REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTY-NINTH SESSION
Manila, Philippines
8–12 October 2018

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
December 2018
PREFACE

The sixty-ninth session of the Regional Committee for the Western Pacific was held in Manila, Philippines, from 8 to 12 October 2018. Sir Dr Puka Temu (Papua New Guinea) and Dr Lam Pin Min (Singapore) were elected Chairperson and Vice-Chairperson respectively. Ms Casey Marie Broughton (Australia) and Dr Jean-Paul Grangeon (New Caledonia) were elected Rapporteurs.

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I. INTRODUCTION

The sixty-ninth session of the Regional Committee for the Western Pacific was held at the WHO Regional Office for the Western Pacific, Manila, Philippines from 8 to 12 October 2018.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People’s Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam, and by representatives of France, the United Kingdom of Great Britain and Northern Ireland and the United States of America as Member States responsible for areas in the Region; representatives from the Asian Development Bank, Food and Agriculture Organization of the United Nations, and Pacific Community; representatives of 25 non-State actors; and observers from five institutions from around the Region.

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

At the opening of the session in the Conference Hall, Regional Office for the Western Pacific, remarks were made by the outgoing Chairperson and the WHO Regional Director for the Western Pacific. The Director-General of the World Health Organization delivered his address to the Regional Committee (see Annexes 4 to 6).
II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

WPR/RC69.R1

NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee,

Considering Article 52 of the Constitution of the World Health Organization; and

In accordance with Rule 51 of its Rules of Procedure,

1. NOMINATES Dr Takeshi Kasai as Regional Director for the Western Pacific; and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Takeshi Kasai for a period of five years starting on 1 February 2019.

Fourth meeting, 9 October 2018

WPR/RC69.R2

HARNESSING E-HEALTH FOR IMPROVED SERVICE DELIVERY

The Regional Committee,

Having considered the diversity of Member State e-health contexts in the Western Pacific Region;

Recalling the Regional Committee resolution (WPR/RC66.R2) guiding Member States in accelerating progress towards universal health coverage and the health-related targets of the Sustainable Development Goals (SDGs);

Recalling also World Health Assembly resolutions on m-health (WHA71.7) recognizing the potential of mobile wireless and digital technologies to advance the Sustainable Development Goals and, in particular, to support health systems; on e-health (WHA58.28) urging Member States to use information and communication technology for health; and on e-health standardization and interoperability (WHA66.24);

Recognizing the potential value of e-health solutions towards achieving universal health coverage, by ensuring access to adequate quality health services and improving health system performance and outcomes;

Considering progress in the development and implementation of e-health strategies and e-health applications in Member States, and their continued commitment to strengthen e-health for improved service delivery,
1. **ENDORSES the Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific;**

2. **URGES Member States:**

   (1) to develop or strengthen national e-health strategies, in line with national health priorities and cost and resource considerations;

   (2) to ensure key foundations and enablers for e-health are in place, including information and communication technology infrastructure and information-sharing mechanisms, including information standards, legal frameworks, and confidentiality and security measures;

   (3) to strengthen governance and leadership for e-health with broad multisectoral coordination, and monitor and evaluate progress to ensure continued learning and development of e-health;

3. **REQUESTS the Regional Director:**

   (1) to work with partners to help advocate and raise awareness and support for e-health to strengthen health services towards achieving universal health coverage and health-related SDG targets;

   (2) to provide technical support and guidance to Member States for e-health development and implementation, including sharing of best practices to develop e-health strategies, assessment frameworks, information standards, confidentiality and security measures;

   (3) to report on progress in harnessing e-health for improved health service delivery in the Western Pacific Region.

Seventh meeting, 11 October 2018

WPR/RC69.R3

IMPROVING HOSPITAL PLANNING AND MANAGEMENT

The Regional Committee,

Recalling the Western Pacific regional action framework, *Universal Health Coverage: Moving Towards Better Health* (WPR/RC66.R2), which recommends taking a comprehensive, whole-of-system approach to make rapid progress towards universal health coverage;

Recognizing the key role of hospitals in health service delivery and the importance of improving hospital performance for countries to progress towards universal health coverage;

Acknowledging the contributions of both public and private sectors and the role of hospitals in providing both public health and clinical services;

Concerned about the challenges Member States face, at both the facility and health system levels, in improving hospital planning and management;
Recognizing also the diversity of hospitals in the different country contexts, and the need to develop country-specific facility-level and health system-level approaches to improve hospital performance;

Emphasizing the need for the health sector to strengthen capabilities to drive changes necessary to improve hospital performance in the context of a people-centred and efficient health system,

1. ENDORSES the Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific;

2. URGES Member States:

   (1) to use the Action Framework as guidance to improve hospital performance, as part of efforts to increase equitable access to quality, affordable and people-centred health services;

   (2) to allocate sufficient financial, human and technological resources to promote efficiency, accountability and quality in hospital services;

   (3) to monitor hospital performance based on nationally agreed indicators, including through patient feedback mechanisms, with the objective of improving the quality and safety of patient care;

   (4) to support hospitals to develop partnerships with primary care and social service sectors;

3. REQUESTS the Regional Director:

   (1) to provide technical support to Member States in building capacity and taking action at the facility and health system levels to improve hospital planning and management;

   (2) to foster regional exchanges of knowledge, experiences and lessons;

   (3) to report periodically on progress in the implementation of the Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific.

Seventh meeting, 11 October 2018

WPR/RC69.R4

NEGLECTED TROPICAL DISEASES

The Regional Committee,

Concerned that 15 neglected tropical diseases (NTDs) in the Western Pacific Region continue to be public health challenges that mostly affect hard-to-reach and marginalized populations;

Recalling the Regional Committee resolution endorsing the Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016) (WPR/RC63.R4);
Building on significant progress on NTDs in the Region since 2016: validation of the elimination as a public health problem of lymphatic filariasis in nine more countries and trachoma in two more countries; and the control of schistosomiasis to the point that regional elimination is now within reach;

Recognizing Member State efforts to intensify preventive chemotherapy campaigns that accelerate the elimination of certain NTDs;

Further recognizing the need for a new complementary multisectoral approach to accelerate the control and elimination of other NTDs;

Noting the challenges that Member States face in enhancing interventions, services and surveillance capacity to combat NTDs;

Noting also that integrated efforts to control and eliminate NTDs would be the most cost-effective and sustainable approach in most settings;

Emphasizing that control and elimination of NTDs requires that health services reach marginalized and neglected populations, contributing to the achievement of universal health coverage,

1. ENDORSES the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific*;

2. URGES Member States:
   (1) to use the Framework to inform developing or updating comprehensive multisectoral national action plans for the control and elimination of NTDs;
   (2) to ensure adequate technical, financial and human resources for the implementation of national action plans to combat NTDs;

3. REQUESTS the Regional Director:
   (1) to provide technical support for Member States to develop or update national action plans for control and elimination of NTDs;
   (2) to advocate and enhance collaboration to control and eliminate NTDs and support facilitation of multisectoral partnerships;
   (3) to report periodically on progress in implementing the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific*.

Seventh meeting, 11 October 2018
The Regional Committee,

Having considered the draft *Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals*;

Recalling Regional Committee resolutions on universal health coverage (WPR/RC66.R2) and on the Sustainable Development Goals (WPR/RC67.R5);

Noting the role of law in contributing to efforts to advance universal health coverage and achieve health in the Sustainable Development Goals;

Recognizing the existence of different contexts, legal systems and priorities in the Region for strengthening legal frameworks;

Recognizing also that law can be used to promote the right to the enjoyment of the highest attainable standard of health, to strengthen health governance, to improve access to health services, to prevent and manage public health risks, and to foster multisectoral collaboration to address the social determinants of health;

Recognizing further that the development, implementation and evaluation of legal frameworks are complex processes that require engagement with a wide range of stakeholders;

Emphasizing the need for strategic approaches to strengthening legal frameworks for health, as appropriate to country context,

1. ENDORSES the *Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals*;

2. URGES Member States as appropriate to use the Action Agenda to strengthen legal frameworks for health in their country contexts;

3. REQUESTS the Regional Director:

   (1) to facilitate dialogue and knowledge-sharing towards strengthening legal frameworks for health;

   (2) to provide technical support and expertise to Member States upon request in strengthening legal frameworks for health;

   (3) to report periodically on progress in strengthening legal frameworks for health in the Region.

Seventh meeting, 11 October 2018
REHABILITATION

The Regional Committee,

Recalling World Health Assembly resolutions on disability (WHA66.9) and the WHO global disability action plan 2014–2021 (WHA67.7);

Noting the Rehabilitation 2030: A Call for Action global meeting in February 2017, which called attention to profound shortages in rehabilitation services globally and the need to prioritize rehabilitation in health services;

Recognizing that rehabilitation reduces the impact of noncommunicable diseases and improves the quality of life for ageing populations, as well as supporting recovery from illness and injuries;

Recognizing also that rehabilitation is integral to universal health coverage and the continuum of care for all who experience illness, injury or impairment;

Recognizing further that many Member States are facing growing demands for rehabilitation services related to people living longer with impairment, disability or chronic illness;

Acknowledging that achievement of the Sustainable Development Goals requires all people to be able to participate in school, work and community life with no one left behind,

1. **ENDORSES** the draft *Western Pacific Regional Framework on Rehabilitation*;

2. **URGES** Member States:
   
   (1) to recognize and prioritize rehabilitation as part of the continuum of care and universal health coverage;
   
   (2) to mobilize technical and financial resources to deliver rehabilitation integrated within health services;
   
   (3) to pursue the development of rehabilitation services, workforce and information, to promote healthy lives and well-being for all at all ages;
   
   (4) to promote regional collaboration and sharing of good practices in strengthening rehabilitation;

3. **REQUESTS** the Regional Director:
   
   (1) to provide technical support to Member States for the implementation of the *Western Pacific Regional Framework on Rehabilitation*;
   
   (2) to advocate integration of rehabilitation within all levels of the health system to support achievement of universal health coverage and the Sustainable Development Goals;
   
   (3) to report periodically on progress in the implementation of the Regional Framework.

Ninth meeting, 12 October 2018
SEVENTIETH AND SEVENTY-FIRST SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. DECIDES that the dates of the seventieth session shall be from 7 to 11 October 2019;

2. CONFIRMS that the seventieth session of the Regional Committee shall be held in Manila, Philippines;

3. NOTES that the tentative dates for the seventy-first session of the Regional Committee shall be from 5 to 9 October 2020.

Ninth meeting, 12 October 2018

RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs for their contributions to the success of the sixty-ninth session of the Regional Committee for the Western Pacific;

2. the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

Ninth meeting, 12 October 2018
EXPRESSION OF APPRECIATION TO DR SHIN YOUNG-SOO

The Regional Committee,

Recognizing the commitment of Dr Shin Young-soo to international public health and his many contributions as Regional Director for the Western Pacific over the past 10 years,

1. THANKS Dr Shin Young-soo for his dedicated leadership and invaluable contribution to health development in the Western Pacific Region;
2. ENCOURAGES him to continue to contribute to health development in the Region and globally; and
3. DECIDES that, in view of his many contributions, he be named Regional Director Emeritus.

Ninth meeting, 12 October 2018

DECISIONS

WPR/RC69(1) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of Papua New Guinea, as a member, under Category 2 of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2018, selects Solomon Islands to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2019 to 31 December 2021.

Ninth meeting, 12 October 2018
The Regional Committee, noting that the term of office of the representative of the Government of Fiji as member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, expires on 31 December 2018, selects the Philippines to send a representative to the Joint Coordinating Board for a four-year period commencing 1 January 2019.

Ninth meeting, 12 October 2018
III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Agenda

1. The sixty-ninth session of the Regional Committee for the Western Pacific, held at the World Health Organization (WHO) Regional Office for the Western Pacific in Manila, Philippines, from 8 to 14 October 2018, was declared open by the outgoing Vice-Chairperson of the sixty-eighth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

2. At the first plenary meeting, the outgoing Vice-Chairperson, on behalf of the outgoing Chairperson, addressed the Committee (see Annex 4).

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

The Committee elected the following officers:

Chairperson: Honourable Sir Dr Puka Temu, Minister for Health and HIV/AIDS Papua New Guinea
Vice-Chairperson: Dr Lam Pin Min, Senior Minister of State (Health), Singapore
Rapporteurs:
in English: Ms Casey Broughton, Assistant Director, Health Strategies Section Department of Foreign Affairs and Trade, Australia
in French: Dr Jean-Paul Grangeon, Deputy Director of Health and Social Affairs New Caledonia

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

3. The Chairperson of the sixty-ninth session of the Regional Committee addressed the Committee (see Annex 7).

ADOPTION OF THE AGENDA: Item 5 of the Agenda (document WPR/RC69/1 Rev. 1)

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

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

5. The Director-General of the World Health Organization addressed the Committee (see Annex 5).

6. In recognition of the service and leadership of the WHO Regional Director for the Western Pacific over the course of his tenure, the Director-General awarded him the WHO Medal.

7. Certificates were formally awarded to the representatives of Palau, Viet Nam, and Wallis and Futuna in recognition of the elimination of lymphatic filariasis in those countries and that area. The representative of Malaysia was formally awarded a certificate in recognition of that country’s elimination of mother-to-child transmission of HIV and syphilis.
NOMINATION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda

8. The Regional Committee considered a draft resolution on the nomination of the Regional Director.

9. The resolution was adopted and Dr Takeshi Kasai was nominated for a five-year term as Regional Director for the Western Pacific from 1 February 2019 (see resolution WPR/RC69.R1).

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 8 of the Agenda (document WPR/RC69/2)

10. The WHO Regional Director for the Western Pacific addressed the Committee (see Annex 6).

11. In response to the addresses by the WHO Director-General and the Regional Director, representatives commended the progress made by the Regional Office and WHO in general, particularly in the areas of WHO reform, immunization programmes, noncommunicable diseases (NCDs) and health security during natural disasters. The increased focus on placing countries at the centre of the Organization’s work was also appreciated. The next Regional Director should continue that focus.

12. Efforts undertaken at the national level included the introduction of multidisciplinary teams and multisectoral, integrated approaches for tackling NCDs. WHO support for field epidemiology training had also strengthened the response capacity for public health emergencies in the Western Pacific, and one representative highlighted the Region’s contribution to the Ebola virus disease outbreak response in the Democratic Republic of the Congo. There was considerable political will in many countries for strengthening primary health care and attaining universal health coverage (UHC).

13. Although considerable progress had been made over the past year in confronting a variety of public health issues, challenges remained in terms of monitoring that progress, combating antimicrobial resistance (AMR) and tuberculosis (TB), and increasing multisectoral collaboration. More work on such issues would be necessary for achieving UHC and meeting the targets of the Sustainable Development Goals (SDGs). The measure of WHO’s success should be the translation of strategies and action plans into real change. Maintaining the momentum generated by the United Nations General Assembly high-level meetings on TB and NCDs and the planned meeting on UHC would be important in that regard.

14. Representatives were unanimous in their appreciation of the Regional Director’s leadership and vision over the past 10 years, including his work to increase accountability, inclusiveness and transparency of the Organization. Several representatives of Pacific island countries, in particular, expressed gratitude for the special attention he had paid to the issues affecting their subregion. Although a number of representatives commented on the value of the Regional Director’s visits to their countries, one representative noted that not all Member States had received a visit and stressed that the unique challenges of each country, especially Pacific island countries, could only be appreciated in person.

15. The Director-General, responding to comments, assured representatives that their recommendations would be taken into consideration for follow-up. The issue of climate change and health was a major priority. To that end, consultations were underway to identify priority action areas within the Small Island Developing States (SIDS) Health Initiative that had been launched in 2017. A global action plan on support for SIDS would be finalized as quickly as possible and discussed at side events during the 2019 sessions of the World Health Assembly and United Nations General Assembly. Progress had been made on the Green Climate Fund. However, financing for climate change and health remained a hurdle, and the current amount allocated to the issue was unacceptably
small. The Secretariat was, therefore, mobilizing countries to contribute funds and maintaining its overall commitment to protecting the whole world, and small island countries in particular, from the health effects of climate change.

16. UHC, which was relatively advanced in the Western Pacific Region, depended on strong primary health-care systems. The Director-General, therefore, urged representatives to attend the upcoming Global Conference on Primary Health Care in Astana, Kazakhstan, to ensure that it was as successful as possible and to renew their commitments. Likewise, the two United Nations General Assembly high-level meetings on NCDs and TB had been successful in terms of written declarations, but those declarations must be translated into concrete actions.

17. The issue of AMR was extremely serious and required immediate attention. While the upcoming report of the Interagency Coordination Group on Antimicrobial Resistance would likely increase momentum and political support, the issue could not wait, and he urged Member States not to delay.

18. The Regional Director said that all of the Region’s achievements could be attributed to Member States. He had always tried to make WHO the partner countries needed to deliver on their health priorities. He thanked representatives for their support during his tenure and hoped that the same support would be extended to his successor.


19. The acting Director, Programme Management, said that the approved Programme Budget 2016–2017 for the Western Pacific Region was US$ 285.6 million. The budget ceiling during the biennium had increased by US$ 13.4 million. The total funds available from all sources had been US$ 227.8 million or 76.2% of the final working allocation; 98.8% of available resources had been utilized. An internal audit had rated the WHO Representative Office in Malaysia as satisfactory, and the WHO Health Emergencies Programme at the Regional Office had been given a partially satisfactory rating in the first-ever integrated audit of this new programme. The audit led to improvements in a number of controls and processes, notably in the areas of donor reporting, direct financial cooperation contracts, and goods and services procurement. As of December 2017, 44.91% of the 167 professional-category staff members from a total of 37 countries were women, thus demonstrating the Region’s continued positive improvement in geographical and gender balance. It had not been possible to deliver on two budget outputs – both in the violence and injury programme – because of a lack of funding, the explanation being that the bulk of donor funds had been earmarked for country-specific road safety projects.

20. Representatives noted with satisfaction the strong budget performance in the period 2016-2017, specifically: the 98.8% utilization rate; the full delivery of 92 of 94 outputs; the institutionalization of compliance audits and corresponding gains in transparency and efficiency; the efforts to achieve gender balance and geographical representation in recruitment policies; the reduction in staff and travel costs; and the implementation of improved management and financial controls and better accountability to donors.

21. Some concerns were also noted: for example, core voluntary contributions had continued to decline, resulting in the chronic underfunding of certain programmes. One representative sought assurances from the Secretariat that the decline in voluntary contributions – in the order of 20% – did not constitute a long-term trend, and if it did, what corrective action was envisaged? Voluntary contributions should always be used to support agreed priorities under country cooperation strategies, rather than being spent on programmes selected or preferred by donors. With 43% of international professional staff hailing from outside the Region, some consideration should perhaps be given to
filling positions with appropriately qualified regional and national personnel. One representative referred to unfortunate delays in recruiting WHO expert consultants. While audits were important in terms of adhering to policy and legislation, a better indicator of value for money might be the incorporation of outcome-based indicators into cooperation strategies and workplans. Moreover, given that health priorities could change dramatically, particularly in the wake of natural disasters, more flexibility was required to allocate funds from one category to another. For example, more financial resources should be invested in informed surveillance and climate change early warning systems. The representative of the Federated States of Micronesia made a plea to strengthen the capacity of the Country Liaison Office in Northern Micronesia when finalizing the budget.

22. The Director, Administration and Finance, said that the Western Pacific Region had a culture of compliance and took accountability and transparency very seriously. The approach was one of continuous improvement: human resources processes were being managed to encourage more qualified female candidates to apply for posts, and a 90-day target had been set for recruitments, which had been adhered to nearly 50% of the time. The average time taken to fill posts in the Region was 116 days, which compared favourably with the global average of 165 days. The approach to mobility was less about where a person was from, and more about what they could bring to their role; the corollary being that, while there were indeed many professional staff from outside the Region, a number of professional officers from the Western Pacific Region were currently serving in other WHO regions. The integrated audit of the Health Emergencies Programme at the Regional Office had been the first of its kind anywhere in the Organization, in the course of which 137 control points had been examined. Many of those criteria had only just been developed. Nevertheless, the exercise had proved to be a valuable learning experience by helping the programme to focus on areas where it needed to monitor and improve its performance.

23. The acting Director, Programme Management, said that the Secretariat was acutely conscious of the budget outputs adversely affected by underfunding. Meanwhile, ongoing monitoring of financial trends suggested that voluntary contributions had actually increased by US$ 10 million to date.


24. The acting Director, Programme Management, said that the total proposed Programme Budget amounted to US$ 4687.8 million. The Thirteenth General Programme of Work 2019–2023 (GPW 13) had set out an ambitious vision for global health in pursuit of the SDGs. For WHO regions, the Programme Budget was the main tool for translating vision and strategy into concrete actions and results at the country level. The bottom-up planning process in the Western Pacific Region, carried out through facilitated consultations, had helped to identify key priority outcomes, thus ensuring that budget priorities were based on needs and driven by results at the country level. The top-ranking outcome identified by Member States was essential health services, which incorporated all disease-specific programmes, while the top-ranking GPW 13 target selected by countries was increased capacity to meet the requirements of the International Health Regulations, or IHR (2005), and health emergency preparedness.

25. The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, setting the high-level programme budget in its global context, said that the underlying objectives were to support the SDGs and measure the impact of WHO’s work. Previously, budgets had been organized by programme area, which basically meant diseases and the corresponding departments which dealt with them at headquarters. The shift from budget by programmes to budget by outcomes – for example achieving UHC, or enabling people to lead healthier or safer lives – was a deliberate attempt to break the silo-based programmatic model.
26. The new Programme Budget, which was still at the earliest stage of development, envisaged an increase in the base budget of US$ 469 million or approximately 14%, of which US$ 108 million would be spent on normative work (data and innovation), US$ 227 million on polio functions following their transfer to the base segment, US$ 13 million on increased country capacity, and US$ 42 million on the United Nations reform levy on voluntary contributions for development and to pay for the United Nations Resident Coordinator system. The budget share allocated to the country level would increase by nearly 5%, while the share for headquarters would be reduced. The Western Pacific Regional Office would see a base budget increase in the order of US$ 32 million, half of which would be spent on country office capacity and half on data and innovation. Although ambitious, the proposed budget was realistic, as resource mobilization was being strengthened to finance the extra needs. No increase in assessed contributions was proposed. A further radical innovation was that, for the first time, the pattern of work at headquarters would be driven by country priorities.

27. Representatives welcomed what they described as an ambitious budget; they broadly supported its country focus and the bottom-up consultative process, and took note of the avowed intent to broaden the Organization’s donor base. The commitment by WHO to monitor the achievement of improved health outcomes and refocus investment on strategic priorities in line with the SDGs, while delivering impact at the country level, was especially commended. Provided the budget remained needs-based and results-driven, the Organization would become more accountable and its contribution more relevant and responsive. Several representatives noted with satisfaction the specific commitment to polio eradication via the shifting of polio resources into the base budget.

28. A number of representatives highlighted the break with past budget documents and sought clarification on new points or points they had expected to see. Specifically, at what stage would the budget allocation for each programme within the Western Pacific Regional Office be clarified? What would the net decrease in the budget allocation for headquarters mean for the Organization as a whole, particularly the interrelationship between its three levels? The Secretariat should provide additional details of the methodology used to allocate resources to regional offices, and about auditing and accountability for the United Nations reform levy to support strengthening the Resident Coordinator system.

29. Looking ahead to the next iteration of the budget document to be considered by the Executive Board in January 2019, one representative pointed out that the concepts and explanations in the current document were still very high-level. Member States would need much greater detail on the proposed budget allocation well in advance of the Executive Board discussion. The proposed base budget increase needed to be more clearly explained and in much finer detail. For example, it was unclear how the priority-setting country support plans would inform the budget-setting process or drive the best impact for countries and the Region.

30. Some representatives were concerned about the feasibility of the biennial budget in the current donor environment. If the proposed efforts to attract new sources of funding failed to deliver, how would the shortfall be managed? The budget strategy provided for an amount that far exceeded the indicative costings that had been provided to Member States when considering whether to endorse GPW 13, so there were legitimate concerns about the achievability of GPW 13 if resources did not materialize from new sources of funding. A number of representatives noted in particular the continued reliance on voluntary contributions and the attendant risk of unpredictability, meaning that identified priorities would be funded not as necessary but only to the extent possible. Nevertheless, one representative expressed the view that, despite the continued reliance of country offices on extra-budgetary support and the risk that activities would therefore be biased towards areas that typically attracted donor funding, the planned increase in resources at the country level would enable WHO to support activities more closely aligned with country priorities.
31. Another representative asked for further consideration to be given to increasing the actual proportion of the budget spent at the country level, because despite the overall increase in spending, the proportion of the total budget spent by country would go up by just 0.06%. It was further pointed out that boosting resources at country offices would not necessarily result in greater impact at that level; associated structural revisions would need to be undertaken to have any real effect. Moreover, WHO needed to develop a results framework and consider future performance reporting to encourage greater transparency at the country level, all the more imperative given the shift of budgetary resources to countries as envisaged under GPW 13.

32. In the broader context of funding for health and health emergencies, one representative sought the views of the Secretariat on the changing socioeconomic dynamics of the Western Pacific Region, which meant that there were no longer any low-income countries in the Region and the model whereby receipt of official development assistance (ODA) was pegged to gross domestic product (GDP) was no longer viable.

33. Finally, several representatives urged the Secretariat to ensure that the health priorities of the Western Pacific Region were adequately reflected in the proposed Programme Budget, which in turn should contain practical ideas to realize the aspirational vision outlined in GPW 13. Specifically, environmental health issues, such as air pollution, should be given due weight.

34. The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said that the proposed Programme Budget 2020–2021 was fully in line with the financial estimate that had been presented to the World Health Assembly in May 2018; the numbers were exactly the same, except for the additional US$ 42 million budgeted for the United Nations reform levy. The draft currently before the Regional Committee was necessarily high-level and top-down, and would only be filled with content after the country prioritization and support planning exercise.

35. The methodology for distributing funds among the major offices had been determined according to three elements. First, the figure for polio was directly related to data from 17 countries impacted by the scaling down of the global polio programme as most countries moved closer to eradication. Second, the increase in the country component had been calculated using the percentages in the resolution on strategic budget space allocation. And third, regarding the amount allocated to data and innovation, the Global Policy Group had decided that 60% would go to regions and country offices; the amount had simply been divided by the number of regions, as it was felt that a certain critical amount was needed in each region irrespective of its size.

36. The iteration of the budget to be presented to the Executive Board in January 2019 would be broken down by outcomes and strategic priorities at the three levels of the Organization. The proposed efficiency/reallocation target of US$ 99 million would be achieved by re-examining internal processes and redistributing staff from headquarters to country offices, among other things. To compensate for the fact that the Region had become richer, meaning that countries were entitled to receive less ODA because their GDP had increased, the Secretariat was working with donors to earmark their funding at the highest possible level, if donors are unable to provide fully flexible funds.

37. The Director-General said that the model of crudely pegging ODA to GDP no longer worked in the Western Pacific Region; however, the fact that a country’s GDP had increased did not mean that it should be debarred from receiving assistance, for example to deal with the health effects of climate change, which had a disproportionate effect on the Region. For that reason he was keen to tap innovative financing mechanisms such as the Green Climate Fund, and he urged Member States in the Region to seek access to alternative financing models.
38. Some representatives had expressed misgivings about the feasibility of achieving the proposed base budget increase of nearly 14%, but it was vital to see the increase in a broader context. The Director-General said that relative to what the tobacco industry spent on advertising, for example, a 14% increase on the US$ 2.2 billion that WHO spent on the totality of its activities was a truly paltry investment. In fact, he was confident that the target could be met through an entirely new approach to resource mobilization, which rested on the presentation of a convincing investment case for WHO, broadening the Organization’s donor base and exploring innovative financing mechanisms. He said that since assuming office his direct proactive investment pitch to selected Member States and donors had yielded tangible results: within the Western Pacific Region, increased voluntary contributions had been forthcoming from Australia, China, Japan and the United States of America, and outside the Region from Brazil, India, the Russian Federation and South Africa.

39. The Director-General said it was necessary to compress the initial budget cycle of his mandate from two years into one: GPW 13 was the absolute precondition for the entire transformation agenda, which he had been elected to put into effect. It was true that, after such a short time, many elements of his programme were still being presented in high-level, aspirational terms; detailed consultations and the working out of routine, practical procedures would obviously take much longer. Likewise, he had been elected on a pledge to carry out a shift from organizational outputs to actual outcomes, that is in ways in which WHO could make a real difference in people’s lives. And in fact, by taking risks and placing on record what it hoped to achieve, the Organization was making itself more accountable to its Member States and to outside scrutiny. Finally, the adoption of outcome and impact-based planning would engender a new relationship between WHO and its membership, a relationship of “trust and verify”.

NEGLECTED TROPICAL DISEASES: Item 11 of the Agenda (document WPR/RC69/5)

40. The acting Director, Programme Management, said significant progress had been made in controlling and eliminating neglected tropical diseases (NTDs). Since 2016, nine more countries in the Region had been validated as having eliminated lymphatic filariasis as a public health problem, and another two had been validated as having eliminated trachoma. The burden of schistosomiasis had also been reduced significantly to the point that regional elimination was within reach. To date, success had been achieved principally through mass drug administration (MDA) campaigns in all endemic communities. But other NTDs would require more comprehensive responses. With such a response in mind, the draft Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific had been developed in consultation with Member States, experts and partners. Given that hard-to-reach and marginalized populations were those most affected by NTDs, efforts to control the diseases would dovetail with the Organization’s mission to achieve UHC by ensuring that no one was left behind.

41. Representatives broadly endorsed the draft Regional Action Framework and described NTD-related developments in their respective countries. A number of representatives cited the problem of reaching communities, especially in isolated rural areas, that lacked basic health literacy and a knowledge of the modes of transmission of foodborne, vector-borne and waterborne parasitic diseases. There was widespread acknowledgement that governments needed to empower communities to take responsibility for their own health through behavioural change campaigns. Clean water and poor hygiene were particular challenges in rural areas and could be addressed through water, sanitation and hygiene (WASH) programmes, or initiatives to improve food hygiene, such as campaigns to stop people from eating raw fish. Some representatives noted that increasing population movements, urbanization and climate change had made it easier for NTDs to spread to non-endemic areas, with recent outbreaks of dengue cited as a conspicuous example.

42. Representatives noted and concurred with the shift from a reliance on chemical prophylaxis or MDA campaigns – especially for high-risk groups such as schoolchildren or women of childbearing
age – to a multisectoral, whole-of-system approach. More attention must be paid to integrating NTD control and elimination into the overall health system. One representative noted that it was within the power of governments to take action without waiting for WHO facilitation or advice, since many of the necessary tools were already at the disposal of Member States. For its part, WHO should support Member States in catalysing multisectoral partnerships and providing technical support, for example, in building surveillance systems. Moreover, all assistance in delivering integrated and holistic approaches that took account of specific national contexts would be welcome.

43. Statements were made on behalf of Médecins sans Frontières (MSF) and WaterAid.

44. The acting Director, Communicable Diseases, acknowledged the support of the pharmaceutical industry in controlling NTDs through its drug donation programme. But over and above MDA campaigns, the Secretariat was counting on national governments to lead the way in reaching out to non-public health sectors in order to bring about change in affected communities. Given its status as a particular topic of concern, the prevention and control of dengue had formed the subject of a regional action plan in 2016, and the Regional Office had been working with Member States since then to reduce the impact of dengue in the Region. Other problematic NTDs would be addressed in a similar fashion as and when they were deemed to constitute a significant public health threat, for example, snakebites and scabies.

45. The acting Director, Programme Management, said that the Region ought to take justifiable pride in its record on combating NTDs. He noted that in the course of many years spent controlling and eliminating NTDs, Member States had accumulated significant expertise that was ripe for dissemination through knowledge-sharing initiatives. Further achievements were possible in the area of elimination, but even those countries that had eliminated a disease in its entirety were not immune from the risk of reintroduction, thus the critical importance of surveillance. Moreover, it should not be forgotten that many NTDs manifested themselves in the form of lifelong disabilities.

46. The Committee considered a draft resolution on neglected tropical diseases.

47. The resolution, which among other actions endorsed the Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific, was adopted (see resolution WPR/RC69.R4).

REHABILITATION: Item 12 of the Agenda (document WPR/RC69/6)

48. The acting Director, Programme Management, said that rehabilitation allowed people experiencing acute or chronic injuries and illness to recover and participate in society. As an essential part of UHC and the continuum of care, rehabilitation services promoted health and well-being for all. The increase in NCDs and rapidly ageing populations meant that the unmet need for rehabilitation services was substantial and growing. Efforts to strengthen rehabilitation globally were linked to World Health Assembly resolutions on disability (WHA66.9) and the WHO Global Disability Action Plan 2014–2021 (WHA67.7). The draft Western Pacific Regional Framework on Rehabilitation 2018–2023 provided a foundation for countries to develop rehabilitation services within their own contexts, with particular emphasis on availability, quality, governance, financing, workforce development, data and research.

49. Representatives expressed strong support for the draft Regional Framework in light of the growing demand for rehabilitation services driven by ageing populations and the rising incidence of NCDs, mental health disorders, natural disasters and motor accidents. Country-level initiatives included scholarships for students pursuing tertiary rehabilitation education, hearing screening programmes for infants, decentralized rehabilitation services for older people, local production of assistive devices adapted to the local environment, and wound-care services to prevent amputations.
Mobilizing and training an adequate rehabilitation workforce remained a challenge in many countries. One representative suggested transdisciplinary training as a way to build health worker capacities, such as by training physiotherapists in behavioural or fine motor skills rehabilitation.

50. Several representatives highlighted the need for human-rights based, community-focused and culturally responsible approaches to rehabilitation, as well as the need to integrate rehabilitation services into the rest of the health system. A multisectoral approach was essential because rehabilitation concerned not only improving health but also removing barriers to work, education, social activities and the full enjoyment of life. In that regard, one representative detailed how various aspects of rehabilitation were handled by various government ministries and agencies in her country. Another representative suggested that there should be a feasibility study on the procurement and distribution of assistive devices in the Region.

51. WHO was requested to continue providing evidence-based technical guidance and other support, including guidance on how to align rehabilitation initiatives with the United Nations Convention on the Rights of Persons with Disabilities. All support should be tailored to individual country needs. Member States should collaborate with other countries in the Region and with faith-based and nongovernmental organizations, and WHO should conduct a progress review on the linkages between facility- and community-level interventions.

52. Statements were made on behalf of the International Society of Physical and Rehabilitation Medicine and the World Federation of Occupational Therapists.

53. The Director, NCD and Health through the Life-course, said that without rehabilitation services, people with chronic diseases and disabilities risked being left behind. The draft Framework was the first at the regional level, as all previous WHO work on rehabilitation had been undertaken at the global level. It provided guidelines that should help Pacific island countries and areas, in particular, to improve their workforce capacity and service availability and to establish sustainable financing mechanisms. Acknowledging the difficulty of meeting the demand for rehabilitation services in rapidly developing countries, she commended those governments that had committed to strengthening rehabilitation within their health systems. Even highly developed economies were facing challenges in providing quality rehabilitation services throughout the life-course and supporting the families and caregivers of people with disabilities, especially as populations aged. The Regional Office was therefore developing tools, country-support packages, a model disabilities survey and packages of rehabilitation interventions for Member States. The Regional Office was also working with WHO collaborating centres to provide a stroke rehabilitation toolkit along with NCD education materials.

54. The Technical Lead for Disability and Rehabilitation said that the primary aim of the draft Regional Framework was the integration of rehabilitation into health care. As stated in the WHO Constitution, health was not the mere absence of disease, and rehabilitation was a way to ensure that people could work, receive an education and participate in their communities. The goal of the draft Regional Framework was not necessarily to introduce new services but to integrate rehabilitation into existing programmes so that people could live their lives to the fullest.

55. The Regional Committee considered a draft resolution on rehabilitation.

56. The resolution, which among other actions endorsed the Western Pacific Regional Framework on Rehabilitation, was adopted as amended (see resolution WPR/RC69.R6).
STRENGTHENING LEGAL FRAMEWORKS FOR HEALTH IN THE SUSTAINABLE DEVELOPMENT GOALS: Item 13 of the Agenda (document WPR/RC69/7)

57. The acting Director, Programme Management, said that legal frameworks – meaning a combination of legislation and institutions – were essential to drive forward UHC and achieve the health-related SDG targets. Law was a tool for promoting the right to health, strengthening health governance, improving access to health services, preventing and managing public health risks, and fostering multisectoral collaboration to address the social determinants of health. Prompted in part by the scale and complexity of the 2030 Agenda for Sustainable Development, Member States throughout the Region were increasingly requesting WHO technical assistance to find ways to use law to promote health and well-being. The result was the draft Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals. Far from being prescriptive, the draft Action Agenda aimed to offer guidance to Member States in the context of their needs and aspirations, by presenting a range of options for priority areas of action.

58. Representatives broadly endorsed the draft Action Agenda and cited examples of legislation for health in their respective countries. The importance of legislating to achieve and sustain UHC was noted. Health laws were useful for informing people about health risks and for shaping social norms, as demonstrated by legislation on tobacco use, food additives and food labelling. There were ample opportunities to increase linkages between law and health, and a wide range of options were available, depending on a given country’s legal structure and culture. Several representatives welcomed the fact that the draft Regional Action Agenda recognized that some countries preferred to use a mix of voluntary and regulatory measures; it was repeatedly emphasized that Member States should be free to adopt whatever legal instruments they considered appropriate. Given the great diversity of the Region, it would in any event be hard to hammer out a uniform legal framework. WHO should at all times be respectful of the individual country context and guard against the danger of importing alien legislative solutions to health issues.

59. Given that the determinants of health lay largely outside the health sector, more than one representative said that it was important to work across government and society and reach out to other stakeholders. Some noted that laws in their respective countries were framed with wide input from experts and the public. Legal frameworks were not restricted to the drafting of laws per se, as they also encompassed issues to do with monitoring and enforcement, and the coherence between health laws and laws or regulations in other sectors. For example, a prerequisite for clean-water legislation was a properly regulated sewerage system. Likewise, on their own, legal mechanisms were often insufficient drivers of change in society and attitudes; outreach efforts had to be made to encourage health literacy in the wider society.

60. A number of representatives pointed out that the law needed to keep pace with developments in society and the broader health landscape, thus the importance of periodic revisions. Review of whether legislation was fit for its intended purpose was a task not only for legal experts, but also for policy-makers and those actually involved in implementing the law.

61. On the possible role that WHO could play in strengthening legal frameworks for health, one representative proposed the establishment of a regional exchange mechanism to share information and best practices, or the formation of a pool or panel of experts to provide guidance on health legislation. WHO should provide technical legal assistance and generate appropriate evidence to back up policy-making decisions, whenever possible contextualized to country settings. In addition, the Organization should engage in high-level advocacy, for example, in the areas of tobacco and alcohol control. WHO could also assist in enhancing the capacity of national health sectors to assess non-health laws with potential health impacts, for example, in trade legislation.
62. One representative noted the important role played by the private sector in delivering medical services, a situation which, if left unregulated, could potentially skew the entire health system. The Secretariat was asked to provide a more detailed account of how it envisaged its future involvement in strengthening legal frameworks for health at the country level. Finally, one representative requested the Regional Office to develop a more standardized procedure for holding pre-drafting consultations, and to review the term “dangerous products” that had been left undefined in the draft Regional Action Agenda.

63. A statement was made on behalf of the International Federation of Medical Students’ Associations.

64. The acting Director, Health Systems, said that the draft Regional Action Agenda had sought to capture the movement away from traditional use of law in disease control to its use in broader social phenomena such as tobacco control, health insurance or pursuit of the SDGs. Engagement with parliamentarians was recognized as being of key importance, which was why the outgoing Regional Director had been at pains to educate that constituency in health-related aspects of policy-making. WHO had a number of options for helping countries to strengthen their legal frameworks for health, ranging from a regional information-exchange centre to a pool of experts. One possible organizing principle around which it could base its interventions might be that of specific health topics.

65. The temporary adviser, Division of Health Systems, said that law had historically been a core tool of public health, but the manner in which law was exercised was always determined by context. In the modern context, the SDG agenda clearly suggested a need for intersectoral engagement.

66. The Regional Director said that, to his knowledge, the Western Pacific Region was the only WHO Region to have initiated a conversation around technical assistance to strengthen legal frameworks for health, which had been born of his visits to small island countries where the skeleton staff at ministries of health had repeatedly asked him for advice on how to negotiate with parliamentarians in their respective countries. It seemed to him that the vast store of expertise accumulated in the meantime would provide ample teaching material for schools of public health. It also held out the promise of being able to analyse and in some way anticipate social trends and to supply hard evidence to back up sensible policy-making, as an antidote to hasty law-making in reaction to ad hoc problems or events.

67. The Committee considered a draft resolution on Strengthening legal frameworks for health in the Sustainable Development Goals.

68. The resolution, which among other actions endorsed the Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals, was adopted as amended (see resolution WPR/RC69.R5).

HARNESSING E-HEALTH FOR IMPROVED SERVICE DELIVERY: Item 14 of the Agenda (document WPR/RC69/8)

69. The acting Director, Programme Management, said that roll-out of information and communications technology for health service delivery was uneven across the Region. He noted that many national e-health programmes had not been scaled up, but nevertheless the diverse range of existing national initiatives had been inspirational in developing the draft Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific. The draft Regional Action Agenda would offer practical guidance to Member States on how e-health could improve access to and quality of services in a cost-effective manner through the development of appropriate infrastructure, information-sharing, and privacy and security mechanisms.
Representatives endorsed the draft Regional Action Agenda and described e-health initiatives and programmes in their respective countries. Many focused on the value of technology in enhancing patients’ experience: minimizing care fragmentation, for example, through the introduction of unique e-health identifiers that acted as a “passport” through the entire health system; boosting access to health services and enhancing their quality; and containing costs. Several representatives emphasized the crucial role of e-health in expanding UHC, thereby contributing to the health-related SDG targets, and noted a shift in the use of health-care technology from measuring illness to measuring prevention and wellness, as well as their use in intelligent data analytics for policy development and nurturing behavioural change in the community. Integrated electronic health records, m-health platforms and the direct delivery of tailored health advice to end-users via mobile applications or web portals were recurrent themes. More than one representative noted the importance of telemedicine and remote diagnostics in small island settings. Mobile technology was an immensely powerful tool to encourage people to monitor and take responsibility for their health and treatment.

Among the challenges associated with the expanding use of e-health tools and resources were: the need to develop new work processes, occasionally necessitating a complete overhaul of the national health information system; concerns around privacy and confidentiality; ensuring the security, accuracy and quality of health data; and the need to step up investment in information technology, for example, by increasing bandwidth and connectivity. Clinically led e-health programmes obviously required campaigns to engage with clinicians and end-users, including through appropriate end-user training. The importance of e-health literacy was emphasized, particularly for ageing populations.

Consideration should be given to how e-health could help to accelerate the health agenda of countries with developing health systems. A number of representatives referred to the usefulness of knowledge-sharing and cooperation among Member States to disseminate best practices and information about health information systems. The view was widely shared that WHO was well placed to coordinate and facilitate Member State participation in regional multisectoral networks and collaboration with development partners to further build capacity in e-health, specifically in the areas of policy design and dissemination of guidance, as well as acting as a technical support hub for e-health tools and standards. While endorsing the need for broader cooperation, one representative cautioned that any interaction with the private sector must be governed by the Framework of Engagement with Non-State Actors (FENSA). Several representatives requested technical assistance from WHO to further strengthen and institutionalize e-health implementation and capacity-building, and to improve their data collection and reporting processes.

The acting Director, Health Systems, responding to comments, said that representatives were right to note the multisectoral nature of the issue and the important role played by the private sector. He stressed that the countries making key advancements in e-health were not necessarily advanced economies, drawing a parallel with mobile money-transfer technologies, which were most advanced in some lower-income countries. That meant Member States with less advanced economies had a great opportunity to share lessons learnt in addition to receiving financial and technical support. Although technologies such as m-health, wearable health monitors and big-data analytics held promise, they could not be implemented everywhere in the Region since many people did not own smartphones or tablets. The Regional Office would continue to support capacity-building in e-health, especially in Pacific island countries and areas.

The temporary adviser, Division of Health Systems, said that the large number of representative interventions and the progress made so far attested to the relevance of e-health in a changing world. New technologies presented both benefits and challenges, and given the commercial interests involved, it was important to focus on learning, cooperation and service delivery to make e-health an accelerator of UHC.
75. The acting Director, Programme Management, highlighted the importance of privacy and data protection. As some representatives had noted, digital technology was useful in disease surveillance and response, not just in improving quality of care.

76. The Regional Director expressed hope that the Regional Committee would continue to discuss e-health in future meetings and keep up to date as technologies evolved. He drew attention to the situation in Pacific island countries, where possibilities were expanding exponentially thanks to the installation of underwater fibre-optic Internet cables. The use of digital technology for early-stage detection and patient registration was particularly important in Pacific island countries but was relevant everywhere for the control of diabetes, TB and cardiovascular disease, among others. As digital technology continued to develop and became ever more affordable, WHO itself would be able to increase its use of information technology and provide Member States with updated, customized information.

77. The Director-General said that country input and experience would be taken into account when developing WHO’s global strategy on e-health. He agreed that digital technology was particularly helpful in island states, noting that some countries he had visited used drones to transport medical products to remote islands, which might be a good solution in the Pacific. Digital technology must first and foremost be seen as a means of attaining UHC. WHO would soon sign a memorandum of understanding with the International Telecommunication Union (ITU), and the Organization was in communication with the ITU and the private sector regarding artificial intelligence solutions. Given the inevitable growth in digital health technologies, WHO must stay ahead of the curve. He was glad to see that the Region was paying serious attention to the issue and urged representatives to step up their efforts.

78. The Committee considered a draft resolution on harnessing e-health for improved service delivery.

79. The resolution, which among other actions endorsed the Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific, was adopted as amended (see resolution WPR/RC69.R2).

**IMPROVING HOSPITAL PLANNING AND MANAGEMENT: Item 15 of the Agenda**

80. The acting Director, Programme Management, said that the draft Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific, which the Committee was invited to endorse, focused on the central role of hospitals in advancing UHC. Key challenges to performance at the facility level included weak management, inefficiencies, high costs and poor clinical governance. At the health-system level, hospital performance was hampered by limited integration and coordination with primary health-care providers and other hospitals, inadequate feedback mechanisms and procedures, perverse financial incentives and weak regulation. The draft Regional Action Framework contained various proposed actions that Member States could adapt and implement according to their individual contexts and needs. The draft also set forth a medium-term agenda for supporting Member States and would guide their efforts to adopt a whole-of-system approach.

81. Representatives described the specific challenges faced by hospitals in their countries, including overburdened facilities and systems, demographic changes and ageing populations, escalating costs, and workforce shortages and a lack of training – including management training – for hospital staff, especially in remote areas. There was broad agreement that a focus on improving primary-care systems and the development of in-home services and other alternatives to hospitalization would help ease the burden on hospitals and reduce costs. Several representatives
outlined their governments’ efforts in that regard, as well as country- and district-level assessment and accreditation initiatives.

82. Representatives supported the draft Regional Action Framework and were particularly appreciative that it provided different options for countries with different contexts and needs. One representative requested the Secretariat to conduct a follow-up assessment of hospital action plans and outcomes under the Regional Action Framework at the appropriate time, and to share the results in a progress report. WHO should continue to provide technical support and system-level guidance on how to increase the role of communities in health care.

83. Statements were made on behalf of WaterAid and the International Pharmaceutical Students’ Federation.

84. The acting Director, Health Systems, said that there was a great need for clarity and accountability in hospital governance, especially regarding financing. The Regional Office would work with Member States to determine how best to provide system-level support, develop a Region-based approach and respond to gaps in specialized care in Pacific island countries. The Regional Office had also developed indicators for monitoring individual facilities and systems and would be requesting input from Member States on how to introduce the indicators and make them more pertinent.

85. The temporary adviser, Division of Health Systems, noted the important link between improved hospital management and e-health initiatives. As with e-health, there was much knowledge and learning to be shared and applied. A community focus was needed to achieve UHC, and health ministries must ensure that hospitals had a clearly defined role within the health system.

86. The Regional Director said that Member States should not merely endorse the draft Regional Action Framework but also use it as a guideline for future initiatives. It was crucial that health ministers and other political leaders should understand the nature and role of hospitals within the health system. While it was tempting to build new hospitals as highly visible symbols of progress, it must be remembered that their operational costs far exceeded the cost of construction. Countries experiencing rapid development, urbanization and economic transition, in particular, tended to abandon public, community-based systems as their populations moved into cities and relied more heavily on hospital services. And yet a large proportion of patient spending in hospitals could be prevented through strong primary health-care systems, especially in countries with limited resources.

87. The Director-General stressed the importance of standard-setting and regulation, but noted that it was even more important to consider the experiences of patients and communities. Surveys of those using hospital services should be conducted regularly to track satisfaction and shape services based on community needs. National associations or platforms were also useful to share best practices among facilities. The contribution of hospitals to the overall health system could be maximized by converting as many as possible into teaching hospitals, thus reducing workforce shortages by providing the optimal training ground for health professionals with little additional investment.

88. The Committee considered a draft resolution on improving hospital planning and management.

89. The resolution, which among other actions endorsed the Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific, was adopted (see resolution WPR/RC69.R3).
Health security (Item 16.1 of the Agenda)

Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, and the Western Pacific Regional Framework for Action for Disaster Risk Management for Health

90. The acting Director, Programme Management, said that addressing the public health challenges caused by outbreaks, natural disasters and other public health emergencies required investment in preparedness before and between events. In 2016, the Asia Pacific Strategy for Emerging Diseases (APSED) had been updated and renamed as the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSEDIII) to reflect its wider application. That most recent iteration of the Strategy had helped to strengthen health security by better supporting Member States in building the core capacities mandated by IHR (2005). Likewise, the Western Pacific Regional Framework for Action for Disaster Risk Management for Health had helped Member States to incorporate disaster risk management into their health systems and reinforced the health sector’s essential role in managing disaster-related health risks. Implementing APSED III and the disaster risk management framework was a priority for the WHO Health Emergencies Programme in the Western Pacific Region, as both instruments would play a key role in protecting a billion more people from health emergencies by 2023 and achieving the SDGs by 2030.

91. Representatives expressed strong support for APSED III and appreciation for the progress that had been achieved. Delegations from countries that had already conducted joint external evaluations (JEEs) under IHR (2005) described the experience as useful and encouraged other countries to undergo evaluation. There was broad agreement that WHO should provide support both during the evaluation itself and during implementation of the resulting recommendations, in the form of technical and financial assistance. One representative said that even though JEEs were an important tool, completion of a JEE should not be required for countries to receive WHO support.

92. There was strong commitment to health emergencies preparedness and disaster management in the Region. There were also considerable challenges, however, especially in Pacific island countries. Climate change and environmental health were closely linked to health security in those countries, leading to health-care inequities. One representative from a Pacific island country requested additional support during health emergencies. All health security risks were interlinked; therefore, preparedness and response should be integrated.

93. The Director, Health Security and Emergencies, took note of representatives’ requests for support. Preparedness was essential, even in countries with robust health systems, given that eight of the 15 countries most prone to natural disasters worldwide were located in the Western Pacific and more than 100 public health events had been verified in the Region in the past year alone. She reminded representatives that the JEE was only one of the four components of the IHR (2005) Monitoring and Evaluation Framework and that the other components were equally important. In response to the request for additional support for Pacific island countries during health emergencies, the Director said that a system must be developed for receiving requests for international surge capacity support. She agreed with the need for an integrated approach, as health security threats were becoming more frequent and complex.

Action Agenda for Antimicrobial Resistance in the Western Pacific Region

94. The acting Director, Programme Management, summarized progress in the implementation of the Action Agenda for Antimicrobial Resistance in the Western Pacific Region, including the development of national action plans in 15 Member States; strengthening of national surveillance
systems and monitoring of antibiotic consumption; a One Health approach through regional collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE); and serious efforts to monitor, prevent and control antimicrobial resistance (AMR) in key public health programmes. While good progress had been made, challenges remained. The Region still lacked the necessary financial and human resources – and overall systemic capacity – to combat AMR. The Secretariat continued to work with countries to implement the Action Agenda with a focus on health systems strengthening.

95. Representatives outlined the steps being taken to tackle AMR at the country level. These varied according to each country’s health system and level of agricultural development, and thus ranged from efforts to restrict the sale of antibiotics without a prescription to the establishment of steering committees and awareness-raising campaigns to the hosting of policy dialogues and the launch of research and development initiatives.

96. Many delegations considered WHO–FAO–OIE collaboration to be essential and called for it to continue. Multisectoral collaboration should also include the private sector, nongovernmental organizations and industry stakeholders. One representative noted with concern that more than half of the Member States in the Region had not developed national action plans by the 2017 deadline set forth in the Global Action Plan on Antimicrobial Resistance; the Secretariat should outline what it had done or was currently doing to support them. Another representative said that the Global Antimicrobial Resistance Surveillance System (GLASS) contained inconsistencies. Member States required support in developing national guidelines and stewardship programmes in hospitals and in promoting the rational use of antibiotics.

97. Statements were made on behalf of the International Federation of Medical Students’ Associations and the International Pharmaceutical Students’ Federation.

98. The acting Director, Health Systems, said that action was being taken to combat AMR in many different arenas, including behavioural change, surveillance and the development of action plans. Some of the other items on the Committee’s current agenda had a role to play in AMR surveillance and control, namely legal frameworks and e-health technologies. In response to the query about national action plans, the Director assured representatives that five Member States had plans under development, and the Regional Office had prioritized helping smaller countries to draw up plans that reflected their national contexts. As for the inconsistencies in GLASS, the Organization was continually improving its surveillance methodology and modifying the related training modules in consequence, but such changes took time to implement. Stakeholders in private industry would be included in future multisectoral collaboration, as requested. In response to requests for technical and financial support, the Director reminded Member States that the Regional Office was providing support for three areas of action: the development of multisectoral action plans, with a focus on Pacific island countries; strengthening of surveillance systems, stewardship and consumption monitoring; and advocacy for behavioural change, namely helping countries conduct public information campaigns about the consequences of AMR.

Noncommunicable diseases (Item 16.2 of the Agenda)

99. The acting Director, Programme Management, said that WHO would continue to support Member States to take bolder actions to achieve the SDG target of reducing premature mortality from NCDs by one third by 2030.

100. Representatives commented on specific NCD-related challenges in their respective countries and their efforts to address the risk factors and harmful social determinants of health, in addition to providing updates on disease surveillance, research and training. It was pointed out that poverty reduction campaigns increased people’s quality of life, which meant that people were more
likely to adopt unhealthy consumerist lifestyles and that the population as a whole was growing older. Specifically with regard to tobacco control, a number of representatives referred to graphic health warnings on cigarette packets, bans on tobacco advertising, and the use of revenue from tobacco taxes to finance smoking cessation services. WHO technical guidance was particularly valued in fighting industry interference in the legislative process, in furtherance of Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC).

101. Overweight and obesity were being tackled through healthy eating campaigns (aimed particularly at children), bans on unhealthy foods in school canteens, mass exercise events, and the design of healthy spaces and buildings. One representative made a plea for family-based diet and exercise interventions, given that families had the biggest influence on children's eating habits, knowledge of healthy foods and their preparation, and physical activity. Although more than one representative mentioned national initiatives to tax sugar-sweetened beverages, there was no consensus as to whether such taxation actually had a positive health impact; the Secretariat should therefore review its guidance in that area, and provide more information and a specific timeline for the proposed regional plan on protecting children from the harmful effects of food marketing. The importance of multi-stakeholder engagement in efforts to prevent and control NCDs was widely acknowledged. A number of representatives offered to share their experiences and best practices in tackling NCDs with other countries in the Region.

102. Member States expected WHO to focus on capacity-building in low- and middle-income countries, to support WHO FCTC measures regionally and to generate statistics for informed policy-making.

103. One representative said that, despite the numerous NCD-related political commitments and action plans debated by the Regional Committee over the years, the fact that NCDs remained a significant public health problem Region-wide suggested that governments needed to do much more. In charting a course for the future, WHO and Member States should engage in closer collaboration and governments had to be held more accountable. The Regional Office should try to approach the prevention and control of NCDs from a more innovative angle.

104. Statements were offered on behalf of the World Heart Federation, the International Alliance of Patients’ Organizations, the World Federation of Societies of Anaesthesiologists, and World Cancer Research Fund International; a joint statement was offered by the Healthy Philippines Alliance and the NCD Alliance.

105. The Director, Noncommunicable Diseases and Health through the Life-Course, said that there were obvious connections between NCD prevention and control and the other topics discussed at the present session, namely harnessing e-health, improving hospital planning and management, and strengthening legal frameworks for health in the SDGs. Whole-of-government and whole-of-life-course approaches were clearly appropriate to address NCDs in the Region, through a well-equipped and properly trained health workforce. At the global level, WHO Member States had committed themselves to or were actively considering international standardization in a range of areas, such as strengthened primary health care, tobacco and alcohol regulation, dietary interventions such as food labelling, and physical exercise. Noting that only two Member States from the Region were parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, which is under the WHO FCTC, she urged more governments to consider acceding to such a vitally important legal instrument. The robustness of the partnership between the Regional Office and Member States was demonstrated by the diverse range of technical assistance projects currently under way or at the planning stage.
Environmental health (Item 16.3 of the Agenda)

106. The acting Director, Programme Management, said that WHO was developing a new comprehensive global strategy on health, environment and climate change, as decided by the Executive Board in January 2018. Climate change and air pollution were significant public health threats in the Region. Efforts had been made to raise the status of the programme to address climate and environmental determinants of health in small island developing states and vulnerable settings.

107. Matters raised by delegations included the need for aggressive global climate change mitigation measures, given that climate change represented a threat to the existence of some small island nations. Vulnerability to typhoons, the encroachment of sea, contamination of drinking-water wells and extreme heatwaves were just some examples of country-specific problems. One representative said that foreign investment and development had brought with it the increased use of harmful substances, specifically chrysotile asbestos. Air pollution due to solid fuel combustion was cited as a specific environmental issue by another representative. A number of representatives requested WHO technical assistance, specifically to strengthen WASH programmes.

108. A statement was made on behalf of the International Pharmaceutical Students’ Federation.

Communicable diseases (Item 16.4 of the Agenda)

109. The acting Director, Programme Management, requested the Regional Committee to note progress in the implementation of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and the Regional Action Framework for Malaria Control and Elimination in the Western Pacific.

110. Representatives described ongoing initiatives and programmes to prevent and control communicable diseases in their respective countries, noting specifically the progress that had been achieved in expanding access to vaccines under the Global Vaccine Action Plan. Continuing WHO technical assistance was sought to ensure vaccine quality and safety. A number of representatives offered to share their expertise and best practices with other countries in the Region, for example through collaborative networks. A specific problem mentioned by one representative from a small island country was that, whenever screening campaigns brought new cases to light, the surge in demand for health services often placed an intolerable burden on the health system.

111. A statement was made on behalf of the International Federation of Medical Students’ Associations.

112. The acting Director, Communicable Diseases, commended national governments for their leadership and ownership of communicable disease programmes, specifically under the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific, the Regional Strategy and Plan of Action for Measles and Rubella Elimination, and the Regional Action Framework on Malaria Control and Elimination. WHO would naturally provide support to the health authorities in Papua New Guinea to contain the current outbreak of polio in that country.

113. The acting Director, Programme Management, said that the progress reports on technical programmes in the areas of NCDs, environmental health and communicable diseases had been taken up as a single agenda item because they were closely interlinked and there were many opportunities to coordinate efforts to address them. Many NCDs were in fact the long-term complications or co-morbidities of communicable diseases, including papillomavirus and cervical cancer, strep pharyngitis and rheumatic heart disease, and chronic hepatitis (B and C) and cirrhosis and liver cancer.
114. The Regional Director said that, during his 10-year tenure, the predominantly “Asian disease” of hepatitis B and C infection had finally become manageable as a result of prevention and control efforts and developments in pharmacology. He hoped that the Regional Office would continue to focus on hepatitis in the future.

115. In other business, the Regional Director said that informal consultations in the spirit of regional solidarity would continue in order to achieve consensus on the Region’s two nominees for the Executive Board.


Agenda for 2019 (Item 17.1 of the Agenda)

116. The acting Director, Programme Management, recalled that the Regional Committee had agreed on a revised agenda development process at its sixty-sixth session. Under that new process, seven technical items had been proposed in 2017 for discussion at the present session, of which five had been included on the final agenda. In addition, it had been requested that health security, WHO reform and NCDs should be included as standing items for progress reports. Member States were invited to comment on the four proposed technical items for the 2019 agenda and propose other technical items for consideration.

117. Several representatives expressed support for including an item on the implementation of the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019), which would give Member States the opportunity to share their experiences and obstacles. There was also support for discussing renewal of the Tobacco Free Initiative in the Western Pacific Region and review of the Action Agenda for Antimicrobial Resistance in the Western Pacific Region. One representative said that, if the harmful impact of food marketing on children were to be on the agenda, representatives of the private-sector industries involved should be included in the discussion. Updates to the action plan for healthy newborn infants in the Region, aligning legislation with the International Code of Marketing of Breast-milk Substitutes, and the WHO/UNICEF Regional Child Survival Strategy were also suggested as potential topics of discussion. Future discussions of WHO reform should focus, and include more information, on collaboration between the Regional Office and WHO headquarters.

118. The acting Director, Programme Management, took note of the support for including items on ageing and health, the Tobacco Free Initiative and AMR on the 2019 agenda. The suggestion to discuss the marketing of breast-milk substitutes was related to the marketing of unhealthy foods to children and could be discussed in that context. Addressing the modes of collaboration between the Regional Office and WHO headquarters was also a possibility, and would be discussed further.

WHO reform (Item 17.2 of the Agenda)

Items recommended by the World Health Assembly and the Executive Board (Item 17.3 of the Agenda)

119. The acting Director, Programme Management, recalled that, with the adoption of the Thirteenth General Programme of Work, 2019–2023, the Director-General had launched the WHO Transformation Plan and Architecture. The Transformation Plan built on reforms in the regions and major offices to continuously improve ways of working at WHO. The regional Secretariat had begun the process of establishing geographically dispersed specialized offices, or GDSOs, and bilateral discussions were ongoing with the two Member States that had expressed interest in hosting one. The Regional Committee was requested to note the progress of WHO reform and other items
Representatives commended the progress on WHO reform, especially the improved transparency and accountability of the Organization. The more efficient agenda-setting process was also appreciated. Although implementing long-term change would likely be challenging, concrete steps must continue to be taken, and Member States should continue to be consulted. The representative of China, which had proposed hosting the GDSO on urban health, expressed his country’s continued commitment and requested support in moving the project forward. Another representative requested more information on how GDSOs related to WHO’s normative function and contributed to the work of the major offices.

A statement was made on behalf of WaterAid.

The acting Director, Programme Management, made note of the importance that representatives attached to reform and Member State consultation.

The Regional Director, responding to comments, said that GDSOs contributed to WHO’s work by attracting resources and producing expertise in important areas for which the Regional Office did not have adequate resources. The offices, located outside of Manila, served as a bridge with the Regional Office and took advantage of the host country’s interest and investment in a particular issue to advance WHO’s work in the Region. The process of establishing a GDSO was complex, as it involved detailed discussion of how to formulate a suitable agreement under diplomatic law. Work was nonetheless moving forward on the design and founding agreements for the GDSO on urban health in China, and the establishment of a GDSO on environmental health in the Republic of Korea was progressing even faster, as that issue was better understood.

**SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 18 of the Agenda (document WPR/RC69/12)**

The acting Director, Programme Management, said that the three Member States from the Region that are members of the Special Programme are Papua New Guinea, Fiji and the Philippines. The term of office of Papua New Guinea will expire on 31 December 2018, and the Regional Committee was requested to elect a Member State to succeed it.

The Regional Committee selected Solomon Islands to replace Papua New Guinea (see decision WPR/RC69(1)).

**SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 19 of the Agenda (document WPR/RC69/13)**

The acting Director, Programme Management, said that the Western Pacific Region was currently represented on the Special Programme by the Fiji, whose term of office would expire on 31 December 2018.

The Regional Committee was requested to elect a Member State to succeed Fiji.

The Regional Committee selected the Philippines to replace Fiji (see decision WPR/RC69(2)).
TIME AND PLACE OF THE SEVENTIETH AND SEVENTY-FIRST SESSIONS OF THE REGIONAL COMMITTEE: Item 20 of the Agenda

129. The Regional Director said that the seventieth session of the Regional Committee would take place in Manila, 7–11 October 2019.

130. As to the venue and dates of seventy-first session, tentative dates of 5–9 October 2020 were put forward, with the location to be decided following discussions with the incoming Regional Director (see resolution WPR/RC69.R7).

CLOSURE OF THE SESSION: Item 21 of the Agenda

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

132. The representative of Samoa proposed a resolution of appreciation to the Chairperson, Vice-Chairperson and Rapporteurs for their work during the successful session, and to the representatives of intergovernmental and nongovernmental organizations for their statements (see resolution WPR/RC69.R8).

133. The Chairperson read a resolution of appreciation to the Regional Director, prepared by the regional Secretariat, which accorded him the title of Regional Director Emeritus (see resolution WPR/RC69.R9).

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

135. After the usual exchange of courtesies, the sixty-ninth session of the Regional Committee was declared closed.
AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Nomination of the Regional Director

7. Nomination of the Regional Director

Review of the work of WHO

8. Address by and Report of the Regional Director

   WPR/RC69/2


   WPR/RC69/3

Policies, programmes and directions for the future


    WPR/RC69/4

11. Neglected tropical diseases

    WPR/RC69/5
Annex 1

12. Rehabilitation

WPR/RC69/6

13. Strengthening legal frameworks for health in the Sustainable Development Goals

WPR/RC69/7

14. Harnessing e-health for improved service delivery

WPR/RC69/8

15. Improving hospital planning and management

WPR/RC69/9

16. Progress reports on technical programmes

16.1 Health security

- Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
- Western Pacific Regional Framework for Action for Disaster Risk Management for Health
- Action Agenda for Antimicrobial Resistance in the Western Pacific Region

16.2 Noncommunicable diseases

16.3 Environmental health

- Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet
- Small Island Developing States initiative on climate change and health
- Draft comprehensive global strategy on health, environment and climate change

16.4 Communicable diseases

- Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific
• Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)

WPR/RC69/10

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

17.1 Agenda for 2019

17.2 WHO reform

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

WPR/RC69/11

Membership of Global Committee

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

WPR/RC69/12

19. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board

WPR/RC69/13

Other matters

20. Time and place of the seventieth and seventy-first sessions of the Regional Committee

21. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA

Ms Caroline Edwards, Deputy Secretary, Department of Health, Canberra, Chief Representative

Ms Nicole Jarvis, Assistant Secretary, Department of Health, Canberra, Alternate

Ms Jacinta Holdway, Co-Director, UN Health and G20 Engagement Section, Department of Health, Canberra, Alternate

Dr Tahli Fenner, Co-Director, UN Health and G20 Engagement Section, Department of Health, Canberra, Alternate

Ms Casey Marie Broughton, Assistant Director, Health Strategies Section, Department of Foreign Affairs and Trade, Barton, Canberra, Alternate

Ms Kate Emily Danaher, Policy Officer, Health Strategies Section, Department of Foreign Affairs and Trade, Barton, Canberra, Alternate

BRUNEI DARUSSALAM

Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Ministry of Health, Bandar Seri Begawan, Chief Representative

Dr Zulaidi Abdul Latif, Deputy Permanent Secretary (Professional), Ministry of Health, Bandar Seri Begawan, Alternate

Dr Justin Wong Yun Yaw, Medical Specialist (Public Health), Ministry of Health, Bandar Seri Begawan, Alternate

Mr Mohd Raizul Amir Idros, Health Education Officer, Ministry of Health, Bandar Seri Begawan, Alternate

CAMBODIA

His Excellency Professor Eng Huot, Secretary of State, Ministry of Health, Phnom Penh, Chief Representative

Dr Lo Veasnakiry, Director of Department of Planing and Health Information, Ministry of Health, Phnom Penh, Alternate

Dr Sung Vinnat, Director, Department of International Cooperation, Phnom Penh, Alternate
Annex 2

CHINA

Mr Li Mingzhu, Commissioner, Department of International Cooperation, National Health Commission, Beijing, *Chief Representative*

Ms Zhao Lina, Division Director, Department of International Cooperation, National Health Commission, Beijing, *Alternate*

Mr Shen Jianfeng, Deputy Division Director, Department of Planning and Information, National Health Commission, Beijing, *Alternate*

Ms Wei Xiao, Deputy Division Director, Department of Law and Legislation, National Health Commission, Beijing, *Alternate*

Mr Qi Hongliang, Deputy Division Director, Bureau of Disease Prevention and Control, National Health Commission, Beijing, *Alternate*

Ms Meng Li, Deputy Division Director, Bureau of Medical Administration, National Health Commission, Beijing, *Alternate*

Mr Cong Ze, Program Officer, Department of International Cooperation, National Health Commission, Beijing, *Alternate*

Ms Yin Hui, Assistant Professor, School of Public Health, Peking University, Beijing, *Alternate*

Ms Lu Ying, Doctor, School of Public Health, Peking University, Beijing, *Alternate*

CHINA (HONG KONG)

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

Dr Tsui Lok-kin, Edwin, Assistant Director (Traditional Chinese Medicine), Department of Health, Hong Kong, *Alternate*

Dr Ho Lei-ming, Raymond, Chief Port Health Officer, Department of Health, Hong Kong, *Alternate*

Dr Leung Wai-man, Raymond, Senior Medical and Health Officer (Technology), Department of Health, Hong Kong, *Alternate*

Dr Chim Pak-wing, Senior Medical and Health Officer, (Health Promotion), Department of Health, Hong Kong, *Alternate*
Annex 2

CHINA (MACAO)  Dr Kuok Cheong U, Deputy Director, Health Bureau, Director of Hospital, Health Bureau of the Government of Macao Special Administrative Region of the People’s People's Republic of China, Macao, Chief Representative

Dr Lo Iek Long, Advisor of the Secretary for Social Affairs and Culture, Health Bureau of the Government of Macao Special Administrative Region of the People's People's Republic of China, Macao, Alternate

Mr Leong Kei Hong, Head of Organization and Information Technology Department, Health Bureau of Government of Macao Special Administrative Region of the People's Republic of China, Macao Alternate

Dr Lam Chong, Head of Center of Disease Control and Prevention, Health Bureau of the Government of Macao Special Administrative Region of the People's Republic of China, Macao, Alternate

COOK ISLANDS  Honourable Vainetutai Rose Toki-Brown, Minister of Health, Cook Islands Government, Rarotonga, Chief Representative

Dr Josephine Herman, Secretary of Health, Ministry of Health, Rarotonga, Alternate

Mr Tamaau Tepai, Spouse of Secretary of Health, Alternate

FIJI  Honourable Isikeli Mataitoga, Ambassador of Fiji to the Republic of the Philippines, Embassy of the Republic of Fiji, Tokyo, Japan Chief Representative

Dr Eric Vilsoni Rafai, Head of Research and Innovation, Ministry of Health and Medical Services, Suva, Alternate

FRANCE  Monsieur Nicolas Galey, Ambassadeur de France aux Philippines, Chief Representative

Madame Sophie Cueilleron, Chargée de mission Asie Pacifique, Délégation Affaires Européennes et Internationales, Ministère des solidarités et de la santé, Paris, Alternate

Monsieur Jean-Jacques Forte, Conseiller de cooperation et d'action culturelle a l'ambassade de France aux Philippines, Alternate

Docteur Jacques Raynal, Ministre de la Santé et de la prevention de la Polynésie française, Ministère de la Santé, Papeete, French Polynesia, Alternate
Docteur Merehau Mervin, Directrice adjointe de la santé, Département de la santé de Polynésie française, Papeete, Polynésie française, Alternate

Monsieur Etienne Morel, Directeur de l'Agence santé du territoire des îles de Wallis-et-Futuna, Mata-Utu, Wallis and Futuna, Alternate

Monsieur Claude Gambey, Chef de cabinet auprès du member du gouvernement, en charge de l'animation et du contrôle des secteurs de la santé, de la jeunesse et des sports, Noumea Cedex, Chief Representative

Docteur Jean-Paul Grangeon, Deputy Director, Public Health Service Head, Inspecting Physician, Department of Health and Social Affairs, Noumea Cedex, Alternate

Honourable Takumi Nemoto, Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, Chief Representative

Mr Yasuhisa Shiozaki, Member, House of Representatives, The House of Representatives, Tokyo, Alternate

Mr Hideo Suzuki, Director-General for Global Issues/Assistant Minister, Ambassador, Ministry of Foreign Affairs, Tokyo, Alternate

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Dr Chieko Ikeda, Senior Assistant Minister for Global Health, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Minister’s Secretariat, Tokyo, Alternate

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Mr Kazuhisa Takahashi, Deputy Assistant Minister for International Policy Planning, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Dr Hajime Inoue, Deputy Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Mr Ken Hongo, Secretary to the Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, Alternate

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Annex 2

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Honourable Tauanei Marea, Minister of Health, Ministry of Health and Medical Services, Tarawa, Chief Representative

Ms Eretii Timeon, Director of Public Health, Ministry of Health and Medical Services, Tarawa, Alternate

LAO PEOPLE’S DEMOCRATIC REPUBLIC

Honourable Dr Bounkong Syhavong, Minister of Health, Ministry of Health, Vientiane Capital, Chief Representative

Dr Nao Boutta, Director General of Cabinet, Ministry of Health, Vientiane Capital, Alternate

Dr Rattanaxay Phetsouvanh, Director General of Communicable Disease Department, Ministry of Health, Vientiane Capital, Alternate

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Dr Bounpheng Philavong, Director General of Hygiene and Health Promotion, Ministry of Health, Vientiane Capital, Alternate

MALAYSIA

Honourable Dr Dzulkefly Ahmad, Minister of Health, Ministry of Health Malaysia, Putrajaya, Chief Representative

Datuk Dr Noor Hisham Abdullah, Director General of Health, Ministry of Health Malaysia, Putrajaya, Alternate

His Excellency Dato' Raszlan Abdul Rashid, Ambassador of Malaysia to the Republic of Philippines, Embassy of Malaysia, Makati City, Philippines, Alternate

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Dr Hasrina Hassan, Senior Principal Assistant Director, Disease Control Division, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Mohamed Ahsan Mohamed Ismail, Special Officer to the Minister of Health, Ministry of Health Malaysia, Putrajaya, Alternate

Mr Rizany Irwan Muhamad Mazlan, Minister, Embassy of Malaysia, Makati City, Philippines, Alternate

Ms Sharifah Ezneeda Wafa Syed Mohd Zulkarnain Wafa, Minister-Counsellor, Embassy of Malaysia, Makati City, Philippine, Alternate
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Mr Mohd Shahril Rahmat, Second Secretary, Embassy of Malaysia, Makati City, Philippines, *Alternate*

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Honourable Kalani Radford Kaneko, Minister of Health and Human Services, Ministry of Health and Human Services, Majuro, *Chief Representative*

Ms Julia M. Alfred, Secretary of Health and Human Services, Ministry of Health and Human Services, Majuro, *Alternate*

Ms Marline Loeak, Executive Secretary of Health and Human Services, Ministry of Health and Human Services, Majuro, *Alternate*

MICRONESIA (FEDERATED STATES OF)  
Honourable Magdalena A. Walter, Secretary (Minister), Department of Health and Social Services, Pohnpei, *Alternate*

Mr Moses Pretrick, Environmental Health Program Manager, Department of Health and Social Affairs, Pohnpei, *Alternate*

Mr Arthy G Nena, Director, Public Health and Hospital, Emergency Preparedness, Department of Health and Social Affairs, Pohnpei, *Alternate*

Ms Fancelyn P Solomon, Administrative Specialist, Department of Health and Social Affairs, Pohnpei, *Alternate*

MONGOLIA  
Honourable Sarangerel Davaajantsan, Minister of Health, Ministry of Health, Ulaanbaatar, *Chief Representative*

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Mr Tumurbaatar Luvsansambuu, Director-General, Ulaanbaatar City Health Department, Ulaanbaatar, *Alternate*

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Dr Bayasgalan’ Gendaram, Director, Second General Hospital, Ministry of Health, Ulaanbaatar, *Alternate*

Dr Dugar Baast, Director-General, Khan-uu General Hospital, Ulaanbaatar, *Alternate*
MONGOLIA (continued)

Dr Badrakh Galsantseden, Director, Songinokhairkhan District General Hospital, Songinokhairkhan District, Ulaanbaatar, *Alternate*

Dr Sumiya Narantuya, Director, Health Department of Bulgan Province, Bulgan Province, *Alternate*

NAURU

Honourable Charmaine Scotty, Minister for Health and Medical Services, Ministry of Health and Medical Services, Yaren, *Chief Representative*

Mr Rayong Itsimaera, Secretary for Health and Medical Services
Ministry of Health and Medical Services
Yaren, *Alternate*

Ms Mary Dowiyogo
Personal Assistant to the Minister for Health
Ministry of Health and Medical Services
Yaren, *Alternate*

NEW ZEALAND

Honourable Jenny Salesa, Minister of Building and Construction, Minister of Ethnic Communities, Associate Minister of Education, Health, Housing and Urban Development, New Zealand Government, Wellington, *Chief Representative*

Ms Amanda Hinkley, Private Secretary, Health, Ministry of Health, Wellington, *Alternate*

Dr Caroline McElnay, Director of Public Health, Ministry of Health, Wellington, *Alternate*

Ms Caroline Flora, Group Manager, Population Outcomes, Ministry of Health, Wellington, *Alternate*

Dr Colin Tukuitonga, Director-General, Pacific Community and the New Zealand candidate for Regional Director of the Western Pacific, *Alternate*

Sumi Subramaniam, Lead Adviser, Health, Ministry of Foreign Affairs and Trade, *Alternate*

Peter Ranger, Policy Officer, Ministry of Foreign Affairs and Trade, *Alternate*

NIUE

Honourable Billy Graham Talagi, Minister of Social Services, Ministry of Social Services, Alofi, *Alternate*

Dr Jason Tautasi, Medical Officer, Ministry of Social Services, Niue Health Department, Alofi, *Alternate*

PALAU

Honourable Dr Emais Roberts, Minister of Health, Republic of Palau Ministry of Health, Koror, *Alternate*
Annex 2

PAPUA NEW GUINEA

Honourable Sir Dr Puka Temu, KBE CMG MP, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, Port Moresby, *Chief Representative*

Mr Pascoe Kase, Secretary, National Department of Health, Port Moresby, *Alternate*

Mr Ken Kandep Wai, Executive Manager, Strategic Policy and Planning Division, National Department of Health, Port Moresby, *Alternate*

Mr Moale Rivu, First Secretary to the Minister, Ministry of Health and HIV/AIDS, Port Moresby, *Alternate*

PHILIPPINES

Dr Francisco T. Duque III, Secretary of Health, Department of Health, Manila, *Chief Representative*

Dr Rolando Enrique D. Domingo, Undersecretary, Office of the Chief of Staff, Department of Health, Manila, *Alternate*

Dr Mario C. Villaverde, Undersecretary, Health Policy and Systems Development, Department of Health, Manila, *Alternate*

Ms Susan Pineda-Mercado, Special Envoy of the President on Global Health Initiative, Office of the President, Manila, *Alternate*

Ms Noralyn Jubaira-Baja, Assistant Secretary, Department of Foreign Affairs, Pasay City, *Alternate*

Dr Kenneth G. Ronquillo, Director IV, Health Policy Development and Planning Bureau, Department of Health, Manila, *Alternate*

Ms Maylene M. Beltran, Director IV, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*

Mr Dominic Xavier Marquez Imperial, Acting Director, Department of Foreign Affairs, Pasay City, *Alternate*

Mr Bryan Jess T. Baguio, Acting Director, Department of Foreign Affairs, Pasay City, *Alternate*

Ms Therese Cantada, Acting Director, Department of Foreign Affairs, Pasay City, *Alternate*

Dr Ruby C. Constantino, Officer-in-Charge, Director IV, Disease Prevention and Control Bureau, Department of Health, Manila, *Alternate*

Mr Meynardo L.B. Montealegre, Assistant Secretary, Department of Foreign Affairs, Pasay City, *Alternate*
Annex 2

REPUBLIC OF KOREA

Mr Cho Tae Ick, Director General, Bureau of International Cooperation, Ministry of Health and Welfare, Sejong-si, Chief Representative

Ms Kim Seong Gyong, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, Alternate

Ms Lee Hyunju, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, Alternate

Dr Park Ok, Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention Ministry of Health and Welfare, Sejong-si, Alternate

Ms Kim Hee kyoung, Assistant Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention, Ministry of Health and Welfare, Sejong-si, Alternate

Ms Kwon Sumin, Assistant Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention Ministry of Health and Welfare, Sejong-si, Alternate

Mr Sorornejad Pejmon, Interpreter, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention Ministry of Health and Welfare, Sejong-si, Alternate

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

SAMOA

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SINGAPORE

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Dr Benjamin Koh, Deputy Secretary (Development) Ministry of Health Singapore, Singapore, Alternate

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

Ms Kong Ching Ying, Assistant Director, International Cooperation, Ministry of Health Singapore, Singapore, Alternate

Ms Hazel Koh, Manager, International Cooperation, Ministry of Health Singapore, Singapore, Alternate
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Dr Gregory Jilini, Under Secretary (Health Care), Ministry of Health and Medical Services, Honiara, Alternate

TOKELAU*

TONGA
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Dr Siale Akauola, Chief Executive Officer for Health, Ministry of Health, Nuku’alofa, Alternate
Ms Debbie Sorensen, Chief Executive Officer of the Pasifika Medical Association, Senior Health Advisor, Pasifika Futures Ltd Auckland, New Zealand, Alternate

TUVALU
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Mr Karlos Lee Moresi, Chief Executive Officer, Ministry of Health, Funafuti, Alternate

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Dr Ma. Rowena Alcido, Health Advisor, British Embassy Manila, Taguig City, Metro Manila, Philippines, Alternate

UNITED STATES OF AMERICA
Ms Erika Elvander, Director, Asia and the Pacific, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., Chief Representative
Ms Ann Blackwood, Senior Health Advisor, Department of State, Bureau of International Organization Affairs, Washington, D.C., Alternate
Dr R.J. Simonds, Country Director, United States Centers for Disease Control and Prevention, China Office, Beijing, China, Alternate
Ms Maya Levine, Senior Global Health Officer, Multilateral Relations, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., Alternate
Mr Bill Gallo, Senior Advisor, Pacific Islands, United States Centers for Disease Control and Prevention, Honolulu, Alternate

*unable to attend
Annex 2

VANUATU

Honourable Norris Kalmet, State Minister, Ministry of Health, Port Vila, Chief Representative

Mr George Kalkau Taleo, Director General, Ministry of Health, Port Vila, Alternate

Dr Posikai Samuel Tapo, Director of Planning, Policy and Corporate Service, Ministry of Health, Port Vila, Alternate

Mr Luna Jimmy Tasong, Political Adviser, Ministry of Health, Port Vila, Alternate

Mr Willy Posen, Private Secretary, Ministry of Health, Port Vila, Alternate

VIET NAM

Honourable Nguyen Thi Kim Tien, Minister of Health, Ministry of Health, Hanoi, Chief Representative

Associate Professor Dr Tran Thi Giang Huong, Director General, International Cooperation Department, Ministry of Health, Hanoi, Alternate

Dr Nguyen Trong Khoa, Deputy Director General, General Administration of Medical Services, Ministry of Health, Hanoi, Alternate

Associate Professor Dr Tran Thanh Duong, Deputy Director, National Institute of Hygiene and Epidemiology, Hanoi, Alternate

Professor Dr Nguyen Van Kinh, Director, National Hospital of Tropical Diseases, Ministry of Health, Hanoi, Alternate

Dr Nguyen Quang Thieu. Deputy Director, National Institute of Malarialogy, Parasitology and Entomology, Hanoi, Alternate

Mr Le Hieu, Official, Administration of Science, Technology and Training, Ministry of Health, Hanoi, Alternate

Ms Pham Thi Minh Chau, Senior Official, International Cooperation Department, Ministry of Health of Viet Nam, Hanoi, Alternate

Dr Hoang Minh Duc, Deputy Director, Administration of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Mr Ngo Tuan Anh, Second Secretary, Embassy of Viet Nam in the Philippines, Manila, Philippines, Alternate
II. REPRESENTATIVES OF UNITED NATIONS OFFICES, SPECIALIZED AGENCIES AND RELATED ORGANIZATIONS

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FAO Representation in the Philippines
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Corner Sheridan and United Streets
1554 Mandaluyong City, Philippines

III. OBSERVERS

JAPAN – MINISTRY OF HEALTH, LABOUR AND WELFARE (MOHLW)
Ms Takeko Yamashita
Ms Mami Kon
Dr Midori Kamei

PACIFIC ISLANDS HEALTH OFFICERS ASSOCIATION (PIHOA)
Dr Emi Chutaro

SECRETARIAT OF THE ALLIANCE FOR HEALTHY CITIES
Professor Keiko Nakamura

UNIVERSITY OF THE PHILIPPINES
Dr Paulyn Jean Rosell Ubial

WORLD BANK
Dr Enis Baris

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASIAN DEVELOPMENT BANK
Dr Eduardo Banzon

PACIFIC COMMUNITY
Dr Audrey Aumua
Dr Paula SilatoluVivili
## V. REPRESENTATIVES OF NON-STATE ACTORS

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<td>Ms Carmen Auste</td>
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<td><strong>CHRISTIAN BLIND MISSION (CBM)</strong></td>
<td>Mr Rainer Guetler, Dr Manfred Morchen</td>
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<td><strong>GLOBAL MEDICAL TECHNOLOGY ALLIANCE (GMTA)</strong></td>
<td>Mr Darwin de Jesus Mariano, Mr Cristan Zhigang Yang</td>
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<td><strong>INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS (IAPO)</strong></td>
<td>Mr Yi-Mou Ko, Ms Ya Hsin Wang</td>
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<td><strong>INTERNATIONAL COUNCIL OF NURSES (ICN)</strong></td>
<td>Dr Merle Lobres Salvani</td>
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<td><strong>INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE (IFBLS)</strong></td>
<td>Dr Leila Florento</td>
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<td><strong>INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO)</strong></td>
<td>Dr Mario A. Bernardino, Dr Pilar Lagman-Dy</td>
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<td><strong>INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)</strong></td>
<td>Mr Yin Hang Chan, Dr Po-Chin Li, Mr Zih Siang Seo, Ms Kimberly Jane Fajardo Ventura, Ms Bo Zhang</td>
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<td><strong>INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)</strong></td>
<td>Mr Josh Black, Mr Takahashi Go, Mr Franck Perraudin, Ms Felicity Swan</td>
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INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION (IPSF)

Mr Christopher Chua
Ms Charlotte Earl
Ms Kang Hyunjin
Ms Soyeon Lee
Ms Waranyu Lengwiriyakul
Ms Hsueh-Yun Liao
Ms April Dominique Ocampo
Mr Cheng-Hsuan Tsai

INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)

Dr Reynaldo Rey-Matias

INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS (ISRRT)

Professor Peachy Salamanca Luna

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA)

Dr Teresita Agda
Dr Margarita Cardona
Dr Vivina Chiu
Dr Marilyn Federico
Dr Carmencita Lo
Dr Elizabeth Milanes

MEDECINS SANS FRONTIERES (MSF)

Dr Su Myat Han

WORLD ORGANIZATION OF FAMILY DOCTORS REPRESENTATIVE (WONCA)

Dr Policarpio Joves Jr.

UNITED STATES PHARMACOPOEIA CONVENTION (USP)

Dr Geoff Tsen

WATERAID

Ms Alison Macintyre

WORLD CANCER RESEARCH FUND INTERNATIONAL (WCRF)

Mr Ralph Emerson Degollacion

WORLD CONFEDERATION FOR PHYSICAL THERAPY (WCPT)

Mr Royson Mercado

WORLD COUNCIL OF OPTOMETRY (WCO)

Dr Carmen Abesamis-Dichoso
Annex 2

WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES (WFAS)

Dr Teoh Boon Khai

WORLD FEDERATION OF CHINESE MEDICINE SOCIETIES (WFCMS)

Dr Qiming Zheng

WORLD FEDERATION OF HEMOPHILIA (WFH)

Ms Marie Ann Iballo Fernandez

WORLD HEART FEDERATION (WHF)

Dr Sophie La Vincente

Dr Kate Ralston

WORLD STROKE ORGANIZATION (WSO)

Dr Maria Epifania Collantes
LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

Healthy Philippines Alliance
International Alliance of Patients Organizations
International Federation of Medical Students’ Associations
International Pharmaceutical Students Federation
International Society of Physical and Rehabilitation Medicine
Medecins Sans Frontieres
NCD Alliance
Water Aid
World Cancer Research Fund International
World Federation of Occupational Therapists
World Federation of Societies of Anaesthesiologists
World Heart Federation
ADDRESS BY THE OUTGOING CHAIRPERSON  
HONOURABLE TAUTAI AGIKIMUA KAITU’U  
MINISTER FOR HEALTH AND MEDICAL SERVICES, SOLOMON ISLANDS  
AT THE OPENING SESSION OF THE SIXTY-NINTH SESSION OF THE  
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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

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

Our Chairperson from last year’s meeting, Ms Glenys Beauchamp from Australia, is unable to join us here in Manila this week and has asked me to stand in for her this morning.

Excellencies:

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

First, the Regional Committee endorsed the Regional Strategy and Plan of Action for Measles and Rubella Elimination, and urged Member States to develop or update national strategies and plans of action for measles and rubella elimination.

We are making great progress in this area. In 2017, the Region achieved historically low measles incidence. Eight countries and areas were verified as having achieved measles elimination. New Zealand and the Republic of Korea were verified to have achieved rubella elimination, and several others are on track to achieve this within the next five years.

Second, we adopted a resolution on Protecting Children from the Harmful Impact of Food Marketing. A regional action framework on this issue is currently being developed. Member States will be consulted on this important piece of work early next year, to inform our further deliberations on this topic.

Third, we endorsed the Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030). In line with the Action Plan, Member States are being supported to strengthen national and subnational capacities in health governance, health literacy and building healthy settings. We must all continue to urge political leaders at all levels to make bold political choices for health, in order to achieve the 2030 Agenda for Sustainable Development.

Fourth, at last year’s meeting we also discussed the Regional Framework for the triple elimination of mother to child transmission of HIV, hepatitis B and syphilis. Countries have already started disseminating and implementing the framework – several countries have developed national plans and are collaborating with other stakeholders and partners to implement them. WHO is currently working with countries and partners to develop a baseline report for triple elimination, which will help us to measure our progress towards this important set of disease elimination goals.
Fifth, the Committee endorsed the *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services*. This is a crucially important area for many of us, as our countries are developing economically and donors are withdrawing support. We appreciate WHO’s support over the past year for the transition planning process, and in convening policy dialogues on health financing issues.

Sixth, the Regional Committee approved the *Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*. This is a complex area. We appreciate WHO’s support on cooperation and convergence initiatives to strengthen regulatory systems and achieve good regulatory outcomes.

Finally, we adopted the *Regional Framework for Action on Food Safety*. Following that, several countries are developing or revising their national food safety plans with WHO’s support, and several countries in the Pacific are receiving practical guidance and support to access appropriate food analysis capacity.

Excellencies:

Last year’s meeting had a very full agenda! This year we also have a very busy week ahead of us including, of course, the nomination of the next Regional Director.

As always, I look forward to the opportunity to exchange our views and experiences, and to refine our collective approach to the complex range of issues that we will discuss this week.

I thank again the Chairperson, Ms Glenys Beauchamp, Secretary of Health of Australia, for her excellent work as Chair last year – and the other office-bearers for their wonderful support.

Finally, thank you to Regional Director Dr Shin and your staff, for the excellent organisation and management of this meeting and for your hard work since last year – to support all of us in our work towards better health for the people of the Western Pacific Region.

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

Sir Puka Temo, chair of the sixty-ninth session of the WHO Regional Committee for the Western Pacific,
My brother Dr Shin, WHO Regional Director for the Western Pacific,
Excellencies, heads of delegation, honourable delegates, colleagues and friends,

It’s an honour to be with you in Manila today for this historic session of the Regional Committee.

A lot has happened since I stood before you in Brisbane a year ago.

It’s been a busy but productive year.

We’ve approved a new 5-year strategy to make WHO more focused on delivering a measurable impact, with the ambitious “triple billion” targets at its heart;

We’ve continued to overhaul our work on emergencies, and have responded quickly and effectively to numerous outbreaks and other crises;

We’ve launched a transformation project to make WHO more agile;

We established a high-level commission to identify new solutions for noncommunicable diseases;

Just two weeks ago we hosted not one, but two high-level meetings at the UN General Assembly, on tuberculosis and noncommunicable diseases;

We’ve launched a new initiative on climate change in small island developing states;

We’ve committed to eliminating cervical cancer;

We’ve committed to eliminating trans fats from the global food supply;

We’re in the process of launching a new initiative to end malaria;

The Protocol to Eliminate Illicit Trade in Tobacco Products has entered into force;

We’ve worked with Google to launch a new version of the Google Fit app based on WHO guidelines;

Germany, Ghana and Norway have asked us to develop a Global Action Plan to deliver SDG3, which is almost ready;

We have continued to build political commitment for universal health coverage;
And we’ve launched WHO’s first investment case, which estimates that a properly-resourced WHO could save 30 million lives and add 100 million years of healthy living to the world’s population over the next five years.

I would like to say thank you to all of you for your support over the past 15 months.

And I would especially like to say thank you to my brother, Dr Shin.

Whoever you elect as your new Regional Director tomorrow will have a hard act to follow.

I will say more about Dr Shin later, but I know you need no convincing of his formidable achievements, and the imposing legacy he leaves.

As you know, one of his key priorities has been to make the work of the Regional Office more directly focused on supporting countries.

We are now seeking to transform WHO to make countries the centre of what we do everywhere around the world.

But in truth, Dr Shin has been doing it for a decade.

There is abundant evidence of the success of this approach.

In the Western Pacific over the past 10 years,

Maternal mortality has fallen by one-third.

Under-five mortality has fallen by almost two-thirds.

TB deaths are down 29 percent.

Action against hepatitis B has saved 7 million lives;

The 10 malaria-endemic countries in the region are on track for elimination;

And core capacities for emergencies have improved dramatically.

The region is also making impressive progress towards universal health coverage.

Government expenditure has increased to 56% of all health spending.

Since 2005, the number of people being pushed into extreme poverty by out-of-pocket health spending in the Western Pacific has almost halved, from 37 million to 19 million.

This is great news.

But at the same time, the number of people spending more than 10% of their household income on health has increased slightly.

In other words, people are getting wealthier, but a greater proportion of their income is spent on health.
That means some families have to make hard choices between health care and other life necessities.

I urge all governments to pay careful attention to this trend.

I urge you to use every tool at your disposal to ensure your people receive the health services they need, without encountering financial hardship as a reason.

One of those tools is the law. I’m pleased to see that among the issues you’re discussing this week is an action agenda on legal frameworks for health.

As you know, I am a vocal advocate for political commitment to UHC. But without laws, political commitment can remain an empty promise.

Laws are the means by which political commitment becomes meaningful change.

Many aspects of health policy simply can’t be implemented without laws – like ensuring access to services, safeguarding the quality of products and services, and ensuring financial risk protection.

Addressing many of the determinants of health also requires a strong legal underpinning.

The framework calls on every country in the region to review, prioritise, and strengthen its own legal frameworks for health, and to cooperate across borders to address the determinants of health in trade and environment.

I urge you to endorse the framework, and to implement its recommendations.

WHO stands ready to support each country with evidence-based technical assistance on what works and what doesn’t.

A second tool at your disposal for making progress towards universal health coverage is digital technology.

At the World Health Assembly in May, you and WHO’s other Member States asked us to develop a global strategy on digital health.

The action agenda you are considering this week will help to shape that global strategy.

The increasing use of electronic health records, telemedicine, mobile technologies, big data and artificial intelligence hold enormous potential for overcoming barriers and reaching everyone with the services they need.

The options are endless, which is why the action agenda calls on countries to make a careful assessment and prioritise the use of proven, essential technologies, rather than trying to do everything.

Countries can easily waste a lot of time and money in their enthusiasm to embrace every latest technology.

Many countries in the region have developed or are now in the process of finalizing their national eHealth policy or strategy.
This is very encouraging, although more work is scheduled to support small island developing states.

I urge you to endorse the action agenda on eHealth this week, and to make a priority of harnessing the power of digital technologies for health – especially for primary health care.

In just two weeks’ time we will gather in Astana, Kazakhstan for the 40th anniversary of the Alma-Ata declaration.

Together, we will reaffirm the centrality of people-centred primary health care as the backbone of strong health systems, and the foundation of universal health coverage.

Unfortunately, the vision of Alma Ata remains a distant dream in too many places.

But today, digital technologies give us a vital tool that we did not have 40 years ago.

Ladies and gentlemen,

Although we encourage all countries to invest more in stronger primary care, the fact remains that hospitals are an essential part of every health system.

At some time in our lives, almost all of us will receive care in a hospital.

Hospitals are responsible for the largest share of capital expenditure in health systems, and up to 56% of recurring health expenditure.

The efficiency and effectiveness of every country’s health system is therefore determined in large part by the efficiency and effectiveness of its hospitals.

Too often, performance is affected by weak management, inefficiency and poor quality of care.

The Western Pacific is home to some of the world’s largest and most complex hospitals in massive cities, and small hospitals on remote islands.

Of course, the huge diversity in the region makes it impossible to recommend one-size-fits-all solutions.

But no matter how large and advanced the hospital, there is always room for improvement.

Which is why the action framework on hospital management provides a broad menu of options for every hospital and every country.

Hospitals in advanced economies can focus on controlling costs and improving outcomes by linking payments to performance, and introducing incentives for team-based care.

For transitional economies and small island states, the action agenda suggests improvements in health service planning, quality, accountability, efficiency and the use of resources.

For highly decentralized countries, improvements can be made to governance and information management.
I urge all Member States not only to endorse the action agenda this week, but to take its recommendations to heart, and to take them home.

One of the services that hospitals provide is rehabilitation.

Earlier this year I saw an inspiring video about a young man called Roby Malonzo.

Roby lost his leg in a motorbike accident when he was 14 years old, right here in the Philippines.

But he found out about a medical centre that provides prostheses for people from low-income families.

Roby went along, and a funny thing happened.

He didn’t just get a new leg. He got a job.

Roby now works making prostheses for people just like him.

That’s the power of rehabilitation – it doesn’t just restore movement; it restores hope.

Rehabilitation isn’t just about health; it’s about well-being. It’s about empowering people to live the lives they want to live and do the things they want to do.

Rehabilitation cannot be an afterthought or an addendum to care; it must be an integral part of care, and an integral part of universal health coverage.

As your populations get older and rates of noncommunicable diseases increase, the demand for rehabilitation services in this region will skyrocket.

Which is why the action agenda on rehabilitation you are considering this week is so important.

Its four pillars offer a range of actions for countries to improve the availability of rehabilitation services, to strengthen their governance and financing, to develop a skilled rehabilitation workforce and to strengthen data and research.

I urge you to endorse it and implement it.

Last year I had the honour of being with you to celebrate the elimination of trachoma in Cambodia and the Lao People’s Democratic Republic.

Today I’m delighted to be here to confirm Palau, Viet Nam, and Wallis & Futuna for the elimination of lymphatic filariasis.

Since 2016, a total nine countries in the Region have been validated for eliminating lymphatic filariasis as a public health problem.

Malaysia has also been confirmed for the elimination of mother to child transmission of HIV and syphilis.
These are indeed cause for celebration. And there are many others.

WPRO is the only WHO Region where the burden of schistosomiasis has been reduced to the point that regional elimination is now within reach.

But as you all know, more work remains to be done to rid this region of neglected tropical diseases.

The draft Regional Framework for the Control and Elimination of NTDs is a vital step towards that goal.

Its four strategic pillars are designed to ensure universal and equitable access to interventions and services for NTDs, particularly in hard-to-reach marginalized and vulnerable populations.

At face value, the five issues I have highlighted are quite separate and distinct.

But I see a clear connection between all of them.

All of them are essential for building strong health systems and achieving universal health coverage.

Legal frameworks and e-health are about enabling better health services.

Hospitals and rehabilitation are about delivering better health services.

And the framework on neglected tropical diseases is about the final result of better health services: infections prevented, people treated and lives saved.

WHO’s role is to support every country with constructive policy dialogue, world-class normative guidance, and astute technical know-how to translate commitment into plans, plans into actions, and actions into results.

Colleagues, ladies and gentlemen,

In the coming weeks and months, you will be hearing more about how WHO is transforming to put countries at the centre of everything we do.

But the clearest example is our Programme Budget for 2020 and 2021.

The budget has been developed based on country priorities, and is designed to strengthen the capacity of our country offices to deliver impact.

As you will hear, we are proposing an almost 30% increase in technical capacity for country offices, while the headquarters budget will stay flat.

We have also committed to almost $100 million of savings at headquarters for 2020 and 21.

This is what it means to put countries first. This is part of our commitment to leaving no one behind.
This region is home to the world’s largest country and the world’s smallest. It’s home to two of the world’s three largest economies, and its five smallest.

But every country is important.

Health for all means health for ALL, including every woman, every child and every man, from Tokyo to Tuvalu.

Some Member States have expressed a concern that our increasing focus on countries means a decreasing focus on our normative and technical work.

Not at all.

It just means we are focused on developing normative and technical products that countries want, and that countries use.

There’s no use writing a guideline if no one wants it. And there’s no use writing a guideline if no one informs the health ministry it’s available.

When I was Minister of Health in Ethiopia and we were reforming our health system, no one from WHO told me that WHO had an excellent technical guide on health system design.

I had to Google it.

WHO must do better than that.

Our aim in strengthening country offices is to make sure that we are more effective in translating political commitment at the global level to tangible results on the ground.

Of course, we understand that WHO must be worth the investment; we understand that we must good value for money.

That’s why two weeks ago we began a process of reviewing and prioritising all of our activities globally. We’re asking every department and office at headquarters and in our regional offices to submit a plan for the normative and technical products they plan to produce during 2020 and 21, and why they’re doing it.

Our aim is to review and analyse everything we’re doing to ensure we’re doing the right things, and to identify gaps.

That’s also why we’ve been working hard for the past year on our WHO Impact Framework – to keep ourselves and our Member States accountable for the commitments we’ve made.

Because to make progress, we must measure progress.

Ladies and gentlemen,

Let me finish with a few words about Dr Shin.

I must admit to having mixed emotions today, as one era closes and another begins.
Over the past year, I have come to appreciate Dr Shin not just as a colleague and peer, but as a brother and a friend.

I have valued his wisdom and advice enormously.

Dr Shin has never been afraid to tell me exactly what he thinks – for which I have great respect and admiration.

His contributions to our Global Policy Group meetings have helped to shape the WHO we are now building for the future.

In that sense, although his term as RD is coming to an end, his legacy will live on.

He is rightly admired and respected throughout the region.

He loves WHO, and he cares passionately about the health of the 1.9 billion people who call the Western Pacific region home.

Under his leadership, those people have benefited greatly.

I look forward to working closely with whoever succeeds him. They have big shoes to fill.

Dr Shin, we will all miss you. I will miss you.

It is my great honour to award Dr Shin Young-soo the WHO medal for the years of service he has rendered to the Western Pacific region of the World Health Organization.

Please join me in standing to honour Dr Shin.
ADDRESS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SHIN YOUNG-SOO
AT THE SIXTY-NINTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Chairperson, the Honourable Sir Puka Temo;
Honourable ministers;
Representatives from Member States and partner agencies;
Colleagues, ladies and gentlemen:

Good afternoon and welcome to the sixty-ninth session of the Regional Committee for the Western Pacific. As always, it is good to see many old and new friends.

Congratulations to our Chair, Sir Puka Temo from PNG. Honourable Minister, I know you will do a very good job this week. Let me also welcome our Director-General, Dr Tedros, back to WPRO. Welcome, DG!

It has been a busy time since we met in Brisbane, Australia last October. As a Region, we continue to make good headway towards better health. A full account of progress over the last year can be found in the annual Report on the work of WHO in the Region.

However, today, instead of focusing on the last 12 months, as this will be my last Regional Committee meeting I would like to share with you some broader reflections on the last decade.

This time 10 years ago, the world was shaken by the global financial meltdown. The worst financial crisis in a century plunged many countries into recession – and greatly reduced their capacity to invest in health.

Our world has also changed in other ways. The MDGs have been replaced by the SDGs. The development landscape is ever more crowded and complex. And global geopolitics is increasingly volatile.

Yet against this backdrop of upheaval and change, the last decade has been one of progress towards better health in the Western Pacific Region.

Communicable diseases remain significant drivers of death and sickness in our Region, but together we have taken some huge strides forward in the battle to contain them.

Tuberculosis incidence in the Region has declined significantly, and deaths from TB are down by almost 30 per cent. Most malaria-endemic countries are closer than ever to elimination.

This Region is home to four in every 10 people who lose their lives to viral hepatitis. However, sustained immunization of children over recent decades has helped us turn the tide on this disease: more than 40 million new hepatitis infections have been prevented, and approximately seven million lives have been saved. That is a huge achievement.

Every year we discuss noncommunicable diseases, which are now responsible for four out of every five premature deaths in the Region. There was a time when NCDs were seen as a problem affecting only wealthy developed nations. That is no longer the case: these killers are now taking a devastating toll on low and middle-income countries, too.
In this Region, high-level political commitment to addressing NCDs globally has translated into strong action by many Member States to tackle the all-important NCD risk factors – tobacco use, excessive consumption of alcohol, unhealthy diets, and lack of physical activity.

Countries have adopted higher taxes on unhealthy products, smoke-free laws, and stronger warning labels on tobacco packages. I am also very proud that this Region is home to the first country in the world to introduce plain packaging of tobacco products, Australia.

Our part of the world is a hotspot for health security threats. We are the most disaster prone Region, with 20 typhoons rising in the Pacific Ocean every year, as well as floods, earthquakes and tsunamis. Novel influenza viruses are common here. And as we saw with the MERS outbreak in my home country in 2015, even countries with advanced health systems are not immune.

Ten years ago, many of the tools we use today to detect and rapidly respond to health emergencies – such as Emergency Operations Centres and field epidemiologists – did not exist in most countries. That is not the case today. Countries are better prepared than ever before. Disease outbreaks and other health emergencies are inevitable, but we can minimize their devastating impacts through being prepared.

Health systems in the Region are, step by step, getting stronger. Several countries are making good progress in reducing out-of-pocket expenses. This is crucially important – because for the poor and vulnerable, a high out-of-pocket charge for a health service can mean a choice between receiving that health service, and other fundamentals like food for their family. That is no choice at all.

As well as reducing out-of-pockets, we are also gradually improving quality and access. There is growing political commitment at the highest levels to UHC. And despite economic constraints, governments are investing more in health: in the last decade, a majority of this Region’s Member States had increased their health spending as a share of gross domestic product. Long may this trend continue.

All of the progress I have just described is thanks to you, our Member States. For my part as Regional Director, I have simply sought to make WHO in the Western Pacific an organization which provides countries with the support that you need to progress towards better health.

Over the last ten years, we have worked hard to improve how we work. We re-organized the Regional Office, so it was better set up to deliver for our Member States.

Through revitalising our Country Cooperation Strategies, we strived to ensure that our country work properly reflects your priorities. And we have done our best to ensure that our Country Offices have the resources and capacity they need to serve you where it matters most, on the ground.

From my early travels in the Pacific, I quickly learnt that we had to do better to address the unique health needs of Pacific island countries and areas. As a result, one of the most important organizational changes we made, in 2010, was the establishment of the Division of Pacific Technical Support based in Fiji – to provide tailored technical support for Pacific countries, closer to home.

We created the Division of Health Security and Emergencies here in the Regional Office to strengthen our work with countries on emergency preparedness and response – years before the establishment of the global WHO Health Emergencies programme.
We have worked with Member States to improve governance – including adopting a more transparent and consultative process for setting the Regional Committee agenda. I believe that this has dramatically improved the quality of resolutions the Committee adopts – and the results that they deliver.

When Member States in this Region set a target, it means something: we work together to get it done.

In making all of these changes, we have constantly strived to be more efficient, effective and accountable. We have also improved our communications. And we have strengthened our work with partners, such as the network of WHO Collaborating Centres across the Region.

I am especially pleased that we have forged much closer relationships with parliamentarians and city mayors. In a world where health threats come largely from outside the health system, strong partnerships with those who have the power to make decisions affecting all aspects of our lives, are more important now for WHO than ever before.

I am proud to say that I believe the last decade of our work together has made WHO in the Western Pacific better at delivering on the needs of people in the 37 countries and areas of the Region.

But of course, there will always be more to do.

We still face very significant current and future health challenges.

In many ways, the health threats we confront today are more complex than at any other time throughout history. Take climate change, for example. More than 2 million people die in this Region every year as a result of poor air quality. A huge threat to health, the solutions to which lie outside WHO’s traditional sphere of influence.

We face new forms of old threats – such as drug-resistant TB and malaria. Declining donor support also creates challenges for countries in sustaining the prevention, detection and response to infectious disease.

We must keep stepping up efforts to prevent NCDs, as well as improve management of these conditions – for those for whom prevention is already too late.

While we are better prepared for health emergencies, we cannot for a moment be complacent – at any moment, the next threat could be just around the corner.

And of course, we must continue our work to make health systems stronger and advance universal health coverage, including by strengthening primary health care.

On this, the long history of UHC shows us that the path of progress is not always linear. The journey will not always be easy – but the goal is clear: to ensure that everyone, in every corner of every country of this vast Region, has access to the quality health services they need at a price they can afford. Until this is the case, our work will never be done.

I would like to conclude my remarks today by telling you a brief story.
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Earlier this year, I visited Lao PDR. While I was there, I met a young woman who had just given birth to her second child in a small village health clinic on the Mekong River. We spoke briefly about her newborn and her hopes for the baby’s future.

Since that visit, I have often wondered what the future holds for the tiny baby I saw that day. Will he grow up healthy and happy? Will he have a good life? And are we doing all we can to ensure that this is the case?

During my time as Regional Director, I have been fortunate to travel widely, and I have had hundreds of similar conversations with people across our Region. I have visited people in remote villages of the Mekong countries, and the grasslands of Mongolia – who wonder how they will get the health services they and their families need today, and tomorrow.

I have talked with communities in the Pacific worried about climate change, as sea levels rise around them and natural disasters strike with frightening frequency.

I have spent time with people whose countries are developing economically with unprecedented speed. They want to know how they can keep themselves and their families healthy and safe in the midst of constant change.

I am grateful for every one of these conversations, which have always helped me to focus on who we are here to serve: the almost 1.9 billion people who call the Western Pacific Region home.

Ten years ago, it was the greatest honour of my life to be elected to lead WHO’s work in the Western Pacific Region. This week you will decide on a new Regional Director. I sincerely wish my successor the very, very best.

While the next RD will face a vast range of challenges, he or she will inherit a strong and robust organization, and an extremely dedicated and hard-working staff.

My successor will also have the honour of working with a wonderful group of Member States – joined by a formidable bond of solidarity, and an unwavering commitment to delivering better health for all.

So finally let me say, from the bottom of my heart, thank you to all Member States – for the trust you placed in me over the last ten years, and for your tremendous support during my time in this role. It has been my enormous privilege and pleasure to serve you.

Thank you.
ADDRESS BY THE INCOMING CHAIRPERSON
HONOURABLE SIR DR PUKA Temu, MINISTER OF HEALTH AND HIV/AIDS
PAPUA NEW GUINEA, AT THE SIXTY-NINTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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

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

I thank the outgoing Chairperson, Ms Glenys Beauchamp, and Vice-Chairperson, the
Honourable Minister Tautai Agikimua Kaitu'u from the Solomon Islands, and other officers of the last
session. I will do my best to follow their excellent example and to manage our programme well.

Distinguished colleagues:

We heard yesterday afternoon the excellent report of the Regional Director on the progress
that has been towards better health in the Region over the past 12 months. Thank you, Dr Shin, for
your leadership and the hard work of all of your staff – over the last 12 months, and the last ten years.
We are all grateful for your support and leadership. You will be greatly missed.

Colleagues, now that we have completed the important business of nominating a new
Regional Director, we have a packed agenda before us for the rest of the week, including five
technical agenda items. Allow me to provide a brief overview of these items now.

First, neglected tropical diseases, or NTDs. These diseases affect the poorest and most
marginalized in our Region – people living without access to adequate sanitation, basic infrastructure
and health services.

In 2012, this Committee took action to control and eliminate NTDs – endorsing the previous
Regional Action Plan. Since then, the Region has seen remarkable progress, with more and more
countries achieving elimination of lymphatic filariasis and trachoma, as the Director-General
announced yesterday.

However, while we are seeing accelerated efforts to eliminate some NTDs, we will need to do
better in partnership with sectors beyond health if we are to succeed in eliminating others. There is
also an urgent need to strengthen and sustain surveillance including in pre- and post-elimination
settings.

Accordingly, it is time for a renewed approach and commitment to tackling NTD elimination,
which is proposed in the new Regional Action Framework for control and elimination of NTDs before
us this week.
Our second technical agenda item is on rehabilitation. As all of us here know, health systems are under pressure from the rise of noncommunicable diseases such as stroke and diabetes, and for some countries, this is coupled with the challenge of ageing populations.

To respond to these challenges, we need to ensure that rehabilitation is part of universal coverage (UHC) and the continuum of care for everyone: to restore health and well-being while recovering from illness or injury, and managing long-term health conditions.

Rehabilitation allows people to maximize their daily functioning, to manage basic essential skills such as communication, mobility and self-care. The benefits of rehabilitation extend beyond basics to other areas of life, such as education and employment. In other words, as well as the benefits for individuals and their families, the community as a whole benefits from rehabilitation as people managing long term illness, impairment and disability can more fully participate in society.

By strengthening rehabilitation services, Member States can help ensure their citizens enjoy a good quality of life as they age, even as they manage chronic diseases, impairment and disability. This is the approach Member States will be asked to endorse in the Western Pacific Regional Framework on Rehabilitation 2018-2023, which is before the Regional Committee this week.

Our third technical agenda item is about strengthening legal frameworks for health in the Sustainable Development Goals.

The law has an essential role to play in promoting the right to health, strengthening health governance, improving access to health services, preventing and managing public health risks, and fostering multisectoral collaboration to address the social determinants of health. And each of these things are critically important for achieving Universal Health Coverage – and therefore the SDGs.

Member States throughout the Region are increasingly using the law to advance UHC and achieve health at the local, national, and international levels. However, the complexity of the SDG agenda calls for innovative solutions from countries to ensure that no one is left behind, including through the more strategic use of law for health.

The proposed Action Agenda on Strengthening Legal Frameworks for Health in the SDGs provides clear guidance and presents options for countries to consider in their efforts to prioritize areas for action, to improve processes for developing, implementing, and evaluating laws for health, and to enhance capacities of all stakeholders involved.

Our fourth technical agenda item is about harnessing e-health for improved service delivery. e-health is the use of information and communication technology in support of health and health-related fields. It has the potential to revolutionize health service access and quality, and can help in containing costs. Therefore, e-health can advance countries’ progress towards universal health coverage (UHC).

Countries face different challenges in implementing e-health initiatives. For some, the technology is developing rapidly and many e-health pilot programmes have been initiated, but not scaled up. Other countries lack the capacity and ICT infrastructure to get e-health initiatives up and running in To maximize the potential benefits of e-health, countries should prioritize e-health applications that benefit health services for the whole population. For those countries just starting out
on their e-health journeys, ensuring the foundations of e-health are in place is critical – including ICT infrastructure, information sharing, privacy and security mechanisms.

The Regional Action Agenda on Harnessing E-Health for Improved Service Delivery before us for discussion this week proposes different actions for different country contexts, based on countries’ stage of e-health development.

Our fifth technical agenda item is about **improving hospital planning and management**.

Hospitals are often the first point of contact with the health system. They are also expensive, accounting for a large share of health spending. Across the Western Pacific Region, hospitals account for between 30-50 percent of current total health expenditure.

Improving hospital performance is obviously important for advancing towards universal health coverage (UHC). However, to achieve this, we need to overcome a range of challenges at both the facility and health system level.

Strengthening accountability, efficiency quality, equity, and sustainability and resilience in hospitals can improve their performance. Having the right regulatory, financing, monitoring, and system design tools in place can help to achieve this, as well as ensure that hospitals contribute to UHC.

The Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific that will be considered by the Committee this week offers a menu of actions across different areas of hospital policy reform that Member States can adapt and implement based on their own contexts and needs.

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

- Health Security
- Noncommunicable diseases
- Environmental health; and
- Communicable diseases.

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

Excellencies, distinguished delegates:

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

Thank you very much.
Mr Chairperson;
Honourable Ministers;
Distinguished Representatives:

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

We have worked through 5 very important technical agenda items: e-health, hospital planning and management, strengthening legal frameworks for health, neglected tropical diseases, and rehabilitation.

As Dr Tedros said on Monday, while these items may seem separate and distinct, all of them are essential for building strong health systems and achieving universal health coverage.

It was also wonderful to recognise several more countries and areas for achieving disease elimination targets: Palau, Viet Nam, and Wallis and Futuna for eliminating lymphatic filariasis, and Malaysia for being the first country in the Region to be confirmed as having eliminated mother-to-child transmission of HIV and syphilis.

As Minister Tuitama said during the discussion on the NTDs agenda item this week, it is important that we recognise success – and I am very proud that we have had cause to do that on several fronts this week.

In addition to the important business of our formal sessions, we also held various side events, including Wednesday’s event on WHO’s work in countries – connected by videoconference to all of our 15 country offices across the Region.

This year we focused on how communications is supporting delivery of the three strategic priorities of GPW13. I am very proud of all the work we are doing in this area. I am also so pleased that this side event on WHO’s work in countries has now become an RCM tradition, and hope this will continue into the future.

This week, you elected Dr Takeshi Kasai to be the next Regional Director. I wish Dr Kasai the very, very best when he takes over from me in February of next year. He is very bright, energetic, and totally dedicated to WHO. He will do a very good job. I hope you will extend to him the same support and encouragement that you have provided to me over the last ten years.

And of course, as always, despite some tense moments throughout the week, we also managed to have some fun. I think the quality of your dancing during the mobility breaks is getting better and better every year. And I will make sure that Dr Kasai works on his singing and dancing for the RD’s dinner next year.

I would also like to thank our excellent office-bearers:

Chairperson Sir Puka Temu from Papua New Guinea, for his skilled and efficient management of the meeting throughout the week;

Vice-Chairperson, Dr Lam Pin Min for his excellent support to the Chair and for stepping on Wednesday;
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**Ms Casey Broughton** of Australia, English Rapporteur

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

Please accept these small gifts tokens of our appreciation. I know that Dr Lam from Singapore had to leave, I would appreciate if someone from the Singapore delegation could accept the gift on his behalf.

I thank all of my staff who have been working very, very hard to prepare for this RCM and to ensure that our meeting ran smoothly this week. Thank you for your efforts and hard work: you can all take the afternoon off.

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

Finally, as you know this is my last Regional Committee, and so this will be the last time I address you as the Regional Director.

As I said to you earlier in the week, being elected to lead WHO’s work in the Western Pacific Region was my life’s greatest honour. Before I took on this role, I had enormous respect for WHO’s work. Ten years in the job has only increased my appreciation of the value of our organization and its work. I hope to see WHO’s work in this Region go from strength to strength under the new Regional Director.

I will leave this job at the end of January with memories, experiences and friendships I will cherish forever. And for that, once again, I thank all of you from the bottom of my heart.

Thank you.