SUMMARY RECORD OF THE FIFTH MEETING
(Jacques Iekawe Conference Hall, SPC)

Wednesday, 21 September 2005 at 14:20
CHAIRPERSON: Mr KHAW BOON WAN (Singapore)

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1. CHILD HEALTH: Item 12 of the Agenda (Document WPR/RC56/8) (continued)

Dr DUQUE (Philippines) said that promotion and protection of children's rights was a priority of his Government. In addition to its commitment to international instruments for child protection, it had launched a comprehensive programme for children called "Bright Child". It comprised the delivery of a package of essential services that followed a continuum for conception to adolescence, based on the empowerment of families, strengthening of community-based support systems and creation of a responsive environment for child health. The package started with prenatal care, safe delivery, promotion of breast-feeding and birth spacing, postnatal care, immunization, micronutrient supplementation, and growth monitoring, and continued through management of childhood illnesses to counselling for young people on nutrition, substance abuse and reproductive health.

He suggested that activities carried out within the framework of the joint WHO/UNICEF Regional Child Survival Strategy should be evaluated and the findings reported to the Regional Committee at its fifty-eighth session.

Dr TRAN TRONG HAI (Viet Nam) reported that infant and under-five mortality rates in his country had been virtually halved compared with the previous decade. Under-five malnutrition was also falling. Immunization coverage remained high and health care services were free for children under six years of age. A number of strategies related to child health were being implemented, including nutrition, safe motherhood and breast-feeding, together with plans for newborn care and the prevention of mother-to-child HIV transmission. Nonetheless, Viet Nam had to overcome considerable challenges to child health, including high neonatal mortality disparities with regard to access to and use of services; budget constraints; and hospital overload.

Most of Viet Nam's activities for child health were included in the essential package of key child survival interventions proposed in the Strategy, which he fully endorsed. Viet Nam would be expanding its implementation and adopting a more integrated approach. High priority would be given to the care of newborn babies, development of human resources, particularly in remote areas, and better information and communication for hard-to-reach areas.

Dr TAO Jin (China) welcomed the Strategy and concurred with its analysis of the current situation and the proposals for both rapid and long-term action. The essential package for child survival was comprehensive, concrete and feasible. She agreed that it would useful to evaluate implementation of the Strategy.

An assessment of the health situation of women and children was being conducted in China, with WHO and UNICEF support. The Strategy should make it possible to better understand the current maternal and child health problems in China and facilitate the drafting of recommendations for future work.

Natural disasters, disease, malnutrition and accidental injuries all had a negative impact on the health of thousands of children. Developing countries found it especially difficult to overcome such problems and to make progress towards achievement of the Millennium Development Goal related to child mortality. WHO should therefore provide more support to child survival in developing countries and give guidance on effective ways of reaching remote and poverty-stricken areas. Particular attention should be given to premature births and low-birth-weight babies, mother-to-child HIV transmission, and the impact of tobacco and passive smoking on children's health.

Mr UNTALAN (United States of America) welcomed the leadership of the two agencies' regional offices in formulating the Strategy, which took a strong public health approach and could make an important contribution to attaining the development goals contained in the United Nations Millennium Declaration, particularly Goal 4. He encouraged Member States to put proven interventions to improve child health into effect in a flexible and innovative way, with the engagement of key stakeholders, including those at the country level. Efforts should be made to increase access to adequate sanitation and safe water and food, which were vital for child survival. Child health must remain high on political and health agendas, and Member States should increase financial, technical and human resources at all levels, in order better to match needs, and strengthen planning and resource allocation in order to reach families in greatest need. He emphasized the role of the family and welcomed the Strategy's acknowledgement of the importance of maternal health and empowered women for healthy children.

With regard to the priority interventions by country group (Table 1), he stressed the importance of routine immunization with traditional vaccines, as vaccination coverage rates with those vaccines had been stagnating or even declining over the past decade. Attention had to be paid to routine immunization, including adequate financing for all districts, in order to secure achievements such as the eradication of poliomyelitis and to ensure adequate delivery of traditional as well as new and underutilized vaccines.

He strongly supported the Strategy and encouraged Member States, with the technical assistance of the Secretariat, to translate it into country-specific commitments for accelerated and sustained actions.

Dr JEONG Eun-kyeong (Republic of Korea) fully supported and endorsed the Strategy, welcoming the inclusion of comprehensive newborn care and the promotion of childhood safety as actions for Group 3 countries. For its implementation the Secretariat should consider including support programmes for high-risk neonates and review the specific conditions of each Group 3 country before recommending the introduction of *Haemophilus influenzae* type b, rotavirus and conjugated pneumococcal vaccines. In her country, improving socioeconomic status, national health insurance and immunization programmes had dramatically cut infant and under-five mortality rates.

The major causes of child mortality had become congenital anomalies, cancer and injuries. With the birth rate having fallen to the lowest in the world, her Government was strongly promoting birth and child health and offered to share the country's experience and capacity.

Mr UNA (Solomon Islands) also supported and endorsed the Strategy, which his country would adapt to its specific needs. Its programme of action would put child health higher on political, economic and health agendas, renew efforts to reduce child mortality with support being mobilized by the Regional Office and donor agencies, and expand current child and reproductive health activities.

Dr MONNA (Cambodia) welcomed the development of the Strategy, including the work on identifying a package of essential measures. The approach would be important for ensuring child survival. To reach its goal required intensified efforts, and she urged partners to support Member States with high child mortality rates in that regard. She acknowledged the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization, which had enabled better control of vaccine-preventable diseases, as reflected by the fact that they currently accounted for only a small proportion of infant mortality in Cambodia. In 2003, some 35% of international development assistance in the country had gone towards HIV/AIDS control and only 13% to maternal and child health. More resources were needed to control childhood illnesses. The Ministry of Health had recently adopted several high-priority action plans to promote maternal and child health, especially faced with maternal mortality rates that were far too high.

Mr EDWARDS (Marshall Islands) fully endorsed the Strategy. In his country, where infant mortality rate was falling, maternal and child health formed an essential element of the primary health care programme, which provided services such as immunization, diabetes control, nutrition of mothers and children, distribution of vitamin A, de-worming and dental care. Recently, prevention of mother-to-child transmission of HIV had been incorporated in the reproductive health programme. Reproductive health services had recently been strengthened as part of the primary health initiative, with improved neonatal and prenatal services, especially for young mothers and their children. He acknowledged the support of the United Nations Population Fund (UNFPA) in helping his country change focus to adolescent and child health. The Ministry of Health was working closely with nongovernmental, community-based and faith-based organizations to provide pertinent child-care education to parents.

Dr NODA (Japan) expressed appreciation for the work on formulating the Strategy, which promoted both a continuum of care and the coordination of programmes related to child survival. Japan had been giving higher priority to maternal and child health in its international health cooperation. The Strategy offered five approaches for child survival, but it should also take account of support for health care workers in peripheral health facilities, through regular supervision and supplies. The interventions in the essential package for child survival should be prioritized in the light

of the health problems and the state of health service delivery in each country. He also expected good coordination between child and maternal health departments within WHO's Secretariat.

Although socioeconomic development had contributed to the low infant mortality rate in Japan, simple relevant public health measures, such as home visits, assistance of community volunteers to health service activities and registration of pregnant women and newborn babies, were essential. The Strategy embraced similar concepts, which should contribute to child survival in Member States with high mortality rates.

The CHAIRPERSON, speaking in his capacity as the representative of Singapore, commented that his country was experiencing the same problem of a low child mortality rate combined with a low birth rate.

Ms HALBERT (Australia) said that her country recognized the importance of improving child survival rates and had made maternal and child health an important component of its assistance for strengthening basic health services in various countries in the Region. She supported the Strategy, in particular the crucial element of universal access to the essential package for child survival.

She supported coordination of child survival measures at the national level (proposed action 3.1) but stressed the need for mechanisms to ensure implementation at all levels of government and service delivery. With regard to proposed action 3.2, Australia was finalizing a national agenda for early childhood to guide work on child health and well-being at every level of government. The country had invested significantly in maternal and child health and enjoyed high-quality health care and very good child survival rates.

Dr JOHARI (Brunei Darussalam) expressed full support for the proposed strategy. Of the strategy's seven components, Brunei Darussalam gave greatest priority to breast-feeding and complementary feeding. It was providing support to mothers to continue breast-feeding through initiation within one hour of delivery, action to increase the duration of maternity leave and the acceleration of efforts under the Baby-Friendly Hospital Initiative. Comprehensive health services were accessible and affordable for all, and improvements in child health and the reduction of child mortality were central goals of the 2000-2010 national development plan. Immunization coverage was well above 90% and mortality in children under five years of age had fallen significantly in recent decades. The infant mortality rate was increasingly concentrated in the first month of life, with deaths mainly due to extreme prematurity and congenital malformation. Maternal mortality rates had also fallen dramatically; almost all women received skilled antenatal care and delivered in hospitals.

2. MINISTERIAL ROUND TABLE: RESPONDING TO HEALTH ASPECTS OF DISASTERS
Item 19 of the Agenda (Document WPR/RC56/15)

The round table discussed a range of issues concerning the health aspects of disasters. Mr Philip Davies served as moderator.

The meeting rose at 17:00.