REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
FIFTY-SEVENTH SESSION
Auckland, New Zealand
18-22 September 2006

REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY MEETINGS

Manila
November 2006
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
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PREFACE

The fifty-seventh session of the Regional Committee for the Western Pacific was held in Auckland, New Zealand, from 18 to 22 September 2006. Mr Pete Hodgson (New Zealand) and Mr Suyoi Osman (Brunei Darussalam) were elected Chairperson and Vice-Chairperson, respectively. Dr Nicholas Mann (Papua New Guinea) and Ms Miriam Abel (Vanuatu) were the Rapporteurs.

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PART I
REPORT OF THE REGIONAL COMMITTEE
I. INTRODUCTION AND SUMMARY

The fifty-seventh session of the WHO Regional Committee for the Western Pacific was held in Auckland, New Zealand, from 18 to 22 September 2006. 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, Vanuatu and Viet Nam, and by representatives of France, the United Kingdom of Great Britain and Northern Ireland, and the United States of America as Member States responsible for areas in the Region.

Representatives of the Asian Development Bank, the Global Alliance for Vaccines and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS, the Sasakawa Memorial Health Foundation, the Secretariat of the Pacific Community, the United Nations Children's Fund, the United Nations Office for the Coordination of Humanitarian Affairs, 25 nongovernmental organizations, and special guests also attended.

At the opening ceremony, the Prime Minister of New Zealand, the Right Honourable Helen Clark, and the Mayor of Auckland, Mr Dick Hubbard, welcomed the participants and other guests to the fifty-seventh session of the Regional Committee.

The WHO acting Director-General, Dr Anders Nordström, thanked the Government of New Zealand for hosting the fifty-seventh session of the Regional Committee. The WHO acting Regional Director for the Western Pacific, Dr Richard Nesbit, expressed his sincere appreciation on behalf of Member States and representatives to the Government of New Zealand for the excellent arrangements for the fifty-seventh session of the Regional Committee. He acknowledged the high priority that New Zealand gave to addressing public health issues and the strong role it played in the Pacific.

The outgoing Chairperson of the Regional Committee, Madame Marianne Devaux, thanked the Government of New Zealand for its warm welcome and its efficiency in organizing the session of the Regional Committee.
At the first plenary meeting, the Committee elected the following officers:

Chairperson: Mr Pete HODGSON (New Zealand)

Vice-Chairperson: Mr Suyoi OSMAN (Brunei Darussalam)

Rapporteurs

in English: Dr Nicholas MANN (Papua New Guinea)

in French: Ms Myriam ABEL (Vanuatu)

The outgoing Chairperson of the Regional Committee thanked the Government of New Zealand for its hospitality and paid tribute to the leadership and humanity of the late WHO Director-General, Dr J. W. Lee. The acting Director-General then addressed the Committee. After the acting Director-General had taken questions, the Regional Director, Dr Shigeru Omi, in a video presentation apologized for his absence and thanked the Government of New Zealand for the organization of the session. The acting Regional Director expressed the great honour he felt in acting as Regional Director and introduced the report on the work of WHO in the Western Pacific Region.

At its second meeting, the incoming Chairperson addressed the Committee. The Committee then resumed its discussion of the Regional Director's report. A major concern among representatives was the current threat of avian influenza and human security as a whole. Several Member States had reported on measures taken to build capacity and improve surveillance and to meet the core capacity requirements under the International Health Regulations (2005).

The agenda item on Consideration of Amendment to the Rules of Procedure of the Regional Committee, which continued into the fourth meeting, was then discussed. The acting Regional Director explained to the Committee that a proposal had been made by a Member State, Australia, for an amendment to the Rules of Procedure of the Regional Committee in order to respond explicitly and to provide adequately for a situation in the indefinite future where the WHO Regional Director for the Western Pacific is no longer able to complete his or her term and the post becomes vacant. An open-ended working group was therefore organized to refine the proposal for an amendment to the Rules of Procedure. The Committee upon reviewing the report of the informal working group amended Rules 5 and 51 of the Rules of Procedure of the Regional Committee to include a flexible mechanism for the convening of special sessions of the Committee in particularly urgent situations requiring immediate action and to clearly address a situation created by a vacancy in the post of Regional Director or by the inability of the Regional Director to perform the functions of his office (resolution WPR/RC57.R3).
The Committee then turned to the final report of the 2004–2005 programme budget. The acting Regional Director informed the Committee that 43% of the total expenditure of all sources of funds for the biennium 2004–2005 had gone to combating communicable diseases. Implementation of the other three themes—building healthy communities and populations, health sector development, and reaching out and programme management—had totalled 46%. Only 9% had gone to administration and finance. That relatively low percentage reflected continued efforts to find efficiencies in the work of the Organization. The bulk of funds implemented under the theme of combating communicable diseases had been generated from other sources. The attractiveness of that area to donors had contributed greatly to surpassing the target of US$ 67.6 million. The Committee accepted the Regional Director’s final report on the Programme Budget 2004–2005 (decision WPR/RC57(1)).

On the Proposed Medium-term Strategic Plan 2008–2013 and Proposed Programme Budget 2008–2009, which continued into the third meeting, the Committee appreciated the presentation of the two documents according to the principles of results-based budgeting, and the inclusion of Organization-wide expected results and measurable indicators to address objectives and strategies. It also acknowledged that the proposed increased allocation to the Western Pacific Region of all sources of funds in the Draft Proposed Programme Budget 2008–2009 better reflected the health needs of the Region (resolution WPR/RC57.R1).

The third meeting discussed the Asia Pacific Strategy for Emerging Diseases (APSED), including International Health Regulations (2005) and avian influenza and Noncommunicable disease prevention and control. The Regional Committee urged Member States to develop and implement a national workplan for the implementation of APSED to ensure effective pandemic preparedness and the establishment and maintenance of the core capacities required under the International Health Regulations (2005). The Committee also urged Member States to strengthen political commitment, mobilize human and financial resources, and develop national evaluation measures necessary for effectively implementing the national workplan to ensure that the minimum capacities are functional by 2010 (resolution WPR/RC57.R2).

The Regional Committee then turned to noncommunicable disease prevention and control, which continued into the fourth meeting. The Committee was concerned about the overwhelming burden of preventable and premature mortality due to noncommunicable diseases in the Region, as well as its current and projected impact. It therefore urged Member States to develop or strengthen their national strategy on noncommunicable diseases in line with global and regional mandates and to invest in stronger organizational structures for the management and implementation of noncommunicable disease prevention and control programmes in a manner proportionate to the burden (resolution WPR/RC57.R4).
At its fourth meeting, a tribute was offered to the work of Sir Hugh Kawharu, leader of the Ngati Whatua, whose members had welcomed representatives on the first day of the meeting. On the Regional Strategy to Reduce Alcohol-Related Harm, the acting Regional Director, introducing the document, informed the Committee that the public health community had collected new evidence and had gained greater insight concerning the impact of the harmful use of alcohol—globally, it was responsible for 4% of the disease burden and 3.2% of all premature deaths, and in the Western Pacific Region alcohol-related harm accounted for 5.5% of the burden of disease. The Regional Committee therefore urged Member States to use the Strategy as a guide to develop and strengthen policies and regulations to reduce public health problems caused by the harmful use of alcohol and strengthen capacity development at national and local levels for efficient planning, implementation and evaluation of projects. At the same time, the Committee also requested WHO to provide technical assistance to Member States to support these efforts (resolution WPR/RC57.R5).

The Committee then turned to the Strategic Plan to Stop TB in the Western Pacific 2006–2010 which continued into the fifth meeting. The acting Regional Director informed the Regional Committee that the Region had achieved the 2005 targets. While that was a major achievement, he informed the Committee that it was only an intermediate step towards achieving the eventual goal of reducing the number of TB cases and deaths by one half by 2010, five years ahead of the target set for the TB-related Millennium Development Goals. While the goals set for the Western Pacific Region were ambitious, it had been shown that targets could be met on time in the Region thanks to the commitment and concerted efforts of Member States and partners. The Committee then urged Member States to further strengthen their political commitment for TB control and implement measures in countries and areas in the Region that have not yet achieved the regional TB control targets for 2005 (resolution WPR/R57.6).

At its fifth meeting, the Regional Committee discussed the Regional Strategy on Human Resources for Health which continued into the sixth meeting. The acting Regional Director, introducing the document, spoke of the strong correlation between the density of health care providers and the attainment of high levels of population coverage with essential health interventions, including those that help infants, children and mothers to survive. Evidence showed that countries and areas with fewer than 2.3 doctors, nurses and midwives per 1000 people were unable to provide basic, life-saving services in a consistent manner. Countries and areas with such shortages of health workers generally failed to achieve high vaccination coverage rates and usually could not provide skilled attendants at births. The growing global health workforce shortage was placing a special burden on the Western Pacific Region. The Committee urged Member States to improve the retention and motivation of health workers to respond to national needs and requested WHO to support Member States in strengthening their human resources for
health capacity and ensure that human resources for health remains a priority programme of WHO (resolution WPR/RC57.R7).

A ministerial round table on "Translation of Research into Policy and Health Care Practice" was held after the discussion on human resources for health.

The sixth meeting opened with a new system of reporting on the ministerial round table. The Committee heard remarks from two countries with lesser expertise, Cambodia and Samoa, and two countries with greater expertise, Japan and New Zealand, in health research.

The Committee next turned to HIV/AIDS which continued into the seventh meeting. The acting Regional Director, introducing the document, said that the HIV/AIDS epidemic took a greater toll each year, with almost 5 million new infections and 3 million deaths worldwide in 2005. However, there was a threefold increase globally in the number of people receiving antiretroviral therapy between 2003 and 2005, due to the “3 by 5 Initiative” of WHO and UNAIDS. That initiative had inspired global leaders to make a commitment to the goal of providing universal access to HIV/AIDS prevention, treatment and care by 2010. Using the key recommendations emanating from consultations by WHO and UNAIDS in December 2005 and February 2006, the two organizations would continue to work together and with partners in helping countries to elaborate and implement the technical, financial and programmatic aspects of universal access.

At its seventh meeting, the Regional Committee discussed programme updates on measles elimination, hepatitis B control and poliomyelitis eradication; tobacco control; mental health, including the Patient at the Centre of Care Initiative; and environmental health.

At its eighth meeting, the Committee discussed the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee. The Committee commented on regional implications of resolutions adopted at the Fifty-ninth World Health Assembly.

Nominations for various committees followed. The Republic of Korea was nominated to be a member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction (decision WPR/RC57(2)) and Viet Nam was nominated to be a member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (decision WPR/RC57(3)).

Regarding future sessions, the Regional Committee decided that the dates of the fifty-eighth session in Jeju Island, Republic of Korea, will be from 10 to 14 September and that the fifty-ninth session will be held at the regional headquarters in Manila (resolution WPR/RC57.R8).
At the closure of the session, the acting Regional Director and the Committee expressed their appreciation to the host country, New Zealand, for the excellent arrangements and facilities provided and the generous welcome and hospitality received. The Committee also recorded its appreciation of the work of the Chairperson, Vice-Chairperson, rapporteurs, and representatives of intergovernmental and nongovernmental organizations for their oral and written statements (WPR/RC57.R9).
II. RESOLUTIONS AND DECISIONS ADOPTED BY THE REGIONAL COMMITTEE


The Regional Committee,

Having examined the Draft Medium-term Strategic Plan 2008–2013, the Draft Proposed Programme Budget 2008–2009 and the Overview of the Proposed Medium-term Strategic Plan of the Western Pacific Region 2008–2013 to be financed from the regular budget and other sources of funds;¹


Appreciating the presentation of the Draft Medium-term Strategic Plan 2008–2013 and the Draft Proposed Programme Budget 2008–2009 according to the principles of results-based budgeting, and the inclusion of Organization-wide expected results and measurable indicators to address objectives and strategies;

Acknowledging that the proposed increased allocation to the Western Pacific Region of all sources of funds in the Draft Proposed Programme Budget 2008–2009 better reflects the health needs of the Region;


2. APPRECIATES his commitment to continuous improvement of the presentation of the Proposed Programme Budget;

3. REQUESTS the acting Regional Director:

   (1) to convey to the acting Director-General the comments of the Regional Committee on the Draft Medium-term Strategic Plan 2008–2013 and the Draft Proposed Programme Budget 2008-2009, so that these can be taken into consideration when the Medium-term Strategic Plan 2008–2013 and the Programme Budget 2008–2009 are finalized and implemented;

   (2) to present to the Regional Committee at its fifty-eighth session a proposal for the Medium-term Strategic Plan of the Western Pacific Region 2008–2013 and Regional Programme Budget 2008–2009 prepared according to the principles of results-based budgeting, including a clear focus on outcomes, taking into account further discussions at the 120th session of the Executive Board and the Sixtieth World Health Assembly in 2007.
Reaffirming the continuing pandemic influenza risk due to ongoing outbreaks of avian influenza, and the serious threats arising from emerging infectious diseases in Asia and the Pacific;

Aware that not all countries and areas in the Western Pacific Region currently have strong public health surveillance and response systems and the minimum capacities required to deal with emerging infectious disease threats;

Acknowledging that most countries and areas are not well prepared to rapidly respond to an influenza pandemic and other public health emergencies in a way that would minimize potentially immeasurable economic and social impacts;

Recognizing the urgent need for immediate action to strengthen local, national and regional capacity to rapidly detect, report and respond to disease events, in particular those caused by emerging diseases, in accordance with the requirements of the International Health Regulations (2005), which enter into force on 15 June 2007;

Highlighting the importance of and the need for a common framework and guidance for countries and partners to meet the commitments of the International Health Regulations (2005) and for the strengthening of country surveillance and response systems in the Region;

Having reviewed the conclusions and recommendations of the First Meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Diseases;

1. **ENDORSES** the recommendations of the First Meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Diseases;

2. **URGES** Member States:

   (1) to develop and implement a national workplan for the implementation of APSED to ensure effective pandemic preparedness and the establishment and maintenance of the core capacities required under the International Health Regulations (2005);

   (2) to strengthen political commitment, mobilize human and financial resources, and develop national evaluation measures necessary for effectively implementing the national workplan to ensure that the minimum capacities are functional by 2010;
(3) to implement immediate priority activities concerning avian influenza and pandemic influenza with long-term objectives that will also ensure the strengthening of surveillance and response capacity for other infectious diseases;

(4) to inform WHO of the designation of an International Health Regulations (2005) National Focal Point and to ensure its essential functions, including effective communications with WHO and other relevant sectors within the country;

(5) to begin reviewing, and adjusting when necessary, existing domestic legislation to align it with the International Health Regulations (2005) which, in turn, will support the effective implementation of APSED;

(6) to report progress on the implementation of APSED at the next meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Diseases;

3. REQUESTS the Regional Director:

(1) to implement relevant recommendations of the First Meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Diseases;

(2) to support Member States in strengthening national capacities required to comply with the International Health Regulations (2005) through APSED implementation;

(3) to mobilize the resources necessary for WHO to ensure the implementation of the APSED Workplan and to fulfil the responsibilities required under the International Health Regulations (2005);

(4) to regularly report progress on the implementation of the WHO APSED Workplan to the Regional Committee at its future sessions.

Fourth meeting, 20 September 2006
WPR/RC57/SR/4

WPR/RC57.R3 CONSIDERATION OF AMENDMENT TO THE RULES OF PROCEDURE OF THE REGIONAL COMMITTEE

The Regional Committee,

Having reviewed document WPR/RC57/17 as well as the options proposed therein;

Wishing to include in the Rules of Procedure of the Regional Committee a flexible mechanism for the convening of special sessions of the Committee in particularly urgent situations requiring immediate action;

Further wishing to clearly address in the Rules of Procedure of the Regional Committee the situation created by a vacancy in the post of Regional Director or by the inability of the Regional Director to perform the functions of his office;

Having considered the report of an informal Working Group on this subject;
1. AMENDS Rule 5 of the Rules of Procedure of the Regional Committee by adding a second paragraph as follows:

"If exceptional events, such as those referred to in Article 28(i) of the Constitution, occur requiring immediate action by the Regional Committee, the Director shall, in consultation with the Chairman, convene the Committee in a special session and shall fix the date and determine the place of the session; however, the special session shall not be held if a majority of the Members object, within two weeks of the date of dispatch of the letter of convocation, to convening the Committee."

2. AMENDS Rule 51 of the Rules of Procedure of the Regional Committee by adding the following paragraph at the end of the Rule:

"If the Director is unable to perform the functions of his or her office or if his or her office becomes vacant before his or her term of office is completed, the Committee shall nominate a person for the post of Director at its next session, provided that the other provisions of this Rule are met. If the other provisions of this Rule cannot be met, the Committee shall take a decision at its next session with a view to nominating a person and submitting his or her name to the Executive Board as soon as possible."

Fourth meeting, 20 September 2006
WPR/RC57/SR/4

WPR/RC57.R4 NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL

The Regional Committee,

Concerned about the overwhelming burden of preventable and premature mortality due to noncommunicable diseases (NCD) in the Western Pacific Region, as well as its current and projected economic impact;

Noting the relatively low levels of domestic and international investment in the prevention and control of NCD;

Observing the progress made in developing national strategies and plans, implementing demonstration projects, and organizing risk factor surveys by many countries and areas in the Region since the adoption of resolution WPR/RC51.R5 on the prevention and control of noncommunicable diseases;

Recalling the global and regional mandates that support the prevention and control of NCD, including the WHO Framework Convention on Tobacco Control;\(^1\) the Global Strategy on Diet, Physical Activity and Health;\(^2\) the Western Pacific Regional Strategy to Reduce Alcohol-Related Harm;\(^3\) and the Western Pacific Declaration on Diabetes;\(^4\)

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\(^1\) Resolution WHA56.1.
\(^2\) Resolution WHA57.17.
\(^3\) Document WPR/RC57/7.
\(^4\) Resolution WPR/RC51.R5.
Noting that the proposed goal of an additional annual 2% reduction in NCD death rates worldwide between 2005 and 2015, as projected in the WHO report *Preventing Chronic Diseases: A Vital Investment*, could mean 9.7 million fewer deaths in the Western Pacific Region during that period;

1. **URGES** Member States:

   (1) to develop or strengthen their national strategy on noncommunicable diseases in line with global and regional mandates;

   (2) to increase funding, as appropriate, for noncommunicable diseases prevention and control programmes, particularly those that favour health promotion, primary care and population approaches to prevention;

   (3) to invest in stronger organizational structures for the management and implementation of noncommunicable diseases prevention and control programmes, in a manner proportionate to the burden;

   (4) to scale up effective demonstration activities to the national level, and to establish and extend effective multisectoral partnerships;

   (5) to strengthen surveillance mechanisms with periodic national surveys on risk factors, ideally using the WHO STEPlwise approach (the WHO-recommended surveillance tool for chronic disease risk factors), to further expand cancer and stroke registration in sentinel populations, and to strengthen data-sharing mechanisms and collaborative analyses already in place, as appropriate;

   (6) to work to improve access by all groups in society to effective preventive and primary care using safe and affordable technology;

   (7) to develop national mechanisms for networking and knowledge management in the area of noncommunicable diseases;

2. **REQUESTS** the Regional Director:

   (1) to strengthen technical support for Member States in expanding noncommunicable diseases prevention, control and surveillance within national health systems;

   (2) to review and, where appropriate, develop regional guidelines and norms for the implementation and evaluation of noncommunicable diseases prevention and control programmes, and to ensure their continuing relevance to the health systems of countries and areas of the Region;

   (3) to establish a regional mechanism for networking and knowledge management in the area of noncommunicable diseases.
WPR/RC57.5  REGIONAL STRATEGY TO REDUCE ALCOHOL-RELATED HARM

The Regional Committee,

Having reviewed the draft Regional Strategy to Reduce Alcohol-Related Harm;¹

Recalling previous resolutions by the World Health Assembly and the Regional Committee for the Western Pacific related to public health problems caused by the harmful use of alcohol, particularly WHA58.26, WHA36.12, WHA32.40, WPR/RC36.R7 and WPR/RC33.R15;

Noting that in the Western Pacific Region harmful use of alcohol accounts for 5.5% of the burden of disease;²

Alarmed by the extent of public health problems caused by the harmful use of alcohol in the Western Pacific Region;

Appreciating the existence of cultural, religious and social differences regarding the use of alcohol;

Acknowledging that the harmful use of alcohol not only affects individual drinkers but also has significant impact on others, the community and society at large;

Recognizing that the patterns, context and overall level of alcohol consumption influence the health of the population;

Further recognizing that alcohol consumption in the Region is increasing;³

Concerned about hazardous patterns of drinking, particularly among young people, in many Member States;

Noting the need to strengthen public awareness of and the political determination to address the harmful use of alcohol;

Mindful that a multisectoral approach is needed at the country level to reduce public health problems caused by the harmful use of alcohol;

Acknowledging the need to link the Strategy to relevant regional and subregional plans and strategies;

Recognizing that evidence-based, cost-effective approaches are available to reduce the harmful use of alcohol, and that these can be implemented in socially and culturally appropriate ways,

1. ENDORSES the Regional Strategy to Reduce Alcohol-Related Harm as a guide for alcohol policy development and implementation according to national context;

2. URGES Member States:

   (1) to use the Strategy as a guide to develop and strengthen policies and regulations as appropriate to reduce public health problems caused by the harmful use of alcohol;

¹ Document WPR/RC57/7.
(2) to strengthen capacity development at national and local levels for efficient planning, implementation and evaluation of projects and programmes intended to reduce the harmful use of alcohol;

(3) to develop a system for the routine collection, analysis and dissemination of data on patterns of alcohol consumption and public health problems caused by the harmful use of alcohol;

(4) to develop evidence-based, multisectoral approaches for the prevention and control of public health problems caused by the harmful use of alcohol;

(5) to provide adequate support for projects and programmes that are proven to be effective in reducing the harmful use of alcohol;

3. REQUESTS the Regional Director:

(1) to provide technical assistance to Member States to support their efforts in the development and implementation of policies and programmes for reducing the harmful use of alcohol;

(2) to assist Member States as they develop their systems for the routine collection, analysis and dissemination of data on patterns of alcohol consumption and public health problems caused by the harmful use of alcohol to further improve the evidence base at the national and regional levels;

(3) to establish regional mechanisms for cooperation and the regular exchange of information on reducing alcohol-related harm and the implementation of the Strategy;

(4) to collaborate with Member States, relevant international agencies, academic institutions, nongovernmental organizations and other appropriate stakeholders to promote evidence-based, multisectoral approaches for the prevention and reduction of public health problems caused by the harmful use of alcohol;

(5) to continue consulting with the private sector, particularly the alcohol beverage industry, over ways it could contribute to reducing the harmful use of alcohol;

(6) to report to the Regional Committee periodically the status of the harmful use of alcohol in the Region and progress achieved in addressing public health problems caused by the harmful use of alcohol.

Seventh meeting, 21 September 2006
WPR/RC57/SR/7

WPR/RC57.R6 TUBERCULOSIS PREVENTION AND CONTROL

The Regional Committee,

Acknowledging indications from early reports that the Western Pacific Region has met the 2005 targets for tuberculosis (TB) control, which include regionwide directly observed treatment, short-course (DOTS) coverage, detection of 70% of the estimated TB cases, and successful treatment of at least 85% of such cases;

Appreciating that successful implementation of the Stop TB Regional Strategy 2000–2005 has facilitated achievements of these targets;
Recognizing that the achievement of the 2005 regional TB control targets is only an intermediate step towards achieving the regional goals of reducing by one half the prevalence and mortality due to TB by 2010;

Noting that the current 3% annual decline in TB prevalence and mortality would have to increase to an 8% annual decline, based on WHO modelling, for the Region to achieve the 2010 regional goal;

Expressing concerns over issues of the quality of DOTS implementation in some parts of the Region, the need to work towards ensuring equitable access to TB care, and the necessity of engaging all health care providers in TB control;

Expressing further concern at the threats of multidrug-resistant TB and the TB-HIV coinfection, as well as extensive drug-resistant TB (XDR-TB) that could undermine the gains achieved so far in TB control;

Noting that the TB Technical Advisory Group in its meeting in Busan, Republic of Korea, in March 2006 supported the Strategic Plan to Stop TB in the Western Pacific 2006–2010 as technically sound,¹

1. RENEWS the commitment to the regional goal of reducing TB prevalence and mortality by one half by 2010, thereby contributing to the TB-related United Nations Millennium Development Goals;

2. ENDORSES the Strategic Plan to Stop TB in the Western Pacific 2006–2010, aimed at providing guidance to countries and areas in the Region to address the challenges and sustain the momentum towards the 2010 regional goals;

3. URGES Member States:

   (1) to further strengthen the political commitment for TB control, to strengthen health systems and to work to ensure the availability of the human resources required for TB control and to take an active role in ensuring sustainable financing for TB control;

   (2) to develop or finalize and implement national TB control plans guided by the Strategic Plan to Stop TB in the Western Pacific 2006–2010, including monitoring and evaluation of results based on agreed indicators and targets;

   (3) to implement measures in countries and areas in the Region that have not yet achieved the regional TB control targets for 2005: 100% of the population with access to DOTS; 70% of estimated TB cases are detected; and 85% of the detected cases are successfully treated;

4. REQUESTS the Regional Director:

   (1) to work closely with Member States, partner organizations and relevant stakeholders to further strengthen their commitment to TB control to address primarily the need to sustain financing and to work towards ensuring adequate human resource capacity;

   (2) to provide effective support to Member States in developing and implementing five-year national plans for 2006–2010, including monitoring the four core targets that will address the specific challenges to achieve the regional goal by 2010 and the Millennium Development Goals by 2015;

¹ Annex to Document WPR/RC57/8.
(3) to support Member States, specifically those that have not achieved the 2005 intermediate TB control targets, in further strengthening their efforts.

Seventh meeting, 21 September 2006
WPR/RC57/SR/7

WPR/RC57.R7 REGIONAL STRATEGY ON HUMAN RESOURCES FOR HEALTH 2006–2015

The Regional Committee,

Recalling resolutions WPR/RC35.R4 on health manpower development and WPR/RC39.R9 on the reorientation of health personnel, both intended to support the attainment of the goal of health for all, including primary health care;

Further recalling resolutions WHA57.19 and WHA58.17 on the international migration of health personnel, and resolutions WHA59.23 on the rapid scaling up of health workforce production and WHA59.27 on the strengthening of nursing and midwifery;

Noting that an adequate, competent, productive, responsive and supported health workforce is critical for advancing health, for effective and efficient health system performance, and the quality of care, as well as for achieving health-related United Nations Millennium Development Goals and for scaling up effective health interventions;

Recognizing that many countries and areas need immediate and sustained long-term action to address such problems as workforce shortages; low salaries; poor working conditions; a lack of adequate incentives; skill mix and distribution imbalances; a weak health workforce knowledge base; and a lack of expertise that hampers planning, policy development and management;

Acknowledging The World Health Report 2006: Working together for health key messages that educated and well-trained health workers save lives; that workers must be supported and protected; that new strategies are needed to enhance the effectiveness of the health workforce; and that national leadership and global solidarity can result in significant improvements in all countries,

1. ENDORSES the Regional Strategy on Human Resources for Health 2006–2015,1 as a guide for policy development and implementation according to national contexts;

2. URGES Member States:

   (1) to establish or strengthen national governance and management mechanisms to develop reliable workforce data and evidence for policy-making, planning, monitoring and evaluation purposes, and ensure that health workforce planning and development are integral parts of national development and health sector planning;

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1 Annex to document WPR/RC57/9.
(2) to use the Strategy as a framework for developing and strengthening country-specific human resources for health policies, approaches and strategic actions where appropriate;

(3) to improve retention and motivation of health workers to respond to national needs through intersectoral collaboration and support from development partners by providing adequate remuneration, appropriate incentives, better workplace environments, regular supervision, increased training and education, and sufficient supplies and logistical support;

(4) to explore and use, in collaboration with partners and regional and global alliances, feasible innovative approaches to address national, subregional and regional human resources for health issues;

3. REQUESTS theRegional Director:

(1) to support Member States in strengthening their human resources for health capacity using the Regional Strategy as a guide where appropriate and to provide needed technical support in policy options, tools and guidelines;

(2) to ensure that human resources for health remains a priority programme of WHO in the Region within the context of overall health systems strengthening, and that health interventions and specific disease control programmes such as EPI, HIV/AIDS, malaria and TB contribute towards the strengthening of national health workforce capacity;

(3) to facilitate the exchange of knowledge, information, experience and evidence in effective health workforce development and management among Member States and partners, and to strengthen the knowledge base and national capacity for workforce policy development, planning and management;

(4) to advocate with national stakeholders, development partners, international agencies and all relevant programmes within WHO for more effective investments in health workforce development and better resource coordination, and to facilitate the implementation of the Regional Strategy on Human Resources for Health 2006–2015;

(5) to report back to the Regional Committee on the implementation of the Strategy.

Eighth meeting, 22 September 2006
WPR/RC57/SR/8

WPR/RC57.R8 FIFTY-EIGHTH AND FIFTY-NINTH SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. EXPRESSES its appreciation to the Government of the Republic of Korea for its offer to host the fifty-eighth session of the Regional Committee for the Western Pacific in 2007;

2. CONFIRMS that the fifty-eighth session will be held in the Republic of Korea, provided a satisfactory agreement can be concluded between the Government and WHO by 31 March 2007;

3. DECIDES that the dates of the fifty-eighth session shall be from 10 to 14 September 2007;
4. CONFIRMS that the fifty-ninth session of the Regional Committee shall be held at the regional headquarters in Manila.

The Regional Committee,

EXPRESSES its appreciation and thanks to:

(1) the Government of New Zealand for:
   (a) hosting the fifty-seventh session of the Regional Committee for the Western Pacific in Auckland;
   (b) the excellent arrangements and facilities provided;
   (c) the generous welcome and hospitality received;

(2) the Chairperson, Vice-Chairperson and the Rapporteurs elected by the Committee;

(3) the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.
DECISIONS

WPR/RC57(1)  BUDGET PERFORMANCE 2004–2005

The Regional Committee, having considered the final report of the Regional Director on budget performance for the biennium 2004–2005, noted with satisfaction the complete implementation of the programme budget in financial terms.

(Second meeting, 19 September 2006)

WPR/RC57(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 period of tenure of the representative of the Government of the Lao People's Democratic Republic as a member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction expires on 31 December 2006, selects the Republic of Korea to nominate a representative to serve on the Policy and Coordination Committee for a period of three years from 1 January 2007 to 31 December 2009.

(Eighth meeting, 22 September 2006)

WPR/RC57(3)  SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD

The Regional Committee, noting that the period of tenure of the representative of Mongolia on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases expires on 31 December 2006, selects Viet Nam to nominate a representative to serve on the Joint Coordinating Board for a period of three years from 1 January 2007 to 31 December 2009.

(Eighth meeting, 22 September 2006)
AGENDA

Opening of the session and adoption of the agenda

1. Opening of the session
2. Address by the retiring Chairperson
3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs
4. Address by the incoming Chairperson
5. Adoption of the agenda
   WPR/RC57/1 Rev.3
   WPR/RC57/16

Keynote address

6. Address by the acting Director-General

Review of the work of WHO

7. Report of the Regional Director
   WPR/RC57/2
   WPR/RC57/3
   WPR/RC57/INF.DOC.1

Policies, programmes and directions for the future

   WPR/RC57/4
   WPR/RC57/4 Corr. 1
10. Asia Pacific Strategy for Emerging Diseases, including International Health Regulations (2005) and avian influenza
    WPR/RC57/5
    WPR/RC57/INF.DOC.2
11. Noncommunicable disease prevention and control
    WPR/RC57/6
12. Regional Strategy to Reduce Alcohol-related Harm
    WPR/RC57/7
Annex 1

13. Prevention and control of tuberculosis, including the Strategic Plan to Stop TB in the Western Pacific 2006–2010
   
   WPR/RC57/8
   WPR/RC57/8 Corr. 1

   
   WPR/RC57/9

15. Prevention and control of HIV/AIDS, towards Universal Access
   
   WPR/RC57/10

16. Programme updates
   - Measles elimination, hepatitis B control and poliomyelitis eradication
   - Tobacco control
   - Mental health, including Patient at the Centre of Care Initiative
   - Environmental health
   
   WPR/RC57/11
   WPR/RC57/11 Corr. 1

17. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee
   
   WPR/RC57/12

22. Consideration of Amendment to the Rules of Procedures of the Regional Committee
   
   WPR/RC57/17

Ministerial round table

18. Ministerial round table: Translation of Research into Policy and Health Care Practice
   
   WPR/RC57/13

Membership of Global Committees

19. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee
   
   WPR/RC57/14

20. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board
   
   WPR/RC57/15
Other matters

21. Time and place of the fifty-eighth and fifty-ninth sessions of the Regional Committee

23. Closure of the session
<table>
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<tr>
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<td>Ms Maree Bacigalupo</td>
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<td>Mrs Marissa Cook</td>
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Kath Allen
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V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative(s)</th>
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<tbody>
<tr>
<td>ASIAN MEDICAL STUDENTS' ASSOCIATION</td>
<td>Mr Cho Sungkweon</td>
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<tr>
<td>CHRISTOFFEL BLINDENMISSION</td>
<td>Ms Jane Baxter</td>
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<td>INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS</td>
<td>Dr Richard Le Mesurier</td>
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<td>Dr Biu Sikovou</td>
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<td>INTERNATIONAL COMMITTEE OF CATHOLIC NURSES AND MEDICAL SOCIAL ASSISTANTS</td>
<td>Mr Ah Koi Richard Lai</td>
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<td>Ms Pong Chong Pauline Lai</td>
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<td>INTERNATIONAL COUNCIL FOR CONTROL OF IODINE DEFICIENCY DISORDERS</td>
<td>Dr Mu Li</td>
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<td>INTERNATIONAL COUNCIL OF NURSES</td>
<td>Dr Jane O'Malley</td>
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<td>INTERNATIONAL COUNCIL OF OPHTHALMOLOGY</td>
<td>Dr Noel Chua</td>
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<td>INTERNATIONAL ERGONOMICS ASSOCIATION</td>
<td>Dr David Caple</td>
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<tr>
<td>INTERNATIONAL FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN</td>
<td>Ms Fay Gardiner</td>
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<td>INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS</td>
<td>Dr Alec Ekeroma</td>
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<td>INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS</td>
<td>Mr Tsutomu Shioda</td>
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<td>Mr Nicholas Fancourt</td>
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<td>Mr Tam Wing Sun, Eric</td>
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<td>Mr Alister Brown</td>
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<td>INTERNATIONAL PEDIATRIC ASSOCIATION</td>
<td>Professor Chan Chok-wan</td>
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<td>Dr Reynaldo Umali</td>
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<tr>
<td>INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION</td>
<td>Mr John Nguyen</td>
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<td>Ms Keiko Sakurai</td>
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INTERNATIONAL PLANNED PARENTHOOD FEDERATION
Dr Raj Abdul Karim

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
Dr Denise Jean Watt
Dr Margaret Maxwell
Professor Winnie Yang

ORBIS HONG KONG
Mr Massimo Presente

REHABILITATION INTERNATIONAL
Ms Anne Lynette Hawker

THE WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES
Professor Zhixiang Shen
Mr Haidong Zhu
Dr Weiguo Zhu
Mr James Flowers

WORLD BLIND UNION
Mr Kua Cheng Hock

WORLD CONFEDERATION FOR PHYSICAL THERAPISTS
Dr Margot Skinner

WORLD COUNCIL OF OPTOMETRY
Mr Ronald Fraser Fyfe

WORLD FEDERATION FOR MEDICAL EDUCATION
Professor Toshimasa Yoshioka

WORLD MEDICAL ASSOCIATION, INC.
Dr Wu Shou Chang
Dr Solomon Chih-Cheng Chen
Dr Ming-Che Tsai
Dr Yung Tung Wu
LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

Asian Medical Students’ Association
Christian Blind Mission International
Global Fund to Fight AIDS, Tuberculosis and Malaria
International Agency for the Prevention of Blindness
International Council for Control of Iodine Deficiency Disorders
International Council of Nurses
International Ergonomics Association
International Federation of Business and Professional Women
International Federation of Medical Students’ Associations
International Federation of Ophthalmological Societies
International Pediatric Association
Medical Women’s International Association
Orbis International
Rehabilitation International
Sasakawa Memorial Health Foundation
Western Pacific Pharmaceutical Forum of the International Pharmaceutical Federation
World Council of Optometry
World Federation of Medical Education