

SUMMARY RECORD OF THE SEVENTH MEETING

(Putrajaya International Convention Centre, Unity Hall A2,
and at Unity Hall A1, Concourse Level)
Thursday, 14 October 2010, at 14:00

CHAIRPERSON: Mr Liow Tiong Lai (Malaysia)

CONTENTS

| | page |
|--|------|
| 1. Consideration of draft resolutions | 172 |
| 1.1 Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015) | 172 |
| 1.2 Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005) | 172 |
| 1.3 Healthy settings | 172 |
| 1.4 Vaccine-preventable diseases, measles elimination, hepatitis B control and poliomyelitis eradication | 173 |
| 2. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continued) | 174 |
| 3. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee | 177 |
| 4. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board | 178 |
| 5. Time and place of the sixty-second session of the Regional Committee | 179 |
| 6. Closure of the session | 179 |

1. CONSIDERATION OF DRAFT RESOLUTIONS

1.1 Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)

(Document WPR/RC61/Conf. Paper No. 4)

The RAPPORTEUR FOR THE ENGLISH LANGUAGE announced that several amendments had been proposed by the United States of America: to change “diagnosis and treatment” to “diagnosis, treatment and care” in preambular paragraph 3; to remove the word “that” in preambular paragraph 4; and to change “HIV” to “HIV/AIDS” in preambular paragraph 5. The changes proposed for the operative paragraphs were: in operative paragraph 2(1), to change “guided by” to “consistent with” and to remove the last three words, “as a framework”; in operative paragraph 2(2), to change “diagnosis and treatment” to “diagnosis, treatment and care” and “public-private mix approaches” to “public-private partnerships”; and, in operative paragraph 2(3), to change “latest technologies” to “most effective technologies”. In operative paragraph 3, which was mistakenly numbered 2 in the conference paper, subparagraph (2) would be amended by deletion of the word “budgeted”; and in subparagraph (3), the last three words “through operational research” would be deleted.

Decision: The resolution, as amended, was adopted (see WPR/RC61/R4).

1.2 Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005)

(Document WPR/RC61/Conf. Paper No. 5)

The RAPPORTEUR FOR THE ENGLISH LANGUAGE announced that several amendments had been proposed by China and the United States of America. In preambular paragraph, the United States proposed that the word “one” be changed to “a”. In operative paragraph 3(1), China proposed addition of the words “including indicators and measures” after the word “workplan” and the words “in consultation with Member States” after the phrase “APSED (2010)”. In operative paragraph 3(2), the United States proposed addition of the word “for” after the word “advocate”.

Decision: The resolution, as amended, was adopted (see WPR/RC61/R5).

1.3 Healthy settings (Document WPR/RC61/Conf. Paper No. 3)

The RAPPORTEUR FOR THE ENGLISH LANGUAGE announced that several amendments had been proposed to the draft resolution. The United States of America proposed insertion of the word “can” before “offer effective ways” in preambular paragraph 2, and proposed that the words “a conducive social and cultural milieu” in preambular paragraph 3 be replaced by “social, environmental and economic determinants of health”.

The United States of America also proposed deletion of the words “sustainable development and” in operative paragraph 1(1) and, in operative paragraph 1(2), replacement of the words “the establishment of” by “existing” and the addition, after the word “institutions”, of the words “and, where appropriate, establish new networks”. In operative paragraph 1(4), New Zealand and the United States proposed that the words “the sharing of” be changed to “and share” and “recognition of” to “to recognize”. The United States proposed in operative paragraph 2(2) that the words “the development of a regional network” be changed to “existing networks and, where appropriate, establish new networks”; China and the United States proposed that the words “the Scientific Committee of” be deleted. China also proposed that the words “and other relevant organizations” be added at the end of the paragraph. In operative paragraph 2(4), New Zealand and the United

States proposed that the words “recognition of” be changed to “recognizing”. In operative paragraph 2(5), the United States proposed that the words “to guide future actions” be replaced by “for future interventions and programmes”.

Decision: The resolution, as amended, was adopted (see WPR/RC61/R6).

1.4 Vaccine-preventable diseases: measles elimination, hepatitis B control, and poliomyelitis eradication
(Document WPR/RC61/Conf.Paper No. 6).

The RAPPORTEUR FOR THE FRENCH LANGUAGE informed the Committee that the representative of China had proposed two amendments. In operative paragraph 2(3) it was proposed to delete the word “rubella” and add the words “and where feasible rubella” so that the subparagraph would read: “to report measles and poliomyelitis, and, where feasible, rubella surveillance data to the Regional Office in a regular and timely manner”. It was also proposed to delete the words “to utilize measles elimination strategies” from operative paragraph 2(5).

Dr YUAN (United States of America) proposed deletion of the word “all” from operative paragraph 2(6).

In the absence of further comment, the CHAIRPERSON took it that that was acceptable.

Dr YUAN (United States of America) raised a philosophical and editorial difficulty. Operative paragraph 2(4) urged Member States to establish a verification process “in the context of standardized regional verification mechanisms”, but those mechanisms had yet to be established under operative paragraph 3(1). She appealed for assistance in formulating appropriate wording to resolve the difficulty. She reassured the CHAIRPERSON that she was comfortable with the language of paragraph 3(1) and that she supported the goals and the establishment of both national and regional verification mechanisms.

The RAPPORTEUR FOR THE FRENCH LANGUAGE recalled that in the drafting process they had rejected the word “committee” in favour of “procedure” which had in turn been changed to “mechanism”. He proposed changing the word “mechanisms” to “guidelines”.

Dr YUAN (United States of America) rejected that suggestion. The problem related to the difficulty of establishing something in the context of something else that did not exist. The intention was that Member States would independently establish a national verification mechanism while working with the Regional Office as it developed the regional mechanism.

The DIRECTOR, PROGRAMME MANAGEMENT, suggested inserting the word “required” so that paragraph 2(4) would read “to establish an independent national verification process for measles elimination in the context of a required standardized regional verification mechanism”.

Dr JACOBS (New Zealand) proposed the following text for paragraph 2(4): “to establish an independent national verification process for measles elimination following the establishment by the Western Pacific Regional Office of standardized regional verification mechanisms”.

Dr YUAN (United States of America) indicated that that was acceptable.

Ms GOODSPEED (Australia) expressed concern that the term “standardized mechanisms” was inconsistent with the discussion of the previous day which had indicated that Member States would be working on independent mechanisms that might differ from country to country. It would be difficult to design a mechanism if the regional mechanism was not yet known and if the standardized mechanism required more than the country could do or do with existing resources. That also raised the issue of whether the resources would be used for surveillance or immunization. She proposed removing the word “standardized”.

Dr YUAN (United States of America) recognized the concerns raised by the Representative of Australia. Countries in the Region and the Regional Office might wish to consider developing standards for how elimination of diseases was verified. The phrase “establishment of regional mechanisms and standards” could then be used, allowing Member States to decide what they wanted to use in light of resources available.

The DIRECTOR, PROGRAMME MANAGEMENT, explained that removing “standardized” would pose problems. A regional verification process would not work if it was left to individual countries to decide what to report and what indicators to use.

Dr YUAN (United States of America) concurred; the word “standardized” should appear somewhere in paragraph 2(4).

Ms GOODSPEED (Australia) repeated her concern about the inconsistency. The national and regional verification methods had to be consistent but the former had to be achievable. Scarce resources should not be used for too much counting rather than immunization.

The DIRECTOR, PROGRAMME MANAGEMENT, said that what was sought was the lowest common denominator. Countries would not be expected to apply the most sophisticated system but to use an agreed, standardized set of indicators.

Ms GOODSPEED (Australia) said that she accepted that explanation.

The CHAIRPERSON asked whether the proposal by the Representative of the United States of America for the phrase “establishment of regional mechanisms and standards” was acceptable.

The DIRECTOR, PROGRAMME MANAGEMENT, said that, with the understanding of the meaning that had been agreed by the Representative of Australia, the use of standardized in the formulation proposed by the Representative of New Zealand could stand.

Decision: The resolution, as amended, was adopted (see resolution WPR/RC61.R7).

2. COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 18 of the Agenda (Document WPR/RC61/13) (continued)

The DIRECTOR, PROGRAMME MANAGEMENT, proposed that the Committee now discuss the first part of the item, which called attention to four resolutions adopted by the Sixty-third World Health Assembly that were of particular interest to the Western Pacific Region. The second part, which addressed issues that had emerged in an informal consultation at WHO Headquarters on the future of WHO financing, had been discussed earlier in the session.

The World Health Assembly resolutions of particular interest to the Region were:

- WHA63.14, on the marketing of food and non-alcoholic beverages to children;
- WHA63.16, on the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- WHA63.19, on the WHO global HIV/AIDS strategy for 2011–2015; and
- WHA63.28, on the establishment of a consultative expert working group on research and development: financing and coordination.

Those resolutions were, for the most part, self-explanatory. Member States were encouraged to pay particular attention to the operative paragraphs of the resolutions and to take action, as appropriate. In addition, Member States were requested to participate in the consultations on the HIV/AIDS strategy.

Member States had been asked to nominate experts in the Region as candidates to participate in the Consultative Expert Working Group on Research and Development: Financing and Coordination. China had nominated Professor Guo Yan of Peking University; Japan had nominated Mr Shozo Uemura, Vice-President and Tokyo office manager of Aoyama and Partners; the Lao People's Democratic Republic had nominated Dr Chansaly Phommavong, Deputy Director, Department of Planning and Finance, Ministry of Health; and the Philippines had nominated Dr Leizel P. Lagrada, Chief, Health Planning Division, Department of Health. After consideration by the Regional Committee, the nominations would be forwarded to the WHO Director-General for selection.

It was so decided (see decision WPR/RC61(2)).

Dr REN (China) said that his Government appreciated World Health Assembly resolution WHA63.14 on the marketing of food and non-alcoholic beverages to children and would strive to strengthen its national health education and nutrition guidance programmes, specifically with a view to discouraging the consumption of unhealthy foods. With regard to resolution WHA63.19 on the WHO HIV/AIDS strategy for 2011–2015, his Government requested that WHO should bear in mind that the situation was different in each Member State. The Organization should therefore provide differentiated guidance and ensure that the indicators for countries with high, intermediate and low prevalence of HIV/AIDS were also different. When putting forward specific supporting plans to help countries achieve their respective targets, WHO's leading role in global public health should be stressed rather than simply focusing on its role as a provider of technical support. In various fields, such as the reduction of antiretroviral drug prices, resource allocation and effective control and prevention, specific strategies should be put forward to help countries address the challenges of HIV prevention and treatment. His Government had already submitted ideas for such strategies to WHO. Lastly, it was the hope of his delegation that members of the consultative expert working group on research and development would work together in a fair and objective manner.

Mr KAPRANGI (Papua New Guinea), referring to resolution WHA63.16 on the Global Code of Practice on the International Recruitment of Health Personnel, said that Papua New Guinea was experiencing a brain drain of its professional health workers. As stated in article 5 of the Code, Member States should discourage active recruitment of health workers from developing countries facing critical shortages of health personnel. The Secretariat of the Western Pacific Region should put more effort into promoting the Code,

issue guidelines on satisfying the professional aspirations of individual health workers in their countries of origin, and promote cooperation among Member States to ensure that they did not poach one another's health professionals.

Mr SIGOTO (Solomon Islands) said that Solomon Islands had just enacted regulations on food purity, but anticipated that enforcement would be a difficult task. His Government would nevertheless actively drive through health promotion under the umbrella of the Healthy Islands initiative. On the subject of HIV/AIDS, Solomon Islands was considered to be a low-HIV-prevalence country, although rates of sexually transmitted infections were high and of concern. His Ministry was also aware that a low incidence of HIV/AIDS could be misleading if not enough people were tested, and therefore was working with stakeholders to increase knowledge of HIV/AIDS, identify risk groups and develop testing policies and guidelines. Collaboration was also being undertaken with nongovernmental organizations and other ministries to target adolescent health needs and identify high-risk and vulnerable groups in order to address their specific problems.

Ms ARTHUR (France) said that her Government had originally cosponsored World Health Assembly resolution WHA63.14 on the marketing of food and non-alcoholic beverages to children, but warned that information and education campaigns to promote healthy lifestyles were inadequate unless supported by strategic measures to regulate the supply of food and specifically to combat aggressive food-marketing campaigns aimed at children.

France believed that the adoption of the Global Code of Practice on the International Recruitment of Health Personnel was an essential tool for strengthening health systems in developing countries. The Code sent a strong message on recruiting practices for health personnel, but the "poaching" of skilled health workers was just one aspect of the problem. It was equally important to offer health workers decent working conditions in their respective countries of origin so they would no longer need to migrate. Another implication of the Code was that developed and developing countries alike should plan realistically for their future needs and train sufficient health workers accordingly.

Her Government endorsed the objectives of the WHO HIV/AIDS Strategy for 2011–2015, and especially its focus on sexual and reproductive health. She appreciated the guidelines on formulating strategies and developing standards to integrate HIV/AIDS strategy into maternal and child health, sexual and reproductive health, tuberculosis control, primary health care centres and programmes to reduce drug addiction. France nevertheless queried the relevance of the number of syringes as one of the indicators for evaluating the impact of the HIV/AIDS strategy. A more realistic indicator might be the effectiveness, quality or safety of drugs, or quality assurance in general.

Mr PARK Chan-hyo (Republic of Korea), referring to resolution WHA63.14 on marketing of food and non-alcoholic beverages to children, said that his Government had been planning to implement policies to prevent child obesity by restricting foods high in calories and low in nutritional value. It had regulated the amount of time for commercial advertising of such foods and banned their sale in schools. It had also set out a long-term policy to lower the content in food of harmful ingredients such as sugar and unsaturated fat, and to toughen the regulations on additives in foods popular with children. Child obesity and nutritional imbalances were issues for all countries and he urged Member States to respond aggressively and implement the set of recommendations endorsed by the World Health Assembly.

Ms GOODSPEED (Australia), referring to resolution WHA63.14 on marketing of food and non-alcoholic beverages to children, observed that a range of initiatives were in place in her country to promote healthy eating and to limit advertising on television of food and drinks to children. Both regulatory and self-regulatory frameworks existed for controlling the marketing of food and non-alcoholic beverages to children, and they were consistent with the set of recommendations endorsed by the World Health Assembly. She noted that those recommendations were not mandatory, thereby providing Member States with the flexibility to adapt them to national circumstances.

Her Government was gratified that the WHO Global Code of Practice on the International Recruitment of Health Personnel had been adopted by the World Health Assembly (resolution WHA63.16). It had been actively involved in the drafting of the Code.

Earlier in the year, her Government had issued the country's Sixth National HIV Strategy 2010–2013. Australia supported the development of the WHO HIV/AIDS Strategy 2011–2015 and had participated in the on-line consultation following adoption of resolution WHA63.19 on the strategy. She awaited further iterations of the draft strategy. She welcomed the fact that the draft WHO strategy contributed to the goal of optimizing the role of health services within HIV responses. Australia wished to participate in the development of a regional strategic framework. Her Government's international development strategy for halting the spread of HIV focused on the Asia Pacific region, in particular Papua New Guinea, East and South Asia and the Pacific island countries.

The DIRECTOR, PROGRAMME MANAGEMENT, expressed appreciation for the comments. He had taken note of the implications of the four resolutions for the Region and of the suggestions made by several representatives of the expectations of and requirements needed by WHO to take action.

At the invitation of the CHAIRPERSON, a representative of the International Federation of Students made a statement to the Committee.

3. SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING
IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION
COMMITTEE: Item 19 of the Agenda (Document WPR/RC61/14)

Introducing the item, 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, and that it had a total of 32 members, under four categories of membership: Category 1 (largest financial contributors); Category 2 (countries elected by the WHO regional committees); Category 3 (other interested Cooperating Parties); and Category 4 (Permanent Members).

Category 2 had 14 members, three of which were elected by the Regional Committee for the Western Pacific. The three members from the Western Pacific Region were currently Japan, Mongolia and the Philippines. However, the term of office of Mongolia would expire on 31 December 2010, and the Regional Committee was requested to elect one Member State, whose three-year term would start on 1 January 2011, to succeed Mongolia. 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 consider New Zealand to replace Mongolia. The Policy and Coordination Committee would hold its 24th annual meeting from 16 to 17 June 2011.

Dr JACOBS (New Zealand), while appreciating the honour, said that for practical reasons it would not be possible for New Zealand to accept. He proposed Malaysia instead.

That alternative proposal was seconded by China.

It was so decided (see decision WPR/RC61(3)).

4. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES:
MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 20 of the Agenda (Document WPR/RC61/15)

The DIRECTOR, PROGRAMME MANAGEMENT, reminded the Committee that the Special Programme for Research and Training in Tropical Diseases (TDR) was an independent global programme of scientific collaboration. Established in 1975 and co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and the World Health Organization, TDR focused on developing improved tools for the control of tropical diseases and strengthening the research capability of affected countries. It was governed by three bodies—the Joint Coordinating Board, the Standing Committee, and the Scientific and Technical Advisory Committee.

The Joint Coordinating Board was the overall governing body of TDR, its principal role being to coordinate the interests and responsibilities of all parties cooperating in TDR. Historically, the 34 members of the Joint Coordinating Board, who met annually to review TDR's activities, evaluate progress and determine budget, had served for a period of three years. However, members would now be appointed from among the Cooperating Parties for a period of four years.

WHO was a JCB member and provided briefings on research priorities in TDR-focused communicable diseases to the JCB members appointed by the Regional Committee before they attended the Board's annual meeting in Geneva, including information on WHO's collaborating centres and on their main focus in the Region.

Paragraph 2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases indicated that two members, in addition to the members selected by the Board itself and those appointed by the contributors to the TDR resources, might be designated by the Regional Committee. The Western Pacific Region was currently represented by Papua New Guinea and the Republic of Korea. The three-year tenure of Papua New Guinea would end on 31 December 2010, and the Regional Committee was therefore requested to select one Member State for a four-year period commencing 1 January 2011.

The Regional Committee might wish to select the Lao People's Democratic Republic to replace Papua New Guinea.

It was so decided (see decision WPR/RC61(4)).

5. TIME AND PLACE OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE:
Item 21 of the Agenda

The REGIONAL DIRECTOR informed the Committee that the sixty-second session of the Regional Committee would be held at the Regional Office in Manila; the building would be repaired and refurbished in time for the meeting.

He reminded the representatives that the dates of the six regional committee sessions were coordinated, first to give the Director-General the opportunity to attend at least part of each; and, second, to allow enough time for the discussions of all committees to be reflected in the documentation for the Executive Board meeting in January. He therefore proposed 19–23 September 2011 as the dates for the sixty-second session of the Regional Committee for the Western Pacific. For the sixty-third session, Viet Nam had expressed interest in hosting the meeting.

Dr NGUYEN (Viet Nam) was glad to express the intention to host the sixty-third session of the Regional Committee in his country in 2012. Before that could be confirmed, however, the matter would have to be discussed with his Government.

Decision: The draft resolution was adopted (see resolution WPR/RC61.R8).

6. CLOSURE OF THE SESSION: Item 22 of the Agenda

Mr KAHU (Vanuatu), speaking on behalf of all the representatives to the sixty-first session of the Regional Committee, proposed a resolution of appreciation to the Government of Malaysia for hosting the session and for the generous welcome and hospitality received, to the office-bearers elected by the Committee for their useful contributions, and to the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

The expression of appreciation was endorsed by the Regional Committee by a round of applause.

Mrs GIDLOW (Samoa), speaking on behalf of all the representatives, reiterated her appreciation for the hospitality of the Malaysian Government. She also expressed appreciation for the work of Dr Chen Ken, WHO Representative in the South Pacific, and Director, Pacific Technical Support Division, and Dr Linda Milan, Director, Regional Director's Office, and wished them well on their impending retirement.

The expression of appreciation was endorsed by the Regional Committee by a round of applause.

Decision: The draft resolution was adopted (see resolution WPR/RC61.R9).

The REGIONAL DIRECTOR thanked all those concerned in making the meeting a success. The Region had achieved a great deal in the past year, but more remained to be done to attain the highest possible standard of health, and he thanked representatives for their valuable guidance. He hoped that next year he would be able to report on how some priorities had been pushed forward, how some neglected diseases had been pulled into the limelight and how other sectors had been drawn in order to more effectively address a range of public health issues.

The CHAIRPERSON thanked the participants for having shared their expertise and experience, which had enriched the discussions and resulted in good decisions for the Region. The debates had been a reminder to countries of their vulnerability and had shown them gaps in their respective health systems. Living in a global village meant that the problems faced in one country would sooner or later reach others; what one country did or failed to do could affect other countries. It was therefore necessary to work together to design useful strategies and make the right decisions to protect people from existing and emerging threats. Lifestyles and disease patterns had changed, and health systems were now faced with environmental threats, high costs of health care and a well-informed, demanding public. The Committee's discussions would provide guidance for a concerted effort to strengthen individual and collective capacity to address present and future challenges. Expressing the hope that participants would follow through on the decisions taken at the meetings, he declared the sixty-first session of the Regional Committee closed.

The meeting rose at 16:30.