

**21–25 October 2013**  
**Manila, Philippines**

**WPR/RC64/DJ/3 Rev. 1**

**23 October 2013**

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## Other information

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<b>Venue</b>	Conference Hall, Regional Office for the Western Pacific
<b>Distribution of documents</b>	Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.
<b>Rapporteurs Meeting</b>	The meeting will be held daily immediately after the afternoon session at 17:15 in Room 321.
<b>Internet access</b>	The Regional Office has an Internet lounge along the corridor next to Room 212, adjacent to the Conference Hall on the second level.
<b>WHO publications</b>	WHO publications and other information products are on sale in Room 210-C.
<b>Security</b>	<p>Please ensure your ID card is displayed at all times while on WHO premises.</p> <p>Kindly contact the WHO Security Officer, Mr Paul Carlson, should you have any concerns at +63 2 528-9608 (landline) or +63 920 963-5457 (mobile).</p> <p>There is a no smoking policy on WHO premises. Likewise, smoking is prohibited in public areas in Metro Manila.</p>

## I. PROGRAMME OF WORK

### Agenda items 09:00–12:00

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- |    |   |                   |
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| 11 | Blindness prevention  | <i>WPR/RC64/5</i> |
| 13 | Hepatitis B control through vaccination: setting the target | <i>WPR/RC64/7</i> |

### Agenda items 14:00–17:00

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| 14 | Noncommunicable diseases                     | <i>WPR/RC64/8</i> |
| 15 | Progress reports on technical programmes     | <i>WPR/RC64/9</i> |
|    | 15.1 Review of health systems strategies     |                   |
|    | 15.5 Civil registration and vital statistics |                   |
|    | 15.2 MDG 4 and 5: maternal and child health  |                   |

### Consideration of draft resolutions

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Draft proposed programme budget 2014–2015  
Ageing and Health

WPR/RC64/Conference Paper No. 1  
WPR/RC64/Conference Paper No. 2

## II. REPORT OF MEETINGS (TUESDAY, 22 OCTOBER 2013)

### Third Meeting

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**Chairperson: Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Samoa**

#### Item 4. Address by the incoming Chairperson

The incoming Chairperson of the sixty-fourth session of the Regional Committee for the Western Pacific, Dr Leao Talalelei Tuitama, Minister of Health, Samoa, thanked the Regional Committee for the honour accorded him in being chosen to chair the session.

He thanked Dr Shin Young-soo, WHO Regional Director for the Western Pacific, for his leadership over the past five years and congratulated him on his nomination to a second term. The Chairperson urged representatives to share their ideas, experiences and thoughts on how best to achieve improved health outcomes and build stronger, more robust and sustainable health systems for the people of the Western Pacific Region.

The Chairperson said he was very encouraged by the continued success of the effort to re-examine WHO's way of working and of the ongoing reforms that are leading to an Organization better suited to address needs of Member States. He also called for a strengthening of the WHO office that serves American Samoa, Cook Islands, Niue, Samoa and Tokelau.

He highlighted the work of the biennial Pacific Health Ministers Meeting, held in Apia, Samoa, earlier this year, which addressed the serious challenge of noncommunicable diseases (NCDs). He spoke of his participation in a side event on NCDs at the Small Islands Development States (SIDS) preparatory meeting in Barbados—a prelude to the SIDS meeting to be held in Samoa next year. He said that while at the Barbados meeting he emphasized the Pacific's concerns about the NCD epidemic, which is expected to be included in the SIDS Outcome Statement. The Chairperson also called for the inclusion of a SIDS health-specific side event at all sessions of the Regional Committee and the World Health Assembly, and for the inclusion of an NCD-focused side event at the 2014 SIDS meeting.

The Chairperson said health needs to be at the centre of every economic and development initiative, particularly health-related trade issues. He said Member States needed to influence the industry and trade sectors to ensure that products were not harmful to health. And he urged further advocacy for healthy lifestyles and consumer education so that people could make informed decisions.

The Chairperson reminded Member States that development and economic activities must be used as opportunities to enhance health and well-being. He said NCDs and NCD risk factors must be addressed through honest, clear and frank dialogue at all levels of decision-making. He thanked Dr Margaret Chan, WHO Director-General, for her persistent advocacy on this matter.

Speaking of the threat of emerging and re-emerging diseases, the Chairperson said he looked forward to meaningful discussions this week on the International Health Regulations and the *Asia Pacific Strategy for Emerging Diseases*. He referred to a painful chapter in Samoa's history, when the 1918 Spanish influenza decimated Samoa's population after the disease was carried there by ship.

He spoke of the role WHO could play in strengthening health information systems and civil registration and vital statistics systems to build capacities to ensure that Member States obtain the high-quality information needed for informed and effective decision-making.

The Chairperson also reminded representatives of the devastation of human life caused by the typhoons, tsunamis, cyclones, earthquakes and floods in the Region over the past decade and of the need to keep climate change and disaster management on the public health agenda.

He also spoke of the need for life-long learning opportunities and for access to quality health research data for health professionals, as a means to ensure a stronger health workforce.

The Chairperson thanked his co-office bearers for their support and pledged to do his utmost to ensure efficient and effective discussions of agenda items.

**Item 9. Programme budget 2012–2013: budget performance (interim report)**

The Director, Programme Management, introduced document WPR/RC64/3, presenting an interim report of implementation of the Programme Budget 2012–2013 by source of funding, strategic objective, budget centre and category of expenditure as of 30 June 2013. He noted that the implementation of assessed contributions for the period 1 January 2012 to 30 June 2013 was similar to the implementation rate achieved for the same period in 2010–2011. He also noted that the midterm assessment of implementation of the Programme Budget 2012–2013 for the period 1 January 2012 to 31 December 2012 provided an overview of programmatic achievements, identified issues affecting performance and actions required to foster overall progress.

Interventions were made by representatives of the following Member States (in order): Australia, China, the United States of America and the Philippines.

Responding to the interventions, the Director, Programme Management, clarified the issue on funding gaps under Strategic Objective 1, 5 and 11. He explained the Western Pacific contribution to achieve four indicators of Organization-wide Expected Result (OWER) 2.1 and risks due to capacity and resource constraints of Member States and WHO, and the issues of weak health systems.

He explained that the nature of the WHO budget cycle and methodology made alignment with national health planning difficult. He assured representatives that the Secretariat took account of national health plans at the budget planning stage.

The Director, Administration and Finance, said that operating expenses had increased due to the expansion of the number of country offices, inflation and currency exchange rates. He said the Secretariat was conscious of the need to keep costs under control to the extent possible.

The Director-General said that, from an historical perspective, WHO budgeting had been aspirational, especially with regard to programmes funded through voluntary contributions. The reformed budgets of the future were based on real money, and tight budget discipline would be the order of the day.

She said it was certainly true that WHO budget priorities should mirror those of Member States at the national level. Unless governments allocated money to their stated priorities under their respective national budgets, however, the Organization should not be expected to fund those priorities from its own limited budget. She said the 2008 financial crisis meant the Organization and Member States needed to moderate ambitions.

She said administrative and management costs were integral to programme delivery and could not be conveniently overlooked. In the context of WHO reform, she said she looked forward to a frank dialogue with Member States on how they wished to fund the Organization's administrative and management costs.

The Regional Director said that Member States needed to appreciate the realities of the new budget environment, starting with the 2014–2015 biennium. He said it was possible to envisage a scenario in which some voluntary contributions would have to be rejected as being inconsistent with the Organization's priority programmes. He said the upcoming Financing Dialogue would need to explore more flexible funding arrangements if the Organization was to continue to serve its membership effectively.

#### **Item 10. Proposed programme budget 2014–2015**

The Director, Programme Management, presented the Proposed Programme Budget 2014–2015 of the Western Pacific Region, in document WPR/RC64/4, indicating that it was a result of WHO programmatic reform. It was the first of three programme budgets to be formulated within the context of the Twelfth General Programme of Work 2014–2019. He noted that the budget has been structured around six categories. Along with the shift from strategic objectives to categories, the new results chain that WHO adopted has better linked the work of the Secretariat to health and development needs of Member States. He highlighted a significant change in the budget presentation that included a new financing mechanism with single budget figure without a separate initial allocation of assessed contributions. He said that the proposed Programme Budget 2014–2015 provides the operational direction and identifies regional contributions to the outputs and deliverables of the global programme budget, regional accomplishments to be achieved and budget requirements.

The Director, Programme Management, also highlighted the new bottom-up planning approach proposed for Programme Budget 2016–2017, in line with the Sixty-sixth World Health Assembly decision on a new strategic resource allocation methodology for Programme Budget 2016–2017.

Interventions were made by representatives of the following Member States (in order): New Zealand, China, Australia, Samoa, Japan, the Republic of Korea, Viet Nam, Mongolia, Tonga and Papua New Guinea.

In responding to the interventions, the Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, acknowledged the transitional nature of the Proposed Programme Budget and assured Member States that appropriate guidance and support would be offered. Reprogramming a biennial budget would be a challenge, and the Secretariat was open to suggestions from governments regarding that task.

The 2014-2015 Programme Budget was merely a transitional step that incorporated the programmatic and managerial reforms already undertaken; the 2016-2017 budget would address bottom-up planning and better prioritize country needs. It would also be a fully costed budget.

The Director, Programme Management, said that the criteria endorsed by the World Health Assembly and the strategic priorities set out in the global Programme Budget provided good guidance for country priority-setting. Nevertheless some constraints were noted in the Country Cooperation Strategies: some priority areas were too broad and there was a lack of synchronization with current priorities.

He said that on the question of budget flexibility, the World Health Assembly had already determined the respective allocations among categories and programmes and the relative proportion of allocations to regions and countries. The challenge was to adjust allocations among countries, categories and priorities with the limits approved by the World Health Assembly, meanwhile ensuring strategic resource allocation to the priority areas.

The Director-General said that the WHO reform process necessitated a change of behaviour on the part of Member States and the Secretariat. Member States had set the priorities and demanded a transparent account of properly costed activities. Above all, the focus should be on those strategic priority areas where there were funding gaps.

She said the purpose of the Financing Dialogue was to address the perennial misalignment of resources by encouraging a conversation between Member States and other funding partners. She said low rates of budget implementation were explained by the fact that some voluntary contributions tended to arrive in the final quarter of each year, and thus the idea of multi-year planning, as had been suggested by one delegation, was very attractive.

The Regional Director said that the process of developing the Proposed Programme Budget for 2016-2017 and the Financing Dialogue demonstrated that WHO was a pioneer among international organizations. A commitment to more flexible financing arrangements on the part of Member States would consolidate that status.

The Chairperson requested that the rapporteurs prepare a draft resolution on the draft Proposed Programme Budget 2014–2015 for consideration by the Regional Committee.

## Panel Discussion on Ageing and Health

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**Facilitator:** Dr John Beard, Director, Ageing and Life Course, WHO headquarters, led the panel discussion. He introduced the session by underscoring its objective to facilitate exchange of experiences and lessons learnt and discuss key areas of action in the area of ageing and health. He said that the discussion also aims to strengthen the collaboration among governments, United Nations agencies and other key partners to scale up efforts on ageing and health.

The facilitator introduced panel members:

- (1) Professor Julie Byles, Director, Research Centre for Gender, Health and Ageing, University of Newcastle, Australia
- (2) Professor Zhang Xiulan, Dean and Professor, School of Social Development and Public Policy, Beijing Normal University; Executive Director, China Institute of Health Policy; and Director, Joint Research Center of Gerontology, Beijing Normal University and the Gerontological Association of China
- (3) Dr Mitsuhiro Ushio, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan
- (4) Professor John McCallum, Head of Research Translation Group, National Health and Medical Research Council, Australia
- (5) Professor Choi Sung Jae, Vice President and Secretary, International Association of Gerontology and Geriatrics
- (6) Professor Chia Kee Seng, Dean, Saw Swee Hock School of Public Health, National University of Singapore
- (7) Mr Eduardo Klien, Regional Director, East Asia Pacific Regional Office, HelpAge International.

The discussion focused on challenges and priorities on ageing and health in Member States, and provided guidance for WHO collaboration at regional and country levels. The experts commented on country experiences and core considerations with regards to ageing and health, including fostering age-friendly environments through action across sectors, promoting healthy ageing across the life course and preventing functional decline and disease among older people, reorienting health systems to respond to the needs of older people, and strengthening the evidence base on ageing and health.

Interventions were made by representatives of the following Member States (in order): Singapore, Malaysia, Kiribati, the Philippines, New Zealand and Samoa.

## Fourth Meeting

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**Chairperson: Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Samoa**

### **Item 12      Ageing and health**

The Regional Director emphasized the importance and urgency of this agenda item for the Region. He thanked the high-level panel for sharing their expertise. All benefited from the rich discussion in which the panel raised many key issues on ageing and health. He presented the working document on Ageing and Health prepared by the Secretariat. He drew the attention of the Regional Committee to Annex 1 of the draft *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*. He highlighted the four action areas: fostering age-friendly environments; promoting healthy ageing across the life-course; reorienting health systems to respond to the needs of older people; and strengthening the evidence base.

Interventions were made by representatives of the following Member States (in order): Malaysia, Fiji, Japan, China, France, the Philippines, Mongolia, Hong Kong (China), Samoa, Viet Nam, Cook Islands, the Republic of Korea, Brunei Darussalam and the Federated States of Micronesia.

Responding to the interventions, the Director, Health Systems Development, thanked the representatives for their interventions and for sharing their experiences. She said she appreciated their recognition of the need for intersectoral work on healthy ageing and the need for whole-of-government and whole-of-society approaches that took into consideration national cultures and structures.

The Regional Director thanked the representatives for their interventions and for their strong support for the draft *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*. He said the framework, once adopted, can be used to identify options for health systems responses on ageing. The Regional Director said the Secretariat was committed to collaborating with Member States to advocate for action on ageing.

The Chairperson requested that the rapporteurs prepare a draft resolution on Ageing and health for consideration by the Regional Committee.

## II. OTHER MEETINGS

### Wednesday, 23 October 2013

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**12:00 – onwards** Launch of World Health Report (organized by WHO – Room 212)

**17:15 – onwards** Informal Consultation with Member States (Conference Hall)

**17:30 – onwards** GAVI Alliance – (Room 212)

### Thursday, 24 October 2013

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**17:00 – onwards** Meeting: Global Fund to Fight AIDS, Tuberculosis and Malaria (organized by the Government of China, Conference Hall)

### Friday, 25 October 2013

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**11:00 – onwards** Dialogue for partners coordination (Room 212)