

SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall, Manila  
Monday, 8 September 2003 at 14:00

CHAIRPERSON: Dr Manuel DAYRIT (Philippines)

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1. NOMINATION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda  
(Document WPR/RC54/16)

The meeting was held in private session from 13:50 to 14:20 and resumed its work in public session at 14:30.

At the request of the CHAIRPERSON, Mr KINGDON (Australia), Rapporteur for the English language, read out the resolution that had just been adopted by the Regional Committee in private session:

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure;

1. NOMINATES Dr Shigeru Omi as Regional Director for the Western Pacific; and
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Shigeru Omi for a period of five years from 1 February 2004.

Decision: The resolution was adopted.

Representatives of the following Member States took it in turn to congratulate Dr Omi on his nomination: China, Japan, Republic of Korea, Australia, Solomon Islands, Mongolia, Viet Nam, Philippines, New Zealand, Niue, Singapore, Fiji, Cook Islands, France, Malaysia, Hong Kong (China), Vanuatu, United States of America, United Kingdom of Great Britain and Northern Ireland, Marshall Islands, Samoa, Tuvalu, Tonga, Kiribati, Brunei Darussalam, Palau, and Federated States of Micronesia.

The REGIONAL DIRECTOR thanked the Regional Committee for the collegial way in which countries had worked with him and with the secretariat over the previous five years. He also thanked his colleagues in the World Health Organization. He appreciated the trust shown in him by Member States, and expressed his readiness to assume the responsibility that that entailed.

2. REPORT OF THE REGIONAL DIRECTOR: Item 8 of the Agenda  
(Document WPR/RC54/2)

The REGIONAL DIRECTOR began by saying that, since the fifty-third session of the Regional Committee in Kyoto last September, WHO and its Member States had entered a new era for public health. The outbreak of severe acute respiratory syndrome, or SARS, that had originated in the

Region and then had raced around the world had stretched health systems in some Member States almost to breaking point. In the most affected cities, hospitals had no longer been perceived as places of healing, but as centres of contagion. This had been a terrifying prospect for patients, hospital workers and public health authorities. Daily life had become disrupted – children in some countries had gone to school in masks, when they had gone to school at all. Rapid mass travel, one of the great social trends of the last century, suddenly became perilous. The Western Pacific had been the epicentre of the epidemic, with over 95% of cases occurring in the Region.

As soon as WHO staff had begun to receive telephone calls at the Regional Office in early February about apparent outbreaks of atypical pneumonia, they knew that they had to move quickly. In his 14 years at WHO he had never seen the Organization respond with such speed and intensity. In the critical early days of the outbreaks, it had been clear that swift and decisive action was needed, despite the fact that the Organization did not have a total picture at that time. WHO had mobilized the very top epidemiologists and hospital infection control experts to support affected Member States. All in all, WHO had recruited 115 consultants during the crisis. Guidelines on infection control and surveillance had been drafted immediately. Expert missions had been conducted to affected areas. Information had been disseminated to countries suffering large-scale outbreaks. Equipment and personal protection supplies had been dispatched rapidly with support from partner agencies.

In Member States, the effort had also been immense. At the peak of the crisis, clinical and public health staff in China (including Hong Kong), Singapore, Viet Nam, the Philippines, Mongolia and other centres had worked literally day and night. Many had done so at great personal risk. The dedication of front-line health workers, combined with strong political commitment at the national level, had averted a global health crisis. He congratulated the Member States for the excellent job that they had done.

However, it was too early to close the book on SARS. The outbreaks had exposed many weaknesses in the Region's health systems. To avoid a similar crisis the next time, surveillance and preparedness against emerging and re-emerging diseases should be greatly improved. He said these were the issues that the Committee should address; it would discuss SARS in more detail later that week.

He then covered some of the issues dealt with in Chapters 1-5 of the report. He recalled that four years earlier, in Macao, the Committee had declared a "tuberculosis crisis" in the Western Pacific, and had mandated him to make Stop TB a special project of WHO in the Region. In response, the resources devoted by numerous partners and WHO had helped to reduce the funding gap for TB control from \$260 million to \$67 million. The percentage of the Region where TB patients

had access to DOTS had increased significantly. It was particularly encouraging that regional cure rates had already exceeded the 85% target, indicating that, once the strategy was administered, patients had an extremely good chance of being cured forever.

He said there was still a long way to go before the Region would achieve the targets of a 70% case detection rate and regionwide DOTS coverage.

The HIV/AIDS epidemic in the Region continued to be a major public health concern, although the report indicated some positive developments. WHO now had a much clearer idea of the pattern of the epidemic, because of recent improvements in surveillance systems and data analysis. Over the past four years WHO had continued to target high-risk groups such as sex workers, with considerable success. In Cambodia, for example, the "100% condom use" strategy had been in place in parts of the country since 1998. In five provinces implementing the strategy, consistent condom use by all types of sex workers had increased from 51% in 1998 to about 90%, and this had been accompanied by a halving of the HIV prevalence rate among direct sex workers, from 48% to 23%. That was a remarkable achievement for a country with limited resources. Injecting drug use remained a major route for transmission of the virus in some countries. WHO had therefore stepped up its support for harm reduction strategies.

By 2005, WHO estimated that there would be 120 000 people living with AIDS in the Region. WHO's new Director-General was determined to achieve the ambitious global target of providing antiretrovirals to 3 million people living with AIDS by 2005, the so-called "three by five goal". He proposed that WHO Western Pacific Region and its Member States should give their full support to Dr Lee's call.

The Regional Director then turned to lymphatic filariasis, a disease that particularly affected Pacific island countries. Mass drug administration and vector control measures had led to dramatic reductions in microfilarial prevalence, in some cases by over 90% after two or three rounds of mass drug administration. Recent successes had been due in large part to one of WHO's partners, PacELF, the Pacific Programme for the Elimination of Filariasis, and to the firm commitment shown by ministers in the Pacific. With a final push, WHO would be able to eliminate this terrible and disfiguring disease from the Region.

He noted that the report also provided evidence of enormous progress against other communicable diseases such as leprosy (Chapter 3) and malaria (Chapter 2).

Chapters 6-10 of the report dealt with building healthy communities and populations. In that area in particular, WHO had made great efforts to deal with problems upstream instead of waiting until it was too late.

With regard to tobacco, he said that fortunately, over the previous five years the Governments of the Region had woken up to the need for immediate action against tobacco. Countries from the Region had played a leading role in the lengthy negotiations for the WHO Framework Convention on Tobacco Control adopted in May 2003 by the World Health Assembly. To date, six countries from the Western Pacific – Marshall Islands, Mongolia, New Zealand, Palau, the Republic of Korea and Viet Nam had already signed the treaty; Samoa, Tonga, the Solomon Islands and Malaysia were about to sign. He congratulated them and urged the countries that had yet to sign the Convention to do so as soon as possible.

Chapter 9, noncommunicable diseases (NCD) and mental health, recorded an almost universal increase in noncommunicable diseases in the Region. NCD accounted for six out of ten deaths in the Western Pacific. The NCD burden would continue to grow in the foreseeable future, but WHO could reduce that growth. He mentioned a few important examples of progress that had been made over the last five years.

First, the Western Pacific Region had made important contributions to the establishment of a global standard for NCD surveillance. Fiji, Marshall Islands, the Federated States of Micronesia and Samoa had already embraced this standard and nine more would do so in the next biennium.

Second, innovative national models that combine health promotion and clinical control had been developed in Mongolia and Viet Nam. Regional clinical management targets for diabetes had been established in two Asian and six Pacific countries. External partners had already committed themselves to significant new funding for those developments.

Overall, the Region had started to move from an era dominated by rhetoric to one characterized by action. A good example of this had been the meeting of Pacific ministers of health in Tonga earlier in the year, chaired by Honourable Minister Dr Tangi, where ministers not only had committed themselves to addressing rising levels of NCD, but had also adopted indicators to monitor progress.

Over the past three years, the profile of mental health in the Region had been raised considerably. A regional strategy for mental health had been endorsed by the Regional Committee in Brunei Darussalam in September 2001. The strategy had subsequently been presented at many regional forums, and was being used by several countries as the basis for national strategies. Yet, mental illness remained a major problem almost everywhere. For example, suicide claimed over 1000

lives every day in the Region. Not only that, in almost every country in the Region many people felt a sense of disconnectedness, from society in general and from health services in particular. The predominantly biomedical approach which had characterized public health for the previous century had served humankind well, but WHO and its Member States should now turn to the critical areas that they had neglected. They had to move beyond merely treating diseases, and to adopt a more holistic approach to health care, where the whole person was treated and cared for. This meant dealing with people in the context of their human dignity, their rights, their families, their culture, and their society.

He pointed out that, in spite of these gains, many challenges lay ahead in WHO's work to build healthy communities and populations. WHO was engaged in changing human behaviour patterns, some of which were very deeply rooted and resistant to change. Individual efforts were only part of the story. Governments also had to provide supportive environments to enable individuals to make healthy choices easy and exciting, everywhere.

He then recalled that in 1999 he had admitted to the Committee that health sector development was an area where WHO had been weak. The Committee knew that progress in this area would be incremental, but chapters 11-14 of the report indicated some promising developments.

With regard to health financing, he said that in some countries, for every three dollars that had been spent on health care, two dollars came from the pockets of the sick person or his or her family. Hospital bills and even the cost of prescribed medicines alone could drive a family into a downward spiral of debt. This could not be allowed to continue.

WHO was encouraging countries to adopt or extend social health insurance. Rural community health insurance schemes were already being piloted in the Lao People's Democratic Republic, the Philippines and Viet Nam, with WHO support. Insurance legislation had been amended in Mongolia and evaluations of best practice had been carried out in China. Such financial safety nets were critical if WHO and its Member States were to stop ill-health from driving families into poverty.

Over the previous few years WHO had also worked closely with several countries, including China, Mongolia and Viet Nam, to institutionalize national health accounts. Samoa was the first country in the Pacific to put in place national health accounts. If WHO was able to extend the use of national health accounts in the Region, the information they provided would enable health managers to make more rational decisions on the allocation of resources.

WHO had provided considerable support for regional and national quality management capacity in blood transfusion systems. With support from Singapore, WHO had trained senior staff of blood centres and blood banks in quality management practices. Almost all employees of blood

transfusion services at provincial and prefecture levels in China had been trained using WHO distance learning materials. Many of these trainees had already applied their training and had established quality management systems in their national blood transfusion services.

Despite the progress that had been achieved, WHO recognized that much more needed to be done. SARS had highlighted the fact that many health systems were fragile, even in developed countries. He said that, over the next five years, WHO and its Members had to strengthen the Region's health systems still further, so that they were able to withstand shocks and to become more efficient, responsive, and caring.

With regard to chapters 15-17, during the SARS crisis WHO's public information staff had worked at full throttle to make sure that WHO was accessible to the many different media that needed information about the outbreaks. At the height of the crisis, WHO's media office had been fielding calls every few seconds all day, and well into the night, from the BBC, CNN and countless other regional and global news media. Page views on WHO's website had shot up from 80 000 to quarter of a million a month. In supporting the media in this way the Regional Director believed that WHO had helped to calm unjustified fears, reveal the facts about the crisis, and generally enable the people of the Region to take a balanced and informed view of the epidemic. This had been paralleled by the efforts of Member States, some of whom had held press conferences and issued press releases on a daily basis and set up excellent websites and telephone hotlines.

Over the last five years, Member States and WHO had achieved much together. Many excellent partnerships had been formed. He thanked the health workers that the Member States represented, for their hard work and dedication.

He said that, as mentioned by Dr Lee that morning, it was important that WHO should place its greatest emphasis on work at the country level. WHO's whole reason for being was to support its Member States. Over the last few years WHO had been working hard to improve the quality of its collaboration with countries in the Region and he pledged to its Member States that this would continue. WHO would be with its Member States, not only in times of crisis like SARS, but also in carrying out long-term capacity building.

There was still much to be done, but with the levels of determination and drive that Member States had already shown, the Regional Director was confident that together they would succeed.

Dr NAIVALU (Fiji) commended the Regional Director's report, which was readable, informative and comprehensive. He suggested that future reports should provide information on the implementation of programmes financed by country allocations in alternate years, following the

conclusion of a biennium. Such information would serve as an evaluation of performance and as a tool to facilitate planning for future activities and for future programme budget allocations, in particular at the country level.

He wished to comment on regional focuses that were not covered by subsequent items on the agenda. In respect of Healthy Settings and Environment, he thanked WHO for the support given for provision of consultants to facilitate the review and finalization of Fiji's Food Safety Bill, which had been passed in August 2003. The Public Health Act was undergoing a similar process of scrutiny and should be finalized early in 2004. It was designed to plug gaps in the regulations concerning communicable disease control that had been revealed during the recent SARS outbreak.

Fiji thanked the Government of Australia for the funding provided over the last five years for its national health reform process. Emphasis had been given to a decentralized management structure that would facilitate decision-making related to patient care and institutional and health service management.

The mortality from the cyclone that had affected Fiji, especially the second largest island Vanua Levu, early in 2003, had been the highest of any natural disaster in the past three decades, and had emphasized the need for emergency-preparedness, especially during the season for such events. He expressed appreciation for the donation of funds from WHO that had financed the purchase of insecticides and rodenticides for use following the cyclone.

Mr OTSUKA (Japan) commended the Regional Director and his staff on the report, in particular those units responsible for writing and editing the text. The report fulfilled the need to keep Member States well informed about the work of the Regional Office in a concise and readable format. The report covered the SARS outbreak, which had eventually been contained thanks to the commitment of WHO in assisting Member States, and was dedicated to Dr Urbani who had lost his life during that effort. He expressed his condolences to all those who had died from the disease and suggested that, to honour their memory, WHO should publish a special record of the outbreak. Japan had given priority to control of communicable diseases, including tuberculosis, since the 1997 G8 Summit in Denver, United States of America. He therefore welcomed the progress achieved since the declaration of a tuberculosis emergency in 1999 and the indication that the Western Pacific was the most advanced region in its implementation of Stop TB.

In view of the increasing number of reports on medical accidents, he welcomed the ongoing discussions on provision of patient-centred services and looked forward to the outcome of those



discussions. He assured the Regional Director of Japan's commitment to working with WHO to tackle the many complex public health issues in the Region.

Mrs PIERANTOZZI (Palau) endorsed a holistic approach to patient care and safety and therefore welcomed the emphasis being given by the Pacific island nations to the development of social structures and the translation of spirituality into more tangible initiatives. Well-being should include social and spiritual as well as physical and mental health. WHO should support social marketing of health promotion as a means of achieving health for all.

Mr MOON (Republic of Korea) commended the report and its coverage of the SARS outbreak, which had emphasized the importance of reliable surveillance. The unselfish commitment of the health workers involved had alerted the world to the measures needed to combat such threats, regardless of economic and social losses. His Government stood ready to participate in efforts by WHO to improve global surveillance systems.

The Ministry of Health and Welfare in his country was collaborating with the Ministry of Finance to implement the Tobacco Free Initiative. Prices of tobacco would be increased by almost 60% and a target had been set to reduce the proportion of adult smokers in the population from 55% to 30% or less by 2007. Funds generated by tobacco price increases would be used to strengthen the public health system, promote smokers' health, and reinforce the fight against cancer. It was hoped that the various initiatives would bear fruit and that the Republic of Korea could share its experiences with others.

He thanked the Member States of the Region for supporting the appointment of a national from his country as the new Director-General of WHO, and expressed confidence that they would continue to cooperate closely with WHO in working to enhance the level of health of people in the Region.

Dr WANG (China) commended the improved format of the report, which had taken into account the requests made by Member States at the previous session of the Regional Committee. The executive summary was particularly useful. However, with further changes, the report could be made even more useful to Member States and WHO's other partners.

The work of WHO in the previous year had attracted worldwide attention, in particular the advice and guidance given to countries affected by the SARS outbreak. He expressed appreciation to WHO and Member States for their solidarity, trust and support during that emergency. He was certain that, with such a spirit of cooperation, WHO and its Member States would prevail over similar future challenges. He urged WHO to continue efforts to control emerging and re-emerging communicable diseases, especially in those countries experiencing a dual burden of communicable and

noncommunicable diseases, as well as social and economic transformations that were producing changes in the disease spectrum. In China, for example, recent floods, other environmental effects and changes in public health measures had led to a resurgence of schistosomiasis, which required renewed attention.

Countries should exchange information on health system reform in order to promote coordinated social development. He thanked WHO for the support given to China and looked forward to future cooperation with the Organization.

Mr UNA (Solomon Islands) expressed appreciation to all those governments in the Region that had provided military assistance in restoring law and order to his country following the recent period of civil unrest. He agreed with previous speakers that more progress was needed in regard to the migration of skilled health professionals. The code of practice initiative discussed at a previous meeting would be a useful instrument and he looked forward to hearing of progress with regard to its implementation.

As indicated by Figures 2.1 and 2.2 in the Regional Director's report, malaria remained a serious public health problem in Solomon Islands. He was, therefore, pleased to learn that a new malaria specialist would take up a post in his country soon and expressed the hope that, with the return of law and order, and with the promise of funding from the Global Fund, the community would once again be able to focus on efforts to fight the disease.

He welcomed the emphasis on healthy settings and the environment and the key elements of primary health care in the report. He also looked forward to continued support from WHO for surveillance of vaccine-preventable diseases and increased coverage of the Expanded Programme on Immunization.

He thanked all the organizations and governments that had provided support for the reconstruction of the health services in his country.

Mr JORÉDIÉ (France) thanked the Regional Director for his full and clear report, and for providing a French translation in time for it to be studied. The report showed what the Regional Office and the countries had accomplished in the Western Pacific Region, where so much remained to be done towards health for all. The SARS epidemic had demonstrated both that a new disease could become a serious pandemic, and that vigilance and immediate, full mobilization of national public health services and international organizations could stop it. The disease had taken its toll, and it was likely that such situations would recur.

The Expanded Programme on Immunization had shown the way to eradicate certain diseases, and that work should continue. New Caledonia was proud of its programme in that area, since it had very high levels of coverage, and none of the principal diseases covered by the programme had been in evidence for several years; there had been no case of measles for seven years, and no epidemic for 15 years, thanks mainly to a catch-up campaign. However, there were a few cases of hepatitis among adults.

For tuberculosis and leprosy, New Caledonia supported the programmes established by WHO, and had instigated directly observed treatment, short-course (DOTS) the previous year, in order to accelerate the steady reduction in numbers of cases. New Caledonia looked to WHO for increased support in preventing transmission of HIV and other sexually transmitted diseases.

He praised the support of WHO and the Pacific Community in monitoring of communicable diseases, which he saw as an excellent way of joining forces and institutions, both to control public health problems and to improve reaction time and efficacy of response. The coordination of international organizations also helped to rationalize demand for data from countries.

The report showed that noncommunicable diseases represented one of the major threats of the 21st century and he thanked WHO for the remarkable achievement of the WHO Framework Convention on Tobacco Control. New Caledonia was preparing draft regulations in that area.

Dr SULEIMAN (Malaysia) commended the various achievements of the past year, including the successful containment of the SARS outbreak thanks to the strong global leadership shown by WHO and the cooperation of the Member States of the Region. He welcomed the integrated approach to health protection and promotion using the healthy settings approach, the implementation of national plans of action on child and adolescent health, and reproductive and maternal health, and the focus on noncommunicable diseases, including the adoption of the WHO Framework Convention on Tobacco Control. Although Malaysia had made good progress in improving the health of its people, problems remained, such as the high levels of malaria and tuberculosis mainly among illegal immigrant workers. He assured WHO of his country's continued cooperation with the Regional Office.

Mr DAVIES (Australia) joined previous speakers in commending the report, which highlighted the wide range of WHO's work in the Region and demonstrated the balance achieved between activities to promote disease prevention, undertake health system reform and improve accessibility of health services. Tackling the dual burden of emerging noncommunicable diseases and the continuing prevalence of communicable diseases was a particular challenge. Australia had been saddened by the loss of life resulting from SARS, but had welcomed the prompt action taken by WHO to contain the

outbreak and the opportunity to make a contribution to that effort. He endorsed the regional framework for health promotion and expressed a readiness to give increased emphasis to health promotion, which was cost-effective and also improved quality and length of life. Australia was committed to ensuring that prevention became a fundamental component of a more effective and sustainable health care system. The support provided by the Regional Office in the area of health policy and legislation would provide a valuable framework for the provision of high-quality health and clinical services that were affordable and accessible. He looked forward to future reports during the Regional Director's second term of office.

Dr Bounkouang PHICHIT (Lao People's Democratic Republic) congratulated the Regional Director on the quality of his report. The many analytical data clearly showed the health situations in the various countries of the Region. Although the mortality rates for mothers, infants and children under five in his country were very high, a recent survey had shown some improvement in the overall health of the people. Nevertheless, there were still huge gulfs between poor and rich countries in the Region, and further efforts should be made to improve the quality of life of affected populations by reducing poverty. He thanked WHO, other international organizations and a number of countries for their continuing technical and financial support in helping to reduce the disparities and the prevalence of avoidable infectious diseases.

Mr UNTALAN (United States of America) commended WHO and the Regional Office for its work in containing the SARS outbreak. A coordinated response, including strengthened surveillance and contingency plans, should, however, be maintained to ensure that the disease did not re-emerge or become endemic. The Region could be proud of its poliomyelitis-free status; nevertheless, surveillance for acute flaccid paralysis must be continued and integrated with surveillance for other communicable diseases, and laboratory testing. Further development of human resources should include training in field epidemiology and laboratory methods. His country considered that high rates of immunization coverage should be maintained and that a target date should be established for elimination of measles in the Region.

The United States of America was in favour of preventive intervention with regard to high-risk behaviour for sexually transmitted infections, including HIV. The report lacked an integrated approach to changing behaviour, such as encouraging delay of sexual initiation and abstinence among young people and promoting fidelity and a reduced number of partners. His country was concerned that the existing approach would inadvertently support or condone prostitution in the Region. The report also lacked sufficient emphasis on preventing drug use and HIV infection. Certain components of the Region's harm reduction programme might inadvertently promote and condone drug use. The

Regional Office should emphasize evidence-based programmes and interventions for injecting drug use.

His country supported WHO's integrated, evidence-based global strategy for the health of children and adolescents and looked forward to discussions on family health in 2004, which would be the tenth anniversary of the International Year of the Family. The United States of America was committed to strengthening global public health capacity by training, collaborative research and technical support.

Dr TRAN THI TRUNG (Viet Nam) noted that the report mentioned a decrease in external funding for malaria control for Cambodia, the Lao People's Democratic Republic and Viet Nam. That would imperil the progress made in malaria control over the past decade, and more support from WHO was needed. Much progress had been made in the control of tuberculosis in the Region since the inception of the Stop TB programme. A recent evaluation of the programme in her country showed that all districts were covered by the DOTS strategy, 81% of all new cases were detected and 89% were cured. The new challenges to the programme were to find funding after 2005, to counteract the increasing trend of co-infection with HIV in some provinces and to encourage the involvement of the private sector in implementation of DOTS. The support of WHO in resource mobilization and continued technical support would be required.

An estimated 55 000 new cases of AIDS were being diagnosed in the Region, but only a small proportion of those patients had access to care and antiretroviral treatment. A national strategy for HIV/AIDS control was being developed in Viet Nam, and support was expected from the Global Fund to Fight AIDS, Tuberculosis and Malaria for strengthening the care, counselling and support of people living with HIV/AIDS, and for related community-based activities. The Ministry of Health had proposed a doubling of funds to buy antiretroviral agents and was considering local production.

The recent outbreak of SARS had highlighted the need to strengthen disease surveillance and response in the countries of the Region, and Viet Nam was looking to WHO and other partners to provide the necessary support.

Her Government had decided to sign the WHO Framework Convention on Tobacco Control, and several activities had been initiated, including a smoke-free policy for the Twenty-second South East Asian Games and the ASEAN Para Games 2003, which were to be hosted by Viet Nam at the end of the year.

Dr MANN (Papua New Guinea) commended the Regional Director for his clear, comprehensive report. His Government had been encouraged by the success of Cambodia in its fight

against HIV/AIDS, described in the report. He thanked his country's development partners in the Region and various international and national agencies. The fight against the SARS epidemic had, however, revealed a previously unrecognized problem: the issue of insurance for health workers. That issue and poverty reduction with sustainable development were areas on which countries should be given guidance by WHO.

Mr KALPOKAS (Vanuatu) said that the report illustrated the dedication of the Regional Office to its Member States and showed that governments could cooperate effectively, as in the containment of the SARS epidemic. Cooperative campaigns had also been waged successfully against a variety of re-emerging and new scourges, such as yaws, malaria, lymphatic filariasis, tuberculosis and poliomyelitis. Nevertheless, he agreed with the Regional Director that there was no room for complacency, especially in view of the rising prevalence of sexually transmitted infections and of noncommunicable diseases. Emphasis should be placed on the promotion of public and family health.

Dr BENJAMIN (Federated States of Micronesia), recalling that his country was one of two in the Region in which leprosy was still a public health problem, said that his Government would continue to make a concerted effort to eliminate it. That would require WHO support, in addition to valuable assistance from private donors.

Dr GALON (Philippines) expressed her country's appreciation for the guidance of the WHO Representative in controlling the SARS epidemic and his active involvement in other national public health activities. She also commended the Regional Office for its assistance in the formulation of her country's proposal to the Global Fund. The support from that Fund would accelerate achievement of the Millennium Development Goals by the Philippines. As her country appeared to be prone to both natural and man-made disasters, the support of WHO in the development of systems and capacity-building in health emergency and disaster management was appreciated. She also acknowledged the help given by the Regional Office in improving access to essential drugs. She looked forward to support for implementing health insurance, health sector reform, intensified surveillance, healthy lifestyles, tobacco control and waste management, including waste from health facilities.

Dr THORNE (United Kingdom of Great Britain and Northern Ireland) commended the report and in particular the proposed programmes for quality of care and patient safety. She also asked for further information on the strategies foreseen for strengthening communicable disease surveillance and response systems and the capacity to detect and provide early warning of outbreaks. She welcomed the draft guidelines on antimicrobial resistance.

Dr PARE (Cook Islands) said that the Regional Director's report was an improvement over previous ones. It clearly outlined both the achievements and the challenges that lay ahead. He was convinced that the Region, in collaboration with its various partners, would continue the advances made.

Dr KIENENE (Kiribati) noted with appreciation that the report included the data submitted by Member States and had a useful executive summary. The description of the SARS epidemic was not complete, however, and he asked for the information to be updated. The statistical annexes were useful because they highlighted figures that were important at the global level for achieving the Millennium Development Goals. It was essential to look at issues from both a regional and a global perspective.

At the invitation of the CHAIRPERSON, statements were made by representatives of the Nippon Foundation and Sasakawa Memorial Health Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Federation of Otorhinolaryngological Societies.

The meeting rose at 17:00.