Contents

I. Programme of work ................................................................. 2
II. Report of meetings .............................................................. 3
III. Other meetings ................................................................. 8
IV. Supplements ..................................................................... 9

Other information

Venue
Conference Hall, Regional Office for the Western Pacific

Distribution of documents
Electronic copies of all working documents and related material are available at the WHO Regional Office for the Western Pacific website: https://www.who.int/westernpacific/about/governance/regional-committee/seventieth-session

Representatives are kindly requested to collect other documents, messages and invitations daily at their designated mailboxes.

The Journal is posted daily on the website. Printed copies are available at the Enquiry Desk in the Conference Hall foyer. The official report of the session proceedings will be sent to Member States on or before 10 November 2019.

Rapporteurs meeting
The meeting will be held daily following the afternoon session at 17:15 in Room 403 (Emergency Operations Centre).

Internet access
Wireless Internet access is available throughout the Regional Office. The network name and password can be obtained from the Enquiry Desk.

An Internet cafe is located along the corridor of the lower lounge near the Conference Hall. For assistance, please contact IT support staff at the Internet cafe.

WHO publications
Publications related to the agenda of the Regional Committee are on display in the Conference Hall lounge and in the Regional Office bookshop. A digital publications catalogue is provided on a USB digital flash drive to all representatives.

Security
Please ensure your ID card is displayed at all times while on WHO premises.

Should you have any concerns, kindly contact the WHO Conference and Administrative Services Officer, Ms Nguyen Thi Minh Ly, at +63 2 8528-9608 (landline) or +63 920-963-5457 (mobile).

There is a no smoking policy on WHO premises. Likewise, smoking is prohibited in public areas in Metro Manila.
I. PROGRAMME OF WORK (THURSDAY, 10 OCTOBER 2019)

<table>
<thead>
<tr>
<th>Agenda items</th>
<th>09:00–12:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Progress reports on technical programmes</td>
</tr>
<tr>
<td>13.1 Health security (continued)</td>
<td></td>
</tr>
<tr>
<td>a. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies</td>
<td></td>
</tr>
<tr>
<td>b. Western Pacific Regional Framework for Action for Disaster Risk Management for Health</td>
<td></td>
</tr>
<tr>
<td>13.5 Communicable diseases</td>
<td></td>
</tr>
<tr>
<td>a. Measles and rubella elimination</td>
<td></td>
</tr>
<tr>
<td>b. HIV, viral hepatitis and sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>c. Implementation of the End TB Strategy</td>
<td></td>
</tr>
<tr>
<td>13.2 Noncommunicable diseases and mental health</td>
<td></td>
</tr>
<tr>
<td>13.4 Action plan on healthy newborn infants</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda items</th>
<th>14:00–17:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Progress reports on technical programmes (continued)</td>
</tr>
<tr>
<td>13.3 Climate change, environment and health</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continued)</td>
</tr>
<tr>
<td>14.1 Agenda for the seventy-first session of the Regional Committee in 2020</td>
<td></td>
</tr>
</tbody>
</table>

Consideration of draft resolutions

| Tobacco control in the Western Pacific Region | WPR/RC70/Conference Paper No. 5 (draft resolution) |
| Antimicrobial resistance | WPR/RC70/Conference Paper No. 6 (draft resolution) |

**Please Note:** The draft resolutions were distributed today as conference papers. Any amendments should be submitted in writing to the Enquiry Desk using specific language. These Conference Papers will be considered for adoption after the morning coffee break.
### II. REPORT OF MEETINGS (WEDNESDAY, 9 OCTOBER 2019)

**First meeting**

<table>
<thead>
<tr>
<th><strong>Chairperson:</strong></th>
<th>Honourable Park Neunghoo, Minister of Health and Welfare, Republic of Korea</th>
</tr>
</thead>
</table>

**Item 10**

**Tobacco control in the Western Pacific Region (continued)**

As a continuation of yesterday’s session, interventions were made by the representatives of the following Member States (in order): Vanuatu, Kiribati, Malaysia, Macao (SAR) China, Papua New Guinea, New Zealand, Nauru, Cook Islands, Tuvalu, Cambodia and New Caledonia.

Member States expressed strong support for the draft Regional Action Plan and detailed the steps they have taken to address the tobacco epidemic in their countries and areas. They said they appreciated WHO support in all areas of tobacco control, especially policy development, including taxation and addressing tobacco industry interference in the development and implementation of tobacco control measures. Member States stressed the importance of taking multisectoral approaches and strengthening monitoring and evaluation.

Many Member States mentioned laws specifically designed to shield children and young people from the harms of tobacco, including prohibitions on smoking while children are in the car and on selling tobacco products or electronic nicotine and non-nicotine delivery systems (ENDS and ENNDS) to minors. Member States emphasized the importance of protecting the Region’s young people from the harms of tobacco as well as new products and the emerging challenges they represent to ensure a healthy and sustainable future. Representatives from Pacific island countries and areas reaffirmed their commitment to achieve a tobacco-free Pacific by 2025.

The Director, Division of Healthy Environments and Populations, thanked Member States for their continued commitment and broad support to accelerate tobacco control measures and address new challenges using the new draft Regional Action Plan to reach national, regional and global tobacco control targets. She added that protecting children and young people – especially from new products designed to attract them – was a key focus of the draft Regional Action Plan.

In response to a policy concern, the Assistant Director-General, Universal Health Coverage/Healthier Populations at WHO headquarters, said that WHO tobacco control action and policy guidance also applies to ENDS and ENNDS, adding that WHO will produce reports in 2020 and 2021 monitoring market developments and tobacco industry activities for Member State information and action.

The Regional Director congratulated Member States for taking firm steps in their countries and areas to fight tobacco. He said there are five tobacco-related deaths every minute, emphasizing that tobacco epitomized the For the Future concept of actions today that can change the future. He also congratulated Member States for building on their successes in supporting the seventh regional action plan for tobacco control and for putting children first in their efforts to make the Western Pacific the world’s healthiest and safest region.

In closing, the Chairperson requested the Rapporteurs to draft an appropriate resolution.

**Item 12**

**Antimicrobial resistance**

The Regional Director introduced the item on antimicrobial resistance, noting that AMR was an increasing global threat that affects all nations. He recalled the Regional Committee's 2014 endorsement of a Regional Action Agenda to combat AMR, which contains three key action areas: increasing awareness, improving surveillance and monitoring of antimicrobial use, and strengthening health systems to address AMR. He said these action areas would continue to be used in the
current draft *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*.

The Regional Director explained that the new draft Framework steps up actions to fight AMR more sustainably by leveraging existing systems, mechanisms and programmes to support Member States to take actions today that best support the long-term AMR goals and to promote collaboration beyond health. He emphasized that AMR does not respect borders, which means that all countries are at risk and everyone must work together to slow its spread.

Interventions were made by the representatives of the following Member States (in order): Mongolia, Cambodia, Solomon Islands, China, Malaysia and Kiribati. (Additional interventions were offered after a break to consider the next agenda item.)

### Item 14

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

#### 14.2 WHO reform

**a. WHO's work in countries**

The Regional Director introduced agenda item 14.2a on WHO reform and the Organization’s work in countries, which was one part of a broader item on the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee. He said that WHO’s work and its impact at the country level had been central to the reforms instituted by his predecessor, Dr Shin Young-soo, and assured Member States that he would maintain and strengthen that focus, citing its central role in *For the Future*, the Region's blueprint for the coming five years and for achieving WHO’s Thirteenth General Programme of Work.

The Regional Director explained that in the past a side event was the venue for a discussion of accountability and the delivery of results at the country level, but that this year it was added to the main agenda to further ensure WHO accountability to Member States. He also emphasized that the focus on countries means more than simply strengthening WHO country offices, but rather ensuring that the Organization delivered results and had an impact at the country level.

The Director, Programme Management, highlighted six attributes of effective country support identified through an analysis of the past 10 years of reform. These are: 1) leveraging the three levels of the Organization; 2) focusing WHO support where it can make a difference; 3) putting the right people in the right places; 4) enhancing communications; 5) improving operational intelligence; and 6) effectively engaging partners, which was the theme of the session.

Mr James Chau, a journalist and WHO Goodwill Ambassador for Sustainable Development Goals and Health, facilitated a discussion that included video links to 15 WHO country offices in the Western Pacific Region. Mr Chau explained that five specific examples would be highlighted where WHO effectively engaged partners to support Member States.

Mrs Pham Thi Minh Chau, Senior Officer, International Cooperation Department, Ministry of Health, shared Viet Nam’s experience in partner coordination, referencing the Viet Nam Health Partnership Group (HPG) led by the Ministry of Health, which has enabled a wide range of partners to focus support on national health priorities and to collectively discuss health policies and other health-related matters and to identify solutions. She cited WHO’s support in helping improve the effectiveness of the HPG, including working with the Ministry of Health to strengthen the HPG secretariat. This has also led to WHO supporting the establishment of a Global Health Office to strengthen Viet Nam’s engagement on global health matters.

The WHO Representative in Viet Nam, speaking via video link, said WHO facilitated change in the HPG by using its convening role to bring partners together and urge them to focus more directly on the Government’s health development.
plan rather than their own individual projects. The developments moved the HPG from being a series of individual meetings to a mechanism with accountability to achieve results and coordinated ongoing engagement between partners and the Government.

Dr Ifereimi Waqainabete, Minister of Health and Medical Services, shared Fiji’s experience with the Health Promoting Schools (HPS) Initiative, a cross-sectoral approach to ensure healthy and productive future generations. He said that in 2014, eight years after launching HPS, only 84 schools were on board, but with support from WHO and engagement with other partners the number nearly tripled to 204 schools by 2018. To achieve this, the programme’s National Steering Committee (NSC) was strengthened and school-level steering committees were improved. He cited the value of strong technical guidance and support from WHO to develop a comprehensive approach.

The Director of the Division of Pacific Technical Support, who also serves as the WHO Representative in the South Pacific, said the NSC had helped revitalize the HPS initiative by focusing on three priority areas: mental health and well-being; diet and physical activity; and water, sanitation and hygiene. She noted that WHO supported technical working groups that developed assessment tools for children and schools, drawing on WHO regional frameworks for guidance. She said WHO also assisted by engaging partners and coordinating their work.

Dr Paison Dakulala, Deputy Secretary, National Health Services Standards, National Department of Health, shared Papua New Guinea’s experience with its recent outbreak of circulating vaccine-derived poliovirus type 1, which led to the declaration of a national health emergency in June 2018, and expressed deep appreciation to WHO and other partners for their support. Specifically, he cited WHO’s assistance in mobilizing timely specialized technical support for laboratory testing of suspected human cases of polio and for environmental surveillance, helping to guide the outbreak response. Such support, he said, would not have been possible without WHO assistance. He said that his country’s long relationship with WHO is so close that WHO is considered “family”.

The Coordinator, Expanded Programme on Immunization at the Regional Office, said WHO’s main role in supporting the response involved promptly identifying suitable technical expertise and capacity and facilitating engagement to ensure an effective response. He said WHO coordinated support for specialized laboratory services and enhanced surveillance from WHO-accredited polio laboratories that are members of the Regional Polio Laboratory Network in the Western Pacific, including to the Victorian Infectious Diseases Reference Laboratory in Australia, the polio laboratory at the Research Institute for Tropical Medicine in the Philippines, and the polio laboratory at the National Institute of Infectious Diseases in Japan. The Coordinator said the workload for those laboratories was significant and that their work was critical to saving lives.

Dr Myrna Cabotaje, Undersecretary of Health, shared the experience of the Philippines in promoting legislation to address health issues, using mental health as an example. She said that while mental health had been a long-standing issue in her country, the aftermath of Typhoon Haiyan in 2013, which had a traumatic impact on people in its path, had brought home the need for urgent action specifically on mental health. She said the Philippines utilized its long partnership with WHO to mobilize immediate action, introducing the Mental Health Gap Action Programme (mhGAP) to treat the impacted population. She said that over the long term, the new Mental Health Law will prove beneficial and cited WHO technical support for helping in developing corresponding rules and regulations for implementation.

The acting WHO Representative in the Philippines said WHO played a key role in bringing together the voice of many civil society and professional groups to contribute input for the implementing rules and regulations and translating that varied input into an implementable national policy solution for consideration by the Department of Health. WHO’s support drew from all three levels of the
Organization to ensure that they reflected global best practices. He praised the Department of Health for developing the rules and regulations in just seven months.

Dr Lo Veasnakiry, Director of the Department of Planning and Health Information, shared Cambodia’s experience with community engagement to combat malaria, which has increased significantly since May 2017, with drug resistance a serious concern. He noted that seven provinces are responsible for 80% of cases and that 90% of those cases are among migrant and mobile populations in forested areas and other forest-goers, thus making outreach to these populations critical. He said WHO and other key partners helped develop a detailed understanding of the issues and renew Cambodia’s malaria response plan, enabling a more effective response. He added that WHO played a critical role in clarifying actions to maximize the role of each partner, and provided crucial support to national and subnational authorities. She said the support of WHO and other partners led to a 43% decrease in cases and no reported malaria-related deaths in 2018–2019.

The WHO Representative in Cambodia said three critical factors led to progress in combating malaria. First, WHO worked closely with the Ministry of Health and partners to develop and implement a One Malaria Intensification Plan, which provided a common framework for concrete actions. Second, WHO supported engagement with the local community that included a culturally sensitive approach. Third, together with the Ministry of Health and especially the central-level staff and experts, WHO provided important clarity, guidance and direct support to the partners in the field. That support included field visits, with the Regional Director joining the health minister to gain a first-hand perspective. She said coordination and connection with local communities and partners ensured a strong response. She concluded by emphasizing the role of effective partnerships, particularly with local communities, in confronting such challenges.

The five presentations, which were viewed by the Regional Committee and the country offices, offered a unique view of WHO work in countries.

**Second meeting**

**Chairperson:** Honourable Park Neung-hoo, Minister of Health and Welfare, Republic of Korea

**Item 12**  
**Antimicrobial resistance (continued)**

As a continuation of the morning’s session, interventions were made by the representatives of the following Member States (in order): Fiji, Viet Nam, Tonga, the Federated States of Micronesia, Brunei Darussalam, the Lao People’s Democratic Republic, Vanuatu, Australia, Hong Kong (SAR) China, Singapore, New Zealand, Papua New Guinea, United States of America, the Philippines, Japan, Nauru, New Caledonia, United States territories (American Samoa, Guam and the Commonwealth of the Northern Mariana Islands) and Tuvalu.

Member States expressed broad support for the draft Framework, recognizing AMR as threat to public health and development globally. Member States said they have or are developing, revising or reviewing national action plans on AMR, many with national steering committees or centres that oversee and coordinate activities to combat AMR.

Member States agreed that multisectoral and multi-stakeholder actions are critical to the success of efforts to combat AMR, including work with veterinary health, agriculture, forestry sectors, immunization and communicable disease programmes, infection prevention and control programmes, finance/economy/trade agencies, laboratories and research networks, and health professional associations, among others. Many Member States also underscored the importance of raising public awareness on the responsible use of antibiotics.
Member States requested increased WHO support for implementation of national action plans and activities in line with the 2014 Action Agenda for Antimicrobial Resistance in the Western Pacific Region, such as improving/establishing surveillance, capacity-building of health workers, as well as strengthening antibiotic stewardship programmes, consumption and use monitoring, data on prescribing activities, research and development of drugs, etc. Member States also emphasized the importance of targeting highly susceptible groups, such as migrant populations and children, and sharing best practices and country experiences via collaborative bodies, such as the proposed Western Pacific AMR consortium.

The acting Director, Division of Health Systems and Services, thanked Member States for their support of the draft Framework, adding that WHO is pleased to note the progress many Member States have made, as well as the challenges they continue to face in strengthening surveillance systems, stewardship programmes and other recommendations in the 2014 Action Agenda. She said WHO will continue to work with Member States to implement the 2014 Action Agenda by applying the operational shifts of the new Framework. She also pointed out that the new Framework has been developed to consider different country contexts, including local solutions, and emphasized the necessity of developing national regulatory systems progressively through a stepwise approach.

The acting Director, Division of Health Systems and Services, said WHO continues to support Member States to develop and make guidelines, integrate surveillance in different sectors and increase human resource capacity. She added that an AMR technical working group has been established that mobilizes different programmes under the Secretariat, such as those for communicable diseases and health emergencies, in addition to the assistance provided through WHO collaborating centres.

Dr Hanan H. Balkhy, Assistant Director-General, Antimicrobial Resistance, WHO headquarters, thanked Member States for their wide support of the draft Framework. She noted that the AMR mandate is large with wide participation from diverse sectors, thus making partnership extremely important. She reaffirmed the support of the AMR Division at WHO headquarters in Geneva, in full collaboration with the Regional Office and country offices, to provide technical assistance to Member States in response to their requests based on their country needs. She highlighted the need to partner with a variety of entities to address AMR issues and keep AMR high on the global agenda, mentioning that the AMR Division at WHO headquarters focuses on highlighting the urgency of AMR in addition to providing technical support.

In closing, the Chairperson requested the Rapporteurs to draft an appropriate resolution.

**Item 13**

**Progress reports on technical programmes**

**13.1 Health security**

The Director, Programme Management, introduced the progress report on health security, the first section of a four-part discussion on the progress of various technical programmes. He noted that the Western Pacific Region is continuously threatened by emerging infectious diseases, outbreak-prone diseases, natural disasters and unsafe food. He cited considerable progress in strengthening health security systems, but noted that the context in which health security is managed is rapidly changing and that health security systems must evolve to address these challenges.

The Director, Programme Management, cited the two strategies that guide WHO and Member State work in these areas: the first being the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), which was endorsed by the Regional Committee in 2016; and the second, being the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, endorsed by the Regional Committee in 2104. Both, he said, employ an all-hazard...
approach, guiding step-by-step strengthening of generic health security systems and prioritizing efforts towards a long-term vision.

He said that annual meetings of the APSED III Technical Advisory Group (TAG) serve as the mechanism to collectively monitor the progress of APSED III implementation and identify priority actions for the subsequent year. He noted that at the most-recent APSED III TAG meeting in June 2019, Member States expressed their commitment to use pandemic preparedness to drive further advancement of their health security systems, as the capacities required to respond to pandemics are also critical in the response to other hazards. He concluded by inviting the Regional Committee to review and offer comments on the progress report on health security.

Interventions were made by the representatives of the following Member States (in order): the Republic of Korea, Cambodia, the Philippines, Brunei Darussalam, Mongolia, Japan, the Lao People’s Democratic Republic, China, Viet Nam, Australia, Tuvalu, Malaysia, the United States of America, Papua New Guinea, Solomon Islands, Fiji, Kiribati, the United States territories (American Samoa, Guam and the Commonwealth of the Northern Mariana Islands), the Federated States of Micronesia, Nauru and Cook Islands.

Consideration of proposed decision and draft resolution:

The Chairperson invited the Regional Committee to consider the proposed decision on Ageing and health (WPR/RC70/Conf. Paper No. 4). The Rapporteur for the English language read aloud the draft decision. The draft decision was adopted (WPR/RC70(3)).

The Chairperson invited the Regional Committee to consider draft resolution on Protecting children from the harmful impact of food marketing (WPR/RC70/Conf. Paper No. 3). The Rapporteur for the English language read aloud the draft resolution. The draft resolution was adopted (WPR/RC70.R1).

III. OTHER MEETINGS

Thursday, 10 October 2019

12:45–13:45   Safe and affordable surgery (Conference Hall)
IV. SUPPLEMENTS

In response to Member State requests, additional information is provided on:

Special briefing on polio and measles

In response to Member State request, a copy of the briefing notes on polio and measles from the special session on Monday is available on the WHO WPRO events app or at: https://www.who.int/docs/default-source/wpro-documents/regional-committee/session-70/special-briefing-on-polio-and-measles.pdf?sfvrsn=f82134d2_2

Item 9. Panel discussion on ageing and health

Professor Atsushi Seike, President of the Promotion and Mutual Aid Corporation for Private Schools of Japan

In a video presentation, Professor Seike provided an overview of the rapid and unprecedented population ageing in Japan, noting that 28.4% of the country's population is now 65 years old or older. He said it is expected to increase to 40% by 2060.

The rate of population ageing in Japan, he noted, is two to four times faster than the rate in European countries. He also emphasized the “depth” of the ageing population, with the older age group – those 75 years and above – growing significantly.

Professor Seike said Japan faces a special challenge. The current workforce, he said, is 67 million people, but it is predicted to decline to just 55 million people by 2040. Such a decline in the workforce may result in a drop in economic output and consumption.

This comes at a time when the demand for services from the social security system, including for medical care and long-term care components, is increasing. In other words, he said, a decline in the workforce means a drop in contributions to the social security system.

He highlighted two actions that Japan must take to meet this dual challenge of a declining workforce and an increasing demand for services from the social security system:

First, he said, there is a need to promote a life-long active society, including the promotion of labour participation for older people who are making up a large segment of the population.

Second, he said the social security system needs to be reformed. The success of the system over the years has resulted in increasing costs and burdens on hospitals. He said that it is important to introduce a community-based integrated care system, which can provide comprehensive care in the communities where older people live, rather than in hospitals.

He said that population ageing will become an issue for all countries, and even those with relatively young populations could learn from Japan’s experience and begin to prepare for this inevitable shift.

Mr Gan Kim Yong, Minister for Health, Singapore

Mr Kim shared his experience with population ageing, noting that longer life expectancy presents opportunities to make ageing exciting and colourful.

He said Singapore, like Japan, has a relatively low birth rate and tight labour market. He said Singapore began laying the foundations for population ageing in the 1980s, with multiple stakeholders working together to develop policies and strategies in
domains such as health and wellness, retirement adequacy, life-long learning and employment.

Singaporeans were consulted, he said, during the process that culminated in an Action Plan for Successful Ageing, launched in 2015. He said that the initiatives have not only benefited older people but also the broader population.

The Minister said that Singapore had employed a life-course approach that emphasized good habits and lifestyles early in life, including good nutrition and physical activity. He noted adults are encouraged to go for regular health screenings and that partnerships with the business community have helped roll out screenings for older people to detect age-related declines in vision, hearing and oral health.

The Minister said the benefits and positive outcomes for population health will take sustained efforts. Hence, he said, it is imperative to start planning now and begin taking action early.

He pointed out that social and environmental determinants are equally important. He said older people living alone have a higher risk for loneliness and depression, and noted that the lack of social support may lead to health deterioration, thus necessitating a whole-of-society approach.

He said that Singapore had developed community networks of seniors, which are part of a national programme that had adopted a proactive approach to keep older people well.

He also emphasized the need for a universal health coverage (UHC) approach to ensure all people have access to health care and a healthy environment. Further, he mentioned Singapore also had introduced long-term care insurance for older people.

He said that while Singapore had good care, there is a need to both transform primary care to better manage diseases and ensure that UHC is sustainable for future generations. In closing, he stressed the need for planning now to prepare for future needs.