SUMMARY RECORD OF THE FOURTH MEETING

Room A of the Kyoto International Conference Hall
Wednesday, 18 September 2002 at 9 a.m.

CHAIRPERSON: Dr Hideo SHINOZAKI (Japan)

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1. STATEMENT BY A REPRESENTATIVE OF A NONGOVERNMENTAL ORGANIZATION

A statement was made by a representative of the International Pediatric Association in relation to item 12, Tuberculosis.

2. THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA: Item 10 of the Agenda (Document WPR/RC53/5)

The REGIONAL DIRECTOR explained that the idea of an international funding mechanism to fight AIDS, tuberculosis and malaria had arisen from the Okinawa G8 Summit in July 2000. Given powerful support by the United Nations Secretary-General, the idea had now led to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The development of the Global Fund had been very rapid. The first round of proposals had been completed in less than three months, from the call for proposals to the awarding of grants. The fund had approved 58 proposals from 40 countries in the first round and US$ 616 million had been committed for disbursement over the next two years. Of these proposals, nine from the Western Pacific (from five countries) had been approved. A total of 21 proposals from eight countries had been submitted from Member States of the Region. The Western Pacific Region, therefore, had the highest success rate (43%) of the WHO regions. He congratulated all the Member States on that achievement.

WHO had been actively involved in supporting Member States during the first round. That support had taken place across four areas, namely, communications, technical support, coordination and participation.

In order to ensure that developments were communicated rapidly to Member States, the South-East Asia and Western Pacific Regions of WHO had supported two biregional meetings organized by the Governments of China and Thailand. WHO had also communicated the latest information on the Global Fund to Member States through its country offices.

In the area of technical support, WHO had worked with countries to prepare proposals, either through staff based at country offices or the Regional Office or by recruiting consultants at the request of Member States.

To ensure optimum coordination and participation, the Regional Office and country offices had taken an active role in facilitating the development of country coordinating mechanisms (CCM).

In response to requests made by Member States for WHO to continue and expand its support for countries to develop proposals and to implement the projects, WHO had played an even more active role in the second round.

WHO had organized two meetings, one in Manila and one in Fiji, to enable Member States to develop high-quality proposals for the second round, the deadline for which was 27 September. The meeting in Fiji had developed a multicountry proposal for Pacific island countries. Representatives from two countries on the Board of the Global Fund, China and Japan, as well as members of the Global Fund secretariat, had attended the two meetings.

The Global Fund would have significant implications for the Region, since the three diseases not only imposed a heavy disease burden and had the potential to spread rapidly, they also had a significant impact on poverty. WHO and its Member States should do their best to maximize the opportunities presented to them by the creation of the Global Fund. Developing and having a proposal accepted was not an end in itself; the proposal should be implemented in a transparent and responsible manner so that the Global Fund would continue its support for the benefit of the people of the Region.

The Global Fund was still young and the challenges remained great. Nevertheless, he was confident that if WHO and its Member States strengthened their efforts to make the best of the opportunity, they could scale up their activities to combat the three diseases and thus help to reduce poverty and save the lives of thousands of people in the Region.

Dr WAQATAKIREWA (Fiji) thanked the Regional Director for the presentation on the Global Fund and congratulated those countries in the Western Pacific Region whose proposals had been approved in the first round.

In August 2002, the first Pacific island meeting on the Fund had been held in Fiji, in collaboration with WHO and the Secretariat of the Pacific Community. Eleven countries had attended: Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Fiji had been elected chair of the country coordinating mechanism for Pacific island countries, with Tonga as vice-chair. As chair, Fiji would keep the other countries informed of matters related to the Global Fund.

At that meeting, four important principles had been agreed:

First, the Pacific island countries would make a multicountry proposal under the small island states category; second, proposals could relate to any of the three diseases or a combination; third, the Secretariat of the Pacific Community would act as the principal recipient of funds received from the Global Fund; and fourth, WHO and the Joint United Nations Programme on AIDS should be requested to assume the role of an initial Secretariat for matters related to the Global Fund and Pacific island countries.

For the second round, multicountry proposals had been submitted covering all three diseases covered by the Global Fund.

The Global Fund allowed cross-border initiatives for multicountry proposals. The Pacific island proposals had two such activities: first, training in malaria control, to be based in Solomon Islands, and an HIV diagnostic laboratory, to be based in Fiji; and second, establishment and strengthening of diagnostic capabilities in Cook Islands and Samoa in line with level 2 laboratory functions.

The proposals had been finalized and endorsed at a follow-up meeting in September 2002 with support from the WHO Western Pacific Regional Office, the Joint United Nations Programme on AIDS and the Secretariat of the Pacific Community. He called on those countries of the Region who were members of the Global Fund Board to support the proposals from Pacific island countries.

He sought information on the membership process for the Global Fund Board. Fiji felt that WHO should play an active role in the Global Fund, and he sought clarification on the role of WHO in this regard.

Dr OKAMOTO (Japan) describing the Global Fund as a financial instrument to scale-up existing measures to control the three diseases, expressed his thanks to the governments, WHO, the Joint United Nations Programme on AIDS, nongovernmental organizations and other parties who had worked ceaselessly to establish the Global Fund. Japan had committed US$ 200 million to the Global Fund since the Okinawa summit and would continue to support it as Vice Chair of the Board of the Global Fund.

The mechanisms and procedures of the Global Fund were still evolving and would need considerable improvement, particularly the appraisal method and provision of country-level support.

He noted with great pleasure the new category of applications by small island states that had been included in the guidelines for the second round proposals, through the joint efforts of China and Japan. He gave his assurance that both China and Japan, as members of the Board, would continue to work for further improvements in the management of the Global Fund.

While supporting the actions that had been proposed by the secretariat, he emphasized that WHO should continue to provide technical support to countries in proposal development and to foster partnerships between governments, civil society, including nongovernmental organizations, and other stakeholders at country levels, and thus strengthen the country coordinating mechanisms. He emphasized that the Global Fund would be more attractive to international donors if high quality proposals were approved and implemented effectively.

Mme GRAND (France) said that France had supported the Global Fund since its inception. The Fund allowed a balanced approach to be taken against the three diseases concerned, as a supplement to the national, bilateral and multilateral initiatives already undertaken. The fact that several proposals from the Western Pacific had been approved by the Global Fund was a testimony to the high quality of proposal preparation in the Region and she acknowledged WHO's role in that success. However, she suggested that other institutions, such as the Joint United Nations Programme on AIDS, also had a role to play.

Dr KIENENE (Kiribati) stated that HIV/AIDS and tuberculosis were a cause for concern in his country, with 38 cases of HIV detected, a relatively high prevalence rate for the Pacific. The Global Fund to Fight AIDS, Tuberculosis and Malaria provided a new way for developing countries to address those three diseases. However, the application process was difficult for small Pacific island countries, as had been evident in the first round of proposals – there had been none from the Pacific. Nonetheless, he was pleased to hear of the approval of proposals from other countries of the Region.

He expressed his appreciation of the contribution made by WHO and the Secretariat of the Pacific Community to the Pacific island countries in preparation of proposals. He reiterated the appeal to China and Japan, as Global Fund Board members, to support Pacific island proposals.

The Global Fund had indicated that more participation from nongovernmental organizations was required. He therefore called on his Pacific island colleagues to encourage such involvement.

Dr TAHA BIN ARIF (Malaysia) stressed the importance of local nongovernmental organizations in intensifying the efforts of the Malaysian Government against the HIV/AIDS epidemic. The country's major concern was HIV infection among drug users, since almost 78% of reported HIV/AIDS cases in the country resulted from sharing of needles and unsafe sex among intravenous drug users. The Government had spent US$ 2.7 million since 1993 to support the work of nongovernmental organizations, but much more was needed.

Malaysia was considering a pre- and post-arrival HIV prevention programme for migrant workers, particularly since it had half a million registered foreign workers: one in four workers was a migrant from elsewhere in Asia. In manufacturing and construction, over 60% of the workers were migrants and in the service industries, over 90%. Cut off from their families and ignorant of HIV, they might engage in unsafe sex or begin to inject drugs. In 2001, 91 registered foreign workers in the country had been found to be HIV-positive.

He hoped that the Global Fund would strengthen the capacity of local nongovernmental organizations to complement the work done by the Government. The National Coordinating Committee on HIV/AIDS, established in 1993, was the best mechanism for integrating multisectoral action against HIV/AIDS.

Dr PHICHIT (Lao People's Democratic Republic) said that his country's funding proposals on HIV and malaria had been accepted, and that a proposal on tuberculosis would soon be submitted. He thanked WHO for its speedy technical support. He expressed concern, nevertheless, that the Global Fund funding mechanisms were very project-oriented and required structures that differed from those in his Ministry of Health. He requested WHO to encourage the Global Fund to adopt a more comprehensive systems approach. He also asked for the Organization's help in developing links between activities supported by the Fund and other activities of the Ministry of Health.

Dr HONG Sun Huot (Cambodia) stressed the importance of the Global Fund in bridging the funding gap and ensuring good use of resources. Cambodia had submitted proposals in the first round, and the Global Fund had approved funding for the HIV/AIDS proposal for three years. A second proposal was being finalized for submission in the second round. Support from WHO and the Joint United Nations Programme on AIDS in strengthening the capacity of Cambodia's country coordinating mechanism and technical working group was particularly appreciated.

Countries had been obliged to set up proposals very quickly, in three weeks, which had made it very difficult to set up public and private partnerships.

He voiced three main concerns with regard to the Global Fund: the complexity of the application form, delays in development of the procurement guidelines, and delays in selection of the "local fund agent". He was confident that the Global Fund would provide clearer guidelines for developing country proposals and implementing projects.

Dr HOFSCHNEIDER (United States of America) pointed out that his Government was a founding contributor to the Global Fund and remained the largest donor. As governments and civil society had to work together, the proposals the Fund would be supporting represented a new form of partnership between governments, the private sector and nongovernmental organizations.

He commended the work of WHO and the Joint United Nations Programme on AIDS in providing technical support to Member States for the preparation of their proposals. The proposals submitted had been diverse and the decision to approve financing had been based on a thorough and independent technical review. Future disbursements, however, should also be tied to results; achievement of results would in turn attract fresh resources.

The first round of grants had reflected the Fund's strong commitment to an approach that balanced prevention and treatment. Despite the generosity of contributors, however, resources were limited and demand would far outstrip supply, making it difficult to choose among equally valid projects.

His Government strongly supported the decision of the Fund's Board to draw up sound principles for financing and programme management at the recipient level, particularly to ensure the success of the projects that had just been approved. It also supported multicountry and regional proposals, which dealt with cross-border issues.

Proposals to the Fund had to be consistent with international law and respect intellectual property rights, while making good quality drugs and products available at the lowest possible price to those in need.

Professor HUANG Jiefu (China) applauded the fact that the Western Pacific Region had had the highest approval rate in its proposals for the first round. Countries in the Region were now preparing for the second round of proposals. The Regional Office now had an even more important role in helping countries to prepare proposals and China appreciated the work it was doing. As a Global Fund Board member representing developing countries of the Western Pacific Region, China had helped countries of the Region to join the technical review

panel and the technical review support group. Four of the 17 experts in the technical review panel were from the Region: Japan, the Philippines, China and New Zealand.

In the second Global Fund Board meeting, China had helped the Pacific island countries by securing special policies which enabled them to submit a multicountry proposal to the Global Fund. They had also been instrumental in enabling the tuberculosis project from Viet Nam and the HIV/AIDS project from Cambodia to be 'fast-tracked' for review and evaluation.

With the support of the Regional Office, China had organized a biregional meeting in Beijing, and had participated in the Manila and Fiji meetings. He expressed his country's readiness to serve the countries of the Region with consultancy and advisory services.

Member States now had to implement approved projects and prepare proposals for the second round. He agreed entirely with section 2, "Issues" of document WPR/RC53/5, which said that WHO would continue helping Member States to prepare and implement proposals.

He suggested that, in view of the Regional Office's support for multicountry proposals for Pacific island countries, one or two representatives from Pacific island countries should be allowed to participate in the fourth Board meeting as part of the Chinese delegation.

Furthermore, WHO should help establish an efficient regional coordination mechanism among Board members of the Region, the Regional Office and Member States. This would facilitate quick, timely and convenient feedback on Global Fund resolutions and documents, and would ensure better coordination. Electronic mail and network meetings, for example, could be used in selection of members for the Board and selection of countries to attend the Board meeting. This would allow for daily contact among countries and with the Regional Office. In order to improve country coordinating mechanisms, the Regional Office should seek further extrabudgetary funding for regional meetings and other expenditure.

Mr NGUYEN THANH LONG (Viet Nam) thanked WHO and the Joint United Nations Programme on AIDS for their assistance in preparing proposals on HIV/AIDS, which had been approved, and tuberculosis, which was under review. With an increasing number of HIV-infected persons in Viet Nam, the Government lacked the resources to meet urgent care and support needs. The Ministry of Health had, therefore, developed a proposal, "Strengthening care, counselling, support to people living with HIV/AIDS, and related community-based activities to prevent HIV/AIDS in Viet Nam", which had been submitted to the Global Fund. He appreciated the technical support received from WHO in developing the

proposal and hoped the Organization would continue to provide such support to Member States.

Dr OTTO (Palau) thanked WHO, the Joint United Nations Programme on AIDS, the Secretariat of the Pacific Community and the Global Fund Board members from China and Japan for their part in the success of proposals from the Region. He also thanked Fiji and Tonga for their work on the proposal from the Pacific island countries. Returning to a question he had raised at the time of the previous World Health Assembly, he asked for more information on membership of the Global Fund Board. He would welcome the establishment of official mechanisms for exchange of information on the Global Fund.

Dr DAYRIT (Philippines) observed that, since there was competition for funding, the extent to which a proposal helped promote public health within and across sectors and countries was very important. He thought that the preparation of multicountry proposals by Pacific island countries was a positive development and agreed that WHO country representatives and the Regional Office would be of great help in designing and presenting attractive proposals. China and Japan, as Board members, had to be well briefed on proposals from the Region.

Mr TEOKOTAI (Cook Islands) said that all eleven Pacific island countries looked forward to favourable consideration of their proposals. He thanked China and Japan for their pro-Pacific stance, and agreed with China's suggestion that two delegates from the Pacific island countries should join Chinese delegation in the second round of negotiations.

He was pleased to report that no HIV infections had been identified in the Cook Islands. The Government continued, nevertheless, to provide health education through the media, since the population was very mobile, travelling frequently to Australia, New Zealand, and other places. He thanked WHO for supporting the Pacific island nations in developing their Fund proposals and requested continued support in the future.

The REGIONAL DIRECTOR said that, although WHO had no voting powers on the Board of the Global Fund, it would take account of the Committee's suggestions and comments.

Fiji and Palau had raised the matter of the mechanism for Board membership and information sharing. The Western Pacific Region had two members on the Board, Japan in the donors group and China in the developing countries group, for a period of two years, ending in 2003. The Board procedures allowed each country and constituency to make its own

arrangements for designating representatives to the Board and for forming delegations. It was up to the Region to decide. If Member States wanted WHO to act as a broker, it would do so, perhaps using the caucus procedure used to decide on members of the Executive Board of WHO. If Member States so wished, WHO could organize a meeting to decide similarly how to exchange information and represent groups in the Global Fund.

Many Member States had wanted WHO to be more involved in the Fund. The Global Fund had sprung into being very quickly, and WHO had had only a short time for preparation. All Member States had requested WHO to be actively involved in preparing proposals. The success rate of proposals from the Western Pacific Region in the first round of funding proposals had been the highest of any region.

On the matter of information sharing, China had kindly organized the first meeting. He regretted that no proposals from Pacific island countries had been accepted, even though four of them had attended the meeting organized in China. He hoped that the activities that had been described would lead to proposals from Pacific island countries being approved in subsequent rounds.

At the World Health Assembly in May, many Pacific island countries had asked the Regional Director to support them. The Western Pacific Region had, therefore, organized three meetings in a short time: one informal meeting in Manila, 31 July – 2 August, then one in Fiji, 6-9 August, together with the Joint United Nations Programme on AIDS; the third meeting had taken place in Fiji, 9-11 September. He hoped that on this occasion the Board would accept the proposal from the Pacific island countries. WHO had no formal authority in the Global Fund, but would use all its influence to get the right proposals advanced.

China had asked WHO to provide more support, especially financial support to help countries attend meetings. He would have been glad to oblige, but as the previous day's budget discussion had made clear, this could not be done unless further extrabudgetary funds and support were made available. The Region had spent US$ 400 000 in about two months on such support, at the expense of other activities. He therefore appealed to partner countries to provide additional funds if they could, to enable the Organization to provide more support.

Dr SAITO (Interim Secretariat, Global Fund to Fight AIDS, Tuberculosis and Malaria) said that the Global Fund was achieving its goals rapidly, having committed US$ 1.6 billion to 40 programmes in 31 countries within the first three months of its existence. The second round of proposals had been launched fewer than six months after its establishment, and the next grants would be awarded in January 2003. The proposals would pass through the country

coordinating mechanisms, which were inclusive, broadly representative partnerships of public and private sectors and civil society partners set up to coordinate proposal development and programme implementation in each country.

The newly appointed Director of the Global Fund, Professor Feachem, had pledged his commitment to an innovative, transparent Fund that would be results-oriented and accountable. The Fund had been established quickly, and its structure and mechanisms were still evolving. Its greatest challenge was to balance speed and accountability, through four strategic priorities.

The first was to disburse the grants for successful first-round proposals by innovative, accountable, efficient and robust mechanisms. In response to the representative of Cambodia, she said that detailed plans were being drawn up to define and clarify local fiduciary arrangements. 'Principal recipients' within country coordinating mechanisms would receive and distribute allocations of funds and be fully responsible for implementation of the programmes, and a 'local fund agent' in each country would advise the secretariat of the Fund on progress. A working group on monitoring, evaluation and results-based disbursement and a task force on procurement were formulating policy and guidance on those aspects. Resources would be disbursed once the specific arrangements had been determined, outstanding details of the proposals had been agreed and a grant agreement had been signed. It was envisaged that the arrangements for disbursements would have progressed substantially by the time of the next meeting of the Global Fund Board in October 2002.

The second priority was to improve the proposal process and to launch the second round of applications. The Global Fund was strengthening and streamlining the process, in which proposals were screened for eligibility and completeness by the secretariat of the Fund, then reviewed for technical merit and recommended by the technical review panel to the Board for funding, as had been mentioned by the representatives of Cambodia, Kiribati and the Philippines. The guidelines and form for proposals had been revised on the basis of experience gained during the first round. For instance, the eligibility criteria had been clarified. Thus, proposals other than those that passed through the country coordinating mechanism would not be eligible, unless convincing arguments were given to show they fell within the exceptional circumstances described in the framework document. Within the refined proposal process, the specific results of each project would be identified and attention would be paid to strengthening health systems. She commended WHO, the Joint United Nations Programme on AIDS and other technical partners that had assisted countries in preparing high-quality proposals; the Global Fund had also supported those efforts, by

participating in regional meetings. The technical review process was also being strengthened and streamlined, with refinement of the criteria used.

The third priority was to develop a framework for policy and planning. The Global Fund required significantly more resources to mount and sustain appropriate responses to HIV/AIDS, tuberculosis and malaria. A strategy was being developed, with resource mobilization targets and financial projections, including probable disbursement volumes over the coming few years. A consensus on that strategy was expected to be reached at the next meeting of the Global Fund Board. The estimates of necessary resources and rates of expenditure would be published and widely disseminated, and Member States of the Western Pacific Region would be invited to comment on those estimates through their representatives on the Board. The Global Fund would also call on Member States to ensure that resources were made available and that the disbursements were rapidly put to good use.

The final priority was to build an infrastructure to sustain the Global Fund. A permanent secretariat of about 50 persons was being recruited, and arrangements were being made to move into the new office in Geneva and to establish efficient business systems based on best practices in the public and private sectors.

Dr PIOT (Executive Director, Joint United Nations Programme on AIDS) said that about US$ 10 million was needed annually to fight AIDS in low- and middle-income countries, in addition to national budgets. The Global Fund was therefore an important additional mechanism, and he thanked the Government of Japan for having launched the idea at the G8 meeting in Okinawa in 2000. He congratulated the Western Pacific Region for its success in the first round of applications for funds.

The Global Fund was basically an investment fund and its activities were therefore complementary to those of multilateral agencies such as WHO, the Joint United Nations Programme on AIDS and the World Bank. WHO and the Joint United Nations Programme on AIDS were supporting countries in four areas with respect to the Global Fund: the technical review process; policy and technical guidance and monitoring; technical support in both preparation of proposals and implementation, with costing and resource analysis; and monitoring and evaluation of implementation to ensure accountability and to improve the mechanisms.

The Joint United Nations Programme on AIDS had been working closely with the Western Pacific Regional Office on those aspects.

The functioning of the Global Fund was still evolving, and issues of disbursement and accountability remained. It would also be essential to define the role of civil society in decision-making and implementation, as that was one of the conditions for eligibility. The functioning of the private-public partnership on which the Fund was based remained to be defined. The competitive nature of the Global Fund was unique in the international arena, and it should stimulate consideration of how multilateral systems worked. The governance of a multilateral agency that was outside the usual mechanisms of the United Nations agencies was a challenge, particularly with respect to ensuring equity among nations. WHO, the Joint United Nations Programme on AIDS and the World Bank were members of the Global Fund Board and could therefore influence discussions, even though they had no voting rights. The proposal by the representative of China to widen representation on the Board was an important one, as it would guarantee better information sharing. The Joint United Nations Programme on AIDS was fully committed to supporting national and multicountry proposals for funding, and to work with all partners to ensure that the Global Fund was an important element in public health.

The TECHNICAL OFFICER, STOP TB reported that in the multicountry second-round proposal from the Pacific island countries, 11 countries with a high potential for a rapid increase in HIV/AIDS were requesting a total of US$ 6.3 million; 10 countries with a high burden of disease and poor tuberculosis control infrastructure were requesting US$ 3 million, and the proposal for projects to combat malaria by two countries with a high disease burden amounted to US$ 4.9 million. All the countries had successfully identified one nongovernmental organization or one representative of civil society to participate in the country coordinating mechanisms.

The CHAIRPERSON requested the Rapporteurs to prepare an appropriate draft resolution for consideration by the Regional Committee at a later stage.

3. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

3.1 Proposed programme budget: 2004-2005 (Document WPR/RC53/Conf. Paper No.1)

Dr TEE AH SIAN (Malaysia), the Rapporteur for the English language, read out a number of proposed amendments to the text of the draft resolution. The last word of the third preambular paragraph would be replaced by "indicated in the proposed programme budget". Operative paragraph 4(2) would be amended to read: "to ensure that the Regional

Committee's views and concerns are reflected in the guidelines for the preparation of detailed country programmes;". The words "the implementation of" in operative paragraph 4(3) would be deleted, and the words "funding from extrabudgetary resources" in operative paragraph 4(4) would be replaced by "such funding".

Dr OKAMOTO (Japan) suggested that, regarding operative paragraph 3(2), the word "other" should be inserted before "members" and the phrase "from other regions similarly affected to develop common approaches" should be deleted.

Ms BLACKWOOD (United States of America), recognizing the need for the Executive Board both to reflect regional issues and to consider the global picture, suggested that operative paragraph 3(2) should read "to work with members of the Executive Board from other regions similarly affected;".

Dr TANGI (Tonga) said that the purpose of avoiding further reductions should be retained. He therefore suggested that operative paragraph 3(2) should read "to work with other members of the Executive Board with the intention of avoiding further reductions;".

The REGIONAL DIRECTOR said that, in addition to the concern that resolution WHA51.31 should have a clear expiry date, as set out in operative paragraph 3(1), a number of Member States were concerned also about a reduction in extrabudgetary resources and had suggested that more transparent criteria should be established for allocation of those resources to the different levels of the Organization. So that he could have a clear understanding of the views of the Regional Committee in order to comply with paragraph 4(1), he asked whether the Committee wished to include in the draft resolution a reference to new criteria for the allocation of extrabudgetary resources.

Dr OKAMOTO (Japan) suggested that paragraph 3(2) should be further amended to should read "to work with members of the Executive Board from other regions similarly affected, taking into account the views of the Regional Committee for the Western Pacific;", or words to that effect.

Professor HUANG Jiefu (China) noted that a number of Member States had expressed a desire to improve the allocation of extrabudgetary resources among regions, including voluntary donations whose purpose was yet to be identified. China had also expressed its concern at the drastic reduction in programme activities in some countries. The Organization should take appropriate measures to minimize the negative impact of such reductions on the

Region, and he trusted that the Regional Director would include that point when transmitting to the Director-General the views of the Regional Committee.

The CHAIRPERSON suggested that the Rapporteurs be invited to re-submit the conference paper to the Committee for its consideration.

It was so agreed.

3.2 Tuberculosis (Document WPR/RC53/Conf.Paper No.2)

Mr PEP (Papua New Guinea) suggested that in the second preambular paragraph, a comma should be inserted after the word "poorest", the word "and" should be deleted, and the phrase "and the most economically productive age group;" should be added at the end. In operative paragraph 2(1), the words "Member States" should be inserted before the words "other international organizations".

Dr OTTO (Palau) recalled that both the Regional Director and Malaysia had pointed out that tuberculosis was no longer solely a disease of the poor. A focus on the poorest groups might overlook others that needed assistance. He therefore suggested that, in the second preambular paragraph, the words "affects all sections of society, but particularly ..." should be inserted after the word "tuberculosis". In operative paragraph 1(5), subparagraph (b), the words "and management" should be inserted after the word "monitoring", as management was one of the challenges that had been identified.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC53.R1).

4. SEXUALLY TRANSMITTED INFECTIONS, HIV INFECTION AND AIDS: Item 11 of the Agenda (Document WPR/RC53/6)

The REGIONAL DIRECTOR said that, following the Declaration of Commitment on HIV/AIDS, adopted by the 26th special session of the United Nations General Assembly in June 2001, the Global Fund to Fight AIDS, Tuberculosis and Malaria had been established at the end of 2001. HIV/AIDS projects for Cambodia, the Lao People's Democratic Republic and Viet Nam had been among the proposals approved in the Global Fund's first round of grants in April 2002, and a fourth HIV/AIDS project, for Cambodia, had been approved for deferred funding. WHO had recently organized two meetings on the Global Fund at the Regional Office and Nadi, Fiji, in collaboration with the Joint United Nations Programme on

AIDS, and was working closely with Member States to prepare proposals for the second round.

Another significant global development had been the reduction in the price of antiretroviral drugs achieved in some countries with limited resources. The International AIDS Conference in Durban, South Africa, in 2000 had been followed by lengthy negotiations involving United Nations agencies, national authorities and drug companies. The lowering of prices of antiretrovirals in Brazil and Thailand gave hope for every infected person in the developing world.

The Region had seen significant progress in recent years. Many countries had started to implement second-generation HIV surveillance, which integrated biological and behavioural surveillance. Because countries now monitored risk-taking behaviour as well as information on sexually transmitted infections, including HIV, WHO had a much clearer picture of the epidemic and of the behaviour patterns that helped it to spread. In addition, most countries now had more reliable epidemiological data, which they were using to improve analysis of the sexually transmitted infections and HIV/AIDS situation, and to design interventions and evaluate their impact. Countries were increasingly carrying out primary prevention, especially by promoting condom use. Rates of condom use were increasing significantly, especially among individuals at high risk of infection. Interventions such as the "100% condom use" programme were critical to preventing the spread of sexually transmitted infections and HIV. Mirroring developments at the global level, there were now more productive partnerships between governments, the Association of South-East Asian Nations, United Nations agencies (in particular the Joint United Nations Programme on AIDS), bilateral and other multilateral partners, and nongovernmental organizations in the Region. A good example was the establishment of country coordination mechanisms for the Global Fund. The various activities had clarified the roles and responsibilities of the different partners and strengthened their support for sexually transmitted infections and HIV/AIDS prevention and control activities.

There remained a real danger of the epidemic spreading, however, and there was no room for complacency. In many countries, HIV transmission was increasing among high-risk groups such as injecting drug users and sex workers. In some, the epidemic was already spreading into the general population. Even in countries where HIV levels were low, there was often a high prevalence of sexually transmitted infections, which increased the likelihood of HIV transmission. The overlap between injecting drug users and commercial sex workers was causing concern in several countries and effective interventions targeting the former were urgently needed.

Document WPR/RC53/6 set out four proposed actions for consideration by Member States, covering political commitment, intensified prevention, strengthened surveillance and improved HIV/AIDS care. He urged all Member States to continue to target those most at risk of infection. Interventions that had proved to be effective at the local level should be scaled-up. Primary prevention of HIV should be strengthened by focusing on prevention and care of sexually transmitted infections, condom promotion, harm reduction for injecting drug users and ensuring safe blood supplies.

As the epidemic matured, the increase in AIDS cases would require more active interventions by Member States alone or in partnership with others. The goal should be to provide the best possible access to a comprehensive care system, including testing, counselling and antiretroviral treatment. It was important not to forget the human face of AIDS – everyone was at risk. At the International AIDS Conference in Barcelona earlier in the year, a courageous woman from a small Pacific island, Miss Marie Boppe Dupond, representing HIV-infected persons, standing beside former Presidents Bill Clinton and Nelson Mandela at the closing ceremony, had given a message of hope for everybody and had asked essentially for two things: that sufficient resources should be provided to care for everyone with AIDS; and, anticipating the theme of World AIDS Day 2002, the end of stigma and discrimination for all people living with HIV/AIDS. Working together, it should prove possible to respond positively to those two requests and ensure that the epidemic that had ravaged other parts of the world did not do the same in the Region.

Dr OTTO (Palau) welcomed the progress made by the Member States of the Region in combating HIV/AIDS. He endorsed the proposed actions set out in document WPR/RC53/6, but suggested that abstinence should be included as one of the interventions mentioned in action 1. It was a particularly important option for young people. As stated in the Regional Director's report, a major challenge, particularly at country level, would be to shift from a disease-oriented approach to a combination of mutually supported activities that contributed to the healthy development of adolescents.

Dr HONG SUN HUOT (Cambodia) welcomed the recognition in Annex 2 of the progress made in slowing the HIV/AIDS epidemic in Cambodia. The past few years had seen substantial falls in prevalence of sexually transmitted infections, especially syphilis, HIV infection rates among sex workers, and national HIV prevalence in the age group 15–49 years. The "100% condom use programme", implemented nationwide since 2001, had made a significant contribution to those achievements. The steady decline in new infections combined with rising numbers of AIDS deaths lay behind the apparent stabilization of the numbers

living with HIV/AIDS. However, progress was slower than hoped for, pointing to the need for sustained emphasis on prevention.

The findings provided an incentive for a continued collaborative response involving the Government, United Nations and other international organizations, donors, nongovernmental organizations and communities. The Cambodian National Assembly had recently passed a law on HIV/AIDS prevention and care and support to people living with HIV/AIDS, reflecting the Government's commitment to a multisectoral response. The United Nations Theme Group, and in particular WHO and the Joint United Nations Programme on AIDS, had been instrumental in providing financial and technical support for national capacity-building. He looked forward to working with the international community in order to improve care for and support to people living with HIV/AIDS, including the provision of antiretroviral therapy.

Dr SMALLWOOD (Australia) expressed strong support for the proposed actions to minimize the spread of sexually transmitted infections, including HIV/AIDS. WHO had an important role to play as a cosponsor of the Joint United Nations Programme on AIDS and in providing technical support to Member States, and could provide significant added value to the work of countries and the Joint United Nations Programme on AIDS. Australia was committed to regional action on HIV/AIDS and was currently supporting a number of initiatives, including the Asia Pacific Leadership Forum on HIV/AIDS and Development, which sought to raise awareness of the impact of the epidemic; and a new WHO initiative to develop tools for prevention in injecting drug users, sex workers and vulnerable young people.

He welcomed the progress made in some countries of the Region but recognized that others were yet to experience the full impact of the epidemic. It was therefore vital to further strengthen health systems in order to improve surveillance, prevention and care and to reduce discrimination against people living with HIV/AIDS. It was also important to reinforce the close collaboration between the Regional Office, the Joint United Nations Programme on AIDS, Member States, nongovernmental organizations and the private sector so as to strengthen the regional response to sexually transmitted infections, including HIV/AIDS.

Pehin HAJI ABU BAKAR APONG (Brunei Darussalam) drew attention to the ASEAN Summit Declaration on HIV/AIDS, adopted at the Seventh ASEAN Summit held in his country in 2001, which reflected the political commitment in the Region to national, regional and international efforts to combat HIV/AIDS.

In Brunei Darussalam, HIV infection rates remained at a low level. Nevertheless he recognized the need for continued action, as proposed in the document. The differing needs of Member States should be taken into account in developing future approaches. He expressed appreciation for WHO's continued support to responses to the epidemic.

Dr NAKATANI (Japan) joined previous speakers in supporting the proposed actions. He endorsed the scaling-up of interventions of proven effectiveness aimed at high-risk groups, which was particularly relevant in the Region given the relatively low prevalence of HIV infection. The successes in Cambodia had shown that intensive and well-targeted prevention programmes were effective in lowering prevalence even in areas where the epidemic had begun to take a hold. The "100% condom use" strategy had proved effective in Cambodia and Thailand and was a priority intervention where commercial sex work played an important role in HIV transmission. It should also be a priority, together with education, in programmes aimed at prevention in young people. He agreed that comprehensive HIV/AIDS care programmes were needed to provide medical and psychosocial support to those living with HIV/AIDS. Such programmes were fundamental to good adherence to treatment schedules, thereby discouraging the development of drug resistance. Voluntary counselling and testing were an important link between prevention and care and support for those living with HIV/AIDS, and should be expanded alongside antiretroviral therapy. It was important to ensure the participation of all those concerned. For example, nongovernmental organizations could play a valuable role in respect of groups that were hard to reach through traditional public health approaches.

The Sixth International Congress on AIDS in Asia and the Pacific held in Melbourne in 2001, had provided a useful forum for the exchange of ideas and research findings. He urged representatives to inform those concerned in their respective countries of the arrangements for the Seventh International Congress, to be held in Kobe, Japan in November 2003, and looked forward to their participation.

Mme GRAND (France), referring to the document, noted the emphasis given to a balanced approach to prevention and treatment of HIV/AIDS, and welcomed the encouraging results from Cambodia. Prevention was crucial given the current lack of effective vaccines and treatment. However, it must go hand in hand with broad access to appropriate care, including antiretroviral treatment. Access should be improved by the recent inclusion of antiretroviral drugs in the WHO essential drugs list, if the price of such can be reduced. An agreement should be reached on arrangements for drug procurement at genuinely affordable prices for countries with no manufacturing capacity. Ongoing discussions should take account

of the commitments made in the ministerial declaration at the Doha World Trade Organization ministerial meeting in November 2001 (Doha Declaration). She agreed with other speakers that the Global Fund to Fight AIDS, Tuberculosis and Malaria should make a valuable contribution to efforts to achieve HIV/AIDS prevention and control objectives.

Quality assurance of case management by medical teams was another concern. France, together with European partners, was proposing the establishment of partnerships with interested hospitals in countries confronting the epidemic; a number of twinning agreements (Ensemble pour une Solidarité Thérapeutique en Réseau, or ESTHER, agreements) had already been signed. She encouraged interested parties to join that initiative.

Dato CHUA JUI MENG (Malaysia) expressed support for regional actions and objectives in the fight against HIV/AIDS. He described two moving visits he had made recently to families affected by HIV/AIDS, which had brought home to him the devastating impact of the epidemic on individuals and the urgent need to tackle injecting drug use, stigmatization and discrimination. He acknowledged the economic difficulties faced by many countries in the Region in providing antiretroviral drugs to their populations. Discount agreements were generally still too expensive for many countries. He agreed with the representative of France that it was vital to take advantage of the momentum set by the Doha Declaration. Contrary to initial advice from his country's Attorney-General, he had learned from external experts that, as a consequence of that Declaration, in cases of great public health need countries had the right to produce and import generic antiretroviral drugs still covered by patent without violating TRIPS agreement provisions on payment of agreed royalties. He therefore urged Government officials from other Member States to resist any threat of international exposure for violation of such agreements exerted by multinational companies and the governments that supported them. He requested the preparation of a report, for submission to the next session of the Regional Committee, on the rights of Member States in relation to their efforts to obtain cheaper antiretroviral drugs.

The meeting rose at 12.20 p.m.