SUMMARY RECORD OF THE EIGHTH MEETING
(Jacques Iekawe Conference Hall, SPC)

Friday, 23 September 2005 at 09:00
CHAIRPERSON: Madame Marianne DEVAUX (France)

CONTENTS

1. FOLLOW-UP REPORT ON TUBERCULOSIS, HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS: Item 17 of the Agenda (Document WPR/RC56/13)

Introducing the item, the REGIONAL DIRECTOR told the Committee that the Western Pacific Region had made significant progress in meeting the tuberculosis control goals set by the Regional Committee at its fifty-first session in 2000. The Region had also made important progress in meeting the various goals that had been set for HIV/AIDS prevention, care and treatment and in addressing TB-HIV co-infection.

In the area of TB control, the Region had already exceeded the target of an 85% treatment success rate. It was also very close to achieving the 2005 targets of 100% coverage for directly observed treatment, short-course (DOTS). In addition, the Region would be very close to achieving its initial target of a 70% case detection rate by the end of the year.

Despite progress, potential threats and challenges existed. As DOTS rapidly expanded, efforts should be made to improve and sustain the quality of treatment. In addition, multidrug-resistant TB and TB-HIV co-infection were potential threats that might undermine recent gains. To address those challenges, the Regional Strategic Plan to Stop TB for 2006–2010 was being developed and would be presented to the Regional Committee at its fifty-seventh session in 2006.

In the area of HIV/AIDS, more than 1.5 million people in the Region had been estimated to be living with HIV/AIDS at the end of 2004, and an estimated 120 000 people in the Region were expected to die due to AIDS in 2005. Cambodia and Papua New Guinea were facing generalized epidemics. In China, Malaysia and Viet Nam, there were concerns that HIV would cross into their general populations from infected populations with high-risk behaviour. All other countries had low estimated HIV prevalence rates.

The "3 by 5" Initiative, with its target of providing antiretroviral treatment to 3 million people living with HIV/AIDS in developing countries by the end of 2005, had proven to be an important catalyst for action in the Region, as partnerships developed under the initiative had contributed to a significant increase in the number of people receiving treatment in developing countries. About 25 000 people living with HIV/AIDS in the Western Pacific Region were receiving antiretroviral (ARV) therapy, more than twice as many as in the previous year.

The environment for HIV/AIDS prevention and care had improved significantly in recent years. More resources had been allocated to HIV/AIDS interventions, better policies were in place, senior political figures had become involved in HIV/AIDS events, and national strategic plans had been amended in line with those developments.

Although the Regional Committee was discussing increases in the number of people receiving treatment, it should not lose sight of the priority that should be given to prevention. Significant progress had been made in implementing the 100% condom use programme among those who engaged in high-risk sexual behaviour. In addition, harm reduction programmes, chiefly needle and syringe exchange programmes and methadone maintenance treatment, were effective prevention measures.

TB-HIV co-infection continued to be a troubling problem. Among people with HIV/AIDS, TB was the leading cause of death. In the Region, TB-HIV had not reached epidemic proportions but was serious in some areas. In Phnom Penh, the capital of Cambodia, the percentage of TB patients who were HIV-positive had risen rapidly in the last several years. WHO was helping countries and areas to coordinate their national TB and AIDS programmes. A regional framework for TB-HIV had been drawn up and served as the basis for several national frameworks.

The Committee needed to encourage cooperation at the country level between existing national HIV/AIDS and TB programmes. Certain countries and areas could benefit by establishing a national TB-HIV framework, including TB-HIV surveillance.

At the invitation of the Chairperson, Mrs Helen BEREM, cofounder and President of Igat Hope (There Is Hope), a nongovernmental organization in Papua New Guinea for people living with HIV/AIDS, made a statement to the Committee.

Dr LUN (Cambodia) described the situation in his country, where all forms of TB were present, and there was a mortality rate of 95 per 100 000 population and significant TB-HIV co-infection. With support from many organizations, 98% of patients were receiving DOTS treatment in health centres. The resultant high cure rate had to be maintained, and detection of new cases had to be raised to 70%. The quality of treatment was to be improved through close collaboration between TB and HIV programmes. Both private and public services were to use DOTS; TB drug resistance was to be monitored, and more resources had to be located.

Dr TUIKETEI (Fiji) reported 100% TB treatment coverage and 95% case detection in her country. HIV prevalence was less than 0.7%, with a cumulative total of 190 cases in June 2005, although the rate of infection was increasing. A strategic plan on HIV had been developed which enjoyed top-level political support. Major challenges included improving community advocacy, strengthening staff capacity and increasing human resources for TB, formulating a combined TB-HIV surveillance plan, and developing an appropriate legal framework for HIV. However, remarkable progress was being made. For example, the four to six weeks' waiting time for test results would be reduced to 48 hours. The antiretroviral pilot programme was being assessed by WHO. Fiji sought further support from WHO in development of legislation on HIV/AIDS.

Turning to the document under discussion, she proposed a new section, number four, on development and strengthening of a TB-HIV surveillance system.

She further proposed three new points in section 2, to be numbered 8-10:

8) to develop an appropriate legal framework for HIV/AIDS issues;

9) to strengthen capacity-building for health professionals on HIV/AIDS;

10) to develop appropriate policies on prevention of mother-to-child transmission of HIV.

Dr JIE (China) supported the actions and targets included, but cautioned that in most developing countries poverty, gender inequality, social discrimination and drug smuggling and abuse were hindering HIV/AIDS prevention and treatment measures. It would be very difficult to achieve the target of the "3 by 5" Initiative. Optimizing resource allocation was a challenge, given that second-line antiretrovirals were too expensive for developing countries. She recommended more coordination between WHO and other organizations, with joint action plans and budgets on AIDS control. Under the 'Three Ones' framework, the focus should be shifted from document preparation to funding and technical support. The actions proposed in the follow-up report should be put into effect swiftly, in order to resolve TB-HIV problems. Given the shortage of human resources, WHO should send working teams to developing countries to provide guidance on treatment suitable to the local situation.

Dr JACOBS (New Zealand) said his country was concerned about the threat of HIV/AIDS in the Pacific and was keen to explore innovative and effective ways of developing regional collaboration to address the problem, including enhancement of existing surveillance networks, particularly the Pacific Public Health Surveillance Network, for monitoring and evaluation of actions. New Zealand would continue to work with other partners on preventive programmes. Broader programmes for prevention of sexually transmitted infections among young people and other at-risk groups were an important part of HIV prevention. There was a need to attend to specific groups, removing stigma and providing funding to enable those groups to act. The confidentiality of testing had to be guaranteed. The 'Three Ones' principle was the best approach, given the wide range of sources of funds. A long-term, sustainable public health approach to HIV was needed. Promoting the proper use of condoms and providing clean needles and syringes for those who chose to inject drugs were fundamental components of effective prevention programmes.

Mr UNTALAN (United States of America) supported strong, global tuberculosis control, and the Stop TB special project of the Western Pacific Region. The United States had supported resolutions on tuberculosis at the Fifty-eighth World Health Assembly in May 2005. He noted that the Western Pacific Region had exceeded the target of 85% treatment and 100% DOTS coverage, with a

70% TB case detection rate. High quality DOTS and diagnostics were needed, with vigilance against multidrug resistance. On HIV prevention and control, he advocated strong surveillance systems, with a focus on reducing stigma and developing country-level coordination of prevention and control. High-quality treatment was also needed.

While supporting the document's recommendations on TB and TB-HIV, the United States did not fully support the proposed actions on HIV/AIDS because it held that, while condom promotion was the correct approach for high-risk groups, ABC (Abstinence, Being faithful and Condom use when appropriate) was more appropriate for the general public. Needle exchange programmes were not supported by the United States Government, but science-based programmes for reducing drug abuse were. The document placed insufficient emphasis on programmes for preventing unsafe injection practices.

Dr OLIVEROS (Philippines) reported that her country had made significant progress on DOTS, with standards that were applied to both public and private services. Treatment of multidrug-resistant TB was set to be expanded. HIV was now spreading, with low condom use, concomitant sexually transmitted infections, migration, a young and sexually active population, and a thriving sex industry. The national plan would be in line with the regional strategic plan. The AIDS Law was under review, and the Government had purchased antiretrovirals, although funding for further supplies remained a problem. With the help of UNAIDS, monitoring and evaluation were being stepped up. She was glad to note that TB-HIV co-infection had been recognized as a challenge in the Region.

Dr PARK (Republic of Korea) reported that in his country the proportion of patients with multidrug-resistant tuberculosis was 2.4% in 2003. In order to curb a rising trend in treatment default, more of those patients would be benefiting from government assistance covering both first- and second-line drugs, and implementation of public-private mix DOTS would shortly be expanded.

He agreed that comprehensive surveillance systems were still not adequately established in the Region; experiences of developing, implementing and evaluating surveillance systems should be shared among Member States. The Republic of Korea was conducting behavioural surveillance surveys with a view to setting up a sentinel surveillance system through voluntary counselling and testing.

Dr TRINH QUAN HUAN (Viet Nam) said that Viet Nam had 100 000 HIV-positive cases; 9000 people had already died; 100 000 would die in the next 10 years. More than 10 000 new cases were detected every year, which posed a serious problem for treatment. It was estimated that Viet Nam would need US$ 25 million a year for treatment, whereas only US$ 2 million were available.

At least eight companies in the country could produce antiretroviral drugs locally at a price far lower than that of imported drugs. He therefore requested WHO to help find a way for Viet Nam to buy local drugs cheaply with donor funds.

Dr NAKASHIMA (Japan) emphasized the importance of school-based interventions to reduce stigma and discrimination and to prevent the spread of sexually transmitted infections. The Secretariat should stress the importance of cooperation and coordination with the education sector in that regard.

The prevention of mother-to-child HIV transmission was also essential in order to reduce the spread of HIV to the next generation. Could the Secretariat provide information on cooperation between HIV/AIDS and reproductive health programmes in the Region?

Japan was strongly committed to combating tuberculosis and HIV/AIDS in the Region. At the G8 summit hosted by Japan in 2000 it had announced the Okinawa Infectious Disease Initiative, focusing on HIV/AIDS, tuberculosis and malaria, followed by the Health and Development Initiative, which included financial support to the Global Fund to Fight AIDS, Malaria and Tuberculosis.

Dr MOHSIN (Brunei Darussalam) reported that efforts were under way in her country to achieve the regional targets for tuberculosis control, in particular through contact tracing and DOTS. DOTS coverage was 100%, delivered in health centres. She requested support from WHO to evaluate national tuberculosis surveillance and control programmes, particularly with regard to case detection and strengthening of laboratory capacity.

Brunei Darussalam had low prevalence of HIV/AIDS: a total of 26 cases among locals since screening was launched nearly 20 years ago; new cases were detected essentially among foreign workers. Special attention was given to awareness raising and educational programmes aimed particularly at young people and women.

Mr PALU (Australia) expressed Australia's concern that the allocation to tuberculosis control in the Region's proposed programme budget 2006–2007 had been reduced; the appropriateness of that level of funding should be kept under review. Australia was similarly concerned about the incidence and impact of HIV/AIDS in the Asia-Pacific region, and called on WHO to implement the outcomes of the Global Task Team on Improving AIDS Coordination as quickly as possible.

His country supported the comprehensive scaling-up of prevention programmes consistent with the principles set out by UNAIDS, and increased access to antiretroviral drugs, but within the context of strengthening health systems so that treatment could be expanded efficiently and effectively.

Dr ENKHBAT (Mongolia) said that his Government had given priority to control of tuberculosis and prevention and treatment of HIV/AIDS. Tuberculosis prevalence was falling as a

result of the establishment of national control and coordination bodies. Case detection was 70%, the cure rate, 84%, and DOTS coverage, nearly 100%. Despite efforts, however, the prevalence rate of sexually transmitted infections was rising on account of the growing number of sex workers and the escalating HIV/AIDS epidemic in neighbouring countries. The national surveillance system needed to be improved, diagnostic and treatment capacity increased, and voluntary counselling and testing services promoted in a user-friendly environment.

With reference to the Millennium Development Goal which set the target of reversing the spread of tuberculosis, he asked whether it was feasible to achieve the impact targets by 2015 and how WHO intended to ensure that those targets would be achieved by 2015.

Mrs ABEL (Vanuatu) endorsed the actions proposed to Member States for control of tuberculosis, prevention and treatment of HIV/AIDS, and control of TB-HIV coinfections.

Mr COURSE (France) highlighted the commitment of France to combating HIV/AIDS at the international level. France was the second biggest contributor to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and would double its contribution in 2006. It supported the "3 by 5" Initiative with voluntary contributions.

With regard to the draft resolution, France wished to focus on access to both preventive measures, such as condom use, and treatment. Management of people with living with HIV/AIDS should be included in primary health care, especially in reproductive health. A reference should be made to the need for harmonization and coordination of WHO's activities with those of UNAIDS, and the World Bank should be included in paragraph 3 of the draft resolution.

Dr IOSEFA (Tokelau) reported that no case of HIV/AIDS had yet been detected in Tokelau. Activities therefore concentrated on prevention, and included health promotion at the village level, a workshop for nationals studying abroad and one for health workers on laboratory testing for HIV, and a voluntary HIV survey to be conducted in 2006.

No case of tuberculosis had been reported for 10 years.

Mr KIRATA (Kiribati) said that his Government was strongly committed to providing antiretroviral drugs to those who needed them. Policy and treatment guidelines for administration of antiretroviral drugs to adults and for prevention of mother-to-child HIV transmission should be completed by the end of the year. His country would then meet the criteria for receiving support for the provision of antiretroviral treatment.

Kiribati had one of highest tuberculosis burdens in the Region, and would be carrying out screening to identify possible cases of multidrug resistance. He requested support from WHO and other partners in the county's efforts to control a potentially calamitous situation.

Dr CHUA (Malaysia) said that 6000 to 6500 new cases of HIV/AIDS were reported in Malaysia each year out of a population of 26 million, 75 % of the HIV cases were mostly associated with intravenous drug use. A pilot project would be launched shortly involving methadone substitution therapy and a needle exchange programme. Education and counselling would continue, and efforts were being made to integrate people living with HIV/AIDS into the mainstream of society. Tuberculosis was also spreading, with 10 000 to 15 000 new cases detected every year, partly associated with HIV/AIDS and compounded by the influx of migrant workers.

With regard to antiretroviral treatment, his Government had taken the initiative to address issues within the patent act that would allow importation of drugs for noncommercial use. The cost of treatment had dropped dramatically from US$ 1200 to US$ 1500 per month to US$ 150 to US$ 180 per month. Thus treatment of patients with antiretroviral drugs had been stepped up from 1500 to 3000 in 2004; that number would be doubled by the end of 2006.

Mr TEOKOTAI (Cook Islands) reported that the prevalence of tuberculosis was very low in Cook Islands; however, there was no cause for complacency. A surveillance programme, coupled with an effective response system, was in place, although the bulk of activities involved public awareness-raising and education.

The national strategy for HIV/AIDS and sexually transmitted infections would be reviewed shortly in the light of regional strategy and lessons learnt from other Members States in the Region. So far only two cases of HIV/AIDS had been reported. Public awareness-raising and educational activities were under way and appeared to have been effective, as many more young people were becoming involved in advocacy. Cook Islands supported the actions proposed in document WPR/RC56/13.

Dr PULU (Niue) said that his country was giving top priority to HIV/AIDS in its health education and disease prevention programmes. Funds had been made available to develop those programmes specifically directed to raising awareness among young people and advocating behavioural changes and condom use. Niue sought to maintain its status as free from HIV/AIDS and from tuberculosis, as no new cases had been reported in three years.

The REGIONAL ADVISER, HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS, referring to the "3 by 5" Initiative, informed the Committee that the Regional Office was organizing a major meeting in Manila, the Philippines, in December 2005 to take stock of its action at global and

regional levels, to discuss strategies, and to define future activities to be implemented with partners in order to reach the goal of universal access to prevention and treatment by 2010.

Regarding the legal and logistical aspects relating to development of and access to antiretroviral drugs, the Regional Office had recently strengthened its capacity to support Member States with the recruitment of a full-time expert, together with a part-time expert working in both the Regional Office for the Western Pacific and the Regional Office for South-East Asia.

As evidenced by the invitation to Mrs Berem of Igat Hope (There is Hope) to address the Committee, the Regional Office was committed to fighting stigmatization and discrimination, which continued to be major obstacles to HIV/AIDS prevention.

The REGIONAL ADVISER, STOP TB AND LEPROSY, replying to queries from Fiji and Cambodia on TB-HIV co-infection, from China on multidrug-resistant tuberculosis, and from the United States on capacity-building, said that the Regional Office, in consultation with Member States, was preparing a regional strategic plan 2006–2010 to stop tuberculosis. The plan would serve as a reference for elaboration of five-year national plans and would include approaches to: ensuring DOTS quality; tackling multidrug-resistance using second-line drugs; strengthening collaboration between HIV and tuberculosis programmes for surveillance; and antiretroviral therapy for cases of HIV-positive tuberculosis. The strategic plan would be submitted to the Regional Committee in 2006.

Regarding the query from Australia on the tuberculosis budget for 2006–2007, he observed that the decrease was only 6% compared with the budget for 2004–2005. When the Regional Committee had declared a tuberculosis emergency in 1999, it had been possible, with the support of voluntary contributions from certain Member States, to increase the tuberculosis budget six-fold. Substantial support was currently provided by various financing mechanisms. Staffing had increased from one expert six years ago to 13 at present. The programme therefore had the competence to provide technical support.

At the invitation of the Chairperson, a representative of the International Federation of Medical Students' Associations (IFMSA) made a statement to the Committee.

The REGIONAL DIRECTOR raised three points. Replying to comments from China and New Zealand concerning the "Three Ones"—one agreed action framework, one coordinating body, and one monitoring and evaluation system—he assured the Committee that WHO would work with Member States and partner agencies such as UNICEF, UNAIDS, SPC and others in this regard.

Secondly, he addressed the concern expressed by the United States of America about needle and syringe exchanges as part of harm reduction programmes. He said that WHO promoted harm reduction because HIV infection was occurring particularly among injecting drug users, many of

whom shared needles and syringes. He noted that the Minister from Malaysia had mentioned his country's launch of pilot programmes for harm reduction. He mentioned that in some countries such as Australia and New Zealand, there was evidence that harm reduction programmes that included needle and syringe exchange already had significantly decreased the number of HIV cases.

He noted that harm reduction programmes did not increase the use of illicit drugs. On the contrary, these programmes had the potential to engage drug users in activities such as counselling. That was the reason WHO promotes harm reduction programmes. He assured the representative from the United States of America that he had taken note of the concern he expressed.

Finally, on behalf of Member States, he thanked Mrs Helen Berem of Igat Hope (There is Hope) for accepting the invitation to speak to the Regional Committee and for her inspirational message.

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions.

2.1 Child health (Document WPR/RC56/Conf.Paper No. 5)

Dr QI (China) proposed that in operative paragraph 2, subparagraph 1 the words ",where appropriate," should be inserted after "establishing" and the words "and health" should be added at the end of the clause.

Dr DUQUE (Philippines) proposed the insertion of a new subparagraph 5 at the end of operative paragraph 2 to read: "to explore the broader use of resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), advocating particularly through members of the GFATM Executive Board, to support child health-related interventions", and the insertion of the word "urgently" between "to" and "improve" in operative paragraph 3, subparagraph 1.

Mr ABDOO (United States of America) proposed that in the fourth preambular paragraph the phrase "Member States" should be replaced by "States Parties". However, he was unable to support the proposed new paragraph, the language of which was not appropriate for the Regional Committee. Instead, he encouraged informal consultations with the Global Fund and suggested that the Regional Director should report back to the fifty-seventh session of the Committee after more systematic consideration of the matter. In response to a request by the Regional Director for clarification, he explained that the resolution should not include a request to the Regional Director to explore the issue: informal consultations were the way forward.

Dr IMAI (Japan), supported by Dr MONNA (Cambodia), proposed the addition of a new subparagraph to follow operative paragraph 2, subparagraph 4, to read: "to ensure close collaboration with maternal health programmes in child survival activities;".

Dr JACOBS (New Zealand) suggested that, in order to reflect the spirit of the discussion, the proposal by the representative of the Philippines could be inserted in the operative paragraph that requested actions of the Regional Director

Mr ABDOO (United States of America) rejected that suggestion, reiterating that any consultations should be undertaken by the Regional Director on a strictly informal basis only.

The CHAIRPERSON adjourned the meeting to allow informal discussions on possible wording.

When the meeting resumed, Dr DUQUE (Philippines) said that he withdrew his original proposal and suggested the following wording: "to convey to members of the Executive Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria the need for child health and survival to be given appropriate emphasis by the Fund, within its mandate".

Mr ABDOO (United States of America) said that he accepted that proposal, provided that it was inserted in operative paragraph 3, subparagraph 4 (rather than operative paragraph 2).

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC56.R5).

2.2 Strategy on health care financing for countries of the Western Pacific and South-East Asia Regions (2006-2020) (Document WPR/RC56/Conf.Paper No. 6)

Dr QI (China) proposed the insertion of a new subparagraph at the end of operative paragraph 3, to read: "to report back to the Regional Committee on the implementation of the Strategy at appropriate intervals".

Mr ABDOO (United States of America) proposed that in the second preambular paragraph the word "ensure" should be replaced by the phrase "work towards the goal of".

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC56.R6.

2.3 Environmental health (Document WPR/RC56/Conf. Paper No. 7)

Dr QI (China) proposed the insertion after the word "strengthen" in operative paragraph 1, subparagraph 2 of the phrase ", where appropriate,".

Dr JACOBS (New Zealand) proposed two new subparagraphs in operative paragraph 2, to read:

"5. to work with countries and regional partners to develop a plan of action to strengthen environmental health in the Region;

6. to report back to the fifty-seventh session of the Regional Committee on progress on environmental health;".

Ms IMAI (Japan) proposed the insertion of the words "through mitigation and adaptation" at the end of subparagraph 3 of operative paragraph 2 in order to make actions more specific: mitigation, so as to reduce greenhouse gas emissions, and adaptation, for changing behaviour so as to adapt to global warming.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC56.R7).

2.4 Measles elimination (Document WPR/RC56/Conf. Paper No.8)

Dr PARK (Republic of Korea) suggested that the title should be changed to read: "Measles elimination, hepatitis B control and poliomyelitis eradication" in order to reflect the contents of the discussion.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC56.R8.

Mr ABDOO (United States of America) acknowledged the high quality of the discussions and thanked the Secretariat for its good work. He shared the goal of attaining the highest standard of health in the Region, for which many tools were available, including the three strategies adopted at the session. Without wishing to break the consensus, however, his country considered that the strategies were one tool among many that the Member States could use as appropriate and within their own contexts. Endorsement of the strategies should not be construed as a requirement to implement them in their totality. The socioeconomic, health and development contexts of the countries in the Region varied greatly and the best health outcomes could be attained by flexibly adopting the strategies as part of a package.

At the invitation of the Chairperson, Mr CORBEL (Secretariat of the Pacific Community), speaking on behalf of his Director, Mrs Pangelinan, who regretted not being able to be present, expressed appreciation of the honour of being able to host the session of the Regional Committee and thanked the Government of New Caledonia for having chosen the Jacques Iekawe Conference Hall as the venue. The design of the hall, an upturned local boat, represented a place of shade and repose where people of the region traditionally could meet and talk. It was thus that the spirit of the Pacific had pervaded the meetings and he hoped that the delegations from Asia would particularly appreciate

that invisible presence. The occasion offered a unique opportunity to underline the close links between WHO and the Secretariat of the Pacific Community in service of the Pacific region. Collaboration, based on a framework agreement, covered several of the areas discussed during the session, including noncommunicable diseases, the Asia Pacific Strategy for Emerging Diseases, environmental health, and the implementation of the WHO Framework Convention on Tobacco Control. The biennial meeting of Pacific ministers of health, jointly organized with WHO, enabled progress to be reviewed and a discussion of the public health priorities that would guide the strategic directions of his Secretariat's public health programme. In that regard, the Secretariat's specialists in noncommunicable diseases had assisted Kiribati, Tonga and Vanuatu in elaborating their national strategies. Similar action was planned for the Federated States of Micronesia and Nauru later in the year.

The Secretariat supported other major aspects of work on noncommunicable diseases, such as malnutrition and diseases linked to lifestyle, by providing technical assistance to most Pacific island countries and areas and assisting in developing appropriate information tools. The programme of work had been reviewed and a team of specialists was preparing to respond to the most pressing regional needs in the areas of tobacco use, alcohol consumption, nutrition and physical exercise, in particular through the formulation of national plans in cooperation with WHO. Management of the Pacific Public Health Surveillance Network and strengthening of the laboratory network remained essential functions of the Secretariat's public health department, which was expanding its activities in order to respond better to emerging diseases and adhere to the International Health Regulations (2005). It would collaborate with partners in the Region to improve environmental health, and the Secretariat worked closely with WHO in guiding projects funded by the Global fund to Fight AIDS, Tuberculosis and Malaria.

The discussions would have increased awareness in countries and areas of the Region of the threats of emerging diseases and the likely influenza pandemic. With WHO and the Surveillance Network, the Secretariat would reinforce its epidemiological surveillance and build national capacity to cope with epidemics. The partnership with WHO was a considerable asset for the countries of the Pacific which would be nurtured, and he welcomed the opportunity for better mutual acquaintance.

3. COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 18 of the Agenda (Document WPR/RC56/14)

The DIRECTOR, PROGRAMME MANAGEMENT, introducing the item, said that document WPR/RC56/14 referred to resolutions adopted by the Fifty-eighth World Health Assembly that were of particular significance for the Western Pacific Region. The resolutions themselves were attached

to the document. A resolution adopted by the Fifty-eighth World Health Assembly that related directly to an item on the agenda had been annexed to the document covering that item.

He drew the attention of the Committee to the operative paragraphs, which related to activities Member States could undertake in the Region to implement the resolutions.

Resolution WHA58.3 dealt with the revision of the International Health Regulations (IHR). Recently, the Western Pacific Region had experienced several public health emergencies of international concern. Communicable diseases continued to pose serious public health threats to the Region. The revised International Health Regulations, known as IHR (2005), had been adopted by the World Health Assembly in May 2005. They replaced IHR (1969) and would come into effect in June 2007. The purpose of the revised Regulations was to prevent, protect against, control and provide a public health response to the international spread of disease in ways that were commensurate with and restricted to public health risks, and which would avoid unnecessary interference with international traffic and trade.

A draft Asia Pacific Strategy for Emerging Disease, which the Committee had discussed on 21 September, had been developed to help countries and areas strengthen their capacity to prepare for, prevent, detect and respond to emerging diseases.

Resolution WHA58.17 referred to the international migration of health personnel. The loss of skilled health professionals through migration had been recognized as a threat to health systems in the countries and areas of origin, especially in the Pacific island countries and areas. The resolution called on WHO to intensify its efforts to implement resolution WHA57.19 and to strengthen its programme on human resources for health by allocating to it adequate financial and human resources.

In the Western Pacific Region, WHO was supporting the development of a Pacific code of practice for the international recruitment of skilled health personnel, as recommended by the Meeting of the Ministers of Health for the Pacific Island Countries in Apia, Samoa, in March 2005.

Resolution WHA58.26 dealt with public health problems caused by the harmful use of alcohol. Alcohol was responsible for 4% of the disease burden and 3.2% of all deaths globally. In the Western Pacific Region, 5.5% of disease was attributed to alcohol. A consultation meeting would be held in Manila in March 2006 to discuss a draft alcohol strategy and to support Member States in developing and implementing their national programmes.

Resolution WHA58.30 dealt with accelerating progress towards the achievement of internationally agreed development goals, including those contained in the United Nations Millennium Declaration. The resolution called for greater political commitment to raise the level of funding for effective interventions, strengthening of collaboration and partnerships with relevant

sectors and international financial institutions, and bolstering of equity and non-discrimination in development efforts.

Dr PARK (Republic of Korea) said that the Republic of Korea welcomed IHR (2005) and supported the Asia-Pacific Strategy for Emerging Diseases. In August 2005, his country had sponsored the International Conference on Medical Law and the World Congress on Public Health Law and Medical Ethics. The conference had been unanimous in regarding IHR (2005) as the best way of tackling public health issues of global concern. The Asian Institutes of Public Health Law and Ethics would collate current national laws on communicable disease control from various countries and compare them with IHR (2005). Korean law was fully compliant with IHR (2005), and the Republic of Korea would provide full support in implementation of the Regulations. The Korean Centre for Disease Control would establish a joint task force bringing together, not only specialists in infection control, public health and epidemiology, but also experts in international law and central and local government officials responsible for communicable disease control. It would assess capacity and develop an action plan for compliance with IHR (2005). Korea undertook to strengthen cooperation in the area with WHO and other Member States.

Dr CHIE (Japan) voiced her country's support for IHR (2005) in the interests of prevention of public health events of international concern. The Regulations should provide for alerts and responses at national and global levels. WHO should take the lead in implementing and developing core capacity in surveillance and verification of disease. International cooperation was needed in order to produce a public health response that could stop the spread of disease.

Dr LEAFASIA (Solomon Islands) endorsed the resolutions submitted to the Regional Committee. Regarding WHA58.17, he recognized the problems of migration of health professionals, and its effects on developing countries. Solomon Islands supported efforts to control the phenomenon, taking care not to infringe upon the rights of individuals. Since migration of health personnel particularly affected small island countries and areas in the Pacific, he proposed that WHO form a committee to examine the problem. He suggested that, rather than seeing the issue negatively as a "brain drain", it be regarded as "brain-sharing".

Ms HALBERT (Australia) said that, while IHR (2005) was an achievement, its implementation would not be easy. Australia therefore offered to assist the Regional Office and Member States in its implementation. AusAID would assist the Pacific Public Health Surveillance Network through the Senior Health Officials Network, which it funded. Australia supported the draft Asia Pacific Strategy for Emerging Diseases, a useful tool for implementing IHR (2005).

Australia supported the training of medical, nursing and allied health staff for the Asia Pacific region, as well as supporting overall development as an incentive for trained workers to stay in their

home countries. While it contracted selected medical recruitment agencies to attract appropriately qualified overseas-trained doctors to areas of shortage in Australia, the Government supported the principles contained in the Commonwealth Code of Practice for International Recruitment of Health Workers and was not targeting developing countries to expand its own medical workforce. Australia would support the development of a suitable code for Pacific island countries and areas and recommended a similar approach to that of the Commonwealth Code of Practice.

Australia was committed to playing its part to achieve the Millennium Development Goals, in partnership with developing countries, and had just released a report on progress. Noting that some countries might have difficulty meeting the health-related MDG, she called for increased attention to be given to the health needs of people living in fragile states in the Region. She urged WHO to make further efforts to harmonize its efforts to achieve the MDG at the country level and to strengthen its country offices in the Western Pacific Region.

Mrs ARTHUR (France) stated that, in the year that the United Nations was devoting to assessing progress towards the Millennium Development Goals, France attached particular importance to coordination of the various areas of WHO activity. She alluded to the concept of global public good, and the innovative financing proposals that arose from it, such as the United Kingdom proposal of 9 September 2005 to establish an international finance facility, and the proposal, which had been well received at the Millennium Summit in New York, that a solidarity tax for HIV/AIDS control be levied on airfares. She was surprised at the absence of any reference, in the Regional Office report, to World Health Assembly resolution WHA58.25, "United Nations reform process and WHO's role in harmonization of operational development activities at country level". For France, it was a very important text that showed the pioneering intention of WHO to improve coordination within the United Nations system, in line with the Paris declaration of 2 May 2005 on aid effectiveness, and the specific conclusions on HIV/AIDS of the global think tank.

The DIRECTOR, PROGRAMME MANAGEMENT said that the Regional Office had organized a meeting on international migration in Samoa with the Pacific island ministers, the Secretariat of the Pacific Community and the Pacific Forum, and hoped for progress in the coming year on that difficult issue.

4. SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 21 of the Agenda (Document WPR/RC56/15)

The DIRECTOR, PROGRAMME MANAGEMENT, explained that the Policy and Coordination Committee was the governing body of the WHO Special Programme of Research,

Development and Research Training in Human Reproduction. It had a total of 32 members in four categories.

Under Category 2, membership was composed of 14 Member States elected by the WHO regional committees for three-year terms. Under that category, the Western Pacific Region had been allocated three members. The three Member States of the Western Pacific Region that were members of the Policy and Coordination Committee were Fiji, the Lao People's Democratic Republic and Malaysia.

Since the three-year term of the representative designated by Fiji would expire on 31 December 2005, the Regional Committee was requested to elect one Member State, whose three-year term would start on 1 January 2006. In the election, due consideration should be given to a Member State's financial or technical support to the Special Programme and its interest in the field of human reproduction, as reflected in its national policies and programmes.

The Regional Committee might wish to select Singapore as a member of the Policy and Coordination Committee, which would hold its next annual meeting on 28 and 29 June 2006 at the WHO Headquarters in Geneva.

It was so decided (see decision WPR/RC56(1)).

5. TIME AND PLACE OF THE FIFTY-SEVENTH AND FIFTY-EIGHTH SESSIONS OF THE REGIONAL COMMITTEE: Item 21 of the Agenda

The REGIONAL DIRECTOR said that, at the fifty-fifth session of the Regional Committee in 2004, it had been decided to accept the kind invitation of the Government of New Zealand to act as host for the fifty-seventh session in 2006. He asked whether the representative of New Zealand would like to confirm his country's kind invitation.

Mr MATHESON (New Zealand) confirmed to the Committee that New Zealand would host the fifty-seventh session of the WHO Regional Committee for the Western Pacific in Auckland.

The CHAIRPERSON thanked the representative of New Zealand.

The REGIONAL DIRECTOR proposed the dates of the session, which had to take account of the dates of all the regional committees, both to enable the Director-General to attend at least part of each session, and to allow time for discussions of those committees to be reflected in the documentation for the Executive Board meeting in January 2006. He therefore proposed the dates of 18 to 22 September 2006.

The REGIONAL DIRECTOR, referring to the venue of the fifty-eighth session, said that an invitation had been received from the Government of the Republic of Korea to host the session. He requested the representative of the Republic of Korea himself to confirm his country's kind invitation.

Dr OH (Republic of Korea) confirmed that the Republic of Korea would host the fifty-eighth session of the Western Pacific Regional Committee.

The Chairperson asked the rapporteurs to prepare an appropriate draft resolution which reflected the venue and dates of the fifty-seventh session of the Regional Committee and the appreciation of the Committee to the governments of New Zealand and the Republic of Korea for their kind offers to host, respectively, the fifty-seventh and fifty-eighth sessions of the Regional Committee.

6. CLOSURE OF THE SESSION

The CHAIRPERSON stated that the remaining summary record of the session would be sent to representatives in due course, indicating the date by which corrections should be submitted to the Regional Office.

Dr CHEW (Singapore), speaking on behalf of all the representatives, proposed a resolution of appreciation, expressing thanks and appreciation to the Government of New Caledonia for its hospitality and the excellent facilities that had been provided. He also thanked the Chairperson, vice-chair and rapporteurs. He thanked the moderator of the round table, the Regional Director and his team, and the Secretariat of the Pacific Community.

The CHAIRPERSON pointed out that the draft report of the session would be sent out to each representative who had been present with a covering letter indicating the date by which any comments on the draft should reach the Regional Office. After that date, the report would be considered final.

The REGIONAL DIRECTOR thanked the Government of New Caledonia for its exceptional hospitality and for the excellent facilities it had provided.

The CHAIRPERSON accepted the thanks on behalf of the Government of New Caledonia and declared the fifty-sixth session of the WHO Regional Committee for the Western Pacific closed.

The meeting rose at 11:47.