CONTENTS

I. INTRODUCTION

The sixty-seventh session of the Regional Committee for the Western Pacific was held at the WHO Regional Office for the Western Pacific, Manila, Philippines, from 10 to 14 October 2016.

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, New Caledonia, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam, and by representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from the United Nations International Organization for Migration, representatives from the Association of Southeast Asian Nations (ASEAN) Secretariat and Secretariat of the Pacific Community; representatives of 15 nongovernmental organizations; and observers from the Asian Development Bank, Asia Europe Foundation, Asia Pacific Leaders Malaria Alliance, Department of Health of the Philippines, the Embassy of Malaysia in Manila, Philippines, Malaria Consortium, Ministry of Health and Welfare, Government of the Republic of Korea, Pacific Island Health Officers Association, Sanitation and Water for All and the World Organization for Animal Health.

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

At the opening of the session in the Conference Hall, Regional Office for the Western Pacific, remarks were made by the outgoing Chairperson and the WHO Regional Director for the Western Pacific. The Director-General of the World Health Organization delivered her address to the Regional Committee (see Annexes 4 and 5).

II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

WPR/RC67.R1 DRAFT PROPOSED PROGRAMME BUDGET 2018–2019

The Regional Committee,

Having examined the draft Proposed Programme Budget 2018–2019, which was developed through robust, bottom-up, results-based planning;

Acknowledging the Secretariat's efforts to align Member State priorities with global outcome and impact targets through category and programme area networks, including the new Health Emergencies Programme;

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

Recognizing the implications of the 2030 Agenda for Sustainable Development for WHO's work in the 2018–2019 biennium;

Noting that the Financing Dialogue will be an opportunity for Member States to provide comments and seek further clarification by WHO on the draft Proposed Programme Budget 2018-2019,

1. THANKS the Secretariat for the comprehensive presentation of the Organization-wide draft Proposed Programme Budget 2018–2019;

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

3. REQUESTS the Regional Director:

(1) to submit the comments of the Regional Committee on the draft Proposed Programme Budget 2018-2019 to the Executive Board for its consideration in January 2017.

Fifth meeting, 12 October 2016

WPR/RC67.R2 ENVIRONMENTAL HEALTH

The Regional Committee,

Concerned that one quarter of death and illness in the Region is linked to the environment, with a disproportionate impact on vulnerable groups such as young children and the poor;

Alarmed by worsening environmental conditions and emerging environmental threats to health in Member States;

Stressing the need for increased resources and improved collaboration between health, the environment, and other sectors and partners to strengthen capacity to address environmental threats to health;

Acknowledging Member States' progress towards universal health coverage and increasing efforts to create healthy environments, including universal access to clean air, safe water and sanitation;

Recognizing the unprecedented opportunity created by the 2030 Agenda for Sustainable Development to accelerate action on health and the environment;

Noting the deep concern of the international community regarding growing health impacts of climate change, and welcoming the rapid ratification of the Paris Agreement on climate change in 2016;

Having reviewed the draft *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet,*

1. ENDORSES the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*;

2. URGES Member States:

(1) to engage with all sectors and agencies that affect environmental determinants of health and well-being to address environmental health goals and targets within the SDGs;

(2) to strengthen monitoring and surveillance to guide evidence-based policies, plans and interventions and promote greater awareness of environmental health issues;

(3) to integrate basic environmental health services, such as access to clean air, safe water and basic sanitation, in national health sector development plans;

3. REQUESTS the Regional Director:

(1) to disseminate and provide technical support to Member States to implement the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*;

(2) to disseminate tools and evidence to support Member States' work on environmental health;

(3) to report periodically on progress in the implementation of the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*.

Fifth meeting, 12 October 2016

WPR/RC67.R3 MALARIA

The Regional Committee,

Acknowledging the progress made by Member States in the fight against malaria, including the achievement of the malaria-related targets of the Millennium Development Goals;

Recognizing the commitment of leaders at the 2014 East Asia Summit and the support of the Asia Pacific Leaders Malaria Alliance to achieve an Asia Pacific region free of malaria by 2030;

Recalling resolution WPR/RC60.R5 that endorsed the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)*;

Acknowledging that further efforts are necessary to ensure universal access to malaria prevention and control interventions and services;

Recognizing the need for increased investments in surveillance to improve the targeting of malaria prevention and control services;

Acknowledging the need to accelerate elimination of drug-resistant malaria strains, especially those resistant to artemisinin;

Recognizing the need to strengthen the human resource capacity and training in malaria prevention and control;

Guided by the *Global Technical Strategy for Malaria 2016–2030,* endorsed by the World Health Assembly in 2015 (WHA68.2);

Noting the renewed commitment of the international community, as evidenced in the Sustainable Development Goal target to end the malaria epidemic;

Having reviewed the draft *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020,*

1. ENDORSES the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*;

2. URGES Member States:

(1) to update national malaria control and elimination strategies and operational plans in accordance with the recommendations in the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*;

(2) to mobilize and invest the financial and human resources necessary to accelerate control and elimination of malaria;

(3) to ensure equity in access to malaria prevention and control services to all at-risk populations;

(4) to prevent the reintroduction of malaria to areas where indigenous transmission has been eliminated;

3. REQUESTS the Regional Director:

(1) to disseminate and provide technical support to implement the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*;

(2) to promote control and elimination of malaria as a regional common agenda for which collective actions are needed, particularly in cross-border collaboration and action;

(3) to report periodically on progress in implementing the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*.

Fifth meeting, 12 October 2016

WPR/RC67.R4 DENGUE

The Regional Committee,

Recognizing the commitment of Member States and collective efforts of partners to implement the *Dengue Strategic Plan for Asia Pacific 2008-2015,* endorsed by the Regional Committee in 2008;

Concerned about a doubling in the annual number of dengue cases in the Region between 2008 and 2015, while encouraged by Member State progress in reducing case fatality rates over the same period;

Recognizing continuing challenges for Member States posed by dengue and other arboviral diseases transmitted by *Aedes* mosquitoes, including the diseases' impact on health services;

Acknowledging that efforts are necessary to reduce case fatality rates by further strengthening diagnostics and clinical management;

Recognizing that there are limited tools available to control and contain dengue outbreaks;

Welcoming the incorporation of lessons learnt from evaluation of the *Dengue Strategic Plan for Asia Pacific 2008–2015* into the new action plan;

Emphasizing that effective risk communications, accompanied by strong community engagement and ongoing vector management, can help prevent and control dengue;

Acknowledging the importance of regional information-sharing regarding dengue cases and effective interventions;

Having reviewed the draft *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016),*

1. ENDORSES the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016);*

2. URGES Member States:

(1) to develop and strengthen national strategies and operational plans, in accordance with the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016)*;

(2) to focus national efforts on mitigating the impact of dengue on health and health systems;

(3) to further reduce the impact of dengue through early adoption of new tools proven to be safe and effective, monitor their cost-effectiveness and share the findings;

3. REQUESTS the Regional Director:

(1) to disseminate and provide technical support to implement the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016);*

(2) to promote prevention and control of dengue and other arboviral diseases as a regional common agenda for which collective actions beyond the health sector are needed;

(3) to report periodically on progress in implementing the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016).*

Seventh meeting, 13 October 2016

WPR/RC67.R5 SUSTAINABLE DEVELOPMENT GOALS

The Regional Committee,

Recalling United Nations General Assembly resolution A/RES/70/1 on Transforming our world: the 2030 Agenda for Sustainable Development, and the 17 Sustainable Development Goals (SDGs) endorsed by world leaders in September 2015;

Reaffirming World Health Assembly resolution WHA69.11 on Health in the 2030 Agenda for Sustainable Development, as well as WHA67.14 and WHA66.11 on Health in the post-2015 development agenda;

Recognizing the achievements and lessons learnt in implementing the Millennium Development Goals (MDGs) in the Western Pacific Region;

Noting that the SDGs go beyond the MDGs and cover a wide range of ambitious and interdependent challenges, and commit to leave no one behind;

Emphasizing that the SDGs present a new role for the health sector in employing whole-of-government and whole-of-society approaches;

Acknowledging the importance of social mobilization as a driver for bottom-up change to achieve the SDGs;

Reaffirming that universal health coverage (UHC) is an SDG target and also provides a comprehensive framework for action towards achieving the other health-related SDG targets;

Recognizing that actions by Member States are guided by the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health*, endorsed by the Regional Committee in October 2015, and other strategies adopted at regional and global levels;

Noting the diversity in policies, structures and health systems of Member States across the Western Pacific Region;

Having reviewed the draft *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific,*

1. ENDORSES the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific;*

2. URGES Member States:

(1) to utilize the action agenda to develop country-specific policies and actions to accelerate progress towards achievement of the SDGs;

(2) to incorporate action on health equity and the social determinants of health as part of national UHC road maps;

(3) to strengthen mechanisms to monitor progress, share knowledge and learn from experiences;

(4) to build health sector capacity to implement evidence-based and equity-focused policies for achieving health-related SDG targets;

(5) to mobilize and invest technical and financial resources to engage with all stakeholders in working towards health-related SDG targets;

3. REQUESTS the Regional Director:

(1) to facilitate policy dialogue and provide technical support in line with the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*;

(2) to provide technical support for communications, and social and political mobilization on the SDGs, including a regional platform to engage with parliamentarians and other stakeholders;

(3) to report periodically on progress towards achieving the health-related SDG targets.

Seventh meeting, 13 October 2016

WPR/RC67.R6 ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES

The Regional Committee,

Recalling resolution WHA59.2 on Application of the International Health Regulations (2005), or IHR (2005); and World Health Assembly documents A69/20 on the Annual report on the implementation of IHR (2005), A69/21 on the Report of the Review Committee on the Role of IHR (2005) in the Ebola Outbreak and Response and A69/30 on Reform of WHO's Work in health emergency management;

Further recalling resolutions WPR/RC56.R4 on the Asia Pacific Strategy for Emerging Diseases (APSED); WPR/RC57.R2 on APSED, including IHR (2005) and Avian Influenza; WPR/RC58.R3 on Avian and Pandemic Influenza, IHR (2005) and APSED; and WPR/RC61.R5 on APSED (2010) and IHR (2005);

Noting that an evaluation of 10 years of APSED implementation confirmed the importance and relevance of the strategy as a common framework for Member States to develop core capacities to deal with public health emergencies using a generic, step-by-step approach, in accordance with IHR (2005);

Recognizing that health security threats do not respect national borders and that their impact reaches far beyond the health sector;

Recognizing also that actions to address health security threats and their impact require a multisectoral approach and regional cooperation;

Acknowledging that the Western Pacific Region continues to experience outbreaks of emerging infectious diseases and other public health emergencies;

Reaffirming the need to continue to maintain and strengthen effective national and regional systems and capacities to prevent, detect, assess and respond to public health events;

Recalling an extensive consultative process to develop the updated strategy with Member States, experts and partners;

Welcoming the opportunity for the updated strategy to contribute to the further development of the global IHR (2005) implementation plan;

Having reviewed the updated draft *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III),

1. ENDORSES the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III);

2. URGES Member States:

(1) to use APSED III as a strategic framework to update and guide national action plans and coordinate initiatives and multisectoral efforts;

(2) to use APSED III to implement the IHR Monitoring and Evaluation Framework, including Joint External Evaluations;

(3) to strengthen political commitment for investment in human and financial resources required to advance the implementation of IHR (2005);

3. REQUESTS the Regional Director:

(1) to provide technical support for Member States to implement APSED III, including developing or updating national action plans;

(2) to coordinate partner support for strengthening IHR core capacities using APSED III, which incorporates the IHR Monitoring and Evaluation Framework, including Joint External Evaluations;

(3) to report periodically on progress in implementing APSED III.

Seventh meeting, 13 October 2016

WPR/RC67.R7 SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

1. DECIDES that the sixty-eighth session shall be from 9 to 13 October 2017;

2. CONFIRMS that the sixty-eighth session of the Regional Committee shall be held in Brisbane, Australia;

3. EXPRESSES its appreciation to the Government of Australia for its offer to host the sixty-eighth session of the Regional Committee for the Western Pacific in 2017.

Eighth meeting, 13 October 2016

WPR/RC67.R8 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

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

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

Eighth meeting, 13 October 2016

DECISIONS

WPR/RC67(1) PROGRAMME BUDGET 2014–2015: BUDGET PERFORMANCE (FINAL REPORT)

The Regional Committee, having considered the final report of the Regional Director on the budget performance for the biennium 2014–2015, noted with satisfaction on the higher rate of Programme Budget implementation.

Second meeting, 10 October 2016

WPR/RC67(2) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of Brunei Darussalam, 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 2016, selects Fiji to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2017 to 31 December 2019.

Eighth meeting, 13 October 2016

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional agenda

1. The sixty-seventh session of the Regional Committee for the Western Pacific, held in Manila, Philippines, from 10 to 14 October 2016, was declared open by the outgoing Chairperson of the sixty-sixth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

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

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

The Committee elected the following officers:

Chairperson:	Datuk Seri Dr S. Subramaniam, Minister of Health, Malaysia
Vice-Chairperson:	Mr Nandi Tuaine Glassie, Minister of Health, Cook Islands
Rapporteurs:	
in English:	Ms Jacinta Holdway, Director, Department of Health, Australia
in French:	Mr Mazyar Tahėri, Deputy Chief, International Office of Health and Social Protection, France

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

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

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC67/1 Rev. 2)

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

5. The Regional Director said that on 30 September 2016, the Permanent Mission of France to the United Nations at Geneva had requested WHO headquarters and the WHO Regional Office for the Western Pacific to allow New Caledonia to participate in the Regional Committee in its own name, but without the right to vote. No objection having been received from any Member State, he was pleased to welcome New Caledonia to the Regional Committee on the basis indicated in document WPR/RC67/INF/5.

6. The representative of New Caledonia thanked the Committee for helping to mark a new stage in its history through integration into Western Pacific regional forums, and gave a brief overview of the public health challenges that New Caledonia was currently facing.

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

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

8. Certificates were formally awarded to the representatives of Cambodia, the Cook Islands, Niue and Vanuatu in recognition of the elimination of lymphatic filariasis in those countries.

9. Noting that it would be the last time that the Director-General would attend a meeting of the Regional Committee before her retirement in June 2017, representatives paid tribute to her energy, tireless dedication, positive attitude, leadership in health crises and straight-talking attitude. Her role in taking forward global health challenges and generating support from Member States was highlighted, as was her commitment to the health needs of the most vulnerable groups of society. During her term there had been multiple shifts in the determinants of health, and her adaptability and responsiveness to those shifts would surely characterize her legacy, for she believed that health systems were first and foremost social institutions that could make a decisive contribution to social stability and cohesiveness. In addition, she had consistently prioritized health issues even in times of economic uncertainty, dealt with pushback from industries that opposed WHO-sponsored health initiatives, and championed the cause of universal health coverage (UHC) in the wider United Nations context. She left WHO a more inclusive, efficient and transparent Organization.

10. Thanking representatives for their comments, the Director-General of the World Health Organization said that in the remaining months of her term she intended to pursue to their conclusion the Member State-driven reforms of the Organization.

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC67/2)

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

12. Representatives described recent developments in their respective countries, focusing in particular on the contrast between high-profile outbreaks of communicable diseases such as Zika, Ebola virus disease and Middle East Respiratory Syndrome, and silent epidemics of conditions such as diabetes that demanded more painstaking, behind-the-scenes efforts by public health officials. In communicable disease outbreaks, the International Health Regulations (2005), or IHR (2005), were cited as an essential tool for the timely and transparent exchange of information, and the need for a calibrated approach to disease communications was noted, for example the risk posed by Zika specifically to pregnant women, needed to be effectively and soberly conveyed without media-inspired sensationalism. Because the Ebola outbreak in West Africa and other health emergencies had demonstrated that health systems needed to be resilient, it was vitally important that IHR core capacities were put in place as soon as possible.

13. A number of representatives commended the ongoing work of the Regional Office in the areas of environmental health, health systems strengthening and antimicrobial resistance (AMR). The United Nations Sustainable Development Goals (SDGs) were cited as a useful platform for taking health initiatives forward, the ultimate prize being UHC, which, given that it aspired to health for all, was a fitting emblem of social solidarity and equality.

14. One representative acknowledged the efforts made to date in the area of governance reform, but called for greater accountability with regard to the implementation of outcomes of the 2016 World Health Assembly.

15. Representatives commended the Regional Office for an agenda that allowed more space for substantive discussion on technical issues. It was right to give countries greater ownership of the agenda. Well-prepared Regional Committee working documents have led to increased value, greater engagement of Member States and better overall decision-making.

16. The Director-General of the World Health Organization said that every effort would be made to secure WHO accreditation to the Green Climate Fund. Several representatives expressed hopes that such accreditation could be quickly secured, noting that their governments should support WHO in that aim.

17. The Regional Director, responding to comments on diabetes, said that the disease was a threat that could not be underestimated, with adult blood sugar levels reaching alarming rates in a number of countries. A whole-of-society movement was called for to respond to the challenge. He acknowledged the recognition expressed by delegations for the rising proportion of women among the Regional Office staff. He had not needed to take any special measures: it was merely a matter of fairness. The target of 50% or more female staff was within sight.

PROGRAMME BUDGET 2014–2015: BUDGET PERFORMANCE (FINAL REPORT): Item 8 of the Agenda (document WPR/RC67/3)

18. The Director, Programme Management, presented the final report of budget performance for the 2014–2015 biennium. The Programme Budget 2014–2015 was the first of three biennial budgets under the 12th General Programme of Work 2014–2019. It had introduced a results-based structure built around six categories, replacing the 13 strategic objectives used previously. The final budget working allocation amounted to US$ 300.7 million. The total funds available from all sources were US$ 266.6 million, representing 88.7% of the final working allocation. Compared to the previous biennium, funds had decreased by almost US$ 20 million, mainly due to a drop in voluntary contributions.

19. The largest percentage of expenditures continued to be staff costs, followed by contractual services, direct financial cooperation (DFC) and travel. DFC activities amounted to US$ 33.8 million, a reduction of US$ 3.7 million as compared with the previous biennium. Better DFC management and controls had led to enhanced collaboration with DFC counterparts and improved productivity. As a result, the Region had no overdue DFC reports as of 31 December 2015.

20. External audits of the Regional Office and two WHO country offices had been carried out during 2014–2015. As of January 2016, all external audit recommendations had been fully implemented. Internal audits had been conducted during 2014–2015 in the Regional Office and in three WHO country offices. All internal audit recommendations had been fully implemented and officially closed.

21. Staff diversity, in terms of both gender and geography, remained a high priority. Women accounted for 42% of full-time professional staff in the Region as of June 2016, an increase of 11 percentage points in less than four years. The Region employed professional staff members from 42 countries, making the Western Pacific staff the most diverse of all WHO regions.

22. Representatives complemented the Regional Office on a successful biennium. Progress had been made in the area of compliance and risk management, and there had been a high disbursement rate. More needed to be done, however, in achieving effectiveness and efficiency; there were still some outputs with only partial results. One representative said that at a time of declining funds, more un-earmarked voluntary contributions were needed. Country offices should play their part in seeking new donors and keeping existing ones.

23. The Director, Programme Management, said that the budget implementation rate of 97.2% was one of the highest ever. It should be noted that implementation also depended on the countries. With respect to the five areas that were partially achieved, a factor common to all was a shortage of funding, which meant that WHO had not been able to recruit the necessary staffing capacity. On the

question of budgetary funding, the 2014–2015 biennium had seen a decline of some US$ 20 million, and the same trend was apparent for 2016–2017. There was thus a drop in donor support and a consequent need to expand the donor base. The Secretariat would continue to work on resource mobilization on the basis of the "One WHO resource mobilization approach", and would try to make the most effective possible use of donor resources.

24. There being no further comments, the Chairperson noted that the Regional Committee had decided to accept the Regional Director's final report on the Programme Budget 2014–2015, and asked the Rapporteurs to draft an appropriate decision (see decision WPR/RC67(1)).

Special briefing on Zika

25. The Regional Emergency Director for the Western Pacific opened the briefing by noting that Zika virus was now widespread globally and regionally. She said that 73 countries and areas worldwide had reported evidence of mosquito-borne Zika virus transmission since 2007, with 56 countries having reported outbreaks since 2015. The Western Pacific was the most affected WHO region after the Americas.

26. In February 2016, Zika virus and associated congenital brain abnormalities and Guillain-Barré syndrome (GBS) had been declared a Public Health Emergency of International Concern (PHEIC) and remained so.

27. She said there was concern that the Region might experience a further spread of Zika virus and complications associated with Zika in the future. Those called for a concerted effort to put systems in place to promptly detect and monitor cases, outbreaks and complications. The Region needed to prepare to provide an appropriate response, reduce vector densities, especially in high-risk locations, and develop a long-term strategy to mitigate the impact of Zika.

28. The Undersecretary of Health, Republic of the Philippines, speaking as a panellist, gave an overview of the situation in his country. The *Aedes aegypti* mosquito was present in the Philippines, and there was much international travel to and from the country. The first locally diagnosed case had been detected in 2012. A further 15 local cases had been diagnosed in 2016, along with six in travellers returning to the Philippines. The national response to Zika was focused on three strategic stages: preparedness, containment and mitigation. Preparedness was built around a national plan drafted within a few weeks of the WHO declaration of a PHEIC. That phase focused on surveillance for Zika, microcephaly and GBS, as well as ensuring laboratory capacity, communicating with the public, and improving vector control. Containment relied on early detection and rapid response. Every case detected – whether from travellers or local transmission – was followed by investigation, contact tracing and intensified vector control. The mitigation strategy included long-term surveillance and trend mapping, and decentralization of diagnostic and care capacities. The Zika crisis showed that there would be no easy solutions or isolated responses. Zika was viewed as a call to review and improve the system in order to move to an integrated response to a range of flaviviruses including dengue, Zika and chikungunya.

29. The Minister of State, Ministry of Health, Singapore, speaking as a panellist, shared his country's experience. He said that Zika was not a new virus and Singapore had been planning its response for some time. It entailed three phases: early detection, response and containment, and long-term management through mitigation. The initial challenge was to respond to and contain the first cases. As dengue and Zika infections manifested similar symptoms, blood samples taken from patients suspected of dengue had also been tested for Zika virus. Some 4000 samples had been tested since February 2016. The first locally transmitted case was identified in August 2016. Local transmission to the wider community soon followed. Singapore detected its first imported case in May 2016, in a

patient returning from travel to South America. Since 80% of Zika-infected patients were asymptomatic and the population of Zika-infected mosquitoes had increased, Singapore had stopped isolating cases in hospitals and moved case management to the community, with those testing positive hospitalized only if clinically necessary. Vector-control operations continued to be the cornerstone of Zika control in Singapore. Pregnant women were a central focus of concern, and a clinical advisory group had been set up to provide guidance on pregnancy and Zika. Pregnant women infected with the Zika virus would also be given special counselling and care by their obstetricians. The Minister concluded by noting that transparency was key, and that a whole-of-society approach was needed that was practical and sustainable. The Minister urged the Region to work together to strengthen surveillance and response.

30. Comments from representatives referred to the need to improve collective global capacity, especially in developing diagnostics at the point-of-care. Strong leadership was called for within WHO at the global, regional and national levels, and from Member States themselves. Questions were raised regarding mosquito testing as it was deemed almost impossible to find a relevant location to collect samples of mosquitoes because the disease was so mildly symptomatic. Moreover, while for dengue it was possible to run field assays with NS1 rapid diagnostic test kits, this could not be done for Zika for which polymerase chain reaction assays were the only option. On the question of microcephaly, discussion centred on whether or not it varied according to the African or Asian strains, and how in a twin pregnancy it could be explained that one baby was normal and the other had microcephaly. In general, there was a pressing need to educate the public, particularly in vector control as many mosquito-breeding sites existed inside people's homes. One representative asked how long the Zika virus might have existed in the Region without it having been diagnosed, raising the allied question of how many communities were protected.

31. Several Pacific island representatives alluded to their testing capacity for arboviruses. Because facilities were lacking in their countries, specimens had to be sent for analysis overseas, and the time lag in receiving results was sometimes as long as one month. WHO assistance was requested in that regard. Paradoxically, the advent of Zika could be beneficial for small island countries and areas as it forced them to be vigilant. It also provided further opportunities to strengthen collaborative relationships in continuing to improve their health system's capacity to respond to global health threats.

32. The WHO Director-General said there were many unanswered questions and scientific gaps concerning the virus. The health sector had to be prepared for the immediate impact and for the medium- and long-term impacts. The health system impact was huge; in Brazil alone there were thousands of microcephalic babies. What support could be provided to the families over the long term? Both the United States of America and Brazil, where Zika seemed to be present in force, possessed tremendous scientific and research capacities, but they did not have all the answers. She emphasized the primary need to strengthen surveillance, laboratory testing and mosquito control, adding that countries needed to work together on research and development, including research on vaccines and new mosquito-control methods. Timely information-sharing was crucial. WHO was working with International Atomic Energy Agency and the Food and Agriculture Organization of the United Nations, as well as the wider scientific community, on new approaches to mosquito control; but work was still at the experimental stage, and for the moment conventional methods continued to apply. Attention should also be paid to possible modes of transmission other than mosquitoes; the question of sexual transmission should be studied, and blood transfusion monitoring might need to figure more prominently. Finally, she said discussing with WHO staff to see how laboratory diagnostic capacity could be strengthened in the Region in order to resolve sample transportation issues.

33. The Regional Emergency Director for the Western Pacific said that one case occurring through sexual transmission had been reported from New Zealand. Following discussion of guidelines about sexual abstinence recommended respectively to men and women infected with the virus (Singapore, for example, recommended eight weeks of abstinence for women and six months for men, as the virus had been found to remain present in semen for up to six months. The Director, Emergency Management, Health Emergencies Programme, WHO headquarters, said that for the time being, the Organization was taking a conservative approach, namely safe sex or abstinence for at least six months, but the matter was in a state of flux and different guidelines might well emerge as research progressed.

34. The Director, Programme Management, thanked the panellists and assured Member States that WHO would continue to collect information and fill knowledge gaps on Zika.

PROPOSED PROGRAMME BUDGET 2018–2019: Item 9 of the Agenda (document WPR/RC67/4; WPR/RC67/4 (Annex))

35. The Director, Programme Management, introduced document WPR/RC67/4, presenting the Organization-wide draft Proposed Programme Budget 2018–2019. It will be the third and final biennial budget under the 12th General Programme of Work 2014–2019. He said the draft Proposed Programme Budget is being developed in four phases. The first phase, which led to the version the Regional Committee has before it, involved bottom-up consultations on country priorities and their consolidation at the global level by categories and programme areas, along with cost estimates. The second phase will involve a refinement of the draft budget, based on the comments by all six regional committees, for presentation to the Executive Board in January 2017. The third phase will consist of further refinements to prepare the draft budget for consideration by the World Health Assembly. The final phase, following approval by the Health Assembly, will be operationalization of the budget, with implementation to begin in January 2018.

36. The Assistant Director-General for General Management was asked to present an overview of the draft Proposed Programme Budget 2018–2019. He pointed out the main similarities and main differences with the Programme Budget 2016–2017, the emphasis of the draft Proposed Programme Budget 2018–2019, and the rationale for the increases in allocations for the new Health Emergencies Programme, antimicrobial resistance (AMR), polio eradication and research in human reproduction. He also presented the proposed budget for the next biennium by category and major office.

37. Regarding the financing dialogue, the Assistant Director-General for General Management, said that this has led to improved predictability but no significant improvement in funding flexibility and sustainability. He also mentioned that while the overall budget increased from 1990, there was no assessed contribution increase in the last decade. The assessed contributions share of financing of the total budget has fallen below 30%. This is why the Director-General, in her letter of 19 July 2016 to Member States, had proposed an increase in assessed contributions.

38. In closing the Assistant Director-General for General Management said that next steps should include refinements that are based on feedback on the overall directions from the Regional Committee, and reflect further considerations on the implications of the SDGs and the Health Emergencies Programme. He said that the updated draft will be presented to the Executive Board in January 2017 and the final draft to the World Health Assembly in May 2017. Detailed plans for human resources and activities will be finalized in June 2017 following approval of the draft Proposed Programme Budget 2018–2019.

39. Representatives noted with appreciation the draft Proposed Programme Budget 2018–2019, and commended the commitment to support country priorities through the bottom-up approach. The representative from Australia praised the Organization’s commitment to reform, saying it would

reassure donors that funds are being properly utilized. He asked whether the Western Pacific Region's 3% share of the budget for AMR was sufficient. The representative said his Government was considering the Director-General's request for an increase in assessed contributions. With regard to the requested increase, the representative raised three issues. The first concerned the need for a rigorous monitoring and evaluation framework to be in place before the beginning of the biennium to ensure any additional resources would be used efficiently. Secondly, he wanted to know what the Assistant Director-General for General Management felt was the correct proportion of the total budget that should be covered by assessed contributions. Finally, he inquired about WHO's fall-back position should it be impossible to fill the revenue gap with assessed contributions or through other means. Would the Organization need to cut proposed new spending or would it re-examine and reprioritize existing programmes?

40. The representative from the Republic of Korea welcomed the new Health Emergencies Programme and the budget for AMR, noting that they account for a great deal of the increase in the draft Proposed Programme Budget 2018–2019. He said the recent outbreaks of Ebola virus disease and Zika are evidence of the need for such investment. The representative also informed the Committee of his country's commitment to fight AMR, noting that the Republic of Korea had developed a national action plan. He said his country will continue to support WHO and the Regional Office for the Western Pacific.

41. The representative from the Philippines expressed his country's support for the new Health Emergencies Programme that represents a large portion of the increase in the draft Proposed Programme Budget 2018–2019. He said predictability and promptness in responding to emergencies should be key features of the new programme. He also expressed support for efforts to combat AMR and eradicate polio, both items addressed in the proposed budget. The representative emphasized the need to broaden the global resource base so that financing would become less dependent on donors. He suggested the Secretariat could best respond to country needs by better articulation of strategies, directions and priorities, including more effective and efficient reporting. In closing, he expressed support for WHO governance reforms and urged management to improve the allocation, utilization and accountability of resources.

42. The representative from China said his country endorsed the draft Proposed Programme Budget 2018–2019 in principle, and stressed the important role all six regional committees could play in providing feedback to revise and refine the budget and inform Executive Board budget deliberations. The representative from China also expressed support for the new Health Emergencies Programme, which accounts for a large portion of the draft Proposed Programme Budget 2018-2019, but noted the need for flexibility both within the proposed budget and in operational planning.

43. The representative from Japan welcomed the health emergency reforms reflected in the draft Proposed Programme Budget 2018–20198, including the new Health Emergencies Programme and AMR. He also expressed appreciation that the budget supporting these activities is allocated as a single budget item. He also noted appreciation for the fact that the budget represents zero nominal growth – except for the inclusion of the Health Emergencies Programme. However, he said his country had some concern over increased budgets for partnerships, such as the Special Programme for Research and Training in Tropical Diseases (TDR) and Special Programme of Research, Development and Research Training in Human Reproduction (HRP), which have governance bodies of their own. He said these types of arrangements had pushed up the total WHO budget. In closing, the representative welcomed initiatives aimed at promoting more efficient budget allocation and at increasing transparency through financial dialogues, which could also include detailed discussions of the needs that led to a request from the Director-General for an increase in assessed contributions.

44. The representative from New Zealand said his country supports the draft Proposed Programme Budget 2018–2019, although it is still considering the request for increased assessed contributions. He

said New Zealand appreciates the fact that despite pressure, the proposed budget had taken care to maintain flexibility and balance operational needs and the maintenance of essential work programmes. The representative from New Zealand raised one area of concern: the repeated mention in the budget of the role of the Regional Office and country offices in the development of standards and guidelines. He said well-researched standards and guidelines are publicly available on a wide range of subjects pertinent to many Member States, often written by international experts. New Zealand asked whether there is an appetite to move away from the current standards and guidelines development process, which he said accounts for up to 25% of the WHO headquarters and Western Pacific Region budgets. He said one approach would be to assess, approve and adopt existing international standards and guidelines to meet the needs of Member States. In closing, he said such an approach is likely to be more cost-effective and faster, and would free up funding for other priorities.

45. The representative from the United States of America said her Government noted that the draft Proposed Programme Budget 2018–2019 represented an increase over the previous biennium, with most of the increase going to new Health Emergencies Programme, AMR, polio eradication and human reproduction. She noted that the Director-General's request for an increase in assessed contributions had come at a time when Member States also had been asked to make commitments to the SDGs. She said every Member State must find a balance between increased needs and the limited availability of resources – particularly at a time when many countries face flat or decreasing levels of funding not only for international but also for domestic programmes.

46. She said the United States of America had taken the position since the 1990s of zero nominal growth when considering requests for increased funding through assessed contributions. Despite the fact that WHO had not asked for increased assessed contributions in a decade and had been asked to do more, the lack of budget growth in the past is not a sufficient basis for justifying a future budget increase, nor is a shifting mandate or priorities.

47. The representative said United States of America looked at three criteria when considering requests for increases in assessed contributions. First, is the work programme and proposed budget transparent, so that Member States can see how resources align with expected results? Secondly, does work programme and proposed budget demonstrate actual and proposed cost savings from efficiencies, streamlining business processes or reductions in low-priority activities? Finally, does the work programme and proposed budget make clear which expected results and accomplishments would not occur if Member States do not agree to the proposed budget increases?

48. She said the United States of America looks forward to a discussion on the request for increased assessed contributions once appropriate targets and indicators are in place. She concluded by saying her country understood the need for increased capacity for the new Health Emergencies Programme and had been well engaged in discussions on this area of work. She agreed with comments of other representatives on the need to consider cost savings on special programmes, such as TDR and HRP.

49. The representative from Tonga noted that funding for NCDs does not match the scope of the problem. He acknowledged that funding for many communicable diseases are earmarked, but he said that where there are flexibilities more money had to be identified for NCDs. He said his comments echoed the sentiments of an NCD summit in Tonga that found that NCD funding needed to be better aligned with priorities.

50. In response to the Member State interventions, the Assistant Director-General for General Management said he is optimistic about Programme Budget 2018–2019 because he trusts that Member States would see increased funding as a cost-effective investment in global public health. He said that WHO, in turn, must show Member States a strong return on their investments.

51. He said the reform agenda has helped build trust between Member States and WHO. He added that transparency, cost-effectiveness/savings and clearly communicating expected results are key to assuring Member States of the value of increased assessed contributions. He said increasing assessed contributions and flexible funds would allow WHO to avoid disruption of important technical work.

52. The Assistant Director-General for General Management said that the new Health Emergencies Programme, which accounts for the majority of the budget increase, is a cost-effective approach compared to what a comparable programme would cost to mount as a separate entity outside of WHO. He added that this increased investment should happen at the country level, a focus that has been strong in the Western Pacific Region.

53. In response to a question about assessed contributions, the Assistant Director-General for General Management said they make up about 22–25% of total draft Proposed Programme Budget 2018–2019. He said the Director-General's request for a 10% increase would work out to about US$ 90 million. That raises a question for Member States: Is a US$ 90 million increase shared among 194 countries reasonable? He said that if Member States do not think it is a reasonable request, WHO headquarters needs to know what the objections might be and why it is not worth investing another US$ 90 million in WHO.

54. He concluded by saying the budget discussion will be refined at every step, starting with input from the regional committees for the Executive Board in January 2017.

55. The Director, Programme Management, responded to Member State questions regarding the budget allocation on AMR in the Western Pacific Region. He said the figure is misleading because it only shows resources for surveillance; whereas, the work to combat AMR is comprehensive under the divisions of Health Systems and Communicable Diseases.

56. The Committee considered a draft resolution on the draft Proposed Programme Budget 2018–2019.

57. The resolution was adopted (see resolution WPR/RC67.R1).

DENGUE: Item 10 of the Agenda (document WPR/RC67/5; WPR/R67/INF/1)

58. The Regional Director said that there had been more than 7000 dengue-related deaths and some 2.8 million cases had been reported in the Region between 2008 and 2015. While fatality rates had been halved, the number of annual cases had doubled despite the best efforts of Member States, WHO and its partners. The targets set by the *Dengue Strategic Plan for Asia Pacific 2008–2015* had not been met. Efforts to tackle dengue had been hampered by an incomplete understanding of the disease and a shortage of tools and resources to contain and control outbreaks. Campaigns to raise awareness of the threat also needed to be strengthened: communities needed to take ownership of the problem and individuals needed to understand that simple changes in behaviour could make a huge difference. The sharp increase in cases was putting intolerable stress on health-care systems during outbreaks. In parallel, efforts should be made to slow down the spread of the disease, for example by investing in the development of vaccines and using more effective vector-control methods – which incidentally would help to control other viruses carried by the *Aedes* mosquito such as Zika and chikungunya. Member States were therefore urged to endorse the draft *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016)* and implement its priority actions, including developing and strengthening national action plans.

59. Representatives described the dengue situation in their respective countries, which in many cases involved an increase in national budgets for dengue-control activities. It was widely noted that dengue disproportionately affected young people, especially children under 5 years of age, and that the

disease had a significant social and economic impact. Endemicity resulted from lack of immunity in the general population following intensive mosquito-control campaigns in the past, the adaptation of the *Aedes aegypti* mosquito vector to modern urban environments, and warmer climatic conditions that allowed the mosquito to proliferate. The increasing frequency and volume of international travel meant a potential increase in imported cases, which would necessitate more robust border control measures and the possible treatment of incoming aircraft with insecticide.

60. Several representatives said that dengue could not be considered in isolation from other arboviruses, such as Zika and chikungunya, that co-existed and co-circulated with it, and that the biggest challenge was controlling the mosquito vectors for all three diseases. One representative observed that Zika had garnered enormous international attention, thus relegating dengue almost to the status of a neglected tropical disease. While it was encouraging to know that new vaccines for arboviral diseases were being developed and licensed, there was also widespread recognition that no vaccine could provide complete protection. Other solutions needed to be explored. Specifically, WHO should give clear-cut advice on vaccine management. In addition, did WHO envisage revising the recommended treatment protocols for dengue in the light of the changing clinical profile of the disease?

61. There was widespread agreement that prevention was the key to dengue-control activities, in addition to boosting diagnostic capacity and enhancing surveillance and laboratory functions. Awareness-raising and social mobilization activities, especially in schools and through social media, should form part of a whole-of-society approach to tackling dengue that hinged on changing the behaviour of individuals and communities alike, with a view to containing the vectors at their source. Multisectoral and cross-sectoral cooperation should be actively promoted to encourage collaboration within and beyond the health sector, for example with environmental agencies. Another frequently cited component was effective risk communication, including regular updates and press briefings whenever cases were detected. A number of representatives referred to ongoing research into novel vector-control strategies: was there evidence that sustainable vector management methods were effective, which would enable public health authorities to reallocate scarce resources to other areas?

62. Representatives supported the principles and technical elements of the regional action plan, noting however that the Regional Office would have to provide technical support and guidance, and welcomed the broadening of the approach from containment to reducing the impact on communities, in addition to the insistence on the broader context of other arboviral diseases. It was vital to share information about locally successful dengue-control initiatives, with the Regional Office playing an extremely important coordinating role. Several representatives noted that the *Global Strategy for Dengue Prevention and Control 2012–2020* should inform regional efforts.

63. Specific points raised included the need to integrate effective vector control into urban planning initiatives, the observation that climate change was the underlying cause of new outbreaks in countries where dengue was previously unknown or extremely rare, and the logistical challenges faced by small Pacific island countries when shipping specimens for laboratory diagnosis.

64. The Director, Communicable Diseases, said that ongoing research on innovative vector-control strategies appeared to indicate that they were robust and cost-effective, so he was hopeful that the new methods, being self-sustaining, would eventually enable health authorities to reallocate scarce resources elsewhere. The observation that vector control should be built into urban planning was extremely pertinent: public health and urban planning were in many ways symbiotic; unfortunately the two components had become somewhat dissociated over the past century. In its recommendations on the use of vaccines, WHO followed the clear criteria established by the Strategic Advisory Group of Experts on Immunization.

65. The Regional Emergency Director for the Western Pacific said that the changing profile of certain vector-borne diseases and the emergence of new ones had led WHO to adopt a more generic approach, as reflected in the regional action plan currently before the Committee. She urged Member States to report back on any clinical trends that might prompt a review of the current clinical guidelines or protocols, which in the case of dengue dated back to 2009.

66. The Committee considered a draft resolution on dengue.

67. The resolution, which among other actions endorsed the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016)*, was adopted as amended (see resolution WPR/RC67.R4).

Panel Discussion on Environmental Health

68. The Facilitator, Dr Wilfried Kreisel, former Executive Director, Health and the Environment, WHO headquarters, led the panel discussion on environmental health. The aim of the discussion was to gain an overview of evidence on health and the environment, including the impact of climate change, and to set out the scientific context and rationale for the draft regional action plan.

69. Professor Yun-Chui Hong, Professor and Director, Institute of Environmental Medicine, Seoul National University, gave a presentation on "How the Environment Affects the Evolution of Disease". He described the original causes of disease, such as early human contact with animals, explaining how the human race had lost its ability to adapt to an environment that was changing too fast. Smoking, alcohol consumption and night work, for example, all made for unhealthy lifestyles to which the human organism was unable to adapt.

70. Professor Peng Gong, Director of the Center for Earth System Science, Tsinghua University, China, spoke about "Our Changing Planet". He said that solutions to problems arising from global environmental change called for global monitoring and modelling tools. Only transdisciplinary efforts would lead to wise projections. Nonetheless, local and individual actions should not be discounted; they were often as important as activities with global scope.

71. Ms Catarina de Albuquerque, Executive Chair, Sanitation and Water for All (SWA), gave a statement on "Health, Environment and the Sustainable Development Goals". She alluded to the environmental determinants of health including unsafe water and poor sanitation, the urgency of eliminating inequalities, and the need to work across sectors. She encouraged delegations to become active members of the SWA partnership to help make the SDGs a reality.

72. Dr Nicholas Watts, Executive Director of Lancet Countdown to 2030: Global Health and Climate Change, presented "Countdown to 2030: Global Health and Climate Change". He said that the aim of the Lancet Countdown project was to track the health benefits deriving from the Paris Agreement. Responding to climate change could be the greatest global health opportunity of the 21st century, while failure to do so might reverse the health advances of the last 50 years. Climate change undermined all social determinants of health, and its burden fell disproportionally on lower- and middle-income countries.

73. Responding to the presentations, a number of delegations emphasized the potential of extreme weather events such as tropical cyclones to trigger cycles of disease. The Pacific islands were often on the front lines of climate onslaughts. Resulting environmental hazards included contaminated water and sanitation, and vector-borne disease outbreaks. Most Pacific countries, faced with geographical isolation and economic shortcomings, did not have the capacity to deal with such challenges. A tropical cyclone could cancel out half or more of a country’s annual gross domestic product. On the other hand, responses to climate change impacts could be the greatest opportunity for strengthening health systems in the Pacific.

74. Specific points raised included the dangers posed by transboundary haze. The haze event of 2015 that blanketed much of South-East Asia had been responsible for at least 100 000 deaths. Timely public warning systems were needed for impending disasters. It was necessary to work with other sectors to monitor contaminants in water, air and soil and in enhancing capacity to measure, track and publicly report risks to health caused by environmental factors. There were opportunities to be leveraged by strengthening the all-hazards surveillance called for under the IHR (2005) framework.

75. Representatives described difficulties their countries were coping with in the area of food safety. Poor sanitation and bacteriological contamination caused many deaths from diarrhoeal diseases. Street vendor hygiene was problematic. Solid fuel use caused dangerous indoor air pollution. The use of banned pesticides put food and water at risk from contamination, and arsenic levels in drinking

water remained an issue. In addition, factories, especially in the garment-manufacturing sector, were overcrowded places producing heat, dust, noise and smoke.

76. The facilitator concluded with a summary of the panel interventions which, taken together, sounded a warning that the planet was losing its capacity to sustain life and good health. The only sound way forward was to adopt a health-in-all-policies approach, with WHO as the directing agency.

ENVIRONMENTAL HEALTH: Item 12 of the Agenda (document WPR/RC67/7)

77. The Regional Director noted that the Regional Forum on Environment and Health in Southeast and East Asian Countries held the previous week had provided an opportunity for multisectoral discussion and advocacy by ministers and other high-level officials in health and environment. They had endorsed the Manila Declaration calling for strengthened collaboration on core environmental health challenges. The declaration also appealed for more open dialogue on issues that could undermine sustainable development – issues related to agriculture, energy, housing, industrialization, trade, transport and rapid urbanization. A warming climate, polluting vehicles, substandard housing and the reckless use of antibiotics in raising animals for food all impacted human health and well-being. The problems demanded a multisectoral approach. The SDGs provided a mandate for the international community to address environmental and health risk factors and underpinned the draft *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*, which delegates were asked to consider for endorsement.

78. The draft framework had been developed through intensive consultations with Member States, regional and global technical experts, and other partners. It was intended to guide countries in ensuring that development did not compromise the ecosystem on which human health and well-being relied. The framework articulated the health sector's role and the need for multisectoral action to save a rapidly changing planet. It presented policy options and actions that Member States might consider as they worked towards a healthier and more environmentally sound future.

79. Delegations expressed broad approval of *The Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*. Specific suggestions raised included the addition to the text of precise time frames for actions and a reference to environmental disasters; the text should also conform to the terminology used in the Paris Agreement. It was observed that Member States in the Western Pacific Region were particularly vulnerable to climate-sensitive diseases; environmental determinants of health were responsible for more than a quarter of the Region's burden of disease. In developing countries in particular, the health sector carried the heaviest burden of environmental risk exposure, while being denied the capacity to influence the policy debate in a substantial way. It was important for the Organization to bolster its links with other United Nations bodies active in that sphere. A multisectoral approach was needed, allied with strong evidence-based policy. The dovetailing of the regional framework with the SDGs was welcomed.

80. The Director, Noncommunicable Diseases and Health through the Life-Course, said the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* had been developed over one and a half years of extensive consultations with Member States, experts and partners, for whose support she was grateful. In response to a question on links with the new WHO Health Emergencies Programme, she said that WHO already provided support on water, sanitation and hygiene, waste management, and health-care facilities in emergencies. That collaboration would continue. She also noted the strong call for capacity-building by Member States. One innovation proposed by the new framework was a mechanism to inform ministries of health about potential environment funding sources.

81. The Regional Director described the evolution of the Regional Forum on Environment and Health and its relation to the Regional Committee. The forum had been established in 2004 by the 10 ASEAN countries and China, Japan, Mongolia and the Republic of Korea. Senior ministers from

these countries met every three years to discuss environment and health issues. As three ASEAN countries were in the WHO South-East Asia Region, it had been agreed that the two WHO regional secretariats would work together to support the technical deliberations of the forum. Since the environment ministers were networking with the United Nations Environment Programme (UNEP) regional offices, it was natural for WHO to work with UNEP as well. Subsequently, at the third session held in Malaysia, it was decided that with the increasing importance of environment questions on the global agenda, the body should be expanded to cover the whole of the WHO South-East Asia and Western Pacific regions. It was not easy to manage such a multi-facetted structure, but the venture had thus far proven a success. Further institutional decisions would be taken at the next session.

82. The Committee considered a draft resolution on environmental health.

83. The resolution, which among other actions endorsed the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*, was adopted, as amended (see resolution WPR/RC67.R2).

MALARIA: Item 11 of the Agenda (document WPR/RC67/6)

84. The Director, Programme Management, presented document WPR/RC67/6 on the response to malaria in the Western Pacific Region. Malaria remained a major public health problem in the Region, with 10 malaria-endemic countries at greatest risk. Drug-resistant strains were particularly worrisome, especially artemisinin-resistant malaria in the Greater Mekong Subregion. Nonetheless, the Region had reduced malaria cases by 48% and malaria-related deaths by 85% from 2009 to 2015. At the May 2015 World Health Assembly, the Regional Director had launched the *Strategy for Malaria Elimination in the Greater Mekong Subregion 2015–2030*. Six months later, leaders at the 10th East Asia Summit had agreed on a road map to create a malaria-free Asia Pacific region by 2030. The Regional Committee was invited to consider for endorsement the draft *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*, which built on the previous regional action framework for 2010–2015 and was developed in close consultation with Member States, experts and other partners.

85. Delegations commented favourably on the significant drop in malaria cases since 2000 in endemic countries of the Western Pacific Region and expressed strong support for the goal of eliminating by 2030. Many also sounded a cautionary note, particularly with regard to drug-resistant strains, the emergence of which implied that countries would continue to require support from WHO, including entomological surveillance expertise. A solid foundation of research and development should underpin all political decisions in the field.

86. Some countries were tackling growing multidrug resistance combined with the high mobility of at-risk populations, along with other problems. Citing a specific example, one representative noted there was only one WHO-prequalified supplier of the Artesunate–Mefloquine fixed-dose combination in her country, and the order size of the drug had not been large enough for the supplier to initiate production. Delegates also called for more sensitive testing methods to be made available, such as the LAMP (loop-mediated isothermal amplification) method for use in detecting asymptomatic parasite carriers. Priority should be given to both drugs and insecticides. It was essential to reverse the spread of the disease among those most at risk, such as poor people, ethnic minorities and migrant workers. Finally, a number of delegations bemoaned the fact that diminishing funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria jeopardized gains made.

87. The Director, Communicable Diseases, congratulated Member States on their impressive progress against malaria in recent years. He said high-level support, partners and available tools had opened a window of opportunity to achieve elimination, and they had to be sure to finish the job. To that end, the best defence against artemisinin resistance in the Greater Mekong Subregion, for example, was elimination. He noted that the closer Member States got to elimination, the more

sensitive the surveillance systems had to be to detect cases and enable effective responses. It was crucially important that all people were reached by malaria services, especially remote and mobile populations. Finally, WHO was aware of the challenge relating to entomological capacities and was developing a global vector-response plan.

88. The Regional Committee considered a draft resolution on malaria.

89. The resolution, which among other actions endorsed the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020*, was adopted (see resolution WPR/RC67.R3).

SUSTAINABLE DEVELOPMENT GOALS: Item 13 of the Agenda (document WPR/RC67/8)

90. The Director, Programme Management, presented document WPR/RC67/8 on the SDGs, and noted that the SDGs would guide WHO collaboration with Member States until 2030. The Region had made considerable progress under the Millennium Development Goals (MDGs). But gains had not benefited all groups equitably, and the connections between goals had not been exploited. The SDGs recognized that current health and development challenges were complex, integrated and interconnected, and represented a commitment to leave no one behind. UHC lay at the heart of the health-related SDGs, and the framework *Universal Health Coverage: Moving Towards Better Health*, adopted by the Regional Committee in 2015, provided a broad platform for action. The draft *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* was intended to guide Member States as they reviewed and renewed plans and priorities, as well as to suggest practical actions for working across sectors.

91. Representatives reviewed developments in their respective countries in terms of preparing for the SDGs and commended the role of WHO and specifically the Regional Office in asserting the leadership of health when driving forward the 2030 development agenda. It was noted that all the SDGs influenced and were influenced by health, and a number of representatives described their national efforts to incorporate health into all policies. The whole-of-government approach to achieving the SDGs, that is reinforcement of partnerships with non-health sector stakeholders, inside and outside of government, would necessitate an appropriate legal and policy framework and clear lines of reporting and accountability. It would also be necessary to adopt a whole-of-society approach through the harnessing of social mobilization as a bottom-up driver of change.

92. Representatives welcomed the guidance contained in the action agenda for accelerating progress, not only towards the SDGs but also towards other complementary regional mechanisms such as the Healthy Islands initiative. They were also grateful for the comprehensive and practical advice on collaborating with other sectors to address the social determinants of health. Several representatives welcomed the inclusion of NCDs in the SDGs and expressed support for any future WHO initiative that outlined a comprehensive approach to addressing the profit-driven determinants of health. One representative queried the assertion in the action agenda that short-term commercial and economic considerations could outweigh longer-term health objectives, preferring to see trade and health as complementary. Another commented that the products of scientific research should be made accessible to all, and sooner rather than later. In that connection, a number of representatives expressed satisfaction that the SDGs had adopted equity as the principal criterion for priority action, as embodied in the health sphere by UHC.

93. The action agenda emphasized a country-specific approach that should be advisory rather than mandatory in nature. Considering that different countries were at different stages of development, the SDGs needed to be localized: some representatives indicated that only those monitoring and reporting indicators relevant to their national context would be retained as the SDGs were integrated into national planning processes. The requirement that countries should provide high-quality reporting data presupposed a high level of technical assistance from WHO. One representative noted that many of

the indicators for measuring progress were not universally applicable, so it might be useful to develop a core subset of indicators that would not overburden Member States' reporting capacity. WHO's technical role in collating the data received from Member States was also emphasized.

94. Statements were made on behalf of the World Organization of Family Doctors, the World Heart Foundation, the International Organization for Migration, the Union for International Cancer Control and the International Foundation of Medical Students' Associations.

95. The Director, Division of Health Systems, thanked Member States for their guidance and feedback on the action agenda, which she characterized as a mutual learning experience. She said WHO certainly would provide technical guidance on reporting indicators. A series of technical meetings would need to be held to fine-tune the monitoring and reporting methodology; the Secretariat was aware that Member States faced certain constraints and had no wish to impose burdensome reporting requirements. The most likely outcome would be for the Secretariat to collate all incoming data and revert to Member States with specific requests for information only when required. A health information system was not an end in itself; the gathering of information was useful only in so far as it could be used as a basis for action. A number of representatives had stressed the importance of engaging with non-health sector stakeholders, but it should not be forgotten that health was WHO's core business. Primary health care still needed to be strengthened, and was in any case the starting point for all individual- and community-based initiatives. WHO country representatives were themselves contributing to intersectoral collaboration through their work with United Nations country teams and by holding policy dialogues with development partners in support of national health plans. Health workers needed interdisciplinary training to boost their cultural competency to respond to the needs of people from diverse socioeconomic backgrounds, communities and ethnic minorities. Finally, the Secretariat intended to review the language of the action agenda to give a more balanced account of commercial interests, possibly through the inclusion of case studies demonstrating that their contribution was not always negative.

96. The Committee considered a draft resolution on the Sustainable Development Goals.

97. The resolution, which among other actions endorsed the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific,* was adopted (see resolution WPR/RC67.R5).

ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES: Item 14 of the Agenda (document WPR/RC67/9; WPR/RC67/INF.3)

98. The Director, Programme Management, presented document WPR/RC67/9 on the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), which built on the *Asia Pacific Strategy for Emerging Diseases* (APSED) endorsed by the Regional Committee in 2005 and subsequently updated in 2010. In its first 10 years, APSED had made a significant contribution to health security; the 2015 evaluation had concluded that APSED had been crucial in developing core capacities under IHR (2005). During the evaluation, Member States had requested that an updated strategy be developed to address continuing health security threats. APSED III incorporated lessons from recent regional and global outbreaks and took into consideration the results of parallel global discussions on IHR triggered by the Ebola outbreak, as well as the new *IHR (2005) Monitoring and Evaluation Framework* and its associated Joint External Evaluation (JEE) tool.

99. Against the backdrop of the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, several representatives welcomed APSED as a valuable regional tool enabling Member States to develop their IHR core capacities, and one which could serve as a model for the rest of the

world. It was a useful, all-hazard strategy for preparedness and response that was not limited to communicable diseases but included within its scope natural and humanitarian disasters.

100. The new *IHR (2005) Monitoring and Evaluation Framework* included the JEE tool to enable countries to better identify and address public health challenges and provide opportunities for partnership and effective coordination and mobilization of resources across all sectors. The JEE tool, which is a collaborative process intended to supplement IHR self-assessments, had been commended as a basis for country planning and implementation and a means of ensuring multisector engagement. They required a whole-of-government approach to process data across a range of sectors including health, agriculture, defence, security and the environment. Countries that had undergone JEEs reported that intersectoral communication was occasionally a challenge, and there was a need for clear planning and accountability. Evaluation processes should perhaps be given stronger emphasis in any future amendments to IHR, as should the need for multisectoral collaboration.

101. The need to raise awareness of health security and disaster preparedness among political leaders was emphasized, in addition to enacting legislation to meet IHR requirements and the financial obligations that flowed from it. The general public also needed to be made aware of health security issues, for example through special exercises and drills. One delegation raised the question of shortcomings in Pacific island laboratory capacity, suggesting that WHO should engage with the International Civil Aviation Organization (ICAO) to discuss shipment solutions.

102. Among the specific points raised by representatives were the need to provide timely updates on the IHR core capacities of each Member State; the existence of "pandemic influenza fatigue" owing to insufficient funding and lack of government commitment; the need for WHO and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to consider harmonizing their standard operating procedures for humanitarian disasters; and the questionable nature of the assertion made in APSED III that there was a strong association between AMR and modern livestock rearing, with the overuse and misuse of antimicrobials in livestock thought to be important factors in the development of resistance in some pathogens that infected humans, or in the emergence of new AMR organisms.

103. Statements were made on behalf of Médecins sans Frontières and the Asia-Europe Foundation (ASEF) Public Health Network.

104. The Regional Emergency Director for the Western Pacific thanked representatives for their active participation in consultations over the past one and a half years that had led to the development of APSED III. She highlighted three key points raised: first, the value and importance of investing resources and continuing to work hard on preparedness, especially during stable times between emergencies; second, the importance of monitoring and evaluating IHR core capacities, not only for accountability but also as a learning tool for programme improvement; and third, the importance of regional collaboration to maintain connectivity through annual meetings of the APSED Technical Advisory Group, regional information-sharing and other mechanisms.

105. The Director, Emergency Management, Health Emergencies Programme, WHO headquarters, commended Member States for their commitment to APSED, which was driving the implementation of IHR (2005). The Region was far ahead of most others in that regard. Discussions were nearly complete within the United Nations system to find a mechanism similar to that used for humanitarian events that could be activated as a system-wide response for very severe public health events, such as the Ebola outbreak. He said those discussions had recognized the technical and strategic leadership of WHO and its Director-General.

106. The Committee considered a draft resolution on the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*.

107. The resolution, which among other actions endorsed the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, was adopted (see resolution WPR/RC67.R6).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 15 of the Agenda (document WPR/RC67/10) PART 1

108. The Director, Programme Management, presented progress reports on the implementation of technical programmes. The agenda item included six subjects, which were divided into two parts. In the first part, he covered HIV and sexually transmitted infections (STIs), the Expanded Programme on Immunization, and disability prevention and rehabilitation, including blindness.

109. With respect to HIV and STIs, the Director, Programme Management, said antiretroviral therapy provision within Member States had risen by 88% since 2012. WHO support for HIV efforts had focused on five high-burden countries and three low-burden countries, all of which had made progress against HIV, and were implementing strategic plans in line with WHO global guidance. As external funding declined, however, innovative programming and increased domestic funding were needed to meet remaining challenges and achieve the SDG target on AIDS.

110. With respect to the Expanded Programme on Immunization, the Region had achieved more than 95% immunization coverage, and tremendous progress had been made in measles elimination and hepatitis B control, as well as on other fronts. The polio-free status had been maintained, and 16 countries in the Region had joined the globally synchronized switch from trivalent to bivalent oral polio vaccine. Challenges remained: measles was in resurgence, and ensuring adequate stocks of vaccines and the financial stability of programmes were becoming more difficult as vaccines were included in routine programmes.

111. The third progress report concerned disability prevention and rehabilitation, including blindness. The *WHO Global Disability Action Plan 2014–2021* provided guidance to Member States in addressing barriers to health services for people with disabilities. National policies in the Region were beginning to reflect the need to address such barriers. Similarly, *Towards Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)* supported Member States in improving eye health in collaboration with WHO and international partners. Three new survey tools on visual impairment had been implemented in 21 countries across the Region during the two past years.

Item 15.1 HIV and sexually transmitted infections

112. Matters raised by the delegations included the challenge that drug abuse continued to pose to HIV control activities, the lesser attention paid to other STIs in comparison to HIV despite their continuing impact on public health, difficulties in early diagnosis of HIV–TB co-infection, and the need for sharper epidemiological targeting and more interventions of sufficient intensity and scale. One delegation referred to unsolved issues relating to the shift away from international funding and towards domestic budgets, and integration of activities within national health-care services.

Item 15.2 Expanded Programme on Immunization

113. The discussion included references to the need for stronger measures for Japanese encephalitis, a recent resurgence of measles in an area where WHO had verified elimination and the question of whether the cause lay in the verification criteria or implementation shortcomings, difficulties arising from global vaccine shortages, and the unpredictable costs of vaccines due to fluctuations in exchange rates. One delegation mentioned pressure groups specifically opposed to vaccination, whose actions had triggered outbreaks of measles and pertussis in his country. Reference was also made to migrants and cross-border populations that immunization programmes often do not reach.

Item 15.3 Disability prevention and rehabilitation including blindness

114. Matters raised by representatives included a request for the inclusion of more data in the next reporting exercise and the suggestion that visual impairment among older people, a cause of both accidents and depression, should be considered a public health concern. There was also a request for WHO's views on key challenges to implementation of the *Global Disability Action Plan 2014–2021* in the Region. Rehabilitation system strengthening was called for, especially as many countries were under-resourced for diabetes intervention, rehabilitation, and distribution of assistive products.

115. Statements were made on behalf of International Federation of Medical Students' Associations (IFMSA), CBM International, International Leprosy Association (ILA) and Médecins sans Frontières (MSF).

116. The Director, Communicable Diseases, noted the requests for support and follow-up information. Acknowledging that some challenges remained to be tackled, he highlighted the large measles outbreak in Mongolia and processes connected with measles elimination verification, delays in supplying new polio vaccine in Viet Nam arising from global shortages, and the importance of strengthening regular immunization programmes. Several countries in the Region faced declining commitments from partners such as Gavi, the Vaccine Alliance, which would lead to heavier domestic financing of immunization programmes. WHO would continue to assist countries to tackle those challenges. On a positive note, Member States should be congratulated on maintaining polio-free status and for making progress on measles. The Western Pacific should strive to become the next WHO region to eliminate measles, following the announcement in September of measles elimination in the Region of the Americas. Improving immunization coverage was a core business for WHO and for ministries of health, and the integration of immunization programmes into primary care was a key step for many countries to boost coverage over the longer term. Efforts were underway in several countries to increase coverage of HIV services, working towards ensuring that all had access to quality HIV care. The fight against STIs also needed greater priority across the Region, both because STIs were associated with higher HIV-infection risk, and because they themselves were drivers of ill health.

117. The Technical Officer, Disabilities and Rehabilitation, thanked Member States for raising important issues on disabilities and ageing, the costs of rehabilitation services and the shortage of prosthetics and other assistive products. WHO would be working over the next two years to develop training resources to address gaps in rehabilitation services. With regard to limited data on disability, WHO was supporting the Philippines with a disability survey, which other Members States might also use.

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 15 of the Agenda (document WPR/RC67/10) PART 2

118. The Director, Programme Management, introduced the second part of Agenda item 15, which highlighted three areas: implementation of the regional action plan for healthy newborns, antimicrobial resistance (AMR) and essential medicines.

119. He said that the first progress report before the Committee under the second part of agenda item 15 concerned the implementation of the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*. The action plan had guided work in countries to improve the skills of health professionals, raise the quality of birthing facilities and improve newborn care. Seven of eight priority countries had funded 12-month implementation plans for Early Essential Newborn Care (EENC). Such actions were making a genuine difference to the health of newborn babies.

120. The second progress report concerned implementation of the *Action Agenda on Antimicrobial Resistance in the Western Pacific Region.* Countries had made progress in laboratory capacity-building for AMR surveillance and enrolment into the Global Antimicrobial Resistance Surveillance System. Preparatory steps for monitoring the use of antimicrobials were ongoing in the Region.

121. Turning to essential medicines, the *Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016)* had helped to strengthen regulatory systems to ensure the quality and safety of medicines and vaccines. Essential medicines were a crucial component of the work towards UHC.

Item 15.4 Regional action plan for healthy newborn infants

122. Representatives reviewed developments in their respective countries focusing among other things on baby-friendly hospitals, maternal nutrition, human milk banks, training in emergency obstetric care, regulatory strengthening and technical support for the integration of quality EENC interventions into national action plans.

Item 15.5 Antimicrobial resistance

123. Representatives noted with satisfaction the strong political commitment to addressing AMR, with impetus from WHO, as evidenced by the United Nations high-level meeting on antimicrobial resistance in September 2016 and the discussions around AMR in the context of the Group of 7. Given that AMR posed a major threat to health systems and the food chain, action to address it should be based on a multisectoral, whole-of-government approach, and should take into consideration veterinary medicines, animal-derived pharmaceuticals and animal feed products. Only registered antibiotics should be used to treat humans and animals. It was important to strengthen laboratory capacity for AMR surveillance; ensure the appropriate prescription and use of antibiotics in clinical settings, through training, guidance and public information campaigns; share global data, specifically through the global AMR surveillance system; and accelerate research and development on AMR. One representative noted that a set of AMR indicators had been developed, but the progress report currently before the Committee made no mention of them.

Item 15.6 Essential medicines

124. A number of representatives noted that essential medicines continued to be very expensive in their respective countries, and detailed their regulatory efforts to encourage the preferential use of generic medicines, ensure the accessibility and safety of medicines, and provide medicines free of charge for certain medical conditions or to specific population groups. The link between accessibility and affordability of medicines and UHC was noted, it being understood that the price of medicines could be influenced by many factors such as national pricing and procurement policies, taxes, mark-ups and tariffs, and lack of competition. One representative made the point that the cost of on the same medicine could vary widely depending on the supplier, and requested WHO to make available a database of recommended suppliers to help Member States select the most competitive option. The problem was particularly acute in the case of essential medicines for NCDs such as diabetes, with the result that some treatment programmes had simply become unaffordable. One representative from a Pacific island country cited the specific difficulty of maintaining the vaccine cold chain in a context of geographical remoteness, unpredictable weather and frequent natural disasters. Another representative called for greater promotion of pharmaceutical innovations within health systems, to be encouraged through dialogue between the pharmaceutical industry, patients and insurance companies.

125. A statement was made on behalf of the World Heart Federation.

126. The Director, Division of NCD and Health through the Life-Course, concurred with Member States in characterizing AMR as a complex, multifaceted problem requiring a holistic approach. The relationship between AMR and climate change was an example of the complicated interplay of factors involved. Member States' accounts of their efforts to enhance newborn care demonstrated the importance of the life-course approach in public health programmes and the need to scale up appropriate training for health workers, with supervision by hospital administrators being the key to success.

127. The Director, Division of Health Systems, said that reporting of action within the AMR monitoring framework would be carried in line with the *Global Action Plan on Antimicrobial Resistance,* endorsed by the World Health Assembly in 2015. Antibiotic stewardship, infection control and gatekeeping for the use of antibiotics should all filter down to the front lines of the health system in order to bring about meaningful and lasting change in the behaviour of prescribers and users of antibiotics. In many ways, efforts to change the habits of antibiotic use recalled campaigns to prevent obesity and the multipronged strategies needed to achieve the SDGs.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 16 of the Agenda (document WPR/RC67/11; WPR/RC67/11 Add.1; WPR/RC67/INF/4)

Item 16.1 WHO reforms

128. The Director, Programme Management, drew the Committee's attention to World Health Assembly decision WHA69(8) on governance reform that made specific requests to the WHO Director-General and invited the regional committees to consider a number of items.

129. Approval was expressed for ongoing reforms discussed at the previous World Health Assembly, such as the system for engaging more closely with non-State actors. On another note, the side event to the Regional Committee held earlier that day, in which country offices were connected with the Committee session by video link, was also welcomed. At future sessions country offices could be video-linked to the sessions with an agenda item of particular relevance to their work.

130. The Director, Office of the Regional Director, noted that the *WHO Framework of Engagement with Non-State Actors* (FENSA) had been many months in the making and was now being employed. The Regional Office for the Western Pacific was assisting with the development of a register.

131. The Regional Director said that the next Regional Committee meeting could include a video link event as a part of the regular agenda.

Item 16.2 Agenda for the sixty-eighth session of the Regional Committee

132. The Director, Programme Management, said that in the context of global discussions on governance reform in 2015, a decision had been made to change the process for developing the Regional Committee agenda to ensure that the needs and priorities of Member States were faithfully reflected. Annex 1 of document WPR/RC67/11 accordingly proposed eight technical agenda items for the sixty-eighth session of the Regional Committee in 2017. Based on past practices, five technical items could generally be accommodated during each year's session. The Regional Committee was invited to consider the eight proposed agenda items with a view to distilling or reducing them down to five. Member States were further requested to share other proposed technical agenda items for consideration. Following discussion of those items, the Secretariat would prepare a draft provisional agenda. In January 2017, the Regional Director would exchange views on the draft with the Region's Executive Board members. The draft provisional agenda would subsequently be sent to all Member States for

comment.

133. Ms Gillian Biscoe, consultant, presented document WPR/RC67/INF/4 containing a historical overview of the work of the Regional Committee to help the Committee make an informed decision on its future technical agenda-setting activities. She noted that in the past the agenda of the Regional Committee had been driven by regional and national health needs, based on perceptions where hard data were lacking; emerging health issues such as HIV/AIDS; geopolitical considerations such as the health situation in the context of post-war reconstruction; advancements in scientific knowledge; United Nations, World Health Assembly and Executive Board resolutions; the technical leadership provided by individual regional directors or the Secretariat; and by budgetary considerations. The methodology that the Regional Committee had used in setting its priorities had not always been obvious, however. Subcommittees of the Regional Committee had come and gone depending on their perceived value to its work. Most Regional Committee resolutions prior to 2000 had been aspirational, providing few regional platforms for real action. By 2015, however, regionally relevant resolutions of the World Health Assembly and Executive Board were for the most part strategically integrated into the deliberations of the Regional Committee, and since 2013 all Regional Committee technical resolutions had focused on specifically regional plans and actions. Both those developments could be characterized as strategic governance changes aligned with WHO reforms.

134. Representatives welcomed the process of inclusive agenda-setting, which they felt lay at the heart of the way the Regional Office for the Western Pacific conducted its business with Member States. The representative of Mongolia recommended that measles and rubella elimination be included in the agenda of the sixty-eighth session, as measles outbreaks were a core indicator of health system preparedness for any health emergency. The representative of Hong Kong SAR (China) concurred, given that measles was still prevalent in some countries in the Region and considering the resurgence of endemic measles transmission and outbreaks due to imported cases. The Region needed to make a collective final push to eliminate the disease entirely.

135. The representative of Malaysia stated a preference for the inclusion in the agenda of the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B; sustainable financing; measles and rubella elimination; health promotion and the SDGs; and restrictions on the marketing of foods and non-alcoholic beverages for children, including breast-milk substitutes. The representative of Australia said that the agenda of the next session should include food safety, sustainable financing, measles and rubella elimination, and regulatory convergence in national regulatory authorities.

136. The representative of Japan requested the inclusion of sustainable financing, health promotion and the SDGs, measles and rubella elimination, triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B, and food safety. Sustainable financing and health promotion should be included on account of their comprehensiveness and relevance to Member States; measles should be included due to the resurgence of endemic measles transmission in some countries in the Region; triple elimination should be discussed because the World Health Assembly had developed appropriate global strategies, thus paving the way for a regional platform to deliver synergistic effects; and food safety should be included because of the need to review the regional food strategy. The representative of the Republic of Korea also recommended the inclusion of food safety for the same reason, and also because the topic was closely linked to global health security. In addition, the representative said the next agenda should include triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B; sustainable financing; measles and rubella elimination; and regulatory convergence in national regulatory authorities.

137. For the representative of China, the agenda of the sixty-eighth session should include health promotion and the SDGs; measles and rubella elimination; food safety; and triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B. The representative of Fiji placed priority on food safety; triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B;

sustainable financing; measles and rubella elimination; and restrictions on the marketing of foods and non-alcoholic beverages for children, including breast-milk substitutes. Relative to those five topics, the benefits of cross-national deliberations and actions on the other items proposed in WPR/RC67/11 was marginally less, although they should be addressed by other means if not discussed at the Regional Committee.

138. The representative of Australia said that WHO reform should be a standing item on the Regional Committee agenda, and also health security, given that the Western Pacific Region was a hotspot for emerging communicable diseases and other health emergencies. The representatives of China, the Republic of Korea and the United States of America concurred with the suggestion to make health security a standing item, at least in the medium term. The representative of Tonga said that NCDs should be standing item on the agenda because NCDs were the biggest killer in the Region and because the United Nations-level response to the problem had not been commensurate with the burden of disease.

139. The representatives of New Zealand and Fiji advocated the inclusion of rheumatic heart disease in the Regional Committee agenda, following up on the side event organized on that topic at the World Health Assembly in May. Although 20–30 Member States from the Pacific, South-East Asia, Africa and Central Europe had expressed an interest in adopting a resolution on rheumatic fever, the Executive Board had declined to include the item in its agenda on the grounds that rheumatic fever was not a global health problem. The representatives therefore wished to discuss the issue at the Regional Committee while continuing to push for its inclusion in the global agenda. The representative of Fiji said that, if rheumatic heart disease were to be discussed instead of one of his other preferred items, he would reluctantly relinquish food safety.

140. The representative of Australia advocated the establishment of a small standing committee to increase Member State engagement in the long-term agenda-setting process and further align the global and regional agendas. The business of the standing committee would be conducted by teleconference, or its proceedings could take place in the margins of the Regional Committee, so as not to impose additional administrative and logistical burden. The representative of Japan observed that a standing committee might not be ideal because it would add a layer of process that would further stretch the time and resources of both the Secretariat and Member States, and there were possible representation issues to consider. The pros and cons of establishing a standing committee should be examined, drawing on the experience of other regions. The representative of the Republic of Korea said that the current governance and coordination role of the Regional Committee was sufficient, and that the role and mandate of any standing committee needed to be clarified.

141. The representatives of Australia and Fiji said that staff from country offices should be routinely invited to make presentations to the Regional Committee.

142. The Director, Programme Management, responding to the observation that the Regional Committee used to consider a greater number of agenda items, said that there was no rule regarding the number of agenda items the Regional Committee could or should consider at each session. The problem was basically logistical, calculating how many items the Committee could comprehensively address without resorting to night meetings. The Secretariat constantly monitored how much time each item took up and revised the planning schedule accordingly.

143. The Regional Director said that the Secretariat would do its best to accommodate all the choices expressed by Member States and their proposals for new or standing items, bearing in mind that Rule 7 of the Regional Committee's Rules of Procedure stated that the provisional agenda should be drawn up by the Regional Director in consultation with the Chairperson. It might be possible to increase the number of items taken up at each session through internal management efficiencies. The Secretariat would consult on the feasibility of establishing a standing committee and report back to Member States.

Item 16.3: Any other items recommended by the World Health Assembly and the Executive Board

144. The Director, Programme Management, invited comments on other items recommended by the World Health Assembly and the Executive Board.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 17 of the Agenda (document WPR/RC67/12)

145. The Director, Programme Management, said that 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 34 members, and three of the places were allocated to the Western Pacific Region. The term of office of Brunei Darussalam would expire on 31 December 2016. The Regional Committee was requested to elect one Member State to succeed Brunei Darussalam and serve a three-year term starting on 1 January 2017. The Regional Committee might wish to consider Fiji as a member of the Policy and Coordination Committee and, as such, to nominate a representative, upon WHO's formal request to the Minister of Health, to serve on the Committee for a three-year term from 1 January 2017 to 31 December 2019.

146. It was so decided (see decision WPR/RC67(2)).

TIME AND PLACE OF THE SIXTY-EIGHTH AND SIXTY-NINTH SESSIONS OF THE REGIONAL COMMITTEE: Item 18 of the Agenda

147. The Regional Director said that the next session would take place in Brisbane, Australia, from 9 to 13 October 2017.

148. A resolution confirming the time and place of the sixty-eighth session was adopted (see resolution WPR/RC67.R7).

149. The Regional Director proposed that the sixty-ninth session of the Regional Committee be held in Manila.

CLOSURE OF THE SESSION: Item 19 of the Agenda

150. The vice chairperson 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**.**

151. The representative of Fiji proposed a resolution of appreciation (see resolution WPR/RC67.R8).

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

ANNEX 1

AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director

   WPR/RC67/2

8. Programme budget 2014–2015: budget performance (final report)

   WPR/RC67/3

Policies, programmes and directions for the future

9. Proposed programme budget 2018-2019

   WPR/RC67/4

10. Dengue

    WPR/RC67/5

11. Malaria

    WPR/RC67/6

12. Environmental health

    WPR/RC67/7

13. Sustainable Development Goals

    WPR/RC67/8

Annex 1

14. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

WPR/RC67/9

15. Progress reports on technical programmes

15.1 HIV and sexually transmitted infections

15.2 Expanded Programme on Immunization

15.3 Disability prevention and rehabilitation including blindness

15.4 Regional action plan for healthy newborn infants

15.5 Antimicrobial resistance

15.6 Essential medicines

WPR/RC67/10

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

WPR/RC67/11

Membership of Global Committee

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

WPR/RC67/12

Other matters

18. Time and place of the sixty-eighth and sixty-ninth sessions of the Regional Committee

19. Closure of the session

ANNEX 2

LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA	Mr Mark Cormack, Deputy Secretary, Australian Government Department of Health, Canberra, *Chief Representative*
	Mr Matthew Williams, Assistant Secretary, Australian Government Department of Health, Canberra, *Alternate*
	Ms Jacinta Holdway, Director, Australian Government Department of Health, Philip, *Alternate*
	Ms Alice Williams, Departmental Officer, International Strategies Branch, Australian Government Department of Health, Philip, *Alternate*
	Ms Elise Newton, Assistant Director, Department of Foreign Affairs and Trade, Barton, *Alternate*
	Ms Kam-Yin (Cheryl) Wong, Senior Policy Officer, Department of Foreign Affairs and Trade, Barton, *Alternate*
	Ms Michelle Bradley, Assistant Director, International Health Analysis Section, International Strategies Branch, Australian Government Department of Health, Philip, *Alternate*
	Ms Emma Tokley, International Health Analysis Section, International Strategies Branch, Australian Government Department of Health, Philip, *Alternate*
BRUNEI DARUSSALAM	Dr Hazri Kifle, Deputy Permanent Secretary (Policy), Ministry of Health, Bandar Seri Begawan, *Chief Representative*
	Dr Justin Wong Yun Yaw, Medical Superintendent of Public Health Ministry of Health, Bandar Seri Begawan, *Alternate*
CAMBODIA	Honourable Dr Mam Bunheng, Minister of Health, Ministry of Health, Phnom Penh, *Chief Representative*
	Professor Tan Vuoch Chheng, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*
	Dr Or Vandine, Director General for Health, Directorate General for Health, Ministry of Health, Phnom Penh, *Alternate*
	Dr Sung Vinntak, Director, International Cooperation Department, Ministry of Health, Phnom Penh, *Alternate*

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CHINA	Dr Zhang Yang, Deputy Director General, Department of International Cooperation, National Health and Family Planning Commission, Beijing, *Chief Representative*
	Mr Zhang Yong, Deputy Director General, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, Beijing, *Alternate*
	Mr Wu Jing, Division Director, Office of Emergency Response, National Health and Family Planning Commission, Beijing, *Alternate*
	Mr Liu Qing, Deputy Division Director, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, Beijing, *Alternate*
	Ms Li Juan, Program Officer, Department of International Cooperation, National Health and Family Planning Commission, Beijing, *Alternate*
	Mr Wang Pei, Program Officer, Department of International Cooperation, National Health and Family Planning Commission, Beijing, *Alternate*
	Mr Xiao Ning, Deputy Director, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, Shanghai, *Alternate*
	Mr Xia Zhigui, Research Fellow, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, Shanghai, *Alternate*
CHINA (HONG KONG)	Professor Chan Siu-chee, Sophia, Under Secretary for Food and Health, Food and Health Bureau, Hong Kong, *Chief Representative*
	Dr Chan Hon-yee, Constance, Director of Health, Department of Health Hong Kong, *Alternate*
	Dr Wong Ka-hing, Consultant (Special Prevention Programme), Department of Health, Hong Kong, *Alternate*
	Ms Chau Suet-mui, Fiona, Principal Assistant Secretary for Food and Health, Food and Health Bureau, Hong Kong, *Alternate*
	Dr Lam Man-kin, Ronald, Assistant Director, Health Administration and Planning, Department of Health, Hong Kong, *Alternate*
	Dr Ng Kwok-po, Eddy, Principal Medical and Health Officer, (Non-Communicable Disease), Department of Health, Hong Kong, *Alternate*
	Dr Au Ka-wing, Albert, Senior Medical and Health Officer (Surveillance Section), Department of Health, Hong Kong, *Alternate*

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CHINA (MACAO)	Dr Cheang Seng Ip, Deputy Director, Macao Health Bureau, Government of the Macao SAR, China, Macao, *Chief Representative*
	Dr Lam Chong, Head, Center for Disease Control and Prevention, Macao Health Bureau, Government of the Macao SAR, China Macao, *Alternate*
	Dr Leong Iek Hou, Public Health Specialist Coordinator, Unit for Communicable Disease Prevention and Diseases Surveillance Center for Disease Control and Prevention, Macao Health Bureau, Government of the Macao SAR, China, Macao, *Alternate*
	Dr Li Tak Ming, Medical Officer, Department of Internal Medicine, Macao Health Bureau, Government of the Macao SAR, China, Macao, *Alternate*
COOK ISLANDS	Honourable Nandi Tuaine Glassie, Minister of Health, Cook Islands Ministry of Health, Rarotonga, *Chief Representative*
	Ms Elizabeth Iro, Secretary, Ministry of Health, Cook Islands Ministry of Health, Rarotonga, *Alternate*
FIJI	Mr Philip Davies, Permanent Secretary of Health and Medical Services, Ministry of Health and Medical Services, Suva, *Chief Representative*
	Dr Eric Rafai, Deputy Secretary, Public Health, Ministry of Health and Medical Services, Suva, *Alternate*
FRANCE	Mr Mazyar Tahéri, Chef Adjoint du bureau International Santé & Protection Sociale, Ministère des Affaires sociales et de la Santé Ministère du Travail, de l'Emploi, de la Formation Professionnelle et du Dialogue social, Délégation aux affaires européennes et internationales Paris, *Chief Representative*
NEW CALEDONIA	Madame Valentine Eurisouke, Ministre santé Nouvelle calédonie, Gouvernement Nouvelle calédonie, Nouméa, *Chief Representative*
	Mr Claude Gambey, Conseiller auprès du Ministre de la santé, Gouvernement de la Nouvelle calédonie, Nouméa, *Alternate*
JAPAN	Dr Yusuke Fukuda, Assistant Minister for Technical Affairs and Global Health, Ministry of Health, Labour and Welfare, Tokyo, *Chief Representative*
	Dr Satoshi Ezoe, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Dr Kenichi Komada, Deputy Director, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

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JAPAN (continued)	Dr Takuma Kato, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Dr Hironori Okabayashi, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, *Alternate*
	Dr Nobuaki Inoue, Department of Human Resource Development Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, *Alternate*
	Dr Tomoyo Sato, Second Secretary, Embassy of Japan in the Philippines, Pasay City, *Alternate*
KIRIBATI	Mr Tawaria Komwenga, Deputy Secretary for Health, Ministry of Health and Medical Services, Tarawa, *Chief Representative*
	Ms Eretii T. Timeon, Director of Public Health, Ministry of Health and Medical Services, Tarawa, *Alternate*
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Honourable Dr Bounkong Syhavong, Minister of Health, Ministry of Health, Vientiane, *Chief Representative*
	Dr Bounfeng Phoummalaysith, Director of National Health Insurance Bureau, Ministry of Health, Vientiane, *Alternate*
	Dr Founkham Rattanavong, Deputy Director General, Department of Planning and International Cooperation, Ministry of Health, Vientiane, *Alternate*
	Dr Bounserth Keoprasith, Secretary to Minister of Health Ministry of Health, Vientiane, *Alternate*
MALAYSIA	Honourable Datuk Seri Dr S. Subramaniam, Minister of Health Malaysia Ministry of Health Malaysia, Putrajaya, *Chief Representative*
	Datuk Dr Noor Hisham Abdullah, Director General of Health, Ministry of Health Malaysia, Putrajaya, *Alternate*
	Dr Chong Chee Kheong, Director of Disease Control Disease Control Division, Ministry of Health Malaysia, Putrajaya, *Alternate*
	Dr Nik Jasmin Nik Mahir, Office of the Deputy Director General of Health, Ministry of Health Malaysia, Putrajaya, *Alternate*
	Mr Vijaymohan Karuppiah, Special Officer to Minister, Ministry of Health Malaysia, Putrajaya, *Alternate*
	Dato' Raszlan Abdul Rashid, Ambassador Extraordinary and Plenipotentiary, Embassy of Malaysia, Manila, *Alternate*

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MALAYSIA (continued)	Mr Akmal Che Mustafa, Deputy Chief of Mission, Embassy of Malaysia, Manila, *Alternate*
	Mr Nazrul Imran Mohd. Nor, Second Secretary, Embassy of Malaysia, Manila, *Alternate*
REPUBLIC OF THE MARSHALL ISLANDS	Honourable Kalani Kaneko, Minister of Health, Ministry of Health, Republic of the Marshall Islands, Majuro, *Chief Representative*
	Ms Lorraine Kaneko, Spouse of the Minister, Ministry of Health, Republic of the Marshall Islands, Majuro, *Alternate*
	Dr Kennar Briand, Permanent Secretary, Ministry of Health, Republic of the Marshall Islands, Majuro, *Alternate*
MICRONESIA (FEDERATED STATES OF)	Honourable Magdalena A. Walter, Secretary, Department of Health and Social Affairs, Pohnpei, *Chief Representative*
	Mr Moses Pretrick, National Environmental Programme Manager, Department of Health and Social Affairs, Pohnpei, *Alternate*
	Ms Fancelyn P. Solomon, Administrative Specialist, Department of Health and Social Affairs, Pohnpei, *Alternate*
MONGOLIA	Honourable Tsogtsetseg Ayush, Minister of Health, Ministry of Health and Sports, Ulaanbaatar, *Chief Representative*
	Ms Yanjmaa Binderiya, Director, Division of International Cooperation, Department of Public Administration and Management, Ministry of Health and Sports, Ulaanbaatar, *Alternate*
	Mr Chuluunbaatar Donkhim, Deputy Director, First State Central Hospital, Ministry of Health and Sports, Ulaanbaatar, *Alternate*
	Mr Narantsetseg Sonom, Deputy Director, Third State Central Hospital Ministry of Health and Sports, Ulaanbaatar, *Alternate*
	Ms Tsogzol Gungaanyam, Deputy Director, National Dermatology Center, Ministry of Health and Sports, Ulaanbaatar, *Alternate*
NAURU	Honourable Valdon Kape Dowiyogo, Minister for Health and Medical Services, Ministry of Health and Medical Services, Yaren District *Chief Representative*
	Mr Rayong Itsimaera, Secretary for Health and Medical Services, Ministry of Health and Medical Services, Yaren District, *Alternate*
NEW ZEALAND	Dr Stewart Jessamine, Director of Protection Regulation and Assurance Ministry of Health, Wellington, *Chief Representative*
	Dr Natasha Murray, Manager, Global Health, Ministy of Health Wellington, *Alternate*

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NIUE*	
REPUBLIC OF PALAU	Ms Everlynn Temengil, Chief, Division of Behavioral Health Ministry of Health, Koror, *Chief Representative*
PAPUA NEW GUINEA	Honourable Michael Malabag, Minister for Health and HIV AIDS, National Department of Health, Port Moresby, *Chief Representative*
	Ms Nellie Malabag, Spouse of the Minister, Minister for Health and HIV AIDS, National Department of Health, Port Moresby, *Alternate*
	Dr William Lagani, Manager – Family Services, National Department of Health, Port Moresby, *Alternate*
PHILIPPINES	Honourable Paulyn Jean Rosell-Ubial, Secretary of Health, Department of Health, Manila, *Chief Representative*
	Dr Lilibeth David, Undersecretary of Health, Department of Health, Manila, *Alternate*
	Dr Gerardo Bayugo, Undersecretary of Health, Department of Health, Manila, *Alternate*
	Ms Donna Feliciano-Gatmaytan, Director, Department of Foreign Affairs, Pasay City, *Alternate*
	Ms Maria Elena Cristina D. Maningat, First Secretary and Consul, Philippine Mission to the United Nations in Geneva, *Alternate*
	Dr Irma Asuncion, Director IV, Department of Health, Manila, *Alternate*
	Ms Maylene Beltran, Director IV, Department of Health, Manila, *Alternate*
	Dr Elvira SN. Dayrit, Director IV, Department of Health, Manila, *Alternate*
	Dr Kenneth G. Ronquillo, Director, Department of Health, Manila *Alternate*
	Dr Socorro Lupisan, Director IV, Research Institute for Tropical Medicine, Manila, *Alternate*
	Dr Lyndon Lee Suy, Director III, Department of Health, Manila, *Alternate*
	Dr Maria Joyce Ducusin, Officer-in-Charge - Director III, Department of Health, Manila, *Alternate*

* did not attend

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PHILIPPINES (continued)	Dr Georgina Ramiro, Officer-in-Charge - Division Chief, Department of Health, Manila, *Alternate*
	Ms Anne Julienne Genuino, Senior Health Program Officer, Department of Health, Manila, *Alternate*
	Ms Jens Noriel C. Cubos, Desk Assistant, Department of Foreign Affairs, Manila, *Alternate*
	Mr Roger Tong-an, Undersecretary, Department of Health, Manila, *Alternate*
	Mr Herminigildo Valle, Undersecretary, Department of Health, Manila, *Alternate*
REPUBLIC OF KOREA	Dr Jung Ki Suck, Director, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Chief Representative*
	Dr Jee Youngmee, Director General, Center for Immunology and Pathology, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Dr Gwack Jin, Division Director, Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Dr Lee Hyungmin, Deputy Director, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Ms Choi Young Eun, Deputy Director, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Mr Kim Woong Bin, Assistant Director, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Ms Kim Hee Kyoung, Assistant Director, Korea Centers for Disease Control and Prevention, Cheongju-Si, *Alternate*
	Mr Han Sangkyun, Director, Ministry of Health and Welfare, Sejong-Si, *Alternate*
	Mr Kang Joonhyuk, Deputy Director, Ministry of Health and Welfare, Sejong-Si, *Alternate*
	Ms Heami Jeung, Ministry of Health and Welfare, Sejong-Si, *Alternate*
	Dr Jun Jina, Head, Psychosocial Health Research Center, Korea Institute for Health and Social Affairs, Sejong-Si, *Alternate*
SAMOA	Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health Ministry of Health, Apia, *Chief Representative*

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SAMOA (continued)	Afioga Salausa Dr John Ah Ching, Associate Minister of Health, Ministry of Health, Apia, *Alternate*
	Leausa Toleafoa Dr Take Kolisi Naseri, Director General/ Chief Executive Officer of Health, Ministry of Health, Apia, *Alternate*
	Ms Quandolita Caroline Louisa Reid-Enari, Assistant Chief Executive Officer, Strategic Planning Policy and Research Division, Ministry of Health, Apia, *Alternate*
SINGAPORE	Dr Lam Pin Min, Minister of State, Health, Ministry of Health, Singapore, Singapore, *Chief Representative*
	Dr Lyn James, Director, Epidemiology and Disease Control Division, Ministry of Health, Singapore, Singapore, *Alternate*
	Ms Yeo Wen Qing, Deputy Director, International Cooperation Branch, Ministry of Health, Singapore, Singapore, *Alternate*
	Dr Kurupatham Lalitha, Senior Assistant Director, Ministry of Health, Singapore, Singapore, *Alternate*
	Ms Kong Ching Ying, Senior Manager, International Cooperation Branch, Ministry of Health, Singapore, Singapore, *Alternate*
SOLOMON ISLANDS	Honourable Tautai Agikimua Kaitu'u, Minister for Health and Medical Services, Ministry of Health and Medical Services, Honiara, *Chief Representative*
	Dr Tenneth Dalipanda, Permanent Secretary, Ministry of Health and Medical Services, Honiara, *Alternate*
TOKELAU*	
TONGA	Honourable Saia Ma'u Piukala, Minister for Health, Ministry of Health, Vaiola Hospital, Nukualofa, *Chief Representative*
	Dr Siale 'Akauola, Director of Health, Ministry of Health, Vaiola Hospital, Nukualofa, *Alternate*
TUVALU	Honourable Satini Tulaga Manuella, Minister for Health, Ministry of Health, Funafuti, *Chief Representative*
	Madame Ilaisita Manuella, Minister's Spouse, Ministry of Health, Princess Margaret Hospital, Funafuti, *Alternate*
	Mr Isaia Taape, Permanent Secretary of Health, Ministry of Health, Princess Margaret Hospital, Funafuti, *Alternate*

* did not attend

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UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND*	
UNITED STATES OF AMERICA	Mr Peter Mamacos, Director of Multilateral Relations, Office of Global Affairs, Department of Health and Human Services, Washington, D.C., *Chief Representative*
	Ms Ann Blackwood, Senior Health Advisor, Department of State International Organizations, Washington, D.C., *Alternate*
	Mr James Gillan, Director, Department of Public Health and Social Services, Guam, *Alternate*
	Mr Lance Brooks, Division Chief, Cooperative Biological Engagement Program, Defense Threat Reduction Agency, Department of Defense, Virginia, *Alternate*
	Mr Daniel Caporaso, Deputy Branch Chief, Cooperative Biological Engagement Program/Defense Threat Reduction Agency, Department of Defense, Fort Belvoir, *Alternate*
	Mr Matthew C. Johns, Global Health Security Liaison to the US Pacific Command, Office of the Global Affairs, Department of Health and Human Services, California, *Alternate*
VANUATU	Honourable Toara Daniel Kalo, Minister of Health, Ministry of Health, Port-Vila, *Chief Representative*
	Ms Ana Kalo, Minister's Spouse, Ministry of Health, Port-Vila, *Alternate*
	Mr George Kalkau Taleo, Director General, Ministry of Health, Port-Vila, *Alternate*
	Mr Maurice Michel, First Political Advisor, Ministry of Health, Port-Vila, *Alternate*
VIET NAM	Professor Dr Le Quang Cuong, Vice Minister of Health, Ministry of Health of Viet Nam, Hanoi, *Chief Representative*
	Dr Nguyen Duc Vinh, Director General, Department of Maternal and Child Health, Ministry of Health of Viet Nam, Hanoi, *Alternate*
	Dr Nguyen Manh Cuong, Deputy Director General, Department of International Cooperation, Ministry of Health of Viet Nam, Hanoi, *Alternate*

* did not attend

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VIET NAM (continued)	Dr Dang Quang Tan, Deputy Director General, Department of Preventive Medicine, Ministry of Health of Viet Nam, Hanoi, *Alternate*
	Dr Nguyen Vu Thuong, Deputy Director General, Pasteur Institute in Ho Chi Minh City, Ministry of Health of Viet Nam, Ho Chi Minh, *Alternate*
	Dr Nguyen Duc Thanh, Head of Disaster Management Unit, Cabinet of the Ministry of Health, Hanoi, *Alternate*
	Dr Do Manh Cuong, Vice Head, Division of Environmental and Community Health, Administration of Environmental Health Management, Ministry of Health of Viet Nam, Hanoi, *Alternate*
	Mr Tong Hoai Nam, Vice Head, Division of Foreign Aid Department of Planning and Finance, Ministry of Health of Viet Nam, Ha Noi, *Alternate*
	Ms Doan Phuong Thao, Focal Point on International Integration Official for Cooperation with WHO, Focal Point on International Integration, Department of International Cooperation Ministry of Health of Viet Nam, Hanoi, *Alternate*
	Dr Nguyen Thanh Ha, Deputy Director General, Administration of Environmental Health Management, Hanoi, *Alternate*

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

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)	Dr Kolitha Wickramage Dr Maria Nenette Motus

III. OBSERVERS

ASIAN DEVELOPMENT BANK (ADB)	Dr Soonman Kwon
ASIA EUROPE FOUNDATION (ASEF)	Ms Riko Kimoto
ASIA PACIFIC LEADERS' MALARIA ALLIANCE (APLMA)	Dr Benjamin Rolfe

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DEPARTMENT OF HEALTH, PHILIPPINES	Dr Maria Celia Cecillia Balagot Dr Allan Evangelista Ms Brenda Panganiban Ms Jeanne Bernas Ms Maika Ros N. Bagunu Dr Gloria Nenita Velasco Dr Marillete Falagne Dr Charl Bautista Mr Neil Eric Benigno Ms Rosa Gonzales Dr Francisco Z. Soira Ms Violeta Padilla
EMBASSY OF MALAYSIA, MANILA, PHILIPPINES	Ms Krizelle Veil Navarro
MALARIA CONSORTIUM	Dr Jeffrey Hii
MINISTRY OF HEALTH AND WELFARE, GOVERNMENT OF THE REPUBLIC OF KOREA	Mr Byoung Hong Han Mr Yun Sang Lim Mr Kil Woo Lee Mr Son Chung Yong Mr Sung Chul Shin Dr Geun Heag Yoo Mr Hyun Gil Kim
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION	Dr Emi Chutaro
SANITATION AND WATER FOR ALL (SWA)	Ms Amanda Marlin
WORLD ORGANIZATION FOR ANIMAL HEALTH (OIE)	Dr Noriyoshi Ojima

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASEAN SECRETARIAT	Dr Ferdinal Fernando
SECRETARIAT OF THE PACIFIC COMMUNITY (SPC)	Dr Paula Vivili

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V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

CBM	Dr Manfred Morchen Ms Erly Ocasiones
INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS (IAPO)	Mrs Karen Ida Villanueva Mrs Fatima Lorenzo Mr Chris Munoz
INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO)	Dr Mayumi S. Bismark Dr Christia S. Padolina
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS (IFMSA)	Mr Satria Nur Sya'ban Ms Katheryn Gayle Quiwa Ms Victoria Lee Annette Berquist Ms Minje Jeon
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)	Dr Jean Antoine Zinsou Professor Michael D. Nissen Dr Shilpa Patil Dr Chrysanthus Herrera
INTERNATIONAL HOSPITAL FEDERATION (IHF)	Jesus M. Jardin
INTERNATIONAL LEPROSY ASSOCIATION (ILA)	Dr Francesca Gajete
MÉDECINS SANS FRONTIÈRES INTERNATIONAL (MSF)	Dr Maria Guevara Dr Isaac Chikwanha Mr Brian Davies
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr Vivina Chiu Dr Elizabeth Milanes
STICHTING HEALTH ACTION INTERNATIONAL (HAI)	Ms Cecilia Sison
UNION FOR INTERNATIONAL CANCER CONTROL	Dr Saunthari Somasundaram
WORLD FEDERATION FOR MEDICAL EDUCATION (WFME)	Professor Michael Field
WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES (WFAS)	Dr Teoh Boon Khai

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WORLD HEART FEDERATION	Dr Marian Abouzeid Ms Joanna Markbreiter
WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)	Professor Zorayda Leopando

VI. CANDIDATES FOR THE POST OF DIRECTOR-GENERAL

Dr Tedros Adhanom Ghebreyesus

Professor Philippe Douste-Blazy

Dr David Nabarro

Dr Sania Nishtar

Dr Miklós Szócska

Annex 2

ANNEX 3

LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

Asia-Europe Foundation

CBM

International Federation of Medical Students' Associations

International Leprosy Association

International Organization for Migration

Medecins Sans Frontieres International

Union for International Cancer Control

World Heart Federation

World Organization of Family Doctors

Annex 3

ANNEX 4

ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE JAMES GILLAN
DIRECTOR OF PUBLIC HEALTH AND SOCIAL SERVICES, GOVERNMENT OF GUAM
AT THE OPENING SESSION OF THE SIXTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers
Distinguished Representatives
Dr Margaret Chan, Director-General, World Health Organization
Dr Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of agencies of the United Nations,
intergovernmental organizations and nongovernmental organizations
Distinguished candidates for Director-General of the World Health Organization
Ladies and gentlemen:

I welcome all of you to the sixty-seventh session of the WHO Regional Committee for the Western Pacific. I would like to thank the Regional Director, Dr Shin, for the excellent preparations and the efficiency of your staff. We are enjoying the calming environment of the WHO office.

I am deeply honoured to address you today—as your outgoing Chair this time. And it is a distinct personal privilege to be in the presence of our esteemed Director-General, Dr Margaret Chan.

Dr Chan, I understand this will be the last Regional Committee meeting that you will share with us. You will be missed by us all. On behalf of the Regional Committee, I would like to express our profound gratitude for your inspirational leadership, courage and tenacity in leading the Organization through untold challenges over the past 10 years. Please join me in acknowledging our Director-General.

Excellencies:

It is hard to believe that a year has passed since we last gathered. And what a year it was.

Mosquito-borne diseases like dengue, malaria, chikungunya and Zika threatened our communities. We are all concerned about the escalating costs of drugs and medicines. We worry about people who have limited access to health care. The overwhelming burden of noncommunicable diseases and the emerging, often neglected, tropical diseases still haunt us, especially in the Region.

We also witnessed the tail end of the Ebola and MERS-CoV outbreaks. Our connectedness through international travel has brought vast benefits. But it also accelerates the spread of emerging infections.

These are a wake-up call for all of us.

Colleagues:

The past year has also rendered visible the frailty of our planet, and how climate change looms as our greatest public health threat. We have heard about El Niño and the droughts that have affected many countries of the Region—creating great health risks for the poor, for children, and rural communities. Early this year, Tropical Cyclone Winston devastated Fiji as the most powerful storm on record in the Southern hemisphere. In April and May 2016, at least 100 tonnes of dead fish washed ashore along the central coast of Viet Nam. A steel plant is now being held responsible for chemical waste that affected fishing zones.

Annex 4

These are challenging times.

Scientists have long warned that the global temperature rise threshold of 2 °C is the limit of safety, beyond which the effects are likely to become catastrophic and irreversible. Finally, acting on this warning, representatives of 195 countries adopted an agreement by consensus at the 21st Conference of Parties to the UNFCCC[1], on 12 December 2015, in Paris. The Paris Agreement sets out a plan to put the world on track to avoiding dangerous climate change by limiting global warming to 1.5 °C. These actions will spell the difference between our survival and extinction.

Distinguished colleagues:

Undaunted by all this, we in public health continue to advance the agenda for promoting and protecting health. This past year shows how action has been taken toward better policies and stronger health systems through international collaboration, using new tools.

Last year, we endorsed the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*. Since then, four countries have endorsed comprehensive National Action Plans for Viral Hepatitis and four more countries have plans in development. Several countries now include hepatitis medicines in national treatment programmes. Finally, prices of hepatitis C medicines have fallen substantially as generics have become available.

Last year, we endorsed the *Regional Framework for Implementation of the End TB Strategy in the Western Pacific2016–2020*. The framework is now being used to update national plans. At the national TB programme managers meeting in March 2016, there were substantive discussions leading to action on TB in migrant populations and drug-resistant TB as a regional health security concern. Member States are rapidly adopting new diagnostics and drugs.

Last year, we endorsed a new action framework, *Universal Health Coverage: Moving Towards Better Health*. A UHC technical advisory group has been established and will meet in December. This represents a new way in which Member States will review progress and share lessons with each other.

Priority has been given to strengthening domestic financing and integrated service delivery—regulation of the workforce and placing people at the centre of care are critical. Efforts are being made to improve our systems for monitoring UHC indicators and aligning these to the Sustainable Development Goals. A number of Member States are reforming laws and regulations—reforms include the creation of a network of medicine regulators.

Last year, we also endorsed the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020*. Since then, guided national policy consultations have been held in several countries. These consultations have included the participation of a range of government partners from health, police, transport and social affairs. Several countries have now established national action plans on violence and injury prevention. We hope to see a decline in death and injury through these efforts.

Since endorsing the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020* last year, WHO has developed tools for city and national urban planners, using principles of foresight and forecasting. At the 7th Global Conference of the Alliance for Healthy Cities, a workshop was organized to train implementers on the use of foresight tools. Some Member States have started to organize consultations on urban health, using these tools.

[1] United Nations Framework Convention on Climate Change

Annex 4

Ladies and gentlemen:

Every Regional Committee meeting presents us with issues for policy and action that push us to strengthen our efforts to build stronger health systems and defeat the social, political and environmental barriers that keep us from achieving better health for all.

Over the next few days, I look forward to your active discussion of a new set of health issues that demand our urgent attention and action.

I thank you for your time, and wish us all a productive and meaningful meeting.
Ladies and gentlemen:

Annex 4

ANNEX 5

ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION DR MARGARET CHAN, AT THE SIXTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Chairman, Excellencies, honourable ministers, distinguished delegates, colleagues and friends in United Nations and Public Health, Dr Shin, ladies and gentlemen,

This is the last regional committee that I will address during my tenure as Director-General. I am pleased to do so in what I have always considered my home region. Like most people, I have a special fondness in my heart for places where I feel at home.

The Western Pacific is one of the most diverse regions in terms of culture, socioeconomic development, climate, geography, and population size, from very large countries to small island nations. The region includes some of the world's least developed countries, but also some of its richest.

Health threats are equally diverse. Around 86 million people still lack access to improved drinking-water sources. The number of chronically undernourished children decreased from nearly 55 million in 1990 to 8 million in 2014. But the region now has 6.2 million children who are obese or overweight. Of the ten fattest countries in the world, eight are Pacific island nations. Lifestyle-related noncommunicable diseases are alarmingly prevalent throughout the region.

At the same time, your countries are concerned about dengue, malaria, the neglected tropical diseases, and emerging diseases, like chikungunya and, most recently, Zika. What holds this diverse region together is the exceptionally strong spirit of solidarity and the need for a collective response to threats, whether these are widely shared or found mainly in poor and marginalized populations.

It is this sense of collective responsibility and the sharing of experiences that helps explain why the poorer countries in the region are such big over-achievers. Good progress in health outcomes is readily apparent in the ambitious strategies and action plans being considered by this committee. I commend the ministers of health for their leadership and commitment to the well-being and health of their people. I also commend Dr Shin for leading his team in providing strong policy and technical support to the countries and territories in the Region.

Ladies and gentlemen,

The region is often described as the world capital of dengue. Your countries continue to be battered by epidemic cycles associated with rapid economic growth, unplanned urbanization, the mass movement of people and goods, and possibly also climate change.

In recent years, dengue incidence has increased dramatically, though mortality has gone down, thanks to improved case management.

Your action plan for dengue prevention and control proposes an important shift away from a focus on attempting to contain outbreaks, to an approach that aims to reduce the impact of dengue on communities. All countries can learn from Malaysia's national environmental cleanliness campaign, which engages communities to remove mosquito breeding sites.

The elimination of malaria is a realistic goal for several countries. Between the year 2000 and 2015, malaria deaths decreased by an impressive 87%. Top priority now goes to the interruption of transmission in areas of the Greater Mekong Subregion where artemisinin resistance has emerged and evolved into multidrug resistance. You have rightly recognized this alarming development as a threat, not just to the region, but to every country where malaria remains a threat.

Annex 5

I thank you for acting on your responsibility to the global health community. The latest Asia Pacific strategy for emerging diseases and health emergencies is a model for a step-by-step staged approach for building core capacities to implement the International Health Regulations. It could serve as a handbook for any country seeking to improve its IHR compliance. Of the region's 27 countries, 20 have achieved core capacity requirements to detect, assess, notify, and report infectious disease events, and to respond to public health risks and emergencies.

This is a remarkable achievement.

The strategy, with its focus on eight functional areas needed for emergency preparedness, is embedded in the health system, not something tacked on. You have established good mechanisms for command and control, using event management systems and emergency operations centres. A large number of public health laboratories have the capacity to identify exotic pathogens and perform antimicrobial susceptibility testing. The region is a hotspot for emerging diseases, but you are prepared and keep getting better and better.

Zika cases in the region are on the rise, and ASEAN health leaders have expressed their concern. Unfortunately, scientists do not yet have answers to many critical questions. For example: is the virus, known since 1947, now endemic in at least some of your countries? If so, why are the first true outbreaks involving local transmission being detected only now?

Is this because the virus had to move into densely populated urban areas, like Singapore, to become highly visible? Except for pregnant women, this is usually a mild disease, and 80% of those infected shown no symptoms at all. Why did the first signal that the virus is present in some of your countries, come from travellers whose Zika infection was confirmed once they got home? Are they sentinels?

Is this weak surveillance, an indication of population-wide immunity, or proof that the virus has somehow acquired greater epidemic potential? I wish we knew. You are rightly increasing surveillance for the congenital Zika syndrome, including microcephaly, which will need to continue as current pregnancies in infected women come to term.

But we do know two things. First, no currently available approach to mosquito control is fool proof. You know that from decades of efforts to contain dengue.

Second, this region has the scientific talent and research capacity to get some answers soon. All the world will be waiting as you investigate an evolving disease that continues to deliver so many surprises.

Ladies and gentlemen,

Your regional framework for action on health and the environment is wide-ranging and hard-hitting. The region is especially vulnerable to the health consequences of environmental degradation arising from a damaged planet. More frequent and intense extreme weather events that cause floods, droughts, diminished harvests, and massive population displacement. Rising sea levels that threaten the viability of small island nations and areas.

The nearly year-round haze from the deliberate burning of forests to clear land for crop production. The dirty air that more than 80% of people in cities are regularly forced to breathe.

For a very long time, health was barely mentioned in debates about climate change and its consequences. But as your framework for action so clearly shows, health has some of the most compelling evidence-based arguments for interpreting climate change as a potential catastrophe.

Annex 5

Put in simply, the earth is losing its capacity to sustain human life in good health. The challenge, of course, is to convince officials in energy, agriculture, transport, housing, and urban design to pay attention to the health consequences of their policies that affect the environment.

To meet this challenge, the framework presents a menu of practical options set out according to four patterns of institutional arrangements that bring health and environmental issues together. We hear many calls for multisectoral action. But we seldom see these calls are acted upon in practical arrangements in your countries.

The region enters the era of sustainable development with an exceptionally refined and comprehensive action agenda. It calls for nothing less than a transformational change in the thinking of public health, the way it organizes service delivery, and the way it interacts with other sectors.

Health must move from a narrow biomedical model of disease to a mindset that embraces a holistic, integrated, people-centred approach. Again, institutional arrangements that can nurture multisectoral collaboration are a concrete way forward. As you rightly recognize, finding an entry point to leverage health arguments is especially difficult in some sectors.

The health sector does not always have an influential voice in setting social and economic priorities despite the fact that health spending often represents upwards of 10% of a country's GDP. All too often, short-term commercial and economic interests trump longer-term health objectives. But you have much to build on.

The region has a long history of addressing the social determinants of health and an excellent track record. Examples include tobacco control in Australia, China, and the Philippines, healthy diet campaigns in Pacific island countries, and the healthy cities and healthy islands initiatives.

China's efficacy and action in training public health officials in international diplomacy deserves special mention. Health diplomacy is gaining prominence in south-south, north-south and triangular, multisectoral collaboration in the SDG era. Your guide for school principals, titled "Be smart, drink water", is part of a wider campaign to remove sugar-sweetened beverages from school vending machines and shops in the vicinity of schools. Your sugars checklist, with practical tips for interpreting food labels, empowers consumers and makes another contribution to healthy lifestyle choices.

I have no doubt that such campaigns provoke a heavy pushback from industry. As industry will argue, tooth decay and childhood obesity are the result of bad parenting, not marketing practices.

Or another favourite: the WHO sugar recommendations are based on flawed science.

Hold your ground. The fact that tiny Uruguay, with its population of just 3.5 million people, legally defeated the world's largest tobacco company in July is a tremendous victory. Health can indeed trump the interests of powerful economic operators.

Ladies and gentlemen, As I conclude these last formal words to my home region, let me congratulate Cambodia, Cook Islands, Niue, and Vanuatu for their remarkable health achievement.

Earlier this year, WHO validated that these four countries have eliminated lymphatic filariasis as a public health problem. This achievement is the culmination of more than a decade of accelerated efforts by governments, development partners, and donors, supported by WHO.

Lymphatic filariasis is an ancient, disfiguring, and debilitating disease that causes untold misery, sapping productivity and leaving people trapped in poverty. Imagine being able to assure populations that a disease like this one has been vanquished.

Annex 5

I thank this region for leading the world in the battle against lymphatic filariasis, and many other threats to health, both new and old.

Thank you.

ANNEX 6

ADDRESS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SHIN YOUNG-SOO, AT THE SIXTY-SEVENTH 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:

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

This will be a special session. In addition to the important issues on the agenda, this Regional Committee will be the last for our esteemed Director-General Dr Margaret Chan. She will continue to lead WHO until June next year. But I wanted to take this opportunity to express our pride in the many accomplishments of this proud daughter of the Western Pacific.

A lot of people don't know that Dr Chan originally had no intention of studying medicine. She started out as a teacher — and now she has become the face of global public health. Many people first heard about Dr Chan as the Director of Health in Hong Kong during the bird flu outbreak in 1997. Her decisive handling of the crisis earned her international respect — *but did not make any friends in the Hong Kong chicken and duck community!*

Under Dr Chan's leadership, WHO has launched extensive self-motivated reforms. She has made the Organization more effective and efficient, and much more responsive to Member States. Her combination of charm and straight-talk on sticky issues has made her a star in the diplomatic community and among global partners. Her star power has raised the profile of WHO as the United Nations' largest and most transparent agency.

With 194 Member States, six elected regional directors and a massive headquarters, WHO is among the most complex and difficult organizations to manage. To break down management silos, Dr Chan has taken cooperation to new heights. She created mechanisms to make decision-making more inclusive and collaborative. You can see this new approach in the Global Policy Group she created.

The group has become a regular forum for regional directors and the D-G to brainstorm on the most serious issues facing WHO. Many Member States favour making this group permanent.

Margaret and I became friends long before assuming our current posts. Nevertheless, I think I speak for all the regional directors and ministers when I say she will be sorely missed.

Every year, I like to take this opportunity to highlight our shared achievements over the past 12 months, as well as the challenges we face going forward in the Region. All of you have a copy of my detailed report covering July 2015 to June 2016 – *The Report of the Regional Director: The Work of WHO in the Western Pacific Region.*

The Regional Office, the Division of Pacific Technical Support and WHO country offices around the Region have worked as one to serve Member States over the past year.

It is often hard to measure progress year-to-year. Outbreaks, emergencies and other public health challenges generally do not follow a calendar.

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However, we do stick to strategies and schedules as much as possible in our work, especially preparedness and prevention efforts. This proactive approach is precisely why we have made significant progress over time against the Region's most serious threats to health.

As a result, health outcomes have continued to improve in Member States, with noteworthy progress against communicable and noncommunicable diseases, or NCDs.

Morbidity and mortality from communicable disease continue to decline. Meanwhile, we are getting better at addressing key risk factors for NCDs — which are still responsible for nearly 80% of deaths in the Region.

Health systems are getting stronger, as more and more Member States take important steps towards universal health coverage. Member States are also better prepared to face threats posed by disasters, emergencies and emerging infectious diseases.

Since day one of my first term, I have made results at the country level a top priority. Results are the yardstick by which we all must measure effectiveness.

For this reason, we make great efforts to ensure that our country cooperation strategies reflect Member State priorities and needs.

Renewed county cooperation strategies were launched this past year for Cambodia, China and Papua New Guinea. Others are being prepared for launch in the Lao People's Democratic Republic, Malaysia, Mongolia and the Philippines, as well as Pacific countries and areas.

Across the Region, we have strengthened strategic partnerships and relations with donors. I am proud of the fact that we have no overdue donor reports — and we are the only Region that can say that!

The Region has maintained its polio-free status once again. *By now, you may be tired hearing this. But I never tire of reporting it to you!*

The Region also continues to set the pace globally in combating hepatitis.

As a Region, we have reached the target of less than 1% chronic hepatitis B infection in 5-year-old children. We are a full year and a half ahead of the 2017 deadline.

Countries are now moving beyond immunization. We are strengthening support to address the needs of people living with the disease and to attain medications to cure viral hepatitis wherever possible.

Since March, Australia has treated more than 26 000 people with new drugs to cure hepatitis C. In Mongolia, more than 6000 people have been treated with new hepatitis C drugs since November. Generic curative hepatitis C medicines now cost less than 500 US dollars per treatment course in Mongolia and have proven nearly 100% effective.

The demand for these new treatments is high. But these medicines remain unavailable or too expensive in much of the Region. *We must solve this problem.*

The past year was a milestone for tuberculosis control – with innovative approaches and new diagnostics and drugs. A new treatment course for drug-resistant tuberculosis is much shorter, which we hope will improve adherence to the regimen to fight multidrug resistance.

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Our fight against malaria has continued according to plan. Nine out of 10 malaria-endemic countries have achieved the Millennium Development Goal target for malaria.

The *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020* is on the agenda for tomorrow. The framework will guide efforts towards elimination of this disease that has caused death and disability for hundreds of years.

Also on the agenda for tomorrow is the draft *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016).*

Despite the best efforts of Member States, WHO and our partners, we have had limited success fighting dengue. We have not met the targets we set in 2008 when the Regional Committee endorsed the last dengue strategic plan.

While case fatality rates have been cut in half between 2008 and 2015, the number of dengue cases has more than doubled.

The new draft action plan, developed after extensive consultations with Member States and experts, provides fresh guidance on actions to slow down the expansion of dengue — so that we can eventually control it.

I look forward to a lively discussion on dengue.

The action plan will help us combat not only dengue, but also other arboviral diseases transmitted by Aedes mosquitoes, including Chikungunya and Zika.

Though Zika has been more prevalent in the Americas, you will recall that the first outbreak reported was in the Federated States of Micronesia in 2007.

When Zika recently re-emerged in the Region, WHO immediately stepped up surveillance and response activities. In a recent videoconference, WHO and health ministers from 10 Members States of the Association of Southeast Asian Nations committed to specific actions to prevent and control Zika.

Later this afternoon, our technical staff will present a special briefing on Zika.

In general, the Western Pacific Region remains a hotspot for emerging infectious diseases, disasters and other public health emergencies. We are continuing to invest in preparedness, especially in between outbreaks and emergencies.

In fact, our Region is leading global efforts in preparedness and response.

I am pleased to see that 20 out of 27 States Parties reported achieving core capacities under the International Health Regulations, known as IHR 2005.

Over the past year, we conducted extensive consultations with Member States to update the *Asia Pacific Strategy for Emerging Diseases.* Updates are based on a decade of implementation experience.

The new strategy will make the Western Pacific Region more able to deal with whatever outbreak, disaster or health emergency the future brings.

The Regional Committee will consider the new *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* — also known as APSED III, for endorsement this week.

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On the global level, the largest-ever Ebola outbreak in West Africa led to a reform of WHO emergency procedures. The new WHO Health Emergencies Programme will make the Organization better able to respond to emergencies and outbreaks around the world.

The Western Pacific Region is committed to alignment with this new global structure. In many ways, we have focused on bridging the gap between knowledge and action. Look no further than our programme on Early Essential Newborn Care to see knowledge turned into life-saving action.

Across the Region, we have improved clinical practices for newborn babies in more than 2200 facilities. So far, more than 27 000 health workers have been coached in newborn care. And we are just getting started.

In April, the Regional Office convened a first-ever meeting of non-governmental experts and advocates on diabetes. The next day the diplomatic community and stakeholders joined us here for the World Health Day campaign on diabetes.

Over the past year, more attention has also been focused on environmental health risks — such as unsafe water and sanitation, air pollution and climate change.

Tomorrow, the Regional Committee will consider for endorsement the draft *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet.*

Many health challenges are more complicated to address in the Pacific. Small populations spread out across the world's largest ocean require WHO to tightly tailor support to improve health and well-being.

The proportion of premature deaths in the Pacific due to NCDs remains among the highest in the world, while various communicable diseases still pose a significant burden.

Climate change is also a clear and present threat to low-lying Pacific islands.

As part of a pilot programme, we recently started a five-year project to help build climate-resilient health systems in the Pacific. The project aims to strengthen governance and policies, early warning systems and service delivery.

With Pacific islands especially vulnerable to public health emergencies, WHO has worked to build core capacities for IHR (2005) and implement APSED.

Going forward, the new Sustainable Development Goals, or SDGS, set 17 goals with 169 targets to be achieved by 2030. As you know, SDG 3 specifically calls for good health and well-being for all at all ages.

WHO is eager to support Member States in prioritizing actions to achieve the SDGs. To that end, the Regional Committee will consider for endorsement this week the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific.*

Like all of our regional strategies and plans, the SDG action agenda was developed in close consultation with Member States.

As I look back on our accomplishments – and ahead at the possibilities – I realize that the backbone of our success is the tremendous relationship we enjoy with Member States.

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Cooperation and collaboration are more than words in the Western Pacific, and *keeping countries at the centre* is more than a motto.

These principles guide everything we do — and will do *even better* in the future!

We will hold a special side event on cooperation and coordination between the Regional Office and country offices on how to best serve Member States.

I am committed to ensuring that WHO functions seamlessly as one entity in supporting Member States in the Region.

These past eight years as your Regional Director have been the most rewarding of my career. Now I am committed to making my final two years the most productive. Working together, we have made great progress on many public health issues in recent years. But like you, my focus is always on the challenges of tomorrow.

This is our first session since the launch of the SDGs — and the start of what will be a new era for global development. Health is finally where it belongs — at the centre of global development plans.

Economic development has been rapid in the Western Pacific. Hard-working people and their leaders have created greater prosperity. Now we must match that drive in creating better health.

Indeed, the nearly 1.9 billion people who call this great Region home are counting on us to make their lives richer — in terms of health and well-being.

Thank you.

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ANNEX 7

**ADDRESS BY THE INCOMING CHAIRPERSON
HONOURABLE DATUK SERI DR S. SUBRAMANIAM
AT THE SIXTY-SEVENTH 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
Colleagues, ladies and gentlemen:

I am honoured and grateful for the trust you have placed in me by designating me as Chair for this year's RCM session.

Dr Shin, we are delighted to be back in the Regional Office and are already enjoying the excellent facilities, and the beauty of the gardens.

I would like to acknowledge and extend my thanks to our outgoing Chair, Honourable James Gillan, and all the other office-bearers of the last RCM session. I look forward to a very productive meeting and am committed to managing our time well—as my predecessors have.

As your Chair, and as an advocate for "healthy meetings", I hope you will agree that we practise what we preach—particularly in relation to health promotion and NCD prevention. I understand the Secretariat will ensure a supply of light and healthy snacks.

They have also prepared a short physical activity programme during our mobility breaks to ensure that we do not increase our risk for diabetes by sitting down too long, and I encourage you to stand and stretch your legs even during the sessions if you feel the need to do so.

Ladies and gentlemen:

We have heard the excellent report of the Regional Director.

There has been sustained progress in the work of Member States, but there are so many issues in health that consume our time and attention.

The Regional Committee meeting gives us an opportunity to pause and reflect on how we can do a better job through international collaboration. Indeed, we are one community with health problems that are borderless.

Dr Shin, we have an ambitious agenda for this meeting and we look forward to your guidance over the next few days.

We have six main agenda items. Yesterday we covered: the budget implementation report for 2014–2015; and the proposed programme budget for 2018–2019. In the next few days, we will discuss: dengue; environmental health; malaria; the Sustainable Development Goals; and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.

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These will be followed by six progress reports that we hope to finish on Thursday, on: HIV and sexually transmitted infections; Expanded Programme on Immunization; disability prevention and rehabilitation including blindness; the regional action plan for healthy newborn infants; antimicrobial resistance; and essential medicines.

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

Distinguished colleagues:

Allow me to annotate the main agenda items.

In 2015, more than 450 000 cases of dengue were reported, with more than 1000 deaths in the Region. These staggering figures represent the tip of the iceberg. Without discounting our achievements in many areas of health, we have not yet managed to contain one of our BIGGEST health threats in this Region—which is, paradoxically, the TINY mosquito.

We are all familiar with the costs of care and the immense suffering caused by dengue. In my country, Malaysia, dengue outbreaks are disruptive and, thus, we called for action for better tools in dengue management, both at this same forum last year[1], and at the World Health Assembly in May this year[2].

Meanwhile, the spread of Zika to 18 countries and areas in the Western Pacific—of which Malaysia is a part—reinforces the fact that effective vector control is long overdue. While dengue is a problem of the present, we are further concerned by Zika as a potentially prolonged crisis for the next generation. Its future economic and social impact remains unclear.

WHO's guidance through the *Dengue Strategic Plan for the Asia Pacific Region (2008–2015)* is timely and relevant. I understand this plan will give us an opportunity to consider more effective mosquito control which will help us fight arboviruses including Zika and chikungunya.

The elimination of malaria is within reach for the Western Pacific Region. Since 2000, malaria-related deaths have declined by over 90%. In the 10 endemic countries of the Region, eight countries have been able to reduce its prevalence by over 75%. This is a sign of steady and sustained progress.

To further speed our progress, leaders in the Region have strengthened the call for malaria elimination by 2030, and donor support has grown. We will be considering a new *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020).*

Malaysia—as outgoing Chair of the Asia-Pacific Regional Forum on Health and Environment—and coming directly from the Fourth Ministerial Meeting held on Saturday, appreciates the preparation of the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*, which provides guidance on the role of the Ministry of Health in addressing environmental determinants of health.

[1] At the 66th session of the Regional Committee in Guam, the Global Health Unit coordinated strategic interventions on various agenda to highlight dengue.

[2] Malaysia hosted a side event on dengue at the Sixty-ninth World Health Assembly this year.

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The Framework provides practical actions to enhance governance and capacity, networking, communication and financing, in the era of the Sustainable Development Goals.

Beyond health and the environment, the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* covers determinants of health—from nutrition, violence and birth registration—to employment, energy and transport. Universal health coverage is a specific target that underpins our work in health. Again, the timely introduction of this topic is highly appreciated.

Last, but not least, of our main agenda items is the *Asia Pacific Strategy for Emerging Diseases (APSED) and Public Health Emergencies*, bringing us to the issues and challenges of health security as well as our collective effort to achieve core capacities under the International Health Regulations.

A review of the work of APSED was conducted in 2015, leading to an updating of the strategy—thus, the third Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) is proposed for consideration.

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

Thank you very much.

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ANNEX 8

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

Mr Chairperson;
Honourable Ministers;
Distinguished Representatives:

I would like to thank everyone for your commitment, hard work and team spirit this week. Your contributions have made the sixty-seventh session of the Regional Committee for the Western Pacific a great success.

My sincere appreciation goes to all those people behind-the-scenes who helped to make this session run so smoothly, including my own team members.

The Regional Committee agenda proceeded smoothly and I think we are even able to beat the record by closing the session so early on Thursday afternoon. This is the result not only of hard work but also a demonstration of strong support from you, Member States.

This year again you had a full agenda. You reviewed our performance under the programme budget 2014-2015 and discussed the proposed programme budget 2018-2019. You also discussed and reaffirmed commitment to five regional health priority agenda, namely: dengue, environmental health, malaria, Sustainable Development Goals and Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.

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

This year we also had several important side events. We covered gender-based violence, health-care financing for priority public health and health security. Our last event today focused on WHO's work in countries, and you were even able to see the faces of our staff on the ground.

We also received a few donations to the art gallery at the Regional Office. I would like to thank again all Member States who have donated art to this gallery.

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

Vice-Chairperson Dr Nandi Glassie from Cook Islands for his excellent support to the Chair including stepping in the whole day today;

Ms Jacinta Holdway of Australia whom I heard has done a wonderful job, took an intimidating amount of notes and captured Member States' concerns as the English Rapporteur. She pushed our editors into the corner. She has done a wonderful job and I appreciate it.

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And finally,

Mr Mazyar Taheri from France, who is a true multi-tasker. He not only served as the French Rapporteur, but also danced on the stage on Monday evening.

Of course, I would especially like to thank **Datuk Seri Dr S. SUBRAMANIAM,** our esteemed Chair from Malaysia who did an excellent job of keeping the session on track. Unfortunately he had to leave last night.

Please accept these gifts as tokens of our appreciation.

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

Thank you.