

SUMMARY RECORD OF THE SECOND MEETING
(Jacques Iekawe Conference Hall, SPC)
Tuesday, 20 September 2005 at 09:00

CHAIRPERSON: Madame Marianne DEVAUX (France)

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1. ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

The CHAIRPERSON addressed the Committee (Annex).

2. REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (Document WPR/RC56/2)
(continued)

Dr LAM (Hong Kong, China) agreed with previous speakers that action was needed to protect populations against a potential outbreak of influenza, especially in view of insufficient stocks of Oseltamivir. A set of coordinated measures were required, including the strengthening of influenza surveillance systems and information sharing mechanisms. Member States should support each other during a health crisis, not isolate an affected area.

Given the rise of noncommunicable diseases (NCD), the Bangkok Charter for Health Promotion in a Globalized World (2005) provided an opportunity to re-examine present control efforts and to revise strategies in the light of the effects of globalization. WHO should take the lead in providing guidance on implementation of the actions recommended in the Charter.

Dr MATHESON (New Zealand) commended the leadership displayed by the Regional Office in response to the threat of avian influenza, as had been the case with SARS. The Regional Director's report provided a clear picture of WHO's operational activity in the Region. However, how well had the Region as a whole – Member States, Secretariat and other actors – performed in the past year? Had the burden of disease, notably of communicable diseases, been adequately tackled, especially among vulnerable groups? Had that of noncommunicable diseases? Despite the ratification of WHO's Framework Convention on Tobacco Control, had the manufacture of tobacco products and their consumption really been reduced? The response to such questions was important for determining future action, and in particular for defining the role of WHO and that of other actors that had an impact on people's health.

Professor CHEW (Singapore) echoed the concerns of previous speakers about the occurrence of avian influenza that affected human health. Given the potential risk of a pandemic, he reiterated the need for preparedness plans, including the availability of, and access to, anti-influenza drugs. He commended WHO's leadership in taking pandemic preparedness measures. In that regard, lessons could be drawn from the recent fight against SARS, in particular that communication, collaboration, coordination and, especially, transparency, were crucial factors in containing a disease outbreak effectively and efficiently. The account of the experience of SARS in the Region, to be published by the Regional Office, would offer valuable lessons on how to combat collectively new global diseases.

Mrs HIRO (France) welcomed WHO's recommendation that each country should draw up a national plan of action for influenza prevention in line with international recommendations, and that

efforts should be coordinated globally in order to limit the impact of a possible pandemic. Prevention should also include an animal-health component. International cooperation in response to the threat of avian influenza should be coordinated at all levels by the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) for animal health, and by WHO for public health. Such cooperation should be based on existing structures, rather than on the creation of new ones, and should be geared to meeting the most urgent needs, as identified at the Consultation on Avian Influenza and Human Health in Kuala Lumpur, 4 to 6 July 2005, organized by FAO, WHO and OIE.

International response could include support for development by WHO of emergency interventions at the source of outbreak, including capacity for the rapid deployment of expert teams, and initiation of dialogue with the pharmaceutical industry, using every appropriate international instrument in order to build up capacity for the rapid production of medicines and development of a vaccine. Cooperation was also needed on the ethical and logistical use of such products.

Such efforts, however, should not overshadow the constant struggle against lifestyle-related diseases, which currently represented the heaviest burden of disease. She expressed support in particular for the WHO Framework Convention on Tobacco Control, in relation to which New Caledonia had recently adopted strict regulations.

Migration of health personnel created serious difficulties for health systems in the Region because of the imbalance and inequality it created in access to care and implementation of disease-prevention strategies among isolated groups. She requested that a strong resolution should be adopted at the session, committing developed countries in the Region that received qualified medical and paramedical staff from less developed countries to take action geared towards mitigating the problem.

With regard to maternal and child health, she agreed that collaboration among all parties concerned, strongly encouraged by national authorities, was crucial for maintaining the continuity of care and carrying out essential, complementary and effective interventions to reduce infant and young child mortality.

Mr IATIKA (Vanuatu) thanked WHO for its continuing support for capacity-building and the development of human resources in small countries which, despite limited resources, were committed to responding to health issues locally and regionally. Implementation of certain programmes was slow because of such limitations and the challenges faced by small health systems.

Dr DALALOY (the Lao People's Democratic Republic) noted that, because of increasing globalization, developing countries were facing new challenges while old ones had not yet been overcome. Together they far exceeded already limited capacities, thus penalizing poor countries, and the poorest in particular. The Director-General had rightly pointed out the persisting problems

bequeathed by underdevelopment, poverty and war that poor countries had not yet solved because they had to advance step by step for development to be sustainable. Although the achievements of poor countries were not negligible, their needs were so vast and immediate compared with developed countries and international standards, that no poor country could meet them in the short term.

He thanked the Director-General for reporting on the Borikhamsai Province study, conducted jointly by the Lao People's Democratic Republic and WHO, which should help to increase aid to poor countries.

On avian influenza, the Regional Director had recalled his own experience to illustrate the situation, not only in Cambodia, but also in several other countries. Although the Lao People's Democratic Republic had had no human cases and only 150 000 birds had been slaughtered, the country was under serious threat.

Early in the decade, a surveillance system for the lower Mekong basin had been established in cooperation with Cambodia, China, Myanmar, Thailand and Viet Nam, together with the Rockefeller Foundation. A surveillance system for communicable diseases had been set up in central and regional hospitals, using the Early Warning Outbreak Surveillance System model. In cooperation with the World Bank in the south and centre of the country, and with the Asian Development Bank in the north, an isolation network had been set up in conjunction with the five neighbouring countries: one in the south; one in the centre; one on route 8, in conjunction with Viet Nam; one in Oudomsay Province; and another in Luang Namtha Province. The Pasteur Institute had been asked to open a branch in the country. The Ministry of Health was working together with the Ministry of Agriculture, but a great deal had yet to be done. A meeting organized jointly by WHO and the United States Secretary of Health and Human Services had resulted in a delegation from the U.S. Centers for Disease Control and Prevention, travelling to the Lao People's Democratic Republic.

At the August 2005 informal ministerial consultation in Bangkok, Thailand, organized by the Western Pacific and South-East Asia Regional Offices, the proposed creation of a stockpile of vaccines had been strongly approved, but resources would still be inadequate. He therefore appreciated the emphasis of the Regional Director and Director-General on greater readiness to face epidemics, pandemics and other threats.

He launched an urgent appeal on behalf of his own and other poor countries, with gratitude for what had been done so far, including the WHO/UNICEF child survival strategy and work to control emerging diseases in the Pacific region.

Dr MONNA (Cambodia) pointed out that noncommunicable diseases such as diabetes and cardiovascular diseases were serious problems, along with HIV/AIDS, SARS and avian influenza. Cancer, too, was a major concern in the country, especially among women, who constituted more than

half of the population in his country. Maternal and child health was also a worry. Work to fight HIV/AIDS, tuberculosis and malaria had been supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the his country requested WHO support in preparing submissions for future Global Fund rounds.

Dr ENKHBAT (Mongolia) warned of a potential influenza pandemic. Cambodia, as described by the Regional Director, was typical of many countries in the Region. In Mongolia, over 500 wild birds had died. Previously, only domestic fowl had died. Given that China and Russia were Mongolia's neighbours, something had to be done to prevent the disease spreading. The Government of Mongolia had disaster preparedness plans, but was not prepared for an influenza pandemic. However, experts were still undecided about whether the wild birds had died due to avian influenza. Problems were arising due to regulations concerning the transport of laboratory samples to non-neighbouring countries, since it seemed that special arrangements were required. Emergency and disaster response could function only through international cooperation, and WHO should define the roles of countries, based on their capacities.

Mr TUIA (Tokelau) reported that his country had recently completed a STEPwise survey of the 15–64 age group, with support from WHO, the Fiji School of Medicine, and Massey University, New Zealand. The Government had increased tobacco tax, and a cervical screening programme for women, involving 35%–38% of the target population, had been completed, with support from WHO and the New Zealand Ministry of Health. Preparations were being made for a possible influenza pandemic, with a national task force committee to be chaired by the Ministry of Health. Thanks to partial funding from WHO, a health information system had been initiated. he reiterated his thanks to WHO, New Zealand, the United Nations and regional agencies and institutions.

Mr EDWARDS (Marshall Islands) observed that pandemic influenza could be avoided in the Region if each country was ready to prevent it nationally. However, not all countries had the resources, lacking a plan, surveillance system or good health promotion. Most developing countries would therefore require expert assistance. Although his country had not yet had to deal with communicable diseases such as smallpox, SARS and avian influenza, capacity to control such emerging diseases should be strengthened. Work was progressing on tuberculosis, leprosy, HIV/AIDS and filariasis. With support from the United States Centers for Disease Control and Prevention, the Marshall Islands had developed a preliminary plan for pandemic influenza and had increased its capacity to deal with bioterrorism. However, the country would need more support from WHO.

Dr DUQUE (Philippines) thanked WHO for its support after the floods and landslides in his country in 2004. The United Nations flash appeal had provided tactical support and supplies for surveillance of communicable diseases in emergencies, equipment for damaged facilities, and a health

sector rehabilitation plan for Quezon Province. He looked forward to the discussion of response to disasters during the ministerial round table.

Dr OUYUB (Malaysia) urged the Regional Director to review mechanisms to improve networking within the Region and beyond, especially in view of the possible influenza crisis. His country wanted to work very closely with the Regional Office to develop that area.

Dr PULU (Niue) shared the concern over avian influenza, especially as regards insufficient surveillance capacity and lack of incentive for rural farmers to report cases. Fear of infection might be regarded as sufficient incentive, but apparently it was not. Solutions were therefore needed. Ministries would have to coordinate within governments, and strong support would be required from international organizations. Niue did not have sufficient resources to cope with the threat, and appealed for help from WHO and others.

Progress had been made in Niue on reproductive health, child and adolescent health, immunization, and work to eliminate lymphatic filariasis. Tuberculosis and poliomyelitis were now absent from the island, but there should be no complacency, in view of the high inward migration from other Pacific countries. The same was true of sexually transmitted infections, including HIV/AIDS. Noncommunicable or lifestyle-related diseases, including hypertension, diabetes and gout, which affected 20% of the 20-60 age group and led to the loss of working time, were placing a large burden on health services. He thanked WHO for the support it provided through the Samoa office.

At the invitation of the CHAIRPERSON, statements were made by representatives of the Sasakawa Memorial Health Foundation, the International Pediatric Association (IPA) and the International Federation of Medical Students' Associations (IFMSA).

The REGIONAL DIRECTOR grouped his responses under themes. He considered that a consensus had emerged on the need for better surveillance systems, with transparency, for avian influenza.

He agreed with the representative of Tonga that countries struggling to combat serious outbreaks of disease while already putting forth their best efforts needed international support to overcome the enormous strain on their resources. For that reason, WHO Headquarters, in consultation with the Regional Office, WHO Representatives and Country Liaison Officers, had developed country-specific plans detailing areas of need that would be taken up at the November 2005 meeting at WHO Headquarters with FAO and OIE. Dialogue between funding agencies and Member States and pledging of support could possibly take place at that meeting.

Some representatives had mentioned the need for further collaboration with the WHO South-East Asia Regional Office; collaborative activities were ongoing and more were envisioned. Others, including the representative from Australia, had called for wider cooperation, extending beyond the Region. The Regional Director said that strong relations with the WHO European and Pan-American regions had already been established and that he was due to have discussions with the Regional Director for Europe in October 2005. Cooperation with relevant international partners should even extend beyond the health sector; for that purpose, he had made personal visits to the offices of the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health. At the regional level, he had discussed the need for more financial support with representatives of donor countries, such as Australia, Japan, New Zealand and the United States of America.

The representatives of the Republic of Korea and the United States of America had commented on the efforts being made to control measles and hepatitis B, the latter urging the adoption of a two-dose immunization strategy for measles. The Regional Director envisaged a global leadership role for the Region in the control of hepatitis B. Progress in that area could possibly be accomplished by 2012.

Many Member States had raised issues related to the NCD prevention and control programme. The Regional Director agreed that the budget allocation in the previous biennium 2002-2003 had been disproportionately low, relative to the magnitude of the NCD burden. Although the allocation for the 2006-2007 biennium would be three times higher than that for 2004-2005, more resources would be needed. The Regional Director thanked those Member States who had ratified the WHO Framework Convention on Tobacco Control and asked for the support of the last five countries that had yet to do so.

The representatives of Cambodia and the Lao People's Democratic Republic had raised issues relating to child health. The Regional Director considered that child health had not been given the priority it deserved, compared with other programmes, such as those for the prevention and control of HIV/AIDS and tuberculosis. The development of a bilateral strategy on child survival in partnership with UNICEF was an important step.

In response to the representative of the Republic of Korea, the Regional Director affirmed that mental health was now a priority for the Region. The Regional Office had recently conducted a regional workshop on suicide prevention; it had attracted much attention, being the first such event for WHO. He said the Regional Committee had given its mandate for the publication of a scientific report on the impact of psychosocial factors on overall health and well-being; publication was due by 2007. That had particular importance since medical treatment had traditionally been based almost exclusively on the biomedical approach.

The representative of the Republic of Korea had enquired about global warming. The Regional Office, in consultation with the United Nations Environment Programme, was monitoring the impact of global warming as an offshoot of environmental degradation, and would share any new developments with Member States. The possible effects were of particular concern for low-lying countries in the Pacific.

The REGIONAL DIRECTOR assured the representative of Viet Nam that WHO would provide support for the management of disability. He also assured the representatives of Fiji and Tuvalu that support would be provided for the strengthening of health legislation, not only for disease control but for overall health system development.

He noted the request from the representative of Tuvalu for further details on country programme implementation. He clarified that the document on budget performance was an interim report and that the final report for the biennium, to be taken up at the fifty-seventh session of the Regional Committee, would include more a detailed analysis.

The Regional Director noted the call from the representative of Australia for more transparency and more efficient use of resources. He remarked that the Region had enjoyed a reputation for transparency and efficiency but that those areas, as well as the mobilization of resources, both regular and extrabudgetary, could be improved.

The representative of New Zealand had enquired as to how well WHO had performed. The Regional Director cited the high level of commitment to the efforts in tobacco and tuberculosis control that had been demonstrated by countries and areas, particularly in the high ratification rate of the WHO Framework Convention on Tobacco Control. With the increased level of regional cooperation after the SARS crisis and the progress that had already been made, progress towards the achievement of regional goals was assured.

Responding to concerns about avian influenza, he emphasized that the threat could only be met with more transparent sharing of information, strengthening of infrastructure in the field that had been shown to be fragile, and the sharing of responsibility among health authorities and other government agencies, such as agriculture ministries. While the threat from poliomyelitis could be addressed with increased immunization rates and improved surveillance systems, avian influenza would require better diagnostic practices, culling of affected poultry, regulations to ensure changes in husbandry practices, and preparations for a worst-case scenario.

At its fifty-fifth session, the Regional Committee had called for the publication of a report to document the SARS experience in the Region. The Regional Director reported that the publication, and its free distribution to Member States, was targeted for the end of 2005.

Relating to the need for speed in the shipment of specimens for analysis at collaborating centres, he said that he had already initiated a dialogue with the president of the International Air Transport Association but that possibly results could be obtained only through negotiations with individual carriers.

The Regional Director thanked the Committee for the positive comments on the new format of his report. Based on the Committee's mandate to produce a joint publication with the South-East Asia Regional Office, he reported that work was progressing on a comprehensive report on the work of WHO in Asia, aimed at wider readership encompassing Member States, policy-makers, researchers, students and journalists. Publication was planned for 2007.

There being no further comments, the CHAIRPERSON requested the Rapporteurs to prepare an appropriate draft resolution for consideration later in the session.

3. PROGRAMME PERFORMANCE AND EVALUATION

3.1 PROGRAMME BUDGET 2004–2005: BUDGET PERFORMANCE (INTERIM REPORT):

Item 8.1 of the Agenda (Document WPR/RC56/3)

The REGIONAL DIRECTOR, introducing the item, said that the interim report on budget performance for the 2004–2005 biennium (document WPR/RC56/3) provided an overview of the total funds obligated and outcomes for each focus. It contained details of the financial implementation of the regular budget from 1 January 2004 to 31 May 2005, and gave information on programme outcomes in the period from 1 January 2004 to 31 December 2004, on the mid-term assessment exercise conducted by all focuses and country offices, and on the implementation of other sources of funds. Additional information on WHO activities in the biennium could be found in *The Work of WHO in the Western Pacific Region 2003–2004 and 2004–2005*. The interim report was intended to inform the Regional Committee of developments since its endorsement of the original budget proposals in 2003, and to contribute to the transparency that had been a feature of financial reporting in the Region.

Annex 1 to the report showed the changes up to 31 May 2005 in the overall amount of the original budget since its original presentation. The regular budget for the Western Pacific Region of US\$ 71 540 000 approved by the Health Assembly had later been increased to US\$ 72 036 000 owing to the inclusion of funds for the International Health Regulations and SARS. Headquarters had subsequently allocated a further US\$ 120 000 for regional activities to be carried out by the focuses on Sexually Transmitted Infections, including HIV/AIDS, and Noncommunicable Diseases, including Mental Health.

In December 2003, the Director-General had established the initial working allocation at 97% of the approved programme budget, partly because of the inability of some Member States to pay their assessments on time. An additional 2% of the approved programme budget had been released by the Director-General on 17 June 2005, and that figure would be reflected in the final financial report for the biennium.

Annex 2 showed the status of financial implementation by theme and focus. Column 2 of the Annex consolidated the changes required to absorb cost increases and variations, and take account of reprogramming. The rate of obligation of the regular budget had risen from 51% at 31 December 2004 to 83% by 31 May 2005, as shown in columns 4 and 5 of Annex 2. The figures for extrabudgetary funds implemented by focus for regional and country activities appeared in Annex 2, column 6. The total amount of extrabudgetary funds obligated by 31 May 2005 was US\$ 68 973 436. Columns 7 and 8 showed the totals for implementation of all funds and the percentage, by focus, of all funds implemented.

All country offices and focuses had undertaken a mid-biennium assessment of programme budget implementation. Annex 3 included programme outcomes from this exercise and described the progress towards the achievement of expected results, as requested by several Member States at the fiftieth session of the Regional Committee. The Regional Office was on track to achieve most of the expected results.

The final report on budget performance would be presented to the Regional Committee at its fifty-seventh session in 2006, at which time there would be an opportunity to consider the final implementation results.

Mr IWABUCHI (Japan) commended the level of implementation of the regular budget for 2004–2005 as of 31 May 2005 and endorsed the allocations, which had been made in line with the needs and priorities of the Region.

Dr QI (China) joined the previous speaker in commending the level of implementation, which was well balanced between focuses. While implementation of the regular budget was described clearly in the interim report, especially in Annex 2, it was not so easy to track the use of extrabudgetary funds, since only the figures for actual expenditure had been included. In order to achieve the integrated budget advocated by WHO, the use of both types of funds should be planned and implemented in an integrated manner. It was therefore to be hoped that future reports would provide greater detail on the use of extrabudgetary resources.

The current format of the interim report facilitated understanding of the budget performance for the biennium. However, it concentrated on achievements and did not describe the problems

encountered and future directions for the work of the Region. There was room for further improvement in future reports.

Mrs BLACKWOOD (United States of America), while commending the level of regular budget implementation achieved by the end of May 2005, endorsed the concern expressed by the previous speaker regarding the information provided on extrabudgetary resources, and asked why the implementation rate for those resources was much lower, at around 56%. Further work was needed on the presentation of progress towards expected results, as measured by indicators (Annex 3). For example, under expected result 10 in Annex 3, section 2, Malaria, other vectorborne and parasitic diseases, the figures for implementation were given rather than details of the nature of the support provided and its contribution to the response in populations at greatest risk for malaria. Further, the comment under expected result 2 in Annex 3, section 2, referred to the low level of regular budget allocation to that area and the fact that no countries had initiated full-scale responses to dengue. Were extrabudgetary resources available and what was the Regional Office doing to accelerate activities in that area? Expected results 5 and 6 in Annex 3, section 5, Communicable diseases surveillance and response, which referred to SARS, mentioned the hiring of consultants and short-term staff, but did not provide details of what they had achieved, although the Region had undertaken excellent work in containing the disease. She therefore hoped that the presentation could be reviewed and that future reports would give greater emphasis to results achieved and the specific activities undertaken to obtain those results. She also hoped that in due course a more in-depth evaluation of performance during the 2004–2005 biennium could be undertaken. An analysis of achievements, challenges and obstacles would provide guidance for future programme budget planning and would also contribute to transparency.

Dr SELUKA (Tuvalu), welcoming the format of the interim report, drew attention to the difference in the rates of implementation for regular budget and extrabudgetary resources and expressed the hope that the Regional Office would make every effort to deliver its programmes as planned. Extrabudgetary resources had a significant impact on the Region's work programme, but the lack of transparency in their use was a matter of concern. WHO was a powerful organization with a consistent and proactive performance, and the distribution of extrabudgetary funds, in particular in direct response to epidemics, should be clarified.

The REGIONAL DIRECTOR acknowledged that greater emphasis should be given to the obstacles encountered, mechanisms employed to overcome them, and actual results achieved in the final report on the budget performance for the 2004–2005 biennium. Historically, the information available to the Regional Office on the final totals allocated as extrabudgetary resources at country level had been inadequate. While the situation was improving, there was still some way to go before the desired integrated budget could be translated into reality. Regular budget totals were known in

advance, since they were based on assessed contributions, but there was always some uncertainty as to the level of extrabudgetary funds and the preferences of donors as regards their allocation, which made planning difficult. However, every effort would be made to improve transparency as more information became available. Extrabudgetary funds were increasing; there had been a rise from US\$ 14 million in 1998–1999 to US\$ 18 million in 2002–2003 for extrabudgetary funds made available for use in countries, and US\$ 30 million had already been made available in 2004–2005. It was hoped that, in future, some 60% of the total budget would be spent in countries and areas.

Referring to comments on the difference in implementation rates for regular budget and extrabudgetary resources, he observed that voluntary contributions often had different target dates. However, every effort was made to ensure the highest possible implementation rates by the end of the biennium for funds from all sources.

He assured the representative of the United States of America that the Secretariat would report to the Regional Committee at its next session on the effectiveness of consultants and short-term staff in relation to the Region's activities in controlling SARS and avian influenza.

The DIRECTOR, PROGRAMME MANAGEMENT, replying to a comment made by the representative of the United States of America in relation to dengue control activities, pointed out that the regular budget funds available for country activities on malaria, other vectorborne and parasitic diseases were somewhat limited and that it had proved difficult to attract specific extrabudgetary funding for dengue control. There had, however, been some exceptions, including a successful control programme in Cambodia, which received support from the United States Agency for International Development (USAID) and the World Bank. Efforts were under way, in collaboration with the Asian Development Bank, to develop an intercountry control programme for the Pacific island countries and areas where dengue was currently increasing.

As the Regional Director had indicated, it was difficult to provide detailed information on implementation rates for extrabudgetary funds during the course of a biennium. However, by 31 July 2005, of the expected total of US\$ 121 877 000 for 2004–2005, US\$ 99 815 000 had been mobilized and US\$ 75 636 000 (62%) had been expended, with a further 2% already earmarked for expenditure. It was anticipated that the implementation rate targets for the biennium would be reached, although targets for extrabudgetary funds were not always specified, which complicated matters.

3.2 REPORT ON THE REGIONAL EVALUATION OF THE NONCOMMUNICABLE DISEASES PREVENTION AND CONTROL PROGRAMME: Item 8.2 of the Agenda (Documents WPR/RC56/4 and WPR/RC56/4 Corr.1)

The REGIONAL DIRECTOR said that the report on the Regional Evaluation of the Noncommunicable Diseases Prevention and Control Programme outlined the findings of the external evaluation team that had conducted a programmatic evaluation of the technical area earlier in 2005. In line with WHO's emphasis on evaluation, global and regional evaluations had been conducted. Combined with the monitoring of programme budget performance, those evaluations provided more complete coverage of the Secretariat's performance, and the lessons learnt had been taken into account in planning.

Programmatic evaluations reviewed progress towards WHO's objectives and provided an in-depth analysis of specific areas of work. Each WHO region and Headquarters would conduct one programmatic or thematic evaluation each biennium. Although the recommendations of the regional evaluations were made to the regional directors, the Programme, Budget and Administration Committee of the Executive Board considered the evaluations that had been conducted.

In the 2002–2003 biennium, the Regional Director had selected the Stop TB Special Project for review by an external evaluation team because of the public health importance of tuberculosis in the Western Pacific Region. The report had been presented at the fifty-fourth session of the Regional Committee and the recommendations had been used to strengthen the implementation of WHO's programme budget in the Region.

In recognition of the growing burden of NCD in the Western Pacific Region, he had selected the Noncommunicable Diseases Prevention and Control Programme for review by an external team from Member States in the Region for the current biennium. In consultation with the governments of concerned Member States, WHO had identified a four-member team that had included experts in NCD prevention and control from Australia, China, Fiji and Japan.

He called on Dr Wu Fan, a member of the evaluation team, to give a more detailed presentation.

Dr WU Fan (Member of the Noncommunicable Diseases Prevention and Control Programme Evaluation Team) described the purpose and the process of the evaluation, and presented the findings and recommendations. The team had identified WHO's achievements, particularly in the areas of advocacy and leadership, funding and high-quality technical support, but noted that tackling the growing epidemic of NCD was a race against time. WHO's role was to foster: the employment of more staff to expand technical support; greater investment nationally and by development partners;

better integration of programmes; and more communication in order to refine and develop the conceptual framework.

She outlined a range of recommended actions including: strengthening WHO's capacity through urgently expanding the response to noncommunicable diseases and providing and training more professional staff; increasing advocacy, for example through more bilateral discussions with governments and organizing a regional summit meeting; increasing funding and resource mobilization together with strategic investment in key areas where funds were limited; better integration and coordination of areas of work in order to define a conceptual framework and to design a mechanism for communication, not only within the Regional Office for the Western Pacific, but also between international organizations and donors; focusing priorities and programmes on diseases that imposed a heavy burden and for which considerable scope existed for successful intervention; furthering national planning and development of policies; networking and sharing of experiences of demonstration projects and drawing lessons for best practices from those pilots; strengthening surveillance through continued support for WHO's STEPwise approach, better use of data, the creation of a regional database on noncommunicable diseases and support for mapping of data; providing high quality technical assistance and training; integrating clinical preventive services into health system reform; and networking and establishing a regional information system, by finalizing the country network, including a regional information system, and linking NCD programmes with appropriate WHO collaborating centres.

Dr LIAN (China) said that China had welcomed the Regional Director's decision to undertake the regional evaluation. The report confirmed the importance accorded to NCD and the increasing burden they posed in the Region, and would be valuable in promoting work on their prevention and control. China accepted its recommendations. Technical support and funding from the Regional Office had supported work in Member States and, although pilot projects had made some progress, they were insufficient to fully meet the Region's needs. As the evaluation team had visited only five countries, the range of problems exposed might not be comprehensive. The attention being paid in developing countries to communicable diseases and the limited funds available meant that noncommunicable diseases had been underestimated. The Region's focus should be to put those diseases on the health agenda, to continue technical support to Member States, and to encourage prevention and treatment.

She recommended several steps. Lessons should be learnt from the problems identified in the evaluation, resulting in the proposal of concrete measures following broader discussions. More attention should be paid to policy formulation and the intensity of social mobilization. The framework for prevention and control of NCD should be systematically constructed as a reference for

Member States. Also, cooperation with partners should be strengthened, with greater pooling of funds and social mobilization to create an environment conducive to prevention and control.

Dr TAM (Hong Kong, China), welcoming the comprehensive report, agreed that the burden of NCD was often overlooked and that programmes for their prevention and control were often underfunded, not evidence-based and unevaluated. In the context of the Bangkok Charter for Health Promotion in a Globalized World (August 2005), a multisectoral meeting with input from government, business and nongovernmental organizations had been convened to prepare the strategic framework for Hong Kong (China), for which the report would provide a valuable reference. It was subsequently agreed to adopt a population approach, with emphasis on reducing common risk factors. The final document would be made available to stakeholders. She would follow the development of the country network with close interest, as it was crucial that governments worked together to close the gap generated by globalization.

The meeting rose at 12:00.

ANNEX

ADDRESS BY MADAME DEVAUX, INCOMING CHAIRPERSON, AT THE FIFTY-SIXTH SESSION OF THE REGIONAL COMMITTEE, NOUMEA, NEW CALEDONIA

First of all, allow me to add my personal welcome to all of you. We are so grateful to have been given the opportunity to welcome you to our shores and to host such an important meeting. For those who may not know it, France, along with 11 other Member States, participated in sessions of the Regional Committee for the Western Pacific when it was first convened in Geneva on 18 May 1951. However, this is the very first time that France has played host to a meeting of the Regional Committee and this is indeed a singular honour for us here in New Caledonia. Yesterday we gave you a traditional New Caledonian tribal welcome at the Tjibaou Cultural Centre and our President, Her Excellency Madame Marie-Noelle Themereau, officially opened our doors to all of you. We have long prepared for this event and we hope that you will appreciate the fruits of our work.

Distinguished representatives, I am deeply honoured to be elected chairperson of the fifty-sixth session of the Regional Committee for the Western Pacific. This is a great privilege and one that does not come often. If I am not mistaken, the only other time that France has chaired a session of this Committee was in 1969. I was a baby at the time, when Dr J. Rondet, the Chief Medical Officer, presided over the twentieth session of the Committee, which was held in Manila, Philippines. I am very much aware of the responsibility that comes with this honour and I would like to assure you that I will do my best to be worthy of your trust and confidence.

This year we are meeting at a crucial time, a time when most of our Member States are facing serious threats to their people's health and survival. We recall that last year, we heaved a sigh of relief at having survived what could have been a devastating and serious strain on health systems across the Region, and globally, had the transmission of severe acute respiratory syndrome (SARS) not been successfully halted. Yesterday we listened to the Director-General as he shared with us the global challenges to health that we have to address and be prepared for; we discussed the report of the Regional Director on the health developments in the Region and how we are collectively addressing those complex issues. There is growing concern about the emergence of avian influenza a year ago and the continuing threat of an influenza pandemic occurring at any time. We recognize the tremendous energy being put into addressing this public health challenge, which admittedly is having an impact on our work. There are crucial decisions that we have to make and actions that we must take collectively. As Dr Omi said, we have to work together to avert a pandemic, but at the same time, we must also prepare for a worst-case scenario.

Dear colleagues, it is against this backdrop that we shall be doing our work in the next four days. I see we have three important tasks ahead of us. The first task concerns our deliberations related to the budget, strategic direction and performance. We shall review the overall programme

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performance during the 2004–2005 biennium and take an in-depth look at the external evaluation of the noncommunicable disease control programme. We shall also review, comment and agree on the proposed budget for the 2006–2007 biennium. You will all recall that Member States have been involved, in one way or another, in the development of this proposal. And finally, we shall discuss and comment on the executive summary of the Eleventh General Programme of Work, as well as the guiding principles for strategic resource allocations. It is important that we make our suggestions on these documents. As you know, the general programme of work outlines the strategic perspective on global health challenges and the actions to be taken to meet those challenges. It will therefore guide the Organization's future strategic plan and budget preparation.

Our second task has to do with discussing and agreeing on proposed regional approaches or strategies that will guide regional and national action for those health issues that we identified in our previous meetings as requiring concerted action by Member States. We shall discuss the Asia Pacific Strategy for Emerging Diseases, the WHO/UNICEF Regional Child Survival Strategy, and the biregional strategy on health care financing. The Strategy for Emerging Diseases is important as it will provide guidance to countries in strengthening their capacities to effectively plan for, prevent, detect, contain and control emerging infectious diseases. I am sure we shall have extensive discussions on this. Child health has received universal attention and there have been a number of international statements and commitments to promote, improve and protect child health. And yet, these have not been translated into meaningful actions to reduce child deaths. I welcome the agenda item on child health and am hopeful that we shall agree on a coherent strategy across the Region, across programmes and among all stakeholders. Our work should embody the concerns of children, and I would emphasize that those who do most for the health of children are the parents. Our actions must therefore enable parents to exercise their responsibilities. Last year in Shanghai, I reported that New Caledonia's measles eradication programme has been in operation since 1988 and that for almost five years, no new cases had been recorded. I look forward to our discussions to explore ways of achieving measles elimination and hepatitis B control by the agreed target date. Also during the last session, I raised a concern about the promotion of health and healthy environments having been underestimated for too long, and so I was pleased to see environmental health on our agenda. Addressing environmental risks to health is complex considering that it requires coordinated intersectoral and intercountry action. However, I am hopeful that our deliberations on this agenda item will lay the groundwork for a strengthened, strategic and coordinated response to environmental health problems.

Our third task is to look at the progress of our work in tuberculosis, HIV/AIDS and tobacco control. As has been reported, Member States have taken significant steps in these areas, in New Caledonia also, and results are very encouraging. Later this week, we shall discuss how we can

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hurdle obstacles and further accelerate progress towards meeting the targets that we have set. The ministerial round table discussion tomorrow afternoon on responding to the health aspects of disasters is very timely. As we all know, this Region suffers a greater number of natural disasters than any other WHO Region. I hope that we shall focus our discussions on aspects of disaster and emergency management, such as risk reduction, preparedness and response mechanisms.

Colleagues, as we have seen in the past few years, changes are happening very rapidly. Priorities shift, costs fluctuate unpredictably, and progress in health care can easily be interrupted or thrown off course. For some years now, we have been talking about countries suffering from the double burden of communicable and noncommunicable diseases. We need to think as well of the burden of emerging diseases, which is not completely understood. It looks as though health problems not only remain but multiply. For many of our island nations, there are unique problems because of their small size, geography, limited resources and fragile ecosystems. Our success in addressing these complex problems will depend largely on our strong commitment to balance disease prevention with health promotion, our willingness to change practices as necessary, and our determination to be partners in this process.

Distinguished representatives, ladies and gentlemen, we have a lot of ground to cover in the next four days. I hope that we shall be able to conclude our work in the most efficient and effective manner. Yes, we do have a heavy task, and the health of our peoples depends on it. Finally, once again, thank you for allowing us to be hosts to all of you on this, the fifty-sixth session of the Regional Committee. Quite simply, as a New Caledonian who is proud of her country, I hope that your dreams become reality.