SUMMARY RECORD OF THE SIXTH MEETING

(Grand Ballroom, Lower Level I, Kowloon Shangri-la Hotel)
Thursday, 24 September 2009, at 09:00

Chairperson: Dr Kautu TANAUA (Kiribati))

CONTENTS

1. ASIA PACIFIC STRATEGY FOR STRENGTHENING HEALTH LABORATORY SERVICES (2010–2015): Item 14 of the Agenda (Document WPR/RC60/9)

The REGIONAL DIRECTOR presented the draft Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015), explaining that it was based on intensive consultations between the WHO regional offices for South-East Asia and the Western Pacific over the previous 18 months.

He noted that laboratories played a central role in, for instance, the Asia Pacific Strategy for Emerging Diseases and the International Health Regulations (2005). Their importance was being increasingly recognized, with growing support in global health initiatives to strengthen laboratories as part of specific disease-control programmes. The links between public health and clinical services had often been less than optimal, resulting in inefficiencies and duplication. The aim of the draft Strategy was to strengthen those links by the establishment of coherent national frameworks with sufficient capacity and resources.

While the draft Strategy gave explicit guidance in those areas, it also took into account the varying stages of development of the countries in Asia and the Pacific and acknowledged that "one size does not fit all". The draft Strategy had been so well received that colleagues in the African Region and at WHO Headquarters were considering adapting it to their own requirements.

Dr Suzuki TAKASHI (Japan) said that his Government recognized the importance of strengthening health laboratory services in the Region. Quality control was important in any health service but was indispensable in laboratory services, and national standards should be applied to ensure their quality. Reinforcement of the international coordination mechanism was necessary to provide external quality assurance. Strengthening of laboratory services would contribute to improving health information systems and human resource development. His Government supported the draft Strategy.

Dr Wei-ling Wilina LIM (Hong Kong (China)) said that the important role of the laboratory in both the detection and prevention of disease had been illustrated in the current influenza pandemic. She acknowledged the considerable work of WHO in improving health laboratory services in the Region. Such services also provided reliable, timely information for real-time decision-making. The Government of Hong Kong (China) had been active in building laboratory capacity and providing high-quality services and expressed support for the draft Strategy. It would be pleased to collaborate with WHO in a number of areas, including training of technical staff and development of a quality control system.

Dr ALA (Philippines) said that the draft Strategy proposed a range of initiatives that Member States could use to improve the quality and prevent fragmentation of their health laboratory services. The Department of Health in her country would shortly begin formulating its national framework for laboratory services, which would include a solid governance structure, sustainable financing and assurance of rational use and the safety of patients. The Department was already strengthening national reference laboratories, setting up a network of laboratories to ensure the availability of services, building capability for the delivery of all laboratory services, and strengthening the institutional and operational capacity of laboratories, with improved diagnosis, surveillance and monitoring. She looked forward to continuing WHO support in those efforts.

Dr FENG (China) said that his country supported the draft Strategy in principle, but considered that it should further emphasize the importance of assessing risks for exposure to pathogenic organisms in

laboratories. Hospital laboratories should intensify biosafety management, especially for samples of unknown pathogens. The Regional Office should play a more important role in promoting biosafety in laboratories through information sharing and training.

Dr SHARMA (Fiji) said that the importance of an efficient laboratory service could not be overemphasized. In his country, commitment at the highest political and professional levels to strengthen laboratory services had resulted in preparation of an "allied health worker" bill, which had been the subject of wide consultations and would be presented in early 2010. An internal audit had been conducted, and the procurement and storage of chemicals and reagents had been optimized. New biomedical equipment was being installed, and preventive maintenance was being conducted in all laboratory facilities. WHO would be asked to assist in preparing a mapping and situational analysis, preparing a national health policy with standard operating procedures, conducting an analysis of budgetary needs and setting up a procedure for monitoring and evaluation. He said that his country would be willing to host pilot projects for the Region and, in view of the presence of the regional medical school in Suva, could begin training to enhance technical capacity on short notice.

Dr CHONG (Malaysia) said that the draft Strategy was both appropriate and feasible. Malaysia had put in place six of the seven key elements described in the document, lacking only a formal national framework for laboratory services. His country would adhere to the guidelines listed in the section entitled "The way forward", with some modifications to suit local needs. In Malaysia's strategies for addressing emerging diseases, laboratory services represented one of the five programmes that were to be strengthened, with a detailed plan, targets and timetable. He looked forward to further cooperation with WHO in that respect.

Dr KUARTEI (Palau) said that, in addition to clinical, public health and food safety laboratories services, services for the analysis of animal specimens should be included, to provide critical information on the relationships between health and agriculture. In reference to the six "building blocks" of the WHO Health System Framework, his Government considered that priority should be given to leadership and governance, as high-quality, timely laboratory results were not obtained simply by licensing providers but relied on clinical and administrative support, like all health outcomes. Palau had initiated licensing of all health workers, comprising clinical, technical, administrative and support staff and the Minister of Health, within a coordinated health professional development programme.

Table 2 of the draft Strategy mentioned that a minimum standard should be set within the national regulatory mechanism. He hoped that that covered establishing an inventory of the minimum essential components for a laboratory, in order to ensure the availability of reagents, functioning equipment and appropriate personnel. Such minimum inventories should be applied to all sectors of ministries of health, as was being done in Palau, in order to improve health outcomes.

Ms GOODSPEED (Australia) supported the draft Strategy, recognizing that access to efficient, reliable laboratory services was essential for delivery of safe, cost-effective health care. In particular, she supported the strengthening of laboratory services as an important element in a broader approach to strengthening health systems, to improve overall performance at country level. She commended WHO for the thorough and inclusive approach it had adopted in developing the draft Strategy, which provided guidance that Member States could adapt to their own specific contexts. Laboratory services were crucial to effective implementation of International Health Regulations (2005), also known as IHR (2005), to enhance national, regional and

global public health security. Laboratory diagnosis was important in disease surveillance, including diseases that had to be reported under IHR (2005). She urged WHO to ensure stronger links and greater efficiencies between the laboratory aspects of the Asia Pacific Strategy for Emerging Diseases, Noncommunicable disease surveillance and response, and the Expanded Programme on Immunization in the implementation of the new Strategy. Strengthening laboratory services as outlined in the Strategy would assist Member States to achieve the aims of World Health Assembly resolution WHA58.29 to enhance laboratory biosafety, which would in turn promote global public health. She encouraged WHO to provide technical assistance to Member States in developing implementation plans, an important step in putting the Strategy into operation in countries. Coordination of technical assistance would be essential. In the Pacific context in particular, WHO, the Secretariat of the Pacific Community (SPC), the Pacific Islands Health Officers Association and other technical partners would need to communicate effectively to ensure that their approaches to standards development and technical support for laboratories were based on the evolving biregional strategy, as well as on evolving national laboratory frameworks.

Dr Mayleen EKIEK (Federated States of Micronesia) said that without laboratory services, clinical and public health services would be unable to function. The Federated States of Micronesia supported all elements of the draft Strategy. A national laboratory policy had been drawn up, and the monitoring and evaluation process currently being carried out would cover the whole range of laboratory services. She noted that her country continued to need WHO guidance and support.

Dr JACOBS (New Zealand) agreed that efficient and reliable laboratories were an essential part of a strong and effective health system, and supported the draft Strategy. However, where improvements to laboratory services had focused on specific disease control programmes, there had sometimes been fragmentation or duplication of services, with an emphasis on short-term results rather than long-term capacity. The key elements in the proposed Strategy would strengthen laboratory services.

Health laboratories in the Pacific nevertheless faced specific challenges, including inadequate workforce capacity, so a separate monitoring and evaluation framework might be necessary. The Regional Office for the Western Pacific should work closely with SPC to implement the Strategy in the Pacific. Implementation would also be enhanced by the active engagement of the Pacific Paramedical Training Centre, and coordination with relevant regional and bilateral programmes. He asked whether there were plans to provide resources to the WHO Suva office to help with the implementation of the Strategy in the Pacific.

Mrs GIDLOW (Samoa) welcomed the draft Strategy indicators, and looked forward to the promised technical assistance from WHO to help Samoa develop and upgrade its laboratory capacity along the lines set out in the Strategy. Investment in medical products and technology, as building blocks for improved health systems, would require appropriate policies, strategies, regulation and management, through effective leadership, governance and political will. It was encouraging that the direction of health reform in Samoa complemented the proposed Strategy. Samoa would be guided by WHO in the review of laboratory standards for monitoring and regulatory purposes, and requested guidance on how to clinically audit national laboratory services.

Mr Mark MAULUNDU (Papua New Guinea) welcomed the proposed Strategy. A reliable laboratory service network was key to ensuring good quality health care, but Papua New Guinea did not have a functioning health system and lacked basic laboratory services, especially in rural areas. The country was

facing a crisis, not just in health but in the whole of the social sector because of the decision taken soon after independence, 34 years ago, to decentralize government powers to provincial level. The result had been fragmentation and stagnation, not only in laboratory services. Efforts over the past 15 years to get a grip on the deteriorating health services had been unsuccessful, but reforms were currently being implemented to improve vital services such as the health laboratory system. Legislation to unify the health system under a single authority in the provinces had been unanimously passed by the National Parliament in July 2007, and was being implemented through a consultative process. The proposed Strategy was a critical step towards securing political commitment and the allocation of resources to improve the quality of laboratory services. Papua New Guinea would endeavour to ensure that any plans to improve its national health laboratory services would follow the framework set out in the proposed Strategy.

Dr HOMASI (Tuvalu) supported the draft Strategy. Laboratory services were a core component of clinical and public health, and the Strategy would provide a platform on which to develop a national framework for Tuvalu. He requested WHO to further strengthen the capacity of reference laboratories in the Pacific islands because of their importance for small island States such as Tuvalu.

Dr ENKHBAT (Mongolia) stressed the importance of strengthening laboratory services, which were crucial to an effective medical system, and he supported the proposed Strategy. Mongolia was asking for technical and financial assistance from the Regional Office to upgrade its Biosafety 3 laboratory.

Ms LANGIDRIK (Marshall Islands) supported the proposed Strategy, which clearly outlined the steps to be implemented while recognizing that "one size did not fit all". She was pleased to see that the plan for the sustainability of laboratory services included human resources. She pointed out that distance was a constraint in the Pacific. Regardless of how well laboratory services were implemented, supplies often arrived late, having been stranded at airports because vendors or shipping agents were unfamiliar with the region. Communication was essential to ensure that laboratory supplies arrived on time. Also, maintenance of laboratory equipment could be cumbersome, again because of distance. A vendor might not put a small country such as the Marshall Islands on the priority list for services.

Dr PRASONGSIDH BOUPHA (Lao People's Democratic Republic) supported the draft Strategy. In the Lao People's Democratic Republic, laboratory quality control, standards testing and surveillance had started only in 2006. The lack of a national laboratory plan had, however, led to duplication, fragmentation and insufficient laboratory services. Financial and technical resources were needed to strengthen national laboratory capacity and performance. There was also a need for detailed mapping and situation analysis of the current state of laboratory services, as well as the development of a national laboratory policy and a training programme for laboratory professionals.

Mr SOALAOI (Solomon Islands) supported the draft Strategy. Not having full laboratory services, Solomon Islands fully appreciated the value of such services, for example during the early days of Pandemic (H1N1) 2009. Thanks to WHO and the Government of Australia, Solomon Islands could use the reference laboratory in Melbourne, but of course had to wait longer for results. His country looked forward to continuing to work with WHO and other stakeholders in developing plans and programmes for laboratory services.

Mrs PEARCE (Tokelau) said that it was not cost-effective for Tokelau, a very small country with three atolls and three hospitals, to have full laboratory services. Tokelau had opted for point-of-contact testing,

relying on laboratories in Samoa and New Zealand for more complex laboratory services. She supported the proposed Strategy, which would promote quality standards and service delivery, and looked forward to WHO assistance in that area.

Dr VIVILI (Tonga) said that Tonga had invested in laboratory services over the past 5–10 years, with a focus on quality control, but still had a long way to go. For example, results of tests for Pandemic (H1N1) 2009 took 2–4 weeks to arrive. He was confident that, with WHO assistance, Tonga would continue to improve its laboratory services, and he supported the draft Strategy.

Dr Tearikivao MAOATE (Cook Islands), while supporting the proposed Strategy and recognizing the importance of laboratory services, pointed out that other diagnostic services, such as surveillance, clinical and radiological services should all be part of efforts to strengthen health services. He cautioned against developing multiple strategies. Laboratory services were part of diagnostic services and should not be seen in isolation.

Dr KIRITION (Kiribati) recognized the important role of laboratory services in both clinical and public health functions, and supported the draft Strategy. Nevertheless, while the Strategy provided generic guidance to be adapted by individual countries, it would also be valuable for WHO to identify groups of countries that were similar, and provide them with more specific guidance. For example, Kiribati and Tuvalu had similar health care provision, with doctors and comprehensive laboratory services available only on the capital island, while most of the other clinics were separated from each other by sea and were capable of performing only basic laboratory tests. What worked in Tuvalu and other Pacific island countries and areas—the Tuvalu outbreak manual, for instance—was likely to work in Kiribati. Obviously, a few minor country-specific adaptations would be needed. WHO should assist with information-sharing so that countries could learn from the experience of others. In particular, WHO should ensure that consultants always asked whether a guideline, plan or policy had already been developed in another country with a similar health setting, before using limited resources to reinvent the wheel.

The REGIONAL ADVISER IN HEALTH TECHNOLOGY, thanking representatives for their support and constructive suggestions, said that the draft Strategy had been developed through an extensive consultative process. It reflected essential elements of a national laboratory strategy, with emphasis on a national framework, risk management, biosafety, capacity-building, research and ethics, and suggested an approach that could be readily adapted by national authorities to the situation in each country. As requested, animal laboratory services would be included in the revised strategy. The Regional Office would continue to collaborate with Member States in strengthening national laboratory services, and welcomed the offers made to train laboratory staff.

The DIRECTOR, HEALTH SECTOR DEVELOPMENT, thanked representatives for their comments and for their collaboration in developing the Strategy. He agreed that Member States should give laboratory services appropriate attention and include them as part of their national health plans, not forgetting the need for access in rural areas. The Regional Office recognized the difficulties in strengthening such services in the Pacific islands and was collaborating with SPC and the Pacific Paramedical Training Centre, a WHO Collaborating Centre for External Quality Assessment and Training in Health Laboratory Services, to determine the best way of providing support. It was also collaborating with partners to seek ways of improving integration and working jointly to avoid duplication and fragmentation of effort. The outbreaks of SARS, avian influenza and

Pandemic (H1N1) 2009 had drawn wide attention to the need to strengthen laboratory services, but it was important to ensure broad support for all aspects of those services. In reply to the representative of China, he said that the Regional Office had established a biosafety consortium in 2007, which was collaborating with the Asia-Pacific Biosafety Association, and was providing training and technical support. The consortium could also undertake country risk assessments.

The REGIONAL DIRECTOR thanked representatives for their encouragement and support. He looked forward to working with Member States to adapt and implement the Strategy in accordance with their particular needs.

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

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Proposed Programme Budget 2010–2011 (Document WPR/RC60/Conf. Paper 1 Rev.1)

Decision: The resolution was adopted (see resolution WPR/RC60.R2).

2.2 Health Financing Strategy for Asia and the Pacific (2010–2015) (Document WPR/RC60/Conf. Paper 3)

The RAPPORTEUR FOR THE ENGLISH LANGUAGE said that, in the second preambular paragraph, the word "but" should be replaced by "and".

Mr ABDOO (United States of America) pointed out that equity was a guiding principle whereas universal access was a goal of primary health care. He therefore proposed that the first preambular paragraph should be amended by replacing "guiding principle" by "a guiding principle and goal".

Decision: The resolution, as amended, was adopted (see resolution WPR/RC60.R3).

2.3 Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010-2014) (Document WPR/RC60/Conf. Paper No. 4)

Ms GOODSPEED (Australia) proposed that the final phrase in operative paragraphs 2(6) and 3(5) be amended to read "that will result in the reduction of tobacco use by 10% from the most recent prevalence baseline in adults and youth by 2014".

Ms SENGEBAU (Palau) proposed that, in the second preambular paragraph, "high smoking prevalence rates" be replaced with "high tobacco use (smoke and smokeless)".

Decision: The resolution, as amended, was adopted (see resolution WPR/RC60.R4).

2.4 Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2011) (Document WPR/RC60/Conf.Paper No. 5)

Ms GOODSPEED (Australia) proposed addition of the words "and to report on necessary refinements, as required." at the end of operative paragraph 3(3).

Mr ABDOO (United States of America) proposed insertion of the words "to prohibit the marketing of artemisinin-based monotherapies and" at the beginning of operative paragraph 2(4).

Decision: The resolution, as amended, was adopted (see resolution WPR/RC60.R5).

3. PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 15 of the Agenda (Document WPR/RC60/10) (continued)

The DIRECTOR, PROGRAMME MANAGEMENT, introduced progress reports on four areas of work: vaccine-preventable diseases; HIV/AIDS and sexually transmitted infections; tuberculosis; and noncommunicable diseases.

The Expanded Programme on Immunization was continuing to make progress in the fight against poliomyelitis, measles and hepatitis B. Representatives would recall that the Regional Committee, at its fifty-sixth session in 2005, had urged Member States to maintain their poliomyelitis-free status and had established the target date of 2012 to achieve the twin goals of measles elimination and hepatitis B control. All countries in the Region had continued to remain free of wild poliovirus since the identification of the last case in 1997. Nevertheless, the continued potential for wild poliovirus importation required Member States to maintain high levels of immunity against the disease and ensure sensitive surveillance of acute flaccid paralysis. Although measles had probably been eliminated or nearly eliminated in 24 Member States, the coming years would require greater efforts by all Member States. It appeared that 26 countries and areas, comprising 87% of the Region's population, had achieved the target rate of chronic hepatitis B infection of less than 2% among children aged 5 years. With few exceptions, all remaining countries were expected to achieve the hepatitis B control goal by 2012.

There was now a more accurate understanding of the HIV/AIDS epidemic thanks to the implementation by June 2009 by all countries in Region of at least one round of the HIV second-generation surveillance package. Only one country in the Region had a generalized epidemic, and four others had epidemics among people with high-risk behaviours. The other 32 countries and areas in the Region were classified as low-prevalence settings. HIV transmission was mainly driven by high-risk behaviours, including unprotected commercial sex, unprotected sex among men and unsafe injecting drug use. Mother-to-child transmission was another source of new HIV infections. The Region was continuing to make steady progress towards universal access to HIV prevention, care and treatment, although it was unlikely that the 2010 target would be met.

Substantial progress had been achieved in the 10 years since the Regional Committee had declared a tuberculosis crisis in the Western Pacific Region. However, it was clear that the 2010 goal to halve prevalence and mortality rates compared with 2000 levels would not be met and further efforts were needed, in particular, to tackle multidrug-resistant tuberculosis (MDR-TB) and TB-HIV co-infection. Greater awareness of and a commitment to the prevention and treatment of multidrug-resistant and extensively drug-resistant tuberculosis

(XDR-TB) were needed, and adequate funding for technical assistance must be ensured to sustain effective tuberculosis control.

Activities to prevent and control noncommunicable diseases were guided by the Western Pacific Regional Action Plan for Noncommunicable Diseases, which had been endorsed by the Regional Committee in September 2008, and significant progress had been achieved. Cancer, cardiovascular diseases, diabetes and chronic respiratory diseases shared common risk factors, including tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Those determinants lay mostly outside the health sector, and efforts were needed to increase advocacy in other sectors for the promotion of enabling environments for risk reduction. WHO would continue to support the prevention and control of noncommunicable diseases through comprehensive and integrated approaches, including "healthy islands" and "healthy settings".

The Regional Committee was requested to review the four progress reports.

Mr NGUYEN THANH LONG (Viet Nam) expressed appreciation for the support provided by the Regional Office to Viet Nam in relation to HIV/AIDS prevention and control. The harm-reduction programme had been scaled up rapidly: 22 million syringes and needles had been distributed and antiretroviral treatment programmes had treated nearly 34 000 people living with HIV/AIDS. Services for voluntary counselling and testing, and for the prevention of mother-to-child transmission were available across the country. The Regional Office should pay greater attention to TB-HIV co-infection—in Viet Nam 15% of people infected with HIV also had tuberculosis—and to the provision of support to Member States in relation to the development of proposals for funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the implementation of funded projects.

Dr Abdullah DUMAMA (Philippines) welcomed the progress made in the areas covered by the four progress reports and supported the proposed actions. The Philippines had developed and implemented policies to ensure the elimination of measles and neonatal tetanus, eradication of poliomyelitis and control of hepatitis B and other vaccine-preventable diseases, which remained a high priority. Polio-free status had been maintained for the previous eight years. Efforts to prevent and control HIV/AIDS focused on holistic interventions, including strengthening of support systems, and were guided by the Fourth AIDS Medium-Term Plan (2006–2010), which was currently being updated. The Tuberculosis Prevention and Control Medium-Term Strategic Plan was also being updated, taking into account the performance of the national tuberculosis control programme, which included strategies for monitoring health systems performance, securing adequate funding for tuberculosis control and improving funding use. The plan was expected to sustain previous gains, namely a case detection rate of 71% and a treatment success rate of 90% as of 2008. National policies had also been drafted for tackling tuberculosis in children, drug-resistant tuberculosis and TB-HIV co-infection. The "MDGmax Initiative" for the prevention and control of noncommunicable diseases had been adopted in 2008 with a view to accelerating attainment of the Millennium Development Goals in that area. The Department of Health had also issued national guidelines on the attainment of the global target of a 2% reduction in mortality from noncommunicable diseases.

Dr SIA Ai Tee (Brunei Darussalam), commending the Regional Director on the progress reports, said that Brunei Darussalam remained committed to action to achieve further progress in the four areas under consideration, including the integration of noncommunicable disease prevention and management in its primary health care system. It was currently conducting its second population-based national health

and nutrition survey. The survey would provide evidence-based information on nutritional status and the prevalence of noncommunicable disease risk factors that would guide the development of future health policies. However, further efforts were needed to align activities with the Western Pacific regional action plans for the prevention and control of communicable and noncommunicable diseases. Brunei Darussalam would welcome technical support for planning, monitoring and evaluation of health interventions, and for research, and looked forward to participating actively in regional and subregional disease prevention and control networks.

Dr YU Jingjin (China) commended the Regional Office on its efforts to promote progress in the areas covered by the four reports. China remained concerned about the potential for importation of wild poliovirus. There was also a concern related to cases associated with oral polio vaccine (OPV) and the Regional Office was requested to develop policies for replacing OPV with inactivated polio vaccine (IPV). The country's measles elimination programme was developing rapidly although there were still some serious cases in infants under the age of 12 months and in young people above the age of 15 years. Programmes to prevent and control HIV/AIDS and other sexually transmitted diseases were being consolidated. WHO should intensify efforts to coordinate activities with those of other relevant international organizations in order to avoid duplication of investment and effort. In the area of tuberculosis prevention and control, China had succeeded in expanding coverage with directly observed treatment, short-course (DOTS), and improving case detection and management, and had developed a national action plan for tackling multidrug-resistant tuberculosis. Noncommunicable diseases were becoming a major burden and were negating gains in poverty reduction in some areas. Prevention and control of those diseases had been incorporated into the national health plan, and a specific action plan was under development. WHO was requested to provide further technical support for the development of appropriate disease prevention and control strategies in all the areas under consideration.

Dr Isimeli TUKANA (Fiji) said that his country was committed to the regional objective of measles elimination and hepatitis B control by 2012; with technical support from Australia and Japan, its Expanded Programme on Immunization had already achieved high coverage. Mataika House (the Fiji Centre for Communicable Disease Control) was, moreover, well on the way to accreditation as a subregional measles laboratory, thanks to WHO's timely provision of polymerase chain reaction (PCR) facilities. Given its burden of cervical cancer, Fiji also intended to continue human papillomavirus (HPV) immunization, the cost of which was under negotiation with suppliers and potential donors. In addition, it was seeking to fill its information and other gaps in the area of HIV/AIDS and other sexually transmitted infections. Relevant legislation was currently being reviewed to include HIV as a notifiable disease, with confidentiality maintained, and Fiji was rebranding reproductive health by prioritizing communication and accessibility in primary health care settings.

As for TB prevention and control, Fiji had a good case detection rate and no cases of MDR-TB, a situation maintained by its prioritization of compliance with DOTS at the primary health care level. Funding of some US$ 4 million had been approved with a view to further strengthening the system. Fiji was also formulating its next national strategic plan for noncommunicable diseases in line with the Western Pacific Regional Action Plan for Noncommunicable Diseases and the Pacific Framework for the Prevention and Control of Noncommunicable Diseases. On that score, the improvement of Healthy Islands measures and primary health care was critical. He urged support for Fiji's second national STEPS assessment on

noncommunicable diseases, due to start in early 2010, meanwhile expressing gratitude for the assistance already received from WHO and partner agencies for its various other technical programmes.

Ms GOODSPEED (Australia) commended the progress achieved in the Region in the prevention and control of HIV/AIDS and other sexually transmitted infections, particularly in advocating for a health sector response for men who have sex with men. Placing a high priority on education, prevention, treatment and care, Australia was strongly committed to achieving the Millennium Development Goal relating to the fight against HIV/AIDS and was developing new national strategies to that end. It had also released a new international HIV strategy, the key priorities of which were closely aligned with those of WHO, which should continue to work closely with such stakeholders as the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to strengthen health service delivery systems at the country level through coordinated support for national health plans.

Faced with growing rates of obesity and type 2 diabetes, Australia recognized the importance of tackling risk factors, including poor diet and lack of physical activity. It consequently supported the Western Pacific Regional Action Plan for Noncommunicable Diseases and provided significant assistance for the prevention and control of such diseases through the Pacific Noncommunicable Diseases Programme. It also commended the strong leadership of the Pacific islands in improving access to quality food in order to improve their health and development outcomes. In that regard, it was important to link nutrition-related issues to broader health promotion efforts, and she therefore looked forward to the inclusion of such other health determinants as physical activity on the agenda of future national and regional food summits.

Ms Joanne SENGEBAU (Palau) said that, mindful of the increasing prevalence of MDR-TB in the Region, her country sought WHO assistance to facilitate continued vigilant surveillance and transparent information-sharing as a means of preventing its spread. The issue of co-morbidity was a concern in the case of various chronic illnesses and not only HIV/AIDS.

Mr KAHU (Vanuatu), focusing on vaccine-preventable and noncommunicable diseases, said that key issues for his country were its weak immunization system and low immunization coverage. It was consequently obliged to resort to periodic supplementary immunization activities (SIAs) as its main strategy for the elimination of measles, into which various primary health care prevention actions had also recently been integrated. Vanuatu believed, however, the measles SIAs would ultimately lead to a significant improvement in its Expanded Programme on Immunization, particularly given the renewed interest of its immunization partners. Concerning hepatitis B, he specifically requested technical and financial assistance from WHO for provision of the vaccine outside the cold chain, bearing in mind that some 20% of births took place without a skilled birth attendant.

The Western Pacific Regional Action Plan for Noncommunicable Diseases and the Pacific Framework for the Prevention and Control of Noncommunicable Diseases together constituted an essential basis for in-country action. With funding and technical assistance, Vanuatu was scaling up its own noncommunicable disease interventions by expanding activities in rural areas and addressing such related aspects as cancer, accidents and mental health. It would also host its first-ever national food summit in late September 2009 and remained a potential candidate for hosting the Pacific Regional Food Summit in 2010, both of which were important forums for taking stock and moving forward.

Dr YAMAMOTO (Japan) said that her country, which had experienced a significant measles outbreak in 2007, had taken a series of actions to achieve the goal of measles elimination by 2012, including the establishment of a multisectoral task force. It was also carrying out SIAs in order to achieve two-dose status for all those under 22 years of age. In the case of hepatitis B, it was already well on track. Japan also supported Expanded Programme on Immunization activities, including the provision of vaccines, through international cooperation. Concerning HIV/AIDS, she emphasized the importance of preventive and educational activities targeted at young people especially; the strengthening of STI prevention and control measures; the need to tackle the stigma and discrimination faced by people who were HIV-positive or at high risk of contracting HIV/AIDS; and the prevention of mother-to-child transmission of HIV, preferably in close collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other international organizations, in the interest of obtaining more comprehensive technical support.

With regard to TB, Japan had gone on to tackle global prevention and control issues on the strength of its valuable experience of successfully dealing with the disease at the end of World War II. Effective measures were urgently needed to counter MDR-TB, XDR-TB and TB-HIV co-infection in the Region, in which regard quality DOTS constituted the core strategy. She pledged Japan's continuing support for the TB prevention and control efforts of Member States. As for noncommunicable diseases, Japan would pass on to the international community the lessons learnt from its health promotion policy "Healthy Japan 21", which covered nine disciplines, including nutrition, exercise and smoking prevention. Its support of regional and international actions for the prevention and control of noncommunicable diseases would also continue.

Ms Louisa HELGENBERGER (Federated States of Micronesia) thanked WHO for its valuable assistance, which had allowed rapid establishment of a surveillance system and implementation of prevention and control measures for Pandemic H1N1 (2009) in her country. A vaccination campaign was being set up and surveillance systems for influenza-like illness had been implemented, with training for laboratory personnel in all four federated States. Despite difficulties being faced by the Federated States of Micronesia, with a limited health workforce, increasing fuel costs, and logistical difficulties in reaching remote populations scattered throughout many islands, the country was committed to meeting the 2012 target date for elimination of measles and reduction of chronic hepatitis B prevalence, as well as to maintaining polio-free status and increasing vaccination coverage. WHO-recommended supplemental immunization and measles immunization campaigns were being developed, and a mass measles vaccination campaign was planned for the first half of 2010. While no case of acute flaccid paralysis or acute fever and rash had been reported, it was important for the country to strengthen surveillance and its reporting system in light of the continued risk of polio virus importation.

Although considered a low-prevalence country for HIV/AIDS, a recent survey in the Federated States of Micronesia had indicated an increase in sexually transmitted infections in the young population, and the need to improve communication on, and youth access to, health information and services was a priority. Significant progress had been made in providing antiretroviral drugs for new HIV cases and in testing for gonorrhoea and chlamydial infection. She requested WHO to continue support for capacity-building and surveillance for HIV/AIDS and sexually transmitted infections.

She thanked WHO, the United States Centers for Disease Control and Prevention and the Secretariat of the Pacific Community for their assistance in managing the challenges of new and emerging cases of MDR-

TB and procuring second-line anti-tuberculosis drugs, as well as renovation of isolation wards and continued contact-tracing of TB and MDR-TB cases. To date, 21 cases of suspected and confirmed MDR-TB had been identified in her country. DOTS was provided to all outpatient MDR-TB patients and TB patients.

With regard to noncommunicable diseases, the Government was completing a STEPwise survey and was prepared to implement the results as soon as WHO had completed the analysis. Tobacco use was a major contributor to premature death in her country and its prevention and control was a priority area for health. A law promulgating smoke-free government buildings and other public-use areas had recently been enacted.

Dr LAM Chong (Macao (China)) said that results from the comprehensive surveillance system showed that HIV prevalence in Macao (China) remained below 0.1%, but that the number of newly detected cases was increasing yearly. As a result of the rapid spread of HIV among drug users in 2004, the Government had established the multi-departmental, multisectoral AIDS Prevention and Control Commission, funded by the Health Bureau, which had implemented the first methadone programme in the area. A new anti-drug law had come into force in September 2009 making needle and syringe exchange programmes legal, and sex-education programmes had been introduced into school curricula. The Health Bureau also subsidized nongovernmental agencies to implement HIV-prevention and education programmes and to provide more accessible counselling and testing services. Macao (China) was strongly committed to continuing to improve access to HIV prevention and treatment services.

Mrs GIDLOW (Samoa) thanked WHO for its technical guidance and financial support for APSED activities, and for excellent regional coordination for IHR (2005). Her country remained committed to improving national efforts in vaccination-preventable diseases coverage and in prevention and control of HIV/AIDS and other sexually transmitted infections. Samoa, in collaboration with WHO and SPC, had completed the Second Generation Survey 2008, which had provided data for planning enhanced TB prevention and control and for management of MDR-TB.

Prevention and control of noncommunicable diseases was a critical health priority in Samoa. Local action had been increased on the four common risk factors, and there was strong political support for a strengthened national and community approach to reversing the deteriorating situation as regards noncommunicable diseases in the country. A first Food Summit had been held in August 2009, and there had been a parliamentary consultation on noncommunicable diseases, resulting in establishment of a parliamentary advocacy group for healthy living.

Her Government was hoping to repeat the STEPwise survey, and data from the 2009 demographic health survey were being collected for input into effective data-driven interventions. She endorsed the request for noncommunicable disease prevention and control to be given priority funding and emphasis in WHO programming, similar to HIV/AIDS prevention advocacy, which had resulted in notable achievements in that area.

Mr SOAKAI (Nauru) said that his country faced the double burden of communicable and noncommunicable diseases and acknowledged the assistance received from the Global Fund to Fight AIDS, Tuberculosis and Malaria for HIV/AIDS and TB activities; WHO and the Japan International Cooperation Agency (JICA), for vaccine-preventable diseases; and the governments of Australia and New Zealand, for the 2-1-22 Pacific Noncommunicable Disease Programme, jointly managed by the WHO and SPC. He asked for continued support to allow Nauru to continue its efforts in those areas.

Dr BALACHANDRAN (Malaysia) thanked WHO for assisting his country to carry out the seroprevalence study on hepatitis B and for certifying that Malaysia had achieved the hepatitis B control goal, and for the technical support to strengthen national surveillance and monitoring systems. He also acknowledged the technical expertise provided by WHO and the Joint United Nations Programme on HIV/AIDS to develop reliable estimates and projections of HIV/AIDS infection in Malaysia. The country was currently placing a greater focus on the prevention and control of HIV/AIDS and sexually transmitted infections among the most at-risk populations, including supporting voluntary counselling and testing centres, needle and syringe exchange programmes, and methadone maintenance therapy centres. There had been a worrying increase in the prevalence of TB-HIV co-infection, which was being tackled through collaborative activities on screening programmes and by including TB prophylaxis treatment in HIV/AIDS patient management. TB cases among health care workers had become a concern and TB infection control, as well as regular risk assessment and infection control training, had been implemented.

He fully supported the implementation of the Western Pacific Regional Action Plan for Noncommunicable Diseases. His country had developed a national strategic plan with seven action areas aligned with both that plan and the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. Screening, intervention and management of noncommunicable diseases were being integrated into existing health systems at the primary care level. Malaysia had taken part in the fifth Visitors' Programme on NCD Prevention and Control, held in Saitama, Japan, in August 2009. Knowledge exchange and dialogue among key technical personnel from countries in the Region were essential for capacity-building and for engaging policy-makers and involving sectors outside that of health.

Dr VIVILI (Tonga) said that his country had achieved very high immunization coverage for vaccine-preventable diseases through a comprehensive Expanded Programme on Immunization, and thanked WHO and other partners for their assistance. HIV prevalence remained low, with only 13 confirmed cases, but there could be no complacency since other sexually transmitted infections were prevalent. The incidence of tuberculosis remained low and there were no multidrug-resistant cases, but the DOTS strategy remained in place.

Tonga knew that noncommunicable diseases had to be tackled, which was why they were one of the six priority areas of its Medium-term Strategic Framework. Noncommunicable diseases accounted for up to 75% of mortality, but treatment accounted for a much lower proportion of funds. Member States, especially small island countries, could not attract resources on their own, and he asked WHO to continue to seek targeted funds for those diseases.

Dr TSANG Ho-fai Thomas (Hong Kong (China)) thanked the Regional Office for its assistance with polio eradication, hepatitis B control and initiatives on TB and HIV/AIDS. The WHO targets in those areas had been largely achieved, and measles was scheduled for elimination by 2012.

The Department of Health had published a Strategic Framework for the Prevention and Control of Noncommunicable Diseases the previous year. A steering committee chaired by the Secretary for Food and Health included representatives of various sectors, and it discussed diet, exercise, injuries and alcohol, and related health problems, with a view to producing a sustainable action plan.

Dr ROSS (Solomon Islands) reported that immunization coverage was below 90% in Solomon Islands but an increase was planned. He thanked WHO, the United Nations Children's Fund and other donors for their assistance with the national measles campaign. On HIV/AIDS, nine requests had been submitted to the Global Fund, and he hoped that the country's tuberculosis control programme would receive funding. His country's new draft strategy on nutrition and noncommunicable diseases would have a secretariat to coordinate work on all risk factors, using an integrated community development model. A new national cancer registry had been opened, and the national health conference in 2010 would prepare the National Health Strategic Plan 2010–2015, in line with "Healthy Islands and Development". He thanked WHO and others for their assistance.

Dr SODNOMPIL (Mongolia) thanked the Regional Office and the Global Fund for their assistance with vaccine-preventable disease control, sexually transmitted diseases, tuberculosis and noncommunicable diseases. In Mongolia, the mortality structure had changed since 1993: cardiovascular disease had become the leading cause of death, with cancer in second place and injury and poisoning third. The prevalence of diabetes had increased.

A survey conducted in 2005 showed that nine out of 10 people had at least one risk factor for noncommunicable disease; one in every five people had three or more risk factors, and one in two males aged 45 years and over were at high risk. A 2005 government resolution had therefore established a programme to combat noncommunicable diseases, which included a surveillance system and reduction of the common risk factors. The idea was to reduce the incidence of cardiovascular disease, cancer and diabetes, by enhancing healthy lifestyles, and strengthening primary health care and community-based health services. With the support of WHO, the Ministry of Health had provided equipment for the early detection and treatment of noncommunicable diseases, and had also announced a competition among hospitals in some provinces to establish healthy supportive environments, thus increasing the participation of the community and nongovernmental organizations, and improving health. A Health Promotion Foundation had also been founded, funded by 2% of tobacco taxes. Activities included tobacco and alcohol control. Various guidelines had been developed on the basis of the Global Strategy on Diet, Physical Activity and Health, including advice on healthy exercise at school and at work.

Dr HOMASI (Tuvalu) noted that the first round of Second Generation Surveillance in the Pacific had reported very high prevalence rates for chlamydial infection and hepatitis B, and he was worried that they were moving into round 2 before completing round 1. Hepatitis B in adults was of particular concern in Tuvalu, and a cancer programme was needed, with assistance from WHO. The reference laboratory in Fiji was proving its worth, but there were still delays in confirmation of HIV infection. The noncommunicable disease plan had recently been completed, and he requested continuing support from WHO for that, and for the human papillomavirus vaccination programme.

Ms MATTHEW (Marshall Islands) acknowledged the continuing technical support for diseases control from WHO and others. A national strategic plan on noncommunicable diseases had been launched in the Marshall Islands, as well as a school health promotion programme, and a national food summit had been proposed for 2010. A cancer registry was in place and cancer coalitions had been organized. However, behaviour change was needed in order to reduce risk factors for noncommunicable diseases. The Ministry needed community support for all primary health care activities, including HIV/AIDS and vaccine-preventable disease control.

Dr BOUPHA (Lao People's Democratic Republic) reported that his country was aiming for hepatitis B control and measles elimination, as well as tetanus elimination, by 2012. The pentavalent vaccine would be administered from September 2009. The Expanded Programme on Immunization had been integrated with the maternal, neonatal and child services package. The Government had set up a national committee for HIV/AIDS control, and the Health Ministry was implementing a master plan for control of HIV and sexually transmitted infections, 2007–2012. Human resources for TB control were being scaled up, using DOTS. TB-related services had been subsidized, resulting in a considerable decrease in prevalence. Information on noncommunicable diseases in the Lao People's Democratic Republic was scarce, since communicable diseases had been the major problem until recently. However, with economic growth, many noncommunicable diseases were emerging as major problems. He thanked WHO and other partners for their support.

Dr COJAN (France) said that, with regard to poliomyelitis and hepatitis, vaccination was compulsory in French Polynesia, with the result that there was 95%–97% coverage for the entire Expanded Programme on Immunization, which should see eradication of the relevant diseases in the medium term. TB prevalence, especially active cases, had fallen. Antibiotics were made available through the Pasteur Institute. Following WHO guidelines, HIV was being stabilized. Noncommunicable diseases remained a major problem, however, with a great increase in diabetes. He asked WHO for support in tackling those problems.

The meeting rose at 12:03.