SUMMARY RECORD OF THE FIFTH MEETING

(Tamna Hall A, 5th floor, International Convention Center, Jeju, Republic of Korea
Wednesday, 12 September 2007 at 14:00)

CHAIRPERSON: Dr Chang Jin MOON (Republic of Korea)

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1. PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS (continued)

1.1 HEALTH SYSTEMS STRENGTHENING: Item 11.3 of the Agenda (Document WPR/RC58/8) (continued)

Dr RAMLEE bin RAHMAT (Malaysia) said that strategies for strengthening the country's health system had been integrated into its five-year plan, with an emphasis on consolidation of services. The six goals identified in the plan were to: prevent and reduce the disease burden; enhance delivery of health care; optimize resources, including human resource development; manage disasters and crises effectively; enhance research and development; and strengthen the health information system. To consolidate services, health planning included not only the development and upgrading of physical facilities, but also training, research and development. Several new hospitals and health clinics were to be built, while older buildings were being upgraded, and health promotion and prevention were being given greater emphasis without jeopardizing medical care. The plan also left room for changes in the national health system, such as the introduction of appropriate health-care financing mechanisms. National health priorities had been identified, and plans had been formulated to address the 10 diseases that represented the greatest burden in the country.

Mr SOAKAI (Tonga) urged WHO to harmonize its activities with those of other development partners, for instance to devise complementary approaches to health-care financing with the World Bank. Both management capacity and infrastructure should be strengthened, and he suggested that infrastructure be added as the seventh "building block" of health systems strengthening in the report. Improved management would be of no use unless hospitals and basic facilities and equipment were available. Tonga had undertaken a programme of workplace planning for Ministry of Health staff, which would be applied in the first instance to the nursing profession. A scheme for health-care financing based on user fess was being devised. Wide public consultations had been held on that issue, and "safety nets" had been designed to ensure that the poorest and most vulnerable populations were covered. Tonga had also streamlined its hospital information system, on the basis of methods developed in Fiji and Samoa, to ensure that patients were followed throughout care.

Dr DANGA (Philippines), concurring with the actions proposed in the document, said that strengthening of health systems would ensure equitable access and improve efficiency and the quality of care. A comprehensive, integrated strategic policy framework for strengthening the health system had been drawn up by the Ministry of Health in her country, which included interventions in the fields of service delivery, health-care financing, regulations and good governance. The aims of the

framework were to improve health outcomes and ensure a responsive health system and equitable health financing.

Dr DANIEL (Cook Islands) said that strengthening health systems was important for achieving global and national health goals. Cook Islands, with the assistance of a company in New Zealand, had undertaken a drastic restructuring of the organization and management of service delivery in the Ministry of Health. It was important that personnel be qualified and willing to work hard to achieve the country's health goals; however, lured by better salaries and privileges in other countries, trained health personnel were leaving the country. To fill the gap, expatriates were being attracted back home, and others were being sent away for training. In addition, training workshops were being organized in the country for public health inspectors, primary dental health practitioners and nurse practitioners, partly based on a curriculum elaborated in Fiji. An expert to coordinate training was being sought.

Another concern was the quality of medical drugs and supplies, as the country was unable to test them, and he looked to WHO for assistance in that respect. A further limitation in his country was a lack of research, which was vital for improving health care. A health research council had been set up to promote and strengthen research by Pacific peoples, but that, too, would require financial assistance to improve research facilities, hire support staff and access data. He fully endorsed the report under discussion.

Dr BOUPHA (Lao People's Democratic Republic) said that his country was fully committed to strengthening the health sector, which was one of the four priorities in the sixth national plan for socioeconomic development. To address the geographical, cultural and financial barriers to access to good-quality health services, the Government had set up a network of health centres to provide promotion, prevention and treatment services, with a minimum package of services for populations not covered by the network; the package included culturally appropriate health promotion activities. A new category of primary health care worker had been created for certain health care centres, with particular attention being paid to recruitment of women and ethnic minorities. The priorities to be addressed in the future were: improving district management capacity; basing planning and budgeting on relevant, accurate information; reinforcing the programme to bring trained birth attendants and nurses to remote villages; better management, planning and budgeting of the health-centre network; strengthening the training of health personnel and scientists; and research on health-care financing systems to ensure access by the poor, expansion of community-based health insurance and health equity funds.

Ms GIDLOW (Samoa) said that strengthening the health system was a priority for her Government. Organization and management of the system was being improved by separating the regulatory role of the Ministry of Health from the service delivery role of the newly established National Health Service. Furthermore, two divisions had been established within the Ministry to monitor and evaluate the services delivered by all health care providers and to ensure safe care, adherence to standards and capacity-building. Legislation had been passed to promote good leadership and good governance for strategic policy development.

In response to the global problem of human resources for health, Samoa was establishing a human resources database in its health information system. She welcomed the Asia-Pacific Action Alliance on Human Resources for Health, as collecting information about health care professionals, including allied health workers, in each country would help the Region to address the challenge. Another initiative in that respect had been "mapping" of available nursing education programmes and facilities in the Region, undertaken by the Pacific Islands Forum Secretariat and supported by the South Pacific Chief Nurses Alliance and the Regional Office, to enhance and harmonize nursing education. Her country supported the proposal for national undergraduate or pre-registration programmes, but considered that postgraduate programmes should be at a regional level. Samoa's certification programme in advanced midwifery and mental health nursing might also be given a regional focus. In general, development of the Region would occur by building and capitalizing on national strengths.

Dr NG (Hong Kong, China) said that the policy in Hong Kong (China) was that no one would be denied adequate medical care for lack of means. Recognizing the importance of generating and making use of high-quality data for strengthening health systems, the Public Health Information System had been established to facilitate full use of such information for policy formulation, needs assessment, and monitoring and evaluation of services. A well-trained, motivated health workforce was a key ingredient of health-care systems. In order to keep health workers up to date, to meet new challenges, collaboration would be sought with local and international health authorities, training institutions and regulatory bodies. Any health system should be reviewed regularly to take into consideration the changing needs of the community. In Hong Kong (China), the public medical system was heavily subsidized, and its long-term sustainability was a concern. The Government was therefore studying ways to re-finance the system and to realign the roles of the public and private sectors in delivering medical services.

Dr PYAKALYIA (Papua New Guinea) said that a review of implementation of the first five years of his country's 10-year health plan had shown that the available resources could not cover the ambitious goals that had been set. Therefore, five priority programmes and two system priorities had

been identified. The review had also revealed a situation in which multiple development partners were pursuing their own agendas in parallel, sectorwide approaches at the national level, while the country had been castigated as a "basket case" when programmes were not implemented at district and grassroots levels. Some technical assistance programmes had been found to undermine local initiatives and capacity. The country was now attempting to take matters into its own hands, pooling financial assistance, bringing together the various parts of the health system and implementing its own programmes throughout the country, with the Government in the driver's seat. It would be important to ensure that the six building blocks listed in the document were meaningful and could be applied at country level.

Ms ABEL (Vanuatu) said that her country welcomed the holistic approach to health systems strengthening outlined in the document, which would be useful for discussions with partners and for advocacy for greater political commitment. Health sector reform in the country was under review, including a review of the Health Sector Development Plan 2004–2009 and establishment of a Health Council to encourage involvement of stakeholders. Furthermore, a meeting had been organized with development partners at which a policy for a sectorwide approach had been formulated. A workshop on human resources for health was to be held, with emphasis on training of nursing staff. Primary health care would always be the cornerstone of the health system in countries such as hers, with its scattered geography, and she fully supported the actions proposed in the report.

Dr SENILAGAKALI (Fiji) said that his country saw health system strengthening as vital to the maintenance of an effective health system, particularly in developing countries. The global market, with its free movement of goods and manpower, meant that developing countries found it difficult to retain health workers and graduate students, who were attracted to the higher salaries and better working conditions in more affluent countries of the Pacific. His country was seriously considering multi-skill training for nurses to maintain a reasonable level of health service. The introduction of ophthalmology training would begin for community health nurses in early 2008 and a postgraduate certificate in community ophthalmology would be offered at the Pacific Eye Institute, with the support of the Fred Hollows Foundation. Another possibility was the introduction of anaesthesiology training for nurses, which would address ongoing staffing difficulties in that area.

Health services in Fiji were free or at a minimal fee for all citizens. The Government was considering the introduction of a financing system that would provide universal coverage, but it was still investigating the options available and ways in which that could be done. He thanked WHO for its ongoing support in the introduction of social health insurance; however, more work was needed to identify and introduce a stable and appropriate system for the country.

Ms YUAN (United States of America) agreed that it was critically important to take a coordinated, multisectoral approach, based on the best data and evidence available, to improve health systems; a broader approach had been incorporated into many of the United States assistance programmes. The six building blocks of a health system should be used to build better links between programmes designed for, and incorporating at their core, specific health outcomes.

WHO should provide Member States with technical expertise while the countries themselves set their own priorities; that would be consistent with the principles of national decision-making and ownership that were increasingly being advocated by international organizations and donor countries.

Although a laudable goal, it was not possible for all Member States to make all effective technologies and medical products "universally available".

With regard to securing stable health financing mechanisms that did not exclude the poor, she queried what was meant by "equity funds" for the poor. It was important that, although decisions on budget allocation were made by the respective Member States, there was sustainable national investment in health to maintain sustainable health gains.

High-quality information and data and a well-trained workforce were essential to a well-functioning health system and there should be strong leadership in, and stewardship of, the health sector in all Member States.

Ms HASHIM (Brunei Darussalam) said that her country supported strengthening of health systems, based on the six building blocks, to achieve the health-related MDGs. Health development in Brunei Darussalam was part of overall socioeconomic development to improve quality of life. Strengthening human resources for health to meet expanding demand, particularly in primary health care, was a major challenge for her country.

Health service provision in Brunei adhered to the principles of universal and equitable access for better and comprehensive health care services, promotion of partnerships and public participation for efficient and effective health services for all, and sustainability of capacity and financial resources. The health system had to remain effective. Constant vigilance was necessary to make progress when faced with the many challenges to health service provision and to achieve the MDGs.

She expressed her appreciation for the regional collaboration and partnerships that had helped Brunei Darussalam to build steadily its core capacities, and she looked forward to continued sharing of expertise, experiences and information.

Dr KUARTEI (Palau) said that Palau believed that strengthening of health systems in small island countries, and perhaps in isolated communities of larger countries, should happen from the bottom up. Palau had been evaluating its medical health services over the past three years, and strategic planning should be completed by the end of 2007. The Government had decided on health priorities after consideration of a number of issues, including individual versus population health, disease-based versus health-oriented strategies, and local versus foreign funding mechanisms. The painful decision-making process involved in rationing the insufficient resources allocated to health had given health workers and decision-makers the opportunity to strengthen the country's health system in full knowledge of the current strengths and weaknesses, as shown in the latest issue of Pacific Health Dialog.

Palau endorsed the WHO initiative, but agreed with other Member States that, while planning was easy, implementation was more difficult. It was important that decision-making about how to strengthen health systems involved both health workers and the people they served.

Dr GAFA (Niue) thanked WHO for its continued support for strengthening of her country's health care system and New Zealand for financing and rebuilding the new hospital.

In the area of strengthening human resources for health, Niue had a high turnover of doctors and health care workers, who had easy access to New Zealand through citizenship of that country. She agreed with Fiji that the way forward was to train nurses to become 'sub-specialized'. She thanked WHO for acceding to her country's request to hold training in Niue rather than asking participants to travel abroad to workshops. That meant that the country could build up its workforce and train more workers, applying the "see one, do one, teach one" approach.

With regard to selection and use of appropriate medical products and technology, she felt it important to share Niue's experience as the recipient of equipment for its new hospital as a result of a European Union contribution to WHO for that purpose. She recommended that, in future, extensive consultation with the recipient should take place to evaluate the practicality of any equipment for the specific conditions of the country, its provenance and whether it would be installed and maintained and how much that would cost. Warranty, service contracts and staff training were also important issues to cover to make the best possible use of funding and equipment.

Mr EDWARDS (Marshall Islands) supported the document on health systems strengthening and said that it was imperative that his country strengthen its health system to meet emerging demands and to provide quality and affordable health care for its population.

Marshall Islands had recently begun reform to strengthen primary health care and clinical delivery services, focusing on the general health care provided in 59 centres in the outer islands. Health information management and community empowerment were two priority areas: most diseases were preventable and the community needed to take an active role in that area. Solar power had been installed and an Internet connection had been set up to link health centres with the two urban medical centres. An electronic data collection and recording system would soon be up and running.

Although the country had a new medical centre, there was a lack of skilled nurses and doctors to run it; however, an increasing number of students were graduating from the school of nursing. Collaboration and partnerships with the private sector and nongovernmental organizations had also increased. His country still needed to strengthen the rudimentary disease surveillance system and would require assistance from WHO to do that.

Mr ITALELI (Tuvalu) expressed satisfaction with the report and agreed with the representative of Tonga that infrastructure should be added as a seventh building block. A well-trained and motivated workforce was key to any health system, but motivation could only be achieved by providing proper equipment and adequate organization and management, which his country was trying to do. Tuvalu was planning to review its health system and thanked WHO for its assistance in conducting a feasibility study, which would help to identify the way forward.

He requested WHO and other supporting agencies to provide assistance for capacity-building activities. Tuvalu had a very small health budget and he asked whether WHO had any standard regarding the percentage of the overall budget that should be allocated to health.

At the invitation of the CHAIRPERSON, representatives of the Western Pacific Pharmaceutical Forum of the International Pharmaceutical Federation and the International Council of Nurses made statements to the Committee.

The DIRECTOR, HEALTH SECTOR DEVELOPMENT thanked representatives for their encouraging comments and suggestions, which would contribute greatly to the strategies for strengthening health systems. It was encouraging to note that many governments had increased funding for health.

Speakers had endorsed the six building blocks, extending and broadening the context to include universal access to services, which had led to the need to identify the role of governments in achieving universal access. He acknowledged that Member States had specific and differing needs and that, to achieve the best possible outcomes, WHO would need to consider how best to support each country on an individual basis.

With regard to the comments made by the representatives of Australia and France, he acknowledged that it was now time to take concrete action. However, there had been many examples of positive progress in the Region. The health system strengthening strategy required WHO to act more coherently as an organization, to support countries and facilitate the sharing of experiences to encourage progress, and to engage in dialogue with partners and work closely with the other United Nations organizations.

It was important that Member States stepped up to take ownership of the strategy and that national health plans were driven by the Member States and not by WHO or donors. National health plans should incorporate a sectorwide approach and WHO had provided assistance to Cambodia and Papua New Guinea, and would be providing assistance to Solomon Islands, for development and review in that area. It had also assisted the Lao People's Democratic Republic and Viet Nam with the development of health care financing and would be carrying out strategic human resource planning in the Pacific in December 2007. He noted that the Organization would increase its efforts in that area.

There were many coordination challenges at the national level to increase organizational commitment and country capacity at the regional and global levels. As a party to the Paris Declaration, WHO was well placed to focus attention and provide assistance to ensure aid effectiveness.

He thanked representatives again for their encouragement and looked forward to meeting the challenges that the strategy to strengthen health systems would bring: however, he looked to Member States to support the Regional Office to take that forward.

The REGIONAL DIRECTOR recalled that, nine years previously, during his first year in office, he had visited almost all countries in the Region and discussed the work to come. The importance of communicable and noncommunicable diseases had been almost taken for granted, but ministers had sought assistance on the complex matter of health systems. He had therefore assigned an internationally recognized expert in health financing, someone from outside the Region, to deal with the matter. Since then, more time had been spent recruiting staff, particularly at country level. He had now appointed the former WHO Representative in China to direct that high-priority area. Governments should take the lead in a sectorwide approach. Donors such as the Global Fund had provided a great deal of funding for the control of tuberculosis, HIV and malaria, and that was attracting the best and brightest to those three areas at the expense of other issues. He enjoined China and Japan, which are on the Board of the Global Fund, to consider using part of that funding to allow developing countries to develop their health systems. GAVI had already taken that step. He urged donor countries to take account of that and provide a little more for health sector development.

The CHAIRPERSON requested the rapporteurs to prepare an appropriate draft resolution for consideration later in the session.

2. AVIAN AND PANDEMIC INFLUENZA, INTERNATIONAL HEALTH REGULATIONS (2005), AND THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES: Item 12 of the Agenda (Document WPR/RC58/9)

The DIRECTOR, COMBATING COMMUNICABLE DISEASES informed the Committee that the avian influenza situation in the Western Pacific Region remained serious and that the threat of a human influenza pandemic was showing no sign of abating. Avian influenza A (H5N1) outbreaks in animals and humans had continued to occur in a number of countries during the year and the virus had become firmly entrenched in many parts of Asia. Much capacity-building work lay ahead to address the challenge.

There was a continuing need for countries to strengthen the basic surveillance and response systems necessary to respond to avian influenza, to contain any emerging influenza pandemic at its source, and to improve pandemic response. In particular, most countries would need to develop their country-level operational capacity for rapid containment. While all countries had developed national pandemic preparedness plans, pandemic planning also required full involvement of non-health sectors and local governments.

The entry into force of the International Health Regulations (2005), known as IHR (2005), on 15 June 2007 was a public health landmark for all WHO Member States. The global community now had a new legal framework to better manage its shared responsibilities and collective defences to detect and respond to public health threats and emergencies, including pandemic influenza. The Western Pacific Region was committed to complying with and implementing the new regulations to contribute to both national and international public health security.

IHR (2005) also provided new opportunities for the Region to strengthen national and regional systems and capacities for disease surveillance, alert and response. All Member States in the Region had designated their national IHR focal points and many countries had conducted national-level multisectoral workshops or meetings to inform relevant governmental sectors of the new obligations and new opportunities under the regulations. It was vitally important for all countries to functionalize or operationalize their designated national IHR focal points to contribute to strengthening of the information network. The International Health Regulations (2005) required all Member States to develop and strengthen their core capacity for surveillance and response at country level.

In the Western Pacific Region, the Asia Pacific Strategy for Emerging Diseases, or APSED, endorsed by the Regional Committee at its fifty-sixth session in 2005, was being implemented to meet the IHR core capacity-building requirements. Since the fifty-seventh session of the Regional Committee, much progress had been made in implementing the Strategy. A number of countries had now conducted assessments of their existing systems and capacity using the APSED checklists developed by WHO, and some had developed draft country plans of action. The assessment results from those countries had revealed that there were still significant challenges to be met in achieving the core capacity development goal. For example, few countries had established a countrywide event-based surveillance system, and most had not built their basic capacities for risk communication. Other countries would need to conduct country assessments and develop country workplans for implementation of the APSED.

Following endorsement of resolution WPR/RC57.R2, the second meeting of the Asia Pacific Technical Advisory Group (TAG) on Emerging Infectious Diseases, held in July 2007, had reviewed APSED implementation progress and had made recommendations on core capacity strengthening to meet the IHR (2005) core capacity requirements in the Region. Those recommendations were being presented for discussion by the Committee.

Dr DUQUE (Philippines) said that the Philippines had updated its systems to comply with IHR (2005), and had completed the APSED checklist and workplan. He exhorted WHO Member States to use that workplan as a basis for cooperation and collaboration to prepare for future public health threats in the Region. The Philippines supported its expansion from avian and pandemic influenza to cover other emerging diseases and recognized the role of points of entry and exit as the focus for cross-border public health measures; that countries had to be prepared to meet threats other than emerging diseases, such as chemical, radiological and biological threats; and that there should be regional sharing of laboratory specimens to detect rapidly emerging novel influenza and other pathogens. The Region should consider vaccine self-reliance, continuous stockpiling of oseltamivir and searching for alternative drugs. Local capacity for early warning and rapid containment should be strengthened, and animal and human health initiatives integrated, with multisectoral support to reduce the social impact of avian and pandemic influenza.

Member States should review or adapt local laws in alignment with IHR (2005), modify and test country preparedness plans, and secure resources to accomplish targets and goals.

He asked how the WHO Secretariat could assist countries in managing increasing stockpiles of oseltamivir, considering that some countries had extended expiry dates by six or 12 months.

Professor CHEW (Singapore) said that Singapore had been privileged to host the WHO interdisciplinary meeting on avian influenza the previous month. Its recommendations would be considered at the intergovernmental meeting in Geneva in November 2007. Singapore saw IHR (2005) as a framework for preventing the international spread of disease, including through the sharing of virus samples for assessment and other purposes. He noted that it had been reported that all but one of the countries affected by avian influenza had been sharing virus samples. No WHO region could be free of risk unless all were. That had been seen with imported cases of polio in Singapore and Australia. He asked the Regional Director to resolve the issue through APSED, which had been endorsed by the Western Pacific and South-East Asian Regions, so that the sharing of virus samples could be resumed in the interests of public health.

Dr NGUYEN HUY NGA (Viet Nam) said that, since December 2003, his country had had four outbreaks of avian influenza in humans, with 140 infections and 46 deaths—the largest casualty rate in the Region. In 2007, there had been seven positive cases of human AH5N1, with four deaths. Most human cases had had at least indirect contact with infected poultry.

Viet Nam had taken several steps to prevent an avian influenza pandemic. There was strong government leadership; the Prime Minister had urged provinces to prevent the spread of avian influenza, visiting infected areas himself and telling ministers to supervise work in the field. In 2006–2007 the Government had invested over US$ 200 million in avian influenza control, including US$ 70 million for the health sector. The Ministry of Health and the agricultural sector had worked together for pandemic preparedness, and the influenza and A (H5N1) sentinel surveillance system had been strengthened and an early warning avian response system (EWARS) set up. Viet Nam had invested heavily in improving provincial laboratories and had built two laboratories at biosafety level III. Stockpiles of Tamiflu had been prepared for the treatment of A (H5N1) influenza, and associated health education and communication activities had been organized. In May 2007, a simulation exercise on avian influenza control had been conducted in the country and across the border with China. Since the country was in a high-risk area, it was reviewing the 2005 action plan for pandemic prevention and control. In December 2007, it would conduct two workshops, to review and to revise the action plan. Its main objectives were to be prepared, to reduce human and economic losses to a minimum if an outbreak were to occur, and to protect people's lives and livelihoods.

Viet Nam had always been transparent about epidemics, sharing samples and information on new pathogens with WHO and the Centers for Disease Control in the United States of America. The country was committed to the IHR (2005) and the Minister of Health had designated the Viet Nam Administration of Preventive Medicine as the national IHR focal point and had drafted regulations on its responsibility concerning input from the relevant ministries. The IHR (2005) had been translated

into Vietnamese and distributed to provincial preventive medicine centres and health quarantine centres, and workshops on their use had been held, including the first national multisectoral workshop.

Viet Nam supported the APSED initiative and was developing a national work plan, since it was committed to defending against epidemics and pandemics, thus increasing international health security. The final draft of the law on communicable disease control and prevention, including IHR ideas, was before the National Assembly. The Prime Minister had asked the Ministry of Health for an action plan on the control of emerging diseases; it would include components of APSED, fully supporting WHO activities. Viet Nam needed support from WHO in improving laboratory quality and in A (H5N1) vaccine development, and technical assistance for its field epidemiology training programme.

Dr GRANGEON (France) thanked the Regional Office for its leadership in the area under discussion and called for more work in partnership with the South-East Asia Region. He asked for specifics on the reporting procedure, and for precise contact addresses at subregional and regional levels and at WHO Headquarters.

Some problems had been caused by the lack of technical guidelines or French translations thereof. In collaboration with WHO, the Secretariat of the Pacific Community and the French Ministry of Health, the French overseas territories had drawn up a pandemic influenza preparedness plan adapted to their situation, as part of the strategy for control of emerging diseases in the Pacific. It was important to develop the regional response to the pandemic threat, pooling resources, including medicines and personal protective equipment. The improved response could encompass national early warning systems at various levels, and the establishment of diagnosis and of biological safety. The Institut Pasteur in New Caledonia and the Institut Mallarde in French Polynesia could be involved.

Dr SHIN (Republic of Korea) noted the leading position of the Regional Office for the Western Pacific in strengthening regional capacity, as exemplified by APSED. In 2006, the Republic of Korea had completed the revision of its national pandemic preparedness plan, and would continue to address gaps and weaknesses in the process, working for transparent international exchange of information. Pandemic preparedness and response in implementation of the IHR (2005) were priorities in health policy. The relevant laws were being revised to facilitate implementation of those regulations. National core capacity to comply with the IHR would be ready by June 2012. The country was vulnerable to emerging infections, especially pandemic influenza, having experienced seven avian influenza outbreaks in poultry between 2006 and April 2007. Measures to prevent human infection had included the culling of 2.8 million animals, plus the provision of health education,

personal protective equipment and antivirals to all 5000 stakeholders, including those who had carried out the culling. There had been no human cases, largely as a result of those efforts.

A vaccine would be the best protection against pandemic influenza. WHO was developing a global action plan on increasing influenza vaccine supply, and she asked whether there was a regional policy to increase vaccine production capacity. She proposed an action plan should be discussed at the next session of the Regional Committee. The Republic of Korea endorsed the recommendations of the technical advisory group and the meeting of national IHR focal points and programme managers for emerging infectious diseases, and would strive to ensure their implementation.

Dr LIANG (China), welcoming the strategic combination of topics under agenda item 12, endorsed the analysis of regional trends provided in the report and the recommendations before the Regional Committee. Emerging infectious diseases were hampering socioeconomic development as well as health in the Region. Prevention and control of human cases of highly pathogenic avian influenza had a high profile on the international agenda. China, which had been affected by such diseases, was actively advocating interregional and international cooperation. It had dealt successfully with 24 human cases of avian influenza and had actively supported prevention and control activities in other Member States in the Region. China supported WHO in using the IHR (2005) as a legal framework for international cooperation in conducting joint responses to public health emergencies and the Asia Pacific Strategy for Emerging Diseases to promote capacity building. In China, the Ministry of Health was responsible for implementing the IHR (2005) and for the coordination of intersectoral capacity evaluation and capacity-building. The Ministry had also launched a national strategy for the prevention and control of emerging diseases, with specific goals and areas of action.

He suggested that a regional alert and response network should be established for the sharing of information, early detection and notification of cases, and coordination of concerted responses. Activities should include the development of good-quality epidemiological surveillance, and measures for the effective control and containment of human cases, with a view to establishing public health emergency response systems. Continued technical and financial support should be provided to high-risk areas and developing countries to improve their capacity to respond and to ensure coordinated capacity development in the Region.

Dr RAHMAH (Brunei Darussalam) said that the occurrence of new human cases of A (H5N1) avian influenza signalled the need for extreme vigilance and high preparedness to enact appropriate responses designed to control and contain any outbreaks of pandemic influenza, the persistent threat of which was unlikely to diminish in the near future. In Brunei Darussalam, measures to address that threat were high on the health agenda. IHR requirements were also taken into account,

along with responses to other potential threats to public health. On the basis of the experiences and information shared at the Meeting of Emerging Infectious Disease (EID) Programme Managers and National IHR Focal Points in the Western Pacific Region, Brunei Darussalam had reviewed its current status and identified needs and approaches with regard to compliance with those requirements and implementation of APSED. Technical assistance to that end would, however, be greatly appreciated in view of the country's limited capacity and experience in such matters.

Dr BOUPHA (Lao People's Democratic Republic) said that no new outbreaks of A (H5N1) infection had been reported in his country since April 2007, prior to which two fatal cases had occurred in humans. One of those cases in particular had furthered the knowledge and experience of such situations by way of contacts, repeat visits and joint exercises by countries and organizations alike. An APSED baseline capacity assessment of core programme areas had been undertaken in early 2007 and an EID workplan for 2007–2010 had been drafted. Although much remained to be done in such areas as surveillance, infection control and risk communication, the Lao People's Democratic Republic was proud of what it had achieved thus far with support from WHO and other partners. It had, for instance, disseminated copies of the IHR in the local language, produced an effective and entertaining video on the prevention of avian influenza and adopted comprehensive public health measures to control focal outbreaks of A (H5N1) infection. Provincial response teams had also been mobilized successfully. The EID workplan aimed to strengthen such responses and address other challenges relating to, inter alia, human-resource capacities, laboratory skills, supplies and hospital infection control.

Dr DANIEL (Cook Islands) said that Cook Islands had developed a national pandemic influenza action plan, with contributions from all relevant government sectors and nongovernmental organizations. It was hoped that any gaps in the plan would be revealed when it was tested later in September 2007. New Zealand and the SPC were providing consultant support for the exercise. Cook Islands looked forward to sharing its experience and would welcome observers. Public health legislation was currently being reviewed with a view to incorporating the IHR (2005) and presenting revisions to Parliament. The provision of adequate supplies of influenza vaccine, drugs and personal protective equipment for health workers was of concern. Thanks were due to New Zealand for its support in relation to vaccines, and Cook Islands looked to WHO for additional support. Countries such as his own had been ill-prepared for the 1918 influenza pandemic and many lives had been lost. It was hoped that current efforts to establish preparedness plans would prevent such loss of life in any future pandemic.

Dr INOUE (Japan) said that WHO should continue to offer its support to Member States for conducting appropriate exercises and improving preparedness to address the very real threat posed by

pandemic influenza. With a clear scope and objective in mind, the periodic testing of crisis management plans was particularly important. The capacity to execute those plans, however, was equally important. Japan therefore fully supported WHO strategies aimed at the development of that capacity, required under the IHR, which would also promote preparedness for all other hazards.

Dr NELESONE (Tokelau) said that past support from WHO, the SPC and other development partners had raised the profile of avian and pandemic influenza as an important health issue in Tokelau, which, through the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP), had now developed a plan for dealing with outbreaks. The Government of Tokelau was committed to providing the core capacity to implement that plan, using a multisectoral approach, to which end training of the workforce was essential. He acknowledged the support and partnership shown to Tokelau by New Zealand in allowing it to observe the testing of its own national preparedness plan. In that context, he urged WHO and other development partners to support future collaboration on testing among neighbouring countries, as well as to continue their work to ensure effective compliance with IHR requirements.

Dr HALL (Australia) thanked the Secretariat for its support to Member States in implementing the IHR (2005) and strengthening prevention, detection and control measures, and preparedness for emerging diseases, including avian and pandemic influenza. Australia recognized that the timely and transparent sharing of specimens and clinical, laboratory and epidemiological information was essential for global health risk assessment, disease control and preparedness. Timely sharing of data and specimens was particularly important in the case of influenza. Australia affirmed its commitment to the work of the WHO Global Influenza Surveillance Network and the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne, Australia, and welcomed the leadership of WHO in the work to review and strengthen current processes for sharing viruses and related data, and the benefits of such sharing, and looked forward to a positive outcome from the intergovernmental meeting to review influenza surveillance systems to be held in November 2007. Australia would continue to work with the Regional Office and Member States to achieve progress in all those areas.

Mr HODGSON (New Zealand) said that, while New Zealand had been fortunate in not having experienced an avian influenza outbreak, it had learnt two main lessons from its extensive planning for preparedness for such an event. The first was that good health sector planning alone was not enough. Health services could not be delivered if other essential services were not operational, and business and banking sectors must remain functional in the event of an outbreak. Good planning across government and across society as a whole was therefore vital. The second lesson was the importance of regular exercises to test emergency preparedness plans. Exercises raised awareness in

those who would be the key players in any emergency, and provided useful training for new personnel. Moreover, as the representative of Cook Islands had pointed out, tests could reveal gaps and permit revision and refinement; it was far better for problems to arise in an exercise than during an actual outbreak.

Dr CHUANG (Hong Kong, China) said that measures to prevent the spread of avian influenza had been implemented in Hong Kong (China) since 1997. Cases of H5N1 wild bird infections had been detected by the surveillance programme that was also in place for both human and animal populations, but fortunately no human H5N1 infections had occurred since 2003. In line with APSED, the pandemic preparedness plan of Hong Kong (China) advocated a population-based cross-sectoral approach and interdepartmental drills and exercises were conducted regularly for testing purposes. Antivirals had also been stockpiled as a contingency measure, but Hong Kong (China) and other countries without pharmaceutical companies at their immediate disposal were unable to secure supplies of human pandemic influenza vaccines. She therefore looked forward to the issuance of guidelines and directions from WHO, including the Regional Office, on that subject.

While supporting the strategy for the rapid containment of pandemic outbreaks, particularly in rural areas, she was concerned by the difficulties entailed in conducting the required operations in highly urbanized cities such as Hong Kong (China), where citizens were also highly mobile. Again, she looked to WHO and the Regional Office for advice on the rapid containment of infection in such cities.

Mr TARIVONDA (Vanuatu) said that Vanuatu joined the global community in recognizing the threat of avian and pandemic influenza, and welcomed APSED as an excellent tool for helping countries develop the core capacities needed to permit compliance with the IHR (2005). Vanuatu had designated an IHR focal point and developed a draft pandemic preparedness plan, and hoped to implement the APSED workplan. UNICEF would support the development of a communication strategy as part of its mandate to address that component of avian influenza planning and preparedness. However, progress in all those areas was slow owing to capacity and other constraints. The small Pacific island countries were experiencing acute shortages in staff in all areas, and other priorities, such as malaria and noncommunicable disease prevention and control, took precedence. Nevertheless, Vanuatu remained committed to achieving compliance with the IHR (2005) within the agreed timeframe, and would do its best to implement APSED. It was hoped that the UNICEF contribution would provide an entry point for subsequent activities. Vanuatu proposed that the Regional Office should designate a technical IHR focal point in the WHO South Pacific Office to support small island countries in their efforts to achieve compliance and to assist with influenza

emergency preparedness planning. He endorsed the recommendations submitted to the Regional Committee.

Dr PYAKALYIA (Papua New Guinea) thanked WHO and other partners for the support provided to Papua New Guinea in establishing a national coordination mechanism and adopting an influenza preparedness plan. Although some aspects of the surveillance system were in place, further development was needed. So far five deaths in poultry had proved negative for A (H5N1) avian influenza, although the virus had been found in a neighbouring country, Indonesia, not far from the border, and there was considerable movement along and across that border. He expressed appreciation for the work of WHO at the global, regional and country levels, and endorsed the recommendations submitted to the Regional Committee. Papua New Guinea had received valuable support from Australia, the Secretariat of the Pacific Community and the United States Centers for Disease Control and Prevention in investigating suspected avian influenza cases, developing its influenza emergency preparedness plan, and strengthening the surveillance system.

Ms YUAN (United States of America) said that the preparation for and response to pandemic influenza at the international level demanded the sustained attention of all WHO Member States. For its part, the United States Government was committed to efforts by the Regional Office and other relevant organizations—efforts which should in fact be redoubled—to assist developing countries in preparing for a pandemic. In that context, the sharing of virus samples and sequence data was essential, as was the immediate and transparent reporting of all human and animal cases of H5NI-strain influenza, in addition to seasonal and other novel influenza viruses.

The current global capacity for the production of a vaccine in response to an influenza pandemic fell short of the global need. The award of WHO grants for technology transfers aimed at the development of national production capacities should not, however, compromise the integrity of the WHO Global Influenza Surveillance Network. All nations had a responsibility to provide data and virus samples, both immediately and freely, for surveillance, risk assessment and the development of countermeasures that were inextricably linked with global public health.

In the interest of furthering pandemic preparedness in developing countries, the United States Government encouraged donor countries and private industry to make voluntary contributions that might, for example, include real or virtual stockpiles of vaccines and medicines or technical assistance for local capacity development in vaccine research or production. It also supported the recommendations of the second meeting of the Technical Advisory Group (TAG) on EID.

The meeting rose at 16:55.