Introduction

The sixty-third session of the WHO Regional Committee for the Western Pacific was held in Hanoi, Viet Nam, from 24–28 September 2012. The opening ceremony took place in the Hanoi Opera House. Following the opening ceremony, the sixty-third session of the Regional Committee was declared open by the Chairperson of the sixty-second session.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong (China), Japan, Kiribati, the Lao People’s Democratic Republic, Macao (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, 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 Food and Agriculture Organization, the United Nations Children’s Fund and the World Food Programme; representatives of 24 nongovernmental organizations; and observers from the Flour Fortification Initiative, GAVI Alliance, Hong Kong Economic and Trade Office, International Baby Food Action Network and the Chinese University of Hong Kong.

Election of Officers

The Committee elected Associate Professor Dr Nguyen Thi Kim Tien of Viet Nam as Chairperson, Dr Mark Jacobs of New Zealand as Vice-Chairperson, Dr Madeleine de Rosas-Valera of the Philippines as rapporteur for the English language and Dr Jean-Paul Grangeon of France as rapporteur for the French language.

Overview of agenda and action

The Committee considered a full agenda of key health, budget and administrative issues facing the Region, including the programme budget; violence and injury prevention; neglected tropical diseases; measles elimination; the International Health Regulations (2005); progress reports on technical programmes; a code of conduct for the nomination of the Regional Director; coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee; and the membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

The Committee adopted 10 resolutions, five of which addressed specific technical issues and are referenced in the discussion that follows on specific agenda items.
In addition, the Committee adopted a resolution putting in place a code of conduct for the nomination of the Regional Director, making the Western Pacific Region the first within the Organization and the larger United Nations family to establish such a code of conduct to guide the nomination and election of its senior official.

The Committee also adopted Amendments to the Rules of Procedure of the Regional Committee concerning the credentials of representatives from Member States attending sessions of the Committee and the participation of observers.

The Committee agreed to hold its sixty-fourth session at the Regional Office in Manila, with the specific dates to be determined after further consultations with Member States.

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**Regional Director's Report**

The Regional Director thanked the Government of Viet Nam for hosting the sixty-third session of the Regional Committee and presented his report on the work of WHO in the Western Pacific Region for the period of 1 July 2011 to 30 June 2012. He discussed the serious health challenges that confront the Region and updated the Committee on key achievements in areas, including nutrition and food security, injury and violence prevention, noncommunicable diseases (NCDs), avoidable blindness, emergency and disaster preparedness and response, malaria, multidrug-resistant tuberculosis, neglected tropical diseases, universal health care, health system strengthening, WHO reform in the Region, and country-specific support.

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**Technical agenda items**

**Nutrition**

The Director, Programme Management, in introducing the agenda item, noted the need to explore ways to expand areas for action, to scale up multisectoral nutrition interventions, and to strengthen collaboration and partnership on nutrition. He noted the recent decrease in undernutrition rates in the Region but called attention to continued high levels of maternal and young child undernutrition leading to long-term negative impacts on health and the economies of Member States. He also pointed to rising rates of obesity and NCDs, which are growing at alarming rates in the Region.

Representatives noted a range of challenges they faced in the area of nutrition: unbalanced diets and the ready availability of processed foods, resulting in high rates of obesity, diabetes and tooth decay; the impact of climate change on food crop cultivation; aggressive marketing of infant formula; worm infestations; anaemia; micronutrient deficiencies; and the difficulty of ensuring that legislation and guidelines to encourage healthy lifestyles were actually followed in practice.

Examples of progress on nutritional issues from around the Region were also cited: higher rates of breastfeeding; enactment of legislation to comply with the International Code of Marketing of Breast-milk Substitutes; extension of paid maternity leave and greater flexibility for working mothers; banning the advertising of junk food; selective taxation of unhealthy foods and drinks; encouraging people to grow their own fruits and vegetables; nutritional supplements for children.
students and rural populations; food fortification; and school-based programmes to educate young people about the importance of diet and physical exercise.

Many speakers noted that their governments had adopted action plans and strategies focusing on nutrition directly or in the context of NCDs and chronic diseases. In some cases nutrition indicators had been integrated into national social and development agendas.

The Regional Committee adopted a resolution on scaling up nutrition in the Western Pacific Region (WPR/RC63.R2).

The agenda item on nutrition was preceded by a non-official event: a High-level Panel Discussion on Joint Action to Achieve Food and Nutrition Security in the Western Pacific Region. The panel discussion, which was well-received by Member States, was facilitated by Professor Ian Darnton-Hill, and included: Dr Nils Daulaire, United States Department of Health and Human Services; Mr Hiroyuki Konuma, United Nations Food and Agriculture Organization; Mr Daniel Toole, United Nations Children’s Fund; Mr Kenro Oshidari, World Food Programme; and Dr Shin Young-soo, WHO Regional Director for the Western Pacific.

**Violence and injury prevention**

The Director, Programme Management, introduced the item on violence and injury prevention, noting this was the first time this important topic had appeared on the agenda of the Regional Committee. He said that violence and injuries account for 1.2 million deaths annually in the Region.

He noted that WHO, in conjunction with other United Nations agencies, serves as global coordinator of the United Nations Road Safety Commission. He highlighted the continuing problem of violence against women and children.

Representatives welcomed the opportunity to discuss a subject that, according to statistics cited by several countries, ranked high among the causes of preventable mortality and morbidity, particularly among young people. Especially prominent were violence against women and domestic violence in general, as well as road traffic injuries, often exacerbated by the harmful use of alcohol. There were repeated calls for reliable data so that interventions could be prioritized.

Several representatives discussed the institutional context in which action could best be taken, governed by instruments such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

The Director, Violence and Injury Prevention, WHO headquarters, welcomed the response from countries of the Region and spoke of multilateral activity taking place and of data collection in the health sector.

The Regional Committee adopted a resolution on violence and injury prevention (WPR/RC63.R3).
**Neglected tropical diseases**

The Director Programme, Management, introduced the topic by presenting the draft Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016). He noted that the five-year road map focused on seven key diseases: lymphatic filariasis, foodborne trematodiasis, leprosy, schistosomiasis, soil-transmitted helminthiases, trachoma and yaws.

Every speaker praised the draft Regional Action Plan for Neglected Tropical Diseases in the Western Pacific Region. Many reported on the progress they had made on control of those diseases, and on difficulties encountered. China voiced its willingness to share experiences, citing its support to African countries in schistosomiasis elimination. There was a call for zoonotic diseases to be added to the plan.

The Director, Combating Communicable Diseases in the Western Pacific Region, observed that although there was no global fund for neglected tropical diseases, there were donors, and WHO would continue to garner resources. Some zoonotic diseases were covered, and there was a food safety element in the plan.

The Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases at WHO headquarters, praised the great assets of the Western Pacific Region: expertise, industry that produced drugs for the treatment of neglected tropical diseases, and the instance of inter-regional collaboration between China and countries of Africa. He said public–private partnerships had already secured drug donations for the treatment of more than 7 million people.

The Regional Director concluded that, in order to meet the targets, a major effort in resource mobilization would be required.


**Measles elimination**

In introducing the agenda item, the Regional Director noted that the Western Pacific Region is close to becoming the second WHO region to achieve measles elimination. He told the Regional Committee that an independent Regional Verification Commission was established in January 2012 and has developed draft guidelines for elimination in the Region. He said the Regional Verification Commission had recommended that Member States establish independent national verification committees.

He congratulated Member States on their progress towards measles elimination. He noted that surveillance data indicated that 32 countries and areas in the Region may have interrupted endemic measles transmission.

He introduced Dr Robert Hall, Chairperson of the Technical Advisory Group on Immunization and Vaccine-preventable Diseases in the Western Pacific Region, who recounted the history of progress towards measles elimination.
The ensuing discussion showed the range in national situations from those where elimination had long been certified, to countries where a certain endemic level remained, to those where only imported cases were found—largely beyond the Western Pacific Region. It was noted that a massive immunization campaign might be followed several years later by a resurgence of cases—all the more reason to maintain strict surveillance.

Several countries explained how they were combining measles elimination with the management of other diseases: rubella and congenital rubella syndrome in the first instance, also the control of other vaccine-preventable diseases, and then in combination with other low-cost measures, such as hand washing, deworming, and vitamin A and malaria bednet distribution. The activity fitted into the Integrated Management of Childhood Illness.

Representatives called for further work, with more support from international organizations in ensuring stringent laboratory criteria, to support the work of national verification committees, which should report to the Regional Verification Commission, except in cases where notification had, for administrative reasons, to go through central governments.

The Regional Committee adopted a resolution on the elimination of measles and the acceleration of rubella control (WPR/RC63.R5).

**International Health Regulations (2005)**

The Director, Programme Management, introduced the agenda item on the International Health Regulations (IHR 2005), noting the need to review progress in implementing IHR (2005) and to determine how to move forward. He noted that 14 Member States in the Region had requested two-year extensions to meet their obligations to develop core capacities required under IHR (2005). He noted that effective implementation plans, as well as national investment and external technical and financial support, were needed for those Member States facing the new deadline of 15 June 2014. He pointed out that the Asia Pacific Strategy for Emerging Diseases, known as APSED (2010), serves as the regional tool to help meet the IHR core capacity requirements. He also noted the unique challenges and the need for tailored approaches to implement IHR (2005) in Pacific Island countries and areas.

Representatives were in broad agreement that IHR (2005) had proved its worth in ensuring international health security and that APSED was an invaluable regional road map for helping Member States implement the IHR core capacities. Specifically, it was noted with approval that APSED was tailored to the needs of the Region and advocated long-term sustainable measures. Countries needed to implement IHR core capacities more or less in a coordinated way and demonstrate a commitment to share information. If not, the effectiveness of the international surveillance mechanism might be compromised. It followed, therefore, that countries that lagged behind should be offered technical assistance; that the up-to-date status of core capacity implementation in each Member State should be disseminated in a spirit of transparency; and that cooperation should be sought with other regions outside the Western Pacific, specifically the South-East Asian Region.
Representatives from small island countries cited some recurring problems, namely the difficulty of designating a national focal point to cover vast and sparsely inhabited areas that lacked appropriate institutional infrastructure.

The Committee adopted a resolution on the implementation of the International Health Regulations (2005) (WPR/RC63.R6).

**Progress Reports on Technical Programmes**

Progress reports were presented on tobacco control, healthy settings, noncommunicable diseases (NCDs), the health-related Millennium Development Goals (MDGs), health financing, malaria and artemisinin resistance, the Expanded Programme on Immunization, and HIV/AIDS prevention and treatment.

It was noted that WHO had been mandated by the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Disease in September 2011 with developing a comprehensive global NCD monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs.

The Sixty-fifth World Health Assembly in May 2012 requested broader consultations with Member States and increased feedback through the WHO Regional Committees concerning these targets.

Based on the outcomes of the regional meetings in Auckland, New Zealand, and Kuala Lumpur, Malaysia, a document—Feedback from Member States of the Western Pacific Region on the Draft Set of Global Targets and Indicators on NCDs—was prepared for discussion by the Regional Committee.

A number of representatives expressed support for the list of targets and indicators contained in the background paper, but some concerns were voiced about the large number of targets and indicators, the cost of collecting information about them, and certain technical and methodological issues. Representatives agreed that the set of indicators should be well rounded and take into consideration the four major NCD risk factors, striking a balance between prevention, treatment and care.

It was resolved that the outcome of the discussions at the Regional Committee will be communicated to the World Health Assembly and headquarters to help guide their work.

The discussion also noted efforts to combat tobacco industry interference in tobacco-control efforts; increasing interest in multisectoral approaches to healthy settings programmes; and progress towards achieving the health-related MDGs, with the need to intensify efforts to reduce child mortality and improve maternal health. In addition, progress was noted in malaria control and elimination and in the Expanded Programme on Immunizations, as well as combating HIV/AIDS.
Agenda items related to ongoing WHO reforms

Draft Proposed Programme Budget 2012–2013
and the draft Twelfth General Programme of Work

The Director, Programme Management, presented the Proposed Programme Budget 2014–2015 of the Western Pacific Region. It was developed in conjunction with the proposed Twelfth General Programme of Work 2014–2019. He noted that the budget includes a new “results chain” that reflects ongoing WHO reforms. The model of the results chain was introduced in 2010 in the Western Pacific Region with the development of strategic frameworks.

Unlike previous programme budget presentations, which focused on the Programme Budget for the Western Pacific Region, the draft Proposed Programme Budget 2014–2015 is an Organization-wide Programme Budget based on the new results-based planning structure applicable to the Organization at all three levels—country, regional and headquarters. He said the draft Proposed Programme Budget 2014–2015 and the draft Twelfth General Programme of Work 2014–2019 will be further developed and refined in 2013, in close consultation and collaboration with WHO country offices, regional offices and headquarters.

The Director, Programme Management, assured the Committee that its proposals and observations would be forwarded to the Director-General as input to the next steps in the process.

The Director, Planning, Resource Coordination and Performance Monitoring at WHO headquarters, followed up with a presentation on how the new General Programme of Work and Proposed Programme Budget 2014–2015 had been devised and was being shaped with input from Member States.

Representatives commended the documents and the clear manner in which the new process had been presented. There was general appreciation of the six new categories, which could enhance flexibility in funding; specific proposed budget figures would be needed in the next versions. A number of suggestions were made about the actual categories.

Speakers warned against spreading the Organization too thin, and proposed that it concentrate on efficiency, on setting priorities and on its comparative advantages, which included normative and standard-setting roles, and privileged access to governments.

The Regional Committee adopted a resolution on the draft Proposed Programme Budget 2014–2015 and draft Twelfth General Programme of Work (WPR/RC63.R1).

Coordination of the Work of the World Health Assembly,
the Executive Board and the Regional Committee
(Rules of Procedure)

The Director, Programme Management, said that the governance reforms of the Organization envisaged under World Health Assembly resolution WHA65.9 concerned methods of work and the role of the Governing Bodies. Among the proposed enhancements of the alignment between the Regional Committees and
the Executive Committee was the proposal that the chairpersons of the Regional Committees should submit a summary report of their respective Committees' deliberations to the Executive Board. Regional Committees had also been asked to review the credentials of Member States attending Regional Committees and the participation of observers. It was proposed to replace Rule 3 of the Committee's Rules of Procedure and entrust the task of reviewing credentials to the officers of the Regional Committees. It was further proposed that the participation of observers should be stipulated through an amendment to Rule 2 of the Rules of Procedure to enable the Regional Committee to invite observers to attend its sessions, for example Member States from other organizations, intergovernmental and nongovernmental organizations.

The Regional Committee adopted a draft resolution on amendments to the Rules of Procedure of the Regional Committee. (WPR/RC63.R8).

Nomination of the Regional Director: Code of Conduct

The Legal Counsel, WHO headquarters, noted that the Regional Committee had discussed various proposals for improving the fairness of the procedure for nominating the Regional Director since its fifty-ninth session. After introducing a shortlist and interview process at its sixty-first session, the Committee had considered the adoption of a code of conduct as a tool to improve the fairness, openness and transparency of the nomination process. The discussion had been undertaken on the understanding that the code of conduct would be a non-legally binding political statement, essentially regarding the electoral campaign, with compliance expected as a matter of good faith. The draft code presented to the sixty-third session of the Regional Committee was a revision of the draft presented at the previous session and contained proposed amendments from Member States.

He noted that if the Committee decided to adopt the code, it would be the first-ever example of such a practice in the United Nations system. That would be an historic achievement and would place WHO and the Western Pacific Region at the forefront of a general trend among international organizations towards accountability, fairness and transparency in the conduct of their business, including with regard to the election of their most senior officials.

Speakers raised a number of points on how the code would work in practice, specifically the method whereby travel by the current Regional Director would be determined to be campaign-free, and on disclosing and setting the boundaries of campaign activities. It would also be important to ensure that the draft code was entirely consistent with the Regional Committee's Rules of Procedure. A request was made for the curricula vitae of candidates to be made available in all the official languages of the Regional Committee.

For reasons of economy and on principle, the Committee had deliberately chosen not to set up a cumbersome mechanism to monitor compliance; it was a political instrument, and it was expected that Member States would act in good faith. All internal candidates would be subject to the Staff Rules and Regulations of WHO, which specified that they should always put the interests of the Organization first. A number of possible solutions could be envisaged to ensure full disclosure of campaign activities, for example the use of a dedicated, password-protected webpage.
The representative of Australia said that multiple delegations—including New Zealand, Japan and Australia—worked in coordination to produce an agreed amendment to the proposed text of paragraph 7 in the second part of section B of the Code of Conduct. The Director, Programme Management, further proposed the inclusion of an operative paragraph in the draft resolution specifying that the Code of Conduct would become effective at the end of the sixty-third session of the Regional Committee.

The Committee adopted a resolution on nomination of the Regional Director, to which the code of conduct was attached as an annex (WPR/RC63.R7).

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

The Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Malaysia, the Philippines and Viet Nam. The term of office of the Philippines would expire on 31 December 2012, and the Regional Committee was requested to elect a Member State to succeed the Philippines.

The Regional Committee selected the Lao People’s Democratic Republic to replace the Philippines (decision WPR/RC63(1)).

**Time and place of the sixty-fourth session of the Regional Committee**

The Regional Committee agreed that its sixty-fourth session would take place at the Regional Office in Manila, Philippines, in 2013 with the date to be determined in further consultations with Member States.

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