



**REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTY-SIXTH SESSION
Guam, United States of America
12–16 October 2015**

FINAL REPORT OF THE REGIONAL COMMITTEE

**Manila
January 2016**

PREFACE

The sixty-sixth session of the Regional Committee for the Western Pacific was held on Guam, United States of America, from 12 to 16 October 2015. Mr James Gillan (United States of America) and Dr Naoko Yamamoto (Japan) were elected Chairperson and Vice-Chairperson, respectively. Ms Yeo Wen Qing (Singapore) and Dr Jean-Paul Grangeon (New Caledonia) were elected Rapporteurs.

The meeting report of the Regional Committee is in Part III of this document, on pages 11 to 37.

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I. INTRODUCTION

The sixty-sixth session of the Regional Committee for the Western Pacific was held at the Hyatt Regency Guam, Guam, United States of America, from 12 to 16 October 2015.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu 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 Secretariat of the Pacific Community; the International Organization for Migration; representatives of 13 nongovernmental organizations; and observers from the Asia Pacific Leaders Malaria Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Government of Guam and the United States of America, the independent Expert Review Group and the Pacific Island Health Officers Association.

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

The opening ceremony was held in the SandCastle Dinner Theater, which included a cultural presentation and addresses by the outgoing acting Chairperson of the sixty-fifth session of the Regional Committee, the WHO Assistant Director-General for General Management on behalf of the WHO Director-General, the WHO Regional Director for the Western Pacific, the Governor of Guam and the incoming Chairperson of the sixty-sixth session of the Regional Committee. Following the opening ceremony, the representatives assembled in the Grand Ballroom of the Hyatt Regency Guam, where the outgoing Chairperson declared open the sixty-sixth 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 WHO Assistant Director-General for General Management delivered the address of the WHO Director-General to the Regional Committee (see Annexes 4 and 5).

II. RESOLUTIONS ADOPTED AND DECISION MADE BY THE REGIONAL COMMITTEE

WPR/RC66.R1 VIRAL HEPATITIS

The Regional Committee,

Recalling resolution WPR/RC54.R3 establishing the goal to reduce chronic hepatitis B seroprevalence to less than 1% among 5 year olds; resolution WPR/RC56.R8 establishing the interim milestone of less than 2% by 2012; and resolution WPR/RC64.R5 setting 2017 as the deadline to achieve the goal of less than 1%;

Acknowledging the success of the Region as a whole in achieving the less than 2% prevalence milestone and of 12 Member States verified as having achieved the less than 1% goal;

Recognizing that the Western Pacific Region is home to a quarter of the world's population but nearly 40% of global deaths from hepatitis; and millions of people in the Region continue to live with chronic hepatitis B and C infection and are at high risk of cirrhosis and liver cancer;

Noting that living with chronic hepatitis B and C results in high financial cost for individuals, the health sector and society at large;

Welcoming the opportunity to contribute to reducing the impact of chronic hepatitis B and C infections and related liver disease with new, highly effective medicines that can treat hepatitis B and cure hepatitis C;

Noting that these medicines are not yet available or affordable to most people living with chronic hepatitis in the Region;

Emphasizing the need for comprehensive and coordinated action to effectively address viral hepatitis through both prevention and treatment approaches, based on the local epidemiological context,

1. ENDORSES the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*;
2. URGES Member States:
 - (1) to develop national action plans for viral hepatitis, based on the local epidemiological context, building on existing human resources and health systems infrastructure;
 - (2) to establish or strengthen surveillance systems;
 - (3) to address the high cost and lack of availability of hepatitis medicines and diagnostics as a priority to improve access to treatments and cures;
 - (4) to mobilize and invest technical and financial resources to address viral hepatitis;

3. REQUESTS the Regional Director:

- (1) to provide technical support for developing and implementing national action plans for viral hepatitis and promote better understanding of the burden of viral hepatitis and its consequences in Member States;
- (2) to disseminate and provide technical support to implement the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*;
- (3) to report periodically on progress in implementing the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*.

Fourth meeting, 14 October 2015

WPR/RC66.R2 UNIVERSAL HEALTH COVERAGE

The Regional Committee,

Recalling regional strategies to improve: access to essential medicines (WPR/RC55.R4); human resources for health (WPR/RC57.R7); health financing (WPR/RC60.R3); health laboratory services (WPR/RC60.R6); health systems based on the values of primary health care (WPR/RC61.R2); and traditional medicine (WPR/RC62.R4);

Noting Member States' desire for a comprehensive, whole-of-system approach based on the review of the six regional health system strategies (WPR/RC64.9), and the need for country-specific road maps, as outlined in the progress report (WPR/RC65.10) on universal health coverage (UHC);

Recognizing that UHC is an important foundation to support the achievement of the Sustainable Development Goals and critical for realizing good health outcomes for everyone;

Concerned with the growing challenges for health systems across the Region to produce equitable and sustainable health outcomes;

Acknowledging that Member States at all levels of development are making efforts to achieve the five health system attributes for UHC: quality, efficiency, equity, accountability, and sustainability and resilience;

Recognizing the desire of Member States to strengthen actions to accelerate progress towards UHC;

Noting the diversity across health systems, shaped by history and contexts, in the Western Pacific Region and the need to develop country-specific pathways towards UHC,

1. ENDORSES the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health*;

2. URGES Member States:
 - (1) to use the action framework to develop country-specific road maps as part of the national policy and planning process tailored to their contexts;
 - (2) to exercise government leadership in multisectoral approaches and commit sufficient funding to implement national policies and plans to advance UHC;
 - (3) to establish mechanisms to monitor the progress of UHC and evaluate the impact of policies to advance UHC;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States to develop and implement country-specific UHC road maps and monitor progress;
 - (2) to facilitate high-level multisectoral policy dialogues to move the UHC policy agenda forward;
 - (3) to provide a regional platform for sharing experiences, joint learning and reviewing progress towards UHC;
 - (4) to report periodically to the Regional Committee on the progress of UHC.

Fourth meeting, 14 October 2015

WPR/RC66.R3 TUBERCULOSIS

The Regional Committee,

Acknowledging the progress made in the Western Pacific Region to achieve tuberculosis-related Millennium Development Goals and international targets in line with global strategies;

Appreciating the political commitment of Member States and the collective efforts of partners to implement the *Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)* endorsed by the Regional Committee (WPR/RC61.R4) in 2010;

Realizing that further effort is needed to ensure universal access to integrated people-centred tuberculosis services, especially for vulnerable groups;

Recognizing the need for social and financial protection for patients and their families to address the catastrophic financial burden, stigma and discrimination associated with tuberculosis;

Concerned about drug-resistant tuberculosis and the serious regional health security threat it poses;

Recognizing the importance of managing co-morbidities for the effective care and control of tuberculosis;

Guided by the *Global strategy and targets for tuberculosis prevention, care and control after 2015*, endorsed by the World Health Assembly (resolution WHA67.1) in May 2014;

Noting the renewed commitment of the international community to end the tuberculosis epidemic, expressed in Sustainable Development Goal 3 (Target 3.3),

1. ENDORSES the *Regional Framework for Action on Implementation of the End TB Strategy 2016–2020*;
2. URGES Member States:
 - (1) to update national strategies, policies, plans and targets for tuberculosis care and control, guided by the *Regional Framework for Action on Implementation of the End TB Strategy 2016–2020*, by adopting a whole-of-society approach and engaging a wide range of governmental and nongovernmental stakeholders;
 - (2) to establish and strengthen systems to monitor implementation of tuberculosis control efforts, including reliable surveillance systems, as well as mechanisms to monitor catastrophic cost incurred by tuberculosis patients and their families;
 - (3) to mobilize and invest technical and financial resources for establishing and sustaining quality tuberculosis care and control as an essential health system competency;
3. REQUESTS the Regional Director:
 - (1) to disseminate and provide technical support to implement the *Regional Framework for Action on Implementation of the End TB Strategy 2016–2020*;
 - (2) to promote tuberculosis control as a regional common agenda for which collective actions are needed and to foster collaboration including cross-country cooperation to address tuberculosis among migrants and international travelers;
 - (3) to report periodically on progress in implementing the *Regional Framework for Action on Implementation of the End TB Strategy 2016–2020*.

Sixth meeting, 15 October 2015

WPR/RC66.R4 VIOLENCE AND INJURY PREVENTION

The Regional Committee,

Recalling resolution WPR/RC63.R3 on violence and injury prevention;

Concerned by the significant death and disability caused by violence and injuries, particularly road traffic injuries, falls, drowning and interpersonal violence, which includes violence against women, children, persons with disability and vulnerable groups;

Acknowledging that action on violence and injuries – despite overwhelming evidence of their preventability – has not been commensurate with the magnitude of the problem;

Recognizing the importance of strengthening coordinated multisectoral action for violence and injury prevention;

Noting the need for urgent actions to protect populations from violence and injuries in all settings, consistent with the Sustainable Development Goals,

1. ENDORSES the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*;
2. URGES Member States:
 - (1) to use the regional action plan as a reference to develop and implement national action plans for violence and injury prevention, aligned with the national process for achieving the Sustainable Development Goals;
 - (2) to engage all relevant sectors for coordinated and collaborative action for violence and injury prevention;
 - (3) to invest technical and financial resources for violence and injury prevention;
3. REQUESTS the Regional Director:
 - (1) to promote and support the implementation of the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*;
 - (2) to provide technical support to Member States for the development and implementation of national action plans for violence and injury prevention;
 - (3) to encourage and contribute to high-level multisectoral engagement for violence and injury prevention towards the achievement of the Sustainable Development Goals;
 - (4) to report periodically on progress to the Regional Committee on implementing the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*.

WPR/RC66.R5

URBAN HEALTH

The Regional Committee,

Noting that more than half of the Region's population live in urban areas and that the number of medium- and small-sized cities is growing rapidly in Asia and the Pacific;

Recognizing the health impacts of rapid and unplanned urbanization, along with globalization, climate change, population ageing, migration, and other social and environmental forces, particularly on the urban poor, migrants, and disadvantaged and vulnerable groups;

Acknowledging the complexity of paths to better health equity in urban settings and the need for evidence to guide policy- and decision-making on social determinants of health;

Noting that progress has been made in implementing resolution WPR/RC61.R6 on Healthy Settings;

Reaffirming that the Healthy Settings approach has been widely applied in Asia and the Pacific, and has demonstrated the potential to cultivate cross-sectoral, political, financial and social support for health;

Emphasizing the importance of strengthening resilience of urban health systems and of being proactive instead of reactive, to withstand pressures from climate change, natural and human-made disasters, disease outbreaks, emergencies, migration and demographic ageing;

Highlighting the importance of urban health interventions to achieve the Sustainable Development Goals,

1. ENDORSES the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*,
2. URGES Member States:
 - (1) to adopt proactive and life-course approaches to urban health using the regional framework as a reference towards achieving the Sustainable Development Goals, tailored to their contexts;
 - (2) to establish and strengthen mechanisms for effective cross-sectoral governance and multisectoral initiatives, as well as partnerships and networks for urban health and sustainable development;
 - (3) to invest in human resources training and capacity-building for urban health;
 - (4) to strengthen systems to monitor progress on urban health and the Sustainable Development Goals within ministries of health;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States for implementation of the regional framework;

(2) to promote engagement between national health agencies, local governments and other sectors – such as environment, finance and transport – to support urban health-related actions to improve health outcomes, reduce inequities and achieve sustainable development;

(3) to report progress periodically to the Regional Committee on the implementation of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*.

Sixth meeting, 15 October 2015

WPR/RC66.R6 SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

1. DECIDES that the dates of the sixty-seventh session shall be from 10 to 14 October 2016;

2. CONFIRMS that the sixty-seventh session of the Regional Committee shall be held at the WHO Regional Office for the Western Pacific in Manila.

Seventh meeting, 15 October 2015

WPR/RC66.R7 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Government of Guam and the United States of America for:
 - (a) hosting the sixty-sixth 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.

Seventh meeting, 15 October 2015

DECISION

WPR/RC66(1) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of 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 2015, selects Papua New Guinea to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2016 to 31 December 2018.

Seventh meeting, 15 October 2015

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional agenda

1. The sixty-sixth session of the Regional Committee for the Western Pacific, held in Guam, United States of America, from 12 to 16 October 2015, was declared open by the outgoing acting Chairperson of the sixty-fifth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

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

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

3. The Committee elected the following officers:

Chairperson:	Mr James Gillan, Director, Department of Public Health and Social Services, Guam, United States of America
Vice-Chairperson:	Dr Naoko Yamamoto, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan
Rapporteurs:	
in English:	Ms Yeo Wen Qing, Deputy Director, International Cooperation Branch, Ministry of Health, Singapore
in French:	Dr Jean-Paul Grangeon, Director, Department of Health, New Caledonia

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

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

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC66/1 Rev. 1)

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

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

6. The WHO Director-General was unable to attend the Regional Committee. Her address was delivered to the Committee by Dr Hans Troedsson, WHO Assistant Director-General for General Management (see Annex 5).

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC66/2)

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

8. Several representatives stressed the need to prioritize actions, with some representatives citing the Sustainable Development Goals (SDGs) and others focusing on universal health coverage (UHC). They said that the regional committees were vital in this process, as was the ongoing governance

reform. Country cooperation strategies also had a part to play. WHO had to prioritize, decide, innovate and cooperate.

9. Health security was one such priority, for which the International Health Regulations (2005), the *Asia Pacific Strategy for Emerging Diseases (2010)* and WHO certification of national regulatory systems on vaccines were essential tools. Representatives praised the Region's contribution to the fight against the Ebola virus disease outbreak in West Africa. Within the Western Pacific Region, rapid action had been taken when a vaccine-derived case of polio was discovered. Elimination of measles in the Region was a possibility. Dengue, on the other hand, was spreading and becoming more severe; representatives agreed that next year's session of the Regional Committee should discuss dengue.

10. Representatives praised the work described in the Regional Director's annual report. One representative said the Organization was spread too thin, and that too much was spent on printed material and travel. Another called for a clear policy on the roles of local and national governments, international organizations and partnerships, private donors and civil society.

11. The Regional Director responded that the preparation of the next Programme Budget had involved countries as never before in the setting of priorities and allocation of resources. The five major categories in the Programme Budget were communicable diseases, noncommunicable diseases, health through the course of life, health systems and health security. Each category, in turn, contained five priorities, and the Regional Office for the Western Pacific ensured that it had at least one specialist for each programme. Member States chose up to 10 of those priorities as national priorities, for which planning and resources were needed. In this way, specific country needs were accommodated, and common issues, such as health system development and health security, were covered. In that context, he mentioned the work in West Africa of the Western Pacific Region Ebola Support Team (WEST). Dengue was a continuing and constantly expanding threat, and its spread from urban to rural areas might be related to climate change. The Secretariat was preparing an agenda item on the subject for next year's session of the Regional Committee; the Regional Office wanted to give countries more ownership of the agenda, and this was a case in point. The Regional Director acknowledged bureaucratic constraints, but mentioned areas in which improvements had been achieved; he added that the appointment of a compliance officer should further improve matters.

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

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

PROGRAMME BUDGET 2014–2015: BUDGET PERFORMANCE (INTERIM REPORT): Item 8 of the Agenda (document WPR/RC66/3; WPR/RC66/3 Corr.1)

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. In response, the Regional Director expressed his appreciation for the positive feedback from representatives on the performance of WHO in the Region.

19. 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.

20. 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.

21. 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.

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

23. 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.

24. 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 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.

25. 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 this 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.

26. The Director, Administration and Finance, responded to interventions 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.

27. 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 a week earlier. 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.

28. 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.

VIRAL HEPATITIS: Item 9 of the Agenda (document WPR/RC66/4; WPR/RC66/4 Corr.1)

29. 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.

30. 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.

31. Despite 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 would 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.

32. 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 aligned with the draft *Global Health Sector Strategy for Viral Hepatitis*.

33. Representatives reviewed the hepatitis situation in their respective countries and expressed broad support for the draft *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*, which was commended both as an example to other regions and for its realism. The draft action plan nevertheless contained some bold milestones and targets, and one delegation queried the advisability of setting such ambitious Region-wide goals. A number of delegations mentioned the need for robust surveillance systems to make effective evidence-based policy decisions: there should be more emphasis on hepatitis C monitoring systems and increased surveillance of hepatitis epidemiology, and such elements needed to be incorporated into national statistical systems.

34. Several delegations called on WHO to work with the pharmaceutical industry to reduce the price of hepatitis medication, for example through pooled or regional purchasing of pharmaceuticals. Antivirals should be made universally available in the context of current and alternative methods of health-care financing. The cost of treatment was still inaccessible to many should be regulated through innovative strategies to ensure universal access without depleting social security systems. At the same time, the current high price of antivirals should not delay implementation of the strategy, hence a phased or gradual approach should be considered. In any event, the regional action plan must be flexible enough to consider the effects of competition on pricing for treatments of all forms of the disease.

35. Some representatives said they were mindful of the significant hepatitis burden in the Region and the consequent eagerness to press ahead with a regionally based document. Nevertheless, they cautioned against duplicating the provisions of the *Global Health Sector Strategy for Viral Hepatitis* scheduled for discussion at the Executive Board in January 2016. The priorities and terminology of the two texts needed to be aligned, in the light of the relevant World Health Assembly resolutions. The Secretariat was invited to outline what coordination had taken place, if any, in drafting the two instruments. Likewise, a number of delegations took the view that there needed to be appropriate incentives in place for research and development of new antivirals, and accordingly expressed their intention to submit amended wording on intellectual property to the Secretariat for incorporation into the draft regional action plan.

36. The point was made by a number of delegations that campaigns and programmes to combat risk behaviours for viral hepatitis would need to compete with other public-health priorities. One delegation suggested the adoption of an overarching communicable disease approach on the model of noncommunicable disease (NCD) campaigns. Strategies to prevent hepatitis must take account of social and cultural practices such as tattooing, piercing, blood transfusions and intravenous drug use, and harm reduction programmes would have to be implemented in accordance with the legal frameworks of each country.

37. Other points, such as the role of regulation in ensuring the quality of antivirals, the possible emergence of viral resistance to treatment and drug-resistant forms of the disease, and the issue of unequal access to specialist diagnosis and treatment for Pacific islanders who needed to be transferred overseas, were also raised.

38. Statements were made on behalf of the World Hepatitis Alliance and the World Association of Societies of Pathology and Laboratory Medicine.

39. 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.

40. 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.

41. 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.

42. 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 treatment by 2030.

43. He invited 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.

44. 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. In addition, he said any additional points of focus from the final global action plan would be reflected in the Region.

45. 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 hepatitis situation is distinct, thus creating the need for a specific Western Pacific regional strategy.

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

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

48. 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.

49. 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.

50. 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 acknowledged the need for continuing preventive strategies, as new cases of viral hepatitis B and C are preventable.

51. The Regional Committee considered a draft resolution on viral hepatitis.

52. The resolution, which among other actions endorsed the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*, was adopted (see resolution WPR/RC66.R1).

Panel Discussion on Universal Health Coverage

53. Professor Gabriel Leung, Dean, Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong SAR (China), moderated a panel discussion on universal health coverage (UHC). Each panellist made a brief presentation, after which they answered questions.

54. Professor Shanlian Hu, School of Public Health, Fudan University, and Director of the Shanghai Health Development Research Center, China, summarized progress towards UHC in China, where basic primary health-care systems were being provided by rebuilding the family doctor and gatekeeper systems that had operated in the 1960s and 1970s. This went in tandem with hospital reform. In the context of UHC, allocative efficiency was more important than technical efficiency. In China, tertiary hospitals were developing very fast, drawing resources towards the top. Regional health plans had to allocate more to primary health care, in which family doctors were in contact with people. This required political commitment, and agreement on the respective roles of the Government and markets. UHC would see a more mature and stable health-care system, with a road map for local contexts, and a basic health law in 2016, to guarantee value-based care using the five attributes of UHC.

55. Professor Naoki Ikegami, Emeritus Professor, Keio University, Japan, said that the first priority was not to bankrupt the government or the patient, while ensuring equity and access to appropriate services. In Japan, fees for services were adjusted every two years to ensure that profits for providers were neither excessive nor inadequate. The process called for rapid response more than abstract analysis. Should physicians expect to be paid 20 or 30 times more than nurses? Should specialists earn two or three times more than general practitioners? A balance between monetary and professional rewards was sought. Specialists earned less than primary health-care physicians working in clinics, thus encouraging specialists to make a mid-career change to primary health care. Compared to other member countries of the Organisation for Economic Co-operation and Development (OECD), health costs in Japan were relatively low. Government must be realistic in managing the expectations of doctors and patients. With equity, costs could be contained, as long as expectations were not inflated to levels of care available only to the rich.

56. Professor Soonman Kwon of the School of Public Health, Seoul National University, Republic of Korea, raised three issues: the political commitment of government; priority-setting; and

service delivery and payment systems. From the early German experience until the present, political commitment had been a strong driver of UHC. If taxed-based, more funding must be provided to the health sector, but even with payment for services, governments should subsidize poor people's participation. Governments should be able and willing to regulate the price of medicines and the behaviour of the private sector. Delivery and payment systems should be used to control the behaviour of providers, and to strengthen primary health care and the public delivery system. If the public did not trust the public system it would move to private sector providers. Given limited resources, efficient and equitable decisions were required. There was a trade-off between population coverage and cost coverage in UHC, and between efficiency and equity. If the benefit package was luxurious, it was difficult to extend; if poor, it was inadequate. Should it be designed to cover specific conditions, or to include specific services? Governments must decide between covering high-cost medicines for rare diseases, and treating larger numbers with the same sum. Experts were good at providing evidence, but the choices are value judgments or ethical decisions, in which the wider public should be involved. Finance ministries had to be reminded that spending on health was an investment in better growth and performance. Politically, in many middle-income countries UHC was a vote-winner. Even in authoritarian governments, UHC could be used to pre-empt unrest and increase contentment.

57. Dr Don Matheson, a public health specialist from New Zealand, mentioned challenges to health development in the Pacific. He cited NCDs, unprecedented levels of diabetes, maternal and child health problems, and communicable diseases. Eighty-five per cent of Pacific island people would not achieve Millennium Development Goals (MDGs) 4 and 5 by the end of 2015. The countries on the Ring of Fire – a term that refers to countries bordering the eastern and western shores of the Pacific Ocean – now found that climate change too was damaging development efforts, with seawater threatening entire communities. Health ministers dealt not with such global issues, but rather with balancing budgets, funding, complaints about inadequate treatment, improving trust, and managing hospitals overcrowded with people who should have been treated in the community, plus new outbreaks. Where did UHC fit into the Pacific policy world?

58. The Healthy Islands initiative was still appreciated after 20 years. WHO building blocks – money, people, drugs, buildings and information systems – were essential but insufficient. UHC was the third essential element in the picture, and it had to be borne in mind that UHC solutions were specific to each country. Governments should focus not on individual items, but on policy choices that weighed the five aspects of UHC. Health ministers knew that prevention was better than cure, and that primary care should precede secondary or higher, but they struggled to make that happen because not enough time was spent thinking about power relationships within delivery systems. Especially in small countries, senior health professionals were extremely powerful, so their support was needed for the equity agenda. Nongovernmental organizations and civil society also had to be engaged.

59. Dr Ke Xu, Coordinator, Health Policy and Health Systems Financing, WHO Regional Office for the Western Pacific, spoke of the five main attributes of UHC. She focused on efficiency and the myths surrounding it. Some believed that efficiency compromised equity. But given that 20–40% of resources were wasted, an improvement in efficiency would provide scope to improve equity, for example by moving resources from hospitals to primary levels. Some believed that efficiency meant saving money and cutting budgets; whereas, more investment was usually needed in order to increase efficiency. Others again believed that if every subprogramme were efficient then the whole system would be. The reality was that while an overcrowded tertiary hospital could be efficient in itself, it was probably draining staff and resources from levels that were better placed to treat some of its patients. Early detection, case management and treatment had to be integrated, since there was no point in diagnosing a disease and then failing to follow through. Could a set of incentives be designed to encourage the desired behaviour? If the main objectives were clear, benefit packages could be designed to manage expectations. Rules had to be changed constantly to prevent people from playing the system.

60. On the role of innovation in UHC, panellists urged countries to recognize and support technical and organizational innovation within their own systems, rather than regarding innovation as something to be imported or exported. The proportion of the budget spent on research and development depended on the national economy, which was generally not hugely influenced by health policy.

UNIVERSAL HEALTH COVERAGE: Item 11 of the Agenda (document WPR RC66/6)

61. The Director, Division of Health Systems, observed that Member States had already committed to the principles of UHC and achieved notable health gains in recent years. UHC was also an important foundation to support the achievement of the SDGs. Over the past decade, the Regional Committee had adopted six strategies related to health systems, most of which expired this year. A comprehensive review in 2013 suggested that a whole-of-system approach for health sector development was crucial for Member States to achieve UHC. Member States also emphasized the need for country-specific approaches to UHC through national health policies and plans. Based on these recommendations, the draft action framework, *Universal Health Coverage: Moving Towards Better Health*, integrated the different health system strategies to address health sector challenges in the Region.

62. The action framework identifies 15 core action domains across five essential attributes for Member States to strategically advance UHC. The framework supports the implementation of country-specific pathways to UHC – based on each country’s context and priorities, and aligned with national policies and plans. The Regional Committee was invited to discuss and consider for endorsement the draft *Universal Health Coverage: Moving Towards Better Health*.

63. All speakers commended the text and endorsed the framework, which provides guidance on common problems and clear illustrations of specific approaches to be taken in various national settings. One representative looked for greater emphasis on community in the policy framework, since consumer engagement would make for more informed decisions and more trust. Representatives agreed that UHC was not a new or a separate goal, but a framework that should be well integrated into the post-2015 agenda, following through from the MDGs to the SDGs.

64. On difficult issues such as how to provide a safety net while controlling costs, there was a need to strengthen analysis and share international experience. This should include indicators, and should go beyond specifics to macro health system development and policy improvement. A multisectoral approach was required that would include the private sector and benevolent funding. Partnerships with civil society and international bodies were needed. Many countries thanked WHO and various Member States for their support in developing UHC, and called for further assistance, which others offered to provide, in the form of expert advice, copies of a report on a ministerial meeting on UHC, and support on information and experience sharing, with access to technical resources for data collection and related tasks.

65. As the UHC action framework was a regional initiative, the Regional Office for the Western Pacific should provide information on best practices, and national road maps to guide countries regarding which actions were effective and what problems were to be overcome. The relationship between this framework and existing documents – such as the SDGs and *Tracking Universal Health Coverage*, a joint WHO–World Bank report published in June 2015 – should be made clear.

66. Several representatives reported that UHC was already integrated or being introduced to their health legislation and health-care reforms, with the emphasis varying from governance, delivery and finance to partnerships and coordination. Many representatives emphasized the reinvigoration of primary health care, for its gatekeeper function, to rationalize hospital use, to extend coverage and

control costs. There was a need to increase the numbers and skills of health workers, and to retain their services.

67. In some countries where health care was free of charge for all or part of the population, the scope for cost recovery through user fees was limited. Tobacco and alcohol taxation defrayed part of the costs, but ultimately the cost of NCD treatment, care for the ageing and management of outbreaks might prove unsustainable. Where universal access to an essential package of health-care services was guaranteed, the requisite resources for infrastructure, medications and diagnostics, and primary health teams were not always in place. The needs of migrants and of people in remote island areas had to be covered. There was a need for sustainable health financing and risk pooling. In countries that had been able to secure UHC, the benefits were clear.

68. Statements were made by the independent Expert Review Group (iERG), the Asia Pacific Leaders Malaria Alliance (APLMA), the International Planned Parenthood Federation (IPPF) and the International Alliance of Patients' Organizations (IAPO).

69. Written statements were submitted by the International Federation of Medical Students (IFMSA), the International Council of Nurses (ICN) and the International Organization for Migration (IOM).

70. The Director, Division of Health Systems, thanked representatives for productive discussions 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.

71. 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 of people-centred care and integrated health services, as well as the need to engage communities.

72. The Director, Division of Health Systems, acknowledged interventions 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.

73. 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.

74. 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.

75. The Regional Committee considered a draft resolution on universal health coverage.

76. The resolution, which among other actions endorsed the action framework *Universal Health Coverage: Moving Towards Better Health*, was adopted (see resolution WPR/RC66.R2).

TUBERCULOSIS: Item 10 of the Agenda (document WPR/RC66/5)

77. 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.

78. 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.

79. 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.

80. Representatives reviewed the TB situation in their respective countries and expressed broad support for the draft regional framework for action with its emphasis on ending rather than controlling TB and the importance of intersectoral action towards that end. Several representatives noted that the draft framework was specifically tailored to the Region, sufficiently flexible to be adapted to each country context, and would provide invaluable guidance for national policy initiatives, enabling governments to intensify the national response in conjunction with other TB partners such as the US Centers for Disease Control and Prevention and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

81. Delegations noted in particular the issue of TB in high-risk and vulnerable populations, such as children and highly mobile cross-border populations. For the latter group, greater attention should be paid to international notification mechanisms and referral networks. TB in elderly populations and socioeconomic risk protection for people living with TB were mentioned as emerging issues, as were continuing patient support and the screening and treatment of latent TB infection. Likewise, a number of delegations mentioned the problem of discrimination and stigma against TB patients, which could be overcome through health education and advocacy. Representatives welcomed the draft framework's focus on the intersection between TB and NCDs, the TB/diabetes co-epidemic and TB/HIV coinfection. A better understanding was required of social behaviours at the individual or community level that hampered efforts to eliminate TB.

82. One representative noted a discrepancy between the draft regional framework and the global *End TB Strategy*, with the latter placing greater emphasis on specific core treatment. The Secretariat should explain the apparent difference in approach. Another representative asked whether WHO had a sufficient range of prequalified medicines for TB, and if not, to explain plans to supplement the list.

83. A statement was made on behalf of the International Organization for Migration.

84. The Director, Division of Communicable Diseases, thanked representatives for their interventions, specifically on the draft *Regional Framework for Action on the Implementation of the End TB Strategy in the Western Pacific 2016–2020*. Responding to an intervention on high-risk groups, such as highly mobile populations, he said TB cannot be driven down if services are not available for hard-to-reach populations. He said WHO realized the need for simple and sustainable systems for information-sharing on TB patients, specifically those who have not started or completed treatment, moving from one place to another.

85. He made reference to the International Health Regulations National Focal Point structure as one effective option for sharing such information. He said the Organization would conduct further analysis in order to provide additional recommendations.

86. The Director, Division of Communicable Diseases, also responded to an intervention about multidrug-resistant tuberculosis (MDR-TB) and extremely drug-resistant (XDR-TB), which are fundamental threats to gains against TB. He said that in many countries a high proportion of the total estimated number of MDR cases are undiagnosed and untreated, creating a difficult challenge.

87. Responding to interventions on socioeconomic and social risk protection, the Director, Division of Communicable Diseases, said tackling stigma and discrimination is so important because patients often avoid seeking treatment due to discrimination and stigma they might face. In reference to a comment from Papua New Guinea on hotspots in that country, he highlighted the importance of high-level leadership to tackle this issue.

88. The Director, Division of Communicable Diseases, also mentioned that the regional framework effectively highlights fundamental issues at the intersection of TB and NCDs, such as diabetes and smoking.

89. Responding to an intervention about the differences in the global and regional strategies, he said that the global strategy provides the "what" – the fundamental agreement on what we need to achieve – while the regional framework provides the "how" – how countries and areas can implement approaches and services. He emphasized that the global strategy and regional framework are not contradictory; both are needed.

90. In closing, he emphasized the need for intersectoral action on TB and other communicable diseases. He reminded participants that while countries and areas and the Region as a whole can take pride in regional achievements in TB, significant risks remain that require concerted efforts.

91. The Committee considered a draft resolution on tuberculosis.

92. The resolution, which among other actions endorsed the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020*, was adopted (see resolution WPR/RC66.R3).

VIOLENCE AND INJURY PREVENTION: Item 12 of the Agenda (document WPR/RC66/7)

93. The Director, NCD and Health through the Life-Course, introduced document WPR/RC66/7 on the prevention of violence and injuries in the Western Pacific Region. She said that violence and injuries, which include road traffic injuries, falls, drowning and interpersonal violence, account for more than one million deaths in the Region. She said that the Regional Committee endorsed a resolution on violence and injury prevention in 2012 that resulted in scaling up action. Consultations then took place from 2013 to 2015 with various sectors and experts in Member States on the development of the draft regional action plan.

94. The Director, NCD and Health through the Life-Course, described the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* as a consolidation of WHO's evidence-based recommendations, normative guidance and strategic plans covering unintentional injuries and interpersonal violence. She noted that the draft regional action plan is aligned with components of Global Plan for the Decade of Action for Road Safety 2011–2020 and the draft *Global action plan to strengthen the role of health systems in addressing interpersonal violence, in particular against women and girls, and against children* that will be further discussed by the Executive Board in January 2016. She also pointed out that the high priority of violence and injury prevention in the Sustainable Development Goals (SDGs) reinforces the importance of the issue. The regional action plan, she said, is a tool contributing to the achievement of specific SDGs by Member States.

95. In conclusion, the Director, NCD and Health through the Life-Course, invited the Regional Committee to discuss and consider for endorsement the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*.

96. A short video was shown on the importance of violence and injury prevention and this agenda item.

97. Representatives reviewed violence and injury prevention developments in their respective countries and expressed support for the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*, which was commended as a pathway towards a whole-of-government approach to the problem and a tool to guide evidence-based, data-driven policy development. In that sense, a number of representatives referred to the need to strengthen health information systems for effective decision-making, and requested technical support and facilitation of regional collaboration through specific strategies and measures, pilot projects, tracking of trends, and gathering and sharing of evidence to develop appropriate policy recommendations. The need for a multisectoral approach, with active input from homes and communities and a specific role for law enforcement in modifying risk behaviour, was widely recognized. At the same time, it was anticipated that certain measures to reduce violence and injury might conflict with domestic culture and customs, anticipating possible adaptations to country-specific contexts.

98. Violence and injury undermined public health and human rights, and therefore the emphasis given by the draft action plan to vulnerable groups, such as women, children and people with disabilities, was welcomed. The language of the action plan should be strengthened to emphasize gender as a specific risk factor. Various representatives referred to specific aspects of violence and injury prevention, such as firearm violence, violence and injury related to alcohol and drug abuse, domestic and intimate-partner violence, and the need to provide programmes to tackle addiction, including the need for more trained personnel to deal with the consequences of violence.

99. In response, the Director, Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI) at WHO headquarters, thanked delegates who expressed support for the *Regional Action Plan on Violence and Injury Prevention in the Western Pacific (2016–2020)*. He

reinforced that violence and injury are important public health issues, with road traffic crashes, homicides, suicides, drowning being among the top killers, especially of young people, and incurring significant costs of services.

100. The Director, NVI, acknowledged that the subject often brings forth a fatalistic approach, as if nothing can be done to prevent these tragedies. Therefore, he said he was pleased to hear discussion of data, identification of risk factors, potential interventions and multisectoral approaches. He underscored that the draft regional action plan would help define roles for each sector involved in the areas of data collection, public health services, advocacy and prevention. Responding to the request for capacity-building, he took the opportunity to inform participants about the Teach VIP package as a tool available on the WHO website to use in schools of public health.

101. The Director, NVI, said the regional action plan would help support the Sustainable Development Goals (SDGs), as violence and injuries are addressed in the newly adopted development goals.

102. He also mentioned the draft global plan to strengthen the role of the health systems in addressing interpersonal violence, in particular against women and children, which is now available for comments. He noted that a formal global consultation process with Member States would be held on 2–4 November 2015 at WHO headquarters to finalize the plan for consideration by the Executive Board and the World Health Assembly in May 2016.

103. In closing, he invited representatives to the ministerial conference on road safety to be held in Brazil in November 2015. The conference provides an opportunity for a midterm review of the Decade of Action on Road Safety and a discussion/review of the implementation of the SDGs.

104. Further responses to interventions were provided by the Director, Division of NCD and Health through the Life-Course. She thanked Member States for providing a glimpse of their significant work in this field. She acknowledged the challenges and difficulties Member States face in working in a cross-cutting way with multiple sectors, utilizing whole-of-government and whole-of-society approaches.

105. Responding to interventions concerning vulnerable groups, the Director, Division of NCD and Health through the Life-Course, recognized Member State comments on the need to reduce vulnerability of children, labourers, older people, and survivors of interpersonal and domestic violence. She also highlighted the importance of programmes, services and laws to protect vulnerable groups and noted the need to support those who suffer from the long-term effects of violence and injuries.

106. The Director, Division of NCD and Health through the Life-Course, emphasized the clear links between violence and injuries on one hand, and mental health and substance abuse on the other – an issue raised in several interventions. The Director, Division of NCD and Health through the Life-Course, emphasized that injuries are not “accidents”; they can be prevented through laws, regulations and prevention programmes.

107. In response to an intervention about the need for greater evidence, she noted that the issues require tactical approaches to address certain immediate issues, but also long-term strategic approaches, including laws and regulations, to deal with underlying causes. The Director, Division of NCD and Health through the Life-Course, also agreed with interventions that focused on the role that culture and social norms play in addressing these issues.

108. She also appreciated and welcomed the comments on enhancing the text of the framework, and said further comments would be collected and discussed at the rapporteurs meeting.

109. In closing, the Director, Division of NCD and Health through the Life-Course, thanked Member States for their support and expressed confidence that the regional action plan would be utilized as an effective tool in support of national action and progress towards achieving the SDGs.

110. The Regional Committee considered a draft resolution on violence and injury prevention.

111. The resolution, which among other actions endorsed the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*, was adopted (see resolution WPR/RC66.R4).

URBAN HEALTH: Item 13 of the Agenda (document WPR/RC66/8)

112. The Director, NCD and Health through the Life-Course, presented document WPR/RC66/8 on the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*. She noted that the Western Pacific has benefited greatly from rapid development and economic expansion, growing faster than perhaps any other WHO region. This development, however, has had unintended consequences. In particular, many urban areas in the Region have grown faster than their capacity to provide infrastructure for safe housing, clean water and adequate sanitation. She mentioned the serious public health challenges posed by insufficient infrastructure, especially for urban poor, migrants and other vulnerable groups. These challenges are further complicated by climate change, disasters and migration.

113. In the past, she said, the Healthy Cities and Healthy Islands initiatives were effective in mobilizing support to mitigate these complex challenges. She said WHO had supported interventions to address health determinants in settings, such as cities, islands, villages, schools and workplaces.

114. The Director, NCD and Health through the Life-Course, said that efforts should now go beyond settings, towards the adoption of a whole-of-system approach. Strong political will and leadership are needed to ensure that health remains central in policy-making. She emphasized that health is a foundation for achieving many of the SDGs, and noted that the draft regional action plan would help Member States to achieve SDG 11, which highlights the importance of making cities and human settlements inclusive, safe, resilient and sustainable.

115. One representative noted that urban planning was beyond the capacity of national health agencies, hence the pressing need to involve urban planners in health discussions. Others described national schemes to integrate health into urban planning from the very outset, for example by making provisions for pedestrian and cycling routes and public transport networks.

116. A number of delegations requested technical support and advice on implementation, and made a plea that the economic, social, demographic and epidemiological factors that played a role in urbanization should be reflected in the draft framework, in addition to public-health factors.

117. The Director, WHO Centre for Health Development in Kobe (WKC), commended the very timely development of the regional action plan. He noted that the plan builds on a decade of work by WKC, the WHO Regional Office for the Western Pacific and Member States to bolster the evidence base and understanding of health inequities in urban settings, as well as their social determinants. Implementing the plan offers major opportunities to create synergies between the Sustainable Development Goals (SDGs), in particular SDG 3 (Health) and SDG 11 (Urban Settings), as well to contribute to the realization of universal health coverage and to address health inequities. He suggested it would, thus, be important for countries to consider issues of decentralization as key to

translating the regional action plan according to country contexts. The Director, WKC, noted that cities are the laboratories for countries in designing and implementing many health programmes and systems.

118. At the global level, the Director, WKC, shared that WKC is finalizing the second UN-HABITAT/WHO Global Report on Urban Health, to be released in early 2016, providing additional evidence, lessons and gaps on urban health, health inequities and actions involving other sectors. He noted the opportunity to discuss urban health in broader context at Habitat III in 2016, as well as the Ninth Global Health Promotion Conference in Shanghai in November 2016.

119. The Director, WKC, underscored that the WHO Kobe Centre, in close collaboration with the WHO Regional Office for the Western Pacific, assists Member States by providing helpful tools and approaches and by sharing lessons. He cited Urban HEART as a broadly used tool consisting of a core set of indicators reflecting determinants of health to assess health conditions and inequities, engage communities, and prioritize and develop cross-sectoral interventions to address inequities. He mentioned additional tools developed by WKC to serve countries, including an urban health index, new indicators to measure age-friendliness of cities and practical guidance to promote intersectoral action.

120. In closing, he said that WKC will continue to collaborate closely with the Regional Office to provide support to countries for capacity-building and creating new evidence.

121. Further responding to interventions, the Director, Division of NCD and Health through the Life-Course, recalled the history of health promotion in the Western Pacific Region, emphasizing the importance of Healthy Cities and Healthy Islands initiatives as a platform for intersectoral action and positive change. She thanked Member States for their insightful interventions and acknowledged how Member States have built on the long years of work on Healthy Cities in Japan, Hong Kong SAR (China), the Philippines and the Republic of Korea; as well as hygienic cities in China.

122. She noted that threats to public health can no longer be addressed in localized urban areas and that social and environmental determinants have far-reaching effects that go beyond city jurisdictions. Migration and climate change can increase the risks for communicable diseases such as dengue. The lack of adequate space for physical activity contributes to noncommunicable diseases. The accumulation of urban waste and the limited capacity to recycle exposes human communities to harmful biological and chemical substances.

123. In response to interventions on capacity-building and the promotion of urban planning, she said many cities in the Region have valuable experiences to share on the role health can play in urban planning. She highlighted the need for further capacity-building, particularly for urban planning and health promotion.

124. She appreciated suggestions offered for modifying some language in the regional framework and said suggestions would be shared with rapporteurs and included in both the resolution supporting the framework and the framework.

125. The Director, Division of NCD and Health through the Life-Course, said many cities are “game-changers”, meaning they lead global public health action. For example, mayors are actively engaged in the forthcoming Conference of Parties on Climate Change later this year. Many cities, she said, are serving as models and play a role in changing attitudes nationally and internationally on how to balance environment, health and society in rapidly urbanizing areas.

126. The Committee considered a draft resolution on urban health.

127. The resolution, which among other actions endorsed the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*, was adopted with minor amendments (see resolution WPR/RC66.R5).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 14 of the Agenda (document WPR/RC66/9) PART 1

128. The Director, Programme Management, introduced the item which summarizes progress related to implementation of technical programmes. He said the discussion would be divided into two parts. The first part included updates on the first three progress reports: 1) Food safety; 2) the Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005); and 3) Neglected tropical diseases and leprosy.

129. He noted progress achieved in food safety following the 2011 endorsement by the Regional Committee of the *Western Pacific Regional Food Safety Strategy 2011–2015*. The Director, Programme Management, further noted that Member States, following a comprehensive review of the implementation of the regional food safety strategy and priority activities completed over the past year, have acknowledged and reconfirmed the continued relevance of the strategy beyond 2015.

130. On the Asia Pacific Strategy for Emerging Diseases, or APSED, the Director, Programme Management, indicated that its relevance and importance were reconfirmed in a thorough evaluation conducted in 2015 of the strategy's implementation over the previous nine years. APSED was also tested in real-world public health events, including the recent Ebola and MERS-CoV outbreaks.

131. The Director, Programme Management, said that in July 2015, the Technical Advisory Group (TAG) on APSED recommended that WHO lead a consultative process to update the strategy. The TAG also confirmed that the regional actions in implementing APSED are aligned with ongoing global efforts to strengthen monitoring and evaluation of International Health Regulations core capacities.

132. On neglected tropical diseases (NTDs), the Director, Programme Management, updated the Regional Committee on the significant progress made on the implementation of the *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016)*, which guided Member States on the elimination or control of seven out of 13 NTDs endemic to the Region. Since its adoption by the Regional Committee in 2012, significant progress had been made. Lymphatic filariasis had been eliminated as a public health problem in Cambodia, Cook Islands, the Marshall Islands, Niue, Palau and Vanuatu; and blinding trachoma had been eliminated as a public health problem in Cambodia, China, the Lao People's Democratic Republic and Viet Nam. Multisectoral collaboration was still being strengthened. In an effort to eliminate schistosomiasis, Cambodia and the Lao People's Democratic Republic initiated a cross-border initiative that included cooperation with the water and sanitation sector. There was successful collaboration with education in soil-transmitted helminthiasis for children. Efforts to further reduce the leprosy burden continued, with increasing attention to disability prevention. Many challenges remained. Further multisectoral efforts were needed to control and eliminate NTDs, particularly for women, children and those with diseases or disabilities.

133. In closing, he acknowledged the need to continue with multisectoral efforts to expand and sustain access to interventions required to address the many remaining challenges to controlling and eliminating NTDs, particularly for women, children and those with diseases or disabilities.

AGENDA ITEM 14.1 Food safety: regional strategy beyond 2015

134. Almost every representative who spoke on the *Western Pacific Regional Food Safety Strategy 2011–2015* recommended that it be extended, perhaps until 2018 or 2020. They recommended that more emphasis be placed on capacity-building and training of food inspectors, particularly since one third of countries in the Region had not yet developed food safety response plans. All praised the efficacy of the strategy; several described the increased regional participation in the Codex Alimentarius Commission and in the International Network of Food Safety Authorities (INFOSAN); WHO was asked to support the attendance of Pacific island representatives at INFOSAN meetings. One country had received Food and Agriculture Organization of the United Nations (FAO) funding to strengthen its food control systems. Appreciation was voiced for the Northern Pacific Environmental Health Association.

135. To address the NCD epidemic, food had to be checked not only for safety but also for nutritional value. In collaboration with the food trade schools and other bodies, the health sector must develop a strategy for the reduction of sugar and salt intake, and the promotion of foods low in fat. The health sector had to work with other ministries to ensure the quality of foodstuffs amid the growing complexity of global food distribution, and to provide training for high-risk food handlers.

AGENDA ITEM 14.2 Asia Pacific Strategy for Emerging Diseases (2010) and International Health Regulations (2005)

136. Representatives expressed their appreciation of APSED as a means of achieving compliance with the International Health Regulations (2005), or IHR. APSED collaboration with the WHO South-East Asia Region was valued and should be pursued. Representatives reported on national progress in the implementation of IHR. Some offered to strengthen support in terms of expertise, information and equipment for countries in the Western Pacific Region. Outbreaks such as Ebola virus disease in West Africa and MERS CoV in the Republic of Korea showed how easily diseases could cross borders. Domestic protection measures, however good, were not enough to prevent such events. Regional and global responses were essential. This meant ensuring that all countries had achieved the IHR core capacities. To this end, external, objective assessments were needed for countries, with partnerships to detect and respond to health threats. The Global Health Security Assessment tool should be used to track veterinary pathways and to prepare for any threat. Several representatives voiced their support for the concept note on the development, monitoring and evaluation of functional core capacity for the implementation of the IHR. The Western Pacific Region was well advanced, but it was essential to check for gaps in national core capacities and to provide long-term capacity-building.

AGENDA ITEM 14.3 Neglected tropical diseases and leprosy

137. Representatives reported on progress in the elimination of the seven target diseases in their countries and areas, and on the support they were providing to the campaign. NTDs were a major hindrance in developing countries, and elimination was a complicated affair requiring synchronization of activities, capacity and technology transfer, and public–private partnerships. Political support had to be sustained at the national level. Specifically, for trachoma, one representative called for a template dossier for elimination. Along with WHO, government agencies and the private sector in Japan, the US Centers for Disease Control and Prevention, and the Hansen’s Disease Program of the United States of America were supporting leprosy elimination.

138. The Director, Programme Management, thanked representatives for their valuable comments and guidance on these three technical progress reports. He congratulated all Member States for their outstanding achievements, efforts and contributions in these areas.

139. Referring to IHR and APSED, he said it is important to maintain momentum and carefully plan the next steps to further enhance both regional and global health security.

140. He said that WHO has made NTDs a priority in the Region. Universal access to interventions for NTDs will be needed to achieve the targets agreed upon in the regional action plan. He assured participants that WHO will continue to work with Member States to advance NTD activities the Region.

141. Further responding to interventions, the Director, Division of Health Security and Emergencies, thanked the representatives for their comments and progress made on food safety and the implementation of APSED (2010) to comply with IHR (2005). She assured representatives that all interventions made were noted and appreciated.

142. She informed representatives that the progress report on implementing the regional food safety strategy is now available on the WHO Western Pacific Region website. She noted that many countries have already incorporated food safety as national priority and made significant achievements. In anticipating emerging needs, she affirmed that the Regional Office would continue to review progress, revisit and update the food safety strategy.

143. The Director, Division of Health Security and Emergencies, underscored the significant progress on implementing APSED to comply with IHR, the remaining challenges, the increased level of commitment and the strong support of Member States. On IHR monitoring and evaluation, she said that the Region has shifted from a simple yes-or-no checklist to the review of functionality of the health security system. She cited outbreak reviews and joint capacity evaluations as two important components of this monitoring and evaluation scheme.

144. In closing, the Director, Division of Health Security and Emergencies, noted that vulnerability is universal: if one country is at risk, others cannot be safe. She encouraged all Member States to make collective efforts in strengthening the global intelligence and risk assessment system that connects all levels of the health security system (local, national, regional and international).

145. The Regional Director said that it was clear – in discussions during this agenda item and in a side event on health security – that Member States in the Region were committed to a more robust mechanism for monitoring and evaluating implementation of the IHR core capacities.

146. He noted tremendous success had been achieved in implementing IHR through APSED, but that Member States fully appreciate the shift from self-assessments through “yes-or-no” IHR core capacity checklists to more innovative and effective mechanisms that focus on reviews of the functionality of country health security systems. Such mechanisms may include outbreak reviews and Member State–WHO joint evaluations of core capacities, with the participation of external experts.

147. He also called attention to the work of the IHR Review Committee at the global level. The Regional Director was pleased to report that the Western Pacific Region was supporting the global effort. With the collaboration of countries, the Western Pacific Region could once again take the lead in proactive implementation of the proposed IHR monitoring and evaluation mechanisms.

148. The Director, Division of Communicable Diseases, acknowledged Member States’ efforts and progress on NTDs. Two representatives had said that NTDs were still a barrier to economic development. Japan had noted the good cooperation of the Special Programme for Research and Training in Tropical Diseases (TDR) in control of neglected tropical diseases in the Region. Innovation was welcome. As to the standard dossier template for trachoma elimination, this was being developed at WHO headquarters for trachoma and other diseases. The request for further technical and financial support from several countries was noted and would be provided.

149. The Director, Programme Management, welcomed the comments and guidance from Member States. He noted the improved compliance with IHR through APSED and urged that this momentum be maintained in order to enhance health security. He said NTDs remain a priority in the Region, especially under the SDGs.

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 14 of the Agenda (document WPR/RC66/9) PART 2:

150. The Director, Programme Management, introduced the second set of progress reports on: 1) Ageing and health; 2) Noncommunicable diseases; and 3) Regulatory systems strengthening.

151. He underscored the progress on ageing and health through *WHO Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*. He congratulated Member States on important progress in developing effective policies and actions on ageing and health.

152. On noncommunicable diseases, the Director, Programme Management, outlined the significant progress made since the 2014 High-level Meeting of the United Nations General Assembly on Non-communicable Diseases, which set four time-bound national commitments for 2016. These commitments include setting targets for 2025, developing multisectoral policies and plans, reducing risk factors, and strengthening health systems through people-centred primary health care and UHC.

153. He noted that in order to set targets, WHO supported Member States in monitoring trends and evaluating progress, most notably through STEPS surveys and NCD country-capacity surveys. Similarly, WHO supported countries in developing NCD policies and plans through various capacity-building workshops. These ongoing initiatives demonstrate the need for sustainable international cooperation. He also emphasized the need to address NCD risk factors, noting that WHO provided support to countries in strengthening legal frameworks, focusing on tobacco use and unhealthy diets. He said WHO also supported countries in implementing the Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings – also known as PEN – to strengthen the health system response to NCDs.

154. On the final progress report, the Director, Programme Management, provided updates on effective regulatory systems that can protect and promote public health by ensuring the safety, efficacy and quality of medical products, and by maintaining the trust of the public in the health system. He said that many Member States in the Region have built capacity in medicines registration, regulatory inspections and pharmacovigilance. Regulatory frameworks, registration procedures and the quality assurance of traditional medicines have also been strengthened.

155. In closing, the Director, Programme Management, said that more than 12 Member States have applied the WHO tool for self-assessment of regulatory capacity gaps in vaccine regulation. These Member States have improved the capacity of their national regulatory authorities to ensure efficacy, safety and quality of vaccines.

AGENDA ITEM 14.4 Ageing and health

156. Representatives updated the Regional Committee on the developments in the area of ageing and health in their respective countries and expressed their appreciation for the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*, through which the Regional Office had demonstrated leadership and prompted discussions on a draft global strategy and plan of action on ageing and health. Member States should ensure that regional concerns were appropriately reflected in the global document. WHO was requested to provide ongoing technical assistance to help implement the regional framework.

157. A number of delegations referred to the changing disease burden associated with an ageing population, including increased dementia and chronic diseases necessitating long-term care, and the consequent need to transform health systems to meet the needs of older people. Changes to the health system should be paralleled by the establishment of age-friendly public infrastructures, measures to ensure that older people were not excluded from society, and the management of risk factors, for example, encouraging older people to remain fit and active, and raising public awareness of healthy ageing. Many delegations cited the existence of community and home-based health services for the older people, comprehensive living-support services, modification of practical living arrangements, measures to empower elderly invalids and their caregivers, mandatory health insurance for pensioners, free immunization for senior citizens, and a greater role for nongovernmental organizations and faith-based organizations in caring for older people. Some representatives raised the point that ageing populations jeopardized the stability of social security and pension systems, and noted the strong connection between ageing and NCDs.

AGENDA ITEM 14.5 Noncommunicable diseases

158. Representatives updated the Regional Committee on the NCD situation in their respective countries and noted the value of WHO technical and financial support, not only for prevention and surveillance but also for treatment and care of NCDs. The costly health implications of NCDs were repeatedly noted, for example diabetes cases that resulted in amputations. The issue of disability and rehabilitation in the context of NCDs had to be prioritized, and perhaps even allocated a separate item on the Regional Committee's agenda in the future.

159. Overall, representatives expressed the view that the real problem was not a lack of policies but rather one of policy implementation and enforcement. NCDs were perceived as a major threat to sustainable health development, despite being eminently preventable through mitigation of risk factors. Abundant examples of risk-reduction strategies were cited, for example raising tobacco sales and excise taxes; graphic warnings on cigarette packets; restriction of tobacco advertising; strong enforcement of anti-tobacco measures; promotion of balanced and healthy diets, including the reduction of sugar and salt intake and campaigns to ensure healthy eating in school canteens; ensuring food security and cultivating resilient crops to lessen reliance on unhealthy imported foods; measures to control and restrict sale of alcohol; regulation of sugary drinks; encouragement of physical activity; proactive social marketing campaigns warning of the dangers of NCDs, coupled with appropriate information and awareness-raising; and training for the health workforce involved in NCD prevention and treatment, which would also have the advantage of lessening reliance on expatriate health workers in some countries.

160. To identify and screen risk groups and improve NCD management outcomes, it was broadly agreed that collection of high-quality data and robust monitoring mechanisms were essential to build an evidence base for planning, implementing and monitoring action on NCDs. In addition, close partnership should be encouraged between development and implementation partners, such as WHO in the areas of training and capacity-building, especially in primary health care in low-resource settings. It was vitally important to develop multisectoral action plans, for example using the Healthy Islands initiative as a basis for building capacity in health and other ministries and engaging communities, in order to facilitate early detection and treatment of NCDs. A whole-of-government approach involving other ministries – such as agriculture, fisheries, education and trade – was needed now more than ever; efforts should also be made to reach out to nongovernmental and civil society organizations; and concerted action was required to combat interference from vested interests, such as the tobacco industry.

161. Representatives of Pacific island countries updated the Regional Committee on the NCD epidemic in the Pacific, while referring to the high-level political commitment on the part of their governments to tackle the problems of obesity, diabetes, high blood pressure, stroke and

cardiovascular disease affecting their islands. The issues of over-reliance on unhealthy imported foods and the deleterious effects of climate change (successive natural disasters have destroyed health facilities and threatened sustainable development) were also cited as specific subregional problems.

162. Representatives agreed that WHO should play a crucial role regionally and at the country level in meeting the four time-bound commitments on NCDs from the United Nations General Assembly summit, in addition to achieving the goal of a tobacco-free Pacific by 2025. The fact that NCD targets had been integrated in the SDGs would serve to accelerate action.

AGENDA ITEM 14.6 Regulatory systems strengthening

163. On the issue of regulatory systems strengthening, representatives stressed the need to strengthen collaboration on regulatory convergence to ensure the availability of high-quality medicines and medical devices, and requested WHO to provide further technical assistance to that end. A number of delegations expressed their willingness to support capacity-building in other countries in the Region through the development of tools, such as guidelines for national regulatory authorities. One representative pointed out that the primary materials and components used in pharmaceutical and medical-device manufacturing industries were sourced from various countries, so no one national regulatory authority could monitor all stages of the production process. Therefore, international harmonization of technical specifications and regulatory frameworks was essential.

164. Statements were made on behalf of the International Federation of Medical Students' Associations, Alzheimer's Disease International, the International Diabetes Federation and the International Alliance of Patients' Organizations.

165. The Director, Division of Health Systems, said that the key to addressing the problems associated with ageing populations was preparedness and a willingness to put in place a continuum of care ranging from health promotion to rehabilitation, thus dovetailing with UHC, and involving a range of public and private stakeholders and other sectors of the community. Health workers would increasingly need to be trained in issues affecting older people, such as dementia, disability and long-term care, and such care would need to be provided by interdisciplinary teams. The question of long-term health insurance options tailored to national conditions merited greater in-depth study. The *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)* was entirely aligned with the draft global strategy and plan of action currently under consultation. A number of delegations had mentioned the need for harmonization and convergence to regulate the products of the international pharmaceutical and medical devices industry; information-sharing and regulatory systems strengthening would thereby provide an important institutional framework for UHC. The Secretariat commended the valuable regulatory work being done in collaborating centres around the Region, for example in the Republic of Korea and Singapore, and assured smaller countries with limited resources that WHO would continue to work with them to strengthen their regulatory systems, emphasizing the improvement of national policies and regulatory processes through the adoption of globally recognized standards and approaches across different medical product streams.

166. The Director, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI), WHO headquarters, took a global perspective. He said that the Director-General had recently launched the Noncommunicable Disease Progress Monitor, a new tool that tracked the extent to which countries were implementing their commitments to develop national responses to the global burden of NCDs. The creation of the new Department for Noncommunicable Diseases, Disability, Violence and Injury Prevention at headquarters was intended to strengthen work on the management of NCDs (screening, detection, treatment and palliative care) rather than simply focusing on prevention, as in the past. In addition, a series of NCD-specific strategic meetings were planned or had already taken place, resulting in an updated PEN package, improved screening

methodologies and strengthened lists of essential medicines. World Health Day 2016 would be devoted to diabetes, providing an excellent opportunity to raise the profile of the disease. The Secretariat's work on disability at the global level was guided by the *Global Disability Action Plan 2014–2021*; efforts to date had focused on rehabilitation, resulting in draft guidelines for rehabilitation services and the development (in conjunction with the World Bank) of a tool to strengthen data collection on disability.

167. The Director, Division of NCD and Health through the Life-Course, said that while NCD prevention was extremely important, it was also vital to provide care in the context of individual country capacities. The job of health workers dealing with NCD patients was an unenviable one: patients needed to be informed that their condition was a life-long one; that it would get progressively worse; that constant medication would be required; and that they would have to change their lifestyle. Aware that STEPS surveys were resource intensive and time consuming to conduct, the Regional Office was developing smaller sets of questions for use in geographically-restricted settings such as small islands. The Secretariat was grateful to Member States in the Region for showing decisive leadership on specific NCDs and certain aspects of NCDs.

168. The Regional Director said that ageing was in many ways the central health issue of the future, yet resources to address ageing at the Regional Office were insufficient and needed to be expanded. Nevertheless, he was encouraged by the willingness on the part of Member States with ageing populations to share experiences with others. WHO collaborating centres could also play a valuable role in sharing information and expertise on ageing and health. For NCD control and treatment, each Member State – even the smallest Pacific island countries – had its own systems and priorities in place. Given the magnitude of the NCD epidemic in the Pacific, he reaffirmed that the Regional Office would seek to boost the technical staff capacity of the Office of the WHO Representative in the South Pacific and the Division of Pacific Technical Support, both in Fiji. The differing profiles of health systems in each Member States necessitated differentiated approaches for each country. With regard to regulatory systems strengthening, he was again heartened by the eagerness of the more technologically advanced countries in the Region to support those with fewer resources.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 15 of the Agenda (document WPR/RC66/10)

169. The Director, Programme Management explained that the agenda item concerned the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee to ensure timely follow-up on decisions and resolutions of WHO governing bodies and to advance governance reforms. The sixty-eighth World Health Assembly had adopted 20 resolutions and 15 decisions, attached as Annex 1. Three of these resolutions and two of the decisions had been discussed in the earlier sessions. Therefore, in addition to the draft provisional agenda for the Executive Board, attention was drawn to four items.

170. First was the resolution of the Sixty-eighth World Health Assembly to finalize the draft *Framework for Engagement with non-State actors* in time for consideration for endorsement by the Sixty-ninth World Health Assembly in May 2016. The Director-General was requested to convene an intergovernmental meeting to finalize the framework for presentation to the 138th session of the Executive Board in January 2016. Member States were invited to review the draft framework.

171. Second was the work of the Expanded Working Group on Strategic Budget Space Allocation. China and Malaysia had joined the working group on behalf of the Region. The 137th session of the

Executive Board supported the revised model proposed by the working group. This model changes the allocation for the Western Pacific Region. Also later, the delegation from Malaysia kindly agreed to report.

172. Third, as requested by the Representative of Australia, there would be a presentation on the open-ended working group on governance reform.

173. Finally, there was a discussion of the process for setting the agenda for annual sessions of the Regional Committee.

174. The Assistant Director-General, General Management, explained the process of the *Framework for Engagement with non-State Actors* (FENSA). The World Health Assembly in 2015 recognized the progress that had been made towards agreement on FENSA. The Health Assembly requested that the Director-General arrange an open-ended intergovernmental meeting on the draft framework. The Director-General was to submit a finalized version of FENSA to the Sixty-ninth World Health Assembly in May 2016, through the January 2016 session of the Executive Board. The Director-General was further requested to develop a register of non-State actors for the 2016 World Health Assembly. Since the first meeting of the open-ended working group, in July 2015, much progress had been made on the draft but no conclusion had been reached, so the group was to reconvene 7–9 December 2015 at WHO headquarters in Geneva, prior to which there would be an informal consultation on 19–23 October. In September 2015, the chairperson of the working group organized consultations with Member States on specific issues, for presentation in the consultations and incorporation into the July draft. A paper had just been shared with missions in Geneva outlining potential concerns. The World Health Assembly had requested the Director-General to provide an overview of implications for policy, finance and human resources at all levels of the organization. The immediate operational cost would be about US\$ 250 000 per year, excluding staff costs. Perhaps staggered implementation could be considered. There would be consequences, and it would change the way of working across the Organization. The Secretariat was trying to foresee unintended consequences. In the context of the SDGs, the international community had asked the United Nations and its agencies to improve engagement with non-State actors. The challenge was, therefore, to respond to this call with a framework to structure and strengthen engagement, which strove to protect WHO at the same time by increasing transparency and accountability and reducing the potential for conflict of interests. There might therefore be a risk of unintentional restriction of engagement that ran counter to the call for the United Nations agencies to engage.

175. With regards to strategic budget space allocation, the Representative of Malaysia made a detailed presentation on the selection of appropriate mechanisms for budget space allocation, with special reference to the implications for the Western Pacific Region of WHO. The presentation covered budget reforms in 1998, until which time the budget had been based on historical spending; the assessed contributions had been based on no objective criteria; there was no flexibility to adapt to health situations; and extrabudgetary funding was strictly earmarked, and therefore excluded from the reckoning. In 2004 the World Health Assembly had requested the Director-General to develop guiding principles and criteria for the allocations across WHO, for submission to the Executive Board in January 2006. Guiding principles were to be based on objective criteria for distribution of assessed and voluntary contributions according to needs. In 2006, budgeting shifted from a resource-based to a results-based approach, but it was still not possible to shift resources quickly from one programme to another. In 2013 the World Health Assembly called for a new approach. In April 2014 a committee was formed to consider guiding principles, criteria, scope and methodology for country, headquarters, administration and emergency allocation; 55% was allocated to countries, 43% to headquarters, 2% to administration, with emergency funding treated separately.

176. The Representative of Malaysia then explained the various models for methodology that had been tested between May and December 2014. In March and April 2015, representatives from the

South-East Asia and Western Pacific regions met in Bangkok. They understood that the statistical model adopted was an important element that had to be carefully chosen. In May 2015 that committee presented a model to the 137th session of the Executive Board, which agreed on the selection of indicators, and on guiding principles based on validated data and choice of indicators. Once the indicators had been selected it was necessary to calculate values, produce a composite score and decide on what method to use for population scaling that would give a useful picture of the different effect of allocating a given sum to a very large or a very small country. More than 100 methods had been considered, drawing on work by the Asian Development Bank and the Organisation for Economic Co-operation and Development. Ultimately, three models had been discussed. The first two had been rejected because they would have reduced the allocation to Africa, where needs were greatest. The third option left the African allocation unchanged, but reduced the Western Pacific Region's allocation from 14% to 10.6%. In the Western Pacific Region life expectancy had improved, and the reduction reflected the success story of health in the Region. The reduction would be introduced over the course of three or four biennia.

177. The Assistant Director-General for General Management said that although the final endorsement was to be made by the World Health Assembly, the Organization was already applying the model in the 2016–2017 Programme Budget, using the 2014–2015 Programme Budget as a basis. He stressed that it was a change in percentage of budget allocation; however, the 2015 World Health Assembly had approved an increase in the overall programme budget of 8%, which had been taken into consideration, so that in 2016–2017 the Western Pacific Region would not suffer a reduction in the amount it received under segment 1.

178. With regards to governance, the Australian representative on the WHO working group on governance reform reported on the work of the group, which had been established in January 2015 by the Executive Board as part of an intergovernmental process on governance reform. The group has two members from each WHO region, plus the Geneva coordinator for each region, with Australia and China representing the Western Pacific Region. The group first met in March 2015 to consider reform measures related to the two key areas in its terms of reference agreed by the Executive Board, working methods of governing bodies and alignment across the three levels of the Organization. The first Member State Meeting on Governance Reform took place in May 2015 to decide on priority areas for further work. Following the meeting in September, the group is preparing a package of recommendations for consideration at the second Member State Meeting to take place in Geneva on 10–11 December 2015.

179. Reform measures proposed by the group include a six-year, forward-looking agenda for the Executive Board and the World Health Assembly; further restrictions on late proposals; a code of practice for participation in governing body meetings; changes to the process for selection of regional directors; an accountability compact between the Director-General and regional directors, the formal constitution of the Global Policy Group; and improvements to regional committee processes including standing committees for all regions and budget documentation. The Western Pacific Region was seen as transparent and accountable, the Region's performance at the country level offering best practices for other regions. The second Member State Meeting report would be submitted to the Executive Board for consideration in January 2016.

180. Several representatives voiced strong support for FENSA, while bemoaning its very slow progress. Most discussion on FENSA occurs at global level, but it fell to regions and countries to use the framework and to support negotiations. However, Member States should avoid micro-management of a process that had to be based on trust and governed by transparency and avoidance of conflict of interests. WHO should engage fully, appropriately and pragmatically in relations with foundations, academia, nongovernmental organizations and private industry, bearing in mind the massive proportion of health dollars spent in the private sector, in food industries and on medicines. WHO should designate appropriate non-State actors case-by-case, with transparent

relations for secondment of experts from any sector of society. Representatives commended the way in which Malaysia, China and the Regional Director had represented the interests of the Western Pacific Region on the working group.

181. With regards to strategic budget space allocation, representatives were of the view that the general principles of strategic budget space allocation are acceptable, as is the new methodology. As the proportion of the Region's allocation would fall by 30% over 6–8 years, the impact of the budget cuts should be assessed continually during that period. One representative requested the Secretariat provide an update at each session of the Regional Committee on the impact on regional and country budgets. For the 2016–2017 biennium, the overall 8% increase in global budget space will offset the reduction in the Western Pacific Region, resulting in zero nominal impact for the Region.

182. On the issue of governance, one representative spoke on the need of WHO to delineate more clearly how it works at all three levels – country, region and headquarters – as well as the need to recirculate a code of practice on the division of roles, which would help improve communication within the Organization, particularly at the country level.

183. There was a suggestion to establish a code of practice for representatives at governing body meetings, which would be based on best practices, such as the use of a three-minute clock for interventions, as is the norm at headquarters. The idea of delegations submitting written country progress reports to the Regional Committee might be revisited, so that individual countries could share experiences that may not be related to a specific agenda item.

184. On the final item, setting the agenda for the annual sessions of the Regional Committee, the Director, Programme Management, presented the proposed modifications to the agenda-setting process for sessions of the Regional Committee.

185. He explained that the current process for setting the agenda of the Regional Committee complies with the Rules of Procedure of the Regional Committee for the Western Pacific and is similar to the process in other regions. However, in response to requests from Member States for greater transparency, accountability and responsiveness, proposed modifications to the agenda-setting process for the Regional Committee were presented and agreed on by representatives.

186. The proposal contained two elements. First, at each year's session of the Regional Committee there would be consideration of items to include in the agenda of the following year's session. Secondly, the Regional Director would have an informal exchange of views concerning the agenda with Executive Board Members from the Region on the sidelines of the Executive Board meeting every January.

187. Representatives also made suggestions, such as: the creation of an informal "virtual" committee on the agenda, which could be convened via videoconference or teleconference; mechanisms for additional exchanges with Member States after the World Health Assembly; and a rolling agenda with a longer time frame to strengthen strategic planning. There was agreement to study further the issue, along with processes for country office reporting and items that could be considered under the fixed agenda item on Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee. The Australian representative advised of the intention to submit a detailed paper proposing additional reform measures to the next Regional Committee in 2016.

188. The Director, Programme Management, noted the expressions of approval for the two modifications that will be implemented in 2016. He also committed to study further on suggestions raised by Member States and to report back to the sixty-seventh session of the Regional Committee.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 16 of the Agenda (document WPR/RC66/11)

189. The Regional Director explained that the Regional Committee was requested to elect one Member State from the Western Pacific Region for membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction to succeed the Lao People's Democratic Republic whose term three-year expired this year. The Policy and Coordination Committee was the governing body of the WHO Special Programme of Research, Development and Research Training in Human Reproduction. The Committee had a total of 34 members, including 14 Member States elected by the Regional Committee. Three seats were allocated to the Western Pacific Region, and Brunei Darussalam, the Lao People's Democratic Republic and the Republic of Korea were representing the Region. The term of office of the Lao People's Democratic Republic expired on 31 December 2015. The Regional Committee was now requested to elect one Member State, to succeed the Lao People's Democratic Republic. The Regional Committee might wish to consider Papua New Guinea to be a member of the Policy and Coordination Committee.

190. It was so decided.

17. TIME AND PLACE OF THE SIXTY-SEVENTH AND SIXTY-EIGHTH SESSIONS OF THE REGIONAL COMMITTEE: Item 17 of the Agenda

191. The Regional Director said that the next session would take place in Manila, 10–14 October 2016.

192. As to the venue and dates of sixty-eighth session. Australia, on behalf of Minister for Health, accepted the invitation to host the regional committee in 2017.

193. The representative of China proposed a resolution of appreciation to the Government of Guam, host of the sixty-sixth session of the Regional Committee, for its generosity and hospitality.

18. CLOSURE OF THE SESSION: Item 18 of the Agenda

194. The chair said that a draft report of the meeting would be sent to representatives, with a deadline for comments, after which it would be deemed to have been accepted.

195. After the usual exchange of courtesies, the sixty-sixth session of the Regional Committee was declared closed.

AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director
WPR/RC66/2
8. Programme budget 2014–2015: budget performance (interim report)
WPR/RC66/3

Policies, programmes and directions for the future

9. Viral hepatitis
WPR/RC66/4
10. Tuberculosis
WPR/RC66/5
11. Universal health coverage
WPR/RC66/6
12. Violence and injury prevention
WPR/RC66/7
13. Urban health
WPR/RC66/8

Annex 1

14. Progress reports on technical programmes
 - 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
 - 14.4 Ageing and health
 - 14.5 Noncommunicable disease prevention and control
 - 14.6 Regulatory systems strengthening
WPR/RC66/9
15. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee
WPR/RC66/10

Membership of Global Committee

16. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee
WPR/RC66/11

Other matters

17. Time and place of the sixty-seventh and sixty-eighth sessions of the Regional Committee
18. Closure of the session

LIST OF REPRESENTATIVES**REPRESENTATIVES OF MEMBER STATES**

AUSTRALIA	<p>Mr Mark Cormack, Deputy Secretary, Australian, Government Department of Health, Atlantic Street, Canberra <i>Chief Representative</i></p> <p>Mr Simon Cotterell, Assistant Secretary, Australian Government Department of Health, Canberra, <i>Alternate</i></p> <p>Mr Christopher Bedford, Director, Australian Government Department of Health, Canberra, <i>Alternate</i></p> <p>Ms Sarah Ferguson, Assistant Director, Australian Government Department of Health, Canberra, <i>Alternate</i></p>
BRUNEI DARUSSALAM	<p>Datin Dr Norlila Abdul Jalil, Permanent Secretary, Ministry of Health Bandar Seri Begawan, <i>Chief Representative</i></p> <p>Ms Zahrah Hashim, Director of Policy and Planning, Ministry of Health Bandar Seri Begawan, <i>Alternate</i></p> <p>Mr Faisal Kamis, Special Duties Officer, Ministry of Health Bandar Seri Begawan, <i>Alternate</i></p>
CAMBODIA	<p>Dr Te Kuyseang, Secretary of State for Health, Ministry of Health Phnom Penh 855, <i>Chief Representative</i></p> <p>Dr Lo Veasnakiry, Director, Department of Planning and Health Information, Ministry of Health, Phnom Penh, <i>Alternate</i></p>
CHINA	<p>Ms Zhang Yang, Deputy Director General, Department of International Cooperation, National Health and Family Planning Commission Beijing, <i>Chief Representative</i></p> <p>Ms Liu Yue, Division Director, Department of International Cooperation National Health and Family Planning Commission, Beijing, <i>Alternate</i></p> <p>Mr Guo Haiming, Deputy Division Director, Department of Law and Legislation, National Health and Family Planning Commission Beijing, <i>Alternate</i></p>

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- CHINA (continued)
- Mr Mei Yang, Deputy Division Director, Bureau of Disease Prevention and Control, 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 Duan Leilei, Researcher, National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, *Alternate*
- CHINA (HONG KONG)
- Professor Chan Siu-chee, Sophia, Under Secretary for Food and Health Food and Health Bureau, Hong Kong, *Chief Representative*
- Ms Au Wan-sze, Wendy, Principal Assistant Secretary for Food and Health, Food and Health Bureau, Hong Kong, *Alternate*
- Dr Chiu Pui-yin, Amy, Assistant Director of Health, Department of Health, Hong Kong, *Alternate*
- Dr Chan Siu-mui, Tina, Principal Medical and Health Officer Department of Health, Hong Kong, *Alternate*
- Dr Lin Wai-chi, Ada, Senior Medical and Health Officer Department of Health, Hong Kong, *Alternate*
- Dr Fong Ho-ching, Edmund, Senior Medical and Health Officer Department of Health, Hong Kong, *Alternate*
- CHINA (MACAO)
- Dr Kuok Cheong U , Deputy Director, Health Bureau Government of the Macao SAR, China, Macao, *Chief Representative*
- Dr Lam Chong, Head of Center for Disease Control and Prevention Health Bureau, Government of the Macao SAR, China Macao, *Alternate*
- Mr Wong Cheng Po, Head of Research and Planning Office Health Bureau, Government of the Macao SAR, China Macao, *Alternate*
- Mr O Leong, Senior Technical Officer, Health Bureau Government of the Macao SAR, China, Macao, *Alternate*
- COOK ISLANDS
- Mr Nandi Tuaine Glassie, Minister of Health, Cook Islands Ministry of Health, Rarotonga, *Chief Representative*
- Mrs Elizabeth Iro, Secretary, Cook Islands Ministry of Health Rarotonga, *Alternate*
- Dr Neti Herman, Director of Community Health Services Ministry of Health, Rarotonga, *Alternate*

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- FIJI
- Dr Meciusela Tuicakau, Acting Permanent Secretary, Ministry of Health and Medical Services, Suva, *Chief Representative*
- Dr Josaia Samuela, Divisional Medical Officer (Eastern Division) Ministry of Health and Medical Services, Suva, *Alternate*
- FRANCE
- Mr Mazyar Taheri, Chef adjoint du Bureau international santé et protection sociales, Délégation aux affaires européennes et internationales Ministère des affaires sociales, de la santé et des droits des femmes Paris, *Chief Representative*
- Madame Valentine Eurisouke, membre du gouvernement, Responsable de la santé, Gouvernement de la Nouvelle-Calédonie Nouméa, *Alternate*
- Docteur Jean-Paul Grangeon, Médecin-inspecteur et chef du service de santé, publique de la direction des affaires sanitaires, Nouméa, *Alternate*
- JAPAN
- Dr Naoko Yamamoto, Assistant Minister for Global Health Minister's Secretariat, Ministry of Health, Labour and Welfare Chiyoda-ku, *Chief Representative*
- Mr Hiroyuki Yamaya, Director, Office of International Cooperation Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
- Dr Satoshi Ezoe, Team Leader, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo, *Alternate*
- Dr Haruhiko Inada, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo, *Alternate*
- Dr Masami Miyakawa, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare Tokyo, *Alternate*
- Dr Tomoo Ito, Bureau of International Health Cooperation National Center for Global Health and Medicine Tokyo, *Alternate*

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KIRIBATI	<p>Dr Kautu Tenaua, Minister of Health, Ministry of Health and Medical Services, Tarawa, <i>Chief Representative</i></p> <p>Ms Sonia Monica Schutz, Deputy Secretary for Health Ministry of Health and Medical Services, Tarawa, <i>Alternate</i></p>
LAO PEOPLE'S DEMOCRATIC REPUBLIC	<p>Associate Professor Dr Som Ock Kingsada, Vice-Minister of Health Ministry of Health, Vientiane, <i>Chief Representative</i></p> <p>Dr Nao Boutta, Chief of Foreign Relation Division Director General of Cabinet of the Ministry of Health Vientiane, <i>Alternate</i></p>
MALAYSIA	<p>Datuk Seri Dr S. Subramaniam, Minister of Health Ministry of Health Malaysia, Putrajaya, <i>Chief Representative</i></p> <p>Datin Seri Dr S. Umarani, Spouse to the Minister of Health Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p> <p>Datuk Dr Noor Hisham Abdullah, Director General of Health Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p> <p>Dr Zainal Ariffin Omar, Director, Pahang State Health Department, Kuantan, <i>Alternate</i></p> <p>Mr Saravanan S. Mariappan, Principal Private Secretary to the Minister of Health Malaysia, Ministry of Health Malaysia Putrajaya, <i>Alternate</i></p> <p>Dr Mohd Helmi Zakariah, Assistant Director, Global Health Unit Office of the Deputy Director General of Health (Public Health) Ministry of Health Malaysia, Putrajaya, <i>Alternate</i></p>
REPUBLIC OF THE MARSHALL ISLANDS	<p>Ms Mailyynn Konelios-Lang, Acting Secretary for Health Ministry of Health, Majuro, <i>Chief Representative</i></p> <p>Dr Tom Jack, Director, Public Health, Ministry of Health Majuro, <i>Alternate</i></p>

MICRONESIA (FEDERATED STATES OF)	Mr Arthy G. Nena, Acting Secretary (Minister) Department of Health and Social Affairs, Pohnpei, <i>Chief Representative</i>
	Mr Moses Pretrick, National Environmental Program Manager Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
	Mrs Louisa Helgenberger, National Immunization Manager Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
	Dr Mayleen Ekiek, TB/Leprosy National Medical Director Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
	Mr Wincener J. David, National Health Planner, Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
	Mr X-ner Luther, Section Director, Non Communicable Disease Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
	Mrs Fancelyn P. Solomon, Administrative Specialist Department of Health and Social Affairs, Pohnpei, <i>Alternate</i>
MONGOLIA	Dr Bayar Oyun, Director of Health Policy Implementation and Coordination Department, Ministry of Health and Sports Ulaanbaatar, <i>Chief Representative</i>
NAURU	Ms Leane Pearce, Health Services Advisor, Ministry of Health Central Pacific, <i>Chief Representative</i>
	Ms Isabella Amwano Dageago, Assistant Director of Nursing to Public Health, Government of Nauru, Central Pacific, <i>Alternate</i>
NEW ZEALAND	Dr Stewart Jessamine, Director of Public Health, Ministry of Health Wellington, <i>Chief Representative</i>
NIUE*	
REPUBLIC OF PALAU	Mr Gregorio Ngirmang, Minister for Health, Ministry of Health Koror, <i>Chief Representative</i>
	Mr Temmy Temengil, International Health Coordinator Ministry of Health, Koror, <i>Alternate</i>
PAPUA NEW GUINEA	Mr Michael Malabag, Minister for Health and HIV/AIDS National Department of Health, Waigani, Chief

* did not attend

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PAPUA NEW GUINEA
(continued)

Mr Pascoe Kase, Secretary for Health, National Department of Health
Waigani, *Alternate*

Dr Paison Dakulala, Deputy Secretary, Health Services
National Department of Health, Waigani, *Alternate*

Ms Kimberley Kawapuro, Policy and Research Officer
National Health Services Standards, National Department of Health
Waigani, *Alternate*

Mrs Nellie Malabag, Minister's Spouse, Department of Health
Waigani, *Alternate*

PHILIPPINES

Dr Janette P. Loreto-Garin, Secretary of Health
Department of Health, Manila, *Chief Representative*

Dr Lilibeth C. David, Undersecretary, Office for Policy and Health
Systems, Department of Health, Manila, *Alternate*

Mr Mark Francis C. Hamoy, Consul, Philippine Consulate General
Tamuning, Guam, *Alternate*

Dr Myrna C. Cabotaje, Director IV, Regional Office I
Department of Health, La Union, *Alternate*

Dr Annabelle P. Yumang, Director III, Regional Office XI
Department of Health, Davao City, *Alternate*

Dr Mar Wynn C. Bello, Medical Officer V, Bureau of International
Health Cooperation, Department of Health, Manila, *Alternate*

Ms Maika Ros N. Bagunu, Senior Health Program Officer
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Manila, *Alternate*

Ms Angelita I. Cirineo, Assistant Philippine Consulate General
Tamuning, Guam, *Alternate*

Ms Marie Emilie Avanzado Paras, Executive Assistant III
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Dr Donn Mc Angelo T. Valdez, Executive Assistant VI
Philippine Health Insurance Corporation, Pasig City, *Alternate*

Dr Linda Milan, Senior Policy Adviser, Department of Health
Manila, *Alternate*

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REPUBLIC OF KOREA	<p>Dr Kwon Deok cheol, Assistant Minister for Healthcare Policy Ministry of Health and Welfare, Sejong, <i>Chief Representative</i></p> <p>Dr Jee Youngmee, Director General, Center for Immunology and Pathology, Korea Centers for Disease Control and Prevention Cheongju-si, <i>Alternate</i></p> <p>Ms Lee Min-won, Director, Division of International Cooperation Ministry of Health and Welfare, Sejong, <i>Alternate</i></p> <p>Mr Lee Dong Han, Director, Division of Chronic Disease Control Korea Centers for Disease Control and Prevention Cheongju-si, <i>Alternate</i></p> <p>Ms Nam Hoo hee, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong, <i>Alternate</i></p> <p>Ms Jung Su ah, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong, <i>Alternate</i></p> <p>Ms Yoo Hyosoon, Research Scientist, Division of HIV/AIDS and TB Control, Korea Centers for Disease Control and Prevention Cheongju-si, <i>Alternate</i></p> <p>Mr La Ki Tae, Specialist, Korea Institute for Health and Social Affairs Sejong City, <i>Alternate</i></p>
SAMOA	<p>Leausa Toleafoa Dr Take Naseri, Director General of Health/ Chief Executive Officer, Ministry of Health Apia, <i>Chief Representative</i></p> <p>Ms Delphina Taoa Kerslake, Legal Consultant, Ministry of Health Apia, <i>Alternate</i></p>
SINGAPORE	<p>Dr Lam Pin Min, Minister of State (Health) Ministry of Health, Singapore, <i>Chief Representative</i></p> <p>Dr Lyn James, Director, Epidemiology & Disease, Control Division Ministry of Health , Singapore, <i>Alternate</i></p> <p>Ms Yeo Wen Qing, Deputy Director, International Cooperation Branch Ministry of Health, Singapore, <i>Alternate</i></p> <p>Dr Liu Jiaming, Assistant Director, Regulatory Policy Branch Ministry of Health, Singapore, <i>Alternate</i></p> <p>Ms Leong Ting Li Amanda, Assistant Manager, International Cooperation Branch, Ministry of Health Singapore, <i>Alternate</i></p>

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SOLOMON ISLANDS	Dr Tenneth Dalipanda, Permanent Secretary Ministry of Health and Medical Services, Honiara, <i>Chief Representative</i>
TOKELAU*	
TONGA	Dr Saia Ma'u Piukala, Minister of Health, Ministry of Health Government of Tonga, Nuku'alofa, <i>Chief Representative</i> Dr Leiukamea Aholoka Saafi, Acting Director of Health Ministry of Health, Tonga, Nuku'alofa, <i>Alternate</i>
TUVALU	Mr Isaia V. Taape, Permanent Secretary for Health Ministry of Health, Funafuti, <i>Chief Representative</i> Dr Nese Ituaso Conway, Director of Health Princess Margaret Hospital, Ministry of Health Funafuti, <i>Alternate</i>
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND*	
UNITED STATES OF AMERICA	Ambassador Jimmy Kolker, Assistant Secretary, Office of Global Affairs, U.S. Department of Health and Human Services Washington, D.C., <i>Chief Representative</i> Mr James Gillan, Director Department of Public Health and Social Services Guam, <i>Alternate</i> Ms Erika Elvander, Director, Asia and the Pacific Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., <i>Alternate</i>

* did not attend

*

UNITED STATES OF
AMERICA
(continued)

Dr William Thane Hancock, Career Epidemiology Field Officer:
U.S.-Affiliated Pacific Islands, Centers for Disease Control and Prevention,
Pacific Islands Health Officers Association
Mangilao, *Alternate*

LCDR Matthew Johns, USDHS, HHS Global Health Security
Liaison to the US Pacific Command, Office of Global Affairs
U.S. Department of Health and Human Services
San Francisco, California, *Alternate*

Lt. Col. Kim T. Leba, Region Lead, PACOM/Southeast Asia
Cooperative Biological Engagement Program
Defense Threat Reduction Agency, Virginia, *Alternate*

Ms Melissa Kopolow McCall, Health Advisor, Office of Economic
and Development Affairs, Bureau of International Organization
Affairs, U.S. Department of State, Washington, D.C., *Alternate*

Ms Esther Muna, Chief Executive Officer
Commonwealth Healthcare Corporation
Commonwealth of Northern Mariana Islands, Saipan, *Alternate*

Ms Rachel Wood, International Health Analyst
Office of Global Affairs, U.S. Department of Health and Human
Services, Washington, D.C., *Alternate*

Mr Lance Brooks, Division Chief, Cooperative Biological Engagement
Program, Defense Threat Reduction Agency, Virginia, *Alternate*

Timothy Garrow, President, NAEROK Group International
Los Angeles, California, *Alternate*

Young Park, Chairman & CEO, NAEROK Group International
Los Angeles, California, *Alternate*

VANUATU*

VIET NAM

Professor Dr Le Quang Cuong, Vice Minister of Health
Ministry of Health of Viet Nam, Hanoi, *Chief Representative*

Dr Tran Thi Giang Huong, Director General
Department of International Cooperation, Ministry of Health of
Viet Nam, Hanoi, *Alternate*

Dr Nguyen Huy Quang, Director General, Department of Health
Legislation, Ministry of Health of Viet Nam
Hanoi, *Alternate*

* did not attend

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VIET NAM
(continued)

Dr Luong Ngoc Khue, Director General
Administration of Medical Services Management
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Dr Nguyen Thi Lien Huong
Director General, Environmental Health Management Agency
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Dr Dang Viet Hung, Deputy Director
Department of Planning and Finance
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Dr Le Van Kham, Deputy Director, Department of Health Insurance
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Dr Nguyen Van Kinh, Director, National Hospital of Tropical
Diseases, Hanoi, *Alternate*

Dr Nguyen Viet Nhung, Director, National Hospital of Lung Diseases
Hanoi, *Alternate*

Dr Nguyen Minh Hang, Deputy Director General
General Department of Preventive Medicine
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Dr Nguyen Duc Thanh, Head, Unit of Disaster Management
Cabinet of the Ministry of Health
Ministry of Health of Viet Nam, Hanoi, *Alternate*

Ms Doan Phuong Thao, Official, Department of International
Cooperation, Ministry of Health of Viet Nam
Hanoi, *Alternate*

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

III. OBSERVERS

ASIA PACIFIC LEADERS MALARIA
ALLIANCE (APLMA)

Professor Paul Lalvani

GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA

Dr Enkhjin Bavuu

OBSERVERS FROM GUAM:

CENTERS FOR DISEASE CONTROL AND
PREVENTION (CDC)

Dr Wayne Smith
Mr Peter Judicpa

DEPARTMENT OF PUBLIC HEALTH AND
SOCIAL SERVICES

Mr Leo G. Casil
Mr Francis Santos
Ms Margaret Bengzon
Mr Pedro Leon Guerrero
Dr Suzanne Kaneshiro
Ms Roselie V. Zabala
Mr Patrick S. Lucas
Ms Elizabeth Guerrero
Ms Alyssa Uncangco
Mr Lawrence Alam
Mr Alex Silverio
Ms Bertha Taijeron
Ms Margarita B. Gay
Ms Josephine T. O'Mallan
Ms Bernadette P. Schumann
Mr Charles Morris
Mr Aaron Ungpingco

ECONOMIC DEVELOPMENT AGENCY

Mr Mark Mendiola

INDEPENDENT EXPERT REVIEW GROUP
(iERG)

Dr Kathleen Ferrier

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PACIFIC ISLAND HEALTH OFFICERS
ASSOCIATION (PIHOA)

Dr Emi Chutaro
Dr Haley Cash

**IV. REPRESENTATIVES OF OTHER
INTERGOVERNMENTAL ORGANIZATIONS**

SECRETARIAT OF THE PACIFIC
COMMUNITY (SPC)

Dr Sunia Soakai, Deputy Director
Secretariat of the Pacific Community
New Caledonia

INTERNATIONAL ORGANIZATION FOR
MIGRATION (IOM)

Dr Predrag Bajcevic
Chief Medical Officer
IOM Philippines

**V. REPRESENTATIVES OF
NONGOVERNMENTAL ORGANIZATIONS**

FEDERATION DENTAIRE INTERNATIONALE (FDI)	Dr Stanley Y. Yasuhiro
HEALTH TECHNOLOGY ASSESSMENT INTERNATIONAL (HTAI)	Dr Jeonghoon Ahn
INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS (IAPO)	Mr Kin Ping Tsang Ms Karen Ida Villanueva
INTERNATIONAL COUNCIL OF NURSES (ICN)	Ms Lynn H. Okada
INTERNATIONAL DIABETES FEDERATION (IDF) FEDERATION INTERNATIONALE DU DIABETE (FID)	Dr Petch Rawdaree
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)	Mr Farhan Mari Isa Mr Sheng-wei Chang Ms Hsin Mei Pan Mr Bruce Chi-Han Tsai
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS & ASSOCIATIONS (IFPMA)	Dr Michael Nissen Dr Carina M. Frago
INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)	Ms Fumie Saito
INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION (IPSF)	Ms Meng San (Dora) Lee
INTERNATIONAL SPECIAL DIETARY FOODS INDUSTRIES (SDI)	Ms Ling Di Koh
WORLD ASSOCIATION OF SOCIETIES OF PATHOLOGY & LABORATORY MEDICINE (WASPALM)	Dr Lai-Meng Looi
WORLD FEDERATION OF ACUPUNCTURE AND MOXIBUSTION SOCIETIES (WFAS) FEDERATION MONDIALE DES SOCIETES D'ACUPUNCTURE ET DE MOXIBUSTION	Dr Teoh Boon Khai Professor Jaung-Gen Lin
WORLD HEPATITIS ALLIANCE (WHA) ALLIANCE MONDIALE CONTRE L'HÉPATITE	Mr Francis Charles Gore

**LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES
MADE STATEMENTS TO THE REGIONAL COMMITTEE**

Alzheimer's Disease International

Asia Pacific Leaders Malaria Alliance

Independent Expert Review Group

International Alliance of Patients' Organizations

International Council of Nurses

International Diabetes Federation

International Federation of Medical Students' Associations

International Organization for Migration

International Planned Parenthood Federation

World Association of Societies of Pathology and Laboratory Medicine

World Hepatitis Alliance

**ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE MICHAEL MALABAG
MINISTER FOR HEALTH, PAPUA NEW GUINEA, AT THE OPENING SESSION OF THE
SIXTY-SIXTH 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.

I am deeply honoured to address this sixty-sixth session of the WHO Regional Committee for the Western Pacific in the beautiful setting of the island of Guam. As the outgoing Vice-Chair of the Committee, it is my distinct honour to convey to the Government of Guam and his Excellency Eddie Baza Calvo, Governor of Guam, through the Honourable Director of Health, Dr Jim Gillan—our sincere greetings and heartfelt appreciation for the festive and colourful welcome you have extended to us.

On behalf of the health ministers of the 37 countries and areas of the World Health Organization in the Western Pacific, thank you for hosting this RCM.

Ladies and gentlemen: the year 2015 marks a significant milestone for the world.

Following the Millennium Summit of the United Nations in 2000, the governments of 193 countries committed to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality, reduce child mortality, improve maternal health, combat HIV-AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development.

Over the past 15 years, there has been unprecedented progress that has contributed to improved health.

At the same time, the rate of progress has been uneven between and within countries.

As we embark on a new global development agenda, the Sustainable Development Goals, we must regroup, re-evaluate, and resolve to build on and sustain the gains of the MDGs. Further, we must reach those who have not yet benefitted from our previous efforts.

Excellencies: on behalf of the outgoing Chairperson of the sixty-fifth session of the Regional Committee, from the Philippines, allow me to reflect on the year that has passed.

Last year, we endorsed a *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*. This plan helps us to prioritize our actions in implementing the WHO Framework Convention on Tobacco Control. Critical to this plan is how we can resist tobacco industry interference. This industry does not stop until it has penetrated the centres of decision-making of a country.

So we must remain vigilant and put public health first. For the Pacific, bolder actions are needed to achieve our shared vision for a Tobacco-Free Pacific in 2025. We must address smoked and

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chewed tobacco. We must engage with all sectors to put an end to tobacco use, especially among the youth.

For the first time, we endorsed a *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020*. The Regional Agenda challenges us to do what we can for those who suffer silently with their families the stigma and disability brought about by mental ill-health.

We spoke out firmly in support of actions to combat antimicrobial resistance. Through the *Action Agenda for Antimicrobial Resistance in the Western Pacific*, we agreed to address the overuse and misuse of antimicrobials in humans and animals and to regulate the sale of antimicrobial agents, or be confronted with a terrifying future where life-saving drugs and medicines for common infections are no longer effective.

Recognizing the critical importance of disease prevention through vaccination, we endorsed the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* and highlighted our commitment to continue and intensify efforts to achieve measles elimination, accelerated hepatitis B control, sustained polio-free status, maternal and neonatal tetanus elimination, and rubella elimination, as well as to introduce new vaccines.

Papua New Guinea recently vaccinated 200,000 children with the new Inactivated Polio Vaccine and Measles-Rubella vaccine. This was led by our Prime Minister, who has made prevention of disease one of his highest priorities.

Last but not least, through the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*, we agreed to work across all sectors to strengthen country capacity and increase technical and financial investments to strengthen health systems, minimize the consequences of disasters, and mitigate the impact of climate change.

Distinguished colleagues:

Ebola in West Africa and MERS in the Middle East and the Republic of Korea has put us on notice—the threat of a deadly virus spreading around the world is like the proverbial sword hanging over our heads.

The Pacific island countries are most prone to extreme climate conditions and are deeply concerned about climate and health. Typhoons constantly threaten us. A severe El Nino is expected to hit us. These are difficult times for the entire planet.

We in health must engage in preparations for the Paris Climate Change Conference of Parties, in November. We must articulate the impacts of climate change on health. We must take immediate actions to keep communities safe and make our health care systems are resilient to climate change.

Our ability to manage disasters and outbreaks will be determined by how strong our foundation for primary health care is.

In order to prepare for the worst, we must focus on the basics.

We continue to look to the World Health Organization, to provide us with guidance and support as we face an unpredictable future.

Last year, we examined and commented on the draft proposed Programme Budget for the World Health Organization for 2016–2017 that was approved by the World Health Assembly in May. We look forward to the next two years with high hopes to do better, and to reiterate our commitment to protect and promote the health of all people in the Western Pacific.

I thank the other office-bearers of the Regional Committee.

In the same breath, I also thank you—Dr Shin Young-soo and staff—for all the hard work that went into providing support to the Member States through the ministries of health.

I look forward to another invigorating and stimulating Regional Committee meeting.

And, again, I thank our gracious hosts for the excellent preparations.

**ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
DR MARGARET CHAN, AT THE SIXTY-SIXTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
(delivered by Dr Hans Troedsson, Assistant Director-General, General Management)**

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

Dr Chan, Director-General, WHO, is unfortunately unable to join us today. She sends her greetings and has asked me to address you today on her behalf.

The world has changed dramatically since the start of this century, when the Millennium Development Goals became the focus of international efforts to reduce human misery.

At that time, human misery was thought to have a discrete set of principal causes, like poverty, hunger, poor water and sanitation, several infectious diseases, and lack of essential care during pregnancy, childbirth, and childhood.

The results of that focus, and all the energy, resources, and innovations it unleashed, exceeded the wildest dreams of many. It demonstrated the power of international solidarity and brought out the best in human nature.

Maternal and child mortality fell at the fastest rate in history, with some of the fastest drops recorded in sub-Saharan Africa. Each day, 17,000 fewer children die than in 1990. AIDS reached a tipping point in 2014 when the number of people newly receiving antiretroviral therapy surpassed the number of new infections.

Since the start of the century, an estimated 37 million lives were saved by effective diagnosis and treatment of tuberculosis. Over the same period, deaths from malaria declined by 60%. An estimated 6.2 million lives were saved.

Drug donations by the pharmaceutical industry allowed WHO to reach more than 800 million people each year with preventive therapy for the neglected tropical diseases. These donations underpin the Region's determination to stop leprosy and eliminate lymphatic filariasis.

By reaching so many of the world's poorest people, such efforts pave the way for a mass exodus from poverty.

On behalf of the Director-General and WHO, I would like to congratulate the recipients of this year's Nobel Prize in medicine. This is not only an honour for China, Ireland, and Japan, but also a tribute to the importance of treating diseases prevalent in extremely poor people. It is hard to think of these diseases as neglected anymore.

The two Nobel Prize Laureates from this region, Dr Youyou Tu from China and Dr Satoshi Omura from Japan is an indication that this region is having an essential role in global research and development in public health. These two Nobel Prize Laureates have given the world two of the most important drugs for developing countries: Artemisinin and Ivermectin.

Last month, the United Nations General Assembly finalized a new agenda for sustainable development. The number of goals has grown from 8 to 17, including one for health. The related targets increased 8-fold, from 21 to 169.

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The factors that now govern the well-being of the human condition, and the planet that sustains it, are no longer so discrete. The new agenda will try to shape a very different world.

This is a world that is seeing not the best in human nature, but the worst: international terrorism, senseless mass shootings, bombings in markets and places of worship, ancient and priceless archaeological sites reduced to rubble, and the seemingly endless armed conflicts that have contributed to the worst refugee crisis in the past 70 years.

Ladies and gentlemen,

Since the start of this century, newer threats to health have gained prominence. These newer threats to health are much bigger and more complex than the problems that dominated the health agenda 15 years ago.

NCDs have overtaken infectious diseases as the world's biggest killers. As noted in your RD's annual report, in some Pacific Island countries and areas, more than 75% of adults are obese, nearly 50% of young people smoke, and up to 40% of adults have elevated blood-glucose levels.

The world is ill-prepared to cope. Few health systems were built to manage chronic if not life-long conditions. Even fewer doctors were trained to prevent them. And ever fewer governments can afford to treat them.

In some countries, the costs of treating diabetes alone absorb from 25% to 50% of the entire health budget. Most new drugs approved in 2014 for various cancer indications cost more than \$120,000 per patient per year.

The climate is changing, with consequences to health ranging from a wider geographical distribution of dengue to excess deaths from air pollution, heatwaves, and other extreme weather events. Pacific islands are already recording acute consequences that threaten their very survival.

In December, Paris will host the 21st Conference of the Parties of the UN Framework Convention on Climate Change. That event is regarded by many as the last chance to prevent our children from inheriting a ruined planet. As UN Secretary-General Ban Ki-moon has noted, there is neither a Plan B nor a Planet B.

Antimicrobial resistance is a major health and medical crisis. As the Director-General last week said at the G7 health ministers meeting, antimicrobial resistance is a global health crisis. Highly resistant superbugs haunt emergency rooms and intensive care units around the world. Gonorrhoea is now resistant to multiple classes of drugs. Even with the best of care, only around half of all patients with multidrug-resistant tuberculosis can be cured.

As mentioned by the Governor of Guam this morning, hepatitis is a huge problem. It kills 1,500 people every day. This will be discussed at the Regional Committee this week when you are reviewing the draft regional action plan.

No one working in public health should underestimate the challenges that lie ahead. These newer threats to health do not neatly fit the biomedical model that has historically guided public health responses. Their root causes often lie outside the traditional domain of public health.

The health sector acting alone cannot protect children from the marketing of unhealthy foods and beverages, persuade countries to reduce their greenhouse gas emissions, or get industrialized food producers to reduce their massive use of antibiotics.

The globalized marketing of unhealthy products respects no borders. By definition, a changing climate affects the entire planet.

Drug-resistant pathogens are notorious globe-trotters. They travel business class in infected air passengers and through global trade in food.

We face other challenges. The poverty map has changed. Today, 70% of the world's poor live in middle-income countries. This is a game-changing statistic. Growth in GDP has long been the yardstick for measuring national progress. If the economy is doing well, where is the incentive to invest in equitable health care? The world does not need any more rich countries full of poor people.

Our world is profoundly interconnected and this, too, has consequences. The refugee crisis in Europe shattered the notion that wars in faraway lands will stay remote. The Ebola outbreak shattered the notion that a disease of poor African nations will have no consequences elsewhere.

Ladies and gentlemen,

The Ebola outbreak in West Africa is not yet over, but we are very close. The response is in a phase where we can track the last chains of transmission, and break them. To get to this phase, WHO deployed more than 1000 staff to 68 field sites in the three countries.

Dr Chan thanks the Western Pacific Region Ebola Support Team, or WEST, for contributing to the international response that has brought us so far.

The outbreak also tells us something about the importance of the new agenda for sustainable development. Many of the new goals address the root causes of ill health. Pursuing them will lay the groundwork for a world that is fairer, and more stable and secure. This includes security against the infectious disease threat.

Last month, 267 prominent economists from 44 countries published a declaration in the *Lancet*. That declaration called on global leaders to prioritize a pro-poor pathway to universal health coverage as an essential pillar of sustainable development.

The economic arguments for doing so are compelling. UHC transforms livelihoods as well as lives, and works as a poverty-reduction strategy. The economic benefits of investing in UHC are estimated to be more than ten times greater than the costs.

As the economists noted, the devastating effect of Ebola could have been mitigated by building up public health systems in the three countries at one-third of the cost of the Ebola response to date.

Thank you.

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

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

Hafa Adai!

Good afternoon and welcome to the sixty-sixth session of the World Health Organization Regional Committee for the Western Pacific.

I would like to thank the Government and the people of Guam and the United States of America for hosting this session of the Regional Committee.

The last time the Regional Committee was held in Guam was 1972. Our Chairman Mr Gillan helped coordinate at that session 43 years ago — even though he was apparently only eight years old at the time!

Joking aside, it is a good year for us to meet in the Pacific — on the 20th birthday of the Healthy Islands vision.

Pacific health ministers reaffirmed their commitment to this vision earlier this year at their meeting in Fiji. They pledged to address the Pacific's NCD crisis and monitor progress towards creating a truly healthy environment.

Since the first meeting of ministers in 1995, Pacific islands have made impressive strides in health. Child survival rates have improved, and life expectancy has risen.

During the same time, TB deaths have been reduced by two thirds, as the Pacific has remained polio free and made progress against neglected tropical diseases.

Our work in the Pacific is one of the many priorities I will mention today.

As the Regional Director, I report to Member States on advances in health and well-being every year at this time.

All of you have received my detailed report — The Work of WHO in the Western Pacific Region — on the achievements of the previous year. You will notice the new format is more reader-friendly.

Overall, we have worked to strengthen health systems throughout the Region. We have seen measurable declines in communicable diseases, while we continue to address the risk factors of noncommunicable disease, the Region's number one killer.

During the past year, three countries were verified as having eliminated measles — Brunei Darussalam, Cambodia and Japan. Now seven countries and areas have been verified.

American Samoa reduced hepatitis B prevalence to less than 1% among 5-year-olds — it is now one of 12 countries or areas in the Region to reach the 2017 target.

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Cambodia was verified as having eliminated maternal and neonatal tetanus. Meanwhile, Niue, Palau and Vanuatu have sought validation of the elimination of lymphatic filariasis as a public health problem.

In light of the threat posed by multidrug-resistant malaria, WHO and Member States in the Mekong developed a subregional malaria elimination strategy. The operations hub in Cambodia continues to play a key role in coordinating efforts to tackle multidrug resistance in the Greater Mekong Subregion.

Across the Region, antimicrobial resistance — or AMR — continues to be a priority. The regional action agenda on antimicrobial resistance — which was endorsed last year — is already yielding results.

Fiji, Samoa and Mongolia started developing multisectoral national action plans to combat AMR last year. Meanwhile, national plans and policies on AMR are being finalized in Australia, Cambodia, Viet Nam and the Philippines.

To strengthen health systems, we have supported the development of national policies and plans in Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia and Solomon Islands.

We have also supported high-level policy dialogues in Cambodia, China and Viet Nam — as well as reviews of national health plans in several Pacific and Mekong countries.

Our large network of collaborating centres gathered for the first-ever regional forum in November 2014. Nearly 200 representatives from 135 centres in the Region met to share experiences and strengthen partnership at the Regional Office.

The event was a shining example of effective collaboration and cooperation to build capacity in the Region.

In eight countries across the Region, more than 400 health facilities with an estimated 10 000 health providers have been implementing WHO's Early Essential Newborn Care, also known as the First Embrace.

These simple low-cost measures save young lives — which is particularly important in our Region, where newborn babies account for half of all child deaths.

Another life-saving initiative — the WHO Framework Convention on Tobacco Control — is also enjoying remarkable uptake across the Region.

This past year, the Republic of Korea raised taxes on tobacco products and is expected to add graphic health warnings on cigarette packs next year. Fiji, Solomon Islands and Samoa all recently joined the long list of countries that have added warnings.

Cambodia recently enacted comprehensive anti-tobacco legislation. This past year tobacco taxes were also increased in seven Pacific island countries and areas — Cook Islands, Fiji, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Solomon Islands and Tonga.

But the biggest news on tobacco control came from China, a country that consumes one third of the world's cigarettes.

Beijing — the capital city of 20 million — enacted a comprehensive ban on smoking in all indoor public places in June. The measure is especially important because it reduces non-smokers' exposure to deadly second-hand smoke.

Of the million tobacco-related deaths each year in China, second-hand smoke claims 100 000 lives — mostly women and children.

We hope other Asian megacities follow Beijing's example.

Indeed, the past year has been a busy one for public health in the Region and globally.

But perhaps no crisis has shaken the global sense of health security more than the Ebola outbreak in West Africa.

Although we did not have a single case in the Western Pacific Region, we still played a key role in helping to manage the outbreak. We initiated a team approach called the Western Pacific Regional Ebola Support Team — known as WEST. WHO staff and experts from Member States supported the global response on the ground.

In fact, several Member States are still providing financial resources and expertise and support on the ground.

As you know, the Western Pacific Region faces more than its fair share of outbreaks and natural hazards. We have many experiences and lessons to offer the rest of WHO and the global community.

This past year, another prominent infectious disease outbreak occurred in our Region — namely the Middle East respiratory syndrome coronavirus, also known as MERS.

Ebola and MERS serve as painful reminders that pathogens can travel rapidly across borders and that outbreaks can occur in the most unexpected places.

Ebola took everyone by surprise when it appeared in West Africa, where health systems were weak, and preparedness and the capacity to respond were minimal.

By contrast, the MERS outbreak in the Republic of Korea demonstrated that vulnerability is universal. Even a sophisticated health system with high capacity can be caught off guard when an infectious disease strikes.

We have been examining these outbreaks and reviewing progress in the Asia Pacific Strategy for Emerging Diseases — called APSED — and the International Health Regulations.

In this way, we can ensure that we are as prepared as possible for the next outbreak.

In fact, an evaluation of APSED this year noted strong progress in the development and strengthening of national surveillance and response systems in the Region.

APSED implementation began in 2006. Before that time, Member States in the Region did not do systematic event-based surveillance.

As of 2013, more than nine out of ten Member States reported having units dedicated to event-based surveillance — which is crucial to early detection and response to outbreaks and emergencies.

The evaluation also called for updates to the strategy to guide future actions, based on critical lessons from Ebola, MERS and other public health emergencies.

In the Western Pacific Region, we are already translating those lessons into action.

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We are assisting countries to implement the next phase of APSED and meet International Health Regulations. You will hear more about this important process in progress reports and side events this week.

Just a few weeks ago, I was in New York — along with some of you — at the United Nations Sustainable Development Summit for the adoption of the SDGs.

These goals are an ambitious promise to the world on the 70th birthday of the United Nations.

Progress towards some of these goals will depend on WHO — as the global authority on health AND the largest United Nations agency — to assist Member States in improving health outcomes.

The Western Pacific Region has experienced rapid development and unprecedented economic growth. The Region's experiences provide insight on the many unintended consequences of development — such as unplanned urbanization, climate change and road safety, to name a few.

This week, we will address several of the Region's health challenges with action plans to be considered by the Regional Committee.

For the first time, we will move beyond healthy settings to address the larger issue of urban health on our agenda.

We will also discuss specific pathways towards universal health coverage for Member States.

This regional action framework – *Universal Health Coverage: Moving Towards Better Health* – will have broad implications for our ability to address many health challenges in the future.

Two other action plans address items that cause untold death and hardship in the Region: viral hepatitis and violence and injuries.

Individually, viral hepatitis and violence and injuries each claim more lives in the Region than AIDS, malaria and tuberculosis all combined.

This year, we will also discuss the regional implementation of the global strategy to end tuberculosis.

We will provide updates on many WHO technical programmes corresponding to previous Regional Committee resolutions — such as food safety, neglected tropical diseases, ageing and health, NCD prevention and control and strengthening regulatory systems.

These progress reports are important. As you know, our work does not end when we develop regional strategies or action plans. It only begins at that point.

To better serve Member States, we are changing how we operate at WHO.

We are evaluating the Organization's global role and reforming to better respond to Member States' needs, especially in times of emergency.

We know that our response to health emergencies must be a well-oiled machine — a well-managed series of steps that stem death and destruction.

When all is said and done, we must help Member States to recover stronger and more resilient from disasters and outbreaks.

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To accomplish this, we must focus on the importance of working across sectors, across borders and across societies — bridging gaps in information and understanding with solid collaboration.

By building relationships and systems in calm times, we will be better prepared to perform in crises.

Ebola showed us — once again, and once and for all — that we must have a unified response to global health threats, no matter what they are or where they occur.

No one organization or person can do it alone.

But working together, we have shown that we can make rapid but real improvements in the health and well-being of the Region's 1.8 billion people.

Together, we will ensure that the Western Pacific Region is able to overcome whatever health challenges the future holds.

Thank you.

**ADDRESS BY THE INCOMING CHAIRPERSON
MR JAMES GILLAN, DIRECTOR, DEPARTMENT OF PUBLIC HEALTH AND
HUMAN SERVICES, GUAM, UNITED STATES OF AMERICA
AT THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC**

Honourable Ministers
Distinguished Representatives
The Honourable Representative of the Director-General of WHO, Dr Hans Troedsson
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:

Manana Si Yu'uos (Glod bless you)
Hafa Adai and welcome to Guam.

Thank you for the honour and trust you have given me as chair of the sixty-sixth session of the WHO Regional Committee for the Western Pacific.

I would like to extend my thanks to the outgoing Vice-Chair, the Honourable Michael Malabag, Minister for Health and HIV/AIDS, Papua New Guinea, and all the other office-bearers of the last RCM. I am fully committed to manage the proceedings with efficiency, as my predecessors have.

As your Chair, I hope you will agree that we practise what we preach—particularly in relation to health promotion and NCD prevention. I would like to propose that we make this RCM a "healthy meeting". I hope that you can take advantage of our beautiful bay and take walks, or swim during your free time. Let us continue to use 'Pacific attire' for the rest of the week and be ready to participate in the mobility breaks to ensure that we do not increase our health risks by sitting down too much.

Excellencies: It is a privilege for Guam to host this Regional Committee Meeting.

I hope you will discover the treasures of Guam. With over 4000 years of history, our island traditions and customs thrive despite invading conquerors, wars and epidemics, and the socio-political upheaval from globalization. Our multicultural heritage is exemplified by our food, with its diverse Asian, Micronesian, Spanish and American influences. Music, arts and dance are woven into our island lifestyle, and, I hope during this meeting, we will have opportunities to share these with you. Guam is hosting the Festival of Pacific Arts next year; I invite you to get a head start and explore the richness of Guam's culture during your stay.

Ladies and gentlemen: It was in 1972, or 43 years ago, that Guam hosted the twenty-third session of the Regional Committee.

At that time, Dr Franklin S. Cruz, the director of the Department of the Public Health and Social Services chaired the meeting and I was one of the coordinators. I was just starting my career in public health. So, being elected as the Chair for the sixty-sixth meeting has a special personal significance.

Looking at the RCM agenda in 1972, it is interesting to note that our agenda items included occupational health; disinfection of aircraft; drug dependence; the health consequences of smoking.

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coordinated teacher training programmes for health personnel; health laboratory services—among others.

These topics, though worded differently are still quite relevant to us. That, in itself is a telling statement. We have worked long and hard, yet the things that continue to effect the health status of the people of the Region continue to challenge us.

The context for health, however, has changed dramatically.

We are still very much concerned about infections, tobacco and harmful substances, international travel, working conditions and health systems capacity.

But our environment has become more complex. We are more interconnected by mobile communication technology and social media—and yet we see fragmentation and unravelling of the social fabric, with great disparities of groups among and within countries. We travel more and at faster speeds, but so do deadly microbes and harmful products. The world produces more food, and yet the rate of malnutrition and obesity that co-exist is unprecedented. Medical science has advanced beyond imagination through magnetic imaging and robotic probes for surgery, and yet basic public health programmes like immunization are faltering in many places.

We have heard the excellent report of the Regional Director.

Dr Shin, you have led us through many challenges in the past year. We look to your leadership to guide us in the next few days. We all appreciate your very intense personal commitment to the betterment of the health of all our peoples.

As it was in 1972, the Regional Committee remains a tried and tested institutional mechanism for strength, solidarity and sustained support for all of us to do things better—despite the odds. We are 33 nations and territories, we have different languages and different political systems. There are times when those things place us at odds with one another. But here, in this hall, the flags of our countries and territories are aligned. We here all share this one common thread that binds us: our wish for the improved health of our people, and their peace and security. Our agenda seeks to move us further on that journey.

My friends: We have six main agenda items that we hope to cover today and tomorrow: the budget implementation report for 2014–2015; viral hepatitis; tuberculosis; universal health coverage; violence and injury prevention; and urban health.

These will be followed by six progress reports that we hope to finish on Thursday: Food safety; Asia Pacific Strategy for Emerging Diseases and the International Health Regulations; neglected tropical diseases and leprosy; ageing and health; noncommunicable disease prevention and control; and regulatory systems strengthening.

We will also discuss coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee; and special global research programme related to human reproduction.

Distinguished colleagues: Allow me to annotate the main agenda items.

We will discuss the implementation of Programme budget 2014–2015. As many of you recall, our comments on Programme budget 2016–2017 were taken up by the Executive Board in January 2015 and the World Health Assembly in May 2015

Viral hepatitis is the seventh leading cause of mortality in the world. Every year, 1.45 million people die from hepatitis and 40% of deaths are in our Region. In Guam, liver cancer is the second leading cause of cancer mortality: a significant proportion of liver cancer is attributable to chronic hepatitis. The incidence of hepatitis B infection in Guam is markedly higher than the United States, and is highest among Micronesians. Not surprisingly, Micronesians have a liver cancer mortality rate that is over 5 times higher than the United States average. The *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* will be discussed.

Despite the remarkable progress in reducing tuberculosis, this disease still claims 100 000 lives every year. Some of those killed by tuberculosis are Pacific islanders; you will recall that, in 2008, we had a cluster of multi-drug resistant tuberculosis cases in the Federated States of Micronesia. We will discuss the *Regional Framework for Implementation of the End TB Strategy in the Western Pacific 2016–2020*.

Universal health coverage will be discussed. This is extremely relevant to the Pacific, where cost and other barriers to health care access persist. For instance, in 2013, one in four Guamanians had no health care coverage.

In public health, we have dropped the word "accidents"—knowing that many injuries can be prevented by modifying their risk factors. Road traffic injuries, falls, drowning, poisoning, interpersonal violence and burns are increasing, particularly in low- and middle-income countries. Violence and injuries are the leading cause of death for the age group 5–49 years. Thirty percent of deaths from drowning are among children under the age of 15. We are asked to consider a *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020*.

In the Western Pacific, more than half of all people live in urban areas, even in the Pacific island countries. Rapid and unplanned urbanization poses many challenges to health. In the contexts of climate change and the NCD epidemic, cities and urban areas can be "game-changers" if we build on healthy settings and start moving toward more comprehensive programmes on urban health. The draft *Regional Framework for Urban Health in the Western Pacific 2016–2020* is for our consideration.

My friends: Having gone over the agenda and the working documents for this RCM, allow me to share some last reflections from Guam.

We share the vision for Healthy Islands. Today, the greatest threat to attaining this vision is the "tsunami" of NCDs, spurring the Pacific Ministers of Health to call a state of emergency in the Region. We recognize the importance of promoting healthy lifestyles to stem the unprecedented health and socio-economic burden from NCDs. At the same time, we acknowledge that the "choices people make depend on the choices that they have." Thus, environmental interventions through policies and programmes that promote healthy choices are critical. This is true for NCD prevention and control as well as for hepatitis, tuberculosis, urban health, and violence and injury prevention; and universal health coverage is a key element for re-shaping the environment. This regional meeting presents an opportunity to push for strategic interventions to create a health-promoting milieu where "children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean which sustains us is protected"(Healthy islands vision, 1995).

I also want to insert here my personal wish for the framework from which we shall develop our health in all policies. The concept of The ONE HEALTH Connection in reference to Microbial Threats to health requires intersectoral coordination to address emerging diseases. The logical framework for that is One Health. "One Health is the collaborative effort of multiple health professions, together with their related disciplines and institutions-working locally, nationally and

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globally, to attain optimal health for people, domestic animals, wildlife, plants and our environment". (One Health Commission webpage). The principles of One Health align well with a health in all policies (HIAP) approach and have significant meaning for vulnerable populations and isolated Pacific Island nations, indeed, for all of us. We must rethink how we look at infectious diseases as simply a health issue along (IOM "Emerging Viral Diseases"). We all know very well, that health is more than health care. Health embraces all things....

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 also look forward to meaningful, succinct discussion of the agenda items, as there is much ground to be covered. I would also like to take the opportunity to thank the Government of the United States, whose significant support has allowed Guam to host this prestigious international health event.

I thank you all for coming to Guam and wish us all a productive and meaningful meeting.

Saina masse (thank you from the bottom of my heart).

**CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SHIN YOUNG-SOO,
AT THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC**

MR CHAIRPERSON;
HONOURABLE MINISTERS;
DISTINGUISHED REPRESENTATIVES:

I would like to thank everyone for their commitment, hard work and team spirit this week.

Your contributions have made the sixty-sixth session of the Regional Committee for the Western Pacific a great success.

On behalf of the World Health Organization, I would like to express our deep appreciation — once again — to the Government and people of Guam and the United States of America for their hospitality. You have been world-class hosts.

My sincere appreciation also goes to all those people behind-the-scenes who have helped to make this session run so smoothly — from hotel staff and representatives' assistants to my own team members.

As we share success, however, we also shared tragedy this week with the passing of our colleague and long-time friend Temmy Temengil from the Republic of Palau.

Temmy will be remembered as a dedicated and passionate advocate for health — and a valued colleague and collaborator to many of us. His passing is a loss not only for his family, but also for the Region as a whole.

Even with the sombre mood that followed this sad news, however, the Regional Committee agenda proceeded smoothly.

This year Member States had a full agenda.

They reviewed our performance under the Programme Budget 2014–2015.

They also discussed and reaffirmed their commitments to five regional health priorities: viral hepatitis, universal health coverage, tuberculosis, urban health, and violence and injury prevention.

The Secretariat will work to put into effect the recommendations of Member States.

This year, we also had several important side events. We covered Health Security, Sustainable Development Goals and the Polio Endgame Strategy. Our last event today focused on Public Health Law.

We also received new donations to the Art Gallery at the Regional Office. I would like to thank all Member States who have donated art to the gallery.

Keep in mind that we still have open space on the walls at the Regional Office for more fine art from the Region.

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Finally, I would like to thank our office bearers for their efficient and thoughtful guidance. Our thanks to:

- **Vice-Chairperson Dr Naoko Yamamoto** of Japan for her good-natured and excellent support to the Chair;
- **Ms Yeo Wen Qing** of Singapore for her fine ability to capture Member States' concerns as the English Rapporteur; and
- **Dr Jean-Paul Grangeon** from New Caledonia, who served once again with distinction as the French Rapporteur.

I would especially like to thank **Mr Jim Gillan** of Guam for keeping us on track so well as the Chair of the Regional Committee. His efficiency is the reason why we have finished early.

Hopefully now we will all have some time to see more of this paradise that he calls home.

Please accept these gifts tokens of our appreciation.

(present gifts and take photographs)

I wish you all a safe return home and hope to see you soon in Manila.

Thank you.

**CLOSING REMARKS BY THE CHAIRPERSON, MR JAMES GILLAN
DIRECTOR, DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
GUAM, UNITED STATES OF AMERICA
AT THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE
WESTERN PACIFIC**

I would like to exercise one last privilege as Chairperson and make a few remarks, and for the first time, unscripted. I now will try to keep it to 2 minutes and 59 seconds.

We just had a presentation of gifts and that is always very nice and I thank some of the other representatives for doing the same thing. I really do appreciate that. But the greatest gift was the honour to chair this meeting and to meet some old friends again and some new ones. You know, I looked over the speech that I gave in the opening and I realize I forgot a whole paragraph so I am going to do that one and it was basically.....we are all from different countries and different places. Our Pacific souls probably resonate closely but some of the other countries, you know, Australia, New Zealand, China, we are all kind of different in the way we see things. We have different politics; we probably disagree on many things, but when we look at these flags here all aligned, we are here for a single purpose which unites us all, and that is the health of the people of the countries that we live in and the people that we live with and care for. That's what makes all of these worth it!

This was a lot of work and people from my Health Department were here helping our event planner. This would not have happened without the event planner, it was just too much of a job. We would have spent, I think. Mark Jacob told me one time that he locked people in the room for a month in order to get this done. For me, it's probably the capstone of my career and it has been a real privilege to work with you all.

I will still be around for a couple of more years, but I just cannot tell you that this has been just a marvellous experience for me.

United States, thank you very much for your support and your encouragement, and all of you.

God bless you, enjoy the rest of your stay here and if there is anything we can do to make it more enjoyable, please let us know.

Thank you very much.