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WPR/RC66/DJ/4

15 October 2015

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Other information

Venue	Grand Ballroom, 1st floor, Hyatt Regency Guam
Distribution of documents	Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.
Rapporteurs meeting	If necessary, the meeting will be held in the Santa Rosa meeting room after the session at 17:15 on Thursday.
Internet access	Wireless Internet access is available throughout the hotel. The network name and password can be obtained from the Enquiry Desk outside the Grand Ballroom. An Internet café is located in the foyer outside the Grand Ballroom. For assistance, please contact the computer support staff at the Internet café.
WHO publications	Publications related to the agenda of the Regional Committee will be on display outside the Grand Ballroom. A digital catalogue will be provided.
Security	Please ensure your ID card is displayed at all times while inside the premises. Kindly contact the WHO Conference and Administrative Services Officer, Mr Ahmad Partow, should you have any concerns at +63 908 894 8621 (Philippines mobile). WHO has a no-smoking policy for all meetings and related functions.

I. PROGRAMME OF WORK

Agenda items 08:30–12:00

- | | | |
|-----------|---|-------------------|
| 14 | Part 2: Progress reports on technical programmes (continuation)
14.4 Ageing and health
14.5 Noncommunicable diseases
14.6 Regulatory systems strengthening | <i>WPR/RC66/9</i> |
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Agenda items 14:00–17:00

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|-----------|---|--------------------|
| 15 | Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee | <i>WPR/RC66/10</i> |
| 16 | Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee | <i>WPR/RC66/11</i> |
| 17 | Time and place of the sixty-seventh session of the Regional Committee | |
| 18 | Closure of the session | |
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Consideration of draft resolutions

WPR/RC66/Conference Paper No. 3
WPR/RC66/Conference Paper No. 4
WPR/RC66/Conference Paper No. 5

Please Note: Draft resolutions (also known as Conference Papers) were distributed this morning. Any amendments should be submitted in writing to the Enquiry Desk using specific language. Conference Papers will be considered for adoption after the morning coffee break.

II. REPORT OF MEETINGS (WEDNESDAY, 14 OCTOBER 2015)

Fourth meeting

Chairperson: Mr James Gillan, Director of Public Health and Social Services,
Guam, United States of America

Item 10. Tuberculosis (continuation)

Interventions were made by representatives of the following Member States (in order: Malaysia, Australia, Japan, Brunei Darussalam, Papua New Guinea, Viet Nam, the Republic of Korea, the Philippines, China, Hong Kong SAR (China), Fiji, the Marshall Islands, the Federated States of Micronesia, the Lao People's Democratic Republic, the United States of America, Samoa, France, New Zealand and Cook Islands.

In response, the Director, Division of Communicable Diseases, thanked representatives for their interventions, specifically on the draft *Regional Framework for Action on the Implementation of the End TB Strategy in the Western Pacific 2016–2020*. Responding to an intervention on high-risk groups, such as highly mobile populations, he said TB cannot be driven down if services are not available for hard-to-reach populations. He said WHO realizes the need for simple and sustainable systems for information-sharing on TB patients, specifically those who have not started or completed treatment, moving from one place to another.

He made reference to the International Health Regulations National Focal Point structure as one effective option for sharing such information. He said the Organization would conduct further analysis in order to provide additional recommendations.

The Director, Division of Communicable Diseases, also responded to an intervention about multidrug-resistant tuberculosis (MDR-TB) and extremely drug-resistant (XDR-TB), which are fundamental threats to gains against TB. He said that in many countries a high proportion of the total estimated number of MDR cases are undiagnosed and untreated, creating a difficult challenge.

Responding to interventions on socioeconomic and social risk protection, the Director, Division of Communicable Diseases, said tackling stigma and discrimination is so important because patients often avoid seeking treatment due to discrimination and stigma they might face.

In reference to a comment from Papua New Guinea on hotspots in that country, he highlighted the importance of high-level leadership to tackle this issue.

The Director, Division of Communicable Diseases, also mentioned that the regional framework effectively highlights fundamental issues at the intersection of TB and NCDs, such as diabetes and smoking.

Responding to an intervention about the differences in the global and regional strategies, he said that the global strategy provides the "what" – the fundamental agreement on what we need to achieve – while the regional framework provides the "how" – how countries and areas can implement approaches and services. He emphasized that the global strategy and regional framework are not contradictory; both are needed.

In closing, he emphasized the need for intersectoral action on TB and other communicable diseases. He reminded participants that while countries and areas and the Region as a whole can take pride in regional achievements in TB, significant risks remain that require concerted effort.

The Chairperson requested the Rapporteurs to prepare a draft resolution on the draft *Regional Framework for Action on the Implementation of the End TB Strategy in the Western Pacific 2016–2020*.

Item 12. Violence and injury prevention

The Director, NCD and Health through the Life-Course, introduced document WPR/RC66/7 on the prevention of violence and injuries in the Western Pacific Region. She said that violence and injuries, which include road traffic injuries, falls, drowning and interpersonal violence, account for more than one million deaths in the Region. She said that the Regional Committee endorsed a resolution on violence and injury prevention in 2012 that resulted in scaling up action. Consultations then took place from 2013 to 2015 with various sectors and experts in Member States on the development of the draft regional action plan.

The Director, NCD and Health through the Life-Course, described the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* as a consolidation of WHO's evidence-based recommendations, normative guidance and strategic plans covering unintentional injuries and interpersonal violence. She noted that the draft regional action plan is aligned with components of *Global Plan for the Decade of Action for Road Safety 2011–2020* and the draft *Global action plan to strengthen the role of health systems in addressing interpersonal violence, in particular against women and girls, and against children* that will be further discussed by the Executive Board in January 2016. She also pointed out that the high priority of violence and injury prevention in the Sustainable Development Goals (SDGs) reinforces the importance of the issue. The regional action plan, she said, is a tool contributing to Member States' achievement of specific SDGs.

In conclusion, the Director, NCD and Health through the Life-Course, invited the Regional Committee to discuss and consider for endorsement the draft Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020).

A short video was shown on the importance of violence and injury prevention and this agenda item.

Interventions were made by representatives of the following Member States (in order): China, the Federated States of Micronesia, Japan, Hong Kong SAR (China), Australia, the Republic of Korea, the United States of America, Cook Islands, Viet Nam, Samoa and the Marshall Islands.

In response, the Director, Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI) at WHO headquarters, thanked delegates who expressed support for the *Regional Action Plan on Violence and Injury Prevention in the Western Pacific (2016–2020)*. He reinforced that violence and injury are important public health issues, with road traffic, crashes, homicides, suicides, drowning being among the top killers, especially of young people, and incurring significant costs of services.

The Director, NVI, acknowledged the subject often brings forth a fatalistic approach, as if nothing can be done to prevent these tragedies. Therefore, he said he was pleased to hear discussion of data, identification of risk factors, potential interventions and multisectoral approaches. He underscored that the draft regional action plan would help define roles for each sector involved in the areas of data collection, public health services, advocacy and prevention. Responding to the request for capacity-building, he took the opportunity to inform participants about the Teach VIP package as a tool to use in schools of public health, available on the WHO website.

The Director, NVI, said the regional action plan would help support the Sustainable Development Goals (SDGs), as violence and injuries are addressed in the newly adopted development goals.

He also mentioned the draft global plan to strengthen the role of the health systems in addressing interpersonal violence, in particular against women and girls, and against children, which is now available for comments. He noted that a formal global consultation process with Member States would be held on 2–4 November 2015 at WHO headquarters to finalize the plan for consideration by the Executive Board and the World Health Assembly in May 2016.

In closing, he invited the representatives to the upcoming ministerial conference on road safety to be held in Brazil in November. It will provide an opportunity for a midterm review of the Decade of Action on Road Safety and a discussion/review of the implementation of the SDGs.

Further responses to interventions were provided by the Director, Division of NCD and Health through the Life-Course. She thanked Member States for providing a glimpse of their significant work in this field. She acknowledged the challenges and difficulties Member States have in working in a cross-cutting way with multiple sectors, utilizing whole-of-government and whole-of-society approaches.

Responding to interventions concerning vulnerable groups, the Director, Division of NCD and Health through the Life-Course, recognized Member States' comments on the need to reduce vulnerability of children, labourers, older persons, and survivors of interpersonal and domestic violence. She also highlighted the importance of programmes, services and laws to protect vulnerable groups and noted the need to support those who suffer from the long-term effects of violence and injuries.

The Director, Division of NCD and Health through the Life-Course, emphasized that the clear links between violence and injuries on one hand, and mental health and substance abuse on the other – an issue raised in several interventions. The Director, Division of NCD and Health through the Life-Course, emphasized that injuries are not “accidents”; they can be prevented through laws, regulations and prevention programmes.

In response to an intervention about the need for greater evidence, she noted that the issues require tactical approaches to address certain immediate issues, but also long-term strategic approaches, including laws and regulations, to deal with underlying causes. The Director, Division of NCD and Health through the Life-Course, also agreed with the interventions that focused on the role that culture and social norms play in addressing these issues.

She also appreciated and welcomed the comments on enhancing the text of the framework, and said further comments would be collected and discussed at the Rapporteurs meeting.

In closing, the Director, Division of NCD and Health through the Life-Course, thanked Member States for their support and expressed confidence that the regional action plan would be utilized as an effective tool in support of national action and in progress towards achieving the SDGs.

The Chairperson requested the Rapporteurs to prepare a draft resolution on the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* for consideration by the Regional Committee.

Item 13. Urban health

The Director, NCD and Health through the Life-Course, presented document WPR/RC66/8 on the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*. She noted that the Region has benefited greatly from rapid development and economic growth, but those developments have had unintended consequences. In particular, urban areas in many parts of the Region have grown faster than the capacity to provide infrastructure for safe housing, water and sanitation. She mentioned the serious public health challenges posed by insufficient infrastructure, especially for urban poor, migrants and other vulnerable groups. These challenges are further complicated by climate change, disasters and migration.

In the past, she said, the Healthy Cities and Healthy Islands initiatives were effective in mobilizing support to mitigate these complex challenges. She said WHO had supported interventions to address health determinants in settings, such as cities, islands, villages, schools and workplaces.

The Director, NCD and Health through the Life-Course, said that efforts should now go beyond settings, towards the adoption of a whole-of-system approach. Strong political will and leadership are needed to ensure that health remains central in policy-making. She emphasized that health is a foundation for achieving many of the SDGs, and noted that the draft regional action plan would help Member States to achieve SDG 11, which highlights the importance of making cities and human settlements inclusive, safe, resilient and sustainable.

Interventions were made by representatives of the following Member States (in order): Malaysia, the Philippines, Japan, the Federated States of Micronesia, Fiji, China, Viet Nam, the United States of America, Hong Kong SAR (China), the Republic of Korea and France.

The Director, WHO Centre for Health Development in Kobe (WKC), commended the very timely development of the regional action plan. He noted that the plan builds upon a decade of work by WKC, the WHO Regional Office for the Western Pacific and Member States to build the evidence base and understanding of health inequities in urban settings, as well as their social determinants. Implementing the plan offers major opportunities to create synergies between the Sustainable Development Goals (SDGs), in particular SDG 3 (Health) and SDG 11 (Urban Settings), as well to contribute to the realization of universal health coverage and to address health inequities. He suggested it would thus be important for countries to consider issues of decentralization as key to translating the regional action plan according to country contexts. The Director, WKC, noted that cities are the laboratories for countries in designing and implementing many health programmes and systems.

At the global level, the Director, WKC, shared that WKC is finalizing the second WHO-HABITAT Global Report on Urban Health, to be released in early 2016, providing additional evidence, lessons and gaps on urban health, health inequities, and actions with and by other sectors. He noted the opportunity to discuss urban health in broader context at Habitat III in 2016, as well as the Ninth Global Health Promotion Conference in Shanghai in November 2016.

The Director, WKC, underscored that the WHO Kobe Centre, in very close collaboration with the WHO Regional Office for the Western Pacific, is assisting Member States by providing helpful tools and approaches and by sharing lessons. He cited Urban HEART as a broadly used tool consisting of a core set of indicators reflecting determinants of health to assess health conditions and inequities, engage communities, and prioritize and develop cross-sectoral interventions to respond to inequities. He mentioned a set of additional tools developed by WKC to

serve countries, including an urban health index, a new core set of indicators to measure age-friendliness of cities, and practical guidance to promote intersectoral action.

In closing, the Director, WKC, said that WKC will continue to closely collaborate with the Regional Office to provide support to countries for capacity-building and creating new evidence.

Further responding to interventions, the Director, Division of NCD and Health through the Life-Course, recalled the history of health promotion in the Western Pacific Region, emphasizing the importance of Healthy Cities and Healthy Islands initiatives as a platform for intersectoral action and positive change. She thanked Member States for their insightful interventions and acknowledged how Member States have built on the long years of work on Healthy Cities in Japan, Hong Kong SAR (China), the Philippines and the Republic of Korea; as well as hygienic cities in China.

She noted that threats to public health can no longer be addressed in localized urban areas and that social and environmental determinants have far-reaching effects that go beyond city jurisdictions. Migration and climate change can increase the risks for communicable diseases such as dengue. The lack of adequate space for physical activity contributes to noncommunicable diseases. The accumulation of urban waste and the limited capacity to recycle it exposes human communities to harmful biological and chemical substances.

In response to interventions on capacity-building and the promotion of urban planning, she said many cities in the Region have valuable experiences to share in on the role health can play in urban planning. She highlighted the need for further capacity-building, particularly for urban planning and health promotion.

She appreciated the suggestions offered for modifying some of the language in the regional framework and said the suggestions would be shared with rapporteurs and included in both the resolution supporting the framework and in the framework itself.

The Director, Division of NCD and Health through the Life-Course, said many cities are “game-changers” and are leading global public health action. For example, mayors are actively engaged in the forthcoming Conference of Parties on Climate Change later this year. Many cities, she said, are serving as models and play a role in changing national attitudes on how we deal with environment, health and society in rapidly urbanizing areas.

The Chairperson requested the rapporteurs to prepare a draft resolution on the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*.

Consideration of draft resolutions

The Chairperson invited the Regional Committee to consider the draft resolution on Viral hepatitis (WPR/RC66/Conf. Paper No. 1). The Rapporteur for the English language read aloud the draft resolution. As there were no amendments, the draft resolution was adopted as read (WPR/RC66.R1).

The Chairperson invited the Regional Committee to consider the draft resolution on Universal health coverage (WPR/RC66/Conf. Paper No. 2). The Rapporteur for the English language read aloud the draft resolution. As there were no amendments, the draft resolution was adopted as read (WPR/RC66.R2).

Fifth meeting

**Chairperson: Dr Naoko Yamamoto, Assistant Minister for Global Health,
Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan**

Item 14. Part 1: Progress reports on technical programmes

14.1 Food safety: regional strategy beyond 2015

14.2 Asia Pacific Strategy for Emerging Diseases (2015) and the International Health Regulations (2005)

14.3 Neglected tropical diseases and leprosy

The Director, Programme Management, presented document WPR/RC66/9 which summarizes progress related to implementation of technical programmes. He said the discussion would be divided into two parts.

In the first part, he noted the progress achieved in food safety following the 2011 endorsement by the Regional Committee of the *Western Pacific Regional Food Safety Strategy 2011–2015*. The Director, Programme Management, further noted that Member States, following a comprehensive review of the implementation of the regional food safety strategy and the priority activities completed over the past year, have acknowledged and reconfirmed the continued relevance of the strategy beyond 2015.

On the *Asia Pacific Strategy for Emerging Diseases* or APSED, the Director, Programme Management, indicated that its relevance and importance were reconfirmed in a thorough evaluation conducted in 2015 of the strategy's implementation over the previous nine years. APSED was also tested in real-world public health events, including the recent Ebola and MERS-CoV outbreaks.

The Director, Programme Management, shared that in July 2015, the Technical Advisory Group (TAG) on APSED recommended that WHO lead a consultative process to update the strategy. The TAG also confirmed that the regional actions in implementing APSED are aligned with ongoing global efforts in strengthening the monitoring and evaluation of International Health Regulations core capacities.

On neglected tropical diseases (NTDs), the Director, Programme Management, updated the Regional Committee on the significant progress made on the implementation of the *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016)*, which guided Member States on the elimination or control of seven out of 13 NTDs endemic in the Region.

In closing, he acknowledged the many challenges and the need to continue with multisectoral efforts to expand and sustain access to interventions required to achieve regional success in controlling and eliminating NTDs, particularly for women, children and those with diseases or disabilities.

Interventions were made by representatives of the following Member States (in order): Viet Nam, China, the Republic of Korea, Australia, Japan, the Federated States of Micronesia, Brunei Darussalam, Hong Kong SAR (China), the Philippines, the United States of America, Cambodia, Samoa and New Zealand.

The Director, Programme Management, thanked representatives for their valuable comments and guidance on these three technical progress reports. He congratulated all Member States for their outstanding achievements, efforts and contributions in these areas.

Referring to IHR and APSED, he said it is important to maintain momentum and carefully plan the next steps to further enhance both regional and global health security.

He further said that in the Region, WHO has made NTDs a priority. Universal access to interventions for NTDs will be needed to achieve the targets agreed upon in the regional action plan. He assured participants that WHO will continue to work with Member States to further advance NTD activities the Region.

Further responding to interventions, the Director, Division of Health Security and Emergencies, thanked the representatives for their comments and progress made on food safety and the implementation of APSED (2010) to comply with IHR (2005). She assured representatives that all interventions made were well noted and appreciated.

She informed representatives that the Regional Food Safety Progress Report is now available in the WHO Western Pacific Region website. She noted that many countries have already incorporated food safety as national priority and made significant achievements. In anticipating emerging needs, she affirmed that the Regional Office would continue to review progress, revisit and update the food safety strategy.

The Director, Division of Health Security and Emergencies, underscored the significant progress on implementing APSED to comply with IHR, the remaining challenges, the increased level of commitment and the strong support of Member States. On IHR monitoring and evaluation, she said that the Region has shifted from a simple yes-or-no checklist to the review of functionality of the health security system. She cited outbreak reviews and joint capacity evaluations as two important components of this monitoring and evaluation scheme.

In closing the Director, Division of Health Security and Emergencies, noted that vulnerability is universal: if one country is at risk, others cannot be safe. She encouraged all Member States to make collective efforts in strengthening the global intelligence and risk assessment system that connects all levels of the health security system (local, national, regional and international levels).

Also responding to the interventions on NTDs, the Director, Division of Communicable Diseases, assured representatives of the continued support from the Regional Office. He said the aim is for NTDs to eventually stand for “nullified tropical diseases”.

Item 14.

Part 2: Progress reports on technical programmes

14.4 Ageing and health

14.5 Noncommunicable disease prevention and control

14.6 Regulatory systems strengthening

The Director, Programme Management, in presenting part two of the progress reports, underscored the progress on ageing and health through *WHO Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*. He congratulated Member States on important progress in developing effective policies and actions on ageing and health.

On noncommunicable diseases, the Director, Programme Management, outlined the significant progress made since the 2014 High-level Meeting of the United Nations General Assembly on Non-communicable Diseases which set four time-bound national commitments for 2016. These commitments include setting targets

for 2025, developing multisectoral policies and plans, reducing risk factors, and strengthening health systems through people-centred primary health care and universal health coverage.

He noted that in order to set targets, WHO supported Member States in monitoring trends and evaluating progress, most notably through STEPS surveys and NCD country-capacity surveys. Similarly, WHO also supported countries in developing NCD policies and plans through various capacity-building workshops. These ongoing initiatives demonstrate the need for sustainable international cooperation. He also emphasized the need to address NCD risk factors, noting that WHO provided support to countries in strengthening legal frameworks, focusing on tobacco use and unhealthy diets. He also WHO also supported countries in implementing the *Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings* – also known as PEN – to strengthen the health system response to NCDs.

On the final progress report, the Director, Programme Management, provided updates on effective regulatory systems that can protect and promote public health by ensuring the safety, efficacy and quality of medical products, and by maintaining the trust of the public in the health system. He said that many Member States in the Region have built capacity in medicines registration, regulatory inspections and pharmacovigilance. Regulatory frameworks, registration procedures and the quality assurance of traditional medicines have also been strengthened.

In closing, the Director, Programme Management, said that more than 12 Member States have applied the WHO tool for self-assessment of regulatory capacity gaps in vaccine regulation. These Member States have improved the capacity of their national regulatory authorities to ensure efficacy, safety and quality of vaccines.

Interventions and further discussion on part two of the progress reports will resume at Thursday's meeting.

III. OTHER MEETINGS

Thursday, 15 October 2015

12:30–13:30 Public Health Law (Grand Ballroom, 1st floor)