SUMMARY RECORD OF THE SECOND MEETING

Hyatt Regency Ballroom, Macao
Tuesday, 14 September 1999 at 9 a.m.

CHAIRPERSON: Dr José Alarcão TRONI (Macao)

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

The CHAIRPERSON addressed the Committee (see Annex 1).

2. ADDRESS BY THE CHAIRPERSON OF THE WORLD HEALTH ASSEMBLY

Dr Maria DE BELÉM ROSEIRA, Chairperson of the World Health Assembly and Minister of Health of Portugal, addressed the Committee (see Annex 2).

3. "GETTING THE JOB DONE TOGETHER", ADDRESS BY THE REGIONAL DIRECTOR: Item 7 of the Agenda (Document WPR/RC50/2) (continued); REPORT OF THE REGIONAL DIRECTOR: Item 8 of the Agenda (Document WPR/RC50/3) (continued)

Dr LEE (Republic of Korea) commended the Regional Director's *Framework for action* as a timely preparation for the new century. There was a need to focus on the outcome of work and on priority areas. WHO and the Member States had to work together to make healthy human environments and to protect and promote health for mankind.

Dr TEMU (Papua New Guinea) also welcomed the Regional Director's *Framework for action* and followed other countries in promising to implement it. He asked for clarification on the timeframe for the action plan, which appeared to him to be five years. In addition to the two special projects selected by WHO Headquarters – tobacco and malaria – attention had to be paid to countries whose health status was below average, especially in key areas such as HIV/AIDS, tuberculosis, maternal and infant mortality, and there was inadequate health sector development due to political, social and economic circumstances. Criteria and targets should be set for partnerships with other organizations, such as the Pacific Community, in order to facilitate support to countries, particularly at programme level. He noted that current forms of bilateral and multilateral support on offer at country level required counterpart efforts that were not available in countries such as his. He asked the Regional Director to consider pursuing sector-wide expenditure, as opposed to project modes, as a means of improving collaboration and coordination with partner agencies. In "cross-cutting issues" the important area of drug supplies needed further attention, since it caused problems in smaller countries such as Papua New Guinea, not in drug policy and legislation, but in drug availability. He agreed with the Representative of Malaysia that equity among Member States as well as merit should

be taken into account when staff were appointed. He expressed appreciation of the work that had been done by Dr S.T. Han, the former Regional Director.

On the presentation of future reports, he asked for benchmarks to be matched with resource inputs, so that the effectiveness of expenditure could be seen. He also called for targets at programme level - similar to the Human Development Index prepared by the United Nations Development Programme - so that the performance of countries could be measured since it would provide a very clear signal to governments that were not paying enough attention to health sector development. The current report did not enable the speaker to show his government the performance ranking of his country, something that was needed if health was to be advocated at all levels.

He expressed the gratitude of his country for the support of WHO and many Member States and organizations and for their assistance in coping with the effects of the tsunami that had affected his country.

Mr MOOA (Kiribati) recalled how the Regional Director had conducted extensive consultations before producing the *Framework for action.* It set out four main challenges for WHO in the Region, with partnerships and special projects to cater for the needs of Member States. He welcomed the work on building healthy communities and populations.

He praised the Report of the Regional Director, although he agreed with the representative of France that some of the figures needed to be updated. He particularly welcomed the continuing commitment of WHO to reproductive health issues, which was not a matter for the United Nations Population Fund (UNFPA) alone, and the intention to strengthen collaboration and partnership in that area.

Dr CLARO (Macao) observed that Macao's situation illustrated the issues and challenges raised in the *Framework for action*: an integrated health system covering the whole territory provided free health care to all. The problem was how to upgrade and sustain the system while ensuring that it remained accessible, equitable and affordable – especially with a shrinking health budget. The population was ageing, the environment was deteriorating, and disease patterns were changing. The main causes of death were cardiovascular diseases and cancer, but tuberculosis and viral hepatitis remained public health problems. Development of human resources had to continue. Macao was prepared to work with WHO in the Region to build on previous achievements.

Dr CHAN (Hong Kong, China) commended the Regional Director for his user-friendly, concise and analytical report and his *Framework for action.* She pledged support for reform in the interests of reduced bureaucracy and greater sensitivity to the needs of Member States. She also supported the initiatives and strategies to revitalize the work of the Region; progress in such areas as strengthening of health systems, tuberculosis and tobacco control would be followed with interest.

On "reaching out", she associated herself with other speakers in stressing the importance of greater cooperation with other agencies, and urged the extension of that concept to the private sector - a crucial issue in view of the scarcity of resources and the need for consolidation and sharing of expertise and experience. She said she would welcome the Regional Director's comments on how countries should work with the private sector to ensure effective and ethical partnerships.

Mr TAMARUA (Cook Islands) also commended the Regional Director on the *Framework for action.* He noted that the themes and focuses provided clear guidelines to meet the needs of the Region, but they should be regularly revised. The Regional Director's proposals concerning future reporting and planning were realistic and encouraging. The proposed strategies were practical and flexible and would allow more to be achieved in spite of financial limitations.

Dr ENOSA (Samoa) congratulated the Regional Director on his report which was clear and well focused. He also supported the *Framework for action*, urging in particular continued support for the tobacco free initiative, tuberculosis control and measures against malaria, as well as health sector management and "gender issues". The outcome-oriented approach was also commendable. However, he stressed that nothing could be achieved without close cooperation between countries and partners in the Region.

Samoa appreciated WHO's cooperation and looked forward to being the first country in the Pacific to eliminate filariasis.

Dr PEHIN ABDUL AZIZ (Brunei Darussalam) welcomed the Regional Director's leadership in focusing on issues deserving high priority and the outcome-oriented approach, and endorsed the plans for "getting the job done together".

He commended the improved format of the Regional Director's Report with more analytical and illustrative material. Chapter 3 on "Health services development" raised particularly important issues. In Brunei Darussalam, a more rational and sustainable health care financing system was

needed to ensure the continued effectiveness of the health care system. He expressed gratitude for WHO's cooperation in this area.

While agreeing that the situation in East Timor required attention, he reminded the Committee that there were areas within the Region that faced similar problems.

Brunei Darussalam looked forward to welcoming the Regional Committee for its session in 2001.

Mr SCOTTY (Nauru) expressed confidence in the Regional Director's leadership and impartiality, welcoming the signs that there would be "less talk and more action" and proper attention to doing things well in a spirit of regional cooperation and with shared resources.

The smaller countries in the Region, like his own, required the assistance of larger and more fortunate Members in measures for public health and welfare.

He expressed regret that the regional budget was to be reduced when so much was being done to make WHO's work more effective.

Dr PRETRICK (Federated States of Micronesia) also expressed support for the revised format of the Regional Director's Report and for the *Framework for action*, urging measures to ensure tangible results. He considered the policies outlined in the framework were well designed and could be incorporated into national health plans.

The stress on cooperation and collaboration was also appropriate; many agencies were playing a vital part in improving health status in his country. He thanked them and urged continued support.

He noted with pleasure that tuberculosis control had been proposed as a special project.

Mr REX (Niue) wished the Regional Director well in his leadership role, commending his report and applauding the promise of continued concise readable reporting.

He endorsed the proposal to use external advisory groups.

Niue pledged its support for "getting the job done together" and expressed gratitude for WHO's cooperation.

The REGIONAL DIRECTOR, thanking Representatives for their encouraging comments and pledges of support for his plans to strengthen the work of the Region, said he would reply on each issue by grouping the Representatives' questions.

China and others had asked about the relation of his plans to *New horizons in health,* presented by his predecessor, Dr S.T. Han, in 1994 and endorsed by the Regional Committee. That publication had provided a policy framework with four very important themes: a proactive attitude to health concentrating on preventive measures; promotion of health throughout life; the role of individuals and the community in health; and the need for multisectoral approaches to cooperation for health.

His intention was to build on those elements, as reflected in his *Framework for action*, which was designed to operationalize the principles enunciated in *New horizons in health.*

In reply to questions raised by the United States of America, the Philippines, China and others on the linkage between the new structure at WHO Headquarters and that proposed for the Regional Office, he explained that the Director-General had regrouped the 50 former programmes into nine clusters, in turn divided into 34 departments. The smaller size of the Regional Office made it impractical to adopt the same structure in the Western Pacific Region. He had therefore selected 14 focuses and three cross-cutting focuses, taking account of present and future needs and challenges in the Region, as well as health problems common to its Member States. Those focuses were action-oriented and activities under each focus were being implemented by a team of several staff members with the relevant expertise in order to create synergy. With that more integrated and focused approach the Office could handle virtually all the areas covered by the departments at Headquarters.

He had discussed with the Director-General ways in which to ensure a clear linkage between the 34 departments at Headquarters and the 14 focuses and three cross-cutting focuses in the Regional Office. For example, in the Regional Office ageing came under the focus "Healthy settings", whereas at Headquarters it came under the department of "Health promotion and lifestyles" in the cluster "Mental health and social change". Similarly the area covered by the regional focus "Health sector reform" came under the department of "Health systems" in the cluster "Evidence and information for policy". When reporting at global level on implementation of the programme budget it would be easy

to reformat the 14 focuses and three cross-cutting focuses to fit the 34-department structure, thus correlating work across the whole Organization.

With regard to ways in which collaboration between WHO Headquarters and the six regions could be strengthened, he agreed with the Director-General when she said that WHO should be one organization. The question was how to translate that concept into action. The Director-General and the Regional Directors met in Geneva after the World Health Assembly in May 1999 to discuss coordination between the three levels of the Organization. They had concluded that in addition to the Headquarters Cabinet, comprising the Director-General, the Executive Directors and senior policy advisers, a Global Cabinet should be established to deal with global policy issues, comprising the Director-General and the Regional Directors and, at the discretion of the Director-General, other senior staff, depending on the topic to be discussed. The Global Cabinet would discuss, among other matters, coordination between Headquarters and regional offices.

As part of the effort to ensure more frequent and open dialogue between the different levels of the Organization, up-to-date communications technology was being used, including video conferencing. In addition, several staff members had been reassigned between Headquarters and regional offices and among the regional offices, contributing to better understanding of activities in different parts of the world.

Although the regional programme budget described all activities to be undertaken, it did not define the relative roles of Headquarters and the regional offices. Neither did the global programme budget. When the programme budget proposals for the financial period 2002–2003 were to be prepared, he would propose that the relative roles of different levels of the Organization should be specified in order to avoid duplication and waste of resources.

Replying to the question raised by Malaysia and others on coordination with other regions, he agreed that interregional collaboration was crucial, particularly in control of communicable diseases. For example, the Western Pacific Region had been free of poliomyelitis for more than two years, and any risk of imported infection had to be avoided. To this end, interregional meetings had been held and cross-border immunization activities undertaken, especially between China and Myanmar. A meeting on malaria control between the countries of the Western Pacific and the South-East Asia regions was to be held shortly. It had been agreed that such collaboration would not be limited to communicable diseases; its scope would be expanded gradually to include noncommunicable

diseases, environmental health and other areas. Further, collaboration would be extended to regions other than South-East Asia.

With regard to the proposed external advisory groups, he concurred that selection should be transparent. He had based his proposal on his experience with eradication of poliomyelitis. Success could be attributed to many factors, but one of the key elements had been the input of the Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication in the Western Pacific, which had been in operation for nearly ten years. The group had not only provided technical advice but had also contributed greatly by advocating and promoting awareness of the importance of immunization, mobilizing funds and solving problems. For that reason he sought to establish similar mechanisms in key areas such as tuberculosis control and health sector reform. In order to ensure transparency in the selection of members, he intended to follow certain principles: candidates should be multidisciplinary, competent and respected experts; membership should respect balanced geographical and socioeconomic distribution; membership would be for a fixed term and renewal would be possible but not automatic; and the approval of candidates would be sought from the Members States concerned to ensure the appropriateness of all members. Further, all information related to the activities of technical advisory groups would be made available to the Regional Committee.

Referring to the suggestion from the Representative of Papua New Guinea that document WPR/RC50/3 should also contain an analysis of the effectiveness of expenditure in the Region, he observed that the report was intended to serve various purposes. Aside from informing Members of the status of WHO's activities in the Region, identifying problems in implementation and proposing solutions, he hoped that it would also be read by other policy-makers and public health professionals, who were not necessarily interested in the details of how the Regional Office used its financial resources. Nonetheless, the Regional Director was accountable to the Member States for budget implementation. Reporting was usually done through the interim report on budget performance and the biennial final report, which contained a full breakdown on the use of resources.

Referring to comments on the use of indicators for cross-country comparisons, he recalled that, when the Regional Committee had originally discussed *New horizons in health,* it had requested definition of relevant indicators. Those had been submitted to the Regional Committee, which in resolution WPR/RC48.R5 had requested the Regional Director "to further refine the minimum set of regional indicators ... and to continue to work with countries to develop country-specific indicators". Adopting a "bottom-up" approach, workshops had already been held in selected countries to

determine those indicators, which would be followed by definition of regional indicators, thus enabling Member States to make cross-country comparisons.

Hong Kong, China and others had mentioned cooperation with other sectors and bodies, including the Pacific Community and the Asian Development Bank. As he had said in the *Framework for action,* health issues were now so complex that one country or one organization alone could not solve all the difficulties encountered. Collaboration was therefore essential in order to make progress in such areas as control of communicable diseases or health sector reform, and to avoid different institutions giving countries conflicting advice. The international community should reach a consensus on the kind of advice it intended to provide.

With regard to collaboration with the private sector, he was willing to work with any entity provided that its interest lay in promoting health. He cautioned, however, against the risk that WHO might be influenced by, or misused to promote, commercial interests. Nonetheless, beneficial collaboration did already exist with the private sector, for example in the provision of drugs for the elimination of filariasis. WHO Headquarters was drafting guidelines for relations with the private sector which were be issued shortly and would be made available to Member States.

4. PROGRAMME BUDGET

4.1 Programme budget 1998–1999: budget performance (interim report): Item 9.1 of the Agenda (Document WPR/RC50/4)

The REGIONAL DIRECTOR, introducing the item, said that the interim report on the budget performance for the biennium 1998–1999 contained details of the financial implementation of the regular budget and disbursements from extrabudgetary sources from 1 January 1998 to 31 May 1999. The various changes in the budget were outlined in general terms in Annex 1 and in greater detail, including financial implementation as at 31 May 1999, in Annex 2. Annex 3 provided notes on the programmes in which there was substantial variation between the actual expenditures at 31 May 1999 and the operating budget. Annex 4 provided a summary of the obligations made from extrabudgetary funds.

He explained that the interim report was intended to keep the Regional Committee informed of developments since the original budget proposals were endorsed in 1996. He then explained some of the details of financial implementation outlined in Annex 2 of the document, where columns 1–5

represented changes that had taken place between endorsement of the budget by the Regional Committee in September 1996, through approval of the budget by the World Health Assembly in May 1997 to the revised working allocation in December 1997.

Some of the changes made before the World Health Assembly in May 1997 had not involved a change to the budget total but had strengthened global priorities. For example, US$ 699 800 had been taken from administration and, of that amount, US$ 300 000 had been transferred to strengthen National Health Systems and Policies (programme 3.1.2) and US$ 399 800 to strengthen the control of other communicable diseases (programme 5.2). Furthermore, the duty station of a shared country-based post had been transferred from Viet Nam to Cambodia in order to increase the allocation to least developed countries.

Changes that had altered the overall total of the budget, shown in Annex I, and changes in programming made during implementation had resulted in the operating budget shown in column 9 of US$ 75 554 900.

The obligations incurred as of 31 May 1999 for the regular budget amounted to US$ 52 230 200, which represented 69% of the operating budget; however, by the end of August, regular budget implementation had risen to 81% owing to obligation of a further US$ 8 900 000. He was confident that 100% of the regular budget would be implemented by the end of the biennium since the new structure of the Regional Office was operative and new directors, new WHO representatives and new technical members of staff had been appointed.

In respect of extrabudgetary funds, US$ 26 100 000 had been disbursed by the end of May and a further US$ 2 900 000 by the end of August.

To facilitate comparison of the different expenditures in each programme with the total of all funds disbursed, regular budget and extrabudgetary expenditures had been combined in column 13. The percentage of total implementation was shown in column 14. The distribution of expenditure could be assessed more meaningfully only at the end of the biennium when implementation had been completed.

As the accounting procedures at WHO required that the salaries and allowances for filled long-term posts be fully obligated at the start of the biennium, programmes with long-term posts would show a relatively high rate of implementation. Although the period to 31 May 1999 represented 17 out of 24 months or approximately 71% of the biennium, salaries were in many cases

obligated for the full 24 months. In contrast, other provisions were obligated progressively during the biennium, depending on which quarter of the year they had been planned for, and commitments for some of those components had not therefore been made by the end of May 1999.

He reminded representatives that the final report on the budget performance would be presented to the Regional Committee at its fifty-first session, at which time the final implementation results could be discussed.

Mr BOYER (United States of America) commiserated with the Regional Director on the difficulty of implementing a budget during a period in which extensive changes had been made in the classification of programmes and in the priorities set by the Executive Board and in which other factors had led to increases and decreases in the overall budget. The report showed clearly the movement of funds from one part of the budget to another. He recognized the necessity to allow the Secretariat flexibility in administering the budget, which was prepared long before it was implemented, since health conditions might change during that time and indeed in the present case the Regional Director had changed.

He was pleased to learn that the dialogue between the Regional Office and WHO Headquarters was considered fruitful, as he was aware that the reorganization of the Organization into nine clusters had resulted in an impression among some programme directors and staff members in Headquarters that they were receiving inadequate support. It was important that such dialogue existed between the Director-General and the Regional Directors to ensure one cohesive Organization and not seven separate organizations. He noted in that context that the interim report on the budget provided information on all 50 programmes of WHO, whereas details of specific programmes were lost in the format newly adopted at Headquarters. He was concerned that the proposal of the Regional Director to restructure the budget according to the 14 focuses and three cross-cutting focuses would mean that less detailed information would be provided. However, it was important that the structures of the budgets of the regional offices and Headquarters be comparable. He noted with approval that the Regional Office had succeeded in adjusting its expenditures to meet the requested 3% savings and that it had used those funds to increase resources in programme areas of high priority. His delegation considered that WHO should in general concentrate its resources on programmes in areas in which it had a real opportunity to make progress and not try to address all health problems. He commented that the term 'implementation' was used in the report to refer only to the amount of money spent, whereas it should include the actual performance of the programme: whether the work had made a significant difference, whether health indicators had changed as a result

and whether changes in the approach were needed. Such evaluations might be included in the annual report on the activities of the Regional Office, as suggested by the Regional Director.

Dr SHINOZAKI (Japan) commented that the implementation rate of 69% as at 31 May 1999 was low, but he was confident that the remaining budget would be implemented now that the Secretariat had been strengthened by new personnel.

Mr ROKOVADA (Fiji) was gratified to see that implementation of the 1998–1999 budget was progressing well despite the difficulties imposed by budgetary cuts and rigid financial discipline. The challenge was to do more with the available resources. He suggested that further cost-effectiveness could be achieved in two areas: short-term consultancies and human resource development. Prudence should be exercised in hiring short-term consultants, and greater use could be made of local personnel at lesser cost. In human resource development, cost-effective training should be devised. The Fiji School of Medicine offered post-graduate training in clinical, public health and health services management disciplines, and had upgraded some undergraduate programmes in allied health and paramedical services to graduate level. Those courses were not only relevant to the needs of Fiji and other Pacific island countries but were also considerably cheaper than similar courses in developed countries. They had been supported by WHO and the governments of Australia, Japan and New Zealand. He urged the Regional Director to continue to seek extrabudgetary funding for important programmes.

Mr ESEKIA (Tuvalu) thanked the Regional Office, the WHO Representative in Fiji and the governments of countries such as Japan, Australia and New Zealand for their support in the implementation and development of health programmes in his country, which suffered from limited resources and geographical isolation. He hoped that such support would continue to be given to least developed countries such as his own.

Ms DAVIDSON (Australia) acknowledged that financial planning and monitoring for the Region were facing a period of transition, with new programme structures and new priorities identified by a new Director-General and a new Regional Director. She welcomed the restructuring of the format of the regional budget to reflect the programmes at WHO Headquarters, which would provide a clearer picture of how the programmes, activities and expenditure of the Region interacted with global programmes and priorities. She welcomed the proposal of the Regional Director to ensure that future budget documents showed the relative roles of Headquarters and the regional offices in the implementation of programmes. She reiterated the comment of the Representative of

the United States of America with regard to the absence from the report of information on the effectiveness of programmes. She hoped that future budgets and reports would describe not only the amounts spent but also the objectives for which funds were allocated and the results that had been delivered. Since September 1998 when the programme budget for the next biennium had been agreed, the World Health Assembly had taken decisions that would affect the budget of the Region; she asked how those decisions were to be implemented.

Mr MANUOHALALO (France) remarked that as the proposed budget took into consideration resolutions of the World Health Assembly and decisions of the Executive Board, it showed a clear reduction in the allocations for health systems reform, institutional support and training for human resources. Although he did not wish to question the decisions that had resulted in those changes, it was important to maintain sufficient funds for such activities. Sustainable development depended on the systematic construction of a health system that met the needs of the population. The major diseases could be overcome only by efficient health systems. Funds for coordinated action had also been reduced, even though that was a major role of WHO, particularly in countries to which many partner agencies were active.

Mr WARAKOHIA (Solomon Islands) said that his country had benefited from the prioritization process in the form of additional funds for its malaria control programme. Those funds had been used to purchase insecticides and equipment such as bed nets and microscopes, for training technicians and spraying houses, especially on the islands of Malaita and Guadalcanal. He noted the programme budget for 2000–2001 should focus more on priority themes and focus areas, and extrabudgetary funds should be mobilized for cross-cutting issues.

Mr LIU (China) noted that the changes that had occurred in the structure and priorities of WHO were reflected in the revised budget. Reductions had been made in administrative and personnel costs and in the allocation for technical cooperation, and transfers had been made within the budget. Priority programmes and national health policies had been strengthened at country level, partly from the 3% savings that had been achieved, and increased allocations had been made to least developed countries. Although only 81% of the budget had been implemented as of 31 August 1999, he was confident that the entire budget would be implemented by the end of the year. He noted that in May 1999 the rate of implementation of the different programmes varied widely, from 20% to 96%. He asked whether that disparity had since been reduced. He supported the request of the Representative of the United States of America for information on the effectiveness of programme implementation. He noted that the rate of implementation reflected only the difference between the

actual expenditure and the budget allocation. A low rate of implementation might therefore indicate that a programme had been conducted at less cost than originally planned, with greater efficiency and cost savings. He suggested that the Secretariat develop simple indicators to evaluate not only financial implementation but also the overall implementation of programmes.

Ms EARP (New Zealand) emphasized the importance of maintaining a focus on outcomes and achieving results. She congratulated the Regional Director on his efforts to attain a gender balance among WHO personnel in the Region. The budget had been implemented under difficult circumstances of continuous changes and cuts. She had been pleased to learn that future budgets would be restructured according to the themes outlined in the *document WHO in the Western Pacific Region: a framework for action* but she shared the concern of the Representative of the United States of America that important detail might be lost. Consideration should be given to making the budgets of successive years comparable. The challenge in the current period of transition would be to meet the priorities of the Region while remaining within the budget.

Dr TEMU (Papua New Guinea) noted with concern the delay in appointing key people to certain programme areas. He asked for information on which programme areas were being covered by extrabudgetary funds and joined the Representative of Fiji in requesting the Regional Director to intensify his efforts to seek more such funding.

The REGIONAL DIRECTOR responded to the issues raised by Australia, China and the United States, of programme classification and implementation in terms of US dollars rather than accountability on the basis of effectiveness.

The interim report on the 1998–1999 programme budget had been based, as in the past, on 50 programmes, although the information would in future be presented in terms of 14 focuses and three cross-cutting focuses, which were not necessarily identical to the 34 Headquarters departments. In the next report to the Regional Committee, and indeed to governing bodies at WHO Headquarters, budgetary information would be presented in accordance with the 34 headings used at Headquarters. However, it would also be presented in terms of the 14 focuses and three cross-cutting focuses, since this was the presentation relevant to the Region. None of this changed the activities themselves. Each of the focuses already reflected expected outcomes. Each of the 34 departments at Headquarters also identified its expected outcome, and it was at that level that linkage would be made. The focuses would be the basis for action in the Region. Nevertheless, the Regional Director was willing to present the following year's report in terms of both the 34 departments, as required by

Headquarters, and the 14 focuses and three cross-cutting focuses plus three cross-cutting focuses, as had been agreed by the Regional Committee.

The second important issue raised by China and the United States was that of reporting only how much had been spent and how much remained and how much had been carried over. The Regional Director assured the Regional Committee that future reports would be more analytical.

Fiji, Tuvalu and other countries had asked how extrabudgetary resources were to be gathered for countries in greatest need. Australia had asked how the Region was to manage the reduced budget. There was no hiding from the fact that the budget was to be cut by 18% over six years. The many ways of dealing with the problem included prioritization and extrabudgetary funding. The central issue was that WHO and Member States had to come up with very good results and to provide information on how they spent the money, with frequent feedback to donor agencies so that more funds could be obtained. One staff member had now been made responsible for such coordination. In relation to the 2000–2001 budget, approved by the Regional Committee, despite reductions more resources had been transferred to priorities. On the positive side, the World Health Assembly had agreed to allocate US$ 15 million from casual income to priority areas at country level. Furthermore, the Assembly had asked the Secretariat to come up with a 2%–3% efficiency saving, and that would be allocated to countries and programme areas where the need was greatest.

The Representative of China had asked why the level of implementation in some programmes was low. There were two different causes. One was simply that, during the transitional period, many posts had been vacant; now the full team was in place, so that implementation would be accelerated. The other was that resources had been switched in the course of transition from lower to higher priority areas such as malaria and tuberculosis. Thus the total working budget for the higher priorities had increased. The obligation rate stated in the report followed allocation of the new funds. The real implementation rate would increase by the end of the year, to 100%.

On the matter of extrabudgetary resources, the Regional Director drew attention to relevant information in document WPR/RC50/4, on page 9, column 12 of annex 2, and in annex 4.

The meeting rose at 12.15 p.m.

ANNEX 1

ADDRESS BY THE INCOMING CHAIRPERSON, DR JOSÉ ALARCÃO TRONI

It is a great honour for me and for Macao to have the privilege of chairing the fiftieth session of the Regional Committee for the Western Pacific. This session is particularly significant both for the Member States and the Organization as our discussions will set the stage for health development in the next century. I sincerely thank the Committee for its trust and confidence. I shall do my best to assist the work of the Committee and lead it to a successful conclusion.

Distinguished Representatives, WHO is under new leadership at both global and regional levels.

Yesterday, our Regional Director explained his vision for the Region. In the document, *WHO in the Western Pacific Region: a framework for action*, Dr Omi has shown us how we can, as a Region, work together to build on what has been achieved already and to lay the foundation for health for the next century. I must congratulate Dr Omi for his thoughtful consideration of the regional health issues that we had been struggling with for many years and for identifying reforms that need to be made to further enhance the work of WHO.

In just over three months we shall be stepping into a new century. In the second half of the 20th century, we have had many successes in improving the health of the people of the Western Pacific Region. However, we also know that health problems are evolving. New threats have arrived before we have conquered the old ones. We now realize that we have to broaden our approach to health. It is becoming increasingly clear that all the solutions do not lie within the health sector itself, but that we must involve other sectors in our work. Meanwhile resources are dwindling, challenging us to look critically at our priorities.

Let me turn to the business ahead of us. On Wednesday afternoon we have an important innovation. This session of the Committee will be the first to feature both a technical briefing and a ministerial round table. The technical briefing will feature a presentation on the health sector here in Macao which I hope the distinguished representatives will find informative. This briefing will be followed by a ministerial round table on "Social safety nets in health sector development". This is an extremely important subject, in view of both the recent Asian economic crisis and the reform measures that almost all of us are engaged in, and I am sure that all the participants will have much to contribute.

Annex 1

Yesterday, the Regional Director presented his report on the work of the Organization from 1 July 1998 to 30 June 1999. Let me comment on the report's new look. I am sure you will agree with me that the report's technical and analytical content is excellent, and its reference value is very important to us.

This afternoon we are scheduled to discuss the eradication of poliomyelitis. This is an achievement we can be very proud of. Thanks to the determined efforts of Member States, partner agencies and WHO, we shall soon rid the Region of this crippling disease.

On the other hand, the effective control of tuberculosis remains a daunting challenge, not only to developing countries of the Region but to all countries. Despite previous global initiatives for its control, only limited progress has been made. The strategy to control the disease is available. It has been proved to be cost-effective. I believe that this is an area where WHO can and, I am sure will make a significant contribution.

The Region continues to control the spread of HIV/AIDS through improved surveillance, effective sexually transmitted infections (STI) education and counselling, and strengthening of STI programmes in Member States. While it remains a serious public health problem, HIV/AIDS has not spread rapidly in the Region. However, we need to remain vigilant and continue to strengthen our STI and HIV/AIDS control activities to contain the epidemic.

Another area we must turn our attention to is the increasing use of tobacco in the Region. High tobacco-related morbidity and mortality are among the most significant health problems we face. Tobacco-related illness also results in substantial health care costs and economic losses. We have to address this problem urgently. I therefore request the Committee to study this problem carefully and commit itself to reducing tobacco use in our Region.

Distinguished Representatives, we have a full agenda ahead of us. I hope that we can concentrate on achieving a consensus on how we, as a Region, can move ahead.

I am sure you will take back home the issues we have discussed and act on the commitments we make at this meeting. As I said earlier, this fiftieth session of the Regional Committee is particularly significant as it will prepare us to meet the challenges of the 21st century.

Dear Representatives. I would like to call your attention to a very important and relevant issue to Portugal, the European Union, the United Nations and all the civilized world.

Annex 1

It is extremely urgent that all the member countries of the United Nations and specially those of Asia and the Pacific Region help the people of East Timor.

The humanitarian situation of East Timor is extremely critical and we are all obligated to help them in order to fulfil the agreements reached under the auspices of the United Nations.

It is a matter concerning us all, governments and nongovernmental organizations, to help this nation that is undergoing a process of deliberate programmed elimination.

I would also like to take this opportunity at the fiftieth session of the Regional Committee for the Western Pacific to express my deep gratitude to the Governments of Portugal, China and the Special Administrative Region of Hong Kong for their support to the health administration of Macao.

Before the end of the Portuguese administration, after a presence in Macao of more than four hundred and fifty years, it is my intention to pay a courtesy call to the health authorities in Beijing and Hong Kong, and to WHO Regional Office in Manila, Philippines, to express our appreciation for all the collaboration received during my mandate.

Again, I thank the Committee for this honour. As this year's host, I invite you on behalf of the Governor of Macao, to testify your support for the friendly transition of Macao from Portuguese administration to Special Administrative Region of the People's Republic of China under the principal of "one country, two systems" and to find the time to enjoy your stay with us.

ANNEX 2

ADDRESS BY THE CHAIRPERSON OF THE WORLD HEALTH ASSEMBLY
AND MINISTER OF HEALTH OF PORTUGAL,
DR MARIA DE BELEM ROSEIRA

It is both a pleasure and a privilege for me to take part in this, the fiftieth plenary session of the World Health Organization Regional Committee for the Western Pacific, as Portugal's Minister of Health. I was also honoured this year to have been appointed Chairperson of the Fifty-second World Health Assembly, a post which has given me additional responsibility for protecting and pursuing the institutional goals of WHO.

The agenda for this meeting basically focuses on examining health-related data for the Region. It also covers the issue of reforming health care in this part of the world in a fashion that will not be detrimental to accessibility but rather provide more extensive forms of social support that can sustain or maximize the scope of health services.

The topic of the ministerial round table provides ample evidence of just how important and essential health is to development, thus highlighting the overriding need for us to pursue efficiency, efficacy and quality in health systems.

In fact, despite the tremendous inroads already made, current threats such as regional conflicts, poverty and the sustainability of a healthy environment demand extra efforts from us all.

These messages were conveyed by the WHO Director-General, Dr Brundtland, in this year's World Health Report entitled *Making a Difference*.

There has been great progress in this part of the world over the last 50 years. However, I am sure that the uncertainties of the future should move us all to find solutions that can prevent those results already achieved from being undermined, despite constant scientific progress and our ever-increasing understanding of the causes and effects of certain pathologies.

The World Health Organization's whole mission is based on respect for people. Human dignity is the foremost value to be preserved. If we look at results, it is clear that the protection of human beings based on universal solidarity has been shown to be the most effective model.

Annex 2

The more vulnerable groups – the poor, children, women and the elderly – must be our priority concern. However, it is precisely these groups that are most readily affected by disease and violence.

Disease, suffering and the incapacity generated by violence amount to dreadful brutality and, since they are avoidable, they are unacceptable. WHO cannot remain indifferent in the face of brutality and it has worked in many parts of the world to coordinate humanitarian action.

As I address this Assembly in this part of the world where we have witnessed the brutal massacre of the population of East Timor, perpetrated in the wake of an accepted referendum process and results, I can but appeal to your consciences and ask you to raise your voices to demand the effective and speedy implementation of an international force that can ensure security in the Territory. The first step lies with humanitarian aid.

The chilling situation in East Timor – where hundred of deaths have occurred, thousands of people have disappeared or been deported, and tens of thousands have had to flee into conditions lacking even basic sanitation and security – cries out to the international community to establish conditions under which an independent state of East Timor can be created, respecting the results of the ballot that Indonesia itself proclaimed as legitimate.

I am making this appeal to you, for only then shall we be able to say that we are supporting the highest value underpinning the WHO Constitution: human dignity and respect for this dignity in life and in death. Wherever this is lacking, we are committed to contributing through our work, our dedication and our goals.

I am counting on you to respect the goals presiding over this noble Organization.

The history of my own country has been intimately connected to the history of the Orient for almost five centuries, providing just reason for my presence here in Macao during the last year of Portuguese administration in the Territory.

I hope that the progress achieved in terms of health indices can continue along the same tracks making this meeting an effective forum for exchanging ideas and experiences. Should this be the case, then ultimately this Committee meeting will have contributed towards a healthier new millennium in this part of the world.

Annex 2

I wish Dr Omi the greatest success in the first session of the Regional Committee of his term of office. I can assure you that our country will always be open to any cooperation you may wish.

To all my colleagues and participants, I hope you have an excellent meeting in pursuit of the goal of "health for all in the next millennium".