REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTIETH SESSION
Manila, Philippines
7–11 October 2019

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
January 2020
PREFACE

The seventieth session of the Regional Committee for the Western Pacific was held in Manila, Philippines, from 7 to 11 October 2019. The Honourable Park Neunghoo (Republic of Korea) and Dato Dr Mohammad Isham Jaafar (Brunei Darussalam) were elected Chairperson and Vice-Chairperson, respectively. Ms Emma Jeanette Carters (Australia) and Dr Merehau Mervin (French Polynesia) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 9 to 30.
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I. INTRODUCTION

The seventieth session of the Regional Committee for the Western Pacific was held at the WHO Regional Office for the Western Pacific, Manila, Philippines, from 7 to 11 October 2019.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People’s Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam, by representatives of the United States of America and its territories: American Samoa, Guam and the Commonwealth of the Northern Mariana Islands, and by representatives of France as Member States responsible for areas in the Region; representatives from the Asian Development Bank, Pacific Community and the United Nations Children’s Fund Regional Office for East Asia and the Pacific; representatives of 26 non-State actors; and observers from seven institutions from around the Region.

The resolutions adopted and the decisions taken by the Regional Committee are set out below in Part II. Part III contains the report of the plenary meetings. The agenda and the list of participants are attached as Annexes 1 and 2. The list of organizations whose representatives made and submitted statements to the Regional Committee is attached as Annex 3.

At the opening of the session in the Conference Hall, Regional Office for the Western Pacific, remarks were made by the acting Chairperson (outgoing) and the WHO Regional Director for the Western Pacific (see Annexes 4 and 6).

Later in the session, the Director-General of the World Health Organization addressed the Committee via a video link (see Annex 5).
II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

RESOLUTIONS

WPR/RC70.R1

PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING

The Regional Committee,

Recalling the Regional Committee resolution on Protecting children from the harmful impact of food marketing (WPR/RC68.R3);

Reaffirming the need for multisectoral and multi-stakeholder action to protect children from the harmful impact of food marketing;

Noting that Member States have distinct policies and actions in place to protect children from the harmful impact of food marketing;

Recognizing different contexts, approaches, legal systems and priorities among Member States of the Western Pacific Region,

1. ENDORSES the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific;

2. URGES Member States to use the Regional Action Framework to establish or strengthen policies and actions to protect children from the harmful impact of food marketing, as appropriate in accordance with national contexts;

3. REQUESTS the Regional Director:

   (1) to provide technical support to Member States to implement the Regional Action Framework;

   (2) to facilitate dialogue and exchanges of knowledge, experiences, lessons and best practices among Member States;

   (3) to report periodically to the Regional Committee on progress in protecting children from the harmful impact of food marketing in the Western Pacific Region.

Sixth meeting, 9 October 2019
WPR/RC70.R2

ANTIMICROBIAL RESISTANCE

The Regional Committee,

Recalling the Action Agenda for Antimicrobial Resistance in the Western Pacific Region (WPR/RC65.R4) and the Global Action Plan on Antimicrobial Resistance (WHA68.7);

Acknowledging that Member States have identified health security, including antimicrobial resistance (AMR), as a priority for WHO’s work in the Region in the coming years;

Emphasizing that AMR is an ever-present threat to the achievement of universal health coverage, the Sustainable Development Goals and our future security;

Alarmed that the spread of AMR is outpacing national and global containment efforts, with new resistant mechanisms emerging as the pipeline of antibiotic development remains inadequate to mitigate AMR threats;

Noting that the implementation of regional and national action plans is uneven across countries and that AMR adds to enormous pressures Member States already face in addressing competing health challenges;

Stressing the urgent need to accelerate action on AMR by adopting new ways of working to enable Member States to implement long-term, future-oriented, evidence-based, sustainable solutions that use existing systems and programmes whenever possible,

1. **ENDORSES** the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region;

2. **URGES** Member States:

   (1) to utilize the Framework to accelerate the implementation of existing global, regional and national action plans;

   (2) to raise the level of commitment and action against AMR through: long-term, evidence-based and future-oriented planning; integrating AMR interventions into existing programmes and systems; ensuring multisectoral engagement and societal participation; and strengthening local resilience;

   (3) to utilize global and regional mechanisms and partnerships to strengthen overall country capacity to combat AMR;

   (4) to accelerate development of universal health coverage as a sustainable platform for combating AMR in the context of health systems strengthening;

   (5) to capitalize on the momentum of the Sustainable Development Goals to catalyse multi-stakeholder approaches that recognize the importance of addressing AMR in overall development goals;
3. REQUESTS the Regional Director:

(1) to provide strategic and technical support to Member States in combating AMR;
(2) to work with Member States to operationalize the regional Framework, including on the development of guidelines and tools;
(3) to report periodically on progress in accelerating action to fight AMR in the Western Pacific Region.

Seventh meeting, 10 October 2019

WPR/RC70.R3

TOBACCO CONTROL IN THE WESTERN PACIFIC REGION

The Regional Committee,

Reaffirming that the WHO Framework Convention on Tobacco Control, and its related instruments and guidelines for implementation, establish the evidence-based foundation for fighting the tobacco epidemic;

Acknowledging progress on tobacco control made by Member States and the ongoing need to accelerate implementation of the WHO Framework Convention on Tobacco Control to achieve the Sustainable Development Goals;

Concerned about the burden of disease caused by tobacco use and exposure to second-hand smoke, as well as the negative effects of tobacco use on the environment, the economy and sustainable development;

Concerned also about the rapid uptake of electronic nicotine and non-nicotine delivery systems (including e-cigarettes and vaping devices) and emerging tobacco products (including heated tobacco products), especially among young people, and growing evidence of the harmful impact of these products;

Cognizant of the fundamental and irreconcilable conflict between the interests of the tobacco industry and public health, as well as the continuing interference of the tobacco industry in Member State efforts to adopt and implement tobacco control measures,

1. ENDORSES the Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030);
2. URGES Member States:

(1) to use the Regional Action Plan as a guide for the development, implementation and strengthening of national action plans on tobacco control;
(2) to further develop legal and other regulatory measures to implement the WHO Framework Convention on Tobacco Control, as well as measures to ban or regulate electronic nicotine delivery systems and emerging tobacco products;
(3) to consider banning or regulating electronic non-nicotine delivery systems, as appropriate to the national context;

(4) to ensure adequate and sustainable capacity for continued and effective implementation of tobacco control measures;

(5) to foster a whole-of-government and a whole-of-society approach to maximize the impact of tobacco control measures to achieve national, regional and global health and development targets;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States for implementation of the Regional Action Plan;

(2) to facilitate dialogue and exchanges of knowledge, experiences, lessons and best practices among Member States;

(3) to report periodically on progress in the implementation of the Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030).

Eighth meeting, 10 October 2019

WPR/RC70.R4

SEVENTY-FIRST AND SEVENTY-SECOND SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. APPRECIATES the invitation issued by the Representative of Japan to hold the seventy-first session of the Regional Committee for the Western Pacific in Japan;

2. DECIDES that the seventy-first session shall be from 5 to 9 October 2020 in Japan, and the seventy-second session shall be from 4 to 8 October 2021.

Ninth meeting, 11 October 2019
RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Regional Committee;
2. the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements;
3. the Regional Director and Secretariat for their work in preparing for the session and the meeting arrangements.

Ninth meeting, 11 October 2019

DECISIONS

WPR/RC70(1) FOR THE FUTURE: TOWARDS THE HEALTHIEST AND SAFEST REGION

The Regional Committee, having reviewed and considered For the Future: Towards the Healthiest and Safest Region, expresses its strong support for the vision outlined in the document for the Region’s work for the coming five years – in particular, its focus on new ways of working to address future challenges, and its alignment with the WHO Thirteenth General Programme of Work and global transformation agenda. The Committee also expresses its appreciation to the Regional Director for the comprehensive process of consultation with Member States and partners that contributed to the development of the document.

Third meeting, 8 October 2019
WPR/RC70(2) PROGRAMME BUDGET 2020–2021 UPDATE

The Regional Committee, having reviewed and noted the report *Operationalizing the Programme Budget 2020–2021 in the Western Pacific Region*, expresses its appreciation to the Regional Director for aligning budget priorities with those of the global WHO Thirteenth General Programme of Work and the vision for WHO work in the coming years in the Western Pacific: *For the Future: Towards the Healthiest and Safest Region*.

Third meeting, 8 October 2019

WPR/RC70(3) AGEING AND HEALTH

The Regional Committee, having discussed issues related to ageing and health during the panel discussion; noting that the increase in the proportion of people aged over 65 years, historically growing faster in the Western Pacific Region, is a trend that speaks to the success of health and development programmes but also presents new challenges and opportunities for countries and areas; noting further that based on Member State experiences, adequate preparation for an ageing population requires changes in health systems and societies that can take decades to effect; and recognizing that early action in preparation for ageing populations is an opportunity to transform health systems today,

DECIDES to request the Regional Director to support Member States in preparing for and addressing the needs of ageing populations, including development of a regional action plan, in line with global mandates – notably the 2030 Agenda for Sustainable Development and the *WHO Global Strategy and Action Plan on Ageing and Health 2016–2030*.

Sixth meeting, 9 October 2019

WPR/RC70(4) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of Fiji, as a member, under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2019, selects Japan to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2020 to 31 December 2022.

Ninth meeting, 11 October 2019
III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Agenda

1. The seventieth session of the Regional Committee for the Western Pacific, held at the WHO Regional Office for the Western Pacific in Manila, Philippines, from 7 to 11 October 2019, was declared open by the acting Chairperson (outgoing) of the sixty-ninth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

2. At the first plenary meeting, the acting Chairperson (outgoing) addressed the Committee (see Annex 4).

ELECTION OF NEW OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPROTEURS: Item 3 of the Agenda

3. The Committee elected the following officers:

   Chairperson: Honourable Park Neunghoo, Minister of Health and Welfare, Republic of Korea
   Vice-Chairperson: Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Brunei Darussalam
   Rapporteurs:
   in English: Ms Emma Carters, Assistant Director of International Engagement on Healthier Populations, Department of Health, Australia
   in French: Dr Merehau Mervin, Assistant Director, Department of Health, French Polynesia

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

4. The Chairperson of the seventieth session of the Regional Committee addressed the Committee (see Annex 7).

ADOPTION OF THE AGENDA: Item 5 of the Agenda (document WPR/RC70/1 Rev. 1, RC70/INF/2)

5. The Agenda was adopted (see Annex 1).

6. The Regional Director said that the United States of America Department of State had informed him on 20 September 2019 that the United States territories in the Western Pacific, namely American Samoa, Guam and the Commonwealth of the Northern Mariana Islands, would participate in the WHO Regional Committee for the Western Pacific in their own name, sharing one seat between them, with no voting rights. Noting that Member States had been consulted and no objections had been raised, he accordingly invited the aforementioned United States territories to participate in the Regional Committee with one seat, but without the right to vote.

ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

7. The Director-General of the World Health Organization addressed the Committee via a video link (see Annex 5).
ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC70/2, RC70/INF/1)

8. The WHO Regional Director for the Western Pacific addressed the Committee (see Annex 6).

9. A certificate was formally awarded to the representative of Kiribati in recognition of the elimination of lymphatic filariasis in that country.

10. Representatives congratulated the Regional Director on his report, and praised the accomplishments of the first eight months of his term, as well as the leadership and accomplishments of his predecessor. They described recent health-related developments and initiatives in their respective countries, emphasizing their efforts to address the challenges that the Regional Director had comprehensively addressed in *For the Future: Towards the Healthiest and Safest Region*, a white paper developed by the Regional Director in consultation with Member States that established a vision for the next five years as well as an implementation plan for *WHO Thirteenth General Programme of Work 2019–2023* (GPW 13). They commended the white paper as a visionary stocktaking and priority-setting document that successfully blended the voices of numerous health stakeholders and signalled a transition from a technical to a strategic approach in the work of the Organization. Several delegations noted with approval that the strategic vision aligned with and complemented their own national health strategies and thus demonstrated the continuing importance of bilateral cooperation. WHO’s role as a staunch advocate of strengthening primary health care systems towards building universal health coverage (UHC) was singled out for praise. Member States also praised the Regional Director’s willingness to think innovatively by anticipating the future health needs of the Region and consequently redesigning the way the WHO Regional Office for the Western Pacific conducted its business. One representative regretted, however, that the white paper contained no discussion of sexual and reproductive health. A number of suggestions were offered on how to implement the ideas contained in the white paper, for example: harnessing the power of technological innovation, especially in the area of e-health; scaling up health systems strengthening for primary health care; investing in human resources development; supporting efforts to unleash the potential of young people; paying greater attention to disaster preparedness; and strengthening communities’ resilience to cope with climate change and the health impacts of environmental degradation.

11. The Regional Director thanked representatives for their recognition of the former Regional Director’s accomplishments and their support of *For the Future*, stressing that it was Member State contributions that had made the white paper strong. He appreciated the point raised by a representative about the absence of a specific section on sexual and reproductive health, adding that it was an issue that should be addressed continuously. While the approach presented in the white paper was country focused, important innovations could be made when countries worked together and shared best practices and lessons learnt. He encouraged Member States to incorporate ideas from the white paper into their national plans, and for those countries currently developing national plans to take the lead. Strong community-based primary health care remained an important priority, particularly for tackling noncommunicable diseases (NCDs) and improving health throughout the life-course. The Regional Committee should continue to discuss ways to strengthen primary health care systems. He noted that success at the regional level could only be built on a foundation of success in individual countries.

12. The Regional Committee expressed its strong support for the vision outlined for WHO work in the Region over the coming five years and its appreciation to the Regional Director for the comprehensive process of consultation with Member States and partners that had contributed to the development of *For the Future* (see decision WPR/RC70(1)).
Special briefing on poliomyelitis and measles

13. The Director, Division of Programmes for Disease Control, presented an informal briefing on poliomyelitis (polio) and measles and rubella in the Western Pacific Region. She cited World Health Assembly and Regional Committee resolutions calling for the eradication of polio and noted that in 2000 the Region was certified as polio-free. Since that time, the Region had maintained polio-free status while responding to outbreaks in several countries. She also detailed the challenges presented by the emergence of vaccine-derived polioviruses since 2015, including cases in China and the Philippines.

14. The Director, Division of Programmes for Disease Control, said WHO had been supporting Member States in several areas: conducting risk assessments and national consultations; planning, preparing for and implementing outbreak responses; facilitating resource mobilization, partner coordination and the deployment of experts; and helping strengthen outbreak preparedness and response capacities in the Member States, among other actions. She highlighted WHO recommendations, including rounds of mass polio vaccination campaigns, enhanced surveillance and improved performance of routine immunization programmes.

15. With regard to measles, the Director, Division of Programmes for Disease Control, noted the high mortality in recent outbreaks in the Region, especially in the Philippines where 556 children had died from measles in 2019 as of September. Since the 2017 Regional Committee endorsement of the Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific, she said efforts had been accelerated, citing the verification in September 2018 of nine countries and areas that had achieved or sustained measles elimination: Australia, Brunei Darussalam, Cambodia, Hong Kong SAR (China), Japan, Macao SAR (China), New Zealand, the Republic of Korea and Singapore; and five countries and areas that had achieved and sustained rubella elimination: Australia, Brunei Darussalam, Macao SAR (China), New Zealand and the Republic of Korea. She noted that China had achieved an historically low incidence of measles as of 2019.

16. The Director, Division of Programmes for Disease Control, concluded by stressing WHO’s eagerness to support Member States: to develop or update national action plans for measles and rubella elimination; to conduct high-quality preventive supplementary immunization activities; to strengthen outbreak preparedness; and to conduct effective outbreak investigations and responses, including ensuring access to sufficient vaccine stocks. To further address these issues, she said WHO will develop a new regional strategic framework for vaccine-preventable diseases and immunization for 2021–2030 to contribute to the implementation of the thematic priority of “reaching the unreached”, contained in For the Future, in an effort to protect people in the Region from polio, measles and other communicable diseases.

PROGRAMME BUDGET: Item 8 of the Agenda (document WPR/RC70/3)

Programme budget 2018–2019: budget performance (interim report)

17. The Director, Programme Management, said that the approved Programme Budget 2018–2019 for the Western Pacific Region was US$ 285.9 million. The Programme Budget ceiling had increased significantly – particularly due to a US$ 32.6 million allocation for polio eradication – resulting in the current working allocation of US$ 319.6 million. Total funds available from all sources were reported as US$ 274.6 million, or 85.9% of the current working allocation, including the increased funds available for the polio programme. That amount had risen to US$ 283.7 million by the end of September 2019. As of 30 June 2019, 74.9% of available resources had been utilized, which had risen to 84.6% as of the end of September 2019. The Region was therefore on track to implement US$ 273.2 million in 2018–2019 (versus US$ 225.1 million in 2016–2017), with an expected implementation rate of up to 98% of total available resources, giving the Western Pacific Region one of the highest implementation rates globally.

18. Accountability and controls remained a priority, and the Regional Office was continuing to strengthen management, training, communication and the monitoring of potential risks. Gender balance and
geographical distribution of staff were also ongoing priorities, and efforts were paying off. In 2019 the Region had 177 professional staff members, representing 45 countries, and gender parity also had been achieved for the first time, with a total of 89 female and 88 male staff members. Of the total of 107 programme outputs, 106 were on track. Only one – violence and injury prevention – had been assessed as “at risk” due to a lack of funding in the early part of the biennium, but that programme had recently received additional funding upon transition into a broader programme under the Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific.

19. Representatives praised the interim budget report and its annex for providing clear, detailed information. They thanked the Regional Office for its commitment to ensuring transparency, fully implementing the budget, reducing funding gaps and increasing voluntary contributions. Representatives welcomed the full and timely response to the recommendations contained in the audit reports of the Regional Office and a country office and praised the overall transparency and accountability in the Region. Suggestions for further improvement included: presenting detailed information about country office budgets in all future budget reports with a breakdown of resourcing by category; linking criteria for programme budget allocations to expected outcomes; and using assessed contributions to pay for permanent staff while reserving voluntary contributions for additional contractual services. Limits should be placed on projects implemented with funding from voluntary contributions to lessen administrative costs and increase efficiency. Several representatives also requested more information about: steps being taken to address funding gaps; the basis for earmarked funding categories; and the factors that would be high priorities in the preparation of future programme budgets.

20. The Director, Programme Management, thanked representatives for their comments and guidance. He noted that detailed reports were available on the web tool for those seeking more information on country-level expenditures, and his office would strive to make them more accessible. The Secretariat produced monthly internal reports and worked closely with country offices to update governments as needed. Many programme areas experiencing funding gaps, such as NCDs and health throughout the life-course, had not attracted as many voluntary contributions. Nonetheless, the Regional Office would continue to mobilize new funding and prioritize existing resources to meet Member State priorities. In response to the suggestion to limit project implementation, he noted that WHO transformation had indeed led to a shift towards policy advice and technical support over direct engagement in project implementation.

21. The Director, Administration and Finance, said that many of the points raised by representatives were the subject of ongoing discussions at the Regional Office. In response to the question about how funding gaps were being managed, he stressed the importance of communication and Region-level meetings between functional groups, administrative officers and programme planning officers. In terms of human resources planning, the Regional Office did strive to use flexible funds to hire fixed-term staff, but the increase in voluntary contributions had led to an increase in contractual staff, who were often brought on to complement the work of base staff. Reducing operating costs was a constant goal, be it through managing contracts or coordinating with other United Nations agencies, as seen in the “One UN House” in Viet Nam. He thanked Member States for the increases in voluntary contributions and assured representatives that the Secretariat took seriously its responsibility to report back on how funds were used. Reaching gender parity was another important achievement, especially considering that the Region had 32% female professional staff in 2009.

Programme budget 2020–2021 update

22. The Director, Programme Management, presented a report entitled Operationalizing the Programme Budget 2020–2021 in the Western Pacific Region, which provided further details of the regional implementation plan for the Programme Budget 2020–2021. The Regional Office was currently working out budget details according to the priorities of Member States, as expressed in For the Future. The programme budget report included the four thematic priorities and operational shifts contained in For the Future, with information about country-specific flagship programmes, common regional focus areas and major activities reflected under each thematic priority. He invited the Regional Committee to review and note the report.
23. Representatives voiced broad support for aligning the Programme Budget 2020–2021 with *For the Future* and GPW 13. Several representatives praised the shift in funding towards the country level while noting that such a shift must be accompanied by strong monitoring and accountability. Change should be balanced with continuity, and steps should be taken to ensure that historical comparisons would still be possible. One representative asked if an increase in the budget ceiling was expected similar to that of 2018–2019. More information was also requested on the role of technical advisory groups and how regional priorities would be part of an integrated approach to meeting GPW 13’s triple billion targets: one billion more people benefiting from UHC; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

24. The Director, Programme Management, expressed appreciation for the representatives’ remarks regarding efficiency, transparency, alignment with GPW 13 and the resulting country focus. With regard to technical advisory groups, he said *For the Future* proposes that technical advisory groups be used when appropriate and requested by Member States to provide technical and strategic guidance, especially in the areas where progress is slow, such as NCDs and climate change. However, he said that national flagship programmes and shared regional focus areas and activities are well integrated and moving in the strategic direction defined by *For the Future* and GPW 13. He said that, with the support of Member States, WHO is moving towards operational planning and will reflect Member State guidance in working towards the WHO transformation with greater efficiency to deliver results in the country and contribute to the triple billion targets.

25. The Director, Planning, Resource Coordination and Performance Monitoring at WHO headquarters, responding to the call to track country office expenditures by programme area, assured the Regional Committee that it would be completed by the end of 2020, and that historic comparisons would be possible.

26. The Regional Committee expressed its appreciation to the Regional Director for aligning budget priorities with those of the GPW 13 and for the vision contained in *For the Future* (see decision WPR/RC70(2)).

**AGEING AND HEALTH: Item 9 of the Agenda (document WPR/RC70/4)**

Panel discussion on ageing and health

27. The Regional Director introduced a panel discussion on ageing and health. Population ageing would soon be experienced by all countries in the Western Pacific Region, where people 60 years and older were the fastest-growing population group. Preparing for an ageing society was an opportunity not just to improve services for older people but to transform health systems more broadly. There was a need to act early and comprehensively to adapt health systems to ageing populations, and the panel discussion would provide a range of perspectives for those preparing or interested in preparing for demographic transition.

28. Mr James Chau, WHO Goodwill Ambassador for the Sustainable Development Goals and Health, moderated the panel discussion, which featured representatives from countries whose populations were at different stages of ageing.

29. Professor Atsushi Seike, President, Promotion and Mutual Aid Corporation for Private Schools of Japan, addressed the Committee in a pre-recorded video statement. He provided an overview of the rapid and unprecedented population ageing in Japan, noting that 28.4% of the country’s population is now 65 years old or older, and that figure is expected to increase to 40% by 2060. The rate of population ageing in Japan is two to four times faster than the rate in European countries. The professor also emphasized the “depth” of the ageing population, with the older age group – those 75 years and above – growing significantly. He noted Japan’s special challenge in light of the current workforce of 67 million people, which is predicted to decline to 55 million people by 2040. Such a decline, he said, may result in a drop in economic output and consumption. This decline in the workforce comes at a time when the demand for
services from the social security system, including for the medical care and long-term care components, is increasing. In other words, a decline in the workforce means a drop in contributions to the social security system.

30. Professor Seike highlighted two actions that Japan must take to meet the dual challenge of a declining workforce and an increasing demand for services from the social security system. First, there is a need to promote a lifelong active society, including the promotion of labour participation for older people who make up a large segment of the population. Second, the social security system needs to be reformed. The success of the system over the years has resulted in increasing costs and burdens on hospitals. The professor said that it is important to introduce a community-based integrated care system that can provide comprehensive care in communities where older people live, rather than in hospitals. He concluded by noting that population ageing will become an issue for all countries, and even those with relatively young populations could learn from Japan’s experience and begin to prepare for this inevitable shift.

31. Mr Gan Kim Yong, Minister for Health, Singapore, shared his experience with population ageing, noting that longer life expectancy presents opportunities to make ageing exciting and colourful. Singapore, like Japan, has a relatively low birth rate and a tight labour market. He said Singapore began laying the foundations for population ageing in the 1980s, with multiple stakeholders working together to develop policies and strategies in domains such as health and wellness, retirement adequacy, lifelong learning and employment. Singaporeans were consulted during the process that culminated in the 2015 launch of the Action Plan for Successful Ageing. He said that the initiatives have benefited not only older people but also the broader population. The Minister said Singapore had employed a life-course approach that emphasized good habits and lifestyles early in life, including good nutrition and physical activity. Adults in Singapore are encouraged to go for regular health screenings, and partnerships with the business community have helped roll out screenings for older people to detect age-related declines in vision, hearing and oral health. He said the benefits and positive outcomes for population health will take sustained efforts, making it imperative for countries to start planning now and take action early.

32. The Minister pointed out that social and environmental determinants are equally important, with older people living alone having higher risk for loneliness and depression. A lack of social support may lead to health deterioration, thus necessitating a whole-of-society approach. Singapore had developed community networks of seniors, which are part of a national programme that adopted a proactive approach to keep older people well. He also emphasized the need for a UHC approach to ensure all people have access to health care and a healthy environment, noting that Singapore also introduced long-term care insurance for older people. While Singapore had good care, there is a need to both transform primary care to better manage diseases and ensure that UHC is sustainable for future generations. In closing, the Minister stressed the need for planning now to prepare for future needs.

33. Dr Nguyen Doan Tu, General Director of Population Administration, Viet Nam Ministry of Health, spoke of his country’s rapid population shift – projected to transition from ageing to aged in less than 20 years – which was putting pressure on the social security system and posing development challenges. The Government’s response to meet the health-care needs of an ageing population included expanding social insurance coverage for all levels of care, initiating community-based services in collaboration with Viet Nam’s association of the elderly, and providing training on integrated geriatric care to provincial health workers. WHO’s support had been much appreciated in that regard. His administration was currently evaluating its policies and their implementation with a view to drafting new guidance for 2020–2030.

34. Dr Xueting Li, Director of the Health Service Office of the Department of Ageing and Health, National Health Commission, China, said that her country was ageing rapidly, with 170 million people aged 65 or older in 2018, and that number was projected to explode in coming years. Her Government was therefore engaged in institutional reforms, including the establishment of the Department of Ageing and Health – her own institution – under its National Health Commission, and elder care divisions within health departments at all levels. A multidisciplinary National Committee on Ageing had also been established on which 32 different Government sectors were represented, including those engaged in health, human resources, social security, medical insurance, sports and finance. Measures had also been taken to bolster
social security reserves, improve the workforce supply, create a high-quality geriatric service and product supply system, strengthen technological innovation, improve family support systems and build an elder-friendly environment and society. Healthy ageing was the only long-term solution to an ageing population, she said, and strengthening health-care services for seniors was an important component of the Healthy China 2030 plan. However, she stressed that health care alone was not enough, and that a life-course approach was needed.

35. Dr Ifereimi Waqainabete, Minister of Health and Medical Services, Fiji, said that while his country’s population was currently young, with a median age of 35, it was also ageing rapidly. His Government had provided social protections to the elderly, and in 2012 had enacted legal protections for the health, well-being and social inclusion of older people. Improving the quality of life for all Fijians was a priority, including for the elderly. Social protections were in place similar to those in other countries, including a pension scheme, transport vouchers, and public and private nursing homes. One of Fiji’s greatest assets was its multi-ethnic social fabric and ancient culture in which families cared for their elders. His Government was examining how best to maintain that culture, since it helped reduce Government and health-sector costs related to the care of older people. A societal shift was under way in how health care was being provided: as populations aged, health systems would have to move away from focusing on communicable diseases to address the growing burden of NCDs associated with ageing. He said his country was focused on attaining UHC for the benefit of all – young and old alike.

36. Dr Myrna Cabotje, Undersecretary of Health, Department of Health, Philippines, said that while her country’s population was also young, it was ageing faster than it was growing. NCDs linked to ageing already accounted for two thirds of deaths in the Philippines and would only increase in future. Reforming the health system to meet the long-term needs of the population would mean focusing on attaining UHC, taking proactive steps to keep people healthy and protecting older people from financial shocks when they fell ill. Her Government had a number of strategies dedicated to healthy ageing and was committed to building on the lessons learnt of neighbouring countries, as well as collaborating with the ASEAN Centre for Active Ageing and Innovation (ACAI). Regarding age-friendly environments, it was clear that older people needed spaces where they could socialize and exercise, but many – particularly urban – environments were not well planned. The Department of Health was therefore working with other branches of Government and civil society to develop recreational facilities in parks, priority lanes in hospitals and shopping malls, and education to support healthy lifestyles.

37. The panel discussion was followed by a plenary discussion. Representatives thanked panellists for their insights and described the age-status and evolution of their respective countries’ populations. In discussions, Member State representatives agreed – no matter the stage of their transition – on the seriousness of the issue and the importance of sufficient preparation. Many representatives stressed that having greater numbers of aged people was an achievement and an asset. Measures being taken included raising the retirement age for those willing and able to continue working, creating initiatives to address rising prevalence of dementia, promoting good health early in the life-course, and scaling up community-based and home-based services.

38. Some representatives called for WHO support for capacity-building and reorienting their service models. With the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) expiring in the current year, representatives called on the Regional Office to consider possible follow-up actions, such as a mechanism for facilitating exchange with countries with successful healthy ageing programmes to share best practices and lessons learnt.

39. A statement was made on behalf of the Fred Hollows Foundation.

40. Statements were offered on behalf of Public Services International and the World Organization of Family Doctors.

41. The Director, Data, Strategy and Innovation, summarized the comments made and thanked representatives for sharing their experiences. He highlighted the importance of involving civil society,
reorienting countries’ health sectors, and promoting health from an early age through a life-course approach. Addressing ageing populations was not only about the future, it was also an opportunity to transform health systems and address the social determinants of health to generate immediate benefits. He had taken careful note of the issues raised and calls for support, including for a new regional action plan. The Secretariat would plan to develop a new plan in consultation with Member States, experts and ACAI, as well as older – and younger – people across the Region. Singapore’s consultation process could provide a useful model in that regard. As outlined in For the Future, ageing would be a priority in coming years, with the Regional Director already establishing a healthy ageing team that spanned various divisions and country offices to step up support to Member States in sharing best practices and providing tailored, country-specific approaches to address the issues of healthy ageing.

42. The Regional Committee requested the Regional Director to support Member States in preparing for and addressing the needs of ageing populations, including development of a regional action plan, in line with global mandates, notably the 2030 Agenda for Sustainable Development and the WHO Global Strategy and Action Plan on Ageing and Health 2016–2030 (see decision WPR/RC70(3)).

TOBACCO CONTROL IN THE WESTERN PACIFIC REGION: Item 10 of the Agenda (document WPR/RC70/5)

43. The Regional Director noted that the Western Pacific Region accounts for nearly 40% of the deaths from tobacco globally; however, the Western Pacific is the only WHO region in which 100% of the countries in the Region had ratified the WHO Framework Convention on Tobacco Control (WHO FCTC). He said that while tobacco control efforts across the Region – such as smoke-free environments, higher tobacco taxation, graphic health warnings on tobacco products, and bans on tobacco advertising, promotion and sponsorship – had resulted in a downward trend in tobacco smoking, new challenges had emerged such as the uptake of heated tobacco products and electronic nicotine delivery systems (ENDS) and non-nicotine delivery systems (ENNDS), for example e-cigarettes and vaping devices. There was growing evidence that such products were harmful and would threaten existing tobacco control achievements. The Regional Committee was thus invited to consider for endorsement the draft Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030), which provided guidance on addressing new challenges and accelerating and targeting implementation of the WHO FCTC over the next decade.

44. Representatives listed recent smoking cessation initiatives and legislation in their respective countries as they endorsed the draft Regional Action Plan, which was described as an invaluable complement to the WHO FCTC. They praised the foci or accelerating implementation of the WHO FCTC while protecting young people from the harms of tobacco as well as new products and the emerging challenges they represent to a healthy and sustainable future. Representatives from the Pacific reiterated their commitment to achieve a tobacco-free Pacific by 2025. A number of delegations expressed deep concerns about the escalating use of emerging and imitation tobacco products among young people following aggressive social media marketing campaigns by the tobacco industry, which was constantly seeking to exploit loopholes in tobacco control legislation. To develop international cooperation and thus foil the new tactics employed by the industry, several representatives requested technical assistance and guidance to raise awareness of the dangers of ENDS and ENNDS in their countries. Representatives also said they appreciated WHO support in all other areas of tobacco control, especially policy development. One representative asked for clarification on whether the draft Regional Action Plan sought to ban or regulate non-nicotine products, despite the scarcity of evidence regarding their health impact. Most of the existing data on non-traditional tobacco products originated from the tobacco industry, so there was a pressing need for independent research.

45. A statement was made on behalf of the McCabe Centre for Law and Cancer.

46. Statements were offered on behalf of the World Federation of Acupuncture-Moxibustion Societies, the Southeast Asia Tobacco Control Alliance, and the International Federation of Medical Students’ Associations.
47. The Director, Healthy Environments and Populations, said that the Secretariat specifically intended to track tobacco use and the uptake of new and traditional smoking products among children and young people. Global tobacco control targets had deliberately been incorporated into the draft Action Plan in order to align with current best practices and set suitably challenging and ambitious objectives.

48. The Assistant Director-General for Universal Health Coverage and Health Systems confirmed that the draft Action Plan did indeed seek to promote the banning of ENNDS, given that such products encouraged exposure to a mix of harmful chemicals. The Assistant Director-General added that WHO will produce reports in 2020 and 2021 monitoring market developments and tobacco industry activities for Member State information and action.

49. The Regional Director said that the draft Regional Action Plan, the seventh developed in the Western Pacific Region, sent a powerful message to a wider audience outside WHO. He said that tobacco control efforts in the Region epitomized the concept of actions today that can impact the future, which is a cornerstone of For the Future, and noted that putting children first in health concerns would help make the Western Pacific the world’s healthiest and safest region.

50. The Committee considered a draft resolution on tobacco control in the Western Pacific Region.

51. The resolution, which among other actions endorsed the Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030), was adopted (see resolution WPR/RC70.R3).

PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING: Item 11 of the Agenda (document WPR/RC70/6)

52. The Regional Director said that the Regional Committee had discussed the widespread marketing of foods high in fat, sugar or salt and its harmful impact on children’s health and asked the Regional Office to consult widely and develop a regional action plan. The subsequent consultations had revealed that governments used a variety of policy approaches, all of which were reflected in the draft document, which contained four pillars for action and 10 recommended actions to support Member States in establishing or strengthening national policies and actions. Endorsement was accordingly sought for the draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, as a tool to help Member States to establish or strengthen their national policies or actions.

53. Member State representatives universally said that they appreciated the extensive consultation that WHO conducted to inform the development of the Regional Action Framework and the comprehensive guidance that the Framework provides. Representatives reviewed the successes they had achieved and the challenges they faced in trying to influence children’s eating habits. It was clear that the relative proportion of voluntary and statutory approaches to address the harmful impact of food marketing differed according to the national context. With modern lifestyles and rapid urbanization, the consumption of low-quality, nutrition-poor food had increased, either because the sourcing and preparation of healthy ingredients was more expensive and time-consuming than less healthy options, or because healthy local ingredients were neglected or unavailable in some places. A combination of poverty and the aggressive marketing of processed foods meant that, paradoxically, children in Pacific island nations experienced a double burden of stunting and obesity. One representative highlighted the link between healthy nutrition in schools and communities and the issue of food and environmental security, good arable land being needed to grow healthful, plant-based foods. It was widely felt that coordination with the education system and the agricultural sector was important to promote and advocate alternatives to processed foods.

54. The point was made that children today were routinely exposed to precisely targeted marketing via mobile telephones, computers and television, making them pester their parents to purchase unhealthy, ready-to-consume foods and beverages. Being emotionally and intellectually immature, children were powerless to resist strong commercial pressures. Governments could partially remedy the situation by promoting and ensuring the availability of healthy foods in or near schools, and the food industry ought to include appropriate nutritional information in labelling. But much more could be done to ensure that media
companies and the online technology industry acted responsibly in their capacity as influencers of young people. One representative reminded the Regional Committee that marketing did not necessarily have to be a force for evil; it could also be a tremendously powerful tool to promote healthy eating options.

55. The Secretariat was asked to provide specific technical guidance on the potential conflict between mandatory restrictions on marketing in the interests of health and compliance with existing international trade obligations, for example pursuant to World Trade Organization (WTO) agreements. In the same vein, several delegations referred to the need for regional action to ensure that the effectiveness of national measures to protect children from junk food advertising was not undermined by cross-border marketing, which was difficult to regulate unilaterally. In Pacific island countries with limited technical capacity, initiatives to protect children from the harmful impact of food marketing could perhaps be efficiently combined with existing regional or subregional mechanisms to monitor and evaluate NCDs and control early childhood obesity. One representative took issue with the definition of marketing cited in the draft Regional Action Framework, namely “any form of commercial communication or message”, which appeared to limit its application to advertising only. The definition could perhaps be broadened to cover all forms of promotion.

56. A statement was offered on behalf of Public Services International.

57. The Director, Division of Healthy Environments and Populations, thanked the Member States for their comments and for sharing successful country cases. She noted that countries may have different definitions of marketing and its scope, including the types of products covered and ages of children. She explained that the working definition in the draft Regional Action Framework was the one used by WHO and that countries might use different definitions of marketing according to their national context, thus affording flexibility when setting policy. She also said WHO would continue to support existing initiatives and networks that address NCDs and dietary health, including the Pacific Ending Childhood Obesity Network and the Pacific Monitoring Alliance for NCD Action, as well as programmes that engage the educational and agricultural sectors to improve the safety, quality and nutritional value of food for children. She stressed that schools provide an opportunity to shape lifelong healthy behaviours in children and represent one of the many sectors in which WHO would support Member States in implementing the draft Framework.

58. The Assistant Director-General for Universal Health Coverage and Health Systems said that WHO was currently working with WTO to clarify the trade implications of policies and regulations to restrict the harmful impact of food marketing on children, specifically in the area of breast-milk substitutes. She did confirm, however, that international trade agreements recognize countries’ rights to regulate food marketing on the basis of health.

59. The Regional Director said that, in his travels and consultations that led to the development of For the Future, children’s health had emerged as a distinct and important theme. Healthy childhood nutrition, food security and the preservation of the environment in the context of climate change were inextricably linked topics that demanded a tailored, country-specific approach. But they also warranted regional initiatives, or even subregional initiatives in the case of small Pacific island states. The Regional Director reiterated his commitment to support Member States to develop country-specific plans that incorporate regional initiatives and to work with all levels of WHO and with other United Nations agencies and partners, such as the United Nations Children’s Fund (UNICEF), working in the field of child health and welfare to deliver the best possible support to Member States.

60. The Regional Committee considered a draft resolution on protecting children from the harmful impact of food marketing.

61. The resolution, which among other actions endorsed the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, was adopted (see resolution WPR/RC70.R1).
ANTIMICROBIAL RESISTANCE: Item 12 of the Agenda (document WPR/RC70/7)

62. The Regional Director introduced the item on antimicrobial resistance (AMR), noting that AMR was an increasing global threat that affects all nations. He recalled the Regional Committee’s 2014 endorsement of a Regional Action Agenda to combat AMR, which contains three key action areas: 1) increasing awareness; 2) improving surveillance and monitoring of antimicrobial use; and 3) strengthening health systems to address AMR. He said these action areas would continue to be employed in the current draft Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region. The new Framework would help Member States to step up their actions to tackle AMR more sustainably to achieve long-term goals and promote collaboration beyond health, including through broader societal and multisectoral engagement.

63. Representatives enumerated their respective national efforts to intensify the fight against AMR and welcomed the draft Framework as a valuable aid to the development of their national action plans, referring specifically to its forward-looking and innovative approach, its readiness to take the long-term perspective, and its insistence on continuous and sustained multisectoral and multi-stakeholder cooperation – including work with veterinary health, agriculture, forestry sectors, immunization and communicable disease programmes, infection prevention and control programmes, finance/economy/trade agencies, laboratories and research networks, and health professional associations, among others. Representatives requested increased WHO support to implement national action plans and other measures, including: to improve/establish surveillance; to build capacity among health workers; to strengthen antibiotic stewardship programmes, consumption and use monitoring, and data on prescribing activities; and to increase research and development for new drugs. Representatives also stressed the urgency and importance of combating AMR with a “One Health” approach that included the veterinary and environmental sectors. The proposed establishment of a Western Pacific AMR consortium was welcomed, with one representative requesting more information as to how it would be structured and resourced. The consortium should not duplicate the work of other mechanisms such as the Global AMR Research and Development Hub and the Global Health Security Agenda AMR Action Package.

64. Other suggestions to improve the draft Framework included developing a compelling case for investment through specific examples, incorporating specific references to inequities among those impacted by AMR and making note of the context of the Pacific island states, which faced particular challenges. One representative stressed that the guidance on AMR-related regulations should take into account countries’ varying contexts. Several representatives from Pacific island developing states called for continued WHO support in the areas of surveillance, antimicrobial stewardship and consumption monitoring.

65. A statement was made on behalf of UNICEF.

66. Statements were offered on behalf of Public Services International, the International Pharmaceutical Students’ Federation and the International Federation of Medical Students’ Associations.

67. The acting Director, Division of Health Systems and Services, thanked representatives for their broad endorsement of the draft Framework and for sharing their progress and challenges regarding AMR. She said WHO will continue to work with Member States to implement the 2014 AMR Action Agenda by applying the operational shifts of the new Framework. She also pointed out that the new Framework has been developed to consider different country contexts, including local solutions, and emphasized the necessity of developing national regulatory systems progressively through a stepwise approach. Taking note of requests for support, she assured Member States that the Regional Office would continue working with them, particularly by ensuring that guidelines on cross-sector surveillance were made available. The Secretariat had established a technical working group on AMR and mobilized its Division of Programmes to Combat Communicable Diseases, which was working with the Division of Health Emergencies to incorporate AMR surveillance into current programmes. The Secretariat was also working with WHO collaborating centres to provide assistance to countries in technical areas and continue to drive research. She welcomed the suggestions for strengthening the draft Framework, including increased focus on a One
Health approach, and she thanked Member States for their ongoing collaboration and support in implementing the regional Action Agenda.

68. The Assistant Director-General, Antimicrobial Resistance, outlining the structure and activities of the new Division of Antimicrobial Resistance, said that her division in WHO headquarters was available to collaborate with the Regional Office and Member States and to provide technical assistance based on country needs. The strong commitments of the three Director-Generals of the tripartite joint secretariat – composed of WHO, the World Organisation for Animal Health, and the Food and Agriculture Organization of the United Nations – would hopefully trickle down to the regional and country levels. She echoed the Regional Director’s focus on working towards the future, and said that the wide range of specialties and expertise needed to address AMR would require partnerships not only within WHO but also with other United Nations agencies and international organizations, civil society, infection-control laboratories, microbiologists and other scientific entities. She hoped the current discussion would energize health ministries to keep AMR high on their agendas.

69. The Regional Committee considered a draft resolution on antimicrobial resistance.

70. The resolution, which among other actions endorsed the draft Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region, was adopted, as amended (see resolution WPR/RC70.R2).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 13 of the Agenda (document WPR/RC70/8)

Health security (Item 13.1 of the Agenda)

Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and Western Pacific Regional Framework for Action for Disaster Risk Management for Health

71. The Director, Programme Management, said that the Western Pacific Region is continuously threatened by emerging infectious diseases, outbreak-prone diseases, natural disasters and unsafe food. He cited considerable progress in strengthening health security systems, but noted that the context of health security is rapidly changing and that health security systems must evolve to address these challenges. He summarized the content and functioning of two regional health security instruments: the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and the Western Pacific Regional Framework for Action for Disaster Risk Management for Health (DRM-H). Both, he said, employ an all-hazards approach, guiding step-by-step strengthening of generic health security systems and prioritizing efforts towards a long-term vision. He recalled that at the most recent meeting of the APSED III Technical Advisory Group, Member States had expressed their commitment to use pandemic preparedness to drive further development of their health security systems more broadly, as the capacities required to respond to pandemics were also critical for responding to other hazards. He invited the Regional Committee to review and comment on the progress report on health security.

72. The representatives highlighted progress in their countries in strengthening capacity to confront health security threats ranging from Middle East respiratory syndrome to natural disasters. Several representatives highlighted the important role APSED III and DRM-H continue to play in guiding their health security work. They also cited the ongoing value of other actions and initiatives, including field epidemiology training, event-based surveillance, public health laboratories and risk communication. Several representatives spoke about the value of surge capacity, especially emergency medical teams and the Global Outbreak Alert and Response Network. In addition, they noted the valuable role played by monitoring and evaluation, including joint external evaluations, simulation exercises and after-action reviews. They expressed support for the inclusion of antimicrobial resistance in one of the thematic priorities of For the Future. While there was agreement that pandemic preparedness could not be separated from health security in general, representatives from Pacific island states stressed in particular the important threat posed by climate change in the form of increased outbreaks and devastating storms.
73. Statements were made on behalf of the Christian Blind Mission and the International Pharmaceutical Students’ Federation.

74. Statements were offered on behalf of the International Federation of Medical Students’ Associations and Public Services International.

75. The acting Director, Division of Health Security and Emergencies, said health security required a continuous, step-by-step approach that included field epidemiology training, event-based surveillance, public health laboratories, risk communication and many actions and programmes, all of which are addressed in APSED III and have been priorities since the original strategy was developed in 2005. He cited the collective regional approach that has proved valuable in the Western Pacific, which is a hotspot of emerging diseases, outbreak-prone diseases and public health emergencies. He noted that monitoring and evaluation has been part of APSED for nearly 10 years and is critical to developing capacities in countries and areas. He also emphasized WHO’s continued support for pandemic preparedness, noting that two of the last four influenza pandemics originated in the Region. He assured Member States that WHO support would continue to be tailored to meet the specific needs of Member States and said the Secretariat would follow up with those Member States that raised specific issues.

76. The Director, Health Emergency Information and Risk Assessment, WHO Health Emergencies Programme, speaking from the global perspective, said that he was pleased to observe that Member States in the Western Pacific Region were active participants in the mechanism for periodically reviewing potential health threats under the International Health Regulations (IHR 2005). He commended Member States for the progress in implementing APSED III, as well as pursuing a clear vision to make the Western Pacific the world’s healthiest and safest region. As some representatives had noted, the WHO Health Emergencies Programme was currently rolling out the Epidemic Intelligence from Open Sources (EIOS) platform with strong support from the Regional Office for the Western Pacific: Japan, the Republic of Korea and Singapore were closely involved in the initial phase of the rollout. He concluded by thanking the Regional Director and his team for their support to WHO’s response to the outbreak of Ebola in the Democratic Republic of the Congo.

Noncommunicable diseases and mental health (Item 13.2 of the Agenda)

77. The Director, Programme Management, noted the Region’s burden of NCDs, with those diseases responsible for 86% of premature deaths in the Region. In addition, he said, more than 100 million people in the Region suffered from mental health disorders. He recalled the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020), as well as Member State calls for support to accelerate action on NCDs, with NCDs and ageing identified as a thematic priority in For the Future. He said WHO had intensified support to Member States to strengthen cross-sectoral collaboration within and beyond government: 20 countries and areas in the Region had national mechanisms to engage sectors outside of health and align policies for NCD prevention; 30 countries and areas had a multisectoral NCD strategy or action plan. He also highlighted steps taken to improve NCD monitoring and surveillance. In addition, he called attention to the global strategy to accelerate the elimination of cervical cancer in development by WHO, adding that Member State feedback would be presented to the WHO Executive Board in January 2020.

78. On the subject of mental health, the Director, Programme Management, pointed to progress under the Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific. He said WHO had supported efforts to expand service delivery by integrating mental health into community-based services and to strengthen governance, mental health promotion and information systems.

79. Representatives took note of the achievements enumerated in the report, updated the Regional Committee on their successes at the country level, and described the challenges they faced in the areas of NCDs and mental health. Many delegations noted that the growing epidemic of NCDs was placing an
increased burden on health systems and requiring health workers to develop new skills. They called for increased WHO support in many areas: developing a multisectoral action plan on NCDs; strengthening capacity on leadership, governance, financing and regulation for NCD prevention and control; improving infrastructure and capacity-building of health providers for NCDs at the primary care level; strengthening surgical services; developing strategies to address metabolic and behavioural risk factors through health promotion and community engagement; sharing policies and country experiences; and providing technical assistance to enhance surveillance systems and conduct research on NCDs and related conditions. With regard to mental health, they noted that the rapid pace of socioeconomic change in recent years and the disintegration of traditional family structures had placed increased pressures on psychiatric services, with the result that many Member States required technical assistance for mental health capacity-building. Dedicated financing and structures for mental health were often lacking, and it was generally felt that integrating mental health services into primary health care was the most efficient solution.

80. The Director, Healthy Environments and Populations, thanked representatives for their comments and took note of requests for support in addressing NCDs and mental health. Noting that tobacco use, obesity and the environmental factors behind NCDs fell under other agenda items, she outlined progress made in various countries on reducing the harmful use of alcohol through awareness-raising and regulation. She observed, however, that few countries had introduced new taxes or pricing legislation despite proof that it was the most effective countermeasure. Informal and illicit alcohol sales and industry interference were also a concern. WHO was supporting efforts to promote physical activity through its action plan, tool kit, resources for primary school teachers and the Pacific Ending Childhood Obesity (ECHO) Network.

81. In line with For the Future, the Regional Office would continue working with countries across the Region to scale up the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Care in Low-Resource Settings, along with updated software and educational materials tailored to individual country needs. The Regional Office had decided to extend the NCD Regional Action Plan to 2030, with revisions reflecting recent developments, and would align it with the draft Global Action Plan to be submitted to the next World Health Assembly. A Technical Advisory Group on NCDs was also planned for the second quarter of 2020 in collaboration with WHO headquarters.

82. The Director, Healthy Environments and Populations, congratulated the countries observing World Mental Health Day to raise awareness and mobilize efforts. There was a growing consensus that mental health services must be improved in the Region, and the Regional Office stood ready to support countries in scaling up their services, developing prevention and promotion programmes and issuing regulations.

83. Statements were made on behalf of the International Society of Nephrology and the International Federation of Medical Students’ Associations.

84. A statement was offered on behalf of the World Federation of Societies of Anaesthesiologists.

Climate change, environment and health (Item 13.3 of the Agenda)

85. The Director, Programme Management, said that Member States had endorsed the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet in 2016. During the consultations leading to the development of For the Future, they had identified climate change, the environment and health as one of four top priorities. WHO was working with Member States to build climate-resilient health systems, to improve water and sanitation in health-care facilities, to improve air quality in cities and to protect workers from occupational hazards.

86. The Head of Office, WHO Asia-Pacific Centre for Environmental Health in the Western Pacific Region, provided a presentation on the new geographically dispersed specialized office in the Republic of Korea, which reports to the WHO Regional Office in Manila, briefly outlining the Centre’s role and work in supporting Member States to address their needs and concerns at the intersection of climate change and
health, specifically by strengthening environmental health capacities, the evidence base and information-sharing.

87. The WHO Representative in the South Pacific and Director, Division of Pacific Technical Support, provided a presentation on the Fifth Asia-Pacific Parliamentarian Forum on Global Health, held in Fiji in August 2019, which focused on climate change and health. As key decision-makers and drivers of change, parliamentarians had a big role to play in promoting and protecting health in a context of environmental crisis. They were a key constituency for advocacy efforts. For their part, parliamentarians had called on WHO to continue to provide normative guidance and technical assistance, scale up support to Member States, and mobilize partnerships in and beyond the health sector.

88. Representatives took note of WHO’s work in addressing the health impacts of climate change and the environment in the Western Pacific Region and requested more technical support and guidance, for example through continuing to compile scientific evidence of the impact of climate change and preparing a comprehensive regional study on transboundary haze. A number of delegations requested WHO to facilitate access to the Green Climate Fund. Detailed accounts were given of renewable energy programmes and green technology initiatives, adverse climate change mitigation measures, such as the construction of sea defences, and efforts to control climate-sensitive vector-borne, intestinal and respiratory diseases. Representatives from Pacific island countries and areas described the devastating effect of rising sea levels and severe weather events such as supertyphoons, which destroyed crops and threatened food security. In addition, these events forced authorities in the Pacific to physically relocate health facilities to less vulnerable inland areas. In the longer term, WHO was urged to engage in a cross-sectoral manner with other technical agencies to put health at the centre of climate change awareness campaigns.

89. A number of representatives referred to pollution issues, such as contamination in Pacific lagoons, air pollution and haze caused by droughts and forest fires, and, as mentioned by one representative, possible pollution of seawater from the Tokyo Electric Power Company’s Fukushima Daiichi Nuclear Power Station, which was shut down after being damaged by an earthquake and tsunami in March 2011.

90. The representative of Japan said that matters related to radionuclides and radioactive materials should be discussed, if necessary, in a more specialized United Nations agency such as the International Atomic Energy Agency. He explained that contaminated water generated in the buildings of the Fukushima Daiichi Nuclear Power Station had been purified and filtered using several methods, including multi-nuclide retrieval equipment called ALPS (Advanced Liquid Processing System). He stressed that most of the radionuclides except tritium had been removed from the water, so purified water totally differed from contaminated water, and this water had not been discharged into the environment. He said no decision had been made on how to handle the water, but that any future decision would be made in accordance with international standards, including recommendations from the International Commission on Radiological Protection. He stressed that the Government of Japan was fully conscious of its responsibility to protect the health of its citizens and the people of the Region, adding that the Government continues to explain its response to the Fukushima accident and related matters to the international community in a courteous and transparent manner.

91. Statements were made on behalf of Public Services International and the International Federation of Medical Students’ Associations.

92. A statement was offered on behalf of the Royal National Lifeboat Institution.

93. The WHO Representative in the South Pacific and Director, Division of Pacific Technical Support, said that the Regional Director had clearly identified the health impact of climate change as a priority for WHO in the Region. The impact of climate on health was a common challenge that could only be addressed effectively through joint action, but multi-stakeholder collaboration sometimes entailed fragmentation of effort. WHO would therefore seek to enhance its coordinating and guiding role, including through the provision of evidence-based technical support. Health implications had hitherto been neglected in initiatives to mitigate climate change, so advocacy was essential to ensure that health was at the heart of every
environmental policy and initiative going forward. WHO should also remind itself that much of its work was climate sensitive, for example in terms of advocating for and building resilient health systems. Finally, the Secretariat had a responsibility to monitor the impact of climate change on health systems and, conversely, the impact of any action taken to mitigate and adapt.

**Action plan on healthy newborn infants (Item 13.4 of the Agenda)**

94. The Director, Programme Management, presented progress under the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*. He said that to date more than 50,000 health workers across the Region had been coached in Early Essential Newborn Care (EENC), a doubling in the numbers trained since 2016, and three out of eight priority countries had already achieved the target of 80% of health facilities providing childbirth services and implementing EENC. As a result, newborn care practices had significantly improved: 87% of term babies currently received skin-to-skin contact, and 85% were exclusively breastfed in the first days of life.

95. Acknowledging the progress described in the report, representatives updated the Regional Committee on their respective countries’ successes and challenges in the area of childbirth and newborn care, with many noting significant progress towards achieving universal access to EENC through national-level political and technical commitments. The focus of many national strategies for healthy newborn infants was on the poorest and most vulnerable women living in remote areas. Many countries, particularly Pacific island developing states, had received support under the Action Plan and they supported an extension of the Action Plan until 2030. Representatives also called for more focus on providing EENC for babies born preterm and by caesarean section.

96. The Director, Healthy Environments and Populations, said that reaching the unreached with EENC remained a concern. There was still room for improvement in all countries in scaling up Kangaroo Mother Care (continuous skin-to-skin contact and exclusive breastfeeding) for babies born preterm and by caesarean section. She said that WHO agreed to extend the life of the Regional Action Plan from its original end date of 2020 to 2030, with revisions made to reflect recent developments that are fully aligned with changes made at a global level.

**Communicable diseases (Item 13.5 of the Agenda)**

*Measles and rubella elimination*

*HIV, viral hepatitis and sexually transmitted infections*

*Implementation of the End TB Strategy*

97. The Director, Programme Management, recalled that the Regional Committee in 2017 had endorsed the *Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific*. He noted that while an historically low incidence of measles and rubella had been achieved across the Region, a global resurgence of measles in 2018–2019 had highlighted new challenges in the drive to achieve the regional elimination goal. Health systems obviously needed to be strengthened to protect hard-to-reach populations, including ethnic minorities, mobile groups and the urban poor from measles and rubella. The Director, Programme Management, said Member States also had achieved notable successes in addressing HIV, viral hepatitis and sexually transmitted infections (STIs). Specifically, Malaysia was to be congratulated on becoming the first country in the Region to be validated for the elimination of mother-to-child transmission of HIV and syphilis. However, new challenges had emerged, for example, the decrease in external resources for HIV, emerging epidemics of STIs, and limited access to testing and treatment of viral hepatitis. In addition, he noted that the global effort to end tuberculosis (TB) had focused the attention of heads of state and government at the United Nations High-level Meeting on Ending TB in September 2018. Regionally, Member States had made significant progress towards implementing the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific (2016–2020)*. Despite modest reductions in the incidence of TB and TB mortality in the Region, he said the TB incidence rate was falling too slowly; it was estimated that about one quarter of TB cases were still being missed, with multidrug-resistant TB an additional menace. The Director, Programme Management, noted
that national TB programme managers and other stakeholders are being consulted in the development of a global strategy for TB research and innovation.

98. In their interventions, Member States appreciated the progress report on measles and rubella, including the informal briefing on polio and measles earlier in the week. Progress reported by the Member States varied with regard to their national targets as well as the regional goals laid out in the Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific. Many expressed concern over the recent measles resurgence, with outbreaks in a number of countries in the Region. In order to address this, Member States requested WHO technical support and resource mobilization to conduct supplementary immunization activities to strengthen and expand routine immunization and coverage. Member States also highlighted the need for cross-border collaboration and guidance on immunization of travellers to address disease importation. Interventions also mentioned stockpiling of vaccine for rapid distribution in case of an outbreak.

99. Member States similarly shared their progress towards the targets of the regional action plans for HIV, viral hepatitis and STIs. They generally reported being on track to meet their national targets as well as the regional targets for 2020. Given the heavy disease burden in the Western Pacific Region, Member States reported strong political commitment given to addressing viral hepatitis. Member States requested WHO support to further improve testing and treatment of HIV, hepatitis and STIs, as well as to provide targeted interventions, ensure clinical services at the primary health care level, improve identification of and access to key populations to close immunity gaps, and establish coordinated approaches for joint elimination of diseases. With respect to the End TB Strategy, Member States remained committed to achieving the global and regional targets. Challenges mentioned by Member States included increased drug resistance including multidrug resistance, as well as lack of human resource capacity and technology gaps especially for laboratory, testing and diagnostics. Member States requested continued WHO support to analyse catastrophic costs due to TB and to share innovative diagnostic tools and new drug treatments. There were no comments by representatives on the planned development of a global strategy for TB research and innovation.

100. Statements were offered on behalf of the International Pharmaceutical Students’ Federation and UNICEF.

101. The Director, Division of Programmes for Disease Control, thanked representatives for their interventions, which she said illustrated the seriousness with which Member States viewed the recent resurgence of measles in several countries. She commended Member States for their implementation of the Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific and their efforts to contain recent outbreaks with supplementary immunization activities and the strengthening of routine immunization programmes. She said that WHO was committed to supporting Member State efforts to strengthen routine immunization programmes and fill large immunity gaps. She also said WHO was committed to supporting cross-border collaboration and expressed appreciation for the comments on the necessity to stockpile vaccines for large-scale outbreak responses. She thanked Member States for their support for the development of a regional framework on vaccine-preventable diseases.

102. Addressing interventions on hepatitis, she noted that the cost of vaccines for hepatitis C had declined significantly, providing opportunities for better access to curative treatment. She commended “champions” in the effort, including Australia, Malaysia and Mongolia. WHO would work with Member States to accelerate the expansion of testing and treatment services under UHC, and she urged greater allocation of domestic resources to help decrease the hepatitis C burden. She also cited the Organization’s work to address STIs and the triple elimination of HIV, hepatitis B and syphilis.

103. The Director, Division of Programmes for Disease Control, addressing TB, said WHO and Member States recognize that a large amount of work needs to be done to end TB. She said she was encouraged to hear Member States describe their strong commitments to fight TB, and understood their concerns about multidrug-resistant TB, noting that WHO was committed to strengthening support to the Pacific in
developing capacity to combat multidrug-resistant TB. She stressed the importance of working beyond the health sector and the need for a multisectoral approach and an accountability framework.


Agenda for the seventy-first session of the Regional Committee in 2020 (Item 14.1 of the Agenda)

104. The Director, Programme Management, recalled that the Regional Committee had agreed on a revised agenda development process at its sixty-sixth session. Under that process, five technical items had already been proposed: 1) ageing and health; 2) safe and affordable surgery; 3) policy and governance of medical products; 4) school health; and 5) renewal of the regional strategy for traditional medicine. Member States were invited to comment on the proposed technical items for the 2020 agenda and propose other technical items for consideration.

105. While in agreement with the Secretariat’s proposed items, Member States also requested that a technical item be added to increase WHO support to fight vaccine-preventable diseases and strengthen immunization programmes across the Region. The Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020) and the Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific (2016–2020) were also raised as regional strategies that should be reviewed at the next session of the Regional Committee in 2020.

106. The Director, Programme Management, acknowledged the substantial support for including a technical item on vaccine-preventable diseases as well as the other proposed items. Taking note also of the suggestions regarding regional strategies for review, he said that the Secretariat would prepare a draft provisional agenda that incorporated Member State views for the discussion of the Regional Director with the Region’s Executive Board members in January 2020.

WHO reform (Item 14.2 of the Agenda)

WHO’s work in countries

107. The Regional Director said that strengthening WHO’s work and its impact at the country level were central to the reforms instituted in the Region by the previous Regional Director, and would remain a priority during his term, as indicated in For the Future. In line with the global Member State discussions on GPW 13, the topics of accountability and delivering results at the country level had moved centre stage; therefore, the decision was made to discuss WHO’s work in countries as part of the main agenda of the Regional Committee to further ensure WHO accountability to Member States. He also emphasized that the focus on countries means more than simply strengthening WHO country offices, but rather ensuring that the Organization delivered results that made an impact at the country level.

108. The Director, Programme Management, explained that the focus on the country level did not mean that country offices were expected to work independently or in isolation. Instead, he said, the new paradigm was built around six attributes of effective country support that had been identified through an analysis of the past 10 years of reform: 1) leveraging the three levels of the Organization; 2) focusing WHO support where it can make a difference; 3) putting the right people in the right places; 4) enhancing communications; 5) improving operational intelligence; and 6) effectively engaging partners, with the last point the focus of a moderated panel discussion on country support.

109. In the panel discussion, Member State representatives and staff from the Regional Office and Western Pacific Region country offices explored five specific cases that showcased various facets of WHO’s presence in and cooperation with countries, and how the Organization had addressed specific needs at the country level by engaging partners.
110. **Viet Nam.** The Senior Officer, International Cooperation Department, Ministry of Health, shared Viet Nam’s experience in partner coordination, referencing the Viet Nam Health Partnership Group (HPG) led by the Ministry of Health, which enabled a wide range of partners to focus support on national health priorities and to collectively discuss health policies and other health-related matters in an effort to identify solutions. She cited WHO’s support in helping improve the effectiveness of the HPG, including working with the Ministry of Health to strengthen the HPG secretariat. This has also led to WHO supporting the establishment of a Global Health Office to strengthen Viet Nam’s engagement on global health matters.

111. The WHO Representative in Viet Nam, speaking via video link, said WHO facilitated change in the HPG by using its convening role to bring partners together and urging them to focus more directly on the Government’s health development plan rather than their individual projects. The developments moved the HPG from being a series of individual meetings to a mechanism with accountability to achieve results and coordinate ongoing engagement between partners and the Government.

112. **Fiji.** The Minister of Health and Medical Services shared Fiji’s experience with the Health Promoting Schools (HPS) Initiative, a cross-sectoral approach to ensure healthy and productive future generations. He said that in 2014, eight years after launching HPS, only 84 schools were on board, but with support from WHO and engagement with other partners the number nearly tripled to 204 schools by 2018. To achieve this, the programme’s National Steering Committee (NSC) was strengthened and school-level steering committees were improved. He cited the value of strong technical guidance and support from WHO to develop a comprehensive approach.

113. The WHO Representative in the South Pacific and Director, Division of Pacific Technical Support, said the NSC had helped revitalize the HPS initiative by focusing on three priority areas: mental health and well-being; diet and physical activity; and water, sanitation and hygiene. She noted that WHO supported technical working groups that developed assessment tools for children and schools, drawing on WHO regional frameworks for guidance. She said WHO also assisted by engaging partners and coordinating their work.

114. **Papua New Guinea.** The Deputy Secretary, National Health Services Standards, National Department of Health, shared Papua New Guinea’s experience with its recent outbreak of circulating vaccine-derived poliovirus type 1, which led to the declaration of a national health emergency in June 2018, and expressed deep appreciation to WHO and other partners for their support. Specifically, he cited WHO’s assistance in mobilizing timely specialized technical support for laboratory testing of suspected human cases of polio and for environmental surveillance, helping to guide the outbreak response. Such support, he said, would not have been possible without WHO assistance. Citing the country’s long and close relationship with WHO, he said WHO was considered “family”.

115. The Coordinator, Expanded Programme on Immunization at the Regional Office, said WHO’s main role in supporting the response involved promptly identifying suitable technical expertise and capacity and facilitating engagement to ensure an effective response. The Organization coordinated support for specialized laboratory services and enhanced surveillance from WHO-accredited polio laboratories that were members of the Regional Polio Laboratory Network in the Western Pacific, including to the Victorian Infectious Diseases Reference Laboratory in Australia, the polio laboratory at the Research Institute for Tropical Medicine in the Philippines, and the polio laboratory at the National Institute of Infectious Diseases in Japan. The Coordinator said the workload for those laboratories was significant and that their work was critical to saving lives.

116. **Philippines.** The Undersecretary of Health shared the experience of the Philippines in promoting legislation to address health issues, using mental health as an example. She said that while mental health had been a long-standing issue, the aftermath of Typhoon Haiyan in 2013 had brought home the need for urgent action, specifically on mental health, in emergencies. She said the Philippines had utilized its long partnership with WHO to mobilize immediate action, introducing the Mental Health Gap Action Programme (mhGAP) to treat affected people in the wake of the typhoon. She said that over the long term,
the new Mental Health Law will prove beneficial and cited WHO technical support for help in developing corresponding rules and regulations for implementation.

117. The acting WHO Representative in the Philippines said the Organization had played a key role in bringing together the voices of many civil society and professional groups to contribute input for the implementing rules and regulations, and translating that varied input into implementable national policy solutions for consideration by the Department of Health. WHO’s support drew from all three levels of the Organization to ensure that global best practices were reflected. He praised the Department of Health for developing the rules and regulations in just seven months.

118. **Cambodia.** The Director of the Department of Planning and Health Information shared Cambodia’s experience with community engagement to combat malaria, which has increased significantly since May 2017, with drug resistance a serious concern. The director noted that seven provinces are responsible for 80% of cases and that 90% of those cases are among migrant and mobile populations in forested areas and other forest-goers, thus making outreach to these populations critical. The director said WHO and other key partners helped develop a detailed understanding of the issues and renew Cambodia’s malaria response plan, enabling a more effective response. The director added that WHO played a critical role in clarifying actions to maximize the role of each partner, and provided crucial support to national and subnational authorities. The support of WHO and other partners led to a 43% decrease in cases and no reported malaria-related deaths in 2018–2019.

119. The WHO Representative in Cambodia, speaking via video link, said three critical factors led to progress in combating malaria. First, WHO worked closely with the Ministry of Health and partners to develop and implement a One Malaria Intensification Plan, which provided a common framework for concrete actions. Second, WHO supported engagement with the local community that included a culturally sensitive approach. Third, together with the Ministry of Health and especially central-level staff and experts, WHO provided important clarity, guidance and direct support to the partners in the field. That support included field visits, with the Regional Director joining the Health Minister to gain a first-hand perspective. She said coordination and connection with local communities and partners ensured a strong response. She concluded by emphasizing the role of effective partnerships, particularly with local communities, in confronting such challenges.

120. The five presentations offered a unique view of WHO work in countries.

121. In a general discussion of the work of WHO in countries that followed, several delegations evoked the importance of WHO’s activities at the country level and the crucial role of country offices. One representative noted that document WPR/RC70/9, while presenting a range of partnerships engaged in at the country level, did not mention engagement with the private sector – given that many countries in the Region were, in fact, collaborating with the private sector and entering into public–private partnerships, reporting on such collaboration would be helpful. There was agreement that the Regional Office should continue to take the lead in organizing country-level partnerships.

122. The Director, Programme Management, said that the Secretariat would continue to put countries at the centre of its work and to deliver measurement results and impact in terms of strengthening countries’ core capacities. WHO would continue to engage with all relevant partners, including in the private sector, as suggested.

123. A statement was offered on behalf of Public Services International.

**The WHO Thirteenth General Programme of Work and the global transformation**

124. The Director, Planning Resource Coordination and Performance Monitoring (PRP), WHO headquarters, provided a presentation on impact measurement for the GPW 13 results framework. He said all Regional Committees had been asked to provide input on the development of an impact measurement methodology to be employed in the results framework. The measurement methodology currently
comprised: 1) an impact framework based on 46 outcome indicators and milestones, progress indicators for the triple billion targets, and healthy life expectancy data; 2) a balanced scorecard in which Secretariat staff would self-score their outputs; and 3) qualitative country case studies. He specified that of the 46 outcome indicators, 38 were indicators under the Sustainable Development Goals, and the remaining eight were already required for reporting under World Health Assembly resolutions. As a result, the impact framework would therefore entail no additional reporting burden. As for the scorecard, it would measure WHO Secretariat staff performance on three essential functions (technical support to countries, normative work and leadership) and three cross-cutting criteria (gender equity and rights, value for money and quantified achievement of results). The next steps in the consultation process would include a meeting of technical experts on 17–18 October and informal Member State consultations on 4 November, before a draft of the framework is presented to the 146th meeting of the Executive Board in January 2020.

125. Representatives welcomed the update on development of the impact methodology and looked forward to receiving further information on the finalized indicators and scorecard. The results framework had a critical role to play in making WHO more transparent and accountable, and transformation efforts would hopefully improve the response to global challenges and contribute to the attainment of the Sustainable Development Goals. Representatives praised the attention to gender equity and rights, adding that the scorecard approach could prove to be helpful for other agencies. The importance of providing sufficient technical support towards data gathering at the country level was stressed. One delegation requested an update on how the definition of global public health goods would affect the Western Pacific Region in particular, and how regional public health goods would be determined.

126. The Director, Planning Resource Coordination and Monitoring, WHO headquarters, responded to the point about data quality and availability by noting that funding towards data and information systems had been increased under the Programme Budget 2020–2021 to help countries improve data gathering. The list of regional public health goods was still in progress, and the list of global public health goods had recently been finalized; the next step would be to discuss the division of labour between the regional and global levels to ensure there was no duplication of efforts.

Items recommended by the World Health Assembly and the Executive Board (Item 14.3 of the Agenda)

127. The Director, Programme Management, drew representatives’ attention to seven items referred to the Regional Committee from the World Health Assembly and Executive Board for consultation. Five of the items were directly related to the Regional Committee’s agenda and are described above in the appropriate section of the present report: ageing and health (agenda item 9); cervical cancer (agenda item 13.2); ending tuberculosis (agenda item 13.5); WHO’s work in countries (agenda item 14.2); and the results framework for GPW 13 (agenda item 14.2).

128. The sixth item, digital health, was considered in a side event, which provided a platform for Member States to share examples of innovations and to explore opportunities with the Region’s new area of work on innovation. No specific comments on the development of the global strategy on digital health were made in the plenary session of Regional Committee.

129. On the seventh item, the involvement of non-State actors in the governance of WHO, there were no comments in the plenary session of the Regional Committee.

Other items (Item 14.4 of the Agenda)

Geographically dispersed specialized offices in the Region

130. The Director, Programme Management, said that document WPR/RC70/9 contained a progress update on geographically dispersed specialized offices (GDSOs) in the Region. He expressed WHO’s appreciation for the support of the Republic of Korea that had enabled WHO to establish the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region.
SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 15 of the Agenda (document WPR/RC70/10)

131. The Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Fiji, the Philippines and Solomon Islands. The term of office of Fiji would expire on 31 December 2019, and the Regional Committee was requested to elect a Member State to succeed Fiji.

132. The Regional Committee selected Japan to replace Fiji (see decision WPR/RC70(4)).

TIME AND PLACE OF THE SEVENTY-FIRST AND SEVENTY-SECOND SESSIONS OF THE REGIONAL COMMITTEE: Item 16 of the Agenda

133. The Regional Director suggested 5–9 October 2020 and 4–8 October 2021 as the dates for the seventy-first and seventy-second sessions of the Regional Committee for the Western Pacific, respectively. The Government of Japan had offered to host the seventy-first session in Kobe.

134. The representative of China offered to host the seventy-second session of the Regional Committee in 2021, subject to coordination with the Secretariat regarding the dates.

CLOSURE OF THE SESSION: Item 17 of the Agenda

135. The Regional Director thanked Member States for their strong support for the white paper For the Future, the language of which had been deliberately chosen to signal the new way of working he was proposing for the Regional Office (see Annex 8). He had wanted to send a strong message to constituencies outside WHO that the Organization’s work at the regional level would be very much focused on the future, and specifically on children as the symbol of the future.

136. The Chairperson announced that the draft report of the seventieth session would be sent to all representatives, with a deadline for submission of the proposed changes. After that deadline, the report would be considered approved.

137. The representative of Australia proposed a resolution of appreciation to the Chairperson, Vice-Chairperson and Rapporteurs for their work during the successful session, and to the representatives of intergovernmental and nongovernmental organizations for their statements (see resolution WPR/RC70.R5).

138. After the usual exchange of courtesies, the seventieth session of the Regional Committee was declared closed.
AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director\(^1\)
   WPR/RC70/2
8. Programme budget
   b. Programme budget 2020–2021 update
   WPR/RC70/3

Panel discussion

9. Panel discussion on ageing and health
   WPR/RC70/4

Policies, programmes and directions for the future

10. Tobacco control in the Western Pacific Region
    WPR/RC70/5

\(^1\) This item included discussion on future directions for the Western Pacific Region.
Annex 1

11. Protecting children from the harmful impact of food marketing

WPR/RC70/6

12. Antimicrobial resistance

WPR/RC70/7

13. Progress reports on technical programmes

13.1 Health security
   a. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
   b. Western Pacific Regional Framework for Action for Disaster Risk Management for Health

13.2 Noncommunicable diseases and mental health

13.3 Climate change, environment and health

13.4 Action plan on healthy newborn infants

13.5 Communicable diseases
   a. Measles and rubella elimination
   b. HIV, viral hepatitis and sexually transmitted infections
   c. Implementation of the End TB Strategy

WPR/RC70/8

14. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee

14.1 Agenda for the seventy-first session of the Regional Committee in 2020

14.2 WHO reform
   a. WHO’s work in countries
   b. The WHO Thirteenth General Programme of Work and the global transformation

14.3 Items recommended by the World Health Assembly and the Executive Board
14.4 Other items

a. Geographically dispersed specialized offices in the Region

WPR/RC70/9

Membership of Global Committee

15. Special Programme of Research, Development and Research Training in Human Reproduction:
Membership of the Policy and Coordination Committee

WPR/RC70/10

Other matters

16. Time and place of the seventy-first and seventy-second sessions of the Regional Committee

17. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA

Ms Caroline Ann Edwards, Deputy Secretary, Health Systems Policy & Primary Care Group, Australian Department of Health, Canberra
-Chief Representative

Ms Leila Meera Jordan, Director, International Engagement on Healthier Populations Section, Australian Department of Health, Canberra, Alternate

Ms Emma Jeanette Carters, Assistant Director, International Engagement on Healthier Populations Section, Australian Department of Health, Canberra, Alternate

Ms Nirvana Hermione Daylight-Baker, A/g Assistant Director, International Engagement on Healthier Populations Section, Australian Department of Health, Canberra, Alternate

Ms Sarah Ferguson, Assistant Director, Health Strategies Section Health Strategies Section, Australian Department of Foreign Affairs and Trade London Circuit, Canberra, Alternate

Ms Susan Elliott, Director, Office of Development Effectiveness Australian Department of Foreign Affairs and Trade, Canberra, Alternate

Ms Debra Sorenson, Pacific Health Adviser (ODE), Specialist Health Service (SHS), Canberra, Alternate

BRUNEI DARUSSALAM

Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health Ministry of Health, Bandar Seri Begawan, Chief Representative

Dr Zulaidi Abdul Latif, Deputy Permanent Secretary (Professional), Ministry of Health, Bandar Seri Begawan, Alternate

Dr Justin Wong Yun Yaw, Medical Specialist (Public Health), Ministry of Health, Bandar Seri Begawan, Alternate

Mr Mohd Raizul Amir Idros, Health Education Officer, Ministry of Health Bandar Seri Begawan, Alternate

CAMBODIA

Honourable Professor Eng Huot, Secretary of State for Health, Ministry of Health, Phnom Penh, Chief Representative

Dr Lo Veasnakiry, Director of Department of Planning and Health Information, Ministry of Health, Phnom Penh, Alternate

Dr Kol Hero, Director of Preventive Medicine Department Ministry of Health, Phnom Penh, Alternate
Annex 2

CHINA

Mr Li Mingzhu, Commissioner, Department of International Cooperation National Health Commission of China, Beijing, *Chief Representative*

Mr Zeng Yunguang, Deputy Director General, Department of Finance National Health Commission of China, Beijing, *Alternate*

Mr Li Dachuan, Division Director, Bureau of Medical Administration National Health Commission of China, Beijing, *Alternate*

Mr Ren Hengqin, Deputy Division Director, Department of Planning and Information, National Health Commission of China, Beijing, *Alternate*

Ms Pang Jiongqian, Principal Staff Member, Department of Food Safety Standards, Risk Surveillance and Assessment, National Health Commission of China, *Alternate*

Ms Bai Yue, Deputy Division Director, Department of Finance National Health Commission of China, Beijing, *Alternate*

Ms Yang Na, Consultant, Bureau of Disease Prevention and Control National Health Commission of China, Beijing, *Alternate*

Ms Li Xueting, Consultant, Department of Ageing and Health, National Health Commission of China, Beijing, *Alternate*

Mr Cong Ze, Consultant, Department of International Cooperation, National Health Commission of China, Beijing, *Alternate*

Ms Tu Yun, Programme Officer, Department of International Cooperation National Health Commission of China, Beijing, *Alternate*

Ms Huang Yangmu, Associate Researcher, School of Public Health Peking University, Beijing, *Alternate*

Ms Jin Yinzi, Doctor, School of Public Health, Peking University, Beijing, *Alternate*

CHINA (HONG KONG)

Dr Chan Hon-yee Constance, Director of Health, Department of Health Hong Kong, *Chief Representative*

Dr Wong Ka-hing, Controller, Centre for Health Protection, Department of Health, Hong Kong, *Alternate*

Dr Lo Yim-chong, Principal Medical and Health Officer (Family Health Service), Department of Health, Hong Kong, *Alternate*

Dr Tsang Sau-hang Caroline, Senior Medical and Health Officer (Primary Care), Department of Health, Hong Kong, *Alternate*

Dr Fung Wing-fai Benjamin, Senior Medical and Health Officer (Surveillance Section), Department of Health, Hong Kong, *Alternate*
CHINA (MACAO)  Dr Cheang Seng Ip, Deputy Director, Health Bureau of the Government of Macao, *Chief Representative*

Mr Leong Kei Hong, Head of Organization and Information Technology Department, Health Bureau of the Government of Macao, Macao, *Alternate*

Dr Ng Hou, Chief of Internal Medicine of CHCSJ Hospital, Health Bureau of the Government of Macao, Macao, *Alternate*

Dr Li Siu Tin, Head of Unit for Environmental and Food Hygiene of Center for Disease Control and Prevention, Health Bureau of the Government of Macao, Macao, *Alternate*

Dr Wong Kin Long, Consultant of Internal Medicine of CHCSJ Hospital Health Bureau of the Government of Macao, Macao, *Alternate*

Mr Wong Cheng Po, Head of Research and Planning Office, Health Bureau of the Government of Macao, Macao, *Alternate*

COOK ISLANDS  Dr Josephine Herman, Secretary of Health, Ministry of Health Rarotonga, *Chief Representative*

Ms Claytoncy Taurarii, Health Protection Officer – Compliance, Ministry of Health, Avarua, *Alternate*

FIJI  Honourable Dr Ifereimi Waqainabete, Minister for Health and Medical Services, Ministry of Health and Medical Services, Suva, *Chief Representative*

Dr Jemesa Koro Vakadrakala Tudravu, Medical Superintendent, Ministry of Health and Medical Services, Suva, *Alternate*

FRANCE  M. Fabrice Fize, Premier conseiller, Ambassade de France aux Philippines, Makati Avenue, *Chief Representative*

M. Jean-Jacques Forté, Conseiller de coopération et d’action culturelle à l’ambassade de France aux Philippines, Makati Avenue, *Alternate*

Mme Sarah Mahè, Attachée de coopération scientifique à l’ambassade de France aux Philippines, Makati Avenue, *Alternate*

Dr Jacques Raynal, Ministre de la santé et de la prévention de la Polynésie française, Rue des Poilus Tahitiens, Papeete, *Alternate*

FRANCE (FRENCH POLYNESIA)  Dr Merehau Mervin, Directrice adjointe de la santé, Département de la santé de Polynésie française, Rue des Poilus Tahitiens, Papeete, *Alternate*
Madame Valentine Eurisouke, membre du gouvernement de la Nouvelle-Calédonie en charge de la condition féminine, du service civique et du plan de santé calédonien, Gouvernement de la Nouvelle-Calédonie, Noumea, Chief Representative

Monsieur Claude Gambey, chef de cabinet de Madame le membre du gouvernement en charge de la condition féminine, du service civique et du plan de santé calédonien Gouvernement de la Nouvelle-Calédonie, Noumea, Alternate

Honourable Hashimoto Gaku, State Minister of Health, Labour and Welfare Ministry of Health, Labour and Welfare, Tokyo, Chief Representative

Dr Sahara Yasuyuki, Senior Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Mr Hiraiwa Masaru, Deputy Assistant Minister for International Policy Planning, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Mr Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Mr Urabe Ryo, Secretary to the State Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Dr Yokobori Yuta, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Dr Matsumura Hiroshi, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo Alternate

Ms Anami Midori, Deputy Director, International Affairs Division Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo Alternate

Ms Shibata Ogusa, Coordinator, Health Sciences Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Mr Watanabe Hiromasa, Section Chief, Office of Global Health Cooperation International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate

Dr Norizuki Masataro, Medical Doctor, Division of Global Health Policy and Research, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, Alternate
JAPAN (continued)

Dr Haruyama Rei, Medical Doctor, Division of Partnership Development Department of Global Network and Partnership, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, Alternate

Dr Okada Takeo, First Secretary, Embassy of Japan in the Philippines Pasay City, Alternate

KIRIBATI

Honourable Tauanei Marea, Minister of Health and Medical Services Ministry of Health and Medical Services, Tarawa, Chief Representative

Ms Tiinia Matatia, Senior Assistant Secretary (Officer in Charge), Ministry of Health and Medical Services, Tarawa, Alternate

Ms Eretii Timeon, Director of Public Health, Ministry of Health and Medical Services, Tarawa, Alternate

LAO PEOPLE’S DEMOCRATIC REPUBLIC

Dr Phouthone Muongpak, Deputy Minister of Health, Ministry of Health Vientiane, Chief Representative

Dr Rattanaxay Phetsouvanh, Director General, Department of Communicable Disease Control, Ministry of Health, Vientiane Alternate

Dr Boumpheng Philavong, Director General, Department of Hygiene and Health Promotion, Ministry of Health, Vientiane, Alternate

Dr Bounserth Keoprasith, Deputy Director General, Cabinet of the Ministry of Health, Ministry of Health, Vientiane, Alternate

Dr Souphaphone Sadettan, Director, Foreign Relations Division, Cabinet of the Ministry of Health, Ministry of Health, Vientiane, Alternate

Dr Soulima Teuang, Secretary to Deputy Minister of Health, Secretariat Division, Cabinet Ministry of Health, Vientiane, Alternate

MALAYSIA

Honourable Datuk Seri Dr Dzulkefly Ahmad, Minister of Health, Ministry of Health Malaysia, Putrajaya, Chief Representative

Datuk Dr Noor Hisham Abdullah, Director-General of Health, Ministry of Health Malaysia, Putrajaya, Alternate

Honourable Norman Muhamad, Ambassador of Malaysia to the Republic of the Philippines, Embassy of Malaysia, Makati City, Alternate

Dr Juliana Sharmani Paul, Deputy Director of Public Health Development Ministry of Health Malaysia, Putrajaya, Alternate

Dr Rokiah Mohd, Deputy Director of Family Health Development Ministry of Health, Putrajaya, Alternate

Dr Muhamad Azrin Bin Omar, Special Officer to YB Minister of Health Ministry of Health, Putrajaya, Alternate
### Annex 2

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<th>Country</th>
<th>Delegation</th>
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<tr>
<td><strong>MALAYSIA</strong> (continued)</td>
<td>Ms Sharifah Ezneeda Wafa, Minister Counsellor, Embassy of Malaysia, Makati City, <em>Alternate</em>&lt;br&gt;Ms Sharlene Hong Xiao Yun, Assistant Secretary of Policy and International Relations, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td><strong>MARSHALL ISLANDS</strong></td>
<td>Honourable Kalani Radford Kaneko, Minister of Health, Ministry of Health and Human Services, Majuro, <em>Chief Representative</em></td>
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<tr>
<td><strong>MICRONESIA (FEDERATED STATES OF)</strong></td>
<td>Honourable Marcus Samo, Acting Secretary (Minister), Department of Health and Social Affairs, Pohnpei, <em>Chief Representative</em>&lt;br&gt;Mr Wincener J. David, Health Planner, Department of Health and Social Affairs, Pohnpei, <em>Alternate</em></td>
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<tr>
<td><strong>MONGOLA</strong></td>
<td>Honourable Sarangerel Davaajantsan, Minister of Health, Ministry of Health, Ulaanbaatar, <em>Chief Representative</em>&lt;br&gt;Dr Nyamkhoo Dulmaa, Director General, National Center of Communicable Diseases, Ministry of Health, Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Dr Narantuya Davaakhuu, Director General, National Center for Public Health, Ministry of Health, Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Dr Tsogtbaatar Byambaa, Director, Department of Public Administration and Management, Ministry of Health, Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Ms Yanjmaa Binderiya, Director, Division of International Cooperation Ministry of Health, Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Dr Bayarkhuu Legtseg, Director, Sukhbaatar District Health Center Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Dr Lkhagva Tserenkhand, Director, Chingeltei District Health Center Ulaanbaatar, <em>Alternate</em>&lt;br&gt;Dr Otgonbayar Tseren, Director, Health Department of Uvs Province Health Department, Ulaangom, <em>Alternate</em>&lt;br&gt;Dr Myagmarsuren Tsend-Ayush, Director, Department of Health of Khovd Province, Department of Health, Khovd, <em>Alternate</em></td>
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<td><strong>NAURU</strong></td>
<td>Honourable Isabella Dageago, MP, Minister for Health and Medical Services Ministry of Health, Yaren, <em>Chief Representative</em>&lt;br&gt;Ms Chandalene Garabwan, Secretary for Health and Medical Services Ministry of Health and Medical Services, RON Hospital, Denig, <em>Alternate</em></td>
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<tr>
<td><strong>NEW ZEALAND</strong></td>
<td>Ms Maree Roberts, Deputy-Director General, System Strategy and Policy Ministry of Health, Wellington, <em>Chief Representative</em>&lt;br&gt;Ms Megan McCoy, General Manager, Global Health and Director-General Advisory, Ministry of Health, Wellington, <em>Alternate</em></td>
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NIUE*

PALAU
Ms Everlynn J. Temengil, Chief, Division of Behavioural Health, Bureau of Public Health, Koror, *Chief Representative*

Ms Alice Sbal, Coordinator, Psychological Rehabilitation Program Bureau of Public Health, Koror, *Alternate*

PAPUA NEW GUINEA
Honourable Elias Kapavore, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, Port Moresby, *Chief Representative*

Dr Paison Dakulala, Deputy Secretary, National Health Services Standards National Department of Health, Port Moresby, *Alternate*

Dr Daoni Esorom, Acting Executive Manager Public Health, National Department of Health, Port Moresby, *Alternate*

PHILIPPINES
Honourable Francisco T. Duque III, Secretary of Health, Department of Health, Manila, *Chief Representative*

Dr Myrna C. Cabotaje, Undersecretary of Health, Department of Health Manila, *Alternate*

Ms Emma R. Sarne, Director, Department of Foreign Affairs, Pasay City, *Alternate*

Dr Napoleon L. Arevalo, Director, Department of Health, Manila, *Alternate*

Dr Ferchito L. Avelino, Director, Department of Health, Manila, *Alternate*

Dr Mar Wynn D. Bello, Director, Department of Health, Manila, *Alternate*

Dr Anna Melissa S. Guerrero, Program Manager, Pharmaceutical Division, Department of Health, Manila, *Alternate*

Ms Ethel Jane P. Molina, Desk Assistant, Department of Foreign Affairs – UNIO, Pasay City, *Alternate*

REPUBLIC OF KOREA
Honourable Park Neunghoo, Minister of Health and Welfare, Ministry of Health and Welfare, Sejong-Si, *Chief Representative*

Mr Kang Do Tae, Deputy Minister of Health and Welfare, Ministry of Health and Welfare, Sejong-Si, *Alternate*

Mr Jeong Hong Geun, Director General, Ministry of Health and Welfare, Sejong-Si, *Alternate*

Dr Lee Seon Kui, Director of Division of Risk Assessment and International Cooperation, Korea Centers for Disease Control and Prevention Cheongju-Si, *Alternate*

* unable to attend
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REPUBLIC OF KOREA
(continued)

Ms Lim Eun Jung, Director, Ministry of Health and Welfare, Sejong-si,
Alternate

Ms Kim Seong Gyong, Deputy Director, Ministry of Health and Welfare
Sejong-si, Alternate

Mr Lim Chaejun, Deputy Director, Ministry of Health and Welfare
Sejong, Alternate

Ms An Sunmi, Assistant Director, Ministry of Health and Welfare,
Sejong, Alternate

Mr Sooil Kim, Assistant Director, Ministry of Health and Welfare
Sejong, Alternate

Ms Lee Ji Young, Assistant Director of Division of Risk Assessment and
International Cooperation, Korea Centers for Disease Control and Prevention,
Cheongju-Si, Alternate

Ms Shin Eun suk, EIS Officer of Division of Risk Assessment and
International Cooperation, Korea Centers for Disease Control and Prevention,
Cheongju-si
Alternate

Dr Jun Jina, Research Fellow, Korea Institute for Health and Social Affairs
Sejong, Alternate

Ms Kang Yooli, Interpreter, Ministry of Health and Welfare, Sejong, Alternate

Ms Kim Myongsun, Interpreter, Ministry of Health and Welfare, Sejong,
Alternate

Ms Kim Jeein, Interpreter, Ministry of Health and Welfare, Sejong, Alternate

SAMOA*

SINGAPORE

Honourable Gan Kim Yong, Minister for Health, Ministry of Health,
Singapore, Chief Representative

Dr Lam Pin Min, Senior Minister of State, Ministry of Transport & Ministry
of Health, Singapore, Alternate

Dr Benjamin Koh, Deputy Secretary (Development), Ministry of Health,
Singapore, Alternate

Dr Lyn James, Director, Epidemiology and Disease Control Division,
Ministry of Health, Singapore, Alternate

Ms Kong Ching Ying, Assistant Director, International Cooperation, Ministry
of Health, Singapore, Alternate

* unable to attend
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**SINGAPORE**  
(continued)  

- Ms Nadine Chia, Assistant Director, Ageing Planning Office, Ministry of Health, Singapore, *Alternate*

- Ms Hazel Koh, Manager, International Cooperation, Ministry of Health, Singapore, *Alternate*

- Dr Sim Shuzhen, Programme Manager, Environmental Health Institute, Singapore, *Alternate*

- Mr Cheo Boon Thong, Security Officer, Ministry of Health, Singapore, *Alternate*

- Mr Vincent Wong Yong Kai, Security Officer, Ministry of Health, Singapore, *Alternate*

**SOLOMON ISLANDS**  

- Honourable Dickson Panakitasi Mua, Minister of Health and Medical Services, Ministry of Health and Medical Services, Honiara, *Chief Representative*

- Dr Gregory Loko Jilini, Under Secretary (Health Care), Ministry of Health and Medical Services, Honiara, *Alternate*

- Dr Nemia Bainivalu, Under Secretary (Health Improvement), Ministry of Health and Medical Services, Honiara, *Alternate*

**TOKELAU**  

**TONGA**  

- Dr Siale 'Akauola, Chief Executive Officer, Ministry of Health, Nuku'alofa, *Chief Representative*

**TUVALU**  

- Honourable Isaia Vaipuna Taape, Minister of Health and Social Welfare, Ministry of Health, Funafuti, *Chief Representative*

- Madame Melali Isaia Taape, Spouse of the Minister of Health and Social Welfare, Funafuti, *Alternate*

- Mr Karlos Lee Moresi, The Chief Executive Officer, Ministry of Health, Funafuti, *Alternate*

- Ms Lagimaina Moresi, Spouse of the Chief Executive Officer, Funafuti, *Alternate*

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND**  

**UNITED STATES OF AMERICA**  

- Ms Gabrielle Lamourelle, Deputy Director for Multilateral Relations, Office of Global Affairs, Department of Health and Human Services, Washington, D.C., *Chief Representative*

* unable to attend
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UNITED STATES OF AMERICA (continued)

Ms Ann Blackwood, Senior Health Advisor, Office of Economic and Development Affairs, Bureau of International Organization Affairs U.S. Department of State, Washington, D.C., Alternate


Dr Robert James Simonds, Director, China Country Office, Centers for Disease Control and Prevention, Department of Health and Human Services, Beijing, Alternate

Ms Esther Muna, Chief Executive Officer, Commonwealth Healthcare Corporation, Saipan MP, Alternate

VANUATU

Honourable Norris Jack Kalmet, Minister of Health, Ministry of Health Port Vila, Chief Representative

Mr George Kalkau Taleo, Director General, Ministry of Health Port Vila, Alternate

Mr Willy Posen, Advisor to the Minister, Ministry of Health, Port Vila, Alternate

Mr Russel Tamata, Director, Curative and Hospital Services Ministry of Health, Port Vila, Alternate

Ms Annaline Tagaro, Secretary to the Minister, Ministry of Health, Port Vila Alternate

VIET NAM

Associate Professor Dr Nguyen Truong Son, Vice Minister of Health, Ministry of Health, Ha Noi, Chief Representative

Dr Nguyen Doan Tu, General Director, General Administration of Population and Family Planning, Ministry of Health, Ha Noi, Alternate

Ms Nguyen Thi Minh Chau, Deputy Director General, International Cooperation Department, Ministry of Health, Ha Noi, Alternate

Associate Professor Dr Nguyen Viet Nhung, Director, National Hospital of Lung Diseases, Ha Noi, Alternate

Dr Duong Thi Hong, Deputy Director, National Institute of Hygiene and Epidemiology, Ha Noi, Alternate

Dr Tham Chi Dung, Head of of Statistics and Provider Payment Method Division, Department of Planning and Finance, Ministry of Health, Ha Noi, Alternate
Annex 2

VIET NAM (continued)

Mr Nguyen Duc Thanh, Head of Administration Division, Ministerial Cabinet, Ministry of Health, Ha Noi, Alternate

Mrs Pham Thi Minh Chau, Senior Official, International Cooperation Department, Ministry of Health, Ha Noi, Alternate

II. REPRESENTATIVES OF UNITED NATIONS OFFICES, SPECIALIZED AGENCIES AND RELATED ORGANIZATIONS

UNITED NATIONS CHILDREN’S FUND (UNICEF) REGIONAL OFFICE FOR EAST ASIA & PACIFIC

Dr Hirabayashi Chris Kunihiko

III. OBSERVERS

DEPARTMENT OF HEALTH, PHILIPPINES

Dr Allan A. Evangelista
Dr Cherylle G. Gavino
Dr Anthony Calibo
Dr Grace Fe R. Buquiran
Dr Maria Fatima C. de Guzman
Ms Frances Prescilla L. Cuevas
Engr Sonabel Anarna
Ms Socorro A. Balbino
Ms Roja Salvador

HARVARD MEDICAL SCHOOL

Dr Kee B. Park
Dr Lina Roa

MCCABE CENTRE FOR LAW AND CANCER

Ms Evita Ricafort

PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION (PIHOA)

Dr Emi Chutaro
Ms Janet Camacho

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS)

Dr Elizabeth McLeod

SOUTHEAST ASIA TOBACCO CONTROL ALLIANCE (SEATCA)

Dr Edgardo Ulysses Dorotheo

WORLD BANK

Ms Tomo Morimoto
IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASIAN DEVELOPMENT BANK Dr Patrick Osewe
PACIFIC COMMUNITY (SPC) Mr Taniela Sunia Soakai

V. REPRESENTATIVES OF NON-STATE ACTORS

CHRISTIAN BLIND MISSION e.V. (CBM) Dr Norberto Martinez
Ms Erly Godinez Ocasiones
FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL (FCA) Dr Domilyn Villarreiz
FRED HOLLOWS FOUNDATION (FHF) Mr David Faulmann
Ms Maria Mapa-Suplido
HANDICAP INTERNATIONAL FEDERATION (HIF) Mrs Reiza Dejito
Ms Melanie Ruiz
HELEN KELLER INTERNATIONAL (HKI) Ms Maria Fatima Dolly Reario
INTERNATIONAL ALLIANCE OF PATIENTS’ ORGANIZATIONS (IAPO) Mr Yi Mou Ko
Ms Ya Hsin Wang
INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC. (IAHPC) Dr Marilou Furio
Dr Carol Narra
INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE (IFBLS) Dr Leila Florento
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS (IFMSA) Ms Michelle Angelica Choa
Mr Li Po-Chin
Mr Sewhan Na
Ms Helena Qian
Mr Chee Yang Tan
Ms Hei Ka Anson Tong
Mr Chunshan Zhao
Ms Joo Youn Kang
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA) Mr Takahashi Go
Mr Ariosto Matus Perez
Ms Ada Wong
INTERNATIONAL FEDERATION OF SURGICAL COLLEGES (IFSC) Dr Jaymie Henry
INTERNATIONAL HOSPITAL FEDERATION (IHF) Dr Maria Lourdes Otayza
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<tr>
<th>International Organization</th>
<th>Representative(s)</th>
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<tr>
<td>INTERNATIONAL PEDIATRIC ASSOCIATION (IPA)</td>
<td>Dr Melinda M. Atienza</td>
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<td>INTERNATIONAL ORGANIZATION FOR MEDICAL PHYSICS (IOMP)</td>
<td>Mr Delmar Royo Arzabal</td>
</tr>
<tr>
<td>INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION (IPSF)</td>
<td>Ms Marianne Joyce Alvarez, Mr Sungho Bea, Mr William Buhay, Mr Cheng-Hsuan Tsai, Ms Yoon Jung Choi, Ms April Dominique Ocampo, Mr Kee Siang Teh</td>
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<tr>
<td>INTERNATIONAL SOCIETY OF NEPHROLOGY (ISN)</td>
<td>Dr Russell Villanueva</td>
</tr>
<tr>
<td>INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)</td>
<td>Dr Filipinas Gayondato Ganchoon</td>
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<td>IOGT INTERNATIONAL (IOGT)</td>
<td>Mr Pubudu Sumanansekara</td>
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<tr>
<td>MÉDECINS SANS FRONTIÈRES INTERNATIONAL (MSF)</td>
<td>Mr Ananth Ganesan</td>
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<tr>
<td>MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION (MWIA)</td>
<td>Dr Leah Fajutagana, Dr Carmencita Lo, Dr Elizabeth A. Milanes, Dr Marlyn G. Federico</td>
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<tr>
<td>PUBLIC SERVICES INTERNATIONAL (PSI)</td>
<td>Mr Ian Mariano, Mr Michael Whaites</td>
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<td>UNITED STATES PHARMACOEPIAL CONVENTION</td>
<td>Mr Anthony Chee Keong Tann</td>
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<tr>
<td>WORLD CONFEDERATION FOR PHYSICAL THERAPY (WCPT)</td>
<td>Professor Suh-Fang Jeng</td>
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<td>WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES (WFAS)</td>
<td>Dr Teoh Boon Khai</td>
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<tr>
<td>WORLD HEART FEDERATION (WHF)</td>
<td>Ms Kelcey Armstrong-Walenczak</td>
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<tr>
<td>WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)</td>
<td>Professor Meng-Chih Lee</td>
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LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES
MADE AND SUBMITTED STATEMENTS TO THE REGIONAL COMMITTEE

Christian Blind Mission
The Fred Hollows Foundation
International Federation of Medical Students’ Associations
International Pharmaceutical Students’ Federation
International Society of Nephrology
McCabe Centre for Law and Cancer
Public Services International
Royal National Lifeboat Institution
Southeast Asia Tobacco Control Alliance
United Nations Children’s Fund (UNICEF)
World Federation of Acupuncture-Moxibustion Societies
World Federation of Societies of Anaesthesiologists
World Organization of Family Doctors (WONCA)
ADDRESS BY THE OUTGOING CHAIRPERSON
DR LAM PIN MIN, SENIOR MINISTER OF STATE, MINISTRY OF TRANSPORT AND
MINISTRY OF HEALTH, SINGAPORE
AT THE OPENING SESSION OF THE SEVENTIETH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers
Distinguished Representatives
Dr Takeshi Kasai, Regional Director
[Members of the WHO Executive Board Bureau]
Representatives of agencies of the United Nations, intergovernmental organizations and
nongovernmental organizations
Ladies and gentlemen:

It is my great pleasure to welcome you all to the seventieth session of the WHO Regional
Committee for the Western Pacific.

Our Chairperson from last year’s meeting, Sir Dr Puka Temu from Papua New Guinea (PNG), has
moved on from his role as Minister of Health in PNG to another post in the PNG Government, and is thus
unable to join us here in Manila this week. As Vice-chair for last year’s meeting, I am therefore, standing
in as Chair for this morning’s proceedings.

Excellencies:
We had gathered this time last year here in Manila, for a very exciting week, which included the
election of the new Regional Director. I would like to take this opportunity to once again congratulate, Dr
Kasai, our new RD for WPRO.

It is now my great pleasure and honour to be able to report to you on some of the progress that have
been achieved since we last met.

First, the Regional Committee endorsed the Regional Action Agenda on Harnessing E-Health for
Improved Health Service Delivery in the Western Pacific.

To take advantage of the enormous potential of e-health in transforming our health systems to
advance universal health coverage, the Committee urged Member States to develop and implement national
e-health strategies along with a series of other actions. In 2018, most countries in the region had developed
or were in the process of developing their national digital health strategies. With WHO’s and other agencies’
support, countries are also sharing lessons learnt and challenges – in order to learn from one another’s
experience in this rapidly developing area.

Second, the Committee endorsed the Regional Action Framework on Improving Hospital Planning
and Management in the Western Pacific.

In most countries, hospitals dominate health service delivery. However, as we all know, ensuring
that all hospitals are high-performing – and delivering the mix of services needed to advance universal
health coverage – is a complex task. To advance this agenda over the past twelve months, a regional
collaborative network has been established – through which Member States can share common issues,
challenges and ongoing initiatives aimed at improving service quality and patient safety. WHO has provided
support to build capacity of hospital managers, and is providing ongoing support to several countries on
various hospital governance issues.
Third, the Committee endorsed the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases (NTDs) in the Western Pacific*.

The Region continues to make great progress in this area. Since last year, three more countries have been validated for having eliminated lymphatic filariasis or trachoma – as we will hear about later today. Several others are on track to achieve this within the next few years. To sustain this momentum, Member States, together with WHO and other partner agencies, are strengthening multisectoral collaboration and partnerships in order to reach all vulnerable and marginalized populations affected by NTDs.

Fourth, we endorsed the *Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals*.

The Action Agenda provides guidance to countries for the development, implementation, and evaluation of law to advance universal health coverage. Using the Action Agenda as a basis, over the past year WHO has strengthened its support to Member States across a broad range of technical areas, from legislation for the prevention and control of noncommunicable diseases, to health workforce regulation.

Finally, the Committee endorsed the *Western Pacific Regional Framework on Rehabilitation*, urging Member States to strengthen their health systems to include rehabilitation services as part of universal health coverage.

Countries in the Western Pacific are making excellent progress in integrating rehabilitation into the health system, including through developing national rehabilitation plans – and strengthening community and primary level health care to provide rehabilitation for patients and families. With a focus on addressing ageing populations and support for people managing noncommunicable diseases over their lifetime, quality rehabilitation delivered in the health system as part of UHC is becoming a reality for many countries in the Western Pacific.

Excellencies:
We have another very busy week ahead of us this year. I am looking forward to working with all of you to advance our region’s health agenda.

I thank again last year’s Chairperson, Sir Puka Temu, for his excellent Chairmanship – and the other office-bearers for their wonderful support.

Finally, a big thank you to Regional Director Dr Kasai and your staff, for the excellent organization of this meeting and for your hard work since last year – to support all of us in delivering better health for the people of the Western Pacific Region.

Thank you.
ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION, DR TEDROS ADHANOM GHEBREYESUS AT THE SEVENTIETH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Chairman
My brother Takeshi
Honourable Ministers and Heads of Delegation
Distinguished guests, colleagues and friends:

Good afternoon from Geneva. I’m sorry I can’t be with you in person this year, but I’m delighted I can be with you virtually – and with fewer carbon emissions!

Congratulations, Takeshi, on a successful first eight months as Regional Director.

You have already become a trusted member of WHO’s Global Policy Group.

Thank you for your leadership, partnership and friendship.

You have not wasted any time in setting out a vision “For the Future”.

This vision builds on the success of Dr Shin, and is well-aligned with the General Programme of Work and the Sustainable Development Goals.

Importantly, it’s a shared vision. I applaud the extensive and careful consultation you have done with the Member States, partners and staff.

The four thematic areas establish clear priorities: health security, including antimicrobial resistance; noncommunicable diseases and ageing; climate change and environment; and a commitment to reaching those still afflicted by communicable diseases and high rates of maternal and child mortality.

These are all priorities in the General Programme of Work.

During my trip to the Pacific a few weeks ago, I heard several of these themes again and again, especially climate change and NCDs.

I visited Tahiti, Tonga, Tuvalu and Fiji, where climate change is stealing homes, and stealing hope.

In Tuvalu I met a young boy called Falou. I was so impressed with his knowledge of climate change.

But he said something that stayed with me. He told me that he had been discussing with his friends what they will do if Tuvalu sinks, and the majority of his friends said, we will sink with Tuvalu.

We need to hear the voices of children like Falou and Greta Thunberg, holding adults to account for the world we are leaving them.

But at the same time, I was sad that children like Falou and his friends are being robbed of their childhood by fears for their future.

That’s why we have established the initiative on Climate Change and Health in Small Island Developing States.
We held three consultations, as you know, including one in Fiji.

From those consultations, we developed an action plan, which was endorsed during the World Health Assembly in May this year, as you remember.

Our vision is that by 2030, every island in the Pacific will have a health system that is resilient to climate change. This is ambitious, but doable.

At the United Nations General Assembly two weeks ago, world leaders from all 193 UN Member States endorsed the political declaration on universal health coverage – the most comprehensive health agreement in history.

We’re very grateful for the many Prime Ministers and Ministers from the Western Pacific Region who spoke in support of the declaration, including Prime Minister Abe of Japan, who came to speak at the closing session.

I always say that health is a political choice. The declaration is a strong statement that countries are making that choice.

The task now is for all countries to live up to the commitments they have made.

The latest edition of the Global Monitoring Report on UHC includes some very good news about your region.

Between 2000 and 2017, your region recorded the largest increase in service coverage of any WHO region.

But the report also shows that we have a lot of work to do in the region.

As Dr Kasai said this morning, you are making progress on financial protection. Fewer and fewer people are being pushed into extreme poverty by out-of-pocket health spending.

But on the other hand, more and more people are being exposed to relative poverty, where health spending pushes them below 60% of median daily income.

This is a very disturbing trend.

We need a concerted effort to change direction. We cannot allow health to be a driver of widening inequality.

Honourable Ministers, dear colleagues and friends,

The agenda before you this week includes several items to support the “For the Future” vision.

Without action, antimicrobial resistance is projected to cause up to 10 million deaths a year by 2050, almost half of which would be in the Asia-Pacific Region.

The Draft Framework for Accelerating Action to Fight Antimicrobial Resistance is a strong step towards accelerating action to combat AMR in the Region.
The Framework aims to guide Member States towards: long-term and future-oriented planning; integrating AMR interventions into existing programmes and systems; broadening multisectoral engagement and societal participation; and strengthening local resilience.

AMR is a relatively new threat. A much older one is the scourge of tobacco.

The Western Pacific is home to the greatest number of smokers – 388 million, or 1 in 4 adults – and suffers almost 40% of global tobacco-related deaths.

The progress we have made is threatened by continued interference from the tobacco industry in the implementation by countries of strong tobacco control measures.

Moreover, the public health community is now facing new challenges as a result of the increasing uptake – particularly by our young people – of electronic nicotine delivery systems and novel tobacco products.

The Regional Action Plan for Tobacco Control that you will consider this week sets out a roadmap for concrete actions and policy options all countries can take.

Although we have made some progress against the tobacco epidemic, another equally dangerous threat is looming: the epidemic of childhood obesity.

During my recent trip to the Pacific, I heard two recurring themes: climate change, and childhood obesity.

In 2016, more than 84 million children were overweight or obese in Western Pacific, the highest among all WHO regions.

This represents a 43% increase in just 6 years. Frankly, this is shocking. We must call it what it is – a crisis.

We cannot sit by while some industries profit at the expense of our children.

The Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing is an important step towards safeguarding the health of future generations.

It provides a package of recommendations for comprehensive actions that can be tailored to suit Member States priorities and needs.

Just as we protect the health of our youngest, we must protect the health of the oldest.

Some countries in your region are ageing very rapidly. These trends have major implications for the design, delivery and financing of health services.

I welcome the fact that the Western Pacific Region has identified ageing as one of its priority areas of work.

Honourable Ministers, dear colleagues and friends,

WHO is committed to supporting you and your countries in each of these areas, with the experience and technical know-how to turn these plans into policies, and policies into outcomes.
That is what you expect of us.

Allow me now to say a few words about how WHO is transforming to become more effective and efficient.

Since we last met, Takeshi and the other Regional Directors and I have been hard at work transforming WHO into an agile organization that works seamlessly across all three levels to deliver the Sustainable Development Goals, as Secretary Azar said, in the GPW.

We now have a new programme budget to support the General Programme of Work.

To build this new budget, we turned our planning process upside down, so that country needs drive the work of the regions and headquarters.

For the first time in our history, all three levels of the organization have worked together to define exactly what headquarters will produce in the coming biennium.

As a result, we now have a list of more than 300 specific “global public health goods” that we will develop in the next two years. These are the technical tools you need to make progress towards the “triple billion” targets. All of these came from the grass-roots.

But we’re not just changing what we do, we’re also changing how we do it.

Our new operating model aligns the organization at all three levels, and will enable us to work together more effectively and efficiently.

We are working had to make our organization results-oriented for delivering a measurable impact at the country level, and that’s the GPW which for the first time is impact and outcome-based.

One of our key priorities was to make sure every single WHO employee can connect their work to our corporate priorities, linking strategy to daily business.

We are also committed to increasing diversity across the organization, which is essential for making our new operating model work. We’ve already achieved several quick wins, from our new intern programme to our leadership team.

To empower and equip our staff to succeed, we have started rolling out 13 new or redesigned processes to harmonize and optimize the way we do business, from the way we develop norms and standards, to planning, monitoring implementation and results, recruitment, procurement, communications and more.

Honourable Ministers, dear colleagues and friends,

Let me finish with three challenges for the next year.

First, the challenge of primary health care.

The political declaration on universal health coverage and the “For the Future” vision statement both emphasize the fundamental importance of primary health care.
High-quality primary health care, with an emphasis on health promotion and disease prevention, is the best investment countries can make in addressing the growing burden of noncommunicable diseases, ageing populations and health security.

All the ingredients are in place. Now it’s time for countries to invest and implement.

Second, the challenge of inequality.

You are all familiar with the catch-cry of the Sustainable Development Goals, to leave no one behind. Likewise, “For the Future” emphasizes the importance of focusing on gender and equity to ensure health gains are enjoyed by everyone.

Health must be one area in which those inequalities are reduced, not increased.

I urge you all to focus your efforts on the poorest, the most marginalized and the most vulnerable.

Third, the challenge of climate change.

Your region includes many of the countries most at risk from our changing climate. I have seen with my own eyes that this is not a theoretical threat for the future. It is a real threat now.

We need a concerted effort to mobilize resources from the Green Climate Fund and other sources to both mitigate climate change and support countries to adapt their health systems to its effects.

Health systems should also be leading the way in relying more on renewable energy, using sustainable waste management and reducing single-use plastics.

My dear brothers and sisters,

Your region is incredibly diverse, and so is the range of challenges you face.

WHO is committed – and I am personally committed – to working with each country, rich and poor, small and large, to promote health, keep your people safe, and serve the vulnerable.

Every country matters, because every person matters.
ADDRESS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI
AT THE SEVENTIETH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Chairperson, the Honourable Minister Park Neunghoo
Honourable Ministers
Professor Hiro Nakatani, Chair of the WHO Executive Board, and members of the Executive Board Bureau
Representatives from Member States and partner agencies
Ladies and gentlemen

Good morning! And welcome to the 70th session of the Regional Committee for the Western Pacific. I would like to extend an especially warm welcome to new Ministers joining us for the first time.

Congratulations to our Chair, Honourable Minister Park from the Republic of Korea. Minister, thank you for taking on this role this week – I know as Minister for Health, you have many other competing commitments. We really appreciate your support for and commitment to WHO.

It is an incredible honour to be standing here today as the seventh Regional Director for the Western Pacific, and at my first Regional Committee in this role.

The Regional Director’s report that you have before you today is unique, in that it spans the terms of two Regional Directors. Therefore I would like to begin my speech by reporting on the last part of the former Regional Director, Dr Shin Young-soo’s term, and paying tribute to his leadership and legacy.

In the last year, three more countries and areas eliminated lymphatic filariasis: Palau, Viet Nam, and Wallis and Futuna, and Malaysia became the first country in the Region to be certified as having eliminated mother-to-child transmission of HIV and syphilis. In the last decade, we saw some of the steepest declines of any Region in the numbers of people becoming sick and dying from communicable diseases, and in mothers and babies dying at birth.

Today we can celebrate two more countries which have been recognized as achieving important disease elimination goals: Kiribati for eliminating lymphatic filariasis, and China for confirming its elimination of trachoma. My sincere congratulations to these countries for your achievements.

Last year, WHO supported several countries in responding to disease outbreaks and other natural disasters. We are now much better prepared to face these kinds of health security threats compared to decades ago.

While we still have a long way to go in the fight against NCDs, we are winning some important battles. More and more countries are adopting proven tobacco control measures, and if this trend continues, within the next six years, there will be an estimated 21 million fewer smokers in the Region – that is 21 million fewer families at risk of losing a loved one to tobacco-related illness.

Last year’s meeting of the Asia-Pacific Parliamentarians Forum on Global Health – an initiative spearheaded by Dr Shin – focused on strengthening financing for universal health coverage. Countries across the Region have taken strong steps towards making health systems stronger – especially in improving financial protection for the poorest and most vulnerable.
And WHO’s new geographically dispersed office focusing on health and environment issues is now up and running in Seoul – thanks to Dr Shin and the Republic of Korea, who signed the agreement establishing the Centre in January. In other words, Dr Shin was working extremely hard right up until his very last day in the job.

Dr Shin was a giant of WHO and of public health. He transformed WHO in this Region to become much more efficient and effective in working as one team to support countries to improve health.

While the Region today faces many new and increasingly complex threats, especially when we look to the future, we can all be enormously grateful to Dr Shin for the strong foundation his ten years of leadership provided for us to tackle these challenges.

When I took up the role of Regional Director earlier this year, I promised two things: first, that I would do my best to continue Dr Shin’s considerable legacy, and to build on it and go further. And second, that while shaping the best way to do that, there would be no gaps in the Organization’s work.

I hope the report you have before you reflects each of these commitments. It has been another busy year for our routine work: in providing support to countries, convening various regional meetings and dialogues, and responding to disease outbreaks and other health emergencies.

In the eight months since I took up the role of Regional Director, I have travelled to 28 countries and areas of the Region. For those of you I haven’t visited yet, I hope to do so soon.

During my travels I have been privileged to meet with Presidents, Prime Ministers, Health Ministers, partners, health workers, patients, village chiefs, and people in communities – from the plains of Mongolia, to the bustling urban communities of Singapore and Beijing, rural villages in Viet Nam and Cambodia, to some of the remotest islands in the Pacific.

During each of these visits, I have listened very carefully to all of those I have been fortunate to meet, about how WHO can further strengthen our work to support countries and areas in our Region.

To capture what I heard from Member States both during the RD election campaign and since, we developed our ‘white paper’ earlier this year – to articulate our vision for WHO’s work with Member States and partners in the coming five years.

The white paper is an implementation plan for WHO’s Global Programme of Work 13 (GPW13) – reflecting both the shared challenges which arise from the unique demographic, economic, social and geographic characteristics of the Western Pacific.

Over the first half of this year we embarked on an extensive consultation process – starting with a virtual retreat of all 600 WHO staff in the Region. Using videoconferencing and social media apps, the retreat connected staff in 11 countries across six time zones over three days.

We have had many in depth discussions with and received extensive feedback from Member States through various consultations in countries around the Region.

And in July we convened the first ever Western Pacific Region Partners Forum – another virtual event bringing together around 950 partners.

I would like to sincerely thank all of you for your engagement in this process. The document you have before you is much stronger for all of your contributions.
I hope you see in the white paper a shared vision for WHO’s work with Member States and partners in our Region – a vision which builds on this Region’s proud history of health achievements and strong tradition of solidarity; and a story about building the future, together. Thank you very much for being co-authors of this story with us.

In the many rich conversations I have had throughout my travels across the Region, three key messages have emerged – messages which are at the heart of the story I have just described.

First, work for the future. The future is already here, and we should embrace it. This means that while we should continue what we are doing well, we cannot stand still – because our Region is extremely dynamic, and rapidly changing.

Take, for example, the economy. The Asian Development Bank projects that the Asia-Pacific economy will double in size in the next ten years. A regional economy twice the size of what it is today means a totally different world – with vast implications for health and health services.

In the context of such a fast-changing world, to stay relevant and valuable, WHO must also keep changing, and we must stay ahead of the curve.

Second, people and countries at the centre. The needs and aspirations of countries will always be the driving force for what we do. Many of you have told me that Member States greatly value the direct, tailored support WHO provides to countries to address their specific priorities.

While countries have many concerns and challenges in common, every country is different and unique. We are absolutely committed to continuing to provide support to every country for addressing its specific concerns.

Third, when we look to the future, there are concerns which unite all Member States – and where we will make the greatest progress by working together. Our consultations on the white paper reaffirmed that this includes four broad themes:

health security, including antimicrobial resistance;

noncommunicable diseases and ageing;

the health impacts of climate and environmental change;

and reaching the unreached – those individuals and communities still afflicted by unfinished epidemics of infectious disease and unacceptably high rates of child and maternal mortality.

Our discussions with countries over the last few months also reaffirmed that adequately addressing all of these issues in a complex, changing world requires new thinking and new ways of working. As one Minister said to me, countries need support not just on the “what”, but also the “how”.

To reverse or at least stabilize upward trends – for instance, in NCDs, and reduce health inequities in doing so – we need to work differently.

This is why the white paper also sets out a series of ideas for working differently – what we call “operational shifts” – aligned with the strategic direction of GPW 13, but developed mindful of the particular circumstances, existing capacities and unique mix of challenges facing our Region. These are
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both approaches to guide WHO work, and tools through which we will work with countries to deliver better health.

Our aim is that through using these tools, we will be able to work with all of you to “future-proof” countries’ health systems.

To deliver on the ideas outlined in the white paper, we have already reconfigured our Regional Office structure. We will maintain our drive towards leaner and more efficient management, and stronger accountability. We will continue to strengthen the support we provide to countries, and to invest in staff development. And we will strengthen our focus on gender and equity – to ensure that everyone in the Region benefits equally from health gains.

Honourable Ministers and distinguished delegates, as we have been preparing for this week’s Regional Committee, I have been reflecting on my first eight months in this role.

I have thought a great deal about the many people I have met: such as the nurses and midwives at the Vicencio Health Centre, just down the road from this office, in metro Manila – working hard to take care of new mothers and give their babies the best possible start to life.

I think about the women community leaders in Samoa and Palau – and their commitment to improving health in their communities; the passionate Chinese doctor who proudly showed me around her primary health care clinic in Beijing; and the dedicated rural health workers in Viet Nam, Cambodia and Laos.

And I think a lot about the many communities who I have been privileged to visit in the Pacific, who are increasingly affected by climate change – and who wonder what the future will hold for them, their families and communities.

The faces of these people are what motivate me every day – because this is who we are here to serve.

I took up the role of Regional Director in February with great humility. After nine months in this job, I am energized, inspired, and optimistic about the future.

We face some significant challenges, which are unprecedented in their scale and complexity. But I believe these challenges are not insurmountable, if we work together – focused on the values and commitment to health that we share, and united by the story of our Region’s progress towards better health.

I sincerely thank Member States for your trust in me to lead WHO in our Region for the coming five years. I look forward to working with all of you, as we write the next chapter in the Western Pacific Region’s story: to become the healthiest and safest region in the world.

Thank you very much.
Honourable Ministers
Distinguished Representatives
Dr Takeshi Kasai, Regional Director
Professor Hiro Nakatani, Chair of the WHO Executive Board and Members of the Executive Board
Representatives of United Nations agencies, intergovernmental organizations and nongovernmental organizations

Distinguished colleagues, ladies and gentlemen:

Thank you for your trust and confidence in electing me to chair the seventieth session of the WHO Regional Committee for the Western Pacific.

I thank the outgoing Chairperson, Sr Puka Temu, Vice-Chairperson, Dr Lam Pin Min, and other officers of the last session. I will do my best to follow their excellent leadership and to manage our programme well.

Distinguished colleagues:

We heard yesterday afternoon the excellent report of the Regional Director on the progress that has been towards better health in the Region under the leadership of both Dr Kasai, and the former Regional Director, Dr Shin Young-soo. We also heard about Dr Kasai’s vision and agenda for the future. Congratulations, Dr Kasai, on a very productive first 8 months in this role. We all look forward to working with you over the coming five years.

Colleagues, we have a busy agenda before us for the rest of the week, including discussion on four technical agenda items. I would like to provide a brief overview of these items now.

First, ageing and health. Population ageing is an important issue for our Region: ageing is inevitable for every country, and the pace of ageing is accelerating.

Ageing is sometimes described as a challenge. However, with early action to prepare well, and a strong multisectoral approach, it is really an opportunity. The lesson from countries who have already experienced this demographic transition is that preparing in advance is crucial, and the earlier the better.

In October 2013, the Regional Committee endorsed the Regional Framework for Action on Ageing and Health. Six years on, it is time to take stock of different countries’ experience and approaches.

This afternoon we will have a panel discussion with Member States and experts, and learn from these as we shape our region’s approach to preparing for population ageing in the future.
Second, tobacco control. There has been excellent progress in the Region over the last five years, thanks to adoption and implementation of proven tobacco control measures in countries and areas across the Region.

Smoking in the Western Pacific has declined significantly over the past two decades, but our efforts must be intensified to meet our Sustainable Development Goal targets – and to save lives. Tobacco use still claims millions of lives in our Region every year.

In addition, new challenges are emerging in our Region. We have seen the aggressive introduction and marketing of new products, such as heated tobacco products and electronic nicotine delivery systems. These developments are putting our hard-earned tobacco control gains at risk.

Mindful of these new challenges, the proposed Regional Action Plan for Tobacco Control in the Western Pacific provides comprehensive guidance to countries and areas to support them in achieving our collective tobacco control targets over the next 10 years.

Third, protecting children from the harmful impact of food marketing. Rapid economic growth, urbanization and globalization have changed the food system in our Region, making inexpensive processed foods more available and accessible.

Marketing of breast-milk substitutes and foods high in saturated fats, trans-fatty acids, free sugars and/or salt is widespread across the Region.

Concerned with the harmful impact of food marketing on children, in 2017 Regional Committee asked the Secretariat to develop a regional action plan on protecting children from the harmful impact of food marketing, in consultation with Member States and key stakeholders.

The draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing is before the Committee this week. The draft Framework provides a set of approaches and recommended actions for addressing the harmful impact of food marketing, that Member States can apply based on their national context and needs.

Fourth, antimicrobial resistance. AMR is an ever-present threat to the achievement of universal health coverage (UHC), and the security of our future. National and global containment efforts are not keeping up with the rapid spread of AMR. Newly resistant bacteria are emerging all the time. But the pipeline of antibiotic development remains inadequate.

In 2014, the Regional Committee endorsed the Action Agenda for Antimicrobial Resistance in the Western Pacific Region, focusing on the development of national action plans, increasing awareness in other sectors, and strengthening health systems and surveillance. Some progress has been made, but it has been uneven.

The draft Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region before us this week identifies new ways of working, to slow the spread of AMR and address its impact on health and development. The Framework will guide countries in implementing sustained and future-oriented solutions, based on the national context, but with a focus on engaging the broader community and society.
In addition to these important technical agenda items, we will also consider progress reports on a range of critical issues for our Region:

- Health security;
- Noncommunicable diseases and mental health;
- Climate change, environment and health;
- The action plan for healthy newborn infants; and
- Communicable diseases.

We will also discuss a range of other important standing agenda items, including the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee, and the agenda for next year’s session of this Committee. I look forward to discussing the proposed agenda items for next year, especially ‘Policy and governance of medical products’.

I have continuously stressed that universal health coverage can be achieved by strengthening access to medicine, and therefore welcome the proposed technical agenda items for next year’s session. At the side event co-hosted by Korea and Italy this May during the World Health Assembly, we have collectively agreed that international coordination is critical to securing access to essential medicines. We also agreed to ensure access to new drugs by encouraging innovative R&D activities, and reasonable pricing. I very much look forward to this discussion.

During this week, we will also have an exciting session on WHO’s work in countries, as well as several interesting lunchtime side events.

Excellencies, distinguished delegates:

Thank you again for your confidence in electing me as Chair of this important meeting. I very much look forward to our discussions. We have a lot to do, so let’s get to work!
CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI
AT THE SEVENTIETH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Vice-Chairperson
Honourable Ministers
Distinguished Representatives:

It has been another very busy, but I think successful, RCM week.

First of all, I would like to thank you all again for your very strong support to our white paper, For the Future. I was greatly encouraged by your comments on the document on Monday, and even more so to hear many representatives referring to the priorities and aspirations outlined in the document throughout the week.

Our aim was always that this document would articulate not just my vision as the RD, but a shared vision for WHO’s work with Member States and partners in the Region, and listening to all of your comments throughout the week, I feel we have achieved this. Thank you very much.

We also worked through four very important technical agenda items: ageing and health, protecting children from the harmful impact of food marketing, tobacco control, and antimicrobial resistance.

All of these items link very closely to the For the Future vision.

It is always great to recognize countries for achieving disease elimination targets: congratulations again to Kiribati for eliminating lymphatic filariasis. This is a wonderful achievement for the health of your people – both today, and for future generations, knowing they are safe from this terrible disease.

In a few areas, we tried to organize our discussions a little bit differently – for example, with the panel discussion on ageing and health, and by bringing the ‘WHO work in countries’ session into the main agenda of the meeting. Of course we would welcome any feedback on these, but I hope delegates will support continuing to have the ‘WHO work in countries’ as part of our main agenda.

In addition to the important business of our formal sessions, we also held various side events, on health and poverty, digital health, and safe and affordable surgery. I look forward to our continued discussion on these issues including on safe and affordable surgery as part of the main RCM agenda next year – and I am personally fully committed to supporting this agenda as we move forward.

And of course, despite a busy week of week, we also had some fun – as the WPRO family. The quality of your performances during the RD’s dinner this year was really very high. I can’t wait to see what you come up with next year!

I would also like to thank our excellent office-bearers:

Chairperson, the Honourable Minister Park Neunghoo from the Republic of Korea. We were very lucky to have the Minister with us for a large part of the week, and I am sure you would all agree with me he did a wonderful job;
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**Vice-Chairperson, Honourable Dato Dr Isham** for his excellent work as Vice-Chair;
**Ms Emma Carters** of Australia, English rapporteur
**Dr Merehau Mervin** of French Polynesia, France, our French rapporteur.

Please accept these small gifts tokens of our appreciation. I know that Minister Park had to return to Seoul already, I would appreciate if someone from the Korean delegation could accept the gift on his behalf.

*(Present gifts and take photographs)*

I thank all of my staff who have been working very hard to prepare for this RCM and to ensure that our meeting ran smoothly this week. I always say that once the meeting starts it is already finished, if we are well prepared. Thank you to all WHO staff for your hard work: you can all take the afternoon off.

Colleagues, it has been a busy and tiring week, but it has been a pleasure to be working together with you towards our shared goal of becoming the world’s healthiest and safest region.

I sincerely thank you all for your presence here this week and your support. Safe travels home, and I hope to see you soon.

Thank you very much.