



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

WPR/RC51/INF.DOC./3

Fifty-first session
Manila
18–22 September 2000

13 September 2000

ORIGINAL: ENGLISH

Provisional agenda item 9.1

THE WORK OF WHO IN THE WESTERN PACIFIC REGION
REPORT OF THE REGIONAL DIRECTOR:
1 JULY 1999–30 JUNE 2000

SUMMARY OF COMMENTS FROM MEMBER STATES

As requested by resolution WPR/RC50.R9, a working group on reform of the method of work of the Regional Committee met in the Regional Office on 13–14 January 2000. One of the recommendations of this working group was as follows: “Member States should be invited to send comments on his report to the Regional Director, identifying matters of concern or raising questions. These comments should then be collated and edited by the secretariat and distributed to Representatives on their arrival at the session.” Member States were therefore invited to submit comments to the Regional Office on the document *The work of WHO in the Western Pacific Region. Report of the Regional Director: 1 July 1999–30 June 2000*. This document summarizes the responses received by 8 September 2000 that relate directly to the report and its contents.

1. GENERAL COMMENTS

All the Member States that submitted comments on the report appreciated its new format and analytical approach. The increased use of graphs, tables, photographs and other illustrative matter were particularly noted. It was felt that the report was a valuable reference source on public health in the Region, although one country felt that even more could be done to enhance its reference value. The fact that this year's report reflected the organizational structure of four themes and 17 focuses was welcomed.

Several countries commented that the report clearly showed WHO priorities and objectives in the Region. However, one country felt that there should be a greater emphasis on strategic planning and some prioritization between and within the themes and focuses.

The same country felt that examples of the improved teamwork between different focuses referred to in the Regional Director's introduction could be given in future reports.

Another country argued that a table that summarized budgetary allocations to the different focuses would be helpful.

Format

Two countries felt that the report should contain an executive summary listing major highlights. One of these suggested that this executive summary, or overview, should indicate issues that WHO intends to concentrate on in the Region in the next 12 months.

Another argued that, although the results sections were useful, they would benefit from less emphasis on process and more on actual results.

Many countries applauded the report for looking ahead to the future and for identifying potential problems and responses. It was felt that this helped Ministries of Health in their long-term planning. One country felt that even more could be done to make the report forward looking.

Distribution

One country felt that, although the report was very useful, its distribution was limited. It should be more widely disseminated, especially within ministries of health, other ministries and WHO's partner agencies.

2. SUMMARY OF COMMENTS ON SPECIFIC SECTIONS OF THE REPORT

Combating communicable diseases

Vigilance is needed to ensure that the Region remains free of poliomyelitis after eradication is certified. It will be critical to maintain supplementary immunization in high-risk areas and sustain high quality surveillance until global certification and beyond.

Resource constraints have a negative effect on immunization programmes, in particular lack of funding for vaccines, the cold chain and dispatch of specimens to reference laboratories.

Disposal of syringes is also a problem in some countries, although unsafe practices can be minimized by regular training and supervision.

The addition of hepatitis B vaccine to the Expanded Programme on Immunization is welcomed, but consideration should also be given to vaccinating against *Haemophilus influenzae* Type B (HIB). HIB vaccination programmes in some countries have resulted in a dramatic reduction in HIB-related meningitis infections and childhood mortality.

Attention needs to be paid to the risk of malaria being re-introduced into areas that have been certified as free from indigenous malaria.

There is a need to improve epidemiological surveillance and clinical management of tuberculosis, even in more affluent countries.

Effective management of tuberculosis can only be effective when it is an integral part of a fully functioning primary health care system. Countries should be encouraged to take the lead in preparing national tuberculosis strategies and plans as a demonstration of their political and financial commitment to tuberculosis control.

In the field of HIV/AIDS, more attention needs to be given to work with nongovernmental organizations (NGOs). This is particularly true in countries where commercial sex work is illegal; in such countries, links with NGOs enable the Ministry of Health to reach vulnerable populations that it would otherwise find difficult to access.

Collaboration between the various partners in UNAIDS, national governments and NGOs will remain an essential part of the regional response to STI and HIV/AIDS.

Although the report mentions the Pacific Public Health Laboratory Network, the Pacific Public Health Surveillance Network should also be noted.

Efforts to improve communicable disease surveillance and response are particularly important given the increasing levels of international travel and trade and the emergence of newly identified diseases. The dissemination of regional guidelines, the provision of technical support and improved information exchange are all essential measures.

Surveillance systems for particular diseases need to be supported, particularly integration of data collection at the local level.

Building health communities and populations

With regard to healthy settings, there still appears to be no clearly defined coordination action plan nor any indication how the healthy settings approach will be taken forward in the longer term. The activities under the approach (healthy schools, healthy hospitals, healthy markets and healthy villages) seem to be very ad hoc. The lack of appropriate evaluation mechanisms also needs to be addressed.

More needs to be done by countries to improve sanitation, which covers only 20%–30% of the rural population in some countries.

Community and population issues are important to effective healthy settings activities.

There is a need to focus food safety surveillance on “high-risk” food that either carries a high potential health risk or has a poor safety record at the point of sale.

The report of the wide range of activities undertaken throughout the Region to mark the International Year of Older Persons was very useful. Strategies to build on these activities for improved health services and better advocacy for older persons in the future need to be encouraged.

Religious and community meetings provide excellent fora for discussions on safe motherhood, family planning, adolescent health and sexual health.

The Integrated Management of Childhood Illness is an important strategy. Wider health system support and involvement of families and communities are critical elements in improving the health of children and adolescents.

Attention needs to be paid to nutrition issues, in particular obesity and the need to improve product labelling to enable customers to make healthy choices.

An integrated approach to the prevention and control of noncommunicable diseases must be encouraged. An integrated approach in general practice to the management of the risk factors of tobacco, unsafe alcohol use, physical activity and nutrition needs to be promoted.

The diabetes section in the report is comprehensive. Attention needs to be paid to a condition which is going to contribute so greatly to the burden of disease in the Region.

Public education to increase awareness of diabetes and the importance of early diagnosis and proper treatment is essential if the diabetes epidemic is to be controlled.

The partnering of noncommunicable diseases and mental health is welcome, as is the fact that mental health will be a theme for both World Health Day 2001 and the World Health Report for 2001. The integration of mental health care into primary health care services should be supported.

Schizophrenia, mood disorders and dementia are increasingly common mental illnesses in the Region.

Political support for the Framework Convention on Tobacco Control (FCTC) will be important for future tobacco control efforts.

Appropriate legislation is an essential part of tobacco control.

Health sector development

While in most cases health sector reform is driven by economic factors, it is essential that the social impact of reform is not forgotten. Vulnerable groups must be protected from being further disadvantaged. WHO has a major role to play in this regard.

In countries undergoing a transition to a market economy, this transition is likely to be accompanied by many poverty-related issues which may be beyond the capacity of the government to deal with.

The increasing recognition of the relationship between health and various socioeconomic factors is welcome, as is the fact that all countries in the region are either reforming or planning reforms in this area.

The low level of national spending on health is a concern, as is the fact that government spending on health has been falling in some countries in the Region.

In the area of traditional medicine, there is a need to pass legislation to ensure product safety and facilitate product identification.

With regard to human resources development, the need to evaluate the effectiveness of education and training programmes should be noted. Future strategies should consider the value of institutional as well as workplace support for fellows returning to their home countries.

Professional career development for health professionals is often not clear, which can lead health personnel to leave the sector or the country.

WHO support for training of mid-level health professionals is much appreciated.

Support for health information and evidence for policy is essential for long-term health sector development.

Reaching out

Activities that will improve and advance the information technology capacities of countries in the Region and efforts to enhance links between countries and WHO in the region are welcome.

WHO's commitment to improving its relationships with all partners through better advocacy, dialogue and communication is appreciated, as are its efforts to seek new partners to increase budgetary resources. Well-developed strategies with clearly defined goals will be critical to establishing and maintaining positive relationships with donor partners.

Theme days such as World AIDS Day and World Health Day are a valuable way of raising awareness, but they must be reinforced with ongoing targeted programmes.

Press conferences must be held in conjunction with theme days to ensure that a consistent message is delivered to the public.

Administrative services

The aim of the supply unit of the Regional Office to ensure timely procurement and delivery of supplies and equipment at the lowest possible prices is welcome. It would be useful to receive information on the strategies that are used to achieve this aim.

Statistical annex

It would be useful to know the source of the data in the statistical annex.

Data in the statistical annex are often from different years. Comparison of socioeconomic and other health data would be easier if there was less variation between the dates used.