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Brisbane, Australia

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13 October 2017

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Other information

Venue	Plaza Ballroom, Plaza Level, Brisbane Convention & Exhibition Centre (BCEC)
Distribution of documents	<p>All documents are included on a USB flash drive provided to all representatives in their conference bag upon arrival. In line with WHO green meeting practices, printed copies are available only upon request at the WHO Enquiry Desk, located at the Plaza Ballroom Concourse.</p> <p>Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.</p>
Internet access	<p>Wireless Internet access is available throughout the BCEC. The network name and password can be obtained from the WHO Enquiry Desk in the Plaza Ballroom Concourse.</p> <p>An Internet cafe is located in the Plaza Ballroom Foyer. For assistance, please contact the computer support staff at the Internet cafe.</p>
WHO publications	Publications related to the agenda of the Regional Committee are on display in the Plaza Ballroom Concourse. A digital publications catalogue is contained on a USB flash drive provided to all representatives.
Security	<p>Please ensure your ID card is displayed at all times while inside the premises. Kindly contact the WHO Conference and Administrative Services Officer, Ms Nguyen Thi Minh Ly, with any concerns at +63 920 963 5457 (Philippines mobile).</p> <p>WHO has a no-smoking policy for all meetings and related functions.</p>

I. PROGRAMME OF WORK (FRIDAY, 13 OCTOBER 2017)

Agenda items 08:30–12:00

- | | | |
|-------------------|---|--------------------|
| 16 (cont.) | Progress reports on technical programmes (continuation)
Part 3
16.5 Tuberculosis
16.6 Hepatitis
16.7 Traditional medicine
16.8 Gender and health | <i>WPR/RC68/11</i> |
| 17 | Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continuation)
17.1 Agenda for 2018
17.2 WHO reform
17.3 Items recommended by the World Health Assembly and the Executive Board
17.4 Geographically dispersed specialized offices in the Region | <i>WPR/RC68/12</i> |

Agenda items 14:00–17:00

- | | | |
|-----------|---|--------------------|
| 18 | Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee | <i>WPR/RC68/13</i> |
| 19 | Time and place of the sixty-ninth and seventieth sessions of the Regional Committee | |
| 20 | Closure of the session | |

II. REPORT OF MEETINGS (THURSDAY, 12 OCTOBER 2017)

Sixth meeting

Chairperson: Ms Glenys Beauchamp, Secretary, Australian Government Department of Health

Item 16 **Progress reports on technical programmes (continuation)**

Part 2:

16.2 Noncommunicable diseases

16.3 Tobacco-free initiative

16.4 Mental health

As a continuation of yesterday's session, interventions were made by the representatives of the following Member States (in order): China, Hong Kong SAR (China), Japan, Tonga, Macao SAR (China), Samoa, Cook Islands, the Federated States of Micronesia, Malaysia, the Republic of Korea, Australia, the Marshall Islands, Viet Nam, Kiribati, New Caledonia, Papua New Guinea, Tuvalu and Mongolia.

The acting Director of NCD and Health through the Life-Course thanked Member States for their interventions on noncommunicable diseases (NCDs), the Tobacco Free Initiative (TFI) and mental health. The interventions made it clear that all Member States consider NCDs a priority area, with workplans developed and significant progress against the NCD progress indicators, she said.

She congratulated Member States for their full participation in the 2017 NCD Country Capacity Survey, which will help guide countries in implementing strategies. Despite differences between countries in the NCD progress indicators, she said the Region is generally on track to achieve the targets. She said 18 Member States have fully or partially completed a STEPS survey or a comprehensive health examination in 2017.

She said 15 Member States have shown considerable progress in developing evidence-based national guidelines for the management of major NCDs, while nine countries have successfully developed a multisectoral national strategy or action plan that integrates action on major NCDs and their shared risk factors.

In relation to nutrition, the acting Director cited challenges in the double burden of malnutrition, with many countries – particularly in the Pacific – not meeting nutrition-related indicators. She congratulated Brunei Darussalam for achieving 11 NCD progress indicators, with Malaysia, Mongolia, and Singapore having achieved 10 indicators.

She cited a WHO report released on World Obesity Day (11 October) that shows obesity prevalence higher than 30% in both girls and boys in selected Pacific island countries and areas. WHO is publishing results from the Ending Childhood Obesity (ECHO) Implementation Plan, which advocates actions to curb childhood and adolescent obesity. She congratulated Pacific ECHO Network for its work.

In response to Member State interventions on tobacco, the acting Director cited significant work in implementing TFI recommendations, such as plain packaging and graphic health warnings on all tobacco packaging, with 14 countries able to fully achieve these indicators.

She also cited the work of Member States to strengthen international capacity to reduce tobacco use in partnership with the Secretariat of the WHO Framework Convention on Tobacco Control, including enacting laws requiring smoke-free environments and working with stakeholders on enforcement.

She said WHO in the Region will work with country team members as well as partners and stakeholders to develop views to be shared at the Third United

Nations High-Level Meeting on NCDs in 2018.

In response to interventions on mental health, she noted serious challenges in the Region, including suicide, the burden of dementia and Alzheimer's disease, as well as the need to promote healthy lifestyles and mental health in workplaces and schools.

Consideration of draft resolutions:

The Chairperson invited the Regional Committee to consider the draft resolution on the draft *Regional Framework for Action on Transitioning to Integrated Financing for Priority Public Health Services* (WPR/RC68/Conf. Paper No. 5). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, without amendment, was adopted (WPR/RC68.R5).

The Chairperson invited the Regional Committee to consider the draft resolution on the draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce* (WPR/RC68/Conf. Paper No. 6). The Rapporteur for the English language read aloud the draft resolution. With the proposed amendments, the Chairperson requested the Rapporteurs to meet and revise the draft resolution and present it again to the Committee.

The Chairperson invited the Regional Committee to consider the draft resolution on the draft *Regional Framework for Action on Food Safety in the Western Pacific* (WPR/RC68/Conf. Paper No. 7). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, without amendment, was adopted (WPR/RC68.R6).

Item 16 Progress reports on technical programmes (continuation)

Part 3:

16.5 Tuberculosis

16.6 Hepatitis

16.7 Traditional medicine

16.8 Gender and health

The Director, Programme Management, presented the third and final part of the progress reports on technical programmes on tuberculosis, hepatitis, traditional medicine, and gender and health.

The Director, Programme Management, said that the *Regional Framework for Action to Implement the Global End TB Strategy 2016–2020* has served as a guide for Member States to step up the fight against TB. He mentioned that new models for providing patient-centred care have led to improved treatment outcomes in many Member States. The expanded use of new diagnostics, new drugs and a shorter regimen of care in all high-burden countries are helping to address the growing burden of drug-resistant TB.

He underscored that efforts are being made to establish baseline costs for TB care to aid in the development of a global approach to ensure that no families face catastrophic costs due to TB. Four countries in the Region have completed cost surveys earlier this year, he said, and three others are scheduled later this year.

The Director, Programme Management, praised progress made on the implementation of the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020.

He cited several achievements: comprehensive action plans were developed by seven countries; 41% of women between 40 and 65 years of age in Mongolia have been screened as the country works toward hepatitis C elimination as a public health threat by 2020; disease-burden analyses for hepatitis B and/or C are

underway or complete in nine countries; baseline country epidemic and response assessments have been completed in four countries; and China negotiated a threefold reduction of prices for a hepatitis B medicine, which was then covered by health insurance reimbursement schemes.

WHO is working with countries to accelerate access to hepatitis treatments, including regulatory processes, price negotiations and a platform for sharing information on medicine prices, he said, emphasizing need to improve systems to deliver treatments effectively and prevent catastrophic expenditures for individuals and families.

The Director, Programme Management, recalled that Member States recognized the need to improve access to good-quality, safe and effective traditional medicine services when the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* was endorsed. He acknowledged the 2014 global *Traditional Medicine Strategy* and the Western Pacific regional action framework on *Universal Health Coverage: Moving Towards Better Health* endorsed in 2015, which guided Member States in developing policies to integrate traditional medicine into national health systems. WHO is committed to continue working with Member States in this area where appropriate, while protecting public health to achieve universal health coverage.

On the final topic, gender and health, the Director, Programme Management, detailed activities conducted through collaborative processes. They included: restructuring of the Regional Office technical working group on gender and women's health, which works across technical divisions to focus more on gender and social determinants; all programmes were encouraged to identify opportunities to incorporate gender, equity and human rights into their work at all stages of the programme cycle; and promising practices were compiled in a report called *Advancing Health Through Attention to Gender, Equity and Human Rights*, with anecdotal stories from the Region.

He highlighted other gains achieved through mainstreaming gender in programmes, citing the campaign, *Human Together*, to combat gender-based violence. He concluded that WHO will continue to prioritize gender and health towards meeting the SDGs.

Interventions were made by the representatives of the following Member States (in order): Cambodia, Japan, the Republic of Korea, China and Hong Kong SAR (China).

Seventh meeting

Chairperson: Ms Glenys Beauchamp, Secretary, Australian Government Department of Health

Item 6 Address by the Director-General

The Director-General of WHO thanked the Australian Government for the warm welcome and said he was pleased to join the Western Pacific Regional Committee, the last of his governing body meetings in the six WHO regions.

The Director-General highlighted several initiatives of interest to the Western Pacific Region that he has introduced since taking office, including support to small island developing states (SIDS) to adapt to the health impacts of climate change and a new High-Level Global Commission on Noncommunicable Diseases.

He praised achievements in the Region: expanding health coverage in China; increasing access to family planning across the Region; a decrease in malaria morbidity and mortality in Papua New Guinea; and the elimination of trachoma in Cambodia and the Lao People's Democratic Republic. He also noted challenges and decried the lack of support in the Region for the Protocol to Eliminate Illicit Trade in Tobacco Products.

Since his election, the Director-General said he has advocated for health coverage

and health security at the highest political levels, introduced a new approach to emergency response operations and launched a process of transforming WHO to focus more on delivering results. He said his senior management team is the most diverse in WHO history. He also announced the appointment of Elizabeth Iro, the Secretary of Health of the Cook Islands, as Chief Nurse at WHO headquarters.

The Director-General said the world expects WHO to do three things: keep the world safe; improve health; and serve the vulnerable. While these goals have always been part of WHO's mandate, he said the Organization needs to do better.

Towards that end, he said he has decided to move forward by 12 months the process of shaping the next General Programme of Work (GPW). He said he hoped to learn much from his discussion with Member State representatives to inform its development. He said that a more complete discussion of the 13th GPW would come in a presentation by the Director of Governing Bodies at WHO headquarters, but summed up the approach as: health coverage, health security and the health SDGs.

The Director-General concluded by saying that WHO must be much more vocal and visible as a global health leader, advocating for health at the highest political levels. He said the Organization must also become far more focused on driving impact in every country and strengthening critical work by reviewing the latest evidence to make the best recommendations to improve health in countries. Considering the growing list of requests from Member States, he said WHO must prioritize programmes and resources, adding that that is the purpose of the 13th GPW.

Item 17 Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee

17.3 Items recommended by the World Health Assembly and the Executive Board

17.3.a. Consultation on the Draft concept note towards WHO's 13th General Programme of Work 2019–2023

The Director of Governing Bodies at WHO headquarters introduced the agenda item on the consultation on the draft concept note towards WHO's 13th General Programme of Work (GPW) 2019–2020, in order to receive Member State feedback and determine next steps. Feedback from the Western Pacific Regional Committee, the last of the committees meeting this year, will allow the 13th GPW to be drafted by 1 November.

The Director provided background on the GPW: a constitutional requirement that sets the high-level strategic vision for the work of WHO and outlines Member State-agreed priorities and provides an overall direction for WHO work. He said the GPW also sets the primary high-level direction for technical programming and budgeting and is the main instrument for accountability and transparency, as well as for resource mobilization.

He noted that the high-level policy direction already has been defined for the next period, with the 13th GPW shaped by the Sustainable Development Goals (SDGs), the Director-General's vision, and a strategic review of ongoing global and regional commitments.

Key shifts in the 13th GPW include full alignment with the SDG, a focus on outcomes and impacts, following through on clear priorities, making WHO more operational and political leadership with a strong focus on equity, all while keeping countries at the centre.

The Director discussed SDG 3 on healthy lives and well-being, and a 13th GPW "scorecard" to monitor the health-related SDGs. Regarding a timeline, he said the new GPW covers 2019–2023 so that it can serve as an organizing framework for the Programme Budgets 2020–2021 and 2022–2023.

The Director said the goal is to have the 13th GPW approved by the World Health Assembly in May 2018 in order to rapidly pivot from planning to implementation, to use the 13th GPW to shape the Programme Budget 2020-2021 and to provide a framework to pursue resource mobilization.

He concluded by saying a special session of the Executive Board (EB) would meet later next month so that the 142nd EB could consider the 13th GPW in January for consideration by the World Health Assembly in May 2018.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Cambodia, China, the Republic of Korea, Japan, Australia, Viet Nam, Cook Islands, Brunei Darussalam, New Zealand, Malaysia, Tuvalu, Fiji, Tonga, Solomon Islands, Mongolia, the United States of America, Papua New Guinea, Singapore, the Marshall Islands, Kiribati and Samoa.

The Director-General thanked Member States for their enthusiastic interventions. He said the views expressed by Member States at this year's session of the Regional Committee for the Western Pacific and other regional committees will be transmitted to headquarters to help finalize the proposed GPW.

The Director-General said development of the 13th GPW was being expedited to be presented to the World Health Assembly in May 2018. He said time was of the essence in transforming the Organization – thus the need for an expedited process leading to a rapid pivot to resource mobilization.

The Director-General highlighted three issues as key to transformation of WHO: 1) speed; 2) the scale of change, noting that changes must be broad in scope to have impact; and 3) quality.

He said the entire Organization must share the same vision and mission to achieve better results. An excellent workforce requires not only technical expertise, but also a mindset attuned to WHO's urgent mission, he said.

Regarding prioritization, the Director-General said the issue requires cooperation from Member States, which must be willing to yield on certain issues so that together all Member States can agree on a core set of shared priorities. If the Organization has too many priorities, it, in effect, has no priorities, he said.

He also emphasized the need to make WHO more operational, without abandoning its normative role in health. He noted the need for WHO to be relevant to all countries, including high-income countries. Some countries, he said, require technical assistance and others only policy dialogue; perhaps 35 countries also require operational support.

He said that while climate change and environmental health affect all countries, SIDS are affected disproportionately. He advocated a shift in emphasis to a block approach, prioritizing Pacific and Caribbean SIDS.

He also said WHO needs to embrace the digital age more fully, employing a "Smart WHO" approach for health – similar to the "Smart Africa" approach that uses the latest in information and communications technology.

He concluded his reply to Member State interventions by talking about importance of political action, saying WHO must work not only with health ministers, but also reach out to other leaders who can supplement its voice – in government, in finance, in the private sector and in civil society.

Consideration of draft resolution:

The Chairperson invited the Regional Committee to consider the revised draft resolution on the draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce* (WPR/RC68/Conf. Paper No. 6). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC68.R7).

III. OTHER MEETINGS

Friday, 13 October 2017

12:45–13:45 Responding to the need for specialized tertiary care in small island states:
Room M3, Mezzanine Level