workforce Lead: Indrajit Hazarika Room: 414-A Cake	Traditional medicine Lead: Yu Lee Park Room: 321	Disability and rehabilitation Lead: Darryl Barrett Room: 210-B	Environmental health Lead: Rifat Hossain Room: 313-S	Occupational health Lead: Nasir Hassan Room: 314 Narra	Library and publications Lead: Marie Villemin-Partow Room: Library
15:00	Mobility break - Upper and lower conference hall lounge and AI Fresco									
15:30 - 17:00	Plenary session 4 – Conference Hall <ul style="list-style-type: none"> Report back from parallel sessions on key highlights and way forward Closing session <ul style="list-style-type: none"> Closing remarks - Dr Shin Young-soo – WHO Regional Director for the Western Pacific 									

PARTICIPANTS

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AUS-59	The Centre for Eye Research Australia, Royal Victorian Eye and Ear Hospital	WHO Collaborating Centre for the Prevention of Blindness	Dr Andreas Mueller
AUS-60	School of Life Sciences, Queensland University of Technology	WHO Collaborating Centre for Arbovirus Reference and Research	Professor John Aaskov
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MAA-16	National Poison Centre, Science University of Malaysia (Universiti Sains Malaysia)	WHO Collaborating Centre for Drug Information	Professor Rahmat Awang Dr Maizurah Omar Dr Balamurugan Tangiisuran
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PHL-19	Department of Parasitology, Research Institute for Tropical Medicine	WHO Collaborating Centre for Malaria Diagnosis	Mrs Jennifer Luchavez Mr Sherwin Galit
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KOR-18	Natural Products Research Institute, Seoul National University	WHO Collaborating Centre for Traditional Medicine	Professor Youngbae Suh
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KOR-86	Occupational Health Department, Korea Occupational Safety and Health Agency	WHO Collaborating Centre for Occupational Health	Dr Jang Jin Ryoo Dr Eun A Kim Ms Lee Yu-Jeong
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Dr Susan Mercado	Director, Noncommunicable Diseases and Health through Life-Course
Dr Li Ailan	Director, Health Security and Emergencies
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Ms Elaine O'Leary	Consultant, Division of Health Systems
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Mr Matias Tuler	Programme Manager, Strategy, Policy and Information, WHO Headquarters

OUTCOMES OF PARALLEL SESSIONS

3.1 Technical Parallel Sessions

A. Communicable diseases

A1. HIV, hepatitis and sexually transmitted infections

Facilitator: Dr Ying-Ru Lo

Key message:

WHO's work in collaboration with WHO collaborating centres (CCs) will focus on supporting countries to implement three interlinked global health sector strategies for HIV, hepatitis and sexually transmitted infections (STIs) covering the period 2016–2021, which respectively call for an end to the AIDS epidemic, viral hepatitis, and the STI epidemic as public health threats by 2030.

Recommendations:

WHO CCs and WHO agreed to:

- develop/refine WHO CC activities in the context of the new global strategies and SDGs as well as limited resources for HIV, hepatitis and STI programmes;
- ensure support for the implementation of the *Regional Action Plan for Viral Hepatitis in the Western Pacific*;
- disseminate HIV and hepatitis guidance where most needed;
- support initiation and augmentation of hepatitis and HIV surveillance and data management in Member States, including expanding training on infection prevention and control for nurses and other health care workers and outbreak investigation tools for blood-borne viruses such as hepatitis C and HIV;
- strengthen laboratory services, focusing on improving the quality of HIV, hepatitis and STI testing, including the use of point-of-care diagnostics; and
- strengthen HIV and STI prevention focusing on men who have sex with men, the prevention and surveillance of gonorrhoea antimicrobial drug resistance, and strengthening sustainable service delivery models for HIV and STI care.

Participating WHO collaborating centres:

- AUS-45: St Vincent's Institute of Medical Research, National Serology Reference Laboratory; WHO Collaborating Centre for Diagnostics and Laboratory Support for HIV/AIDS and Other Blood-borne Infections
- AUS-72: The Prince of Wales Hospital, Department of Microbiology, South Eastern Area Laboratory Services; WHO Collaborating Centre for Sexually Transmitted Diseases
- AUS-89: Albion Street Centre; WHO Collaborating Centre for Capacity Building and Health Care Worker Training in HIV/AIDS Care, Treatment and Support
- AUS-121: Victorian Infectious Diseases Reference Laboratory, Research and Molecular Development, Epidemiology, and Virology; WHO Collaborating Centre for Viral Hepatitis
- CHN-75: National Center for Sexually Transmitted Diseases Control, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College; WHO Collaborating Centre for the Prevention and Control of Sexually Transmitted Infections

- CHN-92: STD/AIDS Centre for Treatment and Care Beijing Ditan Hospital; WHO Collaborating Centre for Comprehensive Management of HIV Treatment and Care

A2. Tuberculosis (TB)

Facilitator: Dr Nobuyuki Nishikiori

Key message:

WHO CCs are fully committed to collaborative work with WHO in line with the WHO End TB Strategy and the SDGs.

Recommendations:

WHO CCs and WHO agreed to:

- develop a regional guidance document on TB control among older people; and
- maintain the level of coordination and collaboration in supporting countries in implementing the End TB Strategy, including in the areas of access to latest diagnostic technologies, implementing patient cost studies and other operational research to generate evidence on social interventions in TB care and prevention.

Participating WHO collaborating centres :

- CHN-57: Beijing Tuberculosis and Thoracic Tumor Research Institute, National Center for TB Control and Clinical Medicine, Chinese Center for Disease Control and Prevention; WHO Collaborating Centre for Research and Training on Tuberculosis
- JPN-38: Research Institute of Tuberculosis; WHO Collaborating Centre for Reference, Research and Training on Tuberculosis
- KOR-24: Korean Institute of Tuberculosis, The Korean National Tuberculosis Association; WHO Collaborating Centre for Research, Training and Reference Laboratory on Tuberculosis

A3. Malaria, other vector borne and neglected tropical diseases

Facilitator: Dr Rabindra Abeyasinghe

Key message:

With the endorsement of the Global Strategies and Regional Action Plans, key work areas pertaining to malaria, dengue and other neglected tropical diseases must be aligned with the SDGs.

Recommendations:

WHO CCs and WHO agreed to:

- work jointly to amplify the effectiveness of WHO work in countries;
- explore opportunities to further expand the support provided to Member States to improve their health status through addressing targets related to the Malaria, Other Vectorborne and Parasitic (MVP) Diseases Programme and the Expanded Programme on Immunization (EPI), especially the elimination and control of these diseases;
- maintain, sustain and create innovative partnerships, including through exploring opportunities to strengthen cooperation to facilitate enhanced country support; and

- ensure that activities and work related to EPI laboratory surveillance of poliovirus and other enteroviruses are aligned with the SDGs.

Participating WHO collaborating centres:

- AUS-60: Queensland University of Technology; WHO Collaborating Centre for Arbovirus Reference and Research
- AUS-68: James Cook University Australia School of Public Health, Tropical Medicine and Rehabilitation Sciences; WHO Collaborating Centre for the Control of Lymphatic Filariasis, Soil-transmitted Helminths and other Neglected Tropical Diseases
- CHN-58: Hunan Institute of Parasitic Diseases; WHO Collaborating Centre on Schistosomiasis Control in Lake Regions
- CHN-76: Second Military Medical University, Department of Etiologic Biology; WHO Collaborating Centre for Gene Synthesis and Expression
- CHN-114: Department of Vector Biology and Control, National Institute for Communicable Disease Control and Prevention; WHO Collaborating Centre for Vector Surveillance and Management
- CHN-121: Xinjiang Key Laboratory of Echinococcosis, Clinical Medical Research Institute, The First Affiliated Hospital of Xinjiang Medical University; WHO Collaborating Centre for Prevention and Care Management of Echinococcosis
- CHN-130: Chinese Center for Diseases Control and Prevention, Institute of Parasitic Diseases; WHO Collaborating Centre for Tropical Diseases
- CHN-136: Jiangsu Institute of Parasitic Diseases; WHO Collaborating Centre for Research and Training on Malaria Elimination
- JPN-93: Department of Virology II, National Institute of Infectious Diseases; WHO Collaborating Centre for Virus Reference and Research (Enteroviruses)
- MAA-13: Division of Medical Entomology, Institute for Medical Research; WHO Collaborating Centre for Ecology, Taxonomy and Control of Vectors of Malaria, Filariasis and Dengue
- PHL-19: Department of Parasitology, Research Institute for Tropical Medicine; WHO Collaborating Centre for Malaria Diagnosis
- SIN-26: Environmental Health Institute, National Environment Agency; WHO Collaborating Centre for Reference and Research of Arbovirus and their Associated Vectors

B. Health systems

B1. Health research ethics and law

Facilitators: Dr Ki Hyun Hahm; Mr Luke Elich

Key messages:

- Integral to advancing the SDGs, health ethics and law offer constructive perspectives on the challenges faced by countries, and make important contributions to improving health and sustainable development in the Region.
- Health law can play an important role in protecting health rights, facilitating access to health interventions, promoting healthy environments and encouraging healthy behaviours. Health law can also enable countries to overcome programmatic silos, foster intersectoral engagement and support health system sustainability.
- Health ethics, which encompasses medical ethics, bioethics and “boundaries of life” issues, public health ethics, and research ethics, has broad and fundamental implications for health professionals, policy-makers and researchers, as well as patients, families, and communities.

Recommendations:

WHO CCs and WHO agreed to:

- strengthen networks for health law in the Region, including WHO CCs and other well-positioned institutions and individuals, to improve countries' access to expertise and resources on the effective use of law to improve health;
- identify the important issues in the Region that health ethics can help address, and the best institutional mechanisms and approaches to implementation; and
- foster collaboration across health ethics and law and other areas as appropriate, recognizing the need to work together to maximize effectiveness.

Participating WHO collaborating centres:

- KOR-96: Department of Medical Law and Ethics, The Asian Institute of Bioethics and Health Law, Yonsei University; WHO Collaborating Centre for Health Law and Bioethics
- SIN-28: Centre for Biomedical Ethics, Yong Loo Lin School of Medicine, National University of Singapore; WHO Collaborating Centre for Bioethics

B2. Essential medicines, health technology and biologicals

Facilitator: Dr David Newby

Key messages:

- WHO CCs provide important support to Member States on regulatory system strengthening; however, there are gaps in the support for work on AMR and access to essential medicines.
- Greater engagement between WHO CCs and WHO will improve the effectiveness of activities in countries.

Recommendations:

WHO CCs and WHO agreed to:

- increase WHO CC engagement in priority area activities, e.g. including the participation of WHO CCs as observers at regional meetings and in country missions, etc.;
- consider organizing more regular video/teleconferences;
- explore how WHO CCs' current work plans can be enhanced to increase their impact in countries; and
- ensure that all reporting and proposals for redesignation address the need for broader in-country work that reflects country SDG priorities.

Participating WHO collaborating centres:

- CHN-117: National Institutes for Food and Drug Control; WHO Collaborating Centre for Standardization and Evaluation of Biologicals
- JPN-28: Department of Quality Assurance and Radiological Protection, National Institute of Infectious Diseases; WHO Collaborating Centre for Standardization and Evaluation of Biologicals
- KOR-90: National Institute of Food and Drug Safety Evaluation, Ministry of Food and Drug Safety; WHO Collaborating Centre for Standardization and Evaluation of Biologicals
- MAA-15: National Pharmaceutical Control Bureau, Ministry of Health; WHO Collaborating Centre for Regulatory Control of Pharmaceuticals

- MAA-16: National Poison Centre, Universiti Sains Malaysia; WHO Collaborating Centre for Drug Information
- NEZ-15: Pacific Paramedical Training Centre; WHO Collaborating Centre for External Quality Assessment in Health Laboratory Services
- SIN-25: Health Sciences Authority; WHO Collaborating Centre for Medicines Quality Assurance

B3. Health information and e-health

Facilitator: Dr Jun Gao

Key messages:

- Health information and the improved application of information and communication technology on health (eHealth) are important to the achievement of the SDGs.
- Health information systems and eHealth are strengthened through better application of international health information standards.

Recommendations:

WHO CCs and WHO agreed to:

- improve communications between technical focal persons, including through regular teleconferences;
- improve trust and understanding through better communication and developing common agreed actions and expected outputs to support countries;
- work with regional networks such as AeHIN, PHIN, etc., and other partners to improve health information systems and eHealth across the Region; and
- increase collaboration on eHealth evaluation, assessment and capacity building in countries.

Participating WHO collaborating centres:

- AUS-114: University of Queensland, School of Population Health; WHO Collaborating Centre for Health Information Systems
- AUS-92: University of New South Wales, International Laboratory for Air Quality and Health; WHO Collaborating Centre on eHealth
- CHN-112: National Health and Family Planning Commission of the People's Republic of China, Center for Health Statistics and Information; WHO Collaborating Centre for Health Information and Informatics
- JPN-85: International Classification and Information Management Office (Japan ICD Office), Policy Planning Division, Statistical and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare; WHO Collaborating Centre for the Family of International Classifications

B4. Health workforce

Facilitator: Dr Indrajit Hazarika

Key messages:

- The health workforce is critical for achieving UHC and other health-related SDGs.
- Future work should adopt a health systems approach, aligning the health workforce with service needs and effectively using health governance and financing policy levers.
- Strengthening the capacity of the public health workforce can improve the resilience of health systems.

Recommendations:

WHO CCs and WHO agreed to:

- continue regular communication within the WHO CC network, using platforms such as GoToMeeting, to review progress and share experiences and achievements;
- plan joint activities among WHO CCs working on different thematic areas to adopt a more consolidated approach to addressing health needs;
- transition to a multidisciplinary approach to supporting health workforce needs and implementing activities in Member States;
- establish priority areas of focus among WHO CCs and WHO to enable capacity building, training and research outcomes;
- provide responsive support to Member States on key areas, such as clinical governance/risk management, health professions education reforms, leadership training, and developing a skilled workforce to address current and emerging health threats; and
- review the terms of reference of WHO CCs at the time of re-designation to strengthen their alignment with the identified priorities of Member States.

Participating WHO collaborating centres:

- AUS-93: University of Technology, Sydney, Faculty of Nursing, Midwifery & Health; WHO Collaborating Centre for Nursing, Midwifery and Health Development
- AUS-98: James Cook University Australia, School of Nursing, Midwifery and Nutrition; WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity Building
- CHN-81: Health Human Resources Development Center, Ministry of Health; WHO Collaborating Centre for Human Resources for Health
- CHN-109: Shandong University; WHO Collaborating Centre for Nursing Care for Vulnerable Groups, including those impacted by disasters
- CHN-129: School of Nursing, Peking Union Medical College; WHO Collaborating Centre for Nursing Policy-Making and Leadership
- JPN-58: People-Centered Care Research Department, Research Center, St. Luke's International University; WHO Collaborating Centre for Nursing Development in Primary Health Care
- JPN-77: University of Hyogo, Research Institute of Nursing Care for People and Community; WHO Collaborating Centre for Nursing in Disasters and Health Emergency Management
- JPN-89: Centre for Research and Training on Interprofessional Education, Gunma University; WHO Collaborating Centre for Research and Training on Interprofessional Education
- KOR-102: JW Lee Center for Global Medicine, College of Medicine Seoul National University; WHO Collaborating Centre for Educational Development
- KOR-16: College of Nursing, Yonsei University; WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care

- PHL-13: College of Nursing, University of the Philippines Manila; WHO Collaborating Centre for Leadership in Nursing Development

B5. Service delivery and financing

Facilitators: Dr Rasul Baghirov; Dr Xu Ke

Key messages:

- Work on strengthening health systems should be undertaken in teams, because synergetic action is necessary to achieve UHC. A separate focus on service delivery, financing or governance alone will not succeed.
- The regional action framework on UHC provides a platform for WHO CCs to amplify WHO efforts in supporting Member States to develop and implement WHO country roadmaps. WHO CCs are invited to use the framework, available online at <http://www.uhcwpr.info/>.
- Joint activities, similar to the ongoing annual training course on hospital quality management, are effective and should be continued.

Recommendations:

WHO CCs and WHO agreed to:

- organize teleconference sessions to review progress and discuss technical collaborations as needed;
- maintain close communications, updating each other on matters to better inform and shape respective performance; and
- expand the scope and participation in hospital management courses and involve WHO CCs in capacity-building activities at the country level.

Participating WHO collaborating centres:

- CHN-55: Shanghai Blood Centre; WHO Collaborating Centre for Blood Transfusion Services
- CHN-120: School of Public Health, The University of Hong Kong; WHO Collaborating Centre for Infectious Disease Epidemiology and Control
- CHN-123: Jiading Primary Health Care Centre; WHO Collaborating Centre for Primary Health Care
- CHN-127: China National Health Development Research Center; WHO Collaborating Centre for Health Systems Strengthening
- JPN-45: Department of International Medical Cooperation, National Centre for Global Health and Medicine; WHO Collaborating Centre for Health Systems Research
- JPN-50: Department of International Health and Collaboration, National Institute of Public Health; WHO Collaborating Centre for Integrated People-Centred Service Delivery
- KOR-19: Department of Preventive Medicine, Yonsei University, College of Medicine; WHO Collaborating Centre for Health Systems Research
- KOR-98: School of Public Health, Seoul National University; WHO Collaborating Centre for Health System and Financing
- KOR-100: Korean Red Cross Blood Service, Korean Red Cross; WHO Collaborating Centre for Blood Transfusion Safety
- MAA-14: Institute for Health Systems Research, Ministry of Health; WHO Collaborating Centre for Health Systems Research and Quality Improvement

B6. Traditional medicine

Facilitator: Dr Yu Lee Park

Key messages:

- Traditional medicine activities need to be reviewed from a broader public health perspective.
- Greater attention needs to be paid to the contribution of traditional medicines to UHC and the SDGs.
- Activities of the WHO CCs for traditional medicine must be aligned with WHO activities to support Member States in achieving UHC and the SDGs.
- More active engagement and efficient communication between WHO and WHO CCs is essential.

Recommendations:

WHO CCs and WHO agreed to:

- strengthen communications to identify and implement collaborative activities to support Member States, including identifying at least one key activity for each WHO CC;
- use existing meetings such as the Joint Symposium to discuss WHO key priority areas such as adverse event reporting systems, information systems, and regulation of products/practitioners, as well as to provide inputs to WHO; and
- work on WHO CC sharing of more detailed and key research and related achievements, in addition to annual reports, and to discuss strategies to disseminate and translate the research into action.

Participating WHO collaborating centres:

- AUS-86: RMIT University, Discipline of Chinese Medicine, School of Health Sciences; WHO Collaborating Centre for Traditional Medicine
- CHN-30: Academy of Integrated Traditional Chinese and Modern Medicine, Shanghai Medical College, Fudan University; WHO Collaborating Centre for Traditional Medicine
- CHN-32: Institute of Acupuncture & Moxibustion, China Academy of Chinese Medical Sciences; WHO Collaborating Centre for Traditional Medicine
- CHN-33: Shanghai University of Traditional Chinese Medicine; WHO Collaborating Centre for Traditional Medicine
- CHN-34: Institute of Chinese Materia Medica, China Academy of Chinese Medical Sciences; WHO Collaborating Centre for Traditional Medicine
- CHN-35: Institute of Clinical Research & Information, China Academy of Chinese Medical Sciences; WHO Collaborating Centre for Traditional Medicine
- CHN-44: Institute of Medicinal Plant Development, Chinese Academy of Medical Sciences; WHO Collaborating Centre for Traditional Medicine
- CHN-115: Chinese Medicine Division, Department of Health, Hong Kong SAR; WHO Collaborating Centre for Traditional Medicine
- JPN-46: Oriental Medicine Research Centre (OMRC), Kitasato University; WHO Collaborating Centre for Traditional Medicine
- JPN-54: Department of Japanese Oriental Medicine, Graduate School of Medicine and Pharmaceutical Sciences, University of Toyama; WHO Collaborating Centre for Traditional Medicine
- KOR-17: East-West Medical Research Institute Kyung Hee University; WHO Collaborating Centre for Traditional Medicine

- KOR-18: Natural Products Research Institute, Seoul National University; WHO Collaborating Centre for Traditional Medicine
- KOR-89: Korea Institute of Oriental Medicine; WHO Collaborating Centre for Traditional Medicine
- VTN-4: National Hospital of Traditional Medicine; WHO Collaborating Centre for Traditional Medicine

C. Non-communicable diseases and health through the life-course

C1. Joint parallel session on Non-communicable Diseases, Health Promotion, Healthy Diet and Oral Health and Tobacco Free Initiative

Facilitators: Dr Hai-Rim Shin, Dr Tara Kessaram, Dr Katrin Engelhardt, Ms Katia de Pinho Campos

Key messages:

- Detailed strategies can be explored in designing, implementing and evaluating programme interventions.
- Health promotion has a significant role to play in the sustainable development agenda.
- WHO CCs have experience in applying systems approaches to address non-communicable diseases and their risk factors, and promoting the use of existing system tools. Interventions at the level of systems and environments are necessary to improve health outcomes of individuals and populations.
- It is important for the SDGs, WHO action plans and terms of reference of WHO CCs to be related to and aligned with one another.

Recommendations:

WHO agreed to:

- strengthen coordination between and among WHO headquarters, the Regional Office and WHO CCs;
- build programme- or theme-specific networks of WHO CCs so that thematic meetings can be held either in person or via video/teleconference;
- make progress on an interactive website that has mailing lists and online forums through which WHO CCs can interact with WHO and with one other;
- move forward on the idea of designating more WHO CCs in the areas of health policy, law, trade and economics; and
- develop a monitoring/tracking mechanism for statements/agreements made at this meeting that are expected to be implemented in the months to come.

WHO CCs and WHO agreed to:

- better align their terms of reference and activities (current and future) to contribute more to the SDG targets; and
- maintain open and regular communication with WHO and among one another.

Participating WHO collaborating centres:

Non-communicable diseases

- CHN-10: Shanghai Institute of Cardiovascular Diseases; WHO Collaborating Centre for Research and Training in Cardiovascular Diseases
- JPN-56: Diabetes Center, Kyoto Medical Center, National Hospital Organization; WHO Collaborating Centre for Diabetes Treatment and Education
- JPN-83: Department of Respiratory Medicine, Dokkyo Medical University Koshigaya Hospital; WHO Collaborating Centre for the Prevention and Control of Chronic Respiratory Diseases
- KOR-84: National Cancer Center; WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection
- KOR-104: Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea; WHO Collaborating Centre for Training in Hospice & Palliative Care

Health promotion

- AUS-117: Victorian Health Promotion Foundation; WHO Collaborating Centre for Excellence in Health Promotion
- JPN-73: International Health Graduate School, Tokyo Medical & Dental University; WHO Collaborating Centre for Healthy Cities and Urban Policy Research
- KOR-101: Research Institute for Healthy Cities and Health Impact Assessment, Soonchunhyang University; WHO Collaborating Centre for Healthy Cities and Health in All Policies
- SIN-21: Health Promotion Board; WHO Collaborating Centre for Health Promotion and Disease Prevention

Healthy diet and oral health

- AUS-80: Deakin University, Population Health Strategic Research Centre, Faculty of Health; WHO Collaborating Centre for Obesity Prevention
- AUS-107: University of Sydney, Boden Institute of Obesity, Nutrition and Exercise and the Prevention Research Collaboration, Faculty of Medicine; WHO Collaborating Centre for Physical Activity, Nutrition and Obesity
- AUS-110: The George Institute for Global Health, The Food Policy Division; WHO Collaborating Centre on Population Salt Reduction
- CHN-26: Research Institute of Stomatology, Peking University; WHO Collaborating Centre for the Research and Training in Preventive Dentistry
- JPN-75: Department of Oral Health Science, Division of Preventive Dentistry, Niigata University Graduate School of Medical and Dental Sciences; WHO Collaborating Centre for Translation of Oral Health Science
- JPN-88: Unit for International Collaboration on Nutrition and Physical Activity, National Institute of Health and Nutrition; WHO Collaborating Centre for Nutrition and Physical Activity
- NEZ-13: School of Dentistry, University of Otago; WHO Collaborating Centre for Dental Epidemiology and Public Health

Tobacco -Free Initiative

- CHN-113: Tobacco Control Office, Department of Health, Hong Kong SAR; WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence
- CHN-119: School of International Trade and Economics, University of International Business and Economics; WHO Collaborating Centre on Tobacco and Economics

- CHN-133: Tobacco Medicine and Tobacco Cessation Centre, Institute of Respiratory Medicine; WHO Collaborating Centre for Tobacco Cessation and Respiratory Diseases Prevention
- JPN-90: Department of Environmental Health, National Institute of Public Health; WHO Collaborating Centre on Tobacco Testing and Research

C2. Mental health and substance abuse

Facilitators: Dr Xiao Sobel, Dr Jason Ligot, Dr Carmela Mijares-Majini

Key message:

Increasing alignment with the SDGs and increasing the effectiveness of activities in countries is essential.

Recommendations:

WHO CCs and WHO agreed to:

- increase the alignment of WHO CC activities with the SDGs and with country priorities to amplify the effectiveness of WHO work in countries;
- promote collaboration on cross-cutting and multidisciplinary issues that impact mental health;
- foster closer technical interaction and innovative partnerships, including through a dedicated communications platform and strengthened knowledge management strategies;
- promote distance learning models to support capacity building;
- explore multi-centric research studies and projects on priority issues (e.g. youth suicide); and
- explore innovative models for research collaboration between WHO CCs using available data.

Other items considered for development:

- mental health and substance abuse policy database or observatory;
- advocacy product highlighting evidence-based mental health promotion interventions;
- campaigns, activities and initiatives with key messages for different audiences and across various forms of media to support World Health Day 2017 on depression.

Participating WHO collaborating centres:

- AUS-75: St Vincent's Hospital: WHO Collaborating Centre for Research and Training in Mental Health
- AUS-77: University of Western Australia, School of Psychiatry and Clinical Neurosciences, Royal Perth Hospital at the Medical Research Foundation Building; WHO Collaborating Centre for Research, Training and Consultative Work on Mental Health
- AUS-79: Drug and Alcohol Services South Australia, Clinical Policy and Research Division; WHO Collaborating Centre for Research in the Treatment of Drug and Alcohol Problems
- CHN-47: Nanjing Child Mental Health Research Centre; WHO Collaborating Centre for Research and Training in Child Mental Health
- CHN-110: Department of Public Mental Health, Peking University Institute of Mental Health; WHO Collaborating Centre for Research and Training in Mental Health
- JPN-57: Kurihama Medical and Addiction Center, National Hospital Organization; WHO Collaborating Centre for Research and Training on Alcohol-related Problems
- JPN-92: Center for Suicide Prevention, National Institute of Mental Health, National Center of Neurology and Psychiatry; WHO Collaborating Centre for Research and Training in Suicide Prevention

C3. Disability and rehabilitation

Facilitator: Dr Darryl Wade Barrett

Key messages:

- Strengthening engagement and effective communications can yield better results.
- Work plan activities must be aligned with country priorities and attainment of the SDGs, and implemented as agreed.

Recommendations:

WHO CCs and WHO agreed to:

- increase alignment with the SDGs, including by:
 - initiating cross-sectoral opportunities to improve alignment within WHO programmes and units, and among all regional CCs to support SDG attainment (ongoing);
 - increasing transparency of WHO and WHO CC activities to improve two-way communication and opportunities (ongoing);
 - increasing demonstration of how WHO and WHO CCs can work together across boundaries in various countries (ongoing);
 - mapping WHO and WHO CC activities to the SDGs to explore priority opportunities to influence government policies/programmes (July 2017);
 - developing closer links between WHO and WHO CCs.
- amplify the effectiveness of WHO work in countries, including by:
 - collaborating more closely with national programmes/partners through WHO, including setting priorities for activities towards SDGs;
 - ensuring that in-country work undertaken with WHO and WHO CCs are followed up, monitored/evaluated and communicated, working towards establishing a clear governance structure for in-country WHO CC work (December 2017);
 - better sharing of information about country-based work, including plans, to support closer links and collaboration.
- maintain, sustain and create innovative partnerships, including through clearer and closer relationships between WHO headquarters, the Regional Office and respective WHO CCs, particularly for WHO CCs in the region that are managed by WHO headquarters.

Participating WHO collaborating centres:

- AUS-59: Royal Victorian Eye and Ear Hospital, The Centre for Eye Research Australia; WHO Collaborating Centre for the Prevention of Blindness
- AUS-85: Monash University, Accident Research Centre; WHO Collaborating Centre for Violence, Injuries and Disabilities
- AUS-113: The University of Sydney, Faculty of Health Sciences; WHO Collaborating Centre in Health Workforce Development in Rehabilitation and Long Term Care
- CHN-50: Sun Yat-Sen University of Medical Sciences, Department of Rehabilitation Medicine; WHO Collaborating Centre for Rehabilitation
- CHN-60: Tongji Medical College Department of Rehabilitation Medicine, Tongji Hospital; WHO Collaborating Centre for Training and Research in Rehabilitation
- CHN-83: The Hong Kong Society for Rehabilitation; WHO Collaborating Centre for Rehabilitation
- CHN-87: Nanjing Medical University; WHO Collaborating Centre for the Prevention of Deafness and Hearing Impairment

- CHN-94: Beijing Institute of Otorhinolaryngology, Beijing Tongren Hospital affiliated with Capital Medical University; WHO Collaborating Centre for Prevention of Deafness
- JPN-34: Department of Ophthalmology, School of Medicine, Juntendo University; WHO Collaborating Centre for Prevention of Blindness
- JPN-70: National Rehabilitation Centre for Persons with Disabilities; WHO Collaborating Centre for Disability Prevention and Rehabilitation

C4. Reproductive, maternal, neonatal, child and adolescent health (RMNCAH)

Facilitator: Dr Howard Sobel

Key messages:

- Information sharing between WHO and WHO CCs must be continued.
- Engagement is needed with WHO CCs and units relevant to RMNCAH, such as mental health and environmental health.
- As adolescent health is the newcomer to the SDGs, it needs continued support, but neither WHO nor the WHO CCs should forget the Millennium Development Goals (MDGs) that have yet to be achieved, such as those concerning reproductive, maternal, newborn and child health.

Recommendations:

WHO CCs and WHO agreed to:

- continue to facilitate sharing of information through newsletters and direct work;
- share publications and relevant reports across the network and relevant ones outside RMNCAH; and
- continue to translate global evidence into local action both in adolescent health and the MDGs on reproductive, maternal, newborn and child health, which have yet to be achieved.

Participating WHO collaborating centres:

- AUS-61: University of Melbourne, Centre for Health Equity, School of Population and Global Health; WHO Collaborating Centre for Women's Health
- AUS-87: University of Melbourne, Centre for International Child Health; WHO Collaborating Centre for Research and Training in Child and Neonatal Health
- AUS-118: Centre for Adolescent Health at the Royal Children's Hospital, University of Melbourne; WHO Collaborating Centre for Adolescent Health
- CHN-29: Shanghai Institute of Planned Parenthood Research; WHO Collaborating Centre for Research in Human Reproduction
- CHN-56: Chengdu University of Traditional Chinese Medicine; WHO Collaborating Centre for Research in Human Reproduction
- CHN-63: National Research Institute for Family Planning; WHO Collaborating Centre for Research in Human Reproduction
- CHN-65: Institute of Population Research, Peking University; WHO Collaborating Centre for Research in Reproductive Health and Population Science
- CHN-74: Women's and Children's Health Centre, Peking University; WHO Collaborating Centre for Research and Training in Women's and Children's Health
- CHN-89: School of Nursing, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University; WHO Collaborating Centre for Community Health Services
- JPN-61: Osaka Medical Centre & Research Institute for Maternal & Child Health; WHO Collaborating Centre for Maternal and Child Health

- JPN-78: Center for China and Asian Studies, Nihon University; WHO Collaborating Centre for Research and Training in Population, Reproductive Health and Development

C5. Environmental health

Facilitator: Dr Rifat Hossain

Key messages:

- It needs to be ensured that the SDGs provide great impetus for collaboration and action between the health and environment sectors.
- A detailed work plan related to SDGs needs to be developed, based on the field of interest.

Recommendations:

WHO CCs and WHO agreed to:

- identify data gaps to support monitoring of indicators related to SDGs 3, 6, 11 and 13, and explore model-based estimates to support SDG monitoring where data are lacking;
- consider cost-benefit analyses of various data scenarios;
- collate national policies and legislation to identify areas for improvement and focus;
- identify ways to collaborate with other UN agencies on the SDGs mentioned above, such as with the United Nations Environment Programme (UNEP) on environmental indicators, International Labour Organization (ILO) on occupational health indicators, etc.; and
- identify ways of accessing funds from sources like the Global Environment Facility, the Green Climate Fund, etc.

Participating WHO collaborating centres:

- AUS-78: Curtin University Faculty of Health Sciences; WHO Collaborating Centre for Environmental Health Impact Assessment
- JPN-49: National Institute for Minamata Disease; WHO Collaborating Centre for Studies on the Health Effects of Mercury Compounds
- JPN-51: Department of Water Supply Engineering, National Institute of Public Health; WHO Collaborating Centre for Community Water Supply and Sanitation
- JPN-91: Centre for Environmental and Health Sciences, Hokkaido University; WHO Collaborating Centre for Environmental Health and Prevention of Chemical Hazards
- KOR-97: Environmental Health Research Department, National Institute of Environmental Research; WHO Collaborating Centre for Vulnerable Population and Environmental Health

C6. Occupational health

Facilitator: Dr Mohammed Nasir Hassan

Key message:

- Strengthened collaboration is needed to initiate and/or continue activities that build on the achievements of the *Regional Framework for Action for Occupational Health 2011–2015* in key countries.

Recommendations:

WHO CCs and WHO agreed to:

- support strengthening of countries' capacities to achieve UHC for all workers and to achieve the SDGs related to occupational health in the following priority focus areas:
 - safe and healthy health-care facilities, including topics such as: assessment of risks to health-care workers/monitoring and evaluation for general workplaces and in the informal sector; and provision of fatigue assessment tools and human care ergonomic checkpoints in health-care facilities;
 - management of major occupational hazards (chemicals, asbestos, dust, noise, ergonomics, radiation and stress), including topics such as: dose estimation for radiation workers; investigation of “ninja” workers in Mongolian coal mines; guidelines on risk assessment and management of high-risk sectors; guidelines for occupational disease surveillance systems; study of heat stress in the construction sector; management of asbestos victims; and asbestos measurement and analysis;
 - general workplace health, including topics such as: prevention and management of occupational lung disease; occupational disease reporting system; chemical and biological monitoring method (Biological Exposure Index); participatory action-oriented training/tools/Ebola;
 - informal workers and vulnerable populations such as those in mining and other primary production sectors, including topics such as: provision of basic occupational health services for small- and medium-sized enterprises; teaching labour rights to young workers, especially in the informal sector; and
- develop the following occupational health country/regional profiles: working populations exposed to specific chemicals; coverage of occupational health services; and number of work-related diseases from exposure to specific hazards.

Participating WHO collaborating centres:

- CHN-27: National Institute of Occupational Health and Poison Control, Chinese Center for Disease Control and Prevention; WHO Collaborating Centre for Occupational Health
- JPN-32: Radiation Effects Research Foundation; WHO Collaborating Centre for Research on Radiation Effects on Humans
- JPN-53: University of Occupational & Environmental Health; WHO Collaborating Centre for Occupational Health
- JPN-68: Department of International Health and Radiation, Department of Molecular Biology, Atomic Bomb Disease Institute, Nagasaki University School of Medicine; WHO Collaborating Centre for Research on Radiation-induced Thyroid Diseases and Surgical Treatment of Radiation Injuries
- JPN-76: International Centre for Research Promotion and Informatics, National Institute of Occupational Safety and Health; WHO Collaborating Centre for Occupational Health
- JPN-79: Research Center for Radiation Emergency Medicine, National Institute of Radiological Sciences; WHO Collaborating Centre for Radiation Emergency Medicine

- KOR-9: Catholic Industrial Medical Centre, The Catholic University of Korea; WHO Collaborating Centre for Occupational Health
- KOR-86: Occupational Health Department, Korea Occupational Safety and Health Agency; WHO Collaborating Centre for Occupational Health
- SIN-11: Occupational Safety and Health Division, Ministry of Manpower; WHO Collaborating Centre for Occupational Health
- SIN-18: Saw Swee Hock School of Public Health, National University of Singapore; WHO Collaborating Centre for Occupational Health
- VTN-3: National Institute of Occupational & Environmental Health; WHO Collaborating Centre for Occupational Health

D. International health regulations, emerging diseases and food safety

Facilitator: Mr Peter Hoejskov

Key messages:

- Health security and emergency work is central to achieving the SDGs.
- APSED III is an action framework for achieving international health regulations (IHR) core capacities and managing health security.
- Effective food safety systems build on the risk analysis framework, are well coordinated and promote learning for continuous improvements.
- WHO CCs play an important role in public health preparedness and response work.

Recommendations:

WHO CCs and WHO agreed to:

- increase alignment with the SDGs by:
 - promoting inclusive monitoring and evaluation;
 - addressing health inequities in programme development and implementation;
 - strengthening multisectoral and multi-stakeholder involvement in health security and food safety work;
 - supporting health sector leadership for food safety and public health emergency preparedness and response; and
- amplify the effectiveness of WHO work in countries by:
 - learning from real-world events to emphasize continuous improvement;
 - building private sector and community involvement through public–private partnerships;
 - supporting human resources in the WHO Regional Office Division of Health Security and Emergencies and WHO CCs, including exchange of technical expertise;
 - increasing the engagement of WHO CCs in the development and implementation of national and regional strategies and frameworks;
 - increasing the engagement of WHO CCs in the monitoring and evaluation of APSED and food safety at the country level.

Participating WHO collaborating centres:

- AUS-91: Victorian Infectious Diseases Reference Laboratory, Influenza Reference Laboratory; WHO Collaborating Centre for Reference and Research on Influenza
- AUS-109: Flinders University; WHO Collaborating Centre for Reference and Research on Influenza

- CHN-24: China National Center for Food Safety Risk Assessment; WHO Collaborating Centre for Food Contamination Monitoring
- CHN-77: Centre for Disease Control and Prevention of Guangdong Province; WHO Collaborating Centre for Surveillance, Research and Training of Emerging Infectious Diseases
- CHN-91: Centre for Food Safety, Food and Environmental Hygiene Department; WHO Collaborating Centre for Risk Analysis of Chemicals in Food
- CHN-104: Chinese National Influenza Center, National Institute for Viral Disease Control and Prevention, Chinese Center for Disease Control and Prevention; WHO Collaborating Centre for Reference and Research on Influenza
- CHN-122: Health Quarantine and Inspection Department, The General Administration of Quality Supervision Inspection and Quarantine of the People's Republic of China; WHO Collaborating Centre for International Health Regulations: Points of Entry
- CHN-126: Institute of Health Quarantine (IHQ), Chinese Academy of Inspection and Quarantine; WHO Collaborating Centre for International Travel Health
- JPN-64: Influenza Virus Research Center, National Institute of Infectious Diseases; WHO Collaborating Centre for Reference and Research on Influenza
- JPN-67: Department of Virology, Institute for Tropical Medicine, Nagasaki University; WHO Collaborating Centre for Reference and Research on Tropical and Emerging Virus Diseases
- JPN-87: Research Centre for Zoonosis Control, Hokkaido University; WHO Collaborating Centre for Zoonoses Control
- JPN-94: Disease Control Prevention Center, National Center For Global Health and Medicine Hospital; WHO Collaborating Centre for Prevention, Preparedness and Response to Emerging Infectious Diseases
- MAA-12: Tropical Infectious Diseases Research & Education Centre (TIDREC), University of Malaya; WHO Collaborating Centre for Arbovirus Reference & Research (Dengue/Severe Dengue)
- SIN-17: Food Laboratory Health Sciences Authority; WHO Collaborating Centre for Food Contamination Monitoring

E. Library and publications

Facilitator: Ms Marie Villemin-Partow

Key messages:

- The importance of access to authoritative, relevant, impartial and trustworthy sources of information on health has been recognized in the SDGs. Libraries and publishers are essential providers of access to health-related information that supports public health outcomes.
- Together we can improve the relevance and effectiveness of technical support to countries and WHO staff by providing better services and access to health-related information in all possible languages.

Recommendations:

WHO CCs and WHO agreed to:

- have documents from the regional governing bodies available in Chinese and accessible through the Institutional Repository for Information Sharing (IRIS) of the WHO Regional Office for the Western Pacific; and
- evaluate and conduct an inventory of all documents published on the website of the WHO Regional Office for the Western Pacific and propose a model (specifying standard operating procedures, review of sources for quality assurance, and process for integration) to have them included in the IRIS.

Participating WHO collaborating centres:

- CHN-118: People’s Medical Publishing House; WHO Collaborating Centre for Health Information and Publishing (2 participants)
- KOR-99: College of Medicine Library, Seoul National University; WHO Collaborating Centre for Health information and Library Services (2 participants)

3.2 CROSS-CUTTING THEMATIC GROUP DISCUSSIONS

Cross-cutting thematic discussions were convened to improve participants’ understanding of priority cross-cutting themes, their links to the SDGs and their value in improving the effectiveness of current work plans. Linking traditionally separate areas into existing programmes of work is consistent with the integrated and interrelated nature of the SDG agenda.

These sessions allowed WHO CC participants the opportunity to interact with others from a range of technical areas. Participants were encouraged to have at least one takeaway action or message to take back to the final technical session to strengthen their existing work plans.

A. Health promotion in the age of urbanization, migration and ageing

Facilitator: Dr Hai-Rim Shin

Health promotion action works towards improving the conditions of daily life by building healthy public policies, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

Key message:

Health promotion frameworks can strengthen technical support to countries.

Options for strengthening existing WHO CC work plans by incorporating health promotion:

- Green health-care facilities:
 - Find ways to strengthen attention to health care facilities in rural and developing areas to gain full access to water, sanitation and hygiene (WaSH), including as part of barrier-free development.
 - Include tobacco-free and cessation programmes within green HCF initiatives.
 - Leverage disability and food safety WHO CCs to generate demand for these aspects as well as the green HCF menu.
- NCDs in emergencies in cities:
 - Ensure clear lines of communication during emergencies.
 - Develop simple, innovative systems for communications.
- Adolescent health:
 - Develop campaigns to engage adolescents and young people in health in the Region.
 - Frame adolescent health needs to be strengths-based, emphasizing the building of autonomy and resilience.
 - Focus on supportive environments and settings.
 - Identify young people as health ambassadors and advocates for young people’s health.

- Mental health:
 - Engage university students and communities.
 - Work with media for advocacy and organized reporting of mental health.
- Families Create Health:
 - Encourage the concept of families to be woven into other campaigns.
 - Use different media modalities to cater to a wider age range within families.

B. Achieving universal health coverage: a synergized action addressing equity, quality, efficiency and financial protection

Facilitators: Dr Rasul Baghirov, Dr Xu Ke

WHO defines UHC as all people having access to quality health services without suffering the financial hardship associated with paying for care. UHC is the overarching vision for health sector development and a key target in SDG3.

Key message:

WHO CCs can support the Regional Office in advancing UHC. UHC work follows the regional action framework *Universal Health Coverage: Moving Towards Better Health*, endorsed by the Regional Committee in 2015.

Options for thereby strengthening existing WHO CC work plans by incorporating UHC:

- WHO and WHO CCs to explore avenues for joint work in supporting Member States' efforts in UHC, particularly in the areas of people-centred care, quality and safety, and cost of essential health packages.
- WHO will keep WHO CCs updated on two fronts:
 - further work on clarification of UHC index indicators (definition, collection methods); and
 - requests from Member States regarding where WHO CCs can become involved.

C. Health security, including public health preparedness and response to emergencies and disasters

Facilitator: Dr Frank Konings

The World Health Report 2017 defines health security as the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of national populations. Global public health security similarly relates to the collective health of populations living across geographic regions and international borders.

Key messages:

- The International Health Regulations (IHR) of 2005 are an internationally accepted legal framework for protecting global health security. In the Western Pacific Region, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies III (APSED III) is the tool to assist Member States in achieving IHR core capacities.
- Health security is a cross-cutting issue and is directly related to SDG 3, Target 3.d: “Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.” It concerns issues beyond infectious diseases, such as chemical and radio nuclear hazards.

Options for strengthening existing WHO CC work plans by incorporating health security:

- Identify and describe WHO CCs' strengths in relation to health security.
- Engage WHO CCs in IHR joint external evaluation (JEE).
- Share information between WHO CCs and WHO for risk assessment.
- Strengthen cross-sectoral work, for example, by conducting exercises to create trusting working relationships.

D. Tackling the social roots of health inequities

Facilitators: Ms Anjana Bhushan, Ms Britta Baer

The SDGs have a strong focus on equity and human rights, informed by the social determinants of health. The integration of equity, human rights, gender and the social determinants of health into WHO policies, programmes and institutional mechanisms is vital in leaving no one behind, a core principle of the SDGs.

Key messages:

- Equity, gender and rights issues are important concerns in all programme areas and for health in the broader context. In their interventions, participants illustrated the links between their programme areas and equity.
- WHO needs to more systematically integrate consideration of equity, gender and rights issues into its work across all programme areas.

Options for strengthening existing WHO CC work plans by incorporating equity, gender and human rights issues:

- Identify ways in which equity, gender and rights issues can be more systematically integrated into WHO CCs' work, including in their terms of reference during redesignation.
- Since these are cross-cutting issues, they should not be restricted to the activities or efforts of each individual WHO CC working with their respective technical programme; rather, ways need to be identified for WHO CCs to collaborate with one other and with a range of programme areas, for example, a broader range of WHO CCs can be invited to regional meetings focusing on equity.

E. Public health law: effective use of legislation to support public health policy objectives

Facilitators: Dr Ki Hyun Hahm, Mr Luke Elich

Law is a powerful policy tool that can improve health outcomes and the achievement of the SDGs in many ways. However, it can be difficult to use effectively. Laws are often developed without regard to existing evidence and expertise, and not effectively implemented or enforced. Laws can be poorly designed and ineffective in supporting the underlying policy objective, or have unintended impacts that are harmful to population health.

Key messages:

- Legislation is effective through changes in attitudes, behaviours and environments. Laws rarely provide a total solution and cannot work in isolation of the rest of the work we do in health.
- Law is not just something that lawyers practice; WHO CCs across a range of programmatic areas can support countries in the effective use of law to improve health.

Options for strengthening existing WHO CC work plans by incorporating health law:

- Identify policy and research questions and generate evidence in relation to legislative-based public health interventions.

- Provide access to comparative experiences and lessons learned to solve policy problems and inform law-making processes.
- Undertake strategic planning for legislative reform, advocacy and stakeholder engagement.

F. Antimicrobial resistance: a need for global response to address human and animal health

Facilitators: Dr Babatunde Olowokure, Dr Sarah Paulin

Antimicrobial resistance (AMR) is a complex problem that affects all of society and is driven by many interconnected factors. Single, isolated interventions have limited impact. Coordinated action is required to minimize its emergence and spread.

Key messages:

- Actions to combat AMR at the national, regional and global levels are critical for achieving the 2013 Agenda for Sustainable Development, in particular SDGs 1, 2, 3, 6, 8, 12 and 17.
- Containment of AMR is directly linked to at least seven SDGs; additional advocacy and awareness raising are needed in this area.
- National multisectoral actions and governance of AMR serve as exemplars for whole-of-government approaches to achieving the SDGs.
- Several ongoing WHO CC activities contribute to implementation of the five strategic objectives of the global action plan on AMR, namely, to: (a) improve awareness and understanding of AMR, (b) strengthen knowledge through surveillance research, (c) reduce the incidence of infection, (d) optimize the use of antimicrobial medicines, and (e) ensure sustainable investment in countering AMR.

Options for strengthening existing WHO CC work plans by incorporating AMR:

- Continue to communicate via email to strengthen support to countries on AMR, as well as regional and global initiatives.
- Explore potential areas of support to countries on AMR related to existing work plans.
- Expand an existing activity already in the work plan related to AMR or add an activity on AMR to future work plans related to terms of reference of the WHO CC.
- Increase awareness and understanding of AMR.
- Strengthen infection prevention and control and waste management in the human and animal health sectors through assessments and training.
- Optimize the use of antimicrobial medicines.
- Strengthen evidence-based research on AMR, including the burden of diseases, monitoring antibiotic use and residue in the animal production pathway, among others.

3.3 CROSS-CUTTING OPERATIONAL GROUP DISCUSSIONS

These sessions were offered to enable the sharing of experiences and expertise in improving the effectiveness and impact of WHO CC activities in each country. Building on the discussions and conclusions of earlier sessions that focused on what was being implemented, the sessions focused on how WHO CC-supported activities could be better scoped, designed, implemented and reviewed to be effective in countries. Participants were encouraged to have at least one takeaway action or message to bring back to the final technical session that would strengthen their existing work plans.

A. Research to support country needs

Facilitators: Dr Gao Jun, Dr David Newby, Dr Noboyuki Nishikiori

Most WHO CCs conduct country support activities such as developing platforms, organizing meetings to improve the involvement of policy-makers, sharing research results, improving research capacity, especially for young researchers, and training. Challenges that the WHO CCs face in improving country support include the need to link their health research agenda to possible funding sources and donor demands, as well as limited knowledge or connections in countries.

Key messages:

- Translating health research into action in countries is challenging but essential for maximizing the benefits of research.
- Research that is not effectively communicated to decision makers will not realize its potential to support health development.
- The collection, analysis and use in policymaking of disaggregated data are core to the SDG agenda, and baseline data serve as a departure point.
- Regional research priorities are identified during national policy dialogues with governments, country advisers and academia. Other research emerges from ongoing work, e.g. on tobacco taxation.
- Setting priorities in mental health research entails linking with the NCD agenda.
- A balance is needed between quantitative research on one hand and qualitative and anthropological research on the other.
- The added value of the WHO research ethics review was discussed in light of the fact that some national ethics review processes are more robust than WHO's process and the risk that another layer of review may add a further burden and discourage health research.

Recommendations:

- WHO CCs can work with WHO and governments to use disaggregated data and internationally accepted definitions.
- WHO can help WHO CCs to better engage stakeholders, including policy-makers, providers, the general public and other international experts groups (such as in health policy development) to identify research gaps and priorities and ensure that research results address country needs. This may support WHO CCs in accessing competitive research funding.
- WHO can work with WHO CCs to develop a platform/research forum that allows WHO CCs, country offices and other experts to share knowledge that may not be published in scientific publications, such as documentation on key policy issues and country contexts.
- WHO may assist WHO CCs in identifying appropriate funding sources.
- WHO may support building capacity in technical and English writing skills to enable local research to gain international recognition and increase the evidence base within the Region.
- WHO's research ethics review may focus on ensuring that country-specific sensitivities have been addressed. A streamlined mechanism may be considered in cases where the institutional- or national-level ethics review has been sufficiently rigorous.

B. Training for impact at country level

Facilitators: Dr Howard Sobel, Ms Elaine O’Leary

Training can be a valuable contributor to health workforce capacity development in countries when it is determined, designed, implemented and evaluated using a systems approach. While a good training experience is an important starting point, it will not necessarily lead to the application of new skills in the workplace in the absence of complementary strategies.

Key messages:

- WHO-led training is best embedded in a health systems approach.
- The objectives of training should go beyond transferring knowledge; training should have practical and sustainable outcomes.
- WHO CCs can work more closely with WHO by being more aware of norms and standards and contexts in the Member States.

Recommendations:

- Consider factors such as the system, align with national policies, cultural differences and existing capacity in determining if and what kind of training is appropriate.
- Involve partner country stakeholders in designing the training programme.
- Design training for sustainable outcomes and behavioural change.
- Consider follow-up mentoring and other supports for sustainability and ensuring that learnings are applied.
- Develop an assessment tool for short- and long-term trainings.

C. Communicating for better results

Facilitators: Dr Angela Pratt, Mr Eloi Yao

Communications can be a powerful tool for improving the effectiveness of activities. It can build support for health development, foster advocates for reform, galvanize support and encourage more informed decision making at all levels. Communications should therefore be an integral part of the planning of any initiative, rather than a process that is undertaken at the end of an activity.

Key messages:

- Advocacy informs and motivates leadership to create a supportive environment to achieve programme objectives and development goals.
- Social mobilization engages and supports participation of institutions, community networks and social/civic groups to raise demand for or sustain progress toward development objectives.
- Behaviour change communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote and sustain behaviour change.

Recommendations:

- Identify the communication goals that may help shape the overall project objectives; also identify the audiences and the tools to be used in the planning process.
- Ensure proper communication lines are established and used correctly throughout the implementation cycle.
- Establish schedules for continuous communication with stakeholders and audiences.
- Make strategic use of a combination of tools.

- Allocate resources (both human and financial) properly according to agreed-upon priorities.
- Seek feedback and use them constructively to improve communication effectiveness.
- Establish evaluation mechanisms to assess impact.

Second Regional Forum of WHO Collaborating Centres in the Western Pacific
Monday | 28 November, 12:45–1:30pm

POSTER SESSION 1

	Lower Lounge Conference Hall		Upper Lounge Conference Hall			Foyer Conference Hall		
Moderator:	Nagai Mari	Naoko Ishikawa	Uhjin Kim, Sarah Paulin	Yu Lee Park	Mina Kashiwabara	Rasul Baghirov or Indrajit Hazarika	May Chiew	Hassan Nasir
12:45 PM	CHN-29 MCA Research in Human Reproduction	JPN-93 EPI Virus Reference and Research (Enteroviruses)	SIN-28 HII Bioethics	AUS-86 ISD Traditional Medicine	JPN-83 NCD Prevention and Control of Chronic Respiratory Diseases	KOR-98 HPF Health System and Financing	CHN-122 ESR IHR: Points of Entry	JPN-91 HAE Environmental Health and Prevention of Chemical Hazards
12:50 PM	CHN-56 MCA Research in Human Reproduction	AUS-121 HSI Viral Hepatitis	KOR-96 HPF Health Law and Bioethics	CHN-30 ISD Traditional Medicine	CHN-113 TFI Smoking Cessation and Treatment of Tobacco Dependence	JPN-45 ISD Health Systems Research	CHN-126 ESR International Travel Health	AUS-78 HAE Environmental Health Impact Assessment
12:55 PM	CHN-63 MCA Research in Human Reproduction	AUS-72 HSI Sexually Transmitted Diseases	CHN-19 EMT Drug Quality Assurance	CHN-32 ISD Traditional Medicine	CHN-119 TFI Tobacco and Economics	KOR-19 ISD Health Systems Research	AUS-109 ESR Mass Gatherings and High Visibility/High Consequence Events	KOR-97 HAE Vulnerable Population and Environment Health
1:00 PM	CHN-74 MCA R&T in Women's and Children's Health	AUS-89 HSI Capacity Building and HCW Training in HIV/AIDS	SIN-25 EMT Medicines Quality Assurance	CHN-33 ISD Traditional Medicine	JPN-90 TFI Tobacco Testing and Research	KOR-102 ISD Educational Development	CHN-77 ESR Surveillance, Research and Training of EID	JPN-49 HAE Studies on the Health Effects of Mercury Compounds
1:05 PM	JPN-61 MCA Maternal and Child Health	CHN-92 HSI Comprehensive Management of HIV treatment and care	MAA-15 EMT Regulatory Control of Pharmaceuticals	CHN-34 ISD Traditional Medicine	SIN-22 TFI Tobacco Testing and Research	MAA-14 ISD Health Systems Research and Quality Improvement	JPN-94 ESR Prevention, Preparedness and Response to EID	JPN-79 HAE Radiation Emergency Medicine
1:10 PM	CHN-65 MCA Research in Reproductive Health and Population Science	JPN-38 STB Reference, R&T on Tuberculosis	JPN-28 EMT Standardization and Evaluation of Biologicals	CHN-115 ISD Traditional Medicine		AUS-92 HII eHealth	CHN-24 FOS Food Contamination Monitoring	JPN-32 HAE WHO Collaborating Centre for Research on Radiation Effects on Humans
1:15 PM	JPN-78 MCA R&T in Population, Reproductive Health and Development	KOR-24 STB R&T and Reference Laboratory on Tuberculosis	KOR-90 EMT Standardization and evaluation of biologicals			CHN-118 IPS Health Information and Publishing	SIN-17 FOS Food Contamination Monitoring	JPN-68 HAE Research on Radiation-Induced Thyroid Diseases and Surgical Treatment of Radiation Injuries
1:20 PM	AUS-93 ISD Nursing, Midwifery and Health Development		CHN-55 ISD Blood Transfusion Services			JPN-85 HII Family of International Classifications	JPN-77 ISD Nursing in Disasters and Health Emergency Management	

POSTER SESSION 2

	Lower Lounge Conference Hall		Upper Lounge Conference Hall			Foyer Conference Hall		
Moderator:	Xiao Sobel	Darryl Barrett	Yu Lee Park	Hassan Nasir	Katrin Engelhardt	Frank Konings	Rabi Abeyasinghe	Indrajit Hazarika
1:00 PM	AUS-77 MHS R&T and Consultative Work on Mental Health	AUS-59 BPC Prevention of Blindness	CHN-35 ISD Traditional Medicine	JPN-76 HAE Occupational Health	AUS-110 NCD Population Salt Reduction	AUS-91 ESR Reference and Research on Influenza	CHN-130 MVP Tropical Disease	JPN-73 NCD Healthy Cities and Urban Policy Research
1:05 PM	CHN-47 MHS R&T in Child Mental Health	CHN-94 BPC Prevention of Deafness	JPN-54 ISD Traditional Medicine	SIN-11 HAE Occupational Health	SIN-21 NCD Health Promotion and Disease Prevention	CHN-104 ESR Reference and Research on Influenza	CHN-58 MVP Schistosomiasis Control in Lake Regions	JPN-51 HAE Community Water Supply and Sanitation
1:10 PM	JPN-57 MHS R&T on Alcohol-Related Problems	JPN-34 BPC Prevention of Blindness	KOR-17 ISD Traditional Medicine	SIN-18 HAE Occupational Health	CHN-91 FOS Risk Analysis of Chemicals in Food	JPN-64 ESR Reference and Research on Influenza	AUS-68 MVP Control of LF, STH and other NTDs	JPN-50 ISD Integrated People-Centred Service Delivery
1:15 PM	JPN-92 MHS R&T in Suicide Prevention	CHN-88 BPC Prevention and Rehabilitation of Hearing Impairment	KOR-18 ISD Traditional Medicine	JPN-53 HAE Occupational Health	AUS 80 NUT Obesity Prevention	MAA-12 ESR Arbovirus Reference & Research (Dengue / Severe Dengue)	PHL-19 MVP Malaria Diagnosis	JPN-58 ISD Nursing Development in Primary Health Care
1:20 PM	AUS-85 VIP Violence, Injuries and Disabilities	JPN-70 DAR Disability Prevention and Rehabilitation	KOR-89 ISD Traditional Medicine	KOR-9 HAE Occupational Health	AUS-107 NCD Physical Activity, Nutrition and Obesity	SIN-26 MVP Reference and Research of Arbovirus and Associated Vectors	CHN-136 MVP R&T on Malaria Elimination	JPN-89 ISD R&T on Inter-professional Education
1:25 PM	KOR-104 NCD Training in Hospice & Palliative Care	AUS-113 DAR Health Workforce Development in Rehabilitation and Long Term Care	JPN-46 ISD Traditional Medicine		JPN-88 NUT Nutrition and Physical Activity	CHN-120 ISD Infectious Disease Epidemiology and Control	CHN-76 MVP Gene Synthesis and Expression	JPN-75 NCD Translation of Oral Health Science
1:30 PM	CHN-89 MCA Community Health Services	CHN-50 DAR Rehabilitation			JPN-56 NCD Diabetes Treatment and Education	JPN-67 ESR Reference and Research on Tropical and Emerging Virus Diseases	CHN-114 MVP Vector Surveillance and Management	PHL-13 ISD Leadership in Nursing Development
1:35 PM		CHN-60 DAR Training and Research in Rehabilitation			KOR-84 NCD Cancer Registration, Prevention and Early Detection	JPN-87 ESR Zoonoses Control		CHN-129 ISD Nursing Policy-Making and Leadership

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