REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTIETH SESSION
Hong Kong (China)
21-25 September 2009

REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY MEETINGS

Manila
November 2009
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
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PREFACE

The sixtieth session of the Regional Committee for the Western Pacific was held in Hong Kong (China), from 21 to 25 September 2009. Dr Lam Ping-Yan (Hong Kong (China)) and Dr Kautu Tenaua (Kiribati) were elected Chairperson and Vice-Chairperson, respectively. Ms Cath Patterson (Australia) and Dr Jean-Paul Grangeon (France) were elected Rapporteurs.

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PART 1

REPORT OF THE REGIONAL COMMITTEE
I. INTRODUCTION AND SUMMARY

The sixtieth session of the WHO Regional Committee for the Western Pacific was held in the Hong Kong Special Administrative Region, People's Republic of China, from 21 to 25 September 2009. The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam, and by representatives of France, the United Kingdom of Great Britain and Northern Ireland, and the United States of America as Member States responsible for areas in the Region.

Representatives of the ASEAN Secretariat, the Food and Agriculture Organization of the United Nations, the Global Alliance for Vaccine and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Organization for Migration, the Secretariat of the Pacific Community, and the World Organisation for Animal Health; observers from the Sasakawa Memorial Health Foundation, the Sasakawa Peace Foundation, the Chinese University of Hong Kong, the Hong Kong Model United Nations Club, the University of Hong Kong, the Korean Foundation for International Health and the 2009 Dr Lee Jong-Wook Global Frontier; and representatives of 21 nongovernmental organizations also attended.

At the opening ceremony, the Chief Executive of the Hong Kong Special Administrative Region of the People's Republic of China, Mr Donald Tsang, welcomed the participants and noted that the meeting was a vital platform for encouraging collaboration among national health authorities. The Director-General, in her remarks, congratulated Hong Kong (China) on the rapidity of its broad-based response to Pandemic (H1N1) 2009 and commended the solidarity among the vastly diverse nations of the Region, which would give them an advantage in minimizing the impact of the virus and should be emulated globally. The Regional Director, speaking on behalf of the WHO Member States in the Region, expressed appreciation to the Government of the Hong Kong Special Administrative Region for the excellent arrangements for the sixtieth session of the Regional Committee and paid tribute to Hong Kong's economic and public health achievements. The retiring Chairperson of the Regional Committee, Dr Francisco T. Duque III, said he was encouraged by the collective achievements in the Western Pacific Region over the previous year and trusted that the customary spirit of partnership and commitment would ensure a successful session and further progress in the months ahead.

The Committee elected the following officers:

Chairperson: Dr Lam Ping-Yan (Hong Kong (China))

Vice-Chairperson: Dr Kautu Tenaua (Kiribati)

Rapporteurs:

in English: Ms Cath Patterson (Australia)

in French: Dr Jean-Paul Grangeon (New Caledonia).

At the first meeting, the retiring Chairperson and the Director-General addressed the Committee. Several representatives congratulated the Director-General on her decisive leadership in the response to Pandemic (H1N1) 2009 and for her timely reminder of the importance of solidarity and mutual support at a time of
financial crisis. The Regional Director then presented his report on the work of WHO during the period 1 July 2008 to 30 June 2009 to the Committee for discussion.

The second meeting began with an address by the incoming Chairperson. Discussion of the Regional Director’s report then continued. Comments from representatives fell into the following main categories: health systems strengthening; preparedness for pandemic and emerging diseases; combating the effects of climate change; and efforts to achieve the Millennium Development Goals related to health. Other issues raised under the item included the need for multisectoral approaches for health and the continuing burden of communicable disease, particularly tuberculosis, including multidrug-resistant tuberculosis, and HIV/AIDS.

The interim report on budget performance for the Programme Budget 2008–2009 was then examined. The Special Adviser to the Regional Director explained that the programme budget had been implemented in accordance with the strategic objectives. As at 31 May 2009, US$ 48.5 million, or 62% of the assessed contributions, had been implemented. That was a considerably lower rate of implementation when compared with the corresponding period in the previous biennium. However, it was largely due to the fact that salary costs had only been recorded up to the end of April 2009, whereas, in the previous interim report, staff commitments had been recorded until the end of the biennium. The introduction of the Global Management System (GSM) in the Regional Office had also slowed implementation in 2008. Implementation of activities was being intensified to ensure that the remaining assessed contributions would be fully implemented by the end of 2009. By the end of the biennium it was anticipated that there would be a substantial increase in both voluntary contributions and expenditures when compared with the previous biennium.

Commenting on the budget, several representatives, while commending the detailed report, expressed concern about the low implementation rate and the risk of under-spending. The Regional Director, in responding to the points raised, said that he was confident that the Programme Budget 2008–2009 would be fully implemented in accordance with all rules and procedures. As regards GSM, he was sure that it would, in due course, bring great benefits in terms of transparency, coherence and integration of management at the global, regional and country levels.

The third meeting began with presentation of the proposed Programme Budget 2010–2011 by the Regional Director, who told the Committee that it provided the operational direction, expected results and budget requirements for the biennium, and had been developed in close collaboration among WHO country offices, the Regional Office and WHO Headquarters, and was aligned with the proposed Organization-wide Programme Budget 2010–2011. He believed it was a sound framework for the Organization’s work in the Region. The comments made by several representatives showed a general appreciation of the results-based approach used in the proposed Programme Budget and the inclusion of cross-cutting strategic objectives. Issues raised included the need for clarification as to how set targets would be met with reduced resources, the need to improve the indicators further, and the need for close cooperation with Member States in order to coordinate allocations in line with their requirements (resolution WPR/RC60.R2).

The Regional Committee was then asked to discuss and provide guidance on the global financial crisis and health impacts in Asia and the Pacific. Introducing the item, the Regional Director noted that the crisis was uncertain, both globally and in the Region. WHO remained committed to monitoring the health impacts in the Region through continuous assessments of health budgets and medicine prices, as well as working with partners to develop a greater understanding of the evolving situation (resolution WPR/RC60.R1).
The progress report on the Asia Pacific Strategy for Emerging Diseases (APSED) and the International Health Regulations (2005), or IHR (2005), was presented during the fourth meeting. Referring to APSED, the Regional Director noted that the Western Pacific and South-East Asia Regions were the only WHO regions to have developed such a strategy, and that 90% of the countries in the Region had the minimum surveillance capacities in place. There was, however, a need to accelerate implementation of the Strategy and the Regulations. Representatives expressed their commitment to full implementation of APSED and IHR (2005) and outlined their experiences in fulfilling the relevant requirements.

The Committee then turned its attention to the draft Health Financing Strategy for Asia and the Pacific (2010–2015), which had been prepared after consultation with Member States at the mid-term review of the previous strategy. Representatives described the process of health care financing in their countries and the problems encountered. There was general support for the draft Strategy (resolution WPR/JRC60.R3).

The draft Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014) was discussed at the fourth and fifth meetings. Introducing the draft Action Plan, the Regional Director noted that the Western Pacific Region had already made significant progress in tobacco control, being the only WHO region to date to have achieved 100% ratification of the WHO Framework Convention on Tobacco Control (FCTC). The draft Action Plan contained clear guidance on what had to be done to achieve complete implementation of the WHO FCTC, setting measurable targets and indicators for tracking progress and detailing specific strategies that could be adopted to counter the influence of the tobacco industry. The representatives who spoke on the item were broadly supportive of the draft Action Plan. Some stressed, however, that the Plan should not be considered mandatory, but should merely provide guidance and be able to accommodate the differing needs of Member States (resolution WPR/JRC60.R4).

The Regional Committee then turned to the draft Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015). In his introduction, the Regional Director noted that malaria continued to be a significant public health burden in the Region, despite recent reductions in morbidity and mortality. The draft Action Plan had been developed in close collaboration with Member States and was intended to provide a framework for updating national plans and a tool for monitoring national programmes, as well as resource mobilization. Several representatives, indicating their support for the draft Action Plan, described the malaria situation in their countries and progress towards elimination (resolution WPR/JRC60.R5).

At the sixth meeting, the Regional Director presented the draft Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015), noting that laboratories played a central role in APSED and IHR (2005) and that their importance was being increasingly recognized. The Committee expressed its support for the Strategy, with many representatives noting that efficient and reliable laboratory services were an essential part of a strong and effective health system (resolution WPR/JRC60.R6).

The Director, Programme Management, then presented progress reports on four areas of work: vaccine-preventable diseases: poliomyelitis, measles and hepatitis B; HIV/AIDS including sexually transmitted infections; prevention and control of tuberculosis; and noncommunicable diseases prevention and control. In the discussions, which continued into the seventh meeting, representatives outlined progress in their countries in the four areas under review.

The seventh meeting continued with discussions on the policy direction to be taken concerning the establishment of centres of the Regional Office in countries. The Special Adviser to the Regional Director
presented the Secretariat's findings and conclusions from a study of the experiences of the regional offices
in the Americas and Europe, which had such centres. Analysis had shown that there were both advantages
and disadvantages in terms of funding and potential usefulness, and the Committee was requested to provide
guidance. Discussions pointed to the view that no further action should be taken regarding the establishment
of such centres in the Western Pacific Region.

Consideration was then given to the procedures for the nomination of the Regional Director. The
Director, Administration and Finance, introducing the item, reminded the Committee that, at its fifty-ninth
session, representatives had requested the Legal Counsel to prepare a report on ways to improve the fairness
of the nomination procedure. The Legal Counsel then presented his report. He recalled that the Regional
Committee had previously discussed the fairness of the nomination procedure in 1998 and 1999 and had
adopted resolution WPR/RC50.R8. The Committee had at that time stressed a number of principles to ensure
fairness and equity, including fair, open campaigns, with selection of candidates on the basis of merit. Aligning
its practices with those of other regions and with the procedure for nominating the Director-General, it had set
a number of criteria for qualities that the Regional Director should possess, as listed in operative paragraph 2
of the resolution. The Regional Committee had rejected the idea of establishing a search committee, as was
done in the European Region, as it had considered that such committees were not effective enough to justify
the cost. At the time of its previous consideration of the issue, the Regional Committee had concluded that
the nomination procedure was adequate and did not require change. The ensuing discussions pointed to a
general consensus that an interview process would be the fairest and most suitable method for nomination
of the Regional Director in future. The Legal Counsel said that the Secretariat would submit more precise
proposals for candidate interviews and a code of conduct for discussion at the sixty-first session of the
Regional Committee.

The Committee then examined a number of matters covered at the Sixty-second World Health Assembly
that had relevance for the Region. Those included the resolutions that had been adopted on primary health
care, including health systems strengthening; traditional medicine; and reducing health inequities through
action on the social determinants of health; and the draft code for the international recruitment of health
personnel.

At the eighth meeting, the Committee selected the Philippines to serve on the Policy and Coordination
Committee of the Special Programme of Research, Development and Research Training in Human
Reproduction (decision WPR/RC60(1)), and the Republic of Korea as one of the representatives of the
Region on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical
Diseases (decision WPR/RC60 (2)).

Regarding future sessions, the Regional Committee agreed that the sixty-first session would be held
from 20 to 24 September 2010 at the Regional Office in Manila (resolution WPR/RC60.R7). The Regional
Director told the Committee that several Member States had expressed interest in hosting future sessions; he
would hold further discussions with each of them and inform all Member States of the outcome.

At the closure of the session, the Regional Director and the Committee expressed their appreciation to
the Government of Hong Kong (China), for hosting the sixtieth session; the Chairperson, Vice-Chairperson
and Rapporteurs; and the representatives of the intergovernmental and nongovernmental organizations for
their oral and written statements (resolution WPR/RC60.R8).
II. RESOLUTIONS AND DECISIONS ADOPTED BY THE REGIONAL COMMITTEE

WPR/RC60.R1 GLOBAL FINANCIAL CRISIS AND HEALTH IMPACTS IN ASIA AND THE PACIFIC

The Regional Committee,

Noting that focused and concerted action in response to the financial crisis and economic downturn is necessary to maintain and improve health and accelerate socioeconomic development;

Recognizing that all countries and partners are willing to support action to protect population health as a fundamental condition for economic development and poverty reduction;

Recognizing further that there is a need to maintain or increase health investments and public spending to strengthen health systems and to scale up essential health interventions benefiting the poor and vulnerable;

Acknowledging that the crisis requires global solidarity and action to protect lives and livelihood,

1. URGES Member States:

   (1) to continue to advocate at the highest political decision-making levels for sustained investment in health and development during the financial crisis and economic downturn;

   (2) to review and revise, as appropriate, health financing policies to improve access to health care for the poor and vulnerable;

   (3) to implement pro-health and pro-poor policies based on primary health care principles;

   (4) to continue monitoring the possible health impact of the crisis, including health outcomes, availability of resources for health, utilization of services, health care costs for households, and the consumption and prices of the inputs such as medicines;

2. REQUESTS the Regional Director:

   (1) to continue to provide support to countries in strengthening health systems and policies for protection of the poor and vulnerable;

   (2) to promote awareness of the potential health impact of the global financial crisis and the importance of investments in health for economic development;

   (3) to collect and share evidence on the impact of the financial crisis and economic downturn on health, in collaboration with Member States and partners.
WPR/RC60.R2 PROPOSED PROGRAMME BUDGET 2010–2011

The Regional Committee,

Welcoming the presentation of the proposed Programme Budget 2010–2011 for the Western Pacific Region,1 prepared according to the principles of results-based budgeting and with the inclusion of cross-cutting strategic objectives, regional expected results and measurable regional indicators;

Acknowledging the continuing efforts to present a more focused Programme Budget aligned with the longer term strategic vision covering three bienniums as articulated in the Medium-term Strategic Plan (2008–2013),

1. ENDORSES the Programme Budget 2010–2011 for the Western Pacific Region;

2. REQUESTS the Regional Director to review and revise, as necessary, the budget allocations to countries and areas and the intercountry programmes by strategic objectives and regional expected results, based on the review of the Regional Committee and the detailed operational plans, which have been developed with respective countries and areas, prior to implementation;

3. FURTHER REQUESTS the Regional Director to review and revise, as necessary, the regional indicators to more fully reflect outcomes, based on the discussion by the Regional Committee during its sixtieth session;

4. NOTES the Programme Budget for the Western Pacific Region is to be financed by assessed contributions and voluntary contributions to the extent that the latter become available;

5. REQUESTS the Regional Director to make every effort to implement the Programme Budget 2010–2011 for the Western Pacific Region in close collaboration with Member States.

Sixth meeting, 24 September 2009
WPR/RC60/SR/6


The Regional Committee,

Noting equity and universal access to quality health services as a guiding principle and goal of primary health care;

Recognizing that the move towards universal coverage is a central objective of health systems that embody the values of primary health care, and that health financing systems in many countries and areas need to be further developed to achieve universal coverage;

Acknowledging that health systems in the Asia Pacific region are complex and diverse, and therefore no single model of health financing is suitable for all countries and areas;

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1Annex 1 of document WPR/RC60/4.
Recognizing the need to reduce the high out-of-pocket payments in the Asia Pacific region, particularly for the poor and other vulnerable groups, since these payments could lead to impoverishment;

Recognizing further the need to invest more in health interventions that can help countries achieve the United Nations Millennium Development Goals;

Recognizing the importance of equitable and efficient use of both domestic resources and external funds;

Noting that the availability and use of accurate and reliable health financing data and information are essential for effective policy formulation, implementation and monitoring,

1. ENDORSES the Health Financing Strategy for the Asia Pacific Region (2010–2015);¹

2. URGES Member States:

   (1) to consider methods of prepayment of financial contributions for health care so that high out-of-pocket expenditures are reduced;

   (2) to endeavour to provide safety nets for health care so that the poor and other vulnerable groups are protected;

   (3) to strive to maintain or increase investments and public spending on health, so that effective health interventions can be fully implemented;

   (4) to continue to show leadership in aligning domestic and external resources to national priorities, including the objective of universal coverage;

   (5) to use where appropriate the Strategy for developing national policies, strategies and actions on health financing that facilitate the transition to universal coverage;

3. REQUESTS the Regional Director:

   (1) to provide support and technical advice to Member States in improving health financing policies;

   (2) to facilitate the exchange of knowledge, information, experience and evidence of effective health financing arrangements among Member States;

   (3) to work with partners, development agencies and other stakeholders in supporting implementation of the Strategy;

   (4) to report back to the Regional Committee on the implementation of the Strategy.

Sixth meeting, 24 September 2009
WPR/RC60/SR/6
The Regional Committee,

Acknowledging that the WHO Framework Convention on Tobacco Control that has been ratified by all eligible parties in the Western Pacific Region is the overarching framework for curbing the tobacco epidemic;

Concerned about regional trends of high tobacco use (smoke and smokeless), the increase in the uptake of tobacco among women and girls, and the high levels of exposure of children and young people to second-hand smoke at home and in public places;

Cognizant of the need to strengthen current efforts towards complete implementation of the WHO Framework Convention on Tobacco Control and meeting the deadlines in the articles of the convention;

Mindful of the need to protect public policy from interference by the tobacco industry;

Having reviewed the draft Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region (2010–2014),

1. **ENDORSES** the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014) as a guide for the development and implementation of national action plans on tobacco control for the next five years;

2. **URGES** Member States:
   (1) to develop or update national action plans or equivalents;
   (2) to establish or strengthen existing national coordinating mechanisms to implement their national action plans or equivalents;
   (3) to work towards complete implementation of the WHO Framework Convention on Tobacco Control and to meet the deadlines in the articles of the Convention;
   (4) to increase the availability and use of reliable adult and youth tobacco use data for policy and action;
   (5) to strengthen demand-reduction measures;
   (6) to develop country-specific strategies, which are gender sensitive, that will result in the reduction of tobacco use by 10% from the most recent prevalence baseline in adults and youth by 2014;

3. **REQUESTS** the Regional Director:
   (1) to provide technical guidance, tools and assistance towards the development and implementation of national plans of action and national coordinating mechanisms;
   (2) to support country efforts to achieve complete implementation of the WHO Framework Convention on Tobacco Control and to meet the deadlines in the articles of the Convention;
   (3) to support further development of surveillance systems for tobacco control;

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1 Annex 1 of document WPR/RC60/7.
(4) to build capacity in countries to enable strong demand-reduction measures;

(5) to provide technical guidance, tools and assistance to support country-specific strategies, which are gender sensitive, that will result in the reduction of tobacco use by 10% from the most recent prevalence baseline in adults and youth by 2014;

(6) to undertake a review of progress in implementation of the Regional Action Plan for the Tobacco Free Initiative of the Western Pacific (2010–2014) to be submitted to the Regional Committee in 2012.

Sixth meeting, 24 September 2009
WPR/RC60/SR/6


The Regional Committee,

Concerned that malaria remains a significant public health problem in the Region, especially for the poorest rural populations;

Acknowledging progress made by Member States in reducing malaria mortality and morbidity, with several Members States having changed their national malaria programme goals from malaria control to elimination;

Aware of the unacceptably high burden of malaria in a few countries, the continued transmission in active foci in many countries, and the risk of malaria epidemics;

Concerned with the emergence of artemisinin resistance in Plasmodium falciparum as a major global threat to malaria control and elimination;

Further concerned with the wide availability of substandard and counterfeit antimalarial medicines, and the irrational use of artemisinin derivatives, especially in the private sector;

Recognizing the public health significance in the Western Pacific Region of malaria caused by Plasmodium vivax, which currently is not adequately diagnosed and treated in many countries and which poses a particular challenge for malaria elimination;

Acknowledging the unprecedented amount of funding made available for malaria control and elimination;

Further acknowledging the need to strengthen human resources and national surveillance systems, and to sustain funding for malaria;

Recognizing that effective malaria control and elimination require universal access of all at-risk populations to effective prevention, diagnosis and treatment measures, as well as strong community involvement;

Aware of the importance of partnerships and intersectoral cooperation to achieve programme goals and more cost-effective interventions through synergies;

Recognizing the importance of the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)\textsuperscript{1} as a road map to guide national programmes, as a monitoring framework and

\textsuperscript{1}Annex 1 of document WPR/RC60/8.
as an advocacy and resource mobilization tool,

1. **ENDORSES** the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015);

2. **URGES** Member States where malaria is endemic:

   (1) to use the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015) to update national malaria control or elimination plans and as a framework for monitoring implementation and mobilizing resources;

   (2) to strengthen commitment at all levels to help ensure that adequate human and financial resources are made available to implement and sustain national malaria control or elimination programmes, and incorporate health system strengthening whenever feasible;

   (3) to ensure universal access for all at-risk populations to appropriate and effective vector control measures, early parasite-based diagnosis, and safe and effective antimalarial treatment, and maximize services utilization through appropriate communication and community mobilization;

   (4) to prohibit the marketing of artemisinin-based monotherapies and halt any further development and spread of artemisinin-resistant falciparum malaria;

   (5) to improve diagnosis and treatment of vivax malaria, including addressing the issue of glucose-6-phosphate dehydrogenase deficiency and supporting operational research to fill knowledge gaps;

   (6) to strengthen national surveillance systems to monitor malaria trends and programme impact and to detect and control outbreaks in a timely manner, and to encourage regular and transparent data reporting and sharing;

   (7) to foster partnerships with nongovernmental organizations and technical agencies and support intersectoral cooperation;

3. **REQUESTS** the Regional Director:

   (1) to use the Regional Action Plan for Malaria Control and Elimination in the Western Pacific Region (2010–2015) to advocate among stakeholders and development partners for increased support for moving from malaria control towards a malaria-free Region;

   (2) to provide technical support to Member States to address barriers to the scaling up of malaria control and elimination programmes;

   (3) to report to the Regional Committee on progress in implementing the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015) and to report on necessary refinements, as required.

Sixth meeting, 24 September 2009
WPR/RC60/SR/6
The Regional Committee,

Recognizing that strong health systems are the foundation that underpins the ability of all health programmes to deliver better results and that laboratory services are a critical component of health systems;

Reaffirming that primary health care, including the values of equity and universal access, forms the guiding principle for efforts to strengthen health systems;

Recalling resolution WPR/RC59.R4 on Health Systems Strengthening and Primary Health Care which noted the Strategic Plan for Strengthening Health Systems in the Western Pacific Region as an appropriate and useful framework to guide work in the Region on health systems strengthening, including work in laboratories;

Recognizing that the strengthening of laboratory services is an important component of both the Asia Pacific Strategy for Emerging Diseases (APSED) and the International Health Regulations (2005);

Acknowledging the need to enhance access and strengthen the local and national capacity of each country in the areas of quality, safety and bench techniques, and to provide accurate, timely and reliable services for diagnosis, treatment and monitoring, whether in public health or clinical services;

Recognizing also the need to further strengthen intercountry, interregional and global collaboration in strengthening health laboratory networks,

1. ENDORSES the Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015);¹

2. URGES Member States:
   (1) to use the Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015) as a strategic framework to guide the development of coherent national frameworks for health laboratory services;
   (2) to provide adequate human, material and financial resources to strengthen local and national capacities for the implementation of national plans or equivalents;
   (3) to provide adequate and rational funding support to laboratories and to ensure that the financing plan for laboratory services is part of the country’s overall health budget;
   (4) to establish country-specific minimum standards for health laboratories at different levels and, where appropriate, a national body for accreditation of laboratories;
   (5) to develop appropriate infrastructure for biosafety and biosecurity;
   (6) to further strengthen and contribute to intercountry, interregional and multisectoral collaboration by actively participating in regional and subregional networks;

3. REQUESTS the Regional Director:
   (1) to use the Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015) as a strategic framework to guide support from WHO to Member States in the Region;

(2) to develop a regional workplan to further implement the Strategy, building on needs and priorities identified by capacity assessments and providing appropriate linkages with the laboratory components of related strategies and programmes;

(3) to provide coordinated technical assistance to Member States in strengthening health laboratory services based on primary health care principles;

(4) to assist Member States to develop minimum standards at different levels of health laboratories for undertaking essential tests, which should include human resources, infrastructure, equipment, reagents, technology, quality systems and referral mechanisms;

(5) to assist Member States in mobilizing resources from international developmental partners for strengthening of sustainable health laboratory services, where appropriate;

(6) to strengthen intercountry, interregional and multisectoral networks and to establish effective collaboration mechanisms;

(7) to develop tools and indicators for monitoring and evaluating implementation of the Strategy.

Eighth meeting, 25 September 2009
WPR/RC60/SR/8

WPR/RC60.R7 SIXTY-FIRST SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

1. CONFIRMS that the sixty-first session of the Regional Committee shall be held at the Regional Office in Manila;

2. DECIDES that the dates of the sixty-first session shall be from 20 to 24 September 2010.

Eighth meeting, 25 September 2009
WPR/RC60/SR/8

WPR/RC60.R8 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

(1) the Hong Kong Special Administrative Region, China, for:

(a) hosting the sixtieth session of the Regional Committee for the Western Pacific;

(b) the excellent arrangements and facilities provided;

(c) the generous welcome and hospitality received;
(2) the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee;

(3) the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

Eighth meeting, 25 September 2009
WPR/RC60/SR/8

DECISIONS

WPR/RC60(1) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the period of tenure of the representative of the Government of Republic of Korea as a member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction expires on 31 December 2009, selects the Philippines to nominate a representative to serve on the Policy and Coordination Committee for a period of three years from 1 January 2010 to 31 December 2012.

(Eighth meeting, 25 September 2009)

WPR/RC60(2) SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD

The Regional Committee, noting that the period of tenure of the representative of the Government of Viet Nam on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases expires on 31 December 2009, selects the Republic of Korea to nominate a representative to serve on the Joint Coordinating Board for a period of four years from 1 January 2010 to 31 December 2013.

(Eighth meeting, 25 September 2009)
AGENDA

Opening of the session and adoption of the agenda
1. Opening of the session
2. Address by the retiring Chairperson
3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs
4. Address by the incoming Chairperson
5. Adoption of the agenda

Keynote address
6. Address by the Director-General

Review of the work of WHO
7. Address by and Report of the Regional Director

Policies, programmes and directions for the future
10. Global financial crisis and health impacts in Asia and the Pacific
15. Progress reports on technical programmes
   • Asia Pacific Strategy for Emerging Diseases and the International Health Regulations (2005)
   • Vaccine-preventable diseases: poliomyelitis, measles and hepatitis B
   • HIV/AIDS including sexually transmitted infections
   • Prevention and control of tuberculosis
   • Noncommunicable diseases prevention and control
Annex I

16. Policy direction concerning the establishment of centres of the Regional Office in countries
17. Procedure for nomination of the Regional Director
18. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee

Membership of Global Committees

19. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee
20. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board

Other matters

21. Time and place of the sixty-first and sixty-second sessions of the Regional Committee
22. Closure of the session
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### Annex 2

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<th>Contact Person 2</th>
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