PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

(WHO Conference Hall, Manila)
Wednesday, 24 September 2008, at 09:00

CHAIRPERSON: Dr Francisco Duque III (Philippines)

CONTENTS

1. HEALTH SYSTEMS STRENGTHENING AND PRIMARY HEALTH CARE: Item 11 of the Agenda (Document WPR/RC59/5) (continued)

Dr Stevenson KUARTEI (Palau) supported the Regional Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region and supported primary health care; the discussion was timely for Palau as the country was starting to implement and evaluate its strategic plan for 2008–2013, which focused on primary health care; risk and disease prevention; health and wellness promotion; and recovery, rehabilitation and healing. Strengthening the health care system through a robust primary health process was key for a small island country like his in maximizing and maintaining its health gains. At the same time, Palau recognized that certain other issues needed to be fully addressed, including: education and tailoring of appropriate human resources to relevant national and regional health priorities; the increasing cost of tertiary health care services; multisectoral participation in the design and development of primary health care services; use of traditional healing, not merely traditional medicine; the social determinants and health effects of such modern phenomena as modernization, globalization, commercialization, urbanization and transition; and active and sustained support to Member States in national health planning.

Dr GAO Weizhong (China) said that the primary health care approach had provided guiding principles for 30 years of development in China. He supported the revitalized commitment to its core values and principles, and its basic guarantees. He saw the challenge in taking action based on an accepted principle and in reaching consensus with other ministries. Sustainable health care financing, training of workers and the provision of essential medicines and technology were key elements for strengthening health systems in the Region. He supported the Strategic Plan, citing its recommendation of actions for Member States and WHO as a key feature. Drawing from experience in China, he noted the value of periodic assessment and evaluation, and suggested the addition, as a recommended action, of establishing a working group to meet every two years and report to the Regional Committee their findings to guide the actions of Member States. China also supported the Secretariat's effort to establish the Asia Pacific Observatory on Health Systems and Policies and requested further consultations and cooperation among Member States.

Mr VILLAGOMEZ (United States of America) remarked that the Strategic Plan must add measurable value to existing materials and work already going on in the Region, and must reflect detailed input from Member States. In his view, the methodology for the Strategic Plan's formulation, the extent of the consultation process, and the means of measurement of the Secretariat's input in its implementation had not been clearly explained. He therefore requested the Secretariat to explain the process. He commended the focus on primary health care, an orientation that should not perpetrate the physician-centred model of health care. He also endorsed the comments made by the representative from Kiribati concerning the potential offered by training paramedical professionals and using telecommunications technology.

He welcomed the emphasis on prevention and individual responsibility. While his country recognized that government should be the organizer of health systems, the private sector could play an important role. The Strategic Plan should maintain flexibility rather than adopting a rigid model. Clearer information was needed on the recommended actions for WHO, what capacity was required within WHO country offices and the Regional Office to implement them, and whether that capacity must be available internally.

He suggested that, instead of focusing on equity, gender and human rights as cross-cutting issues for health systems strengthening and primary health care, the Regional Office should focus on issues that had

previously been identified, including the stewardship and oversight role of ministries of health, investments for innovative approaches and essential training for functional health institutions, and development of systems for data collection, surveillance and analysis to improve policies and decisions and provision of services.

Mr Charles MARTY (France) supported the Strategic Plan, noting that health systems strengthening was a priority for his country, as indicated in the framework agreement between France and WHO. Human resources for health and health care financing were important components. WHO would have a crucial role in ensuring compliance with the code for ethical recruitment of health care personnel, to be proposed for adoption by the World Health Assembly. France had organized two ministerial meetings, in 2007 and 2008, at which discussions had centred on health risk insurance in developing countries. He urged WHO's full participation in crafting practical solutions in partnership with international organizations, such as the International Labour Organization, for sustained health care financing, essential to the success of any health initiative.

Dr Frances MCGRATH (New Zealand) endorsed the Strategic Plan, supported the actions it recommended for the Regional Office and Member States, and looked toward its successful implementation, to include the development of an Asia Pacific Observatory. She cited the effectiveness and cost-efficiency of integrated health systems based on primary health care in meeting needs and reducing inequalities in public health. Developments in New Zealand over the previous seven years had achieved a nearly universal enrolment in primary health organizations and had taken away the barrier of cost to equitable access to health services.

The challenges for New Zealand, as in many Member States, lay in finding the best ways to organize health services within a fixed budget, retaining adequate numbers of locally trained health professionals, and sustaining recent gains towards health equality. Future initiatives would be aided by advancements in information technology, such as telemedicine and electronic health records. New Zealand looked to learn from other Member States and to share its experiences in implementing the primary health care strategy, developing capacity in health impact assessment, and using the health equity assessment tool.

Ms ABEL (Vanuatu) supported the renewed commitment of WHO and Member States to the values and principles of primary health care. The emphasis on the development goals of the United Nations Millennium Declaration had taken precedence, starting in 2000. She considered that those goals embraced those of primary health care and it was time that the Region renewed its commitment to those principles. She noted the six building blocks at the foundation of the Strategic Plan. Vanuatu's health reform process had begun with five priority areas, moving towards sectorwide reform guided by the principles of primary health care. The goals were better health outcomes and greater public satisfaction.

Mrs GIDLOW (Samoa) said that her country endorsed the apparent consensus to strengthen health systems in order to achieve the Millennium Development Goals and was committed to the regional Strategic Plan for achieving that goal. Trials of the proposed methods had resulted in positive changes and reorientation and strengthening of her country's health system, with the assistance of WHO and other partners. She agreed with the position of WHO, that, although health problems were common to all countries, responses should be individualized according to local circumstances. Her country embraced a holistic, unfragmented approach to health.

Samoa had prepared a policy and plan of action for ensuring adequate human resources for health, based on the WHO framework. The Government considered it important to find innovative ways to retain its skilled, trained workforce and to train others within various, flexible systems. Samoa participated in the Pacific Island Senior Health Officials Network, set up by the Australian Department of Health and Ageing, as a means of strengthening the management capacity of health workers. The Ministry of Health was accrediting nurses and midwives at the postgraduate level and had launched a health science degree programme with the National University of Samoa to encourage studies in health-related fields.

Samoa had published the fifth edition of its *National Health Accounts*, which provided information on health care expenditures in the country and was used by the Government in making decisions on health care financing. Personnel in the Ministry of Health took advantage of WHO training and capacity-building opportunities to ensure that the country's health care financing system was appropriate for its economic and social environment.

Primary health care was the system that worked best for Samoa and must remain a priority. Strengthening that system and ensuring access were crucial for health promotion, disease prevention and early diagnosis and treatment of diseases. Samoa thus supported WHO's call for strengthened health systems based on primary health care and requested more technical and financial assistance for capacity-building. She asked for clarification with regard to the proposed Asia Pacific Observatory on Health Systems and Policies. She suggested that the Regional Office should stop reinventing the wheel and take into account what countries were already doing: health systems strengthening and primary health care were integral to health development and would undoubtedly continue to be important for future generations of health professionals.

Dr CHEANG (Macao, China) said that the Health Bureau in Macao (China) provided both specialized and primary health care, the latter having been established more than 20 years previously. The primary health care system was managed by a technical coordination office and comprised six health centres, two health stations and two technical units. The health centres provided free basic medical care to all residents of Macao (China), including adult, prenatal and child health care, family planning, oral health care and traditional Chinese medicine. More than 80% of residents used the services. The success of the system was due mainly to strong support from the Government and appropriate legislation. Plans for the future included strengthened continuous training for health care professionals, more interaction with academic institutions in neighbouring regions and consolidation of the primary health care system along the lines proposed by WHO.

Dr SALLEH (Brunei Darussalam) welcomed the Strategic Plan and said that her country had incorporated strengthened primary health care into its national plan for 2000–2010. The national plan also included the strategic goals of financial sustainability and equity, to be reached by redirecting funds to more cost-effective interventions and exploring alternative sources of financing, such as community participation and public-private partnerships. The performance of the health system within the plan was being monitored and evaluated, although the country lacked capacity and technical expertise in that regard. She asked WHO for guidance and technical assistance in that field. Development of her country's overall infrastructure and human resources and its sound public health programme, which was implemented on the basis of primary health care, had raised the living standard and health status of the population and enabled it to achieve almost all the health-related Millennium Development Goals. The country would not, however, remain complacent but would continue to strengthen its health system. Sharing of experiences between countries would be useful.

Brunei Darussalam remained committed to the principles and values of primary health care and supported the Regional Office's approach.

Ms BENNETT (Australia) said that her country was committed to the principles of primary health care and was preparing a new national strategy. The Regional Office's Strategic Plan would be a useful guide in that respect. Her country welcomed WHO's commitment to align its programme with the health plans of Member States, in line with the Paris Declaration on Aid Effectiveness. She enumerated a number of ways in which WHO had provided constructive leadership during the previous year with regard to health workforce planning and health financing. As adequate resources were vital for ensuring the sustainable delivery of services, she reiterated that the biennial budget allocation for that area of work might well be increased, and suggested that health systems strengthening be incorporated into all of the strategic objectives in the draft programme of work.

She asked, if WHO was to provide relevant technical assistance in strengthening health systems to country offices and Member States, what steps was the Regional Office taking to ensure that it could meet the growing number of requests for such assistance? She also asked whether experience from the work of the International Health Partnership on health systems would be taken into account. She sought WHO's view on the position of Public Expenditure and Financial Accountability (a partnership between the World Bank, the European Commission, the United Kingdom's Department for International Development, the Swiss State Secretariat for Economic Affairs, the French Ministry of Foreign Affairs, the Royal Norwegian Ministry of Foreign Affairs and the International Monetary Fund) with regard to best practices in the provision of information on donors to the recipient countries, as that was an important element of medium-term fiscal frameworks and in securing more predictable funding for countries. In principle, her country was in favour of the proposed Asia Pacific Observatory on Health Systems and Policies, and she requested further information.

She urged the Regional Office to maintain its focus on pragmatic means for implementing the Strategic Plan, in view of the urgency of attaining the health-related Millennium Development Goals in the Region and the considerable constraints that many countries faced in meeting their goals for health service delivery.

Mr KAITU (Tuvalu) welcomed the Strategic Plan outlined in the document, which was timely, in view of the increasing need to strengthen health systems in the Region. The Ministry of Health in his country was preparing a national health plan for the coming 10 years, with the assistance of WHO and the Australian Agency for International Development. That had instigated a review of existing means for the delivery of health services, human resources, information systems, financing, leadership and governance and the role of primary health care in the system. He looked forward to continuing support for his country's strategy.

Professor VONGVICHIT (Lao People's Democratic Republic) said that health services in countries such as his were limited by inadequate human and financial resources, lack of coordination, inefficient management, lack of access to appropriate technology and inadequate information for policy- and decision-making. The capacity for providing primary health care in the Lao People's Democratic Republic was nevertheless being strengthened to ensure that it reached the poor and vulnerable sectors of the population, and in order to reach the health-related Millennium Development Goals and the universal goal of health for all. He welcomed the proposed Strategic Plan and looked forward to receiving support from WHO for its implementation in his country.

Dr WONG Yukming (Hong Kong, China) said that her brief perusal of the regional Strategic Plan, received the previous day, showed that it was comprehensive and applicable to health systems in countries at different levels of development. Every health system had strengths and weaknesses. Although the Hong Kong Department of Health considered that its health care system was robust, ensured universal coverage, was cost-effective and provided good health outcomes, the mass media and the legislature did not see it in the same light. The proposed Strategic Plan would help the Department to examine its health system objectively and would allow Member States in the Region to share their experiences. She asked for further information about how the proposed regional health observatory would expedite health systems strengthening.

Mr Marcus SAMO (Federated States of Micronesia) said that his country endorsed the activities proposed in the document. He observed, however, that "health systems strengthening" appeared to be a revamped term for health systems reform; people who were actually implementing the strategies called for should not be confused by the introduction of unnecessary changes. He said the proposed observatory should serve as a means to promote academic discussions of best practices and how to translate them into practical solutions, and its end results should be tangible, in the form of improved population health. His country covered more water than land, and transport was limited; the 30% of the population that lived on remote islands thus had inadequate access to centralized health care. He therefore welcomed WHO's renewal of its commitment to primary health care. He believed strongly that strengthening health systems meant changing the structure of the systems and the way in which care was delivered. That implied not only a long phase of implementation but also prolonged, continuous external support, and he urged WHO to consider that aspect of the strategy.

Dr PARK Hyun-Young (Republic of Korea) said her Government fully agreed on the need to strengthen health systems in order to reach the health-related Millennium Development Goals. Various policies had been put in place in her country to enhance equity, with comprehensive measures to deal with the uneven distribution of health workers. Expanded coverage of national health insurance had reduced the financial burden on the public, and services were provided free of charge for the poor. Strategies for long-term, sustainable health care financing were under development, since the system would have to cope with a low fertility rate and an ageing population. Her Government believed that international cooperation was important to health system strengthening, as well as the sharing of information with other countries. To that end, the National Health Insurance Corporation, together with the WHO Western Pacific Regional Office and the United Nations Economic and Social Council for Asia and the Pacific, had invited developing countries in the Asia Pacific region to share the experiences of their health care systems, and the joint OECD/ Korea Regional Centre on Health and Social Policy, based in Seoul, had held annual meetings and workshops since 2005 to encourage Asian countries to adopt the system of national health accounts.

Dr BOLD (Mongolia) reported that his country was implementing a 10-year strategic health sector master plan that had been developed and approved in 2005 and covered the six building blocks proposed by WHO. Health sector reform entailed a government-led sectoral approach for coordination among governmental, international and domestic stakeholders. Recognizing the importance of human resources for health, Mongolia had established a high-level committee on human resources development, chaired by the Prime Minister, which had taken decisions on improving the social protection of health workers. He thanked the Regional Office for its support in that regard. As regards health care financing, the country was improving the efficiency of its health financing system and establishing new payment methods, such as

capitation payments at the primary care level and diagnosis-related group payment methods at secondary and tertiary facilities. The Ministry of Health was working with WHO to harmonize and align work on recent UNICEF and World Bank initiatives aimed at identifying funding gaps for maternal and child health services, in order to meet the Millennium Development Goals. The Ministry of Health would appreciate continuing WHO support for national capacity-building.

Dr DANIEL (Cook Islands) thanking the Secretariat for the report, noted that renewed commitment and strong leadership were needed, with strong political support. In July 2006, the Government of Cook Islands, in response to public discontent, had commissioned a review of the health system, which had recommended restructuring, greater leadership, a financial overhaul and more community involvement. That had led to the restructuring of senior management, a recruitment drive for competent clinicians, and development of primary health care to include weekly rounds, audits and teaching sessions. Community- and hospital-based services were being integrated, sharing resources and staff. That had led to increased capacity across the board and improved teamwork. It was hoped that it would also result in a stronger health system.

Mr Sunia SOAKAI (Nauru) said that the six building blocks proposed in the report provided an appropriate framework for preventive and curative services in his country's fragile health system. Major reforms had produced the National Sustainable Development Strategy, under which ministries had developed annual plans. Nauru looked to WHO and development partners for support in that endeavour, and thanked the Organization for its assistance in developing its essential drug list and guidelines for management of pharmaceuticals and supplies, which had led to substantial savings. The Regional Office's service as interim secretariat for the Pacific Human Resources for Health Alliance was appreciated, as was the support of the WHO South Pacific office. He thanked Australia and New Zealand for providing special services not available in-country, and thanked Australia for having financed reform initiatives. Nauru endorsed the Strategic Plan, but sought further clarification on the Asia Pacific Health Observatory.

Mr KOLI (Solomon Islands) praised the regional strategy for tackling an area that was particularly challenging for small island countries. Solomon Islands had made the strengthening of health systems a focus of its 2006-2010 strategic plan, and asked for harmonization of the regional approach with country-based plans. His country hoped that the plan would strengthen health financing and meet its human resource challenges. There had been an attempt to refocus the mindset of health workers, encouraging them to focus less on facility-based and more on people-based care, and he looked forward to working with WHO in that area.

Ms TEO (Singapore) observed that both developing and developed countries were faced with rising costs, emerging infectious diseases, shortages of manpower, and an increasing burden of chronic diseases. The strengthening of primary health care was therefore important, and WHO could play a central role in linking community care with hospital treatment through primary health care, which was also a good channel for managing chronic diseases. Singapore had set up a national plan for the management of chronic diseases in 2006 to improve care for patients by means of evidence-based treatment and preventive care. Patients also could pay for services through an individual medical savings account. Subsidized primary health care was now being provided to disabled and elderly people on low incomes through the Primary Care Partnership Scheme; the scheme was about to be extended to provide financial assistance to the low-income elderly for the management of chronic diseases. That activity would be aligned with the chronic disease management

programme to incorporate treatment protocols into primary health care. The aim was to have one family physician for every Singaporean, so that one doctor would treat both acute and chronic conditions.

Mrs PAUL (Marshall Islands) said that, when it came to strengthening health systems, only the people of the Marshall Islands knew their community, its strengths and weaknesses, so only they could develop strategies to improve health outcomes. The WHO framework would help in that effort. Her country had already taken several steps to strengthen its health system: traditional leaders had been asked for help, and they had provided volunteers, whom the Health Ministry trained; there were training programmes for high school graduates who would become future health workers; and a holistic approach was being used in work with partners.

At the invitation of the CHAIRPERSON, statements were made to the Committee by representatives of the International Council of Nurses, the International Hospital Federation, the Global Alliance for Vaccine and Immunization, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the International Federation of Medical Students' Associations

The DIRECTOR, HEALTH SECTOR DEVELOPMENT, first gave an illustrated presentation that outlined current thinking about an Asia Pacific Observatory on Health Systems and Policies (see Annex 1).

He thanked delegates for supporting the regional Strategic Plan, which was action-oriented and based on the WHO global framework *Everybody's Business*. It had evolved through a series of informal consultations with several Member States, and the Regional Office was now seeking the endorsement of the Regional Committee through a resolution to proceed with formal consultations with Member States.

He acknowledged the importance of the private sector and hospitals as partners, in both service delivery and primary health care. He welcomed the consensus that primary health care should be the guiding principle in health systems strengthening, which would ensure the best use of funds. Referring to aid effectiveness and the International Health Partnership, he observed that the Strategic Plan envisaged good national health plans as an important component, for both countries and donors. Greater capacity was needed to help countries to improve their national health plans. The Regional Office would also like to support countries to improve their applications to the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, with attention being paid to health systems. He emphasized the need for national health plans to be linked with medium-term expenditure frameworks to ensure sustainability; national health plans should be based on national requirements and needed not only resources but the commitment of the whole government, with good interministerial communication. The Regional Office, although not an implementing agency, would work to strengthen Member States in implementing the national health plan, which would be more difficult than drawing it up.

With the successful Pacific Human Resources for Health alliance, efforts to overcome the region's human resources problems could be enhanced. The strong regional cooperation between Member States, donors and other partners was welcomed. WHO, at all levels, was working to provide support to governments in the management and retention of health care workers and training of new workers to meet national needs. The Regional Office was also supporting the drafting of a regional code of practice on international recruitment of health personnel and was contributing to the Secretariat's global code.

He acknowledged the support for health system financing, noting the contribution of France at the global level. The Regional Office would continue to work in that area and on national health accounts.

The REGIONAL ADVISER IN HEALTH SERVICES DEVELOPMENT observed that, although it was easy to agree that health systems would be based on the values and principles of primary health care, working out the details was difficult and had to be done by each country and area. The Regional Office would continue to provide technical assistance for that work. Guidance was being sought from Member States on whether the emphasis of the regional strategy on gender, human rights and equity—elements that were covered by various international compacts, including the WHO Constitution—was appropriate.

The Regional Office would provide technical assistance to governments for the preparation of proposals for the next round of submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, but he urged representatives to ensure that their requests came, in a timely manner, from the highest levels in health ministries through the WHO country offices.

The REGIONAL DIRECTOR commented that health systems strengthening was a weak area in the otherwise excellent work record of all parties in the Region. It lagged behind that in some other regions because of an insufficient capacity to analyse and act on information. Some Member States had recently asked him how to deal with the uneven distribution of human resources by specialty and location, for example the drift to cities; how were other countries coping; what responses worked in different countries? Because he lacked solid data, he had turned to the European Region for assistance. That was the reason for his request to the Regional Committee to endorse the concept of an observatory, which would not be costly. He assured Member States that health systems strengthening would remain the Regional Office's top priority.

Ms ROCHE (New Zealand) thanked the Regional Office for the further information about the Asia Pacific Observatory, but asked for the website address of the European Observatory on Health Systems and Policies to be made more widely available to all Member States. That site contained much useful and relevant information.

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

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolution:

2.1 Proposed Programme Budget 2010–2011 (Document WPR/RC59/Conf. Paper 2)

Decision: The resolution was adopted (see resolution WPR/RC59.R3).

3. PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (Document WPR/RC59/6): Item 12 of the Agenda

In her introduction to Agenda item 12, the DIRECTOR, BUILDING HEALTHY COMMUNITIES AND POPULATIONS, said that everyone recognized the burden of noncommunicable diseases (NCD) being faced by developed and developing countries and large and small islands alike, all of which had long concluded that the burden was a critical factor in health and development, especially in the Western Pacific.

Global commitment to addressing the NCD burden had been highlighted by the adoption of the Global Strategy for NCD Prevention and Control during the Fifty-third World Health Assembly (2000) and the endorsement of the global action plan entitled "Prevention and control of noncommunicable diseases: implementation of the global strategy" at the Sixty-first World Health Assembly (2008).

The Western Pacific Region had been working on noncommunicable diseases for many years. Regional Committee resolutions WPR/RC51.R5 (2000) and WPR/RC57.R4 (2006) had called for action to combat noncommunicable diseases and their related risk factors. The report of the 2005 external evaluation of NCD programmes conducted by a team of representatives from Australia, China, Fiji and Japan in five countries in the Region (China, the Philippines, Samoa, Tonga and Viet Nam), presented at the fifty-sixth session of the Regional Committee, had formed the basis of discussions during the fifty-seventh session. Various regional action plans related to NCD prevention and control had addressed cardiovascular diseases, diabetes, tobacco control and alcohol-related harm. More recently, in response to a request expressed by Pacific island Ministers of Health at the 2007 ministerial meeting in Vanuatu, WHO had developed the Pacific Framework for the Prevention and Control of Noncommunicable Diseases. In 2007, following the development of that Framework, the Regional Office had pursued the development of an expanded regional NCD strategy document to include all Western Pacific Member States.

The draft Western Pacific Regional Action Plan for Noncommunicable Diseases, set out in Annex 1 to the document before the Committee and prepared at the request of Member States, was a collaborative effort by WHO and Member States to establish a shared vision and strategic actions to reduce the increasing NCD burden. It built upon the recently endorsed Global Action Plan and provided guidance on action to achieve the objectives of the Global Plan within the Western Pacific context. It emphasized the need for comprehensive, multisectoral approaches that required whole-of-government and whole-of-society participation, and called for enhanced support and investment in noncommunicable diseases.

The Regional Committee was asked to review and endorse the draft Regional Action Plan as the Region's collective response to the requests for action on noncommunicable diseases in previous years. Endorsement of the Plan would take the Region to the next level in addressing an urgent and growing threat to the health and economic well-being of the Western Pacific. Thanks were due to all those who had worked with the Regional Office over the years to develop and finalize the draft Regional Action Plan.

Dr PRAK PISETH RAINGSEY (Cambodia) remarked that, as a result of a lack of surveillance and prevention and control activities, the NCD burden in Cambodia had become one of the worst in the Region, and noncommunicable diseases accounted for almost half of bed occupancy in public health hospitals. The most common noncommunicable diseases were cardiovascular disease and diabetes, and incidence rates of cervical and breast cancer in women and lung cancer in men were high. Noncommunicable diseases were affecting socieoeconomic development by increasing health care costs and reducing productivity levels, thereby contributing indirectly to poverty. Yet most noncommunicable diseases could be prevented.

In response to that situation, and in pursuance of resolution WPR/RC57.R4, priority had been given to noncommunicable diseases in the 2009–2015 national health strategic plan. An interministerial steering committee for NCD prevention and control had been established and a national NCD policy and strategic plan for the period 2007–2010 had been formulated. Implementation would require financial and technical support, however, particularly to strengthen health services, raise public awareness and improve surveillance

and research. Cambodia endorsed the draft Regional Action Plan before the Committee and looked forward to working with the Regional Office on its implementation.

Mr Len TARIVONDA (Vanuatu) commented that, like other Pacific island countries, Vanuatu was facing the double burden of communicable and noncommunicable diseases. It acknowledged the technical support provided by WHO and the Secretariat of the Pacific Community in initiating the Pacific Framework for the Prevention and Control of Noncommunicable Disease, the first of its kind in the Region, which had provided the basis for the Pacific response to the NCD epidemic. Thanks were also due to AusAID for providing financial support through the Pacific Action for Health Project to assist countries in implementing their NCD prevention and control plans under the Pacific Framework. The project was currently entering its second phase, with the scaling up of country activities.

Vanuatu had taken note of the Global Action Plan endorsed by the World Health Assembly in May 2008 and endorsed the draft Regional Action Plan. The country had been privileged to participate in the informal consultation meeting held in June to finalize the latter. Vanuatu was currently conducting a midterm review of its national NCD strategy with a view to aligning it with the Pacific NCD framework and the regional and global action plans, in order to maintain consistency and facilitate monitoring and reporting.

Dr Feisul MUSTAPHA (Malaysia) expressed support for the draft Regional Action Plan. Malaysia was experiencing a substantial increase in noncommunicable diseases and associated risk factors. Most NCD determinants lay beyond the health sector, and whole-of–government and whole-of-society approaches were therefore essential. Malaysia was implementing NCD prevention and control strategies using diabetes and obesity as entry points. The Minister of Health was giving priority to noncommunicable diseases and a cabinet-level committee had been established to promote interministerial involvement. It was important to ensure that the environment in which people lived supported healthy lifestyle choices through appropriate policy, legislative and regulatory decisions, as well as continuing health promotion and education activities. Malaysia urged Member States to increase relevant advocacy at the national and local levels, in line with the draft Regional Action Plan, and to share their experiences in implementing the recommended strategies within their unique sociocultural, economic and belief systems.

Dr WAQATAKIREWA (Fiji) commended the Regional Office on having formulated and implemented a strategic plan for NCD prevention and control three years before the endorsement of the Global Action Plan by the World Health Assembly in 2008, and on its rapid response following that endorsement to ensure the alignment of the two plans. He endorsed the Regional Action Plan's vision of a region free of avoidable NCD deaths and disability. In addition to regional strategies relating to NCD risk factors, including those on tobacco control, diet and physical activity and reduction in alcohol-related harm, there was a need to emphasize the importance of protecting food and nutrition to ensure an adequate supply of healthy local foods and prevent the marketing of unhealthy food products and unregulated imported items. He therefore welcomed the work being undertaken by the Regional Office in the development of food standards for the Western Pacific. High oil prices and food shortages linked to climate change and diversification to biofuel crops had the potential to increase malnutrition in vulnerable population groups: malnutrition was also a risk factor for noncommunicable diseases and should not be neglected.

In implementing the 2010–2011 Proposed Programme Budget, the draft of which had been endorsed by the Committee, adequate and proportionate allocations must be made to ensure effective implementation of the

Regional Action Plan and the Pacific Framework for NCD Prevention and Control. It should be remembered that the NCD burden outweighed that of HIV/AIDS and common communicable diseases combined.

Thanks were due to the Secretariat of the Pacific Community and donors, as well as WHO, for their technical, financial and institutional support, which would assist Member States, especially those in the Pacific, to implement global, regional, subregional and national NCD prevention and control plans and strategies. Fiji endorsed the draft Regional Action Plan.

Mr SAMO (Federated States of Micronesia) endorsed the draft Regional Action Plan, reaffirming his country's support for NCD prevention and control efforts. The various plans of action and integration of external support should enhance ongoing regional and global efforts, with a useful convergence of resources. His country appreciated the ongoing support from WHO and the Secretariat of the Pacific Community and looked forward to receiving similar support from other partners in the Region.

Dr BAI Huqun (China) endorsed WHO's analysis of the current status of noncommunicable diseases and acknowledged the Organization's NCD prevention and control efforts. He proposed that, in the draft Western Pacific Regional Action Plan for Noncommunicable Diseases, the strategic approaches should include a reference to the need for capacity-building activities; objective 2 should include strengthening of cooperation with legislative and regulatory bodies to promote appropriate legislation linked to NCD prevention and control; and objective 3 should include a reference to the need to establish community environments that favoured NCD prevention and control, and action 1(b) recommended for Member States should be amended to read "Create smoke-free indoor environments".

Dr Paulyn RUSELL-UBIAL (Philippines) endorsed the draft Regional Action Plan, which provided a comprehensive range of strategies and initiatives. Her Government was committed to its integrated NCD prevention and control policy, which was consistent with that of WHO at the global and regional levels, and had adopted an integrated comprehensive and community-based response to noncommunicable diseases, with strong and multisectoral national and local partnerships. It was also intensifying health promotion aimed at modifying behaviour conducive to a reduction in NCD morbidity and mortality. Those actions had been reinforced by a presidential decree designating 2005-2015 as the Decade of Healthy Lifestyles. The Philippines had also developed a strategy (MDGmax) that included NCD prevention and control as a priority action in addition to the disease reduction targets of the Millennium Development Goals. Adequate financial investment was essential to ensure funding of NCD preventive interventions and reduce out-of-pocket expenses for vulnerable high-risk population groups. Support from the Global Fund to Fight AIDS, Tuberculosis and Malaria for health system strengthening would indirectly benefit NCD prevention and control. The Philippines had set the target of a 2% reduction in NCD mortality every year to 2015, which was consistent with the global goal proposed by WHO.

Dr METAI (Kiribati) endorsed the draft Regional Action Plan and requested technical and financial support for the implementation of its 2008-2011 national NCD strategic plan, which had been developed with the support of WHO.

Dr Junichiro MORI (Japan) endorsed the draft Regional Action Plan. Japan was combating NCD through a comprehensive health promotion policy package with quantitative indicators, and emphasis was being given to improving lifestyles contributing to NCD morbidity and mortality. Activities included a

novel national programme under which individuals received an initial examination to detect risk factors such as obesity, high blood pressure and high blood glucose. Those showing risk factors then received specific counselling to promote favourable behaviour modification. In addition to reducing lifestyle-related noncommunicable diseases, it was hoped that the programme would provide evidence on the determinants of and effective interventions against noncommunicable diseases. Japan would share the results of the programme with the global community. Mental health was an important element related to noncommunicable diseases in the Region, and Member States were urged to give high priority to that area in the context of NCD prevention and control.

Dr Lailawati JUMAT (Brunei Darussalam) said that health promotion and disease prevention had become a high priority for her country's Government. The private sector was also involved in promoting healthy lifestyles and had recently contributed US$ 5 million to the building of a health promotion centre, to be completed by the end of 2008. NCD prevention and control had been integrated into the primary health care system, but more work was needed to evaluate the impact of health strategies and to fund research. Government funding had been earmarked for a second national nutritional survey in 2009, which would, not only follow up on the first survey carried out in 1997, but would also look at the prevalence of chronic NCD and their associated risk factors. Brunei Darussalam greatly appreciated WHO technical assistance, which had contributed to a number of programmes relating to NCD prevention and control, and fully supported the draft Regional Action Plan, which would provide comprehensive guidance to Member States in their efforts to align national initiatives with regional and global strategies.

Dr PARK (Republic of Korea) expressed her country's commitment to strengthening of its national NCD strategy and to active participation in the regional network for NCD prevention and control. The Republic of Korea had developed a number of national health programmes to tackle the increasing burdens of cardiovascular disease, cancer and diabetes resulting from a changing environment and an ageing population, and was working to secure sustainable financing; enhance human resources; establish networks, both within and among countries; and strengthen surveillance systems. She looked forward to sharing information with other Member States.

Mr Sasa ZIBE (Papua New Guinea) spoke of the enormous challenges facing his country in the areas of social change and the double burden of communicable and noncommunicable diseases. His Government was committed, not only to implementing strategies for the prevention and control of noncommunicable diseases, but also, through that, to making Papua New Guinea a safer tourist destination. Initiatives to reduce alcohol-related and other forms of violent behaviour, smoking, and betel nut chewing would be complemented by campaigns to raise public awareness about noncommunicable diseases through national health weeks, where height, weight, blood pressure and blood glucose levels could be measured. Particular emphasis was being placed on advocacy among those sectors of the community showing an increase in noncommunicable diseases. It was hoped that a human papillomavirus vaccination programmes for pre-teen and teenage girls would be established. He looked forward to continued collaboration with WHO and bilateral and multilateral partners to find new ways to prevent and control noncommunicable diseases in his country.

Mr KAITU (Tuvalu) said that noncommunicable diseases were an increasing health challenge for his country. Tuvalu would continue to implement NCD prevention and control strategies as well as to review its national strategic plan to address emerging NCD health concerns, with the assistance of WHO and the

Secretariat of the Pacific Community. He supported the draft Regional Action Plan and looked forward to continued technical and financial support from WHO in that area.

Dr MCGRATH (New Zealand) endorsed the growing evidence for an integrated approach to the prevention and control of noncommunicable diseases and their resulting chronic conditions, particularly through intersectoral action to address the social and economic determinants of health and a multidisciplinary and primary health care approach to strengthen integrated health systems. She agreed with the representatives of Malaysia and the Philippines that community involvement in NCD prevention and control was vital, and with the representative of Japan that mental health was a high priority area and should be included in the draft Regional Action Plan. She congratulated WHO and the Secretariat of the Pacific Community on developing the Pacific Framework for Noncommunicable Disease Prevention and Control. Recent evidence in New Zealand had shown that the rate of growth of obesity had declined and the percentage of adults who smoked daily had fallen from 23.4% to 18.7% in the past five years: indications of progress in initial efforts to tackle noncommunicable diseases. She recommended that the action plan be backed by sufficient resources to ensure its success, and emphasized that it was important to have a clear understanding of NCD prevalence and risk factors in order to formulate and implement effective policy. She proposed an amendment to objective 3(1) to the effect that the "MPOWER" package should be considered the entry point, which would link the proposed actions on tobacco control to the Region's absolute commitment to the WHO Framework Convention on Tobacco Control and would encourage Member States to implement the Framework Convention fully.

Her country strongly supported the draft Regional Action Plan.

Dr HO Kawai (Hong Kong, China) said that NCD prevention and control was a priority for her Government, which had developed a comprehensive strategic framework with reference to the WHO global strategy. Hong Kong (China) recognized the importance of collaboration with local and international health organizations and would incorporate the Regional Action Plan into its national strategic framework where appropriate. A high-level steering committee composed of government and private-sector representatives would oversee the implementation of the strategic framework, including setting up expert working groups to advise on priority areas.

Mrs GIDLOW (Samoa) thanked WHO for its assistance in the area of NCD prevention and control and acknowledged the Organization's work in developing the Pacific Framework for Prevention and Control of Noncommunicable Diseases. She asked that WHO continue to provide technical expertise and assistance to help countries trying to tackle multinational corporations' marketing and promotion strategies. Strategies for the prevention and control of noncommunicable diseases needed to be incorporated into global and regional development agendas and her country supported assistance to the Pacific Islands Forum and the Secretariat of the Pacific Community to help those efforts. Samoa was reviewing its plan of action for noncommunicable diseases and was preparing a comprehensive policy to tackle the increasing incidence in the country, in line with the social, cultural and economic environment. She looked forward to working closely with WHO and development partners in the fight against noncommunicable diseases in the Region and expressed her country's support for the draft action plan and its eight key principles.

Dr KUARTEI (Palau) said that the Pacific island countries and areas had been identified as having the highest rates of obesity and noncommunicable diseases in the Region. The expanded strategy in the draft Regional Action Plan to include further underlying determinants, including globalization, urbanization and

ageing populations, broadened the scope for tackling critical issues that were not related to personal behaviour or lifestyle. He recommended that childhood risk indicators be included in primary prevention strategies for noncommunicable diseases, including risks arising during the antenatal period. Traditional Pacific island diets, which had been shown to reduce the risk of noncommunicable diseases, were being threatened by the exploitation or pollution of local food sources, and globalization and free trade, by creating imbalances, could contribute to making healthy choices more difficult. A further underlying determinant of NCD incidence was the lack of organization in some countries; more organized countries would have a better chance of addressing the effects of such factors as globalization and urbanization on the development and management of noncommunicable diseases. His country fully supported the draft Regional Action Plan.

Dr CHAN Tan Mui (Macao, China) said that the draft Regional Action Plan provided a framework within which Member States could build political commitment to coordinate a multisectoral response to NCD prevention and control. Macao (China) had worked to promote a healthy lifestyle through the Healthy City programme, with the Government, the private sector, communities and associations working together to promote prevention of risk factors for diabetes and cardiovascular disease, and the Healthy School programme. There were smoke-free public areas and programmes to help people quit smoking, and tobacco control legislation was being updated to comply with the WHO Framework Convention on Tobacco Control.

Her country supported the draft Regional Action Plan and would strengthen primary health care systems and integrate diabetes and cardiovascular disease prevention into a comprehensive NCD prevention plan, while continuing to encourage the wider community to participate in prevention activities.

Dr Tekie IOSEFA (Tokelau) said that his country was one of the smallest in the world, with a population of 1500; six times more Tokelauans lived outside the country. It had thus been exposed to constant population movement, with the introduction of new lifestyles in respect of diet, physical activity and use of alcohol and tobacco. As a result, the NCD burden appeared to have risen dramatically. That perception had been confirmed in 2005, when a national survey had shown alarmingly high prevalence rates of diabetes, hypertension, obesity and heart diseases. As a result, one fourth of the limited national budget was being used for the management of noncommunicable diseases and their complications. A plan had been drawn up to tackle the problem with the limited human resources available. He looked forward to collaboration with other countries in the Region and endorsed the draft Regional Action Plan.

Mr VILLAGOMEZ (United States of America), commenting that effective control of chronic diseases required wise programming and wise use of resources, said that the proposed Regional Action Plan overlapped with a number of others that had been adopted globally. Rather than duplicating those initiatives, the Regional Office should ensure that Member States fulfilled their obligations to implement the global strategies. They were relevant throughout the Region, for all political, language, cultural and at-risk groups; therefore, their implementation would be effective and sustainable and improve health at country level.

Globalization and urbanization were important factors in the treatment and surveillance of noncommunicable diseases, but they were not "conduits for the promotion of unhealthy lifestyles". Furthermore, the document advocated transnational environmental control by regional forums such as the Association of South East Asian Nations (ASEAN), whereas the Regional Office's primary role was to make health-based interventions. The key to reducing morbidity and mortality from noncommunicable diseases was prevention.

The Regional Office should focus on surveillance, setting norms and standards and designing models for the organization of care. Prevention should be done at the community or even individual level, whereas the document focused on interventions by governments, industry and nongovernmental organizations. Diet, physical activity and health behaviour involved complex personal choices and individual priorities. The Regional Action Plan should address those complexities and the responsibility of individuals in changing their behaviour.

His country encouraged Member States to reach the goal of reducing the mortality rate for noncommunicable diseases by 2% between 2005 and 2015, as stated in resolution WPR/RC57.R4. Most importantly, Member States should fully implement the WHO Global Strategy on Noncommunicable Diseases and the Global Strategy on Diet, Physical Activity and Health. Given the wide diversity of Member States in the Region, each should act in its national context. Thus, endorsing one group of recommendations would not be appropriate, and his country suggested that the action plan should be "acknowledged" rather than "endorsed".

Dr TANGI (Tonga) said that noncommunicable diseases had reached epidemic proportions in his country, and they were affecting younger and younger people. He recalled that, during the fifty-first and fifty-second sessions of the Regional Committee in 2000 and 2001, representatives had set an example by performing stretching exercises; at the beginning of November, he was planning to walk across the main island of Tonga in a similar gesture. Most people did not wish to abandon unhealthy lifestyles, and he hoped that WHO's activities would persuade them to do so. In his country, a health promotion foundation had been set up with the assistance of WHO and the Australian Agency for International Development; it would become operational shortly.

The meeting rose at 12:20.