AD HOC VIRTUAL MEETING ON COVID-19
(ENHANCING THE ROLE OF PARLIAMENTARIANS IN CONTINUING TO SUPPORT THE COVID-19 RESPONSE, INCLUDING IN RELATION TO VACCINES AND VIRUS VARIANTS)

26 April 2021
Virtual meeting
MEETING REPORT

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AD HOC VIRTUAL MEETING ON COVID-19
Enhancing the role of parliamentarians in continuing to support the COVID-19 response, including in relation to vaccines and virus variants

26 April 2021
Online, 11:00 to 14:00 (Manila Time)
NOTE
This report has been prepared by the World Health Organization Regional Office for the Western Pacific as the Secretariat of the Asia-Pacific Parliamentarian Forum on Global Health.

The views expressed in this report are those of the participants of the Asia-Pacific Parliamentarian Forum on Global Health Ad Hoc Virtual Meeting on COVID-19 on enhancing the role of parliamentarians in continuing to support the COVID-19 response, including in relation to vaccines and virus variants and do not necessarily reflect the policies of the conveners.
SUMMARY

On 26 April 2021, the Asia-Pacific Parliamentarian Forum on Global Health convened an ad hoc virtual meeting to enhance the role of parliamentarians in continuing to support the coronavirus disease 2019 (COVID-19) response, including in relation vaccines and virus variants. In all, 22 parliamentarians participated from 14 countries, with a further two countries sending observers. The meeting was presided over by the Honourable Professor Keizo Takemi, President of Forum, with support from the World Health Organization (WHO).

The meeting objectives were:

1) to obtain updated information from WHO on the COVID-19 situation in the region;
2) to share experiences on COVID-19 virus variants and vaccines, including consideration of how parliamentarians can support action to secure equitable and timely distribution of vaccines; and
3) to bid farewell to the current President and welcome a new President of the Forum.

The meeting saw the departure of Professor Takemi as President of the Forum, who members thanked for providing his leadership and political wisdom over the past four years. Members decided unanimously to appoint the Honourable Mr Minseok Kim, Chair of the Health and Welfare Committee, National Assembly of the Republic of Korea, as the new Forum President. Mr Kim pledged to lead the Forum to continue to promote health in the region and called for solidarity to overcome the COVID-19 pandemic, which he described as a watershed moment for humanity.

WHO provided updates on the COVID-19 situation in the region, including virus variants, vaccines, and the impact on fiscal space for health and future budgets. Discussion during the meeting was initiated with presentations from Mongolia, the Republic of Korea, Japan, Fiji, and the Philippines, sharing experiences of parliamentary actions related to COVID-19, particularly on efforts to support the deployment of vaccines and manage the ongoing health and financial impact.

Parliamentarians encouraged each other to support national and regional efforts, including by:

- updating public health emergency legislation to underpin the response, including vital non-pharmaceutical interventions;
- adopting legislative initiatives to expedite and speed up the process of enabling the use of safe and effective vaccines, treatments and diagnostics;
- providing financial support to households and businesses;
- considering options to support new public health infrastructure and institutions to strengthen health security; and
- maintaining essential services and ensuring that non-COVID-19 health issues such as tuberculosis, mental health and noncommunicable diseases are not neglected.

Participants emphasized that the region will only combat and recover from the pandemic together and called for solidarity among parliamentarians and countries, including to promote vaccine equity and continued investment in public health.

Moving forward, WHO welcomed engagement and input from parliamentarians on country actions to combat COVID-19 and committed to continue supporting the Forum by sharing technical information, providing technical guidance and facilitating communication between Forum members, particularly on legislative changes related to the COVID-19 response.
1. INTRODUCTION

The Asia-Pacific Parliamentarian Forum on Global Health is a platform for parliamentarians to exchange ideas, build political will, strengthen capacities and foster collaboration in driving sustainable action for health. Established in 2015 with technical support from the World Health Organization (WHO) and other partners, the Forum is open to the 30 countries comprising the Member States of the WHO Western Pacific Region and the Association of Southeast Asian Nations.

Strategically positioned to help align global health mandates with regional and domestic priorities and to facilitate national implementation of international health commitments, the Forum is an important part of WHO assistance to Member States in Asia and the Pacific in championing health beyond the health sector and taking a whole-of-government approach to enhance the rule of law in health governance and expand the role of law in health policy.

On 7 January 2020, authorities in China identified a novel coronavirus from a cluster of pneumonia cases of unknown etiology in Wuhan, the capital city of Hubei province. On 30 January 2020, WHO declared COVID-19 a public health emergency of international concern, then a pandemic on 11 March 2020. As of 25 March 2021, more than 124 million confirmed cases and more than 2.7 million deaths have been reported globally. Countries and areas in the Western Pacific Region have reported over 1.8 million cases and over 31 000 deaths.

Several years of investments in strengthening systems for preparedness and response over several years, guided by the Asia Pacific Strategy for Emerging Diseases (APSED), have helped to keep cases and deaths in the region relatively low compared to other regions. However, it is common for viruses to change as they circulate, and these changes can lead to changes in characteristics of the virus, leading to so-called variants. Variants of SARS-CoV-2, the virus that causes COVID-19, were first identified in the United Kingdom of Great Britain and Northern Ireland (B.1.1.7), South Africa (B.1.351) and Brazil (B.1.1.28.1) and have spread to many other countries across the world, with all three being reported in the Asia Pacific region.

Safe and effective vaccines offer hope and a critical new tool in the battle against COVID-19. But they will not end the pandemic, at least not in the short term. WHO is advising countries to maintain public health and social measures, including testing and contact tracing, followed by isolation and quarantine as appropriate for the foreseeable future, and continue to strengthen public health systems. Most countries in the region have begun rolling out COVID-19 vaccines sourced through the COVAX Facility, bilateral procurements and donations. However, the whole world faces the challenge of a huge gap between supply and demand as production capacity across the world cannot rapidly scale up.

The COVID-19 pandemic is also having a significant financial impact on households, businesses and governments. As countries face shrinking fiscal space, presenting a risk to current and future health budgets, the pandemic has demonstrated that health and the economy are inextricably linked and that continued investments in public health and achieving universal health coverage (UHC) will be key to the recovery.

Parliamentarians play a vital role in the COVID-19 response, including advocating for solidarity and equity in vaccine allocation, developing and amending legislation to strengthen public health systems for the COVID-19 response and beyond, and planning and financing the response and the recovery, including in relation to health system financing for vaccine preparedness and distribution.

1.1 Meeting organization

To enhance the role of parliamentarians in continuing to support the COVID-19 response, the Forum convened an ad hoc virtual meeting on 26 April 2021. The meeting was presided over by the Honourable Professor Keizo Takemi, President of the Asia-Pacific Parliamentarian Forum on Global Health, with technical and administrative assistance provided by the WHO Regional Office for the Western Pacific
as Secretariat to the Forum. The meeting was organized as a live videoconference through an online communications platform. The meeting programme is available in Annex 1.

The meeting was attended by parliamentarians from 14 countries: Australia, Fiji, Japan, Kiribati, the Republic of Korea, Malaysia, the Federated States of Micronesia, Mongolia, New Zealand, the Philippines, Solomon Islands, Tonga, Vanuatu and Viet Nam. A list of participants is available in Annex 2.

1.2 Meeting objectives

The meeting objectives were:

1) to obtain updated information from WHO on the COVID-19 situation in the region;
2) to share experiences on COVID-19 virus variants and vaccines, including consideration of how parliamentarians can support action to secure equitable and timely distribution of vaccines; and
3) to bid farewell to the current President and welcome a new President of the Forum.

2. PROCEEDINGS

2.1 Block A: Opening

Dr Angela Pratt, Director of the Regional Director’s Office and Communications and External Relations, WHO Regional Office for the Western Pacific, called the meeting to order and welcomed all the participants. Dr Corinne Capuano, Director of Programme Management, WHO Regional Office for the Western Pacific, gave an overview of the meeting.

Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, delivered opening remarks via recorded video, beginning by outlining the three most pressing health issues the region is facing: virus, variants and vaccines. She reminded participants that the pandemic shows no signs of easing, and noted that a third of the global cumulative COVID-19 cases and deaths have been reported in the last three months, with record numbers being observed in some countries. The South-East Asia Region reported more than 1 million new cases the previous week, with significant increases in India, Nepal and Thailand. Test positivity continues to be above 10% in several countries, indicating continuing transmission and the risk of further spread. Dr Singh stated that the resurgence was likely driven in part by the emergence virus variants of concern and the inconsistent easing of public health and social measures and was causing significant strain on health systems in affected countries. All three variants of concern have been reported in the Region, with new mutations also being observed and further investigated with WHO support. She provided an update on the rollout of COVID-19 vaccines, stating that nearly 136 million have received their first dose and 29 million their second, with India set to begin offering vaccines to all persons over 18 as of 1 May 2021, though notably countries are struggling to meet demand. A COVAX manufacturing task force is being established to optimize short-term manufacturing of vaccines for COVAX. This is also expected to kick-start sustainable regional capacity to manufacture vaccines with a view to building long-term regional health security. Dr Singh said that as vaccinations proceed, it is imperative that political leaders, and all people, continue to promote effective public health measures such as physical distancing, mask-wearing, testing and contact tracing. WHO is continuing to support countries to strengthen their response while ensuring all people can access the essential health services they need – a critical priority to avoid indirect mortality. Dr Singh highlighted the importance of investing in health systems and creating adequate, sustainable sources of health financing amidst mixed prospects for economic recovery and continued uncertainty. She stated that health is an investment, not a cost, and thanked members for continuing to deliver that message. She encouraged them to sustain and scale up investments in health and health workers so that countries can return to normal sooner and build stronger, more resilient health systems for the future.
The Honourable Professor Keizo Takemi, President of the Asia-Pacific Parliamentarian Forum on Global Health, WHO Goodwill Ambassador for Universal Health Coverage and Member of the House of Councillors of the National Diet of Japan, also delivered opening remarks. Professor Takemi reflected with pride on what the Asia Pacific region achieved when standing together during the COVID-19 pandemic. He said that solidarity among communities and states has been at the core of limiting the impact of COVID-19 in the region, especially on vulnerable persons. Professor Takemi observed that unprecedented global investment and cooperation had seen the deployment of safe and effective vaccines that bring hope, but that delivering them to those that need them most is proving challenging. Despite bilateral and multilateral efforts, huge gaps exist between supply and demand, with familiar fault lines emerging – limiting access for many of the region’s poorest, most vulnerable communities. Professor Takemi asserted that vaccine equity is not only a moral imperative and that the world will only get out of the pandemic by working together. While COVID-19 circulates in the region, virus variants will continue to emerge and threaten regional health security. He maintained that parliamentarians have the power and privilege – and obligation – to continue to promote regional and global solidarity, and political commitment to advancing health and well-being. He urged parliamentarians to work alongside partners like WHO to combat COVID-19 while looking to the future and using this moment to strengthen and invest in health systems to build resilience to future health emergencies and help achieve UHC in the region by 2030. For his final meeting as President of the Forum, he called on all members to bring the spirit of solidarity and cooperation that underpins the Forum to share and exchange ideas and identify pragmatic actions to take forward.

2.2 Block B: Forum President changeover

Dr Corinne Capuano guided the Forum through the changeover of the Forum President and the welcoming of a new President. She thanked Professor Takemi for providing his leadership and political wisdom to the Forum over the past four years. She recalled that in 2017 at the third meeting in Tokyo, the Forum established new Articles of Association, establishing new protocols for the appointment and term of office of the President. She noted that as Professor Takemi’s time as President reached its fourth and final year, he took significant consideration to identify an ideal person to lead the Forum over the next four years. Professor Takemi recommended the role be taken on by the Honourable Mr Minseok Kim, Chair of the Health and Welfare Committee, National Assembly of the Republic of Korea. Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, wrote to all Forum members on 13 April 2021 to share the nomination of Mr Kim. Dr Capuano noted that members did not submit any objections and indicated only their support for the proposal. She then requested Professor Takemi to say a few words about his time as President and officially nominated Mr Kim as the next President.

Professor Takemi gave a farewell speech as Forum President. Professor Takemi said that he agreed to take on the role in recognition of the power and privilege that parliamentarians possess to shape the agenda for health and improve the lives of the people and communities in the region. He said it had been a great honour to serve as President of the Forum, an important platform to exchange ideas and views in the spirit of regional and global solidarity. He offered thanks to Dr Kasai and his colleagues for their continuing support of the Forum as Secretariat. Professor Takemi reflected on how different the world looks today than it did in 2017 and the achievements of the Forum during that time. In 2017, the Forum met in Tokyo, Japan, and recommended that parliamentarians accelerate the mainstreaming of noncommunicable diseases (NCDs) and ageing into national health plans by raising awareness of and advocating for the 2030 Agenda for Sustainable Development. In 2018, the Forum convened in Manila and Bataan, Philippines, and identified actions parliamentarians can take to achieve UHC, including approving budgets for essential health services that include equitable access and sustainable health outcomes. In 2019, the Forum met in Fiji to discuss the immediate and future impacts of climate change and health, making a powerful shared statement – the Nadi Communique – declaring climate change to be a crisis that presents one of the most critical threats to health in the Asia Pacific region and urging parliamentarians to take strong actions in response. Professor Takemi also praised the resilience and flexibility of the Forum for meeting on an ad hoc basis during the COVID-19 pandemic to call for solidarity and enhance the role of parliamentarians in supporting the response to COVID-19.
He reaffirmed his belief that Mr Kim is the most suitable person to take on the role of Forum President and his confidence that the Forum will continue to play a critical role in advancing regional health under Mr Kim’s leadership. He also noted that the Forum was originated by the Korean Parliamentarians Forum for Global Health in collaboration with Dr Shin Young-soo, former WHO Regional Director for the Western Pacific, and expressed his hope that their vision for the Forum to strengthen solidarity and act as a catalyst for action beyond national boundaries would continue. Professor Takemi thanked the Forum for the support afforded to him as President and formally nominated Mr Kim as the next Forum President.

Dr Capuano opened the floor to members to provide remarks on Mr Kim’s nomination.

The Honourable Khurelbaatar Bulgantuya, Member of the State Great Khural of Mongolia, expressed Mongolia’s support for Mr Kim’s nomination. Ms Bulgantuya added that Mongolia hoped that the Forum will continue to meet in the coming months and years to encourage cooperation on COVID-19 and its wider health impacts.

The Honourable Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji, expressed Fiji’s support for Mr Kim’s nomination and confidence that his experience and knowledge will help guide and propel the Forum into the future. Mr Nailatikau also acknowledged the Korean National Assembly’s continuing commitment to the Asia Pacific inter-parliamentary community and the Forum and thanked Professor Takemi for his leadership.

The Honourable Angelina D.L. Tan, Chairperson of the House Committee on Health, House of Representatives, Congress of the Philippines, expressed the Philippines’ support for Mr Kim’s nomination. Dr Tan expressed her confidence in Mr Kim’s ability to lead the Forum and thanked Professor Takemi for his service.

Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, noted that the forthcoming host and the two previous hosts of the Forum had expressed their strong support for the nomination of Mr Kim. Several other expressions of support had been received from other members. Dr Kasai thanked Professor Takemi for his service and for providing his wisdom and guidance during his term as Forum President. He noted that Dr Shin had identified Professor Takemi as the most suitable person to lead the Forum in 2017 and commended this decision. He also acknowledged the role of the Korean National Assembly, particularly the Honourable Mr Choon Jin Kim, then Chairperson of the Health and Welfare Committee, in originating the Forum in 2015. Dr Kasai also reaffirmed WHO’s full commitment to serve as Secretariat for the Forum.

Dr Capuano confirmed the appointment of Mr Kim as Forum President and invited him to give remarks.

The Honourable Mr Minseok Kim, Chair of the Health and Welfare Committee, National Assembly of the Republic of Korea, delivered a speech as incoming President of the Forum. Mr Kim expressed his appreciation for President Takemi, the members representing the former and future hosts of the Forum and other members for supporting his nomination. He pledged to fulfil his duty as President for the next four years and promote health in the Asia Pacific region. He acknowledged the role of the Korean National Assembly, particularly Dr Kim Yong-ik and Dr Shin Young-soo, in establishing the Forum. Mr Kim noted that the Forum was established around the time of the outbreak of Middle East respiratory syndrome, or MERS, and commended the foresight of the Forum organizers as the world now grapples with the COVID-19 pandemic. He thanked Professor Takemi for his leadership since 2017, establishing the Forum as an essential and regular event in global health that has covered issues from NCDs to climate change. He also thanked the WHO Regional Office for the Western Pacific, particularly the Health Law and Ethics Unit and Dr Kasai, for serving as the Forum’s Secretariat. Mr Kim recalled the emergence of HIV in the 1980s and the united efforts over several years to develop antiretroviral treatments and affordable medicines that have seen AIDS become a manageable chronic disease. He urged parliamentarians to heed those lessons for COVID-19 and continue to play a central role in strengthening solidarity for vaccines for all, UHC and health security. On behalf of the Korean National
Assembly, Mr Kim submitted a book on Korean statutes related to COVID-19, to share his country’s experience combating the COVID-19 pandemic. To close, Mr Kim said that COVID-19 was a watershed moment for humanity that can be overcome through solidarity and that he looked forward to convening the Forum in person in the future.

2.3 Block C: COVID-19 updates

Dr Babatunde Olowokure, Director, Health Security and Emergencies, Regional Emergency Director, WHO Regional Office for the Western Pacific, delivered a presentation on the COVID-19 situation in the Asia Pacific region, including virus variants, containing data verified by WHO as of 22 April 2021. Dr Olowokure reported that the world was experiencing an increase in confirmed cases, observed in all WHO regions, with the resurgence in the Asia Pacific region likely to continue. He presented four hypotheses for the resurgence: (1) early lifting of control measures; (2) non-adherence to public health interventions; (3) mobility and asymptomatic transmission, especially in younger age groups; and (4) variants of concern. In the Western Pacific, regional increases were being driven by increases in the Philippines, Japan and Malaysia, with the previous 24 hours seeing 18 638 new confirmed cases and 204 new deaths, bringing cumulative totals to 2 227 107 confirmed cases and 35 592 deaths. In the South-East Asia Region, regional increases were being driven by rapid surges in India, Nepal and Thailand, with the previous 24 hours seeing 329 450 new confirmed cases and 2 451 new deaths, bringing cumulative totals to 18 891 620 confirmed cases and 246 486 deaths. Dr Olowokure explained that countries in the region could be classified into four groups according to stages of transmission and highlighted the countries with several surges of transmission, which support the hypotheses presented earlier. All three variants of concern – B.1.1.7, B.1.1.28.1 and B.1.351 – are associated with increased transmissibility, and a rapid surge in cases have been reported in the region. Dr Olowokure said that WHO continues to advocate the strengthening of surveillance and sequencing capacity in the region to provide a representative indication of transmission of SARS-CoV-2 and its variants. The WHO Regional Office for the Western Pacific is establishing a genomic sequencing laboratory network to help build regional capacity. He noted that the region’s response to COVID-19 is the result of more than a decade of health security strengthening under the APSED framework. He said that while the implementation of the framework has contributed to considerable achievements, capacities for public health system preparedness remain variable across the region and within countries. COVID-19 has demonstrated that countries remain vulnerable to health security threats despite their level of economic development. At a recent informal APSED technical advisory group meeting, four priority actions were identified: (1) detect early and implement targeted response; (2) strengthen national and subnational capacities; (3) make effective use of vaccines paired with non-pharmaceutical interventions, and (4) employ multisource surveillance systems to detect unusual trends and events, and monitor variants of concern. Dr Olowokure stated that now is the time for the region to prepare for the next pandemic, using APSED III as a framework, and highlighted the critical role parliamentarians play in enhancing the region’s resilience against health emergencies through solidarity and cross-border collaboration.

Dr Thi Giang Huong Tran, Director, Programmes for Disease Control, WHO Regional Office for the Western Pacific, delivered a presentation on COVID-19 vaccine preparedness and deployment. Dr Tran began by describing how the world has come together, including through the Access to COVID-19 Technologies (ACT) Accelerator and its vaccines pillar, the COVAX Facility. COVAX ensures equity of access of all countries to COVID-19 vaccines regardless of income level and supports the research, development and manufacturing of a range of vaccine candidates, as well as price negotiation. It aims to provide 2 billion doses by the end of 2021, enough for around 20% of the population in each participating country to cover frontline health-care workers and high-risk and vulnerable individuals. Dr Tran provided an update on vaccine candidates, outlining that 275 are in the pipeline and 13 have moved to regulatory approval, with WHO providing emergency use listing for 5 so far with more expected. She also updated on the progress of their rollout, stating that 910 million doses have been administered in 203 countries, areas and territories, with COVAX contributing to 43.7 million doses in 120 countries. WHO is continuing to collect data from Member States on priority groups and to monitor coverage of health-care workers and older people. Dr Tran highlighted some of the challenges, including inequity in access between high-income and low-income countries, production bottlenecks
and system weaknesses affecting the effective use of vaccines, the readiness for rollout, and monitoring,
detecting and managing adverse events. She identified four areas of WHO support: access and
availability, deployment, safety, and communication and partnership. In particular, WHO is supporting
safety surveillance in order to maintain vaccine confidence and ensure public safety, monitoring adverse
events supported by timely information sharing from national focal points. Dr Tran said that the speed
of research, development and approval has been unprecedented. While challenges exist, it is important
to effectively use vaccines for priority populations, and mobilize governments and financing institutions
to support solidarity in the allocation vaccines and initiatives for research and development and scaling
up production, highlighting the critical role of parliamentarians in advocacy.

Mr Martin Taylor, Director, Health Systems and Services, and Acting Director, Data, Strategy and
Innovation, WHO Regional Office for the Western Pacific, delivered a presentation on the implications
of COVID-19 on the fiscal space for health and future budgets. Mr Taylor reported on the scale of the
global economic crisis caused by COVID-19, pointing out that the decrease in gross domestic product
per capita growth is significantly greater than the Asian financial crisis and global financial crisis.
Further, there is likely to be a delay in the ability of some countries to respond, meaning recovery will
not be uniform. Mr Taylor advised that there will be less revenue available for general government
expenditure, presenting a risk to health budgets into the future. He presented revisions to pre-pandemic
forecasts of government expenditure in 2023 in Asia and the Pacific, significant reductions in several
countries. Compounding this is the impact of growing debt across the region, with many countries
having borrowed to help families and businesses survive during lockdowns and decreased economic
activity. Servicing this debt is expected to put further pressure on government budgets. The ratio of
external public debt service to government health expenditure is expected to double across Asian
countries from around 1:1 to 2:1, and also increase in Pacific island countries, though not quite to parity
levels. Mr Taylor added that COVID-19 has had a significant impact on households, noting that 2020
was the first time in 20 years that poverty in the region increased and that an additional 20 million
people are expected to fall into extreme poverty in 2021. He pointed out that in addition to the strong
link between poverty and health, this will also have a major impact on households’ ability to pay for
out-of-pocket expenses for health, insurance premiums and commodities such as food and water that
are essential to preserve good health.

Moving to recovery, Mr Taylor provided the key message that health versus economy is a false choice;
health and economic recovery come together. The International Monetary Fund recently highlighted
that the fastest way to improve economic outcomes is to suppress the pandemic, recommending
investments in vaccination, treatment and health-care infrastructure, as well as targeted financial
support for households and businesses. Mr Taylor noted that the vaccine rollout will require resources
not only for vaccines themselves, but also for programmatic and delivery expenditures. He added that
resources will also be required to catch up on the backlog of care caused by significant disruptions to
health services. He presented options for countries, including instituting tax reform, establishing new
sources of revenue such as taxes for NCD risk factors like tobacco and eliminating inefficient public
expenditure. He left participants with the message that the fiscal space for health will be challenging in
the coming years and the long-term goal is to maintain attention on financing UHC for 2030,
recognizing that investing in public health and economic recovery comes together.

2.4 Block D: Parliamentarian discussion

2.4.1 Country perspective: Mongolia

His Excellency Gombojav Zandanshatar, Chairperson of the State Great Khural of Mongolia, shared
perspectives from his country. He reported that as of the time of the meeting, there have been 31,339
confirmed cases across the capital Ulaanbaatar and 19 provinces. Of these, 16,815 people have
recovered, 4,451 are currently receiving treatment, and 80 have died. Due to the rapid spread of infection
and increased workload of medical services, the Government decided to impose a public emergency
readiness regime from 10 April to 8 May 2021. He noted that parliamentarians have a leading role to
play in preventing epidemics and that both the legislative and executive branches of the Government of
Mongolia are making special efforts. In April 2020, the State Great Khural adopted the Law to Prevent, Control and Reduce the Socio-economic Impact of the COVID-19 Pandemic, which has been amended twice since. The State Great Khural also established an ad hoc committee to oversee, review and issue recommendations on the implementation of the Law in May 2020. In accordance with the Law, the Government is implementing the comprehensive plan totalling 10 million tugriks to protect public health and recover the national economy. The plan involves 56 specific measures, including creating active lifestyles, supporting producers and service providers, protecting jobs, providing housing, supporting agricultural production, supporting incomes, supporting export production, increasing access to services, and vaccinating the population. In March 2021, the State Great Khural established a working group to oversee the implementation of the Law on Immunisation. Mongolia have received a total of 1,450,640 doses of five vaccines, commencing vaccinations on 23 February 2021 and administering 890,649 doses so far, representing 32.8% of the target population. The Government aims to vaccinate 60% of the population by 30 June, relying on prospective agreements to secure additional vaccines.

Mr. Zandanshatar extended the gratitude of the State Great Khural to Professor Takemi for his leadership of the Forum, and their support for Mr Kim as the new President. He called on members to work together to strengthen global unity to fight the pandemic, share scientific knowledge and promote multilateral cooperation, to recover from the damage caused and revive economies.

2.4.2 Country perspective: Republic of Korea

The Honourable Hyunyoung Shin, Director of the Korean Parliamentarian Forum on Global Health, National Assembly of the Republic of Korea, shared information on legislative actions taken by the National Assembly in response to the COVID-19 public health emergency. She noted that it was important to establish a separate legal basis to facilitate further development and emergency provision of medical products and devices in order to swiftly respond to public health emergencies. On 9 March 2021, the National Assembly enacted the Special Act on Facilitation of Development and Emergency Provision of Medical Products and Devices Responding to a Public Health Emergency. The Act has three main elements: (1) it significantly reduces the time required for approval of medical products and devices; (2) it simplifies the stages of the supply chain by mandating rapid production or importation of products designated as preliminary medical products and devices for emergency preparedness and grants permission to use alternative labels; and (3) it provides a legal basis to strengthen and support global cooperation associated with the medical products and devices to be used as public health emergency countermeasures. She added that the Republic of Korea will foster international exchange in the field of infotech and human resources in addition to implementation of international joint studies. The National Assembly also amended the Infectious Disease Control and Prevention Act, to provide a legal basis for the government to make advance purchases of vaccines and protect public officials in charge of purchasing from liability or punishment unless a deliberate or major error is identified. She ended by noting the role of parliamentarians as catalysts for government leadership during emergencies, expressing her hope that members would rise to the occasion during this pandemic.

2.4.3 Country perspective: Japan

Professor Takemi shared Japan’s experience. He thanked Mr Taylor for his presentation on the macroeconomic impact of the COVID-19 pandemic and highlighted the importance of understanding the microeconomic impact as well. He said that parliamentarians are responsible not only for population health, but also for the impact on people’s daily lives, including their social and economic activities. He added that consideration must be given to how to protect communities amidst a public health emergency and stressed that this required a new interdisciplinary approach combining economics and epidemiology, calling on WHO to foster and support its development. He said it will be up to parliamentarians to take the findings from such an interdisciplinary approach and generate new ideas to resolve the very serious dilemmas the region is facing.
2.4.4 Country perspective: Fiji

The Honourable Ifereime Waqainabete, Minister for Health and Medical Services and Member of the Parliament of the Republic Fiji, shared perspectives from his country. He began by acknowledging the leadership and efforts of Professor Takemi as President, particularly during the Forum meeting in Fiji in 2019. He reiterated Fiji’s congratulations to Mr Kim and ongoing support to the Forum. He reported that Fiji is again experiencing community transmission 365 days after the first confirmed case was reported in the community. The virus is believed to have breached border quarantine despite the best efforts of health authorities. In response, Fiji has embarked on a massive public health campaign to contain transmission. While new variants present new challenges and risks, he said that Fiji is fortunate to have strong political leadership supported by the whole government, as illustrated by parliamentarians offering to receive the vaccination to encourage public uptake. He emphasized that public health measures must continue alongside the vaccine rollout and that systems must continue to be strengthened. He pointed to the particular challenges in small island developing states and low- and middle-income countries with fewer resources, including in maintaining essential health services amidst the pandemic. On behalf of Fiji and other low- and middle-income countries, he advocated strongly for vaccine equity, noting the impact of COVID-19 on all economies, which will continue if vaccines are not given to those that need them. He closed with the message that health is dependent on the economy and the economy is dependent on health.

2.4.5 Country perspective: Philippines

The Honourable Angelina D.L. Tan, Chairperson of Committee on Health, House of Representatives, Congress of the Republic of the Philippines, shared perspectives from her country. She described the situation in the Philippines as dire, as COVID-19 cases surge after more than a year of one of the world’s longest lockdowns. The country experienced more new cases in the first four months of 2021 than in the whole of 2020. She outlined the actions the Government is taking to curb the pandemic, including enabling prevention, detection, contact tracing, isolation, treatment and recovery capacities, providing telemedicine and home services, scaling up the vaccination programme through organizational expansion and designation of so-called mega vaccination sites, building the capacity of intensive care unit and hospital beds, and providing additional human resources for health. The Government’s strategy is to implement granular lockdowns to curb the outbreak and allow the gradual reopening of the economy. She described the proactive steps the Congress had taken throughout the crisis, including enacting the Bayanihan to Heal as One Act and its predecessor, the Bayanihan to Recover as One Act, which declare the existence of a national emergency, grant special powers to implement public health measures and facilitate testing and medical countermeasures, and provide funding for the response, including emergency cash aid for households and allowances for health-care workers. A third succeeding law, the Bayanihan to Rise as One Bill, is expected to be enacted shortly. She explained that bayanihan is a Filipino word referring to the spirit of communal unity and cooperation. She added that the COVID-19 Vaccination Program Act of 2021 expedited the procurement and administration of vaccines in the country, enabling the start of the vaccination programme on 1 March 2021, which has seen 1 353 107 people vaccinated as of 21 April, prioritizing health-care workers, older people and those with comorbidities. The programme is planned to be expanded to include all frontline and essential workers in June. Dr Tan described other legislative actions being considered by Congress, including a new health security law, laws to establish a virology institute, centres for disease control, and a reserve medical corps, and a law to enable the procurement and stockpiling of medicines for health emergencies. She also asked members not to lose sight of the burden of tuberculosis, with estimates showing that up to 6.3 million more people will develop the disease by 2025, with 1.5 million more expected to die as cases go undiagnosed and untreated due to lockdowns and disruptions to services. She described the dual stigmatization that those with tuberculosis may face as they are perceived as suffering from COVID-19, which could present a barrier to seeking immediate care. She urged all parliamentarians to continue and intensify provision of essential services for tuberculosis patients amidst the COVID-19 pandemic. Dr Tan closed by calling on parliamentarians to rise to the occasion of the current global and regional crisis by crafting policies and laws that strengthen institutions, enhance the capacity of individuals and organizations, and improve social and health systems and that are grounded in poverty eradication and social amelioration.
2.4.6 Open parliamentary discussion

Dr Pratt moderated a discussion among all participants of the meeting.

Vanuatu acknowledged the leadership of Professor Takemi and welcomed Mr Kim as the new Forum President. During its first session of 2021 in the previous week, the Parliament passed a motion to indemnify manufacturers of COVID-19 vaccines in accordance with COVAX processes. Vanuatu health authorities are expecting to receive the first batch of 30 000 vaccines, which will be prioritized for older people, sick individuals, health-care workers and those serving on the frontlines in border control agencies. Parliament is deliberating on a bill to amend the Public Health Act to provide a more flexible, risk-based framework for managing COVID-19 and other infectious diseases. The country has been fortunate to be free of COVID-19 cases but has not been immune to its economic impacts, which have been severe. Vanuatu appealed to Forum members to stand firm in solidarity in the collective fight against COVID-19.

New Zealand provided background to its overall approach to COVID-19, to provide context for understanding the vaccine rollout, highlighting three main features. First, New Zealand has pursued what has been termed an elimination strategy comprising four key measures: (1) strong border controls, including government-controlled quarantine; (2) robust case detection and surveillance, including testing of those working at borders and in quarantine facilities; (3) effective contact tracing; and (4) a four-tier alert level system to assist public to understand current level of risk and what restrictions to follow. As a result, the country has experienced long periods without community transmission. Since the first case in early 2020, New Zealand has had 2245 confirmed cases, 356 probable cases and 26 deaths, with the last case on 28 February. Prioritizing vaccine allocation means those most at risk working at the country’s borders followed by frontline health workers. The Government has purchased enough vaccine doses for all persons over 16, which will be provided free of charge. A four-stage rollout is underway, with groups 1 and 2 currently receiving vaccinations, group 3 to begin in May and group 4 in July. Māori and Pacific health providers are crucial components of the vaccine rollout to ensure equity of access. Second, New Zealand has strong ties to the Pacific, especially the realm countries (Tokelau, Niue and Cook Islands) and close neighbours (Tonga and Samoa). The Government has provided significant development assistance to support access to safe and effective vaccines and ensure successful campaigns, and it is committed to ensuring equitable access through the COVAX Facility. Third, the New Zealand Government has been committed to ensuring its approach is informed by the best available scientific evidence and public health advice, and is constantly reviewing and improving its approaches. A dedicated minister for the COVID-19 response was established along with a strategic public health advisory group to provide independent advice and analysis to the Government.

Malaysia provided an updated on the COVID-19 situation, reporting that the country is facing a prolonged third wave. The country’s vaccination programme is ongoing, with two doses being administered for about 504 000 people, or about 1.6% of the population. Some key challenges include the lack of vaccine supplies, which needs to be addressed on a global level, especially for vaccine equity to be achieved. A second challenge is low vaccine registration. Vaccination is voluntary in Malaysia, and only 38.2% of the total population have registered. The registration of older people and those with comorbidities is about 30%. Significant efforts have been made to address the low vaccination registration rates, especially to combat misinformation.

Malaysia put forth four questions to participants. First, what is generally the main medium to induce viral mutations and what can be done on a policy level to avoid this and ensure that the vaccine programme will be successful? Second, regarding policies on opening borders, especially in view of mutations, what progress has been made on vaccine passports in regions and travel bubbles? Third, stressing the importance of vaccine equity and noting Malaysia’s support of the COVAX Facility, how have countries addressed recent concerns of blood clotting events associated with the AstraZeneca vaccine? Fourth, recalling the remarks from the Philippines, what are the policies that have been put in place to manage non-COVID-19 health issues, and relevant statistics concerning associated increases in mortality?
**Tonga** shared perspectives following analysis of the past year and reflections for the way forward. It is very important that a Pacific strategy is formulated that captures lessons, challenges and key enablers within the specific context of Pacific island countries and will serve as a guide for future generations. This is critical given the vulnerability of micro populations living in scattered, small islands with extremely weak health-care systems to deal with pandemics. NCDs remain a key challenge as the pandemic further strains those services. A pandemic has the potential to eradicate a generation in islands with small populations. A key challenge in the Pacific is that large gatherings are common – households with 10–15 persons each are the norm – and with cultural mass gatherings and celebrations, there is significant potential for the virus to thrive. Information and discussions on new variants must occur at an early stage, not only after they have begun to spread globally. Currently, regulations are being developed to prohibit anti-vaccination campaigns in the country, which are expected to be finalized shortly for introduction to Parliament. Tonga launched its vaccination programme on 15 April together with the participation of parliamentarians and frontline workers, with more than 5000 people being vaccinated thus far, around 26% of the current allocation. Tonga’s current allocation of vaccines is set to expire on 31 May, and the country has asked the COVAX Facility and other partners to ensure the second allocation has a longer expiry date. Efforts have been made to promote equity of access among various population groups and encouraged their participation, regardless of their citizenship or immigration status. Currently, frontline workers, older people and persons over 45 on the country’s main island are being prioritized for vaccination. Prisoners and prison workers have also been vaccinated, consistent with Tonga’s focus on vulnerable populations. In total, 28 mild to moderate cases with side-effects have been reported, with no serious adverse events. The support of countries, including Japan, New Zealand and Australia, as well as the COVAX Facility, was noted. There is a need for continued collaboration and partnership to build a safer, healthier, more sustainable and resilient Pacific region for future generations.

**The Philippines** responded to the question from the Malaysian representative about measures to address non-COVID-19 health issues during the pandemic. The Department of Health has launched the use of technology in the form of telemedicine to connect the public with medical professionals. The system can be accessed free of charge, and individuals can consult with both public and private health professionals. Support has been provided for the delivery of medicines directly to patients. The private health sector and local governments have contributed to the Government’s efforts. The House of Representatives also continuously exercises their oversight function by calling the attention of Department of Health programme managers, for example to ensure the availability of tuberculosis services.

Responding to the questions from Malaysia and Tonga about vaccine variants and vaccine passports, Dr Olowokure noted that variants are a natural process of the virus as it mutates and changes, and was also observed in relation to influenza and severe acute respiratory syndrome, or SARS. The measures to address variants essentially contain the same characteristics of general prevention measures: non-pharmaceutical interventions such as mask-wearing, hand hygiene, respiratory measures and physical distancing. The vaccine is another means to reduce the evolution of the virus. The more people that get vaccinated, the less opportunity there is for the virus itself to evolve. Vaccine manufacturers are working to ensure that they can modify the vaccines to change their efficacy so that they will be effective against new variants. He stressed the importance of working together in solidarity and continued monitoring of the variants, which variants are occurring and where in order to implement measures in a timely manner as soon as new variants start to appear. On vaccination certificates, WHO at this time does not recommend the introduction of vaccination certificates. Among the reasons is that the vaccine is known to protect the recipient from severe disease or potentially from death, but it is not yet known how effective they are at preventing transmission of the virus from the recipient to other people. Thus, non-pharmaceutical interventions must be continued. Some Member States have already progressed with vaccination certificates. However, technological issues, as well as equity considerations, need to be noted and balanced to ensure consistency and interoperability. There is a clear difference between countries more economically developed in terms of vaccination uptake and those less developed. Some Member States have not started to vaccinate their populations yet, which shows the disparity that exists in the region.
Mr Taylor noted the extremely rich and useful discussion and summarized the exchanges. First, there is a clear direction to update public health emergency legislation to underpin the responses, including support for non-pharmaceutical interventions. Second, a number of legislative initiatives exist in countries to expedite the process of enabling the use of safe and effective vaccines, treatments and diagnostics. Third, parliaments also have a role to provide financial support to households and businesses to enable them to continue to survive during the periods of long non-pharmaceutical interventions. Fourth, ideas were presented for legislation to potentially support new public health infrastructure and institutions to enable stronger responses to health security threats. Fifth, important interventions from parliamentarians were heard on ensuring that non-COVID-19 health issues such as tuberculosis, mental health and NCDs are not neglected. Mr Taylor also recognized the request posed by Professor Takemi for WHO to consider microeconomic analysis to determine what can be done to enable communities, households, families, villages and towns to recover their economic, social and education activities. Parliamentarians also highlighted the importance of sustaining solidarity across the region and the link between health and the economy. In sum, Mr Taylor highlighted a statement provided by Fiji that “Health is dependent on the economy, and the economy is dependent on health”.

2.5 Block E: Closing

Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, provided the closing remarks. He began by thanking Professor Takemi for navigating the Forum through the past four years and congratulated Mr Kim on his appointment. Dr Kasai also made special mention of the efforts of Dr Singh as India grapples with a rapid surge and thanked her for providing her remarks via video recording. He reiterated that the message that “we are in this together and can only get out of it together” has become even more clear after 18 months. While the virus is circulating, no one is safe, and it has the potential to reach every corner of the globe. Areas in the region have successfully avoided or suppressed the virus and it must be kept that way, including by supporting vaccine deployment. Dr Kasai noted the disproportionate impacts COVID-19 has had on vulnerable populations, including foreign workers, migrant communities and people in informal settlements, and highlighted the particular vulnerability of those in outer islands and atolls in the Pacific and the need to protect them.

Dr Kasai identified three key elements of a successful COVID-19 response that parliamentarians can influence: effective government leadership, frontline capacity, and actions and decisions made by individuals with effective communication to inform these actions. There is an urgent need to ensure that services for other health challenges continue and are not neglected. Dr Kasai offered his hope that “we can not only improve today’s situation, but do better than we did before, by recognizing health as a core value.”

3. FOLLOW-UP POINTS

WHO will consider options for enhancing microeconomic analysis of the impact of COVID-19 and circulate the book on Korean statutes related to COVID-19 tabled by the Republic of Korea with members. WHO will also continue discussions with the Parliament of Mongolia as well as the new Forum President regarding the sixth Asia-Pacific Parliamentarian Forum on Global Health, scheduled for later in 2021.
### Annex 1. Programme

<table>
<thead>
<tr>
<th>TIME</th>
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| 11:00 – 11:13 | BLOCK A: Opening             | **Moderated by Dr Angela Pratt**  
                 |                  | Director of Regional Director’s Office &  
                 |                  | Communications and External Relations,  
                 |                  | WHO WPRO         |
|            | Programme Overview (3m)      | Dr Corinne Capuano  
                 |                  | Director of Programme Management,  
                 |                  | WHO WPRO         |
|            | Opening Remarks (5m)         | Honourable Keizo Takemi  
                 |                  | President, Asia-Pacific Parliamentarian Forum on  
                 |                  | Global Health    |
|            | Opening Remarks (5m)         | Dr Poonam Khetrapal Singh  
                 |                  | WHO Regional Director for South-East Asia |
| 11:13 – 11:38 | BLOCK B: Forum President Changeover | **Moderated by Dr Corinne Capuano**  
                 |                  | Director of Programme Management,  
                 |                  | WHO WPRO         |
|            | Overview of changeover process for APPFGH President (5m) | Dr Corinne Capuano  
                 |                  | Director of Programme Management,  
                 |                  | WHO WPRO         |
|            | Farewell speech and introduction of new candidate (5m) | Honourable Keizo Takemi  
                 |                  | President, Asia-Pacific Parliamentarian Forum on  
<pre><code>             |                  | Global Health    |
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<p>|            | Interventions from Members (10m) |                               |
|            | Speech of incoming APPFGH President (5m) |                               |</p>
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<tr>
<th>Time</th>
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| 11:38  | BLOCK C: COVID-19 updates                         | Moderated by Dr Angela Pratt  
Director of Regional Director’s Office &  
Communications and External Relations,  
WHO WPRO                                                                          |
|        | COVID-19 situation in the Asia-Pacific Region including virus variants (7m) | Dr Babatunde Olowokure  
Director, Health Security and Emergencies,  
Regional Emergency Director,  
WHO WPRO                                                                          |
|        | COVID-19 Vaccine preparedness and deployment (7m) | Dr Thi Giang Huong Tran  
Director, Programmes for Disease Control,  
WHO WPRO                                                                          |
|        | COVID-19 implications on fiscal space for health and future budgets (7m) | Mr Martin Taylor  
Director, Health Systems and Services  
A/g Director, Data, Strategy and Innovation  
WHO WPRO                                                                          |
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:59 – 13:25</td>
<td>BLOCK D: Parliamentarian discussion</td>
<td>Mongolia Parliament (3m), His Excellency Gombojav Zandanshatar, Chairperson (President), State Great Khural (Parliament) of Mongolia</td>
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<tr>
<td></td>
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<td>Republic of Korea (3m), Honourable Hyunyoung Shin, Director – Korean Parliamentarian Forum on Global Health, National Assembly of the Republic of Korea</td>
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<td>Japan (3m), Honourable Keizo Takemi, House of Councillors, National Diet of Japan</td>
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<td>Fiji Parliament (3m), Honourable Ifereime Waqainabete, Member of the Parliament (Minister of Health and Medical Services), Parliament of the Republic of Fiji</td>
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<td>Philippines Parliament (3m), Honourable Angelina D.L. Tan, Chairperson, Committee on Health, House of Representatives, Congress of the Republic of the Philippines</td>
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<tr>
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<td></td>
<td>Open Parliamentary Discussion (71m)</td>
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<td>13:25 – 13:30</td>
<td>BLOCK E: Closing</td>
<td>Closing Remarks (5m), Dr Takeshi Kasai, WHO Regional Director for the Western Pacific</td>
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## Annex 2. List of participants

### AUSTRALIA

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliations</th>
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<tbody>
<tr>
<td>Honourable Mike Freelander</td>
<td>Deputy Chair – Standing Committee on Health, Aged Care and Sport House of Representatives, Parliament of Australia Canberra</td>
</tr>
</tbody>
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### FIJI

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Honourable Ratu Epeli Nailatikau</td>
<td>Speaker Parliament of the Republic of Fiji Suva</td>
</tr>
<tr>
<td>Honourable Ifereime Waqainabete</td>
<td>Member of the Parliament (Minister of Health and Medical Services) Parliament of the Republic of Fiji Suva</td>
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### JAPAN

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Honourable Keizo Takemi</td>
<td>President - Asia-Pacific Parliamentarian Forum on Global Health WHO Goodwill Ambassador for Universal Health Coverage House of Councillors, National Diet of Japan Tokyo</td>
</tr>
<tr>
<td>Honourable Takao Ando</td>
<td>House of Representatives, National Diet of Japan Tokyo</td>
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### KIRIBATI

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<tr>
<th>Name</th>
<th>Position and Affiliations</th>
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<tbody>
<tr>
<td>Honourable Betero Atanibora</td>
<td>Member of Parliament Kiribati House of Parliament Ambo Tarawa</td>
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### KOREA, REPUBLIC OF

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Honourable Minseok Kim</td>
<td>President - Korean Parliamentarian Forum on Global Health National Assembly of the Republic of Korea Seoul</td>
</tr>
<tr>
<td>Honourable Hyunyoung Shin</td>
<td>Member National Assembly of the Republic of Korea Seoul</td>
</tr>
<tr>
<td>Honourable Yong-Ik Kim</td>
<td>President – National Health Insurance Service Republic of Korea Seoul</td>
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### MALAYSIA

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Honourable Azman bin Ismail</td>
<td>Member House of Representatives Parliament of Malaysia Kuala Lumpur</td>
</tr>
</tbody>
</table>
Honourable Kelvin Yii Lee Wuen  
Member  
House of Representatives  
Parliament of Malaysia  
Kuala Lumpur

FEDERATED STATES OF MICRONESIA  
Honourable Ferny Perman  
Chairperson – Health and Social Affairs Committee  
Congress of the Federated States of Micronesia  
Pohnpei

Honourable Aren Palik  
Member – Health and Social Affairs Committee  
Congress of the Federated States of Micronesia  
Pohnpei

MONGOLIA  
Honourable Gombojav Zandanshatar  
President (Chairperson)  
State Great Hural (Parliament) of Mongolia  
Ulaanbataar

Honourable Khurelbaatar Bulgantuya  
Member of the Parliament  
State Great Hural (Parliament) of Mongolia  
Ulaanbataar

NEW ZEALAND  
Honourable Liz Craig  
Chairperson – Health Committee  
New Zealand Parliament  
Wellington

PHILIPPINES  
Honourable Angelina Tan  
Chairperson – Committee on Health  
House of Representatives, Congress of the Republic of the Philippines  
Quezon City

Honourable Jose Enrique Garcia III  
Vice-Chairperson – Committee on Health  
House of Representatives, Congress of the Republic of the Philippines  
Quezon City

SOLOMON ISLANDS  
Honourable Charles Sigoto  
(Minister of Health and Medical Services)  
Chairperson – Health and Medical Services Committee  
National Parliament of the Solomon Islands  
Honiara

TONGA  
Honourable Amelia Tu’ipulotu  
Minister of Health  
Nuku’alofa
VANUATU
Honourable Ulrich Sumptoh
Member – Social Affairs Committee
Parliament of Vanuatu
Port Vila

VIET NAM
Honourable Nguyễn Thị Thu Dung
Member – Social Affairs Committee
National Assembly of the Socialist Republic of Viet Nam
Hanoi
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Office Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBODIA</td>
<td>Kim Sochetra</td>
<td>Deputy Director – Research, Senate of the Kingdom of Cambodia, Phnom Penh</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>Parliament Staff</td>
<td>The House of Representatives of the Republic of Indonesia, Jakarta</td>
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<tr>
<td>PHILIPPINES</td>
<td>Ronyll Mendoza</td>
<td>Legislative Staff Officer, Office of International Relations and Protocol, Senate, Congress of the Republic of the Philippines, Pasay City</td>
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<tr>
<td></td>
<td>Jayson Estrada</td>
<td>Legislative Staff Assistant, Office of Senator Bong Go, Senate, Congress of the Republic of the Philippines, Pasay City</td>
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<td></td>
<td>Sylvia Chico</td>
<td>Committee Staff – Committee on Health, House of Representatives, Congress of the Republic of the Philippines, Quezon City</td>
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<td></td>
<td>Ann Marie Santos</td>
<td>Staff, Inter-Parliamentary Relations and Special Affairs Bureau, House of Representatives, Congress of the Republic of the Philippines, Quezon City</td>
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<tr>
<td></td>
<td>Kat Kapunan</td>
<td>Chief of Staff, Office of Representative Angelina Tan, House of Representatives, Congress of the Republic of the Philippines, Quezon City</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>Winton Holmes</td>
<td>Senior International Parliamentary Adviser, Office of the Clerk of the House of Representatives, New Zealand Parliament, Wellington</td>
</tr>
<tr>
<td>REPUBLIC OF KOREA</td>
<td>Sang Baek Chris</td>
<td>Director-General – National Health Insurance Service, Republic of Korea, Seoul</td>
</tr>
</tbody>
</table>
Shin Mee Ran
Deputy Director – National Health Insurance Service
Republic of Korea
Seoul

Yujin Kwon
Manager – National Health Insurance Service
Republic of Korea
Seoul