World Health Organization

Western Pacific Region

REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTY-FIFTH SESSION
Manila, Philippines
13–17 October 2014

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
January 2015

PREFACE

The sixty-fifth session of the Regional Committee for the Western Pacific was held in Manila, Philippines, from 13 to 17 October 2014. Dr Enrique T. Ona (Philippines) and Mr Michael Malabag (Papua New Guinea) were elected Chairperson and Vice-Chairperson, respectively. Dr Eiji Hinoshita (Japan) and Mr Mazyar Taheri (France) were elected Rapporteurs.

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I. INTRODUCTION

The sixty-fifth session of the Regional Committee for the Western Pacific was held at the Philippine International Convention Center, Manila, Philippines from 13 to 17 October 2014.

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, Malaysia, Marshall Islands, Federated States of Micronesia, Mongolia, Nauru, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Tonga, Tuvalu, Vanuatu and Viet Nam, and by representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from the United Nations International Atomic Energy Agency, United Nations Population Fund and United Nations World Meteorological Organization; representatives from the Asian Development Bank and Secretariat of the Pacific Community; representatives of 29 nongovernmental organizations; and observers from the Department of Health, Philippines, Gavi, the Vaccine Alliance, Government of the United States of America and Independent Expert Review Group.

The resolutions adopted and 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 contained in Annexes 1 and 2.

The opening ceremony included a cultural presentation and addresses by the President of the Republic of the Philippines, the Secretary of Health of the Philippines, the outgoing Chairperson of the sixty-fourth session of the Regional Committee, the Executive Director of the WHO Director-General's Office on behalf of the Director-General, and the WHO Regional Director for the Western Pacific. Following the Opening Ceremony, the representatives assembled in the Summit Hall where the outgoing Chairperson declared open the sixty-fifth session of the Regional Committee for the Western Pacific.

At the opening of the session, remarks were made by the outgoing Chairperson and the WHO Regional Director for the Western Pacific. The Executive Director of the Director-General's Office delivered the address of the Director-General to the Regional Committee (see Annexes 4 and 5).

II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

WPR/RC65.R1 DRAFT PROPOSED PROGRAMME BUDGET 2016–2017

The Regional Committee,

Having examined the draft Proposed Programme Budget 2016–2017 developed through more robust bottom-up, results-based planning;

Acknowledging the Secretariat's efforts to align Member States' priorities with global outcome and impact targets through category and programme area networks;

Reaffirming the continued emphasis on established leadership priorities, and further refinement of the roles and functions of the three levels of the Organization;

Appreciating the Secretariat's efforts to maintain a stable budget,

1. THANKS the Secretariat for the comprehensive presentation of the Organization-wide draft Proposed Programme Budget 2016–2017;

2. APPRECIATES the commitment of the Secretariat to the continuous improvement of the Programme Budget within the context of WHO reform, including clearly defined outcomes and outputs in consultation with Member States;

3. REQUESTS the Regional Director:

(1) to submit the comments of the Regional Committee on the draft Proposed Programme Budget 2016–2017 to the Executive Board for its further review in January 2015;

(2) to convey the comments of the Regional Committee on experiences and lessons learnt on Programme Budget 2016-2017 bottom-up planning to the Director-General to further improve the planning process for Programme Budget 2018-2019.

Fourth meeting, 15 October 2014

WPR/RC65.R2 TOBACCO FREE INITIATIVE

The Regional Committee,

Reaffirming that the WHO Framework Convention on Tobacco Control is the overarching framework for curbing the tobacco epidemic;

Acknowledging the progress made through implementation of past regional action plans and cognizant of the need to strengthen efforts towards accelerated implementation of the WHO Framework Convention on Tobacco Control to address the noncommunicable disease epidemic;

Concerned about the burden of diseases caused by tobacco use and exposure to second-hand smoke;

Alarmed by the increase in tobacco use among women and girls and the proliferation of smokeless products and electronic nicotine delivery systems,

1. ENDORSES the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*;

2. URGES Member States:

(1) to use the regional action plan as a guide for the development and implementation of national action plans on tobacco control;

(2) to ensure sustainable capacity for tobacco control;

(3) to continue to develop legal instruments and policies for enforcement to comply with the provisions of the WHO Framework Convention on Tobacco Control, including measures to protect against tobacco industry interference;

(4) to engage different sectors of society in tobacco control;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States for implementation of the regional action plan;

(2) to promote engagement with trade and other sectors in supporting tobacco control policies in addressing the noncommunicable disease epidemic;

(3) to report progress in the implementation of the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)* to the Regional Committee in 2017.

Fourth meeting, 15 October 2014

WPR/RC65.R3 MENTAL HEALTH

The Regional Committee,

Recalling resolutions WPR/RC52.R5 on *the Regional Strategy for Mental Health*, WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health, social and other sectors at the country level, and WHA66.8 on the *Mental Health Action Plan 2013–2020*;

Recognizing the urgent need to provide equitable access to effective programmes and integrated health-care interventions for mental health;

Acknowledging the social dimensions of mental health and the need for inclusive whole-of-government approaches and multisectoral action;

Recognizing the importance of national strategies and plans for the prevention of suicide;

Concerned that social, political, economic and environmental factors, such as natural disasters and public health emergencies, contribute to increased risk of and vulnerability to mental health problems,

1. ENDORSES the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*;

2. URGES Member States:

(1) to include mental health in national health plans;

(2) to develop and strengthen national mental health programmes using the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* for guidance, according to national circumstances;

(3) to work with partners and stakeholders to improve mental health in the Region;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States for the development and implementation of national mental health strategies, policies, plans and programmes;

(2) to promote regional collaboration and partnership for mental health;

(3) to report periodically to the Regional Committee on progress in the implementation of the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*.

Fourth meeting, 15 October 2014

WPR/RC65.R4 ANTIMICROBIAL RESISTANCE

The Regional Committee,

Recalling resolution WHA67.25 and regional resolutions WPR/RC53.R5 and WPR/RC62.R3 on antimicrobial resistance;

Recognizing that antimicrobial resistance threatens the sustainability of the public health response to many communicable diseases;

Noting the rise of antimicrobial resistance in the Western Pacific Region, which has increased disease burden and health-care and societal costs;

Aware that overuse and misuse of antimicrobial agents in humans and animals significantly contributes to resistance;

Mindful that over-the-counter and unregulated sales of antimicrobial agents are common in many Member States and also contribute to resistance;

Noting that reliable information on the scope and trends of antimicrobial usage and antibiotic resistance is limited in the Region;

Acknowledging commitments and ongoing work to contain antimicrobial resistance while recognizing the need for more concerted action by Member States,

1. ENDORSES the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*;

2. URGES Member States:

   (1) to use the regional action agenda to assist in the development of national action plans to combat antimicrobial resistance;

   (2) to ensure sufficient human and financial resources for sustained action to contain antimicrobial resistance;

3. REQUESTS the Regional Director:

   (1) to support the development of a regional platform for data-sharing and analysis;

   (2) to provide technical support to Member States for implementation of strategies to contain antimicrobial resistance;

   (3) to promote multisectoral action and collaboration in controlling the use of antimicrobials;

   (4) to report periodically to the Regional Committee on progress in the implementation of the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region.*

Fourth meeting, 15 October 2014

WPR/RC65.R5 EXPANDED PROGRAMME ON IMMUNIZATION

The Regional Committee,

Recalling the May 2012 endorsement of the *Global Vaccine Action Plan 2011–2020* by the Sixty-fourth World Health Assembly;

Acknowledging the need for continued and intensified efforts to achieve the regional and global immunization goals of measles elimination, accelerated hepatitis B control, sustainment of polio-free status, maternal and neonatal tetanus elimination, rubella elimination and the introduction of new vaccines;

Recognizing the need for countries to make well-informed decisions on the introduction of new vaccines;

Noting that Japanese encephalitis is a leading cause of encephalitis in Asia, and vaccination is the most effective approach to control;

Acknowledging the efforts countries are making to reach underserved populations and increase vaccination coverage,

1. ENDORSES the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* and its specified immunization goals;

2. URGES Member States:

   (1) to apply the strategies of the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* to achieve immunization goals and strengthen national programmes;

   (2) to allocate adequate resources to achieve immunization goals;

   (3) to monitor the progress of implementation.

3. REQUESTS the Regional Director:

   (1) to continue supporting Member States in their efforts to implement the *Global Vaccine Action Plan 2011–2020* as outlined in the regional framework;

   (2) to continue advocacy and resource mobilization for the eight immunization goals in the regional framework;

   (3) to report progress periodically to the Regional Committee.

Sixth meeting, 16 October 2014

WPR/RC65.R6 EMERGENCIES AND DISASTERS

The Regional Committee,

Recognizing that the Western Pacific Region experiences a disproportionate share of emergencies and disasters, resulting in the tragic loss of life and serious health, social and economic consequences;

Reaffirming the necessity to protect the health, safety and welfare of people and to strengthen health systems to minimize the consequences of disasters, including the impact of climate change;

Acknowledging the role of the health sector in addressing the growing demands of health in humanitarian emergencies, as well as the discussions of the post-2015 framework for disaster risk reduction and the post-2015 development agenda;

Recalling discussions on emergencies and disasters at the sixty-second session of the Regional Committee for the Western Pacific, which emphasized the importance of health sector preparedness and recovery from disasters;

Noting that Member States have taken steps towards minimizing mortality and morbidity through disaster preparedness and response;

Recognizing the necessity of sustained investment in disaster risk management for health to strengthen prevention, preparedness, response and recovery,

1. ENDORSES the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*;

2. URGES Member States:

(1) to develop, update and implement country priority actions for disaster risk management for health, in line with the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*;

(2) to work collaboratively across all sectors to strengthen country capacity and technical and financial investment to ensure implementation of the regional framework for action;

3. REQUESTS the Regional Director:

(1) to provide technical support in implementing the regional framework for action;

(2) to foster collaboration and partnership to support disaster risk management for health;

(3) to report periodically to the Regional Committee on progress in implementing the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*.

Sixth meeting, 16 October 2014

WPR/RC65.R7 SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

1. APPRECIATES the invitation issued by the Representatives of the United States of America to hold the sixty-sixth session of the Regional Committee for the Western Pacific on Guam;

2. DECIDES that the dates of the sixty-sixth session shall be from 12 to 16 October 2015;

3. EXPRESSES its appreciation to the Government of the United States of America for its offer to host the sixty-sixth session of the Regional Committee for the Western Pacific in 2015.

Sixth meeting, 16 October 2014

WPR/RC65.R8 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Government of the Philippines for:

   (a) hosting the sixty-fifth session of the Regional Committee for the Western Pacific;

   (b) the excellent arrangements and facilities provided;

   (c) the gracious welcoming ceremony and hospitality throughout the event;

2. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee;

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

Sixth meeting, 16 October 2014

DECISION

WPR/RC65(1) PROGRAMME BUDGET 2012–2013: BUDGET PERFORMANCE (FINAL REPORT)

The Regional Committee, having considered the final report of the Regional Director on the budget performance for the biennium 2012–2013, noted with satisfaction the high level of implementation of the Programme Budget in financial terms.

Second meeting, 14 October 2014

WPR/RC65(2) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of Viet Nam, 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 2014, selects the Republic of Korea to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2015 to 31 December 2017.

Sixth meeting, 16 October 2014

WPR/RC65(3) SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD

The Regional Committee, noting that the term of office of the representative of the Government of the Lao People's Democratic Republic as member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, expires on 31 December 2014, selects Fiji to send a representative to the Joint Coordinating Board for a four-year period commencing 1 January 2015.

Sixth meeting, 16 October 2014

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional agenda

1. The sixty-fifth session of the Regional Committee for the Western Pacific, held at the Philippine International Convention Center, Manila, Philippines, from 13 to 17 October 2014, was declared open by the Chairperson of the sixty-fourth session.

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

2. The Committee elected the following officers:

Chairperson:	Dr Enrique T. Ona, Secretary of Health, Philippines
Vice-Chairperson:	Mr Michael Malabag, Minister for Health, Papua New Guinea
Rapporteurs:	
in English	Dr Eiji Hinoshita, Director, International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan
in French	Mr Mazyar Taheri, Chief of Mission, Bureau of International Health and Social Protection, Office for European and International Affairs, Ministry of Social Affairs, Health and Women's Rights, France

ADOPTION OF THE AGENDA: Item 5 of the Provisional agenda (document WPR/RC65/1)

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

ADDRESS BY THE RETIRING CHAIRPERSON: Item 2 of the Agenda

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

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

5. The Director-General was unable to attend the Regional Committee in person. Her address was delivered to the Committee by Dr Ian Smith, Executive Director, Office of the Director-General (see Annex 5).

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC65/2)

6. The Regional Director addressed the Regional Committee. His full presentation is contained in Annex 6 of this report.

7. The Director, Division of Health Security and Emergencies, gave an additional technical briefing on Ebola preparedness in the Western Pacific Region. Ebola posed a threat to global public health security. The situation in western Africa was serious, and there was no sign that the disease was under control. The risk of importation was not high in the Region; however, should it happen, importation could have major consequences. There were two principal dimensions for the Ebola response in the Region: participating in global solidarity; and strengthening regional preparedness. WHO's response to the huge needs for human resources, materials and funding in western Africa was guided by the Organization's roadmap for the next nine months with the goal of preventing further spread of Ebola by May 2015. Beyond that, a whole-of-society response was needed, together with

the involvement of the entire United Nations through the UN Mission for Ebola Emergency Response (UNMEER). The Regional Office for the Western Pacific had been collaborating closely with Member States in three areas: providing support to the global response in western Africa; strengthening the regional Member States' capacity to detect and respond to the disease; and strengthening the Secretariat's own capacity to provide support to Member States. Although overall preparedness was good, a recent regional survey had revealed some worrying weaknesses.

8. Representatives expressed support for the Regional Director's report and leadership, and for the hard work of the staff of the Regional Office. Several speakers voiced support for the four key principals guiding the work of the Western Pacific Region enunciated by the Regional Director in his report, and for the new country-oriented approach. The importance was stressed of WHO's efforts to ensure that health was part of the post-2015 development agenda.

9. Many representatives expressed their sympathies to the countries in western Africa affected by the Ebola outbreak. Ebola constituted a severe threat — a global problem requiring global action. Several speakers referred to the importance of global solidarity in the response and indicated their country was providing support in the form of health workers, materials and funding. However, one representative stressed that despite the welcome commitments made by the countries of the Region, additional support, particularly in the form of health-care workers, would be essential to stop the outbreak. Another speaker observed that, whether for Ebola or other emerging infectious diseases, WHO needed to play a more visible and assertive role in providing advice on information-sharing among Member States.

10. Regarding communicable diseases, the Regional Office received thanks for assistance provided against dengue and Chikungunya and policy support for tuberculosis, malaria and HIV/AIDS. Efforts to facilitate civil society partnerships against sexually transmitted infections and a cross-sectoral approach were commended. The *Regional Strategy to Stop Tuberculosis in the Western Pacific 2011–2015* was appreciated. Representatives referred to national successes recorded against polio and measles, and noted the Region's success in being certified polio free since 2000 and in moving towards elimination of measles. The cross-border, cross-regional issues associated with traditional communicable diseases, such as drug-resistant malaria should not be forgotten in the drive to prevent and control emerging diseases such as Ebola virus disease, MERS-CoV and H7N9. One representative indicated that her country still needed assistance against leprosy and hepatitis B. Another noted encouraging progress in immunization, control of vector-borne diseases and efforts to combat artemisinin resistance in the Greater Mekong Subregion, while noting that much remained to be done.

11. Several representatives referred to WHO's work on emergency response. Both the Regional Office and Member States were to be thanked for the assistance provided in the aftermath of Typhoon Haiyan in the Philippines and the recent flooding in Solomon Islands. The Region's approach to emergency response was commended.

12. A number of representatives referred to meeting the core capacity requirements under the International Health Regulations (2005). The continuing importance of health security to all had been made clear by the outbreak of Ebola.

13. Many representatives commented on noncommunicable diseases (NCDs) and health through the life-course. Changing lifestyles were having an increasingly serious effect on NCDs and mental health and countries referred to their efforts to improve prevention and control. Appreciation was expressed for WHO's action and leadership on NCDs, including support for capacity-building. Representatives highlighted the importance of fighting the use of tobacco — one of the biggest contributors to NCDs. Speakers noted the importance of WHO's support for the formulation of regulatory control and trade legislation on tobacco, including tobacco tax laws. Support was voiced for the draft *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region*

(2015–2019). One representative stressed, however, that further action was needed urgently and that Member States should be wary of the health impact of cross-sectoral trade agreements that compromised national policy space. Regarding health through the life-course, one speaker noted that his country was far from achieving the Millennium Development Goals, despite support received from WHO. One representative expressed support for the draft *Regional Agenda for Implementing the Mental Health Action Plan 2013—2020 in the Western Pacific.* He stressed the need for social participation and recognition of the need to go beyond the purely health aspects of mental health.

14. Several representatives commented on the subject of health systems and expressed support for health systems' strengthening to achieve universal health coverage (UHC), particularly through a commitment to improved primary health care (PHC), which was cost-effective and contributed to Millennium Development Goals 4 and 5. One speaker commented that UHC was vital for enabling all patients suffering from NCDs to access services without financial burden, another expressed the hope that the commendable *Human Resources for Health Action Framework for the Western Pacific Region (2011–2015)* would be reinforced with strategies to support production of a competent health workforce at all levels. Further health systems strengthening should be developed with the Regional Office's leadership and collaboration.

15. Responding to representatives' comments, the Regional Director said that the situation in west Africa was very serious, posing a threat to all. He thanked the Member States for their support to Ebola-affected countries, adding that preparedness in the Region was also essential, given the potentially grave consequences of importation. The Regional Office would work closely with Member States on the provision of information and support for preparedness.

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

16. The Chairperson of the sixty-fifth session of the Regional Committee previewed the items on the agenda, noting that the Western Pacific Region was something of an epicentre for natural disasters, as had been graphically illustrated by Typhoon Haiyan in 2013. On that occasion, WHO had coordinated the flow of international aid to the Philippines through the Regional Office and the country office. The current Ebola outbreak underscored the importance of strengthening the overall capacity of national health systems and infrastructures. The heavy burden of noncommunicable diseases required the refocusing of existing infrastructure towards new public health challenges such as hypertension, diabetes, cancer and strokes.

PROGRAMME BUDGET 2012–2013: BUDGET PERFORMANCE (FINAL REPORT): Item 8 of the Agenda (document WPR/RC65/3)

17. The Director, Programme Management, introduced the final report of assessed and voluntary contributions for the biennium 2012–2013 by source of funding, strategic objective, budget centre and category of expenditure. The final working allocation at the end of the biennium had amounted to US$ 76.3 million for assessed contributions and US$ 214.4 million for voluntary contributions. The gap in total resources between the final working allocation and income as of 31 December 2013 had amounted to US$ 2.7 million. The final financial implementation had amounted to US$ 76.3 million, or 100% of the final working allocation. Implementation of voluntary contributions had amounted to US$ 189.2 million, or 89.4% of available resources of US$ 211.7 million. Total implementation of all funds had been US$ 265.5 million, or 92.2% of the total available resources amounting to US$ 288 million. The trend of higher proportion of implementation in countries had been maintained. The largest percentage of expenditures was still staff costs at 46.8%, reflecting a 0.8% point increase over the previous biennium. Travel expenditures had amounted to US$ 21.8 million or 8.5% of the total expenditures versus US$ 23.7 million or 9.2% of the total expenditures in the previous biennium. Continuous savings and efficiency measures had been implemented to reduce costs. Of the 88 regional expected results, 87 had been fully achieved and one had been partially achieved.

18. Representatives commended the final report for its clarity and transparency and stressed the need to promote the activities of the Regional Office in the light of the results achieved. It was noted that all except for one of the regional expected results had been achieved; the partial achievement of Strategic Objective 5 (reducing the health consequences of emergencies, disasters and conflicts) was due to the number and scale of natural disasters that had befallen the Region during the biennium. However, there should perhaps be greater focus on that area in the future. A number of voluntary contributions had been mobilized but not implemented during the biennium; the Secretariat should indicate whether the problem had been due to over-allocation of funds or a capacity issue at country and regional budget centres, and how similar funding would be managed in the 2014–2015 biennium. Despite the improvement in the overall funding gap compared with the previous biennium, several representatives noted the existence of big gaps with respect to individual strategic objectives, and the Organization should ensure that its support to Member States with limited resources was not compromised.

19. The Director, Programme Management, said that health emergencies were most definitely a priority area of work, and the lessons learnt from the unexpected and unprecedented natural disasters to befall the Region during the biennium had been reflected in the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*, which would be discussed later in the session. The funding gap was lower in comparison with that for the previous biennium because the budget had been more realistic and the level of contributions higher. The Regional Office was committed to monitoring and assessment of the budget, and to continuously improving budget implementation rates. Among the reasons for the low implementation of some of the voluntary contributions mobilized were: the receipt of multiyear contributions from partners, which would normally be implemented in the following years; the receipt of funding support at a very late stage; inevitably lower rates of implementation when more income was received; and the difficulty of recruiting the right staff to manage implementation activities on a timely basis. Under Strategic Objective 5 there was a special funding allocation, the so-called outbreak crisis response, to accommodate emergency funding. The budget had therefore originally been set at a fairly high level, so if there had been fewer emergencies during the biennium, the implementation rate would have been lower.

20. There being no further comments, the Chairperson noted that the Regional Committee had decided to accept the Regional Director's final report on the Programme Budget 2012–2013 (see decision WPR/RC65(1)).

PROPOSED DRAFT PROGRAMME BUDGET 2016–2017: Item 9 of the Agenda (document WPR/RC65/4)

21. The Director, Programme Management, presenting the draft Proposed Programme Budget 2016–2017, said that, under WHO reform, there was henceforth one Organization-wide Programme Budget. The sequence of governing bodies' discussions had changed. The Programme Budget 2016–2017 was the first time that bottom-up planning had been used to align country-level priorities with regional and global commitments to formulate proposed outputs for each programme area using new mechanisms called Category Networks and Programme Area Networks.

22. The Assistant Director-General for General Management asked for comments from Member States for inclusion in the draft Proposed Programme Budget that would be submitted to the Executive Board and the World Health Assembly in 2015. The draft Programme Budget of around US$ 4 billion was designed to be stable, rather than aspirational, which was an important consideration when planning multi-year health interventions. The results chain in the draft Proposed Programme Budget would identify the outputs that WHO was responsible for in a context of shared responsibility for health outcomes between WHO and its Member States. Some of the programmes that had received greater emphasis in the draft Proposed Programme Budget currently before the

Regional Committee were: the implementation of national obligations under the International Health Regulations, or IHR (2005); strengthening of regulatory systems, health systems information and evidence; further increasing investment in ending preventable maternal and infant mortality; and antimicrobial resistance. Increased budgetary provision had been made for: emergency preparedness, surveillance and response; strengthening health systems, health information and evidence; ageing and health; mainstreaming gender equity and the social determinants of health; and noncommunicable diseases and mental health. Commensurately less provision had been made for HIV/AIDS, tuberculosis and vaccine-preventable diseases, on the rationale that WHO was not the only health stakeholder in those areas and could apply its resources more effectively in the spheres of policy-making and technical aspects. The resource allocation for each of the WHO regions had not changed. The Secretariat needed to do further work on: aligning bottom-up priorities with global and regional commitments and targets; addressing cross-cutting issues; and refining the output cost estimates in light of detailed staff and activity resource requirements. It would also be necessary to reflect the impact on costing of resolutions and decisions that had been adopted, and finally to improve output indicators.

23. Representatives were broadly supportive of the draft Proposed Programme Budget, which would enhance the predictability and transparency of programme implementation. Representatives noted the change in programme emphasis, particularly the increased funding for disaster preparedness, surveillance and response. Many were pleased with the intention to boost country ownership of programmes and strengthen national financial management systems to help Member States deliver results more effectively. Several representatives expressed their concerns about the decrease in funding in the budget for communicable diseases, while accepting the rationale for the decision. Rather than being relegated to a policy-making or technical consultation role, WHO was the obvious choice to coordinate the resources and interventions of the multiple agencies and stakeholders working in the field of communicable disease prevention. One representative noted and approved of the intention to implement similar programmes at different levels of the Organization, but cautioned that the intended key outputs at each level should be identified to ensure continuity and measurability of the final output. Another urged the Secretariat to seek increases in voluntary contributions or cultivate new donors, and to enter into dialogue with other United Nations agencies to be able to deliver as one in the area of health.

24. It was important that a rigorous monitoring and evaluation framework should be established before the new biennium got under way; monitoring and evaluation tools should be provided to help countries report on implementation of activities. Likewise, measurable indicators were an important tool to better identify the Organization's impact on public-health deliverables. One representative proposed that the achievements of the 2014–2015 biennium should be used to inform the performance assessment indicators for the impacts, outcomes and outputs of the next biennium. Member States needed to be given fuller information about those indicators. How did the Regional Office intend to work with headquarters and country offices to ensure a coordinated approach to resource mobilization? More information should be provided on how bottom-up planning had been used to inform the draft Proposed Programme Budget, particularly as the Region's base funding had remained unchanged from 2014–2015. What progress had been made in including technical delivery costs and administration and management costs in the full costing of outputs and deliverables and what capacity existed for the Region to shift funding between categories in response to changing circumstances? Finally, it should be noted that the current version of the Proposed Programme Budget contained no explicit commentary on the impact of decisions adopted during the previous biennium.

25. Representatives suggested a number of areas that could be given greater emphasis, for example health infrastructure in remote island communities; the burdensome effects of climate change on the health-care system; corporate services, auditing and evaluation; migrant workers and the link between trade and health; the promotion of health in all government policies; and the need to engage

and influence other sectors to work with the health sector, given that many health problems originate outside the health sector.

26. The Director, Programme Management, said that the Secretariat would take note and review suggestions for improvement of the draft Proposed Programme Budget 2016–2017, noting specifically concerns regarding the reduction in funding for the prevention of communicable diseases. It was important to stress that individual country priorities would remain unaffected and the Secretariat would continue to provide support. The bottom-up planning process had started with the set of health outcomes outlined in the Global Programme of Work, national priorities identified during country-level consultations, and ongoing initiatives such as IHR (2005) and tobacco-related activities. Those inputs had been gathered at the regional level and passed on to WHO headquarters, where the alignment process had taken place using the Category Networks and the Programme Area Networks. The lessons learnt from implementation of the 2014–2015 biennium would be used to improve the planning process for the following and future bienniums.

27. The Assistant Director-General for General Management responded to comments made by representatives, acknowledging the importance of upstream policy coordination. Many health issues cut across technical programme areas and the three levels of the Organization; it was intended that each level would have its own deliverables contributing to an Organization-wide output. Outbreak and crisis response was entirely event-driven and difficult to predict; resources therefore needed to be mobilized with full flexibility and budget space allocation could be changed accordingly. Nevertheless, it was important to budget for capacity under Category 5 (Preparedness, Surveillance and Response). It should be emphasized that resource allocations under the Proposed Programme Budget were aggregated Organization-wide figures; at the individual country level, the respective proportion might be higher or lower, depending on needs and circumstances. One representative had queried the seemingly arbitrary choice of 10 national priorities per country; there was room for some flexibility depending on national circumstances, but a limit of 10 had been chosen partly to impose a measure of discipline, and partly to break with the past practice of priority-setting dictated purely by historical precedent.

28. The Secretariat was still in the process of developing appropriate performance indicators, which would be shared with Member States before the governing bodies met in 2015. In general terms, WHO previously reported back on the financial implementation rate; henceforth it would report on deliverables, or results actually achieved. The Director-General had established a dedicated unit to handle the issue of coordinated resource mobilization. Through the framework provided by the financing dialogue in the context of WHO reform, it had been possible to identify areas with funding gaps and to garner pledges. As a result, almost 90% of the Proposed Programme Budget was currently funded, although there were persistent problems with alignment, i.e. certain programme areas were either underfunded or overfunded. The Secretariat was also in the process of drafting an information document on bottom-up planning methodology and costing models which it planned to present to Member States at the Executive Board in January 2015. One representative had asked why, at WHO, budgeting always preceded financing; in recognition of this issue, a financial strategy document for 2014–2019 would be submitted to the Executive Board in January 2015. .

29. The Regional Director said that during the transitional period from one budgeting model to the next, Member States should moderate their expectations and try to move away from the thinking that had informed budgeting in previous bienniums. If the Organization's budget size remains the same, and if budget centres or regions require additional funds, redistribution may be required. Personally, he was very optimistic about the new budget arrangements, which had inspired confidence among the donor community and earned WHO a great deal of respect. The bottom-up planning process, which had involved intensive dialogue with Member States and country offices, had been completed in impressively short order and had provided a wealth of invaluable experience to guide

future efforts. The WHO financing dialogue provided a mechanism, namely the financial resource mobilization unit that ensured that resources were coordinated between the Region and headquarters.

30. The Regional Committee considered a draft resolution on the Proposed Programme Budget 2016–2017. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R1).

TOBACCO FREE INITIATIVE: REGIONAL ACTION PLAN 2015–2019: Item 11 of the Agenda (document WPR/RC65/6; WPR/RC65/6 Corr.1 and Corr.2)

31. The Director, Programme Management, said that the Tobacco Free Initiative in the Western Pacific Region has developed action plans every five years for the past two decades to help countries to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC). All countries in the Region were now parties to the FCTC. More than half had reduced tobacco use prevalence in both sexes by more than 10%. While there had been encouraging progress, the environment for tobacco control had changed rapidly. He invited the Regional Committee to discuss and consider for endorsement the action plan for tobacco control in the Region.

32. Representatives expressed broad support for the regional action plan and reviewed tobacco control developments in their respective countries, with particular emphasis on topics such as control measures to prevent young people from smoking; banning electronic nicotine delivery systems (ENDS) on the grounds that they had no medicinal value (i.e. not proven to be helpful in smoking cessation); tight controls on tobacco advertising and labelling; higher excise and sales taxes on tobacco products; public awareness campaigns that sought to secure broad acceptance of control efforts; help for people intending to give up smoking, including counselling and complementary therapies; appropriation of tobacco tax revenue for preventive measures and campaigns; and building a broad-based interdepartmental or multisectoral coalition to control tobacco use and counter interference by the tobacco industry. Several representatives said that regional action plans were extremely useful for developing national policy and strengthening national tobacco control legislation. One representative reminded the Committee that tobacco cultivation was a significant source of livelihood and tax revenue in many countries; thought should accordingly be given to identifying alternatives to tobacco cultivation. Governments should be urged to exclude tobacco products from the scope of agreements that sought to liberalize trade. The widespread availability of illicit tobacco undermined efforts to make tobacco products less attractive by levying high excise taxes on them; if legal cigarettes were more expensive, smokers would simply turn to illicit alternatives. High excise taxes should therefore go hand in hand with efforts to control cross-border smuggling, for example. Finally, interference and obstruction from the tobacco industry should be expected, including the threat of legal action to dismiss claims that smoking was harmful to health. Governments therefore had a duty to back up their control efforts with scientific evidence.

33. A statement was made on behalf of Framework Convention Alliance.

34. The Director, NCD and Health through the Life-Course, welcomed the high level of implementation of and commitment to tobacco control efforts in the Region, which historically has been a world leader in pioneering a number of innovative tobacco control initiatives. For its part, the Secretariat stood ready to provide assistance to Member States in developing appropriate laws, regulations and tobacco control interventions. She encouraged Member States to use the regional action plan as a platform for ratifying the FCTC Protocol to Eliminate Illicit Trade in Tobacco Products. The Regional Committee considered a draft resolution on the Tobacco Free Initiative.

35. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R2).

High-level Panel Discussion on Mental Health

36. Dr Shekhar Saxena, Director, Mental Health and Substance Abuse, WHO headquarters, moderated the panel discussion. The objective of the session was to provide information on three areas: the importance of mental health issues to the Western Pacific Region; the actions on mental health that were needed; and the experiences of certain countries in responding to challenges posed by mental health issues.

Professor Harvey Whiteford, University of Queensland, Australia, reviewed the scope and magnitude of mental health and substance abuse disorders. Their impact was felt at individual and family levels, while the economic cost they engendered concerned individuals through to entire societies. On the basis of the most common metric for calculating burden and impact, "disability-adjusted life years", nearly 10% of the disease burden in the Western Pacific Region related to mental health and substance use disorders. Mental disorders are the most disabling group of disorders in the world, and account for almost one quarter of disability in the Region. Given changing population profiles, these disorders were set to cause more disability than all communicable diseases added together in the future. Data showed that premature death from mental health and substance use disorders affected both developed and developing countries, with men suffering such disorders dying 20 years earlier than the rest of the population and women 15 years earlier. As mental health and substance use disorders most frequently began in adolescence, they had implications for education, entry into the workforce and the entire trajectory through life. Stigmatization and discrimination meant that access to care was poor while the economic cost to countries was substantial: the World Economic Forum estimated that more than 1% of global GDP was lost from mental health and substance use disorders. That estimate did not include broader costs associated with the disorders, namely, those associated with unpaid caring and (often catastrophic) out-of-pocket payments for hospital care and treatment.

37. Nevertheless, research showed that much could be done to reduce the burden. The onset of most disorders could be prevented and cost-effective treatments existed even in low-resource settings. Although significant, the increased mortality of those with mental health and substance use disorders was preventable (80% of such mortality related to disorders for which treatment existed). The problem was the treatment gap (over 90% in some countries). Not acting entailed costs for all of society. Investing in solutions would lead to increased social engagement and productivity that more than offset the costs. He therefore urged countries to keep moving ahead with reforms in the area of mental health and substance use disorders.

38. Professor Graham Thornicroft, King's College, London, presented the critical areas for action on mental health. In some low-income countries, sometimes fewer than 5% of those with mental health disorders received any treatment. This was not an indication of health system failure as even in rich countries only one third of people with mental illness were being treated. There was a huge and unacceptable disparity between the treatment approaches taken to physical and mental disorders. The fact was that effective, affordable interventions existed. Simple, clear guidelines that could be adapted to the national context, such as the mhGAP Intervention Guide, had been prepared by WHO for primary and general health-care staff in low- and middle-income countries. Another key area for action concerned the integration of mental health into primary and general health care with case detection and first-line treatment undertaken by non-specialists trained with the Intervention Guide. A further change involved task sharing, which was necessary because the small number of mental health professionals meant that general staff needed to receive training in order to perform key clinical tasks - a sustainable option if appropriate supervision was provided. Finally, he made a plea to Member States to act at once to strengthen and extend mental health care. Just as individuals faced barriers through stigmatization, governments faced barriers to investment because people had not understood that tools existed. The post-2015 development goals were being finalized; he was therefore advocating a clear target and two indicators for mental health in the next development goals. The first target read: "the provision of mental, physical health and social care services for people with mental

disorders, in parity with resources for services addressing physical health." The first indicator read: "To ensure that service coverage for people with severe mental disorders in each country will have increased to at least 20% by 2020." The second target read: "To increase the amount invested in mental health to at least 5% of total health budget by 2020 and to at least 10% by 2030 in each low-income country." The advantage of the target and indicators was that they provided a route to obtaining funding for countries from the international donor community. Member States should actively advocate for them in the United Nations in the short time remaining.

39. Dr Yutaro Setoya, WHO Division of Pacific Technical Support, Fiji, spoke on responding to mental health issues in the Pacific, identifying the challenges, progress and next steps. Each of the subregion's countries and territories was unique; however, their problems included difficulties associated with isolation and small populations. There was a lack of human resources, with inadequate staffing and high turnover. Some countries were too small to sustain health specialists and quality was a problem. Those with mental health disorders suffered stigmatization and their human rights were neglected. However, health leaders in the Pacific were aware of the problem and had established the Pacific Islands Mental Health Network (PIMHnet) with WHO serving as Secretariat. By facilitating information exchange and the sharing of resources among countries, PIMHnet had supported human resources development in order to reduce the treatment gap and improve access. Non-specialist doctors and nurses had received training through the mhGAP Intervention Guide. Training of mhGAP trainers was being organized, enabling them to train primary health-care staff. PIMHnet had been supporting postgraduate courses for specialist training. Thanks to PIMHnet and support from Pacific health ministries great progress had been made; however, sizeable gaps remained and there was a need to accelerate improvements. Training through mhGAP and continuous education was essential in order to meet the human resources challenge. Services must be made available within the community; the first step was to integrate mental health into general health care, which would also help to reduce stigmatization and discrimination. Mental health law must also be enacted to protect the human rights of those with mental health disorders. Despite the need for funding, cost-effective interventions were available and he expressed confidence in the future.

40. Professor Lourdes Ignacio, University of the Philippines, the Philippines, described the experience of the Philippines in responding to mental health needs in emergencies and disasters. The Philippines was vulnerable to disasters and had lived through "Decades of Hell" since 2000, with a number of calamities striking the country. Following the earthquake in Baguio City in 1990, the President of the Philippines had created the Mental Health Task Force. This initiative led to the development of a psychosocial programme in all government departments and the awareness that treating the psychosocial consequences of disasters was as important as providing emergency relief and medical care. The various emergency mental health efforts, including those by private groups, had led to an appreciation that if undertaken on a long-term basis, such work can help to develop provision of community mental health services. Following Typhoon Haiyan, a mental health pilot project undertaken in Marabut, Western Samar, had revealed that the majority of the patients treated already had mental health problems before the disaster. Responding to this chronic need, the project aimed to both sustain access to mental health services and promote mental wellbeing. She had also learnt that extreme life experiences, including domestic and community violence, should be taken into consideration in interventions. In that way, the response of services was in line with communities' actual experiences.

41. Dr Takuya Sugie, Tottori University Faculty of Medicine, Japan, spoke of regional experiences and challenges in Japan in working towards community-based mental health care. Historically, Japan had more hospital beds for mental health care than other similar countries, where bed numbers were falling. Reliance on hospitals was at the expense of care in the community and in 2004 the Government of Japan had decided to develop community-based services. Patients with mental health disorders had needs in areas beyond health (including accommodation, employment and social support). The mental health initiative had had to answer a fundamental question: who would

play the role of core coordinator? Public health nurses were chosen for the task as they had face-to-face contact with patients and therefore a better knowledge of their clients while having a good network of contacts with public and private facilities. This enabled people with mental health problems to live in the community. Mounting a comprehensive response to mental health needs was not easy, but good coordination of services for such patients lay at the heart of success.

42. Dr Saxena summed up key messages from panelists' interventions. Mental health conditions were common, causing considerable disability and cost for individuals, families, communities and countries – which meant that the cost of inaction was high. Effective, affordable interventions were available; they could reduce the burden imposed by such disorders, increase quality of life and produce economic gains. The only solution was to integrate mental health care into overall health care, with community care replacing institutional care. Resources, both human and financial, had to be increased substantially and rapidly in order to meet the challenge. Finally, emergencies and disasters provided an opportunity for building more effective mental health-care services. Stronger efforts are needed to accord greater priority to mental health whether nationally, regionally or internationally. The Sixty-sixth World Health Assembly had adopted the comprehensive *Mental Health Action Plan 2013–2020.* The action plan had clear indicators and targets and could be implemented regionally. If it was understood that there was no health without mental health, Member States should act at once. In planning care, Member States need to address four principal mental health conditions and issues: depression; suicide; autism and other developmental disorders; and dementia. Mental health conditions can be treated. Concrete action can be immediately taken.

MENTAL HEALTH: Item 10 of the Agenda (document WPR/RC65/5; WPR/RC65/5 Corr.1)

43. The Regional Director expressed his gratitude to the panel for sharing their insights and experiences and for providing critical points for action on mental health. Mental health was a priority issue for Member States of the Region. Since there is a need for a stronger focus on strategic public health interventions, a panel discussion convened to discuss future opportunities and actions. Presenting the working document, he said that in order to apply the comprehensive global *Mental Health Action Plan 2013–2020* to community contexts, consultations had been held with Member States and other stakeholders. The result had been the draft *Regional Agenda for Implementation of the Mental Health Action Plan 2013–2020 in the Western Pacific*. In order to tackle the diversity of mental health needs and resources across the Region, the draft regional agenda provided implementation options for core, expanded and comprehensive actions to achieve its objectives.

44. Representatives expressed strong support for the draft *Regional Agenda for Implementation of the Mental Health Action Plan 2013–2020 in the Western Pacific.* They also drew attention to the regional agenda's range of implementation options (core, expanded and comprehensive). They welcomed the options as providing a realistic approach that considers differences between countries in the Region and their different levels of development and capacity in terms of mental health care. Countries welcomed the emphasis on flexibility and context specificity in implementation. One Member State observed, however, that even the core objectives might be challenging for some countries in which access to health care was difficult.

45. Three speakers suggested a number of enhancements to the draft regional agenda: 1) include recovery as the goal of treatment, by means of access to support and early intervention at the primary care level; 2) integration of primary health and behavioural health care, through increased primary health-care capacity; 3) increased promotion of mental health and prevention of mental health and substance abuse disorders; 4) national suicide strategies; 5) equal access to good-quality care without discrimination; 6) building awareness of the financial costs of ignoring mental health and substance abuse disorders; and 7) highlighting the role of nurses and non-registered health workers in the delivery of mental health assessment and treatment. The Secretariat was also requested to develop

indicators for each objective in the draft regional agenda and to rework the language used in Core Deliverable 3 in Objective 2 as the current wording represented a challenge for specialized hospitals.

46. In discussing work to support improved mental health care, Member States stressed the following: governance and policy-making, recognizing that physical and mental health were mutually influencing. Similarly, intersectoral action for prevention was important and care should go beyond a strictly health-focused approach with mental health care being integrated into all health-care services, particularly grass roots services. Two speakers underlined the importance of mental health in emergencies. International cooperation to share scientific and academic knowledge and best practices was also highlighted. The representative of Mongolia stressed that harmful use of alcohol should be given particular attention in efforts to tackle substance abuse disorders. In that regard, she announced her country's plan to host an international consultation on harmful use of alcohol in Ulaanbaatar in June 2015. She extended her country's invitation to the Director-General and the Regional Director.

47. Representatives provided details of their national activities in support of mental health. These involved: elaborating strategies; enacting legislation, particularly to protect the rights of those suffering from mental health disorders; developing integrated service networks, linking institutions and community health services to improve coverage and access; applying a whole-of-government approach rather than dealing with individual conditions; and instituting a national Mental Health Day.

48. Challenges faced at national level included finding solutions for the following: the ever-broadening range of mental health disorders, including the growing problems posed by dementia as a result of population ageing; and lack of laboratory capacity for conducting testing for specialist medications – a difficulty that was unlikely to be resolved in the short term and that would call for innovative solutions and cooperation between countries. Several Pacific island States referred to shared difficulties, namely: limited resources, including human resources; weak institutional capacity; stigmatization of people affected by mental health disorders; and poor mental health service delivery.

49. Representatives made several requests to the Secretariat. The Regional Office should: coordinate exchanges between Member States; and provide support to adapt national plans in light of the draft regional agenda. One Pacific island country spoke of the need for support in finding an occupational therapist to support the strengthening of community mental health care. Another speaker asked the Secretariat to prepare indicators and outputs so that efforts to meet the various objectives of the regional agenda could be evaluated.

50. One nongovernmental organization provided a written statement. A statement was also made on behalf of the International Bureau for Epilepsy.

51. The Director, NCD and Health through the Life-Course, expressed appreciation for the valuable comments, insights and guidance of Member States that informed the development of the draft regional agenda over the preceding months. The comments of representatives reaffirmed the collective commitment to tackle mental health appropriately and as a matter of urgency, both in countries and across the Region. The emerging consensus was that mental health was fundamental to health and development. However, the recent debate had highlighted the complexity of mental health as a public health challenge.

52. The Director said that the Secretariat had noted the proposed amendments to the draft regional agenda. She noted changes relating to the following: ensuring equitable access to good-quality mental health care; an emphasis on recovery as the goal of treatment; and the implementation and development of national suicide strategies and plans. The draft regional agenda would be adjusted in light of those comments. She also noted a call for improving capacity among nurses, social workers and non-registered health workers. This would also be reflected in the regional agenda.

53. She took note of references to increase cooperation in scientific and academic discussion, multisectoral, whole-of-government approaches to mental health and reworking the indicators on hospitals in the draft regional agenda. She appreciated hearing Member States' experiences of community-based care and looked forward to working with them to find and implement innovative ways of meeting the challenges of mental health, based on countries' needs.

54. The Regional Committee considered a draft resolution on mental health.

55. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R3).

ANTIMICROBIAL RESISTANCE: Item 12 of the Agenda (document WPR/RC65/7)

56. The Regional Director introduced the working document on antimicrobial resistance (AMR), noting the importance of AMR as a global public health concern. Many Member States had recognized the importance of the issue, and his own report to the Regional Committee had mentioned the matter. Earlier in 2014, the first WHO report on AMR surveillance had indicated the rapidly growing resistance in common bacterial pathogens and that resistance had even been found to antimicrobials of last resort required for fighting life-threatening diseases. Such an important matter called for collective action. There had been several opportunities since 2001 and the publication of the WHO report on AMR; the matter had also been discussed by the Regional Committee in 2011. It was now time for a feasible, action-oriented decision to be adopted.

57. The Director, Division of Health Systems, recognized that AMR was a complex issue with significant human, social and economic implications. Meeting the challenge posed, therefore, required multifaceted interventions with the participation of different sectors and of the community as a whole. There was great interest among Member States. The global surveillance report issued in 2014 had indicated both the scale and the urgency of the problem. In 2011, the Regional Committee had adopted the global six-point package. A situation assessment was undertaken by the Secretariat in 2013 in 35 countries and areas had revealed gaps in surveillance, policy, awareness, unregulated distribution and sales, and infection control programmes. Countries had made progress and found innovative solutions; however, more needed to be done. The regional consultation on AMR surveillance in 2013 had revealed a myriad of approaches across the Region; these needed to be brought together better. However, there was also recognition that the data do not need to be perfect in order to take action. In 2014, consultations with 13 Member States had been held to define priorities. WHO headquarters had been closely involved to ensure that the work was coordinated in line with the development of the global action plan. Additionally, the Regional Office developed some practical activities that can be used at country level to move forward. For example, a personal pledge to use antibiotics responsibly is a low-cost action that had been adapted by a number of countries to mobilize health professionals and communities. AMR awareness days were another example of an advocacy activity used by some countries.

58. Many representatives spoke of the growing challenge posed by antimicrobial resistance (AMR). The risk was clear: health systems could return to the "pre-antibiotic era". A global response was needed to what was a global problem. Mounting an effective response involved meeting the double challenge of increasing the pace of new medicines development and combating inappropriate use of medicines.

59. The draft *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* received enthusiastic support from representatives. It was noted that the Action Agenda provided concrete and detailed measures for Member States to apply; improved prescription, for example, would reduce inappropriate use of medicines. One representative observed that the draft Action Agenda was perfectly in line with priority areas agreed to at earlier regional meetings. Its four main action points were appropriate to the regional situation. One speaker remarked that an unwanted result of improving

rational use of antimicrobials might be to shrink the market for those products and reduce the incentive to produce new medicines.

60. The Secretariat was requested to make a small number of changes to the draft *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*. One representative stressed that efforts to combat AMR at the level of institutional care should not be made at the expense of similar efforts against the same threat at the community care level. With that in mind, she suggested an amendment to the Year 5 deliverable for Priority Action 4. Another speaker said that in applying the draft Action Agenda the Secretariat should give technical guidance to coordinate actions between the human and animal health sectors. A third representative suggested that the Secretariat should support additional research and development on AMR diagnostics and interventions.

61. Interventions by the representatives also requested that the Secretariat apply the Regional Office's best practice used in the country situation analyses to the elaboration of the global action plan. The Organization should also work on the prevention of health-care-related infection to improve patient safety and the promotion of better use of medicines to reduce resistance.

62. Representatives described national actions to combat AMR. Countries spoke of the following shared strategic directions: surveillance; adequate support for quality medicines; rational use of medicines, including in the farming industry; infection control; and community involvement. Several Member States were developing national legislation or regulations to support rational use of medicines and conducting reviews of antibiotic prescribing practices. The representative of the United States of America announced the establishment of the Obama Prize for the creation of innovative point-of-care diagnostics in support of appropriate prescriptions. Another speaker detailed the appearance of new drug-resistance threats nationally, including carbapenem-resistant *Enterobacteriaceae* and multidrug-resistant *Acinetobacter*.

63. Many representatives referred to the importance of adopting a collaborative multi-agency, cross-sectoral "One Health" approach. Collaboration took many forms both internationally and nationally and representatives referred to collaboration on: capacity-building for laboratory testing; development of new antibiotics; surveillance of antimicrobial use based on a shared definition of rational use; and characterization of pathogens. The value of collaborative bodies like the Global Health Security Agenda and the Asia-Pacific Economic Cooperation was also mentioned.

64. Representatives also emphasized the importance of: innovation, which should be fostered in light of WHO's six-point policy package on antimicrobial use, and hygiene awareness. One representative highlighted the importance of Global Handwashing Day.

65. The Director, Division of Health Systems, responded to the interventions. She thanked Member States for their contributions and for the commitment they had demonstrated to combatting AMR. She noted representatives' emphasis on a number of issues, including: a multisectoral approach, involving the private sector; working in community settings; primary care; and the importance of the animal sector. Acknowledging the importance of AMR beyond health institutions, she thanked the Member States that had suggested improvements to the draft action agenda to take account of community settings in fighting AMR. Those changes would be included in the final document. She recognized the requests for assistance, in particular in terms of laboratory capacity and thanked those Member States that had offered to provide capacity-building support in the same area. The Secretariat would support countries across the Region in working together to achieve stronger systems regionally. Noting the importance of research and development, she said that they were critical issues requiring international cooperation. They would be an important part of the global agenda as well as of continuing discussions across countries. She acknowledged that in preparing the draft action agenda the Secretariat had not dealt with animal health issues related to AMR. These complex issues would require cooperation across sectors, domestically and internationally, including through INFOSAN.

66. She said concentrated cooperative efforts would be needed. She noted the significant work countries were undertaking in regulating antibiotic use and access. The Secretariat stood ready to provide its support in ensuring that legislative and regulatory approaches were efficient and effective. She had also noted the request for support for surveillance systems – a very important area where there was still a need to align reporting methodologies. The matter would be tackled in the global action plan. In summing up, she said that the Secretariat would move forward with collaborative action to support multisectoral national action plans and to improve surveillance, which would encourage understanding of the different dimensions of the problem and the active measurement of progress. The Secretariat would support a concerted effort to strengthen health systems in order to contain AMR through stewardship programmes and increased infection prevention and control.

67. A statement was made on behalf of Medicus Mundi International.

68. The Regional Committee considered a draft resolution on antimicrobial resistance.

69. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R4).

EXPANDED PROGRAMME ON IMMUNIZATION: REGIONAL FRAMEWORK FOR IMPLEMENTATION OF THE GLOBAL VACCINE ACTION PLAN IN THE WESTERN PACIFIC: Item 13 of the Agenda (document WPR/RC65/8; WPR/RC65/8 Corr.1)

70. The Director, Programme Management, presenting the draft *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific*, said that the Region had made significant progress in eliminating and controlling vaccine-preventable diseases. Australia, Macao SAR (China), Mongolia and the Republic of Korea had been verified as having eliminated endemic measles virus transmission. With the recent addition of Cook Islands, 11 countries and areas had been verified as having met the regional goal of less than 1% hepatitis B chronic infection prevalence among 5-year-old children. The Western Pacific Region had maintained its polio-free status and was now working to implement the *Polio Eradication and Endgame Strategic Plan*. The Lao People's Democratic Republic had recently achieved elimination of maternal and neonatal tetanus; only three countries in the Region have yet to achieve elimination, and were on track to do so by 2015. The regional framework before the Committee guided Member States in their implementation of the *Global Vaccine Action Plan 2011–2020* by consolidating regional and global goals, in addition to facilitating ongoing country initiatives.

71. Representatives endorsed the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* and asked the Regional Office to continue to provide technical assistance, particularly short-term consultancies, information-sharing and capacity-building. Logistical issues needed to be addressed to ensure that vaccines reached remote communities and vulnerable populations. One representative urged the Secretariat to reconsider some of the indicators and timelines for introducing vaccines or monitoring progress towards regional immunization goals in light of specific national circumstances. The decision on whether or not to introduce a new vaccine into a routine immunization schedule should not be made solely on the basis of cost-benefit considerations. The Regional Office should focus on developing regional capacity to evaluate the technical efficacy of new vaccines, based on strong scientific evidence and local epidemiological analysis. One representative proposed that WHO form a committee to ensure the transparency of vaccine costs in each country and to encourage information sharing. Other avenues of vaccine supply should be explored to reduce costs. Noting the new proposed goal of rubella elimination, another representative cautioned that national measles laboratories should prepare themselves for the complex challenge of documenting virus strains, and urged countries to collaborate on the issue.

72. A statement was made on behalf of Gavi, the Vaccine Alliance.

73. The Coordinator, Expanded Programme on Immunization, said that the Secretariat intended to have an ongoing conversation with Member States on the best way to operationalize the targets under the Regional Framework, with special emphasis on ensuring the availability of affordable and safe vaccines.

74. The Director, Division of Communicable Diseases, agreed that cost-effectiveness should not be the sole consideration when deciding whether to introduce a new vaccine; sustainability and the feasibility of including a given vaccine in the immunization schedule also needed to be taken into account. It was vitally important to align immunization services and plans with the health system as a whole. Finally, as immunization campaigns became more and more successful, the task of communicating the importance of immunization would become increasingly challenging.

75. The Regional Director said that although Gavi, the Vaccine Alliance, played a crucial and welcome role in immunization activities, Member States should not neglect to invest in their own immunization infrastructure. The Expanded Programme on Immunization was a venerable initiative, but it was still fundamentally important to the work of WHO. The regional framework was aligned with the *Global Vaccine Action Plan 2011–2020*, and complemented it by emphasizing components that were important from the regional perspective.

76. The Regional Committee considered a draft resolution on the Expanded Programme on Immunization.

77. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R5).

EMERGENCIES AND DISASTERS: Item 14 of the Agenda (document WPR/RC65/9; WPR/RC65/9 Corr.1)

78. The Director, Programme Management, said that 10 of the 20 countries most exposed to natural hazards in the world were in the Western Pacific Region. In recent years there had been a shift in emphasis in disaster management from a reactive to a proactive approach, i.e. to addressing the risks associated with all hazards across the disaster risk management cycle: prevention, preparedness, response and recovery. In 2011, the World Health Assembly had called on Member States to strengthen disaster risk management for health programmes as part of national and subnational health systems. Member States had also requested assistance to develop or update national plans and strategies and to mobilize technical and financial resources for disaster risk management for health. In response, the WHO Regional Office for the Western Pacific had launched a consultation process leading to the development of the draft *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. The regional framework identified four critical components for priority action, namely: governance, policy and coordination; information and knowledge management; health services; and resources.

79. Representatives endorsed the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. Several Member States said the regional framework was a driver for the development of national mechanisms, and reviewed developments in preparedness in their respective countries, noting initiatives such as the establishment of regional and subregional planning networks; the establishment of dedicated national agencies or units in health ministries, rapid-response teams and disaster management information systems; measures to restore health service delivery following disasters, including specialist training for medical staff; and knowledge management and experience sharing. It was noted that the timelines for implementation of the regional framework should be planned to take account of national specificities. Several representatives asked the Regional Office to provide technical support to assist with national capacity-building. Speakers from Pacific island countries highlighted their countries' particular vulnerability to disasters and the vector-borne diseases associated with climate change. Other speakers noted that emergencies and disasters

disproportionately affected the poor and vulnerable, and that lifestyle-related diseases tended to increase during the post-disaster recovery phase (for example among displaced populations). It was crucially important to develop resilience in communities exposed to hazards.

80. One representative observed that the health and environment sectors must collaborate to address cross-cutting problems, such as transboundary haze. There was therefore an urgent need to boost capacity for environmental health risk management. Another representative pointed out that emergencies and disasters could be categorized as either predicable or unpredictable; if a country made contingency plans for predictable emergencies, such as those caused by recurrent natural phenomena, it would be better prepared to face unpredictable ones. Clearly defined and coordinated roles had to be established for national, subregional and regional structures, and also for international agencies and organizations. Permanent response structures, multisectoral in nature, should be placed under the highest level of authority, and health should be represented at all levels of the response infrastructure. The structures should be continuously reviewed, with decision-making devolved to lower levels to the extent possible. A number of speakers cited constraints and impediments to effective emergency response such as cumbersome bureaucracy, over-reliance on a single focal point and slow decision-making, and the dissemination of inaccurate information via social media. Lack of appropriately trained human resources and underfunding were also cited. One representative urged Member States to ensure that the rights of women and children were protected in health emergencies and response planning, and to develop appropriate monitoring indicators. A technical consultation should be held to identify a set of core indicators to monitor achievements in the area of disaster risk management for health.

81. The Director, Division of Health Security and Emergencies, noted the multiplicity of initiatives at national level and the importance of multisectoral collaboration. Many lessons learnt had already been incorporated into the regional framework, and the link with climate change and environmental health would be duly reflected. Clearly, there was considerable scope to build on the framework of the *Asia Pacific Strategy for Emerging Diseases,* or APSED and *International Health Regulations* (2005), or IHR (2005) at the national level.

82. The Director, Programme Management, said that WHO was committed to move from a project to a programme approach and to institute a more effective mechanism to follow up on lessons learnt from each disaster.

83. The Regional Committee considered a draft resolution on emergencies and disasters.

84. The Regional Committee adopted the resolution, as amended (see resolution WPR/RC65.R6).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 15 of the Agenda (document WPR/RC65/10; WPR/RC65/10 Corr.1)

Malaria
TB: Preparation for regional operationalization of the Global TB Strategy after 2015
Dengue
Noncommunicable diseases
Environmental health: Regional Forum on Environment and Health
Violence and injury prevention
Nutrition: Double burden of malnutrition
Universal Health Coverage
Millennium Development Goals
International Health Regulations (2005)
Food safety: Implementing the Western Pacific Regional Food Safety Strategy (2011–2015)

85. The Director, Programme Management, said that the IHR (2005) provided a global legal framework for all Member States to share information and strengthen capacities to prevent, detect, assess and respond to public health threats. The Region had already taken steps in that direction through the implementation of the *Asia Pacific Strategy for Emerging Diseases* (APSED). Member States were urged to reinforce their efforts to establish IHR (2005) core capacities by 2016 – the final deadline – and to maintain them in the future.

86. The *Western Pacific Regional Food Safety Strategy (2011–2015)* had been endorsed by the sixty-second session of the Regional Committee. The strategy focused on strengthening national food control systems, promoting in-country coordination and fostering collaboration between partners and national governments. National or international food safety standards had been applied in most countries in the Region, and food laws and regulations had been updated. Inspection services, laboratory capacity and INFOSAN mechanisms had all been strengthened.

87. While many countries had moved towards elimination of malaria, artemisinin resistance was a significant challenge in the Greater Mekong Subregion. The *Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion: Regional Framework for Action 2013–2015* had fostered close collaboration. WHO was also collaborating with new initiatives such as the Asia Pacific Leaders Malaria Alliance (APLMA). Regional consultations with Member States and partners had provided input to the new Global Technical Strategy for 2016–2025, which would be discussed at the World Health Assembly in May 2015.

88. The Region had reached the MDG targets on tuberculosis in advance of 2015; however, every year there were 1.6 million new cases and 110 000 deaths. Of the cases reported in 2013 in the Region, an estimated 71 000 were multidrug-resistant cases – less than one out of 15 of which were diagnosed and treated properly. The Sixty-seventh World Health Assembly had endorsed the Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015 (resolution WHA67.1). Consultations were under way to identify priority actions tailored to each country's needs.

89. Dengue continued to be a serious public health problem in the Region. WHO had stressed the need to strengthen capacity through integrated approaches, including the APSED and integrated vector management.

90. Regarding the *Western Pacific Regional Action Plan for* the *Prevention and Control of Noncommunicable Diseases (2014–2020)*, Member States had started implementation. WHO was collaborating with health ministries to develop multisectoral noncommunicable disease (NCD) plans that included national targets aligned with the voluntary global goals. The Secretariat would work closely with Member States to strengthen the national level effort against NCDs. Tobacco Free Pacific

2025 was a bold goal. In support of its achievement, many Member States had adopted the *WHO Package of Essential Noncommunicable Diseases Interventions for Primary Health Care in Low-Resource Settings,* or (PEN).

91. Based on Regional Committee resolution WPR/RC56.R7 in 2005, the Regional Forum on Environment and Health in Southeast and East Asian Countries had been established in 2007 by 14 Member States. Since then, the Forum had proven to be an effective mechanism for promoting collaboration between the health and environmental sectors, and for improving policy and regulatory frameworks. The forum had enabled national environmental health action plans to be formalized in Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia and the Philippines; it had also endorsed a new framework for cooperation in 2013 to further strengthen collaboration across and within countries.

92. In response to violence and injury prevention, which claimed more than one million lives in the Region each year, the Regional Committee had, in 2012, passed its first resolution on scaling up prevention, control and response to violence and injuries. Subsequently, Member States' consultations had resulted in the first steps towards development of a new regional action plan focusing on road safety and the prevention of child injuries and violence against women, children and youth. A capacity development plan on these three priority areas was also being developed. The Regional Office had scaled up efforts to engage a wide range of stakeholders for violence and injury prevention, including ministries of health, transport, police, justice, social development and women's affairs.

93. Regarding nutrition and the double burden of malnutrition in the Region, in 2012 the Regional Committee had adopted resolution WPR/RC63.R2 on scaling up nutrition in the Region. Member States had been developing national policies, plans and legal documents; consultations had been held on legal responses to promote nutrition, including regulations on labelling, marketing to children and obesity prevention. In response to the increasing double burden of malnutrition an *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)* had been drafted. Member States were encouraged to use the plan for guidance in updating national programmes involving nutrition.

94. The report on universal health coverage (UHC) concerned the following steps taken by Member States towards UHC during the preceding years: legislative action such as revisions of health insurance laws; the development of new vital statistics; the establishment of special funds for health equity; and action to tackle human rights concerns. UHC was a shared vision of health system development for Member States in the Region and it would play a major role in the post-2015 development agenda. As such, Member States were increasingly committed to the UHC principles of equity, efficiency and sustainability, as set forth in the health system strategies review presented at the sixty-fourth session of the Regional Committee.

95. The final report detailed progress made on the health-related Millennium Development Goals, or MDGs, in the Region. The 2015 MDG deadline was approaching quickly. The Region as a whole was making good progress towards achieving the health-related MDGs. Although a few countries and areas might not be able to reach all the targets by 2015, all countries had made significant improvements to reduce mortality and morbidity rates, and to improve health coverage. Outstanding challenges included: tackling uneven distribution of progress among and within countries; and dealing with the lack of accurate and reliable information to monitor progress. Overall, efforts must be intensified to increase availability and access to health services to reduce health disparities.

96. Representatives expressed appreciation for the rapid dissemination of information and alerts through the network of IHR national focal points and WHO IHR contact points. WHO received praise for providing assistance in the implementation of IHR (2005) core capacities and several

representatives requested further technical support to address new strains of communicable diseases. One speaker suggested establishing a system for regular communication and sharing of cooperation plans, and to define clearly the roles of each government ministry to prevent confusion. The Ebola outbreak indicated that the most serious disease threats were taken seriously at the highest political level, but it had also shown that IHR core capacities were deficient in countries with weak health systems, and that self-reporting mechanisms might need to be strengthened to address deficiencies. Points of entry were a particular challenge from the perspective of small Pacific islands. One representative observed that of the 194 Member States of WHO, only 63 Member States had acquired the core capacities. All Member States should be aware that sustaining the IHR (2005) beyond 2015 was a challenge.

97. In discussing malaria, representatives noted that increased international exchanges meant higher numbers of imported cases. Several representatives said that national control efforts were focused on vulnerable groups such as indigenous populations and migrants. WHO had a role to play in scaling up proven prevention and treatment interventions, antimalarial drug surveillance and capacity-building for drug quality monitoring. The problem of artemisinin resistance needed to be addressed through Region-wide initiatives; WHO should continue to show leadership and should engage in coordinated efforts with Member States and partners. Political support for the control of artemisinin resistance and the goal of ridding the Region of malaria by 2030 could be mobilized through APLMA and the WHO Global Technical Strategy for Malaria 2016–2025. One representative announced the successful development in her country of a new antimalarial, thanks to support from WHO and Medicines for Malaria Venture. The representative of China said WHO should support research on substitutes for artemisinin derivatives; accordingly, the Organization should consider expediting the prequalification of effective, low-cost Chinese-manufactured antimalarials.

98. Representatives stressed the importance of adopting a regional approach and building sustained partnerships to control tuberculosis, noting the importance for the Region of the WHO Global Strategy and Targets for TB Prevention, Care and Control after 2015. Intensified case-detection among vulnerable groups was cited as a particularly important intervention. WHO was requested to provide technical assistance to one Pacific island country to improve laboratory diagnostic services and turnaround time. The Organization was also called upon to provide more technical and financial support to high-burden countries, specifically with a view to reducing the cost of tuberculosis medicines. In that regard, one representative announced the development in his country of a new tuberculosis medicine. Another speaker announced the establishment of a National Virtual MDR-TB Network, which would act as a managed clinical network, utilizing expertise from across the country to manage multidrug-resistant and extremely drug-resistant tuberculosis. Member States were urged to strengthen the public-private mix, which was part of the *Global strategy and targets for tuberculosis prevention, care and control after 2015.* It was noted that certain milestones and targets in the Global strategy were less relevant to the national context.

99. It was noted that the Regional Food Safety Strategy was due to expire at end of 2015; the Secretariat should indicate what plans were envisaged to renew it. One representative noted that the globalization of food distribution chains meant that that food safety measures needed to include global collaborative structures such as those for infectious disease countermeasures. Several Member State activities were suggested, including: implementation of food security measures starting from food production; conformance with Codex Alimentarius standards when introducing hygiene measures; and appropriate risk communication, involving information sharing on a global level. Although WHO's involvement was appreciated, room for improvement remained in the Member States of the Region. More active communication on diet-related food safety would also be welcome from WHO, both regionally and globally. The representative of Japan announced that his country was looking at other ways to contribute in the area of food safety including the secondment of officials to the Regional Office.

100. Concern was voiced at the increase in dengue cases across the Region. The spread appeared to be outstripping control efforts based on the dengue strategy. Countermeasures would need to be further enhanced. Several representatives noted that it was important to mobilize the whole of society in dengue control efforts, while at the same time requesting technical assistance from WHO in the area of vector-control management. Urbanization, international travel and climate change had facilitated the spread of dengue, which could therefore be more effectively controlled through cross-border cooperation and the timely sharing of epidemiological information. In that regard, WHO should initiate more active discussions with multisectoral stakeholders and make sure that the approach was part of the sustainable development agenda across industries and nations. Again, a concerted regional approach was called for. Other challenges cited by representatives were: overcoming funding constraints and insufficient qualified human resources. In response, dengue activities should be better integrated into existing health programmes and community participation enhanced. The Dengue Strategic Plan was due to expire at the end of 2015 and the Secretariat should indicate what plans had been made to renew it. The Regional Office should use the opportunity to align the new plan with global control guidelines and global strategies on dengue prevention and control, incorporating new elements that took account of geographical, economic, political and cultural variations. Various behaviour-related impediments to dengue control were cited, including lack of community participation in efforts to identify and destroy mosquito habitats, poor environmental cleanliness and persistent littering. To some extent, those constraints could be overcome by changing urban planning practices.

101. Representatives noted that noncommunicable diseases (NCDs) remained a challenge and that trends such as population ageing exacerbated the difficulties faced. One representative added that three of the four provinces in his country had declared an NCD "State of Emergency". In the combat against the burden of NCDs, representatives expressed appreciation for WHO's support for, among other things: national salt reduction programmes; legislation; and capacity-building through the WHO Package of Essential NCD Interventions (PEN). The importance of coordinated action on noncommunicable diseases (NCDs) was emphasized, and WHO and development partners were encouraged to collaborate with Pacific island countries in developing appropriate country-level actions. Despite successes recorded in tobacco control, for certain Pacific island countries monitoring and evaluation tools were lacking and the Secretariat and Member States were requested to provide support. In that regard, one speaker requested the Organization to provide support for the Monitoring Alliance for NCD Action (MANA). The importance was also stressed of the global action plan and its comprehensive monitoring framework. Speakers observed that NCD countermeasures required effective utilization of international coordination mechanisms and collaboration with a wide range of partners nationally, regionally and globally. The Organization should continue to play a leading role in prevention and control of NCDs, facilitating the necessary exchanges between countries.

102. Representatives noted that violence and injury prevention was a complex issue requiring a cross-sectoral approach. The leadership shown by the Regional Office in holding discussions with Member States on the matter was welcomed. The Secretariat was invited to expand such consultations in 2015.

103. Regarding nutrition and the double burden of malnutrition, the importance was underscored of taking a coordinated approach. One representative requested further information on how the Regional Office was working with other multilateral partners in the Region. Representatives expressed appreciation for the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020).* One speaker noted that several other such strategies, plans and conventions were in place, both in WHO and internationally. Initiatives to streamline national reporting would therefore be welcome. Information would also be appreciated on how the WHO/FAO Second International Conference on Nutrition (due to be held in Rome from 19 to 21 November 2014) would support without duplication the many other related plans. Increased collaboration between WHO and FAO at that forum would, therefore, be beneficial. Tackling the nutrition challenge

required governments to adopt a cross-sectoral approach that should be mirrored by the United Nations agencies. One representative indicated that with WHO support his country was ready to share experiences and undertake technical cooperation with Member States. Several representatives looked forward to WHO's technical support in taking a whole-of-government approach to nutrition, translating regional plans into legislation based on strong scientific evidence.

104. Representatives discussed their countries experiences in moving towards universal health coverage (UHC), some of which had begun decades earlier. Lessons learnt by Member States included steps towards achieving UHC: to expand coverage of basic health insurance; to improve access to care by establishing a primary health-care system covering urban and rural areas; and to achieve equity in public health services. Several speakers offered to share their countries' experiences with other Member States. Although UHC remained an important objective for achieving the goal of global health, organizing, clarifying and substantiating the methods for achieving it posed challenges. One representative noted the reservations of certain Member States concerning the perceived difficulty in measuring UHC. However, indicators supplied by both WHO and the World Bank enabled the measurement of UHC in terms of direct payments for health care, availability of essential and quality medicines and the presence at births of skilled attendants. The emphasis placed by the Regional Office on the distribution by Member States of domestic funding to a wider range of health fields received support. The Organization and Asia Pacific Observatory on Health Systems and Policies were requested to work more systematically with Member States to improve technical efficiency across the public and private sectors; provide support for capacity-building and strategic planning on costing research; and enhance collaboration with Member States in implementing national health plans so that even upper-middle-income countries could benefit. Several representatives referred to the importance of ensuring that UHC was included as a target in the post-2015 development agenda so that health could be integrated in all policies. Further discussions should be organized on health financing, service delivery systems and health workforce governance for advancing UHC. The Organization was requested to provide support to health ministries in their efforts to engage with non-health government sectors for multisectoral involvement in order to achieve UHC. One representative announced that his country would second staff to work with the Regional Office and Member States on hospital services.

105. Several representatives noted that national challenges remained, namely: reducing infant mortality and malnutrition; making greater efforts for poor and remote areas; redressing imbalances between urban and rural or remote areas; and improving coverage of primary health-care services. The key to successful achievement of the health-related MDGs would be to avoid any backsliding in indicators. One representative underlined the importance of making sure that accelerated efforts to achieve the MDGs were not made at the expense of fairness of health service availability and access.

106. Representatives stressed that multisectoral collaboration was essential for meeting challenges in environmental health. Member countries of the Northern Pacific Environmental Health Association (NPEHA) had recently identified two priorities for further work on environmental health: strategic planning; and training and capacity-building for the environmental health workforce. WHO's support was acknowledged as a member of the Secretariat of the Regional Forum on Environment and Health. The Secretariat was requested to provide additional support to NPEHA members in preparing the Association's strategic plan and national action plans.

107. Four nongovernmental organizations provided written statements on the agenda item. Representatives also spoke on behalf of the following bodies: the Asia Pacific Leaders Malaria Alliance (APLMA); the International Diabetes Federation; the World Meteorological Organization; the International Spinal Cord Society, National Spinal Injuries Unit; the Asian Development Bank; the International Federation of Medical Students' Associations; the International Alliance of Patients' Organizations; the World Organization of Family Doctors; and the Independent Expert Review Group.

108. The Director, Division of Communicable Diseases, highlighted some of the comments and questions raised. Regarding malaria he noted the important role of Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion (ERAR) – both the project and the related framework. He also expressed appreciation for the funding from Australia and the Bill & Melinda Gates Foundation for the project. The role of APLMA was also important. He noted the many activities under way to eliminate malaria – "the best weapon" against the disease: setting national elimination goals by the 10 malaria-endemic countries, the forthcoming East Asian Summit's consideration of the possibility of a region free of malaria and the recommendation to the Director-General of the Malaria Policy Advisory Group (MPAC) on the feasibility of the elimination of falciparum malaria from the Greater Mekong Subregion, which would be considered at the next World Health Assembly. He also noted the Secretariat's intentions to update certain plans in consultation with Member States. The dengue plan, for example, was a possible candidate. He reiterated the importance, mentioned by several representatives, of giving due consideration to vulnerable groups, notwithstanding the challenges involved. Regarding the fight against tuberculosis (TB), he stressed the importance of improving access for missing cases, which constituted a very significant treatment gap – particularly for multidrug-resistant TB. The virtual network for multidrug-resistant TB management, mentioned by one speaker, could become a model for service delivery. As the Member State concerned gained experience in managing the network, it would be useful for both Member States and the Secretariat to know more about the lessons learnt. He congratulated efforts by one Member State to fill the funding gap with domestic resources in light of the Global Fund's New Funding Model. The Secretariat was acutely aware that several countries had been affected and was working with them to tackle of the implications of the change. Despite the many challenges that remained – including artemisinin resistance, multidrug- and extensively drug-resistant TB, treatment gaps and hard-to-reach populations – much had been achieved resulting in improved health of communities and lives saved. There were, therefore, good grounds for being cautiously optimistic about the future.

109. The Director, Division of Health Security and Emergencies, referred to representatives comments' on the IHR (2005). There was a common understanding between the Member States and the Secretariat about IHR (2005). The regulations were recognized to be of great importance and Member States and the international community had great expectations of IHR (2005) and there was great pressure to make the Region safer than before. In a globalized world, IHR (2005) was a global health security tool and making the regulations work was a heavy responsibility. In response to the question "Are we ready for Ebola?" she said that the Region was better prepared than before and she congratulated countries, especially in the area of health surveillance systems' strengthening and emergency operations centres. In view of the regular emergence of different diseases there was a need for generic policy development as required under IHR (2005). She also noted Pacific island countries' continuing difficulties with laboratory capacity; the Secretariat was working with countries to overcome those challenges. She expressed thanks to countries helping each other through WHO. In response to the comments made by one representative about strengthening point-of-entry capacity, particularly in the Pacific, she affirmed that this was part of the workplan of APSED (2010). Further, in November the Pacific national IHR focal point meeting would be discussing core capacities, including point-of-entry capacity. She recognized the potential weakness of self-assessment, and said that the Regional Office used a monitoring and evaluation mechanism, which meant that the Secretariat advocated the organization by countries of annual stakeholder review meetings to conduct an honest review of performance and gaps and suggest relevant modifications to workplans. Regional level monitoring was conducted through the annual Asia Pacific Technical Advisory Group (TAG) meeting, with agreed common priorities for the Region. She also expressed the Regional Office's willingness to participate in the discussions taking place at headquarters regarding a possible additional external monitoring mechanism. Regarding the proposal to host a Global Health Security agenda, she considered that it was a very important initiative. The Regional Office was keen to work with Member States in that area. On food safety, she recognized that less progress made had been made than anticipated. There was evidence that general progress had been made on legislation and

establishing mechanisms. A progress report was being finalized and would describe the challenges encountered. In answer to a query from a representative about what to do after 2015 about the *Western Pacific Regional Food Safety Strategy 2011–2015,* she noted that since flexibility existed within the strategy and that it remained relevant, the Secretariat would continue implementing it to help Member States. It was planned to convene a virtual meeting of experts through Internet in order to evaluate the Strategy and decide how best to move forward. Referring to a comment made by another representative that there was room for improvement, she said that the Secretariat was in agreement and had taken due note. Finally, she confirmed that the Secretariat was ready to collaborate with, and provide technical support to, those Member States that had made requests.

110. The Director, Division of NCD and Health through the Life-Course, noted the strong response of Member States to the epidemic. She observed that several representatives had said that NCDs remained a top priority for the biennium 2016–2017; and that the agenda for NCD action had moved beyond health systems, with health ministries recognizing the importance of collaboration with other sectors against NCDs and integrating an NCD perspective into all government sectors. She noted the innovations in infrastructure mentioned by three countries and the new ways of working in governments in the delivery of health-care services against NCDs. On nutrition and addressing the double burden of malnutrition, she noted the comment on the importance of avoiding duplication between various initiatives. The regional action plan would be a platform for action in countries and would ensure policy coherence in countries, enabling them to respond in line with their needs and economic contexts. The regional action plan would also lead to greater collaboration between the health and nutrition sectors. In that regard, she noted that FAO had been mentioned. As in the case of AMR, it was increasingly important for health and agriculture ministries to work together. Regarding violence and injury protection (VIP), she noted that several countries had referred to the importance of VIP as an issue of public concern. She noted the engagement of Member States in what was emerging as a regional action plan on VIP. The Secretariat would be working more closely with Member States to support action on VIP. Representatives had referred to the importance of legislation. She said that the Regional Office had strengthened its human resources in that area, which had implications for salt, food labelling and tobacco taxation. In respect of the latter, she announced the news from the Sixth Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control that the guidelines for Article 6 for taxation had just been adopted – a boost for tobacco taxation that would also support NCD prevention and control. Member States had referred to surveillance and she noted the importance of building capacity for civil registration and vital statistics, cancer registries and overall NCD surveillance. On the MDGs, she recognized the importance of ensuring that gains made were not lost. This was particularly true with respect to the setting of the post-2015 development agenda, which must include the protection of the health of women and children, especially mothers.

111. The Director, Division of Health Systems, congratulated Member States for the progress made in respect of UHC and the health-related MDGs. They had placed the Region in a relatively advantageous position. However, there was no time for complacency as significant differences remained between: countries, in terms of equity; urban and rural areas; and different income groups. It was therefore important to continue to seek equitable achievement of the targets. She noted that several interventions has stressed ensuring that UHC was part of the post-2015 development goals and the importance of health systems in underpinning work towards UHC. She noted the strong recognition across the Region that UHC was fundamental to achieving and sustaining the work on MDGs, tackling NCDs and ensuring preparedness against emerging diseases. That, she said, was the fundamental importance of UHC: making sure that health systems could meet changing health challenges. Speakers had referred to their countries' "different journeys" towards UHC, with some starting work on UHC very early. The diverse pathways taken indicated that work on health systems involved social and political interventions, and that there was no top-down recipe to be followed. However, there was convergence about the challenges faced. The references by Member States to technology assessment in the Recife Declaration on Human Resources for Health and the Health

Assessment Review Committee, and to creating a single insurance scheme, pointed to the importance of institutional underpinnings for UHC. Member States were working toward that, but the matter required further attention. At the same time, thanking the Member State that had offered to second a professional to work on hospital service, she noted the references to the importance of grass-roots services and their development. They were recognition of the fact that access to good-quality services was essential in addition to financing, and that financing and service delivery were intertwined. As had been mentioned, the importance of engaging other sectors (including civil society and the private sector) was evidence of the fact that working toward UHC called for a whole-of-government and a whole-of-society approach. Responding one Member State's call for further discussions on governance financing, she emphasized consideration of service delivery and achievement of people-centered, integrated health services as intertwined issues. She expressed readiness for greater emphasis on that matter at the following year's Regional Committee.

The Regional Director drew representatives' attention to the figures for the regional budget allocation for work on IHR – now made available in a report to the Health Assembly. In comparative terms, the Regional Office was spending more money than the other regional offices on IHR emerging disease issues, NCD issues and health systems issues. Funding was dependent on voluntary contributions. As a result, money was made available during emergencies but funding fell away during quieter times when vital preparedness work ought to be undertaken. The situation was difficult but the Secretariat was determined to maintain capacity in order to better serve Member States. Regarding dengue, he said that dengue-related issues were difficult to manage. There had been many declarations and announcements but the disease was difficult to predict, even though there were some patterns – probably linked to climate change. Despite the Secretariat's efforts, in 2013 there were large outbreaks in the Lao People's Democratic Republic and the Pacific islands, and even in Singapore – a model country in the Region. In 2014, the disease had affected China, Malaysia and the Philippines. It was an urgent issue involving human suffering. He agreed with Member States' suggestions that the current plan should be reviewed. Member States had requested that an item on dengue be added to the agenda for the next Regional Committee. He was willing to do that, but would invite a technical Expert Working Group to make recommendations on what upgrading was necessary. Regarding Food safety, he expressed heartfelt gratitude for the Government of Japan's offer to second a food safety expert to the Regional Office. This was timely in view of the rapid development that the Region was undergoing with countries experiencing problems related to food marketing and manufacturing. In addition, the small size of the Pacific islands meant that they did not have the necessary monitoring and surveillance capacity and such issues were also linked to matters like salt reduction and NCDs. Regarding malaria, he reiterated the important role of APLMA as a funding mechanism. On the question of artemisinin resistance, he drew attention to the political dimension of what was a grave problem. There was only one medicine of choice for falciparum malaria. Major difficulties would arise if that drug ceased to be effective. The ERAR had been set up to respond to the problem. The five countries directly concerned by artemisinin resistance were covered two WHO regions, which raised questions for coordination. The two regional directors held an annual retreat to discuss such shared priorities. The new Phnom Penh hub had been created as part of that effort and to decentralize authority and encourage rapid decision-making. Regarding TB, particularly its multidrug- and extensively drug-resistant forms, he recognized the gravity of the matter. It was important that the Regional Office lent support to tackling this threat. In general, the work of the Regional Office was on course but he expressed his willingness to increase support to the Pacific island State that had requested it. He expressed his thanks to Singapore for their offer to second an expert on hospital management, and acknowledged the other governments that had sent expert staff to work in the Region. He noted there were currently 14 seconded experts working for WHO in the Region.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 16 of the Agenda (document WPR/RC65/11)

Strategic budget space allocation
WHO engagement with non-State actors
Multilingualism: implementation of action plan

112. The Director, Programme Management, said that the Regional Committee was encouraged to provide input and guidance on the new strategic budget space allocation (formerly called strategic resource allocation) and to share its thoughts on the Framework of engagement with non-State actors. All comments would be referred to headquarters for submission to the World Health Assembly through the Executive Board in 2015. The WHO Regional Office for the Western Pacific had developed a digital library called the Institutional Repository for Information Sharing (IRIS), to ensure that Member States had access via the Internet to health information products and governing bodies' documents published by WHO in the Western Pacific. By early 2015, over 7000 governing bodies' documents and health information products would be available in Chinese, French and other languages.

113. The Assistant Director-General for General Management said that progress had been slow on discussions about reforming the methodology for strategic budget space allocation among the major WHO offices and the four major segments the Organization's work, namely: technical cooperation; provision of global public health goods; administration and management; and emergency and outbreak response. The Western Pacific Region was represented by Malaysia in the Member State working group that had been set up to assist and guide the Secretariat in developing the new methodology and to facilitate discussion among Member States. Some basic principles had been agreed upon: the new methodology would cover both assessed and voluntary contributions and would take into account evidence-based needs, results-based management, fairness and equity, accountability and transparency, clearly defined roles and functions, and performance improvement.

114. The most contentious issue had been the division of resources among the regions. No region had volunteered to contemplate a reduction in its allocation. Nevertheless, a series of allocation criteria had been developed such as human development indicator plus immunization coverage, proxy indicators for the technical categories in the General Programme of Work, and weighting by population factor. It was important to remember that allocations would be made to regions, which would subsequently divide resources among individual Member States. WHO was a global public health agency that needed to focus on areas where it had a comparative advantage, while at the same time aligning itself with the General Programme of Work and country priorities. Global public health goods included mandatory functions and long-term commitments in addition to more time-sensitive functions and policies, often specified in governing bodies' decisions. Cost-effectiveness and cost savings were important considerations. At WHO, administrative and management costs had remained stable over time. Also, experience indicated that resources could be swiftly re-allocated to deal with disasters and emergencies. Strategic budget space allocation overlapped with and was dependent upon other components of WHO reform such as bottom-up planning, costing of outputs and deliverables, the identification of roles and functions at the three levels of the Organization, and the review of administrative and management costs, so it was important that the various strands were not addressed separately or in isolation. Applying the segmental methodology to the current biennium, 23% of WHO resources were allocated to technical cooperation, 33% to global and regional public goods, 22% to administration and management, and 22% to emergency and outbreak response. About 30% of total resources went to headquarters, 20% to the regions, and 50% to the country level.

115. The Executive Director, Office of the Director-General, said that WHO was mandated to engage with non-State actors in accordance with the broad definition contained in its Constitution. Engagement with nongovernmental organizations had been recognized from the earliest days of the Organization's existence, but the first contacts with the private sector had not occurred until 2001. The process of reaching out to non-State actors had initially been prompted by a desire to put WHO financing on a more stable footing, which had subsequently led to a broader debate about the purpose of funding for health and the roles and activities of other stakeholders in the health sphere. The formulation of policy on engagement with non-State actors was very slow-moving, but a number of key themes had emerged, namely benefits versus risks, due diligence, transparency and accountability, and conflicts of interest. WHO had clear rules about conflicts of interest involving individuals, but was still in the process of working out guidelines on institutional conflicts of interest and identifying best practices. The issue of due diligence had been addressed by establishing a public database of all institutions with which WHO had engaged. The issue of whether WHO should accept financial resources from private-sector entities had generated fierce debate, including about the nature of the safeguards that could be put in place to protect the Organization's integrity and reputation. Of particular importance in that regard was the concept of "competitive neutrality", meaning that no entity engaging with WHO should derive competitive advantage from its relationship.

116. Representatives supported the strategic budget space allocation methodology as being fair and transparent, and were generally of the view that the segmental categorization of the Organization's activities was easy to understand and the elements identified by the Member State working group were useful points for ongoing discussion. The proposed methodology incorporated the necessary flexibility to re-allocate funding if required. One representative said that outputs should be realistically costed and roles and responsibilities more precisely defined at the three levels of the Organization. How specifically would the principle of performance improvement, especially in its role as an incentive for greater resource allocation, interact with the principle of fairness and equity?

117. Representatives endorsed the Framework of engagement with non-State actors as a tool for giving WHO the flexibility to work with global health actors from all sectors, while protecting its integrity as the global standard-setting Organization in the field of health. For example, subject to appropriate safeguards, WHO should be able to engage with the private sector in its commercial capacity to advance the research and development of new medical products. WHO was constitutionally mandated to work with other sectors in areas such as nutrition, housing, sanitation, recreation, environmental hygiene and the development of standards on food, biologicals and pharmaceutical products. The concept of competitive neutrality should be embedded in the Framework. One representative said that the combination of an evaluation process to ensure continuous improvement, robust oversight arrangements and a mechanism to discontinue engagement with particular non-State actors, if required, should be sufficient guarantees to ensure the adoption of the Framework by the World Health Assembly. Another observed that, at the recent regional meeting of the Pan American Health Organization, it had been suggested that a dedicated office could be established to oversee implementation of the engagement policy. Such an office could exercise a watchdog function, but also play a facilitating role in promoting engagement and actively support WHO programmes in their efforts to reach out to non-State actors, including in the private sector. Several representatives supported the concept of embedding evaluation of the Framework to allow for regular oversight by the World Health Assembly through the Executive Board. Mechanisms for receiving funds from private-sector entities should be aligned with national health-sector strategies. There were opportunities for WHO to learn from successful multi-stakeholder initiatives and public-private partnerships, which could subsequently be shared with Member States.

118. Several representatives expressed their support for the multilingualism plan of action provided for in resolution WHA61.12 as a means for respecting diversity and boosting access to knowledge in the Western Pacific Region.

119. The Assistant Director-General for General Management said that, in reality, there was no conflict or contradiction between fairness and equity, on the one hand, and performance improvement, on the other. Fairness was the starting point for resource allocation, which was conducted well ahead of the actual roll-out of resources. Performance improvement comprised a qualitative component, in the sense that past performance by budget centres needed to be taken into consideration, and also a flexibility component, meaning that a cost-effective approach was taken in practice. For example, some budget centres were not always able to utilize their resources in full, so it was important to have the capacity to re-allocate those resources intelligently. Money should never be spent simply for the sake of spending it.

120. The Executive Director, Office of the Director-General, said that the Framework of engagement with non-State actors would be revised and refined in the light of the comments received, with a view to submitting it to the headquarters governing bodies in 2015. The Director, Programme Management, said that the methodology for strategic budget space allocation and the Framework of engagement with non-State actors would clearly have an impact on the future work of the Regional Committee.

121. The Regional Director said that information technology had contributed significantly to the Organization-wide culture of transparency, as it was now possible to track the expenditure of other regional offices and headquarters at the touch of a button. The role of Regional Director necessarily involved certain tensions: on the one hand, he naturally wished to secure the maximum funding for the Regional Office and for its programmes. But he also had a duty to look at the bigger health picture: other regions were experiencing much more critical health situations and necessarily had a claim to higher funding. In many ways the Western Pacific Region was a victim of its own success and relative level of advancement. Another issue was that, historically speaking, budget decisions had always been political decisions, and there would obviously be resistance in some quarters to a transition to budget allocation based on a more rational, scientific basis.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 17 of the Agenda (document WPR/RC65/12, WPR/RC65/12 Corr.1)

122. The Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Viet Nam, the Lao People's Democratic Republic and Brunei Darussalam. The term of office of Viet Nam would expire on 31 December 2014, and the Regional Committee was requested to elect a Member State to succeed Viet Nam.

123. The Regional Committee selected the Republic of Korea to replace Viet Nam (see decision WPR/RC65(2)).

SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 18 of the Agenda (document WPR/RC65/13)

124. The Director, Programme Management, said that the Western Pacific Region was currently represented by the Lao People's Democratic Republic, whose term of office would expire on 31 December 2014. The Regional Committee was requested to elect a Member State to succeed the Lao People's Democratic Republic.

125. The Regional Committee selected Fiji to replace the Lao People's Democratic Republic (see decision WPR/RC65(3)).

126. The representative of Viet Nam said that her Government would be interested in representing the Western Pacific Region in the Special Programme.

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

The Regional Director, after taking into account other planned events, suggested 12–16 October 2015 as the dates for the sixty-sixth session of the Regional Committee for the Western Pacific. The Government of the United States of America had offered to host the session in the territory of Guam. Any Government willing to host the sixty-seventh session should approach the Secretariat; in the absence of an invitation to host, the meeting would take place at the premises of the Regional Office in Manila.

CLOSURE OF THE SESSION: Item 20 of the Agenda

127. The Chairperson announced that the draft report of the sixty-fifth 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.

128. The Chairperson of the sixty-fifth session of the Regional Committee delivered his closing remarks (see Annex 8).

129. After the usual exchange of courtesies, the sixty-fifth session of the Regional Committee was declared closed (see resolution WPR/RC64.R8).

ANNEX 1

AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director

   WPR/RC65/2

8. Programme budget 2012–2013: budget performance (final report)

   WPR/RC65/3

Policies, programmes and directions for the future

9. Proposed draft programme budget 2016–2017

   WPR/RC65/4

10. Mental health

    WPR/RC65/5
    WPR/RC65/5 Corr. 1

11. Tobacco free initiative: Regional Action Plan 2015–2019

    WPR/RC65/6
    WPR/RC65/6 Corr. 1
    WPR/RC65/6 Corr. 2

12. Antimicrobial resistance

    WPR/RC65/7

13. Expanded Programme on Immunization: Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific

    WPR/RC65/8
    WPR/RC65/8 Corr. 1

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14. Emergencies and disasters

WPR/RC65/9
WPR/RC65/9 Corr. 1

15. Progress reports on technical programmes

15.1 Malaria

15.2 TB: Preparation for regional operationalization of the Global TB Strategy after 2015

15.3 Dengue

15.4 Noncommunicable diseases

15.5 Environmental health: Regional Forum on Environment and Health

15.6 Violence and injury prevention

15.7 Nutrition: Double burden of malnutrition

15.8 Universal Health Coverage

15.9 Millennium Development Goals

15.10 International Health Regulations (2005)

15.11 Food Safety: Implementing the Western Pacific Regional Food Safety Strategy (2011–2015)

WPR/RC65/10
WPR/RC65/10 Corr. 1

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

WPR/RC65/11

Membership of Global Committee

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

WPR/RC65/12
WPR/RC65/12 Corr. 1

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

WPR/RC65/13

Other matters

19. Time and place of the sixty-sixth and sixty-seventh sessions of the Regional Committee

20. Closure of the session

ANNEX 2

LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA	Ms Felicity McNeill, First Assistant Secretary, Pharmaceutical Benefits Division, Australian Government Department of Health Canberra, *Chief Representative*
	Mr Christopher Bedford, Acting Assistant Secretary International Strategies Branch, Australian Government Department of Health, Canberra, *Alternate*
	Ms Helen McFarlane, Director, Health Policy Section Health and Environmental Safeguards Branch Australian Government Department of Foreign Affairs and Trade Canberra, *Alternate*
BRUNEI DARUSSALAM	Pehin Dato Adanan Yusof, Minister of Health Ministry of Health, Bandar Seri Begawan, *Chief Representative*
	Datin Dr Norlila Abdul Jalil, Permanent Secretary of Health Ministry of Health, Bandar Seri Begawan, *Alternate*
	Dr Zulaidi Latif, Director General of Medical Services Ministry of Health, Bandar Seri Begawan, *Alternate*
	Ms Zahrah Hashim, Director of Policy and Planning Ministry of Health, Bandar Seri Begawan, *Alternate*
	Dr Anie Haryani Abdul Rahman, Acting Director of Environmental Health Services, Ministry of Health Bandar Seri Begawan, *Alternate*
	Dr Yung Chee Tee, Senior Medical Officer Ministry of Health, Bandar Seri Begawan, *Alternate*
	Ms Khairil Bahriah Ali, Special Duties Officer Grade I International Affairs Unit, Department of Policy and Planning Ministry of Health, Bandar Seri Begawan, *Alternate*:
	Mr Shamsul Bahrine Sabtu, Public Health Officer Ministry of Health, Bandar Seri Begawan, *Alternate*
CAMBODIA	Dr Te Kuy Seang, Secretary of State for Health Ministry of Health, Phnom Penh, *Chief Representative*
	Dr Or Vandine, Director General for Health, Ministry of Health Phnom Penh, *Alternate*
	Dr Theme Viravann, Deputy Director of Department of International Cooperation, Ministry of Health Phnom Penh, *Alternate*

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CHINA	Ms Zhang Yang, Deputy Director General Department of International Cooperation National Health and Family Planning Commission Beijing *Chief Representative*
	Ms Mi Yanping, Division Director, Health Emergency Response Office, National Health and Family Planning Commission Beijing, *Alternate*
	Mr Lu Ming, Consult Director, Bureau of Disease Prevention and Control, National Health and Family Planning Commission Beijing, *Alternate*
	Mr Zhang Meng, Program Officer, Bureau of Medical Administration, National Health and Family Planning Commission, Beijing, *Alternate*
	Ms Xiao Lin, Program Officer, Department of Communications National Health and Family Planning Commission, Beijing, *Alternate*
	Mr Cong Ze, Program Officer, Department of International Cooperation, National Health and Family Planning Commission Beijing, *Alternate*
	Ms Yang Jingwei, Program Officer, Department of International Cooperation, National Health and Family Planning Commission Beijing, *Alternate*
CHINA (HONG KONG)	Professor Chan Siu-chee, Sophia, Under Secretary for Food and Health, Food and Health Bureau, Hong Kong, *Chief Representative*
	Dr Chan Hon-yee, Constance, Director of Health Department of Health, Hong Kong, *Alternate*
	Dr Leung Ting-hung, Controller, Centre for Health Protection Department of Health, Hong Kong, *Alternate*
	Ms Chau Suet-mui, Fiona, Principal Assistant Secretary for Food and Health, Food and Health Bureau, Hong Kong, *Alternate*
	Dr Li Mun-pik, Teresa, Assistant Director of Health Department of Health, Hong Kong, *Alternate*
	Dr Lo Chiu-sing, Senior Medical and Health Officer Department of Health, Tobacco Control Office, Hong Kong *Alternate*
	Dr Yau Shui-wah, Carol, Senior Medical and Health Officer Department of Health, Centre for Health Protection Hong Kong, *Alternate*

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CHINA (MACAO)*	
COOK ISLANDS	Mrs Roana Kerevakacau Mataitini, Director for Funding and Planning, Cook Islands Ministry of Health Rarotonga, *Chief Representative*
FIJI	Mr Jone Usamate, Minister for Health and Medical Services Ministry of Health, Suva, *Chief Representative*
	Dr Eric Rafai, Deputy Secretary for Public Health Ministry of Health, Suva, *Alternate*
	Mrs Unaisi Bera, Public Health Consultant, Ministry of Health Suva, *Alternate*
FRANCE	Mr Mazyar Taheri, Délégation aux affaires européennes et internationales, Ministère des Affaires sociales, de la Santé et des Droits des femmes, Paris, *Chief Representative*
	Ms Cindy Pralong, Conseillère du Ministre de la Santé Gouvernement de la Nouvelle-Calédonie, Nouméa, *Alternate*
	Mr Jean-Alain Course, Directeur des affaires sanitaires et sociales de la Nouvelle-Calédonie, Nouméa, *Alternate*
	Dr Jean-Paul Grangeon, Médecin-inspecteur et chef du service de santé publique de la direction des affaires sanitaires et sociales de la Nouvelle-Calédonie, Nouméa, *Alternate*
JAPAN	Dr Mitsuhiro Ushio, Assistant Minister for Global Health Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo, *Chief Representative*
	Dr Eiji Hinoshita, Director, International Cooperation Office International Affairs Division, Minister's Secretariat Ministry of Health, Labour and Welfare Tokyo, *Alternate*
	Dr Hironori Okabayashi, Medical Doctor Bureau of International Medical Cooperation National Center for Global Health and Medicine Tokyo, *Alternate*
	Dr Junichi Nitta, Second Secretary of the Embassy of Japan in the Philippines, Pasay City, *Alternate*
	Dr Takashi Suzuki, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo *Alternate*

*did not attend

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JAPAN (continued)	Dr Takayuki Shimizu, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Dr Yumi Kisaka, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo, *Alternate*
KIRIBATI	Dr Kautu Tenaua, Minister of Health Ministry of Health & Medical Services Tarawa, *Chief Representative*
	Dr Teatao Tira, Secretary Ministry of Health & Medical Services, Tarawa, *Alternate*
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Associate Professor Dr Som Ock Kingsada, Vice Minister of Public Health, Ministry of Public Health, Vientiane, *Chief Representative*
	Dr Nao Boutta, Director General of the Cabinet Ministry of Public Health, Ministry of Health Vientiane, *Alternate*
	Mr Ounheuane Nammachack, Secretary to the Vice-Minister of Public Health, Ministry of Health, Vientiane, *Alternate*
MALAYSIA	Datuk Seri Dr S. Subramaniam, Minister of Health Ministry of Health, Putrajaya, *Chief Representative*
	Datuk Dr Noor Hisham Abdullah, Director General of Health Ministry of Health, Putrajaya, *Alternate*
	Dr Chong Chee Kheong, Director of Disease Control Ministry of Health, Putrajaya, *Alternate*
	Dr Nik Jasmin Nik Mahir, Head of Global Health Unit, Office of the Deputy Director General of Health (Public Health), Ministry of Health, Putrajaya, *Alternate*
	Dr Suraya Amir Husin, Senior Principal Assistant Director Medical Development Division, Ministry of Health, Putrajaya *Alternate*
	Mr Saravanan s/o Mariappan, Principal Private Secretary to the Minister of Health, Ministry of Health Federal Government Administrative Centre, Putrajaya, *Alternate*
	Raveendran Nair, Counsellor, Embassy of Malaysia Makati City, *Alternate*

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REPUBLIC OF THE MARSHALL ISLANDS	Mr Phillip H. Muller, Minister of Health, Ministry of Health Majuro, *Chief Representative*
	Mrs Julia M. Alfred, Secretary of Health, Ministry of Health Majuro, *Alternate*
MICRONESIA (FEDERATED STATES OF)	Dr Vita Futalina A. Skilling, Secretary (Minister) of Health Department of Health & Social Affairs Pohnpei, *Chief Representative*
	Mrs Louisa Helgenberger, National Immunization Manager Depatment of Health & Social Affairs, Pohnpei, *Alternate*
	Dr Mayleen Ekiek, TB&Leprosy National Medical Director Department of Health & Social Affairs, Pohnpei, *Alternate*
	Mr Arthy Nena, PHEP Manager, Department of Health and Social Affairs. Pohnpei, *Alternate*
	Mr X-ner Luther, NCD Section Manager Department of Health and Social Affairs Pohnpei, *Alternate*
	Ms Fancelyn P. Solomon, Administrative Specialist Department of Health & Social Affairs, Pohnpei, *Alternate*
	Dr Anamaria Yomai, National Physician, Department of Health & Social Affairs, Pohnpei, *Alternate*
MONGOLIA	Dr Natsag Udval, Minister for Health, Ministry of Health Ulaanbaatar, *Chief Representative*
	Dr Yadamsuren Buyanjargal, Director of the Policy Implementation and Coordination Department Ministry of Health, Ulaanbaatar, *Alternate*
	Dr Ulziibayar Ganchimeg, Director of the National Center for Public Health, Ministry of Health, Ulaanbaatar, *Alternate*
NAURU	Mr Valdon Dowiyogo, M.P., Minister for Health, Nauru, *Chief Representative*
	Mr Rykers Solomon, Secretary for Health and Medical Services Ministry of Health, Nauru, *Alternate*
	Ms Carrina Hiram, Personal Assistant to the Minister Ministry of Health, Nauru, *Alternate*

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NEW ZEALAND	Mrs Jane Chambers, Manager, Global Health Ministry of Health, Wellington, *Chief Representative*
	Dr Elisabeth Oakley, Manager, Communicable Diseases Ministry of Health, Wellington, *Alternate*
NIUE*	
REPUBLIC OF PALAU	Mr Gregorio Ngirmang, Minister of Health, Ministry of Health Koror, *Chief Representative*
	Ms Berry Moon Watson, M.P.H., Director, Bureau of Public Health Koror, *Alternate*
	Dr Emais Roberts, Special Advisor to the Minister Ministry of Health, Koror, *Alternate*
	Mr Temmy Temengil, International Health Coordinator Ministry of Health, Ministry of Health, Koror, *Alternate*
PAPUA NEW GUINEA	Mr Michael Malabag, Minister for Health, National Department of Health, Waigani, *Chief Representative*
	Mr Pascoe Kase, Secretary for Health, National Department of Health, Waigani, *Alternate*
	Dr Paison Dakulala, Deputy Secretary, National Health Service Standards, National Department of Health, Waigani, *Alternate*
	Mrs Nellie Malabag, Spouse of the Minister National Department of Health, Waigani, *Alternate*
	Mr Ken Wai, Executive Manager, Strategic Policy National Department of Health, Waigani, *Alternate*
	Mrs Martina Suve-Hohora, Policy and Research Officer National Health Service Standards, Department of Health Waigani, *Alternate*
	Mr Angus Ali, Project and Research Officer Minister's Office, National Department of Health Waigani, *Alternate*

*did not attend

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PHILIPPINES	Dr Enrique T. Ona, Secretary, Department of Health Manila, *Chief Representative*
	Dr Enrique Tayag, Assistant Secretary of Health Designate Department of Health, Manila, *Alternate*
	Dr Lilibeth David, Officer-in-Charge – Head, Health Policy Finance and Research Development Cluster, Department of Health Manila, *Alternate*
	Dr Teodoro Herbosa, Undersecretary of Health Operations Cluster for NCR and Metro Manila Hospitals Department of Health, Manila, *Alternate*
	Dr Nemesio Gako, Undersecretary of Health Administration Technical Cluster, Department of Health Manila, *Alternate*
	Dr Janette Garin, Undersecretary of Health, Women, Children and Family Health Technical Cluster, Department of Health Manila, *Alternate*
	Dr Jaime Lagahid, Assistant Secretary of Health Chief of Staff, Office of the Secretary, Department of Health Manila, *Alternate*
	Dr Gerardo Bayugo, Assistant Secretary of Health Operations Cluster for Luzon, Department of Health Manila, *Alternate*
	Dr Paulyn Jean Rosell-Ubial, Assistant Secretary of Health Operations Cluster for Visayas, Department of Health Manila, *Alternate*
	Dr Elmer Punzalan, Assistant Secretary of Health Special Concerns Technical Cluster, Department of Health Manila, *Alternate*
	Ms Maylene Beltran, Director IV, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*
	Dr Irma Asuncion, Officer-in-Charge, Director IV, Disease Prevention and Control Bureau, Department of Health Manila, *Alternate*
	Dr Kenneth Ronquillo, Director IV, Health Human Resource and Development Bureau, Department of Health, Manila, *Alternate*
	Dr Linda Milan, Adviser, Office of the Secretary Department of Health, Manila, Alternate

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PHILIPPINES (continued)	Dr Francisco Soria, Jr., Officer-in-Charge, Senior Vice President Health Finance Policy Sector, Philippine Health Insurance Corporation, Pasig City, *Alternate*
	Dr Ariel Valencia, Director IV, Food and Drug Administration Alabang, *Alternate*
REPUBLIC OF KOREA	Mr Kwon Ki-Chang, Director General, Bureau of International Cooperation, Ministry of Health and Welfare, Sejong *Chief Representative*
	Ms Lee Minwon, Director, Division of International Cooperation Ministry of Health and Welfare, Sejong, *Alternate*
	Mr Kim Do-Kyun, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare Sejong, *Alternate*
	Ms Park Seoungwon, Deputy Director, Division of Mental Health Policy, Ministry of Health and Welfare Sejong, *Alternate*
	Ms Oh Kyung-Won, Director, Division of Health and Nutrition Survey, Korea Centers for Disease Control and Prevention Chungcheongbok-Do, *Alternate*
	Mr Lee Hyungmin, Deputy Director, Division of Epidemic Intelligence Service, Korea Centers for Disease Control and Prevention, Chungcheongbuk-Do, *Alternate*
	Mr Ryu Suk Hyun, Senior Researcher, Division of Infectious Disease Surveillance, Korea Centers for Disease Control and Prevention, Chungcheongbuk-Do, *Alternate*
	Ms Lee Hyun-Hee, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare Sejong, *Alternate*
	Dr Nam Yoon-young, Director, Division of Planning & Public Relations, Seoul National Hospital, Seoul, *Alternate*
	Ms Jun Jina, Associate Researcher, Korea Institute for Health and Social Affairs, Seoul, *Alternate*
SAMOA	Tuitama Dr Leao Talalelei Tuitama, Minister of Health Ministry of Health, Apia, *Chief Representative*
	Mr Mualaivao Pat Ah Him, Associate Minister of Health Ministry of Health, Apia, *Alternate*
	Leausa Dr Take Kolisi Naseri, Director General, Chief Executive Officer, Ministry of Health, Apia, *Alternate*

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SAMOA (continued)	Maee Ualesi Silva, Assistant Chief Executive Officer Health Prevention and Enforcement Division, Ministry of Health Apia, *Alternate*
	Mr Darryl Anesi, Principal Accountant, Ministry of Health Apia, *Alternate*
SINGAPORE	Mr Gan Kim Yong, Minister for Health, Ministry of Health Singapore, *Chief Representative*
	Associate Professor Benjamin Ong, Director of Medical Services Ministry of Health, Singapore, *Alternate*
	Dr Derrick Heng, Group Director, Public Health Group Ministry of Health, Singapore, *Alternate*
	Ms Yeo Wen Qing, Deputy Director, International Cooperation Branch, Ministry of Health, Singapore, *Alternate*
	Ms Lee Wai Yen, Acting Assistant Director, Casemix and Clinical Benchmarking, Performance and Technology Assessment Ministry of Health, Singapore, *Alternate*
	Mr Chua Yong Khian, Manager, International Cooperation Branch Ministry of Health, Singapore, Alternate
	Dr Clive Tan, Associate Consultant, Tan Tock Seng Hospital Ministry of Health, Singapore, *Alternate*
	Mr Cheo Boon Thong, Personal Security Officer to Minister Ministry of Health, Singapore, *Alternate*
	Mr Tan Jianqiang, Thomas, Personal Security Officer to Minister Ministry of Health, Singapore, *Alternate*
SOLOMON ISLANDS*	
TOKELAU*	
TONGA	Mr Lord Tuiafitu, Minister of Health Ministry of Health, Nuku'alofa, *Chief Representative*
	Dr Siale 'Akau'ola, Director of Health, Ministry of Health Nuku'alofa, *Alternate*
TUVALU	Mr Leneuoti Maatusi, Minister for Health, Ministry of Health Funafuti, Chief Representative
	Mr Isaia Taape, Secretary for Health, Ministry of Health Funafuti, *Alternate*

*did not attend

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UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND *	
UNITED STATES OF AMERICA	Ambassador Jimmy Kolker, Assistant Secretary, Bureau of Global Affairs, Washington, DC, *Chief Representative*
	Dr James Gillan, Director, Department of Public Health and Social Services, Government of Guam, Mangilao, *Alternate*
	Mr Peter Mamacos, Director, Multilateral Affairs, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, DC, *Alternate*
	Ms Andrea Strano, International Relations Officer, Office of Economic and Development Affairs, Bureau of International Organization Affairs, Department of State, Washington, *Alternate*
VANUATU	Mr Viran Tovu, Acting Director General, Ministry of Health Port Vila, *Chief Representative*
	Mr Daniel Bule, Political Advisor to the Minister of Health Ministry of Health, Port Vila, *Alternate*
VIET NAM	Professor Dr Le Quang Cuong, Vice Minister of Health Ministry of Health, Ha Noi, *Chief Representative*
	Dr Nguyen Manh Cuong, Deputy Director, International Cooperation Department, Ministry of Health, Ha Noi, *Alternate*
	Dr Dang Viet Hung, Deputy Director, Planning and Finance Department, Ministry of Health, Ha Noi, *Alternate*
	Dr Dang Quang Tan, Deputy Director General Department of Preventive Medicine, Ministry of Health Ha Noi, *Alternate*
	Professor Dr Dang Duc Anh, Deputy Director National Institute of Hygiene and Epidemiology, Ha Noi *Alternate*
	Dr Nguyen Duc Thanh, Head of the Disaster Prevention and Control, Cabinet of the Ministry of Health, Ha Noi, *Alternate*
	Dr Vuong Anh Duong, Head of Hospital Quality Management Division, Department of Medical Service Administration Ministry of Health, Ha Noi, *Alternate*

*did not attend

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VIET NAM (continued)	Ms Doan Phuong Thao, Official for Cooperation with the World Health Organization, International Cooperation Department Ministry of Health, Ha Noi, *Alternate*
	Ms Phan Thanh Thuy, Official, Planning and Finance Department Ministry of Health, Ha Noi, *Alternate*
	Ms Nguyen Thu Nam, Researcher, Institute of Health Strategy and Policy, Ha Noi, *Alternate*
	Mr Tran Phuc Hau, Researcher, Pasteur Institute in Ho Chi Minh City, Ho Chi Minh, *Alternate*
	Ms Le Thi Thu Thuy, Second Secretary Embassy of the Socialist Republic of Viet Nam in the Philippines Malate, *Alternate*

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

International Atomic Energy Agency (IAEA)	Mr Arsen Jurić, Programme Officer Vienna
United Nations Population Fund (UNFPA)	Mr Klaus Beck, Country Representative United Nations Population Fund, Makati
World Meteorological Organization (WMO)	Dr Flaviana Hilario, Acting Deputy Administrator for Research and Development, Philippine Atmospheric, Geophysical and Astronomical Services Administration, Quezon City
	Mrs Edna Juanillo, Assistant Weather Services Chief Climatology - Agromeotorology Division Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), Quezon City

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III. OBSERVERS

Department of Health, Philippines	Dr Jaime Bernadas Dr Myrna Cabotaje Dr Allan Evangelista Dr Janet Fandino Ms Maria Bernardita Flores Dr Leonita Gorgolon Ms Blesilda Gutierrez Dr Jose Llacuna, Jr. Ms Evelyn Mendoza Dr Minerva Molon Mr Jonathan Monis Ms Angelina del Mundo Dr Dante Salvador Jr. Mr Isidro Sia Dr Aleli Annie Grace Sudiacal Ms Charity Tan
Gavi, the Vaccine Alliance	Raj Kumar Mr David Salinas
Independent Expert Review Group (IERG)	Mrs Kathleen Ferrier
Observers, United States of America	Ms Maryann Silva Taijeron Mr Joey San Nicolas Ms Basilia Diaz Mr Jayson Ramirez

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Asian Development Bank	Dr Eduardo Banzon
Secretariat of the Pacific Community	Mr Taniela Sunia Soakai

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V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

Framework Convention Alliance (FCA)	Mr Rommel Arriola Ms Ipat Luna
Handicap International Federation (HIF)	Mrs Edith van Wijngaarden
Health Action International (HAI)	Dr Edelina dela Paz Ms Shila Kaur
International Alliance of Patients' Organizations (IAPO)	Mr Kin-ping Tsang Mr John Forman
International Bureau for Epilepsy (IBE)	Dr Li, Shichuo
International Council of Nurses (ICN)	Dr Roger P. Tong-An
Ìnternational Diabetes Federation (IDF)	Ms Leyden Florido
International Federation of Medical Students' Associations (IFMSA)	Mr Jose Maria Gonzalez Mr Wu Tung-Yen Mr Kim Tejano Ms Yuji Jeong Mr Heng Yeh
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)	Philippe Buchy Mr Shane Pang
International Hospital Federation (IHF)	Dr Ruben Flores Dr Jaime Almora
International Leprosy Association (ILA)	Dr Francesca Gajete
International Pharmaceutical Federation, (IPF)	Mrs Leonila Ocampo Reynaldo Umali
International Special Dietary Foods Industries (ISDI)	Ms Venetta Miranda Mr Alejandro V. Castro
International Spinal Cord Society National Spinal	Dr Balraj Singhal
Medical Women's International Association (MWIA)	Dr Perla Dolera Dr Rosa Maria Nancho
Medicus Mundi International (MMI)	Ms Belinda Townsend Dr Gene A. Nisperos Ana Pholyn A. Balahadia Monaflor Abigail G. Ignacio Noreen Paige H. Sapalo Kevin A. Javier Grace Antonette F. Pati

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WaterAid	Ms Alison Macintyre
World Confederation for Physical Therapy (WCPT)	Mr Royson Mercado
World Federation of Acupuncture and Moxibustion Societies (WFAS)	Professor Teoh Boon Khai Mr James Sung
World Hepatitis Alliance (WHA)	Mr Francis Charles Gore
World Organization of Family doctors (WONCA)	Dr Christine Serrano-Tinio
World Self-Medication Industry (WSMI)	Mr Teodoro Padilla

ANNEX 3

LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

Asia Pacific Leaders Malaria Alliance

Asian Development Bank

Consumers International

Framework Convention Alliance

Gavi, the Vaccine Alliance

Handicap International

Independent Expert Review Group

International Alliance of Patients Organizations

International Atomic Energy Agency

International Bureau for Epilepsy

International Council of Nurses

International Diabetes Federation

International Federation of Medical Students' Associations

International Pharmaceutical Federation

International Spinal Cord Society National Spinal Injuries Unit

Medical Women's International Association

Medicus Mundi International

World Meteorological Organization

World Organization of Family Doctors

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ANNEX 4

ADDRESS BY THE OUTGOING CHAIRPERSON, HONOURABLE TUITAMA DR LEAO TALALELEI TUITAMA, MINISTER OF HEALTH, SAMOA, AT THE OPENING SESSION OF THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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

Talofa and Good Morning.

It is a pleasure to be with you all again at this sixty-fifth session of the WHO Regional Committee for the Western Pacific. As the outgoing chair of the Committee, it is my distinct honour to convey to the government of the Philippines—through the Honourable Secretary of Health, Dr Enrique T. Ona—our greetings and our heartfelt thanks for the festive welcome you have extended to us.

On behalf of 37 countries and areas of the Western Pacific, thank you for hosting this Regional Committee Meeting.

Close to a year ago, we were terrified by the disturbing news of the extent of damage wrought by typhoon Haiyan on this beautiful land.

We express our deep sympathies for the loss of lives and the suffering caused by this calamity. Despite the harrowing experience you have just been through—you stand here with us today—in solidarity, forging ahead with our regional agenda for a healthier world.

Indeed, your hosting of the sixty-fifth session of the Regional Committee Meeting is a tribute to the heroic resilience of all Filipinos.

Ladies and gentlemen.

Time passes swiftly.

As I hand over the Chair to my successor, allow me to reflect on the year past.

The inherent difficulties we face in running our health systems on a day-to-day basis can be quite overwhelming.

We struggle with limited human resources. There is never enough money for health facilities, drugs and medicines or public health programmes.

There are always competing interests for policies—and commercial voices can easily drown out our health messages.

When I first addressed the Regional Committee last year as Chair of RCM, I spoke of how we are "keepers of health in our Region".

As leaders and "keepers of health" we need to make the most of what we have, and increasingly, we are asked to do more with fewer resources.

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Over the past year, however, it has become clear to me—that apart from doing more with less—we have to be courageous and prepare for—the unexpected, the catastrophic, and God forbid, the unthinkable.

In 2013 - Haiyan's destruction moved beyond the Philippines—hitting Viet Nam and some parts of China. In 2014 - tropical cyclone Luci hit Vanuatu. Severe flooding affected the Solomon Islands, displaced many people. Earthquakes have struck the Philippines and China. The outbreak of MERs in the Middle East and recently, Ebola in West Africa—make us all feel a bit anxious.

All these remind us how frail and vulnerable we all are.

Excellencies, ladies and gentlemen.

When I addressed this body last year at the opening of the Regional Committee Meeting, I spoke about strategic governance and leadership.

As leaders, we can look at our day-to-day difficulties and the grave threats to health in the world and be overwhelmed.

We may freeze in our tracks.

We may find contentment in doing little things that can tide us over each day, each month, and each year.

But we are called upon by the times to make clear choices and take bold actions.

Our people expect us to provide clear guidance on health.

Therefore, when we look at what is in front of us we must choose to see—not a glass half empty—but a glass half full.

The daunting challenges we face are also our most powerful incentives to work as a community of nations—through the World Health Organization.

Let us work together to fill the glass to the brim—together.

In our own countries, let us make sure that the other half of the glass will contain a fairer share for health from our national budgets.

Through solidarity and international collaboration, let us share our experiences, our expertise and our knowledge—to take the most effective actions to make health better for all the people of this Region.

Distinguished colleagues.

Last month, Samoa proudly hosted the third United Nations Conference on Small Islands Developing States Conference, in Samoa.

Our Prime Minister, Tuilaepa Lupesoliai Neioti Aiono Sailele Malielegaoi, Her Execellency UNDP Administrator Helen Clark, Afioga Pulelleiite Dr Shin Young-soo, Regional Director for the World Health Organization in the Western Pacific, and representatives from 100 island countries from all over the world—gathered to reaffirm our commitment to sustainable development of small island developing States.

Annex 4

At that gathering, we upheld the principles of inclusive and equitable economic growth.

We identified action areas for sustainable development—including sustainable energy, disaster risk reduction, food security and nutrition, social development, gender and women's health, among others.

More importantly, we highlighted health in the agenda.

At the Side Event on Noncommunicable Diseases, Health and Development—we reiterated our commitment to combat diabetes, heart disease and cancer through better health services and the Package of Essential Interventions for NCDs or PEN—and to address the risk factors of NCDs—through the WHO Framework Convention on Tobacco Control, reduction of salt, the promotion of physical activity—all in the context of Healthy Islands.

Distinguished colleagues.

Last year, we endorsed a new programme budget for the World Health Organization that reorganized our work into six categories.

We congratulated Afioga Pulelleiite Dr Shin Young-soo, Regional Director on his reelection—having steered the organization toward a stronger focus on country support, he inspires us—leading by example. He goes to the field, to the islands—and visits the most remote places to meet people and understand how WHO can provide better support to the Member States.

Last year, we considered the updated *Asia Pacific Strategy for Emerging Diseases* (APSED). APSED is of supreme importance as we prepare for disease outbreaks like Ebola. We must develop our core capacities as required by International Health Regulations.

We agreed to strengthen our health systems and invest in information systems.

We took up the challenge to set a target to reduce Hepatitis B seroprevalence to less than 1% among five-year-old children in the Region by 2017.

We noted remarkable progress in achieving the measles eliminations goal, with a 93% reduction in measles cases in 2008-2012. We discussed the global *Polio Eradication and Endgame Strategic Plan 2013-2017*, and reiterated our support for the *Global Vaccine Action Plan* (GVAP).

We have all made excellent progress in reducing child mortality but the evidence shows that 50% of deaths among children are in the first 24 hours of life, hence our *Action Plan for Healthy Newborn Infants in the Western Pacific (2014-2020).*

For the first time in the history of the Regional Committee, we endorsed a way forward to address preventable blindness.

We noted the high number of new cases of curable sexually transmitted infections (STI)—with 127 million new cases—and pledged to take action to prevent an explosion of HIV transmission, pelvic inflammatory disease, infertility, and cervical cancer.

Ladies and gentlemen.

As human beings, sometimes we believe we are so clever. But I never fail to be amazed by how bacteria and viruses outwit us.

Drug-resistant TB and Malaria are serious problems undermining all our gains—we need to pay special attention to how drug resistant communicable diseases are gaining ground.

Annex 4

Last year, we talked about ageing and demographic change. While we all would like to stay young and agile—the reality is that we begin to age the moment we are born. We endorsed in the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014-2019)*

I cannot end this statement without once more highlighting the need to address NCDs.

We endorsed the *Regional Action Plan on Noncommunicable Diseases for the Western Pacific (2013-2020*) that is consistent with the Pacific Ministers of Health's implementation of the Apia Communiqué.

It has been a challenging year for all of us—but we will be undaunted and refuse to be overwhelmed.

For there is nothing we cannot achieve, if we join hands in solidarity through the World Health Organization—an organization of Member States that is unwavering in its common purpose of peace and development through better health.

I thank you for your faith and confidence in me as your Chair.

I thank the other office-bearers of the Regional Committee who helped me.

In the same breath, I also thank you—Dr Shin-Young-soo and staff—for all the hard work that goes into providing us with the best possible technical advice to guide our work in our ministries.

I look forward to another stimulating, provocative and energizing Regional Committee meeting.

May God be with us all in these challenging times.

Tofa soifua.

ANNEX 5

ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION, DR MARGARET CHAN, AT THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
(delivered by Dr Ian Smith, Executive Director, Office of the Director General)

Mr Chairman, Excellencies, honourable ministers, distinguished delegates, Dr Shin, ladies and gentlemen,

The Director-General sends you her best wishes for a productive session. She is fully occupied with coordinating the international response to what is unquestionably the most severe acute public health emergency in modern times.

I am delivering her messages to you, in the words she wanted to use.

I begin here.

These days, people from WHO are expected to say something about the Ebola outbreak that is ravaging parts of West Africa. I will do so as well.

In my long career in public health, which includes managing the H5N1 and SARS outbreaks in Hong Kong, and managing the 2009 H1N1influenza pandemic at WHO, I have never before seen a health event attract such a high level of international media coverage, day after day after day. I have never seen a health event strike such fear and terror, well beyond the affected countries.

I have never seen a health event threaten the very survival of societies and governments in already very poor countries. I have never seen an infectious disease contribute so strongly to potential state failure.

All of this was confirmed on 18 September when the UN Security Council convened an unprecedented emergency session to address what has moved from a public health crisis to threaten international peace and security.

I will not give you the latest figures for cases and deaths, as the number of new cases is now rising exponentially in the three hardest-hit countries, Guinea, Liberia, and Sierra Leone.

But I will use the outbreak to show how some messages, some key arguments that WHO has been making for decades, are now falling on receptive ears.

First, the outbreak spotlights the dangers of the world's growing social and economic inequalities. The rich get the best care. The poor are left to die.

Second, rumours and panic are spreading faster than the virus. And this costs money.

Ebola sparks nearly universal fear. Fear vastly amplifies social disruption and economic losses well beyond the outbreak zones.

The World Bank estimates that 90% of economic losses during any outbreak arise from the uncoordinated and irrational efforts of the public to avoid infection.

Third, when a deadly and dreaded virus hits the destitute and spirals out of control, the whole world is put at risk.

Our 21st century societies are interconnected, interdependent, and electronically wired together as never before.

Annex 5

Fourth, decades of neglect of fundamental health systems and services mean that a shock, like an extreme weather event in a changing climate, armed conflict, or a disease run wild, can bring a fragile country to its knees.

In the simplest terms, this outbreak shows how one of the deadliest pathogens on earth can exploit any weakness in the health infrastructure, be it inadequate numbers of health care staff or the virtual absence of isolation wards and intensive care facilities throughout much of sub-Saharan Africa.

You cannot build these systems up during a crisis. Instead, they collapse.

A dysfunctional health system means greatly reduced population resilience to the range of shocks that our world is delivering, with ever greater frequency and force.

We know that higher numbers of deaths from other causes are occurring, whether from malaria and other infectious diseases, or limited capacity for safe childbirth.

Here is one of the few things WHO is glad to see.

When presidents and prime ministers in non-affected countries make statements about Ebola, they rightly attribute the outbreak's unprecedented spread and severity to the "failure to put basic public health infrastructures in place."

Fifth, Ebola emerged nearly 40 years ago. Why are clinicians still empty-handed, with no vaccines and no cure? Because Ebola has been, historically, geographically confined to poor African nations.

The R&D incentive is virtually non-existent. A profit-driven industry does not invest in products for markets that cannot pay.

We have been trying to make this issue visible for many years, most recently through the deliberations of the Consultative Expert Working Group on Research and Development: Financing and Coordination.

Finally, the world is ill-prepared to respond to any severe, sustained, and threatening public health emergency.

This statement may sound familiar to some of you, as it was one of the main conclusions of the IHR Review Committee convened to assess the response to the 2009 influenza pandemic.

The Ebola outbreak proves, beyond any shadow of a doubt, that this conclusion was spot on.

So what does all this tell us? Fundamentally, we have the priorities right, and these priorities finally have high visibility and high-level political support.

They underscore how right WHO and its Regional Offices have been in arguing for the strengthening of basic public health infrastructures, aiming for universal health coverage, and recognizing the urgent need to strengthen IHR core capacities.

We must continue along these appropriate, and now widely embraced paths to better health and stronger resilience for all.

Thank you.

ANNEX 6

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

Mr Chairperson;
Honourable ministers and representatives from Member States and partner agencies;
Colleagues, ladies and gentlemen:

This is my sixth annual report to the Regional Committee for the Western Pacific, highlighting our work during the previous year and the challenges we face going forward.

One challenge I will discuss later that I know concerns all of you is Ebola and its potential impact on the Western Pacific Region.

But first let's review the work we have undertaken in close collaboration with Member States over the past year — starting with progress on the Millennium Development Goals.

With the deadline fast approaching, I am happy to report that the Region as a whole is on track to achieve the MDG targets related to maternal and child health, HIV/AIDS, malaria and tuberculosis. But individually some countries and areas are likely to miss targets unless efforts are accelerated.

The hard work of WHO staff has played a critical role in the Region's progress.

Their efforts were exemplary during our response to Typhoon Haiyan – which was the first Grade 3 emergency under WHO's new *Emergency Response Framework*.

Our support underlines our special bond with the people of the Philippines, which has been our home for more than 60 years. Their hospitality and hard work in hosting this year's session of the Regional Committee is especially appreciated.

In the Philippines and in all our Member States, we are working harder than ever to tailor our support to your specific needs and priorities.

To sharpen our focus, we continue to review the support we provide to Member States.

Two external assessments have been conducted. One examined the quality of country support provided by the Regional Office. The other looked at WHO roles and functions in the Pacific. We are now moving swiftly to implement the recommendations from these reviews.

We have made solid progress in the prevention and control of communicable disease.

The Western Pacific Region has maintained its polio-free status. We are doing our part to contribute to the global polio endgame strategy and a polio-free world.

All but three Member States in our Region have officially eliminated maternal and neonatal tetanus.

Together we can be proud of our achievements in reducing the rates of hepatitis B in children. Still, our Region bears a heavy chronic hepatitis B burden, with 350 000 lives lost every year.

We are working with Member States to address ongoing challenges.

Several Member States have introduced new vaccines into their routine schedules.

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Last year, we worked closely with several Pacific countries to carry out supplemental immunization campaigns to combat measles outbreaks.

Cambodia, China, Fiji, Malaysia and Papua New Guinea have all adopted targets for the elimination of mother-to-child transmission of HIV.

Nearly all Member States now have national TB strategic plans. WHO supported activities to increase access to quality TB care, including intensified case-finding among high-risk groups.

We are also working to eliminate neglected tropical diseases. Niue, Palau and Vanuatu are verifying the elimination of lymphatic filariasis.

Of the four schistosomiasis-endemic countries in the Region, Cambodia and the Lao People's Democratic Republic have reported significant reductions in human infections. They are working towards elimination.

We still face difficult challenges — particularly artemisinin resistance in the fight against malaria. With new foci of resistance detected in the Greater Mekong Subregion, our work is now more important than ever from the standpoint of global health security.

Emergencies and disasters represent a growing concern for Member States, and a constant threat to global health security.

Ten of the 20 countries most exposed to natural disaster risks in the world are in our Region.

We are still on the scene in the Philippines, helping rebuild nearly a year after Typhoon Haiyan killed thousands of people and displaced millions more. Our Organization-wide response has been unprecedented in terms of human resources, logistics and supplies. We supported the Department of Health in coordinating the efforts of 150 foreign medical teams on the ground.

Likewise, we supported Solomon Island's health response, coordinating partners and deploying technical experts there when flash floods struck in April.

Over the past year, we have responded to many health security threats caused by emerging diseases — including outbreaks of dengue in the Lao People's Democratic Republic and the Pacific, and avian influenza in Cambodia and China.

We conducted risk assessments for H7N9, Middle East respiratory syndrome coronavirus — also known as MERS-CoV — and most recently the Ebola virus.

We continuously update these assessments, and assist Member States to meet the International Health Regulations , or IHR, core capacity requirements by the 2016 deadline.

Member States have made real improvements in national core capacities under IHR with the implementation of APSED, or the *Asia Pacific Strategy for Emerging Diseases*.

Five additional countries have fulfilled IHR requirements over the past year. Now rapid response teams for outbreaks exist in all but one country in the Region.

On the noncommunicable disease front, the news is less encouraging. Lifestyles have changed dramatically in just a generation. From the food we eat to the air we breathe, we often face unhealthy and unsafe conditions that trigger NCDs and their risk factors.

Annex 6

In our Region:

- four out of five deaths are due to NCDs;
- more than one in four adults in the Region have high blood pressure;
- overall smoking rates are slowly dropping, but smoking among women and girls is increasing.

NCD statistics are especially alarming in the Pacific — 19 out of 20 men and nine out of 10 women have NCD risk factors in some communities, and one out of 10 diabetics eventually will face an amputation.

These problems require actions beyond the health sector. Healthy Islands, Healthy Cities and health-promoting schools show the potential of multisectoral initiatives.

Likewise, the WHO Package of Essential NCD Interventions, or PEN, is another example of innovation that works. PEN is making a real difference in Pacific island countries and areas.

Recently in Fiji, I saw first-hand the enthusiasm of health workers, as they used colour-coded charts and glucometers to assess cardiovascular risk.

On the tobacco front, Australia continues to be a world leader and an inspiration in the Region, since implementing plain packaging. Brunei Darussalam and Solomon Islands will now have large graphic health warnings on cigarette packaging. Last year, Viet Nam passed a comprehensive tobacco control law.

Among the 14 countries that raised tobacco taxes in recent years, several are already using the revenue for health promotion foundations, councils and boards.

Last year's declaration by Pacific health ministers of the goal of a Tobacco-Free Pacific by 2025 represented a landmark political commitment.

Countries will strain to cover the double burden of communicable and noncommunicable disease, as well as the growing needs of older people in the Region.

Over time, the need for universal health coverage, or UHC, will certainly grow.

We supported the development of a three-phase strategy for health sector reform in the Lao People’s Democratic Republic during the past year. We also held a roundtable discussion with The World Bank in China on public hospital reforms in the broader context of service delivery system change.

We may be a long way from making UHC a reality, but we are on the right track.

I was personally involved in Viet Nam's recent revision of its health insurance law. The Government introduced compulsory membership, mandatory family-based enrolment for the informal sector and expanded benefits for vulnerable groups.

A cornerstone of UHC is human resources development and capacity-building.

Earlier this year, we re-launched the Global Health Learning Centre, an initiative that was abandoned years ago. Fifteen fellows from five countries recently completed a six-month course in English and global public health at the centre.

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Since 2012, more than 2500 health professionals have taken advantage of another successful WHO training tool, the Pacific Open Learning Health Network, or POLHN. The courses allow professionals to build their skills while staying in their countries where they are needed.

Over the past year, I have focused on building the best team of public health experts in the Region. I recruited two new directors from outside WHO, bringing fresh perspectives and enthusiasm. I also rotated seven country representatives – which may well be unprecedented in WHO.

I am doing my best to put the right people in the right place to better serve you, our Member States.

I stress to staff that we must be willing to constantly reinvent ourselves to fulfil our mission of service to Member States as their health needs change. To that end, four key principles will continue to guide our work through my second term:

One: WHO must be country-needs oriented and people centred by focusing on the most vulnerable populations within countries.

Two: WHO must build on successes, tackling emerging challenges while completing unfinished business.

Three: WHO must be flexible and adaptable as it continues to engage all actors in health and beyond health.

Four: WHO staff must be more effective managers – of both financial and human resources.

TO SUMMARIZE, we must focus not only on what Member States need now – but also anticipate their future public health needs.

Each year brings new challenges, and reaffirms the need to focus on prevention and preparedness – which brings me to the Ebola outbreak in West Africa.

It is an issue that concerns all of us.

In recent weeks, Ebola has dominated the news. You just heard the latest update from our Director-General. The world is on high alert. The entire United Nations system has been mobilized.

This is the first time that the United Nations has established a mission for a public health emergency. It is called the United Nations Mission for Ebola Emergency Response. It brings together vast resources of UN agencies and other partners, providing urgently needed logistics capacity.

The mission also reinforces WHO's central role in leading public health efforts.

I will give you a brief update of the situation in our Region.

As of today, no confirmed cases of Ebola have been reported in the Western Pacific Region.

Several air travellers to our Region have been investigated, but all were confirmed to be negative. So far, our surveillance and response systems are doing their job.

But that does not mean our Region is safe.

As we have seen recently in the USA and Spain, the Ebola virus can be spread by international travel and by difficulties in the hands-on management of cases — even in advanced countries.

Annex 6

Ebola is not only a disease of the African continent. It is an international public health emergency with significant social, economic, humanitarian, political and security dimensions. The outbreak has quickly pushed some affected countries with fragile economies to the brink of collapse.

An imported case in our Region is certainly a possibility.

As this crisis developed, I asked my team: *Are we prepared to detect and respond quickly to a case of Ebola, to prevent its spread?*

The simple answer is yes. Let me explain.

If Ebola did hit the Region, the consequences could be huge. We would be under intense pressure to contain it immediately.

As you know, the Western Pacific Region has long been a hotspot for emerging diseases. We learnt a lot from the experience of managing SARS – the first major disease outbreak of the 21st century.

SARS taught us the need for strong leadership, effective surveillance systems, timely and accurate reporting, and rapid response. In the end, the SARS experience made us stronger.

I firmly believe that our Region is in a stronger position than ever before. Using APSED as a guide, our Member States have invested in preparedness and response measures as part of the core capacities under the International Health Regulations.

In June, the Regional Office hosted the first WHO global network meeting on preparedness, surveillance and response. We saw that our Region is better equipped than other regions to manage health security threats.

We have a team at the Regional Office – the Division of Health Security and Emergencies – that was created in 2010 to handle these threats. The Division has been working around the clock to monitor and assess health security threats, including Ebola.

The Regional Office has an upgraded Emergency Operations Centre on high alert, working closely with Member States, country offices and headquarters to coordinate emergency response.

We continuously work with Member States to improve the readiness of their national public health systems. Just last week, we conducted a Region-wide Ebola simulation exercise to check the level of preparedness for a potential Ebola response in our Region.

Many countries have the laboratory capacity to detect Ebola, and infection prevention-and-control guidelines and training are being rolled out. Command-and-control operations centres exist in 85% of countries in the Region.

Despite our preparedness and experience in managing SARS, avian influenza and other outbreaks, Ebola poses a new threat to our Region — one with which we have little experience.

We must openly confront the challenges our Region faces to manage this threat effectively.

We are a diverse Region, with big and small countries and different levels of development. Our Region has huge transportation hubs, as well as vibrant trade and travel with countries worldwide, including West Africa.

We also have some countries that have not met core capacity requirements under the International Health Regulations. That means their surveillance and response systems are not yet strong enough to cope with such health security threats.

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Only one half of the countries that responded to a recent survey by the Division of Health Security and Emergencies indicated that they have mechanisms to safely ship suspected Ebola virus specimens to reference laboratories.

Our Region has a tradition of self-reliance and cooperation in times of emergencies. Our Member States have worked hard to meet their obligations under the International Health Regulations and APSED.

And many Member States — including Australia, China, Japan, Malaysia, the Republic of Korea and Singapore — have shown solidarity with other regions by providing assistance to countries affected by Ebola.

But with global resources stretched thin, WHO in the Western Pacific Region must rely on the continued commitment of our Member States and partners.

We must constantly be improving preparedness, surveillance and response to ensure that we can manage any potential outbreak.

The Ebola crisis drives home a simple truth — investing in health security during so-called normal times is absolutely vital. Only be doing this will we be prepared for future crises — which may be beyond anything we have seen up to now.

Thank you.

ANNEX 7

ADDRESS BY THE INCOMING CHAIRPERSON, DR ENRIQUE T. ONA, SECRETARY OF HEALTH, DEPARTMENT OF HEALTH, PHILIPPINES, AT THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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

Good morning.

After 25 years, our country again plays host to the Regional Committee. Many of you know the Philippines very well—so we had to think of ways to make this stay special. I trust that the Opening Ceremony gave you a glimpse of the richness of our culture. I invite you to view the exhibits and learn more about our country's progress towards universal health care.

Distinguished representatives.

I thank you for the distinct honour you have given me as chair of what to us is the historic sixty-fifth session of the WHO Regional Committee for the Western Pacific.

I would like to extend my thanks and congratulations to the outgoing chair, the Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Samoa, and the other office-bearers of the last RCM for a job well done. I have a tough act to follow.

Ladies and gentlemen.

A year ago, our country was hit by the strongest and fastest moving typhoon to make landfall in modern history. Typhoon Haiyan—called "Yolanda" in the Philippines—swept away homes and lives at the speed of 276 kilometres per hour. Our President had made reference to this yesterday but I would like to add some of my insights.

The first time I saw the extent of the devastation from a helicopter—I was at a loss for words. As far as the eye could see, there were vast tracts of land with uprooted trees, cars piled on top of each other, boats swept ashore and pinned to devastated buildings, endless rubble—and scores of people walking aimlessly through the debris and dead bodies.

Weather conditions made it difficult to reach these islands by sea, by air or by land—it was close to impossible to undertake rescue and relief operations.

The Department of Health was completely cut off from communication with our regional hubs in the Visayas. That region had barely recovered from a 7.3 magnitude earthquake that struck two weeks earlier.

When the weather cleared and we slowly gained access to these areas, we learned that the strength and speed of the wind brought with it a storm surge which had the effect of a tsunami, with watermarks as high as 46 feet. In comparison, the watermark for Hurricane Katrina in the United States was 23 feet. Videos posted on social media showed how the water rose in a matter of seconds and literally swallowed up two-story structures.

All told, 16 million people were affected, thousands were injured, and around 6000 people died. Four million people were displaced—without water, food, shelter or power. Our health facilities and personnel were not spared. They too were victims.

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Those were the conditions and the challenges that we had to address.

In hindsight, I realized—how the world as we know it—can change in a wink of an eye. I realized how we are all vulnerable—and indeed how death and destruction can seize us unexpectedly.

Colleagues.

As I look back on those days, three distinct images flash in my mind. The first is the massiveness of the destruction and damage. The second is the resilience of our people. The third is the spontaneous outpouring of support from the international community.

From every corner of the world—the Filipino people felt the help that came in a multitude of forms.

This brought us hope. And it was hope that helped us muster the strength to overcome this catastrophe. It was hope that enabled millions of people in the Visayas to get back up on their feet—and start again.

We were humbled by the generosity of the whole world—and all those who remembered us in that dark hour—with prayers and words of comfort. We are deeply grateful, and we will never forget this.

At the height of the emergency and response thereafter, a total of 150 foreign medical teams and over 100 Filipino surgical-medical teams responded. WHO provided over 150 million tonnes of life-saving medical supplies and drugs and supported the coordination of international assistance.

Dr Shin, thank you for your full support. You have generously put at our disposal the services and facilities of both the WHO Country Office and the WHO Regional Office in the Western Pacific.

Excellencies.

I come out of that experience convinced that, in turbulent times, we cannot afford to curse the darkness. We simply need to light a candle. And with one candle at a time, darkness can turn to light.

My fellow Ministers.

We have a full agenda ahead us.

We have heard the excellent report of the Regional Director.

Dr Shin, we congratulate you on your well-deserved reelection last year. We look forward to more years of productive collaboration. There is no doubt that we face many uncertainties including the global threat of Ebola. I am certain that under your leadership, we can depend on the efficient mechanism for international collaboration through the World Health Organization.

Distinguished representatives.

We have six major agenda items that we hope to cover in the next couple of days and a number of progress reports. So I ask for your cooperation to enable us to finish our work—ahead of time, I hope.

This morning we will discuss the draft Proposed Programme Budget 2016-2017. This budget builds on the approved Programme Budget 2014-2015.

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It is said that "There is no health without mental health"—and it has been some time since mental health was on the agenda of the Regional Committee. We are asked to consider a draft *Regional Agenda for Implementing the Mental Health Action Plan (2013-2020).*

We shall discuss progress in the implementation of the Framework Convention on Tobacco Control and consider the draft Regional Action Plan, to guide our work for the next five years. I am looking forward to sharing the story on our battle to raise tobacco and alcohol taxes. This has raised a billion dollars in revenues which will cover the health insurance premiums of over 10 million families, among others.

I am glad that we would have the opportunity to discuss antimicrobial resistance. Being a transplant surgeon myself, I only know too well how antimicrobial resistance can compromise the success of modern medicine such as organ transplantation, cardiac surgery and so on. The draft *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* will be up for our consideration, to guide our national responses.

The Western Pacific is a high performer in the control of vaccine-preventable diseases. We have maintained our polio-free status, and made good progress toward elimination of measles and maternal and neonatal tetanus. The draft *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* has been developed to support countries in further strengthening immunization programmes.

Finally, our Region is described as the world's disaster epicentre. According to the World Risk Report of 2013, 10 of the top 20 countries most exposed to natural hazards—such as earthquakes, floods, tsunamis and typhoons—are in our Region. A draft *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* is presented for the Committee's consideration.

Colleagues.

Having gone over our agenda for this meeting, allow me to share some final thoughts on themes that underpin our work through the World Health Organization.

A few weeks back, at the United Nations Climate Change Summit in New York, through the Compact of Mayors—representing 200 cities with a combined population of 400 million—cities pledged new commitments to reduce annual greenhouse gas emissions. This highlights the critical importance of working with cities, local governments and the private sector, on health and the environment.

The Ebola outbreak is instructive—we are only as strong as our weakest link—we need to invest in improving the overall capacity of our health systems.

We cannot allow lapses in the containment of communicable diseases.

The heavy burden of noncommunicable diseases requires refocusing of our existing infrastructure toward the new public health challenges: hypertension, diabetes, cancer and strokes. Safety promotion, injury prevention and management of trauma need to be strengthened at all levels of the health care system as well.

Distinguished representatives.

Over the next few days, I look forward to your active participation in the discussions on very important health issues that require our urgent attention and action.

I thank you all for coming to the Philippines. As Chairperson, I, together with my co-office-bearers and with the help of the WHO Secretariat, will do everything to see to it that we manage our

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time well and achieve what we set out to do, leaving enough space for you to enjoy and have more fun in the Philippines as we have prepared a special programme for you.

Again, I wish us all the continuation of a productive and meaningful meeting.

Mabuhay!!!

ANNEX 8

**CLOSING REMARKS BY THE CHAIRPERSON.
DR ENRIQUE T. ONA, SECRETARY OF HEALTH, DEPARTMENT OF HEALTH, PHILIPPINES, AT THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

First, I would like to thank you all for coming and I hope you enjoyed your short stay in our country. I wish to thank my co-office bearers who have all worked hard and helped to make my work easier. I recognize my very able and witty Vice-Chairperson, Minister Malabag of Papua New Guinea who was ever-ready to take over the responsibilities as Chairperson when I had to leave for some urgent government matters to attend to.

To the World Health Organization Secretariat led by Dr Shin, for ensuring that our meetings would go smoothly and who enabled us to finish our work and go early so that you can have more time to see our country. I understand that there will be a special viewing of the best of Philippines products and you are all invited. This is a viewing of furnitures, some decors and gifts at the nearby SMX Convention Center, supposedly to be the biggest mall in Asia today. As this is a special viewing, we need you to sign up at the Enquiry Desk so we can have the gates open for you.

Finally, I wish to acknowledge and recognize the men and women of our Department of Health who worked quietly behind the scenes to make all these meeting arrangements possible. The DOH Regional Committee Meeting Organizing Committee headed by our Assistant Secretary Jaime Lagahid, the Vice Chairperson, Director Lilibeth David, and the Bureau of International Health Cooperation led by Director Maylene Beltran, and of course we also have the rest of the DOH senior officials present with us here today.

Well, for all of us in the WHO working together, it appears we have a very heavy task ahead of us, that is to put in action all what we have discussed and agreed on during all these three days-session. And when we see each other again in Guam for the 66th session, I am sure that we will hear the good progress each of the countries have made on the various health issues that we have discussed.

I therefore look forward to seeing you all again in Guam next year.

To all of you, thank you and I wish you all a safe trip back home. Good day.