SUMMARY RECORD OF THE FIFTH MEETING

(Lower NZI, Aotea Centre, Auckland Convention Centre)
Wednesday, 20 September 2006 at 14:00

CHAIRPERSON: Honourable Pete Hodgson (New Zealand)

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Ms GIDLOW (Samoa) expressed appreciation that the item continued to appear on the Committee’s agenda. Samoa subscribed to the goal of eliminating tuberculosis in the Region, which could become a reality if the objectives set out in the Strategic Plan were attained. Her country had benefited from support for DOTS but still needed technical and financial assistance: from WHO in order to facilitate sectorwide capacity-building, and from sector partners and community service providers for prevention and control programmes, given the continuing limitations on human resources. Help was also needed to build monitoring and evaluation capacities in the Stop TB programmes so that efforts and limited resources could be better directed. She supported the Regional Strategy.

Dr TOURNEUX (France) welcomed the attention given to the TB-HIV coinfection, a point France had specifically raised at the fifty-sixth session of the Committee. Without proper surveillance there was no guarantee that the ambitious objectives for treatment would be extended to all those who needed it. She urged greater harmonization between the activities planned in the Region, those implemented in neighbouring regions, including the Region for South-East Asia, and those of other organizations in the United Nations system.

Substantial investment by public authorities in tuberculosis control programmes in French overseas territories in the Pacific over the past decade, enabling the introduction of high-quality screening for index cases, particularly cases of pulmonary infection, had significantly reduced the annual incidence rate of tuberculosis. In New Caledonia and French Polynesia a drug-resistance surveillance programme had been designed to monitor the effectiveness of treatment and, as appropriate, change the therapeutic regimen.

Mr IATIKA (Vanuatu) commended the work on prevention and control of tuberculosis, including the Strategic Plan for 2006-2010. With the financial assistance and technical support of WHO, Vanuatu had introduced DOTS in 2001 and had implemented a national control programme throughout the country. It had formulated a national strategic plan for 2006-2008 with the support of WHO and other partners. He endorsed the Regional Strategic Plan for 2006-2010, which would be of help in reviewing the national plan.

The acting REGIONAL DIRECTOR congratulated Member States on their achievements in tuberculosis control; the Region was leading the way and setting an example for the world of what could be done with strong governmental commitment and support from partners. Good progress was being made in overcoming difficulties, such as multidrug resistance and TB-HIV coinfection, and in
establishing public-private partnerships—in the previous meeting, the Philippines had provided an excellent example. The Regional Strategic Plan for 2006–2010 would be revised in the light of representatives’ comments. It was recognized that the Region’s goal of halving mortality by 2010 compared with 2000 differed from the target in Millennium Development Goal 6, as mentioned by the representatives of China and the United States of America, but it had been adopted by the Regional Committee in 2000 in resolution WPR/RC51.R4. He expressed the hope that all Member States would agree to maintain and work towards that goal.

He also expressed great appreciation for the support from partners, especially the Government of Japan, the Research Institute of Tuberculosis, AusAID, USAID, the Centers for Disease Control and Prevention of the United States of America, and for the technical support being offered by the Government of the Republic of Korea. He assured representatives that the Secretariat was working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Secretariat for the Pacific Community and other partners. The Interagency Coordinating Committee focusing on tuberculosis was very active, and WHO was working closely with the World Bank.

The REGIONAL ADVISER, STOP TB AND LEPROSY ELIMINATION, further responding to comments, reiterated the fact that the progress made would not have been possible without strong political commitment from Member States and the support of partners.

The importance of cross-border management of tuberculosis, mentioned by the representative of New Zealand, was an issue, not only for the Pacific, but for several countries in the Mekong subregion. The Secretariat would continue to work with countries to strengthen that aspect of control.

The representative of the United States of America had called for better collaboration and integration of tuberculosis control activities in general health services in the context of health systems strengthening. Collaboration between tuberculosis and HIV/AIDS programmes was a priority in the Regional Strategic Plan for 2006-2010. The Plan also gave high priority to the programmatic management of multidrug-resistant tuberculosis, and he welcomed the commitment of the Chinese Government to tackle that problem urgently.

The Secretariat would not neglect the different challenges being faced by countries with an intermediate burden of tuberculosis, such as an ageing population and an ageing tuberculosis epidemic, as mentioned by the representatives of Hong Kong (China) and Japan. It was continuing to provide strong support to countries for the preparation of applications regarding tuberculosis programmes to the Global Fund and implementation of successful proposals.

He assured the representative of France that the Regional Office was collaborating with the Regional Office for South-East Asia. The joint training programme for TB-HIV coinfection was a good
example; a biregional course had been held in Bangkok, Thailand, earlier in the year. That collaboration would be extended further.

There being no further comments, the CHAIRPERSON requested the Rapporteurs to prepare a draft resolution on the subject for consideration later in the session.

2. REGIONAL STRATEGY ON HUMAN RESOURCES FOR HEALTH 2006–2015:
   Item 14 of the Agenda (Document WPR/RC57/9)

   The acting REGIONAL DIRECTOR, introducing the document, spoke of the strong correlation between the density of health care providers and the attainment of high levels of population coverage with essential health interventions, including those that help infants, children and mothers to survive. The evidence showed that countries and areas with fewer than 2.3 doctors, nurses and midwives per 1000 people were unable to provide basic, life-saving services in a consistent manner. Countries and areas with such shortages of health workers generally failed to achieve high vaccination coverage rates and usually could not provide skilled attendants at births.

   The growing global health workforce shortage was placing a special burden on the Western Pacific Region. All too often, health workers were overburdened and overstressed, too few in number, poorly paid, and lacking desperately needed support and protection, particularly in health systems in developing countries and in areas with the greatest health needs. The emergence of SARS and the outbreak of avian influenza had revealed that many countries and areas in the Region had insufficient expertise in epidemiology, infection control, laboratory work, logistics and risk communication.

   The loss of highly skilled health professionals through emigration was making it increasingly difficult to train, support and retain an adequate, competent and responsive health workforce. In the most severely affected countries and areas, the achievement of good health and progress towards the targets set out in the health-related Millennium Development Goals had stalled or deteriorated.

   The World Health Assembly had recently adopted several resolutions calling for urgent and concerted action to be taken by Member States, the Director-General and development partners in order to stem the crisis, with specific attention on: the international migration of health personnel; national health workforce strategic planning, management and support; the rapid expansion of the health workforce; strengthening nursing and midwifery; and building effective partnerships and alliances in support of country-specific plans.

   To overcome the obstacles, strong political commitment, greater resources, government leadership, and the support of partners over the long term were needed. Some challenges, such as the emigration of health professionals and the deployment and retention of skilled personnel in rural, remote and
underserved areas, would require innovative approaches and solutions. Although the focus was on health workers, it also had to be borne in mind that they would need to be provided with supportive working environments and essential equipment, supplies and medicines, as well as logistics, health care referral systems and technical support to do their work.

*The World Health Report 2006* called for governments to take the lead in enhancing the capacity, readiness and effectiveness of their health workforces through new strategies, with partners providing needed support. To guide that work over the next decade, he was pleased to present a draft Regional Strategy on Human Resources for Health 2006–2015 for the Committee’s consideration.

The process of developing the Regional Strategy had begun in late 2004 with an analysis of the health workforce situation in the Western Pacific Region, as well as existing evidence, best practices and the experiences of countries and areas in the Western Pacific Region and beyond.

In early 2005, an initial draft of the Regional Strategy had been drawn up by a group of experts and a technical working group organized by WHO, and had been circulated to key partners for their comments. In November 2005, an informal consultation with selected Member States, health training institutions, and professional associations and agencies had been convened to refine the text. In early 2006, the draft Regional Strategy had been finalized based on the consultation and subsequent comments from some partners, including national counterparts.

The Regional Strategy would guide WHO's collaboration in strengthening the capacity of countries and areas to ensure that their health workforces were responsive to population health needs, to enhance health system performance and service quality, and to improve health outcomes. As for Member States, it provided a range of policy options and strategic actions from which to choose. It had to be emphasized, however, that the Regional Strategy could not and should not replace the need for country-specific strategies aimed at ensuring sufficient, balanced, competent, productive, responsive and supported health workforces to promote equitable access to quality health services and improved health outcomes and health systems performance.

The draft Regional Strategy on Human Resources for Health 2006–2015 submitted to the Regional Committee would be a valuable tool for countries and partners. He looked forward to the comments of the Committee and trusted that they would endorse the Strategy.

Dr ZHOU (China) welcomed the inclusion of an item on human resources for health on the agenda, since the health workforce was of strategic importance for health protection. The draft Strategy on Human Resources for Health 2006-2015 would provide a valuable framework to guide Member States in overcoming the many challenges they faced in developing their human resources. WHO should consider increasing its financial investment in human resource development and should promote research
and training projects in that area. Developing countries in particular were finding it difficult to obtain adequate human resources for health and overcome the problems of migration of qualified staff. WHO should consider setting milestones along the way to the five strategic goals set out in the draft Strategy, together with an approximate timetable for their attainment.

Dr YANG (Republic of Korea) said that his Government was currently drafting a national basic plan for health workforce development, together with detailed annual plans that would take into account changes in health care, such as higher levels of expectation in the general public and acceleration in the liberalization of the health market. It was hoped that the basic plan would ensure an adequate supply of health personnel and sustained improvement in the quality of health services. The Republic of Korea was also seeking to improve the management of the health workforce and to strengthen relations with other Member States on the basis of the policy options and guidance set out in *The World Health Report 2006*. WHO should make further efforts to facilitate and coordinate collaboration between Member States, with support from expert groups, in the areas of development, management and migration of health workers.

Dr SUGIJURA (Japan) commented that human resources for health were essential for delivering health services and were the core of any country's health system. He therefore supported the draft Regional Strategy. The five strategic objectives and three key result areas of the draft Strategy were realistic. However, there were 13 key outcomes and 56 indicators for monitoring and evaluation, and some of the indicators did not simply rely on collection of information. From a practical viewpoint it would be preferable to have fewer, simpler and more reliable indicators.

It was important to implement long-term strategies for the development of human resources for health as well as measures to deal with short-term needs. In Japan, for example, basic education for children had been established more than 100 years earlier – long before the start of significant economic growth – because human resource development had been seen as a top priority. Japan had developed legislation in respect of health care staff and had defined their responsibilities. Long-term strategies should employ a multisectoral approach, involving the education, economic and legislative sectors as well as health.

In collaboration with WHO, the National Institute of Public Health in Japan was currently accepting candidates from Papua New Guinea on WHO fellowships. In addition, Japan was willing to arrange a workshop in Japan for health care workers from the Western Pacific.

Dr KUARTAI (Republic of Palau) said that his country was seeking to meet its changing health needs within available resources, firstly by training the workforce, which at present was understaffed and underskilled. Clinical and public health nursing in particular had to be improved. Until recently, almost all allied health workers had been “home grown” and trained on the job. Since too few candidates
qualified for or completed training abroad, in-country training was being used. A nursing assistant training programme filled the lower ranks of the profession, but such staff were not easily upgraded to licensed and registered nurses.

The 600-hour distance learning programme run by the University of Alaska, Anchorage, United States of America, had trained six pharmacy assistants; since 2003, the Palau Area Health Education Centre, Fiji School of Medicine and the University of Auckland had run 54 in-country courses in public health and eight in general practice. In 2004 and 2006, 50 physicians, nurses, environmental health workers, health administrators and nutrition workers had graduated in Palau from the Fiji School of Medicine. In 2006, four Palau physicians had taken postgraduate diplomas in general practice at the University of Auckland. Large gaps remained, however, in radiology, medical laboratories and physical therapy.

On World Health Day 2006 the Ministry of Health had run a workshop on human resources. It had then co-chaired another at the 42nd Pacific Island Health Officers’ Association meeting. The latter should result in a regional plan.

He regarded the document under review as timely and relevant, and made several proposals on the “Strategy Implementation” section. Given Palau’s successes with in-country training, WHO should work with regional health training institutions to provide face-to-face and distance clinical and public health instruction at undergraduate and postgraduate levels. The content of the Pacific Online Health Learning Network should be extended. Technical assistance should be provided in matching human resources for health with actual needs, repeating the success of the Pacific Island Health Officers’ Association meeting. North Pacific training centres in medical laboratory sciences, radiology and physical therapy should be set up, in conjunction with the Pacific Paramedical Training Centre and the Fiji School of Medicine. Regional community colleges should be supported in establishing undergraduate programmes in foundation sciences and public health to enable students to qualify for clinical and public health programmes at regional institutions.

3. MINISTERIAL ROUND TABLE: TRANSLATION OF RESEARCH INTO POLICY AND HEALTH CARE PRACTICE: Item 18 of the Agenda (Document WPR/RC57/13)

The round table discussed a range of issues concerning translation of research into policy and health care practice. Minister Pete Hodgson presided over the discussions.

The meeting rose at 17:00.