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WPR/RC66/DJ/3

14 October 2015

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Other information

Venue	Grand Ballroom, 1st floor, Hyatt Regency Guam
Distribution of documents	Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.
Rapporteurs meeting	Meetings will be held in the Santa Rosa meeting room after the session at 17:15 on Wednesday and Thursday.
Internet access	<p>Wireless Internet access is available throughout the hotel. The network name and password can be obtained from the Enquiry Desk outside the Grand Ballroom.</p> <p>An Internet café is located in the foyer outside the Grand Ballroom. For assistance, please contact the computer support staff at the Internet café.</p>
WHO publications	Publications related to the agenda of the Regional Committee will be on display outside the Grand Ballroom. A digital catalogue will be provided.
Security	<p>Please ensure your ID card is displayed at all times while inside the premises.</p> <p>Kindly contact the WHO Conference and Administrative Services Officer, Mr Ahmad Partow, should you have any concerns at +63 908 894 8621 (Philippines mobile).</p> <p>WHO has a no-smoking policy for all meetings and related functions.</p>

I. PROGRAMME OF WORK

Agenda items 08:30–12:00

10	Tuberculosis (continuation)	<i>WPR/RC66/5</i>
12	Violence and injury prevention	<i>WPR/RC66/7</i>
13	Urban health	<i>WPR/RC66/8</i>

Agenda items 14:00–17:00

14	Part 1: Progress reports on technical programmes	<i>WPR/RC66/9</i>
	14.1 Food safety: regional strategy beyond 2015	
	14.2 Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005)	
	14.3 Neglected tropical diseases and leprosy	

Consideration of draft resolutions

Viral hepatitis
Universal health coverage

WPR/RC66/Conference Paper No. 1
WPR/RC66/Conference Paper No. 2

Please note: Draft resolutions (also known as Conference Papers) were distributed this morning. Any amendments should be submitted in writing to the Enquiry Desk using specific language. Conference Papers will be considered for adoption after the morning coffee break.

II. REPORT OF MEETINGS (TUESDAY, 13 OCTOBER 2015)

Second meeting

**Chairperson: Mr James Gillan, Director of Public Health and Social Services,
Guam, United States of America**

Item 4. Address by the incoming Chairperson

The incoming Chairperson thanked the Regional Committee for the opportunity to chair the sixty-sixth session. He said that it was privilege for Guam to host this session of the Regional Committee. He reflected back 43 years ago to 1972 when Guam hosted the twenty-third session of the Regional Committee. He served as one of the coordinators of that meeting, just as he was beginning his career in public health.

He provided a brief introduction to the important items on the agenda of this year's session of the Regional Committee. He called on Member States to continue to work together to meet the challenges and address the range of public health issues in the Western Pacific Region.

Item 8. Programme Budget 2014–2015: budget performance (interim report)

The Regional Director introduced document WPR/RC66/3, presenting the financial implementation of assessed and voluntary contributions for the 2014–2015 biennium. He mentioned that the Programme Budget 2014–2015 is the first of three biennial budgets to be formulated under the Twelfth General Programme of Work 2014–2019. The budget was presented to the Regional Committee for the Western Pacific at its sixty-fourth session in 2013.

The Regional Director noted the continued trend of higher implementation in countries. He highlighted that the total implementation of funds amounted to US\$ 189.3 million or 69.5% of available resources and 63.7% of the current working allocation, which is 4.3% higher than the global average implementation rate. He indicated that the implementation rate is expected to reach 95% by December 2015.

The Regional Director underscored that the largest percentage of expenditures continues to be staff costs. He said that the increased focus on direct financial cooperation (DFC) management and controls led to a significant reduction in overdue DFC reports. Overdue DFC contracts have decreased to zero.

He also reported that all recommendations from an external audit of the Viet Nam country office had been fully implemented and that the two remaining recommendations of an external audit of the Regional Office for the Western Pacific would be closed later this month. Recommendations of internal audits of reports in 2015 for the Division of Pacific Technical Support in Fiji and the Solomon Islands office are being implemented and should be closed within six months of the issuance of the report.

Interventions were made by representatives of the following Member States (in order): China, the Philippines, Australia, United States of America, Japan, France, the Republic of Korea and the Federated States of Micronesia.

In response, the Regional Director expressed his appreciation for the positive feedback from the representatives on the performance of WHO in the Region. He said he would be pleased to respond to the interventions, and would also ask the Assistant Director-General for General Management at WHO

headquarters to respond to interventions on global budget issues and the Director, Administration and Finance, at the Regional Office for the Western Pacific to respond to several specific regional concerns.

With regards to the Ebola outbreak, he said the Western Pacific Region contributed to the international response in West Africa. He appreciated the suggestion to take advantage of national experts in outbreak response throughout the Region and have them work in cooperation with WHO collaborating centres, of which there are 178 in the Region. As an aside, he noted the positive impact of a meeting last year of more than 200 representatives from collaborating centres at the Regional Office for the Western Pacific.

On the issue of using staff to work more effectively with the priorities of each country, the Regional Director said the bottom-up approach employed in the 2016–2017 budget planning process is better at identifying the type of support required by Member States. Responding to concerns on travel costs, he said WHO is working to further reduce those costs, and deferred to the Director, Administration and Finance, to provide details.

The Regional Director said the Organization strives to meet its required staffing levels, but cited shortfalls in voluntary contributions. Papua New Guinea, he said, is a special case due to the difficulty of recruiting staff for that duty station.

He noted the interest of Member States in seeing the Organization transition to the use of digital and electronic documents and said he is committed to the principle.

In closing, he said he agreed with the thrust of interventions calling for further health system strengthening. With regards to transparency in budget planning and utilization, he said the Global Management System (GSM) has proven very effective in enhancing transparency not only in the Western Pacific, but in all WHO regions.

The Assistant Director-General for General Management responded to the interventions on global budget operations and the financing dialogue. He provided an overview and acknowledged that the alignment and flexibility of the Programme Budget remains a challenge, with some 75% of voluntary funds earmarked for specific programmes. He said that underfunded programmes are being addressed by a much more strategic use of flexible funds. He further indicated that in the future, there would be improved management of assessed contributions and voluntary contributions to achieve alignment and increased flexibility in the Programme Budget.

The Assistant Director-General for General Management also noted that by October 2015 funding was secured for 68% of the 2016–2017 Programme Budget. He said that negotiations with contributors are ongoing to secure approximately 10% of additional funds for 2016–2017 in an effort to reach the 80% mark by the end of the year. He said that after the financing dialogue in November, WHO could confirm that funds would be available for early release in January 2016. The Programme Budget would then be sufficient to fund four to six months of activity costs and nine months of staff costs for the next biennium, meaning that implementation of programmes would not be delayed in the first quarter of the year. In closing, he noted that the Organization relies on less than two dozen major donors and is working to expand the donor base.

The Director, Administration and Finance, responded to interventions made on efficiency and controls, which he noted are being taken seriously by the Regional Office for the Western Pacific. He said that the Regional Office was committed to delivering programmes with reduced travel costs, noting that average ticket prices for duty travel over the past four years have fallen from

more than US\$ 1100 to less than US\$ 700 per ticket. He shared several initiatives carried out by the Regional Office for the Western Pacific, such as negotiations with travel agents to reduce ticket costs, the use of meeting calendars to rationalize duty travel of staff to avoid duplication and ensure reduced travel costs, continuing the strict observance of travel bans during the first full week of each month, use of videoconferences for internal meetings with country offices, and the eTravel report system that was recently rolled out in the Region to ensure efficient travel report documentation and sharing in different locations.

On audit issues, the Director, Administration and Finance, said that one of the two remaining recommendations from an external audit of the Regional Office for the Western Pacific mentioned earlier had, in fact, been closed last week. That recommendation concerned the collection of procurement planning information during the operational planning process. The remaining audit issue, related to a fraud issue in one country office, is expected to be closed later this month with no liability for WHO.

The Director, Administration and Finance responding to an intervention asking for greater details on the programme budget implementation in WHO country offices in future reports, said that additional information would be included next year.

Item 9.

Viral hepatitis

The Regional Director presented document WPR/RC66/4 highlighting the draft *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*. He noted that the Region is home to one quarter of the world's people, but bears one half of the global burden of viral hepatitis and 40% of related deaths. In addition, he said that viral hepatitis is the leading cause of mortality from liver disease, causing more deaths than HIV, tuberculosis and malaria combined.

The Regional Director noted that the Regional Committee understands the gravity of this issue, having endorsed three resolutions on hepatitis B immunization since 2003. Those efforts helped produce significant results and milestones – less than 2% chronic hepatitis B prevalence among 5-year-old children, with the Region now on track to achieve the more ambitious goal set by the Regional Committee of less than 1% prevalence by 2017.

Despite these immunization-based successes, the Regional Director urged the Regional Committee to address the fact that millions of people across the Region continue to live with chronic hepatitis infection and the risk of cirrhosis and liver cancer. Citing the availability of new, highly effective medicines for hepatitis B and C, the Regional Director said the importance of negotiating much lower prices for these medicines must be a priority, as they could save millions of lives in the Region. He said the success of immunization and the development of these new medicines have presented an opportunity to greatly reduce the viral hepatitis epidemic in the Western Pacific Region.

In conclusion, the Regional Director invited the Regional Committee to discuss and consider for endorsement the draft *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*, which was developed in extensive consultations with Member States and also was aligned with the draft *Global Health Sector Strategy for Viral Hepatitis*.

Interventions were made by representatives of the following Member States (in order): the Philippines, China, Viet Nam, Malaysia, Australia, Mongolia, Hong Kong SAR (China), the Federated States of Micronesia, the Republic of Korea, Japan, Brunei Darussalam, Republic of Marshall Islands, Fiji, the United States

of America, France, New Zealand, Samoa and Macao SAR (China).

The Director, HIV/Hepatitis at WHO headquarters, congratulated the Western Pacific Region for its impressive success in reducing viral hepatitis infection in the Region. He commended the Region for developing a comprehensive regional action plan for hepatitis, which he said was very timely and consistent with the global strategy under development at WHO headquarters.

The Director, HIV-Hepatitis, noted that there are now vaccines available for hepatitis A, B and E, a treatment for hepatitis B, and a cure for hepatitis C. The challenge at hand is to ensure the full set of interventions is made available to all those who require them in the most equitable manner. He acknowledged the need to reduce costs in particular for hepatitis C drugs, which in most countries continue to be very expensive. He mentioned that several countries globally have been able to negotiate substantially lower costs and that a range of options for cost reduction exists: these include tiered pricing, voluntary licensing agreements, generic production and compulsory licensing. In fact, a range of generic producers, specifically in India, Bangladesh and Egypt, have started producing generic hepatitis C drugs.

He said that WHO headquarters is supporting countries through various mechanisms, specifically through a mechanism to ensure quality drugs (prequalification) by establishing a database with the costs of drugs being paid in various countries, and by providing direct technical support in developing price-reduction approaches.

The Director, HIV-Hepatitis, said that the global strategy is a product of extensive consultation. The draft strategy recognizes the need for better data and strong surveillance systems, the need for ensuring access to priority interventions, including testing, prevention and treatment, and for developing robust financing. He said the strategy aims to achieve critical targets, specifically a reduction of new infections by 90% in 2030, and ensuring that 80% of people in need receive necessary treatments by 2030.

He invited the Member States to review the draft global strategy and endorse it at the next Executive Board and World Health Assembly. Progress in countries and areas of the Western Pacific Region, where high hepatitis burden exists, will ultimately determine the successful implementation of the global hepatitis strategy.

The Director, Division of Communicable Diseases, responding further to interventions, thanked all representatives for their support and contributions to the development of the draft strategy. He also reminded Member States that they should be very proud of their achievements in combating hepatitis, particularly hepatitis B. The challenge, he said, is maintaining that momentum. He assured representatives that there has been close cooperation and alignment with WHO headquarters, and said that once the global action plan is finalized any additional points of focus from that document would also be reflected in the Region.

The Director, Division of Communicable Diseases, pointed out that while countries and areas, as well as experts, in the Western Pacific Region are in many ways taking the lead in combating viral hepatitis, some approaches in the Region may not be practical in other regions where the fight against hepatitis is less advanced, thus creating the need for a specific Western Pacific regional strategy.

The Director, Division of Communicable Diseases, also thanked Member States for highlighting the need for more surveillance and data.

He also appreciated the suggestion on editorial wording on intellectual property and other issues, which will be reflected in the final version of the regional action plan. He also emphasized that WHO remains committed to providing technical support on viral hepatitis.

The Director, Division of Communicable Diseases, acknowledged the need for greater emphasis on the rational use of medications and better control of drugs and drug resistance. He agreed that national realities would need to be considered as a fundamental principle and key to sustainability of the regional action plan.

In terms of the suggestion of a single communicable disease framework, he said we must ask what value such a framework would add to the existing approaches. He said alignment of various documents and strategies is important in terms of style and format to make them easier to reference for health officials.

Finally, the Director, Division of Communicable Diseases, said the issue of access to specialist services in the Pacific for viral hepatitis and other diseases is important and will be discussed further with the Division of Pacific Technical Support. He also acknowledged the need for continuing preventive strategies, as new cases viral hepatitis B and C are preventable.

The Chairperson requested the Rapporteurs to prepare a draft resolution on the draft *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*, for consideration by the Regional Committee.

Item 10.

Tuberculosis

The Director, Division of Communicable Diseases, presented document WPR/RC66/5 on the draft *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020*. He noted that TB claims 100 000 lives annually in the Region, a two thirds decline compared to 25 years ago. He said, however, that TB mortality is still unacceptably high. He further noted that the Region has continued to face evolving challenges, such as the emerging threat of drug-resistant TB and TB among vulnerable groups.

The Director, Division of Communicable Diseases, appreciated the support of Member States that spearheaded efforts to address challenges posed by TB through the *Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)*. He said that the experience contributed to the development of the *Global strategy and targets for tuberculosis prevention, care and control after 2015*, also known as *The End TB Strategy*, endorsed by the World Health Assembly in 2014. In order to facilitate the country adaptation of this strategy, the draft *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020* has been developed through consultations with experts and Member States.

The Director, Division for Communicable Diseases, highlighted the focus, objectives and priorities of the regional framework. He noted that for the framework to be effective, bold national policies backed by strong political will and sustainable funding would be required.

Further discussion of this agenda item was scheduled for Wednesday's meeting.

Third meeting

Panel Discussion: Universal health coverage

Facilitator: Professor Gabriel Leung, Dean, Li Ka Shing Faculty of Medicine, The University of Hong Kong

The facilitator led the panel discussion on universal health coverage (UHC). He said the objectives of the discussion were intended to: highlight the main issues addressed by the draft action framework, *Universal Health Coverage: Moving Towards Better Health*; to demonstrate the relevance and usefulness of the action framework to health systems development in Member States; and to facilitate the process for Member States to endorse the action framework when it was considered in the plenary session.

The facilitator introduced panel members:

1. Professor Shanlian Hu, Director, Shanghai Health Development Research Center, School of Public Health, Fudan University, China
2. Professor Naoki Ikegami, Emeritus Professor, Keio University, Japan
3. Professor Soonman Kwon, School of Public Health, Seoul National University, Republic of Korea
4. Dr Don Matheson, Public Health Specialist, New Zealand
5. Dr Ke Xu, Health Policy and Financing Health Systems, WHO Regional Office for the Western Pacific

The panel discussion centred on the two most important attributes of universal health coverage: equity versus efficiency, the role of government in moving towards universal health coverage, how to hold health systems accountable, and the relevance of the draft action framework to each Member State.

Chairperson: Dr Naoko Yamamoto, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan

Item 11. Universal health coverage

The Director, Division of Health Systems, thanked the panelists for a stimulating discussion that highlighted the challenges of trade in implementing UHC. She noted that the event helped provide an in-depth introduction to the presentation of document WPR/RC66/6 on the draft regional action framework – *Universal Health Coverage: Moving Towards Better Health*.

The Director, Division of Health Systems, underscored the important role UHC plays in supporting the achievement of the Sustainable Development Goals (SDGs). The draft action framework, developed in consultation with Member States, recommends a whole-of-system approach for health sector development. It addresses the desire of Member States for country-specific approaches that can be implemented through national health policies and plans to help achieve UHC. The framework has 15 core action domains across five essential attributes for Member States to advance UHC.

The Director, Division of Health Systems, invited the Regional Committee to discuss and consider for endorsement the draft *Universal Health Coverage: Moving Towards Better Health*.

Interventions were made by representatives of the following Member States (in order): the Philippines, China, Tuvalu, the Lao People's Democratic Republic, Papua New Guinea, Brunei Darussalam, the United States of America, Japan, the Federated States of Micronesia, Hong Kong SAR (China), Fiji, Cook Islands, Cambodia, the Republic of Korea, Samoa, Viet Nam, Singapore, Mongolia and New Zealand,

In response, the Director, Division of Health Systems, thanked the representatives for the productive discussion on shared challenges and solutions. Responding to interventions on monitoring and evaluation indicators, in particular in relation to the Sustainable Development Goals (SDGs), she mentioned the existence of a proposal for UHC indicators as well as a global reference list of 100 core indicators published by WHO. She noted the potential data burden and said WHO would continue to work with countries to help determine which indicators may be appropriate in various contexts.

On the service delivery systems, she agreed with interventions that emphasized the need for people-centred care and integrated health services. She highlighted the importance of these approaches, especially in light of noncommunicable diseases (NCDs), particularly in the provision of primary health care. She underscored the human resource requirements to achieve the goals people-centred care and integrated health services, as well as the need to engage communities.

The Director, Division of Health Systems, acknowledged the interventions made on the importance of financing and legislation, including regulatory issues in the fight against NCDs and the marketing of unhealthy products, especially to children.

She noted various approaches, particularly those that support preventive health approaches, including tobacco and other sin taxes that can support health promotion. The Director, Division of Health Systems, supported those interventions that called for strengthening the evidence base and conducting additional research on what works in delivering health services and the impact of various financing schemes.

The challenge, she said, is strengthening policy and health services research capacity so that information can be translated into policy, in part through improved knowledge management and brokerage. The Director, Division of Health Systems, said that while big data already exist in some high-income countries, the development of health insurance systems in other countries can provide new information to help health officials to understand patterns of health-care use.

In closing, the Director, Division of Health Systems, assured Member States that WHO and the Regional Director are ready and willing to engage in high-level policy dialogues across the various sectors of government, just as the Organization supports technical needs in Member States.

The Chairperson requested the Rapporteurs to prepare a draft resolution on *Universal Health Coverage: Moving Towards Better Health*, for consideration by the Regional Committee.

III. OTHER MEETINGS

Wednesday, 14 October 2015

- 12:30–13:30** Sustainable Development Goals (Grand Ballroom, 1st floor)
Member States Briefing on the Polio Endgame Strategy
(Santa Rosa meeting room, 2nd floor)
- 17:15–onwards** Private Informal Consultation with Member States (Grand Ballroom, 1st floor)
Global Fund to Fight AIDS, Tuberculosis and Malaria (Grand Ballroom, 1st floor)

Thursday, 15 October 2015

- 12:30–13:30** Public Health Law (Grand Ballroom, 1st floor)