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Other information

Venue
Conference Hall, Regional Office for the Western Pacific

Distribution of documents
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Rapporteurs meeting
The meeting will be held daily following the afternoon session at 17:15 in Room 403 (Emergency Operations Centre).

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I. PROGRAMME OF WORK (FRIDAY, 11 OCTOBER 2019)

Agenda items 09:00–12:00

13 Progress reports on technical programmes (continued)  
WPR/RC70/8

13.3 Climate change, environment and health

Agenda items 14:00–17:00

15 Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee  
WPR/RC70/10

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

II. REPORT OF MEETINGS (THURSDAY, 10 OCTOBER 2019)

First meeting

Vice-Chairperson: Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Brunei Darussalam

Item 13 Progress reports on technical programmes

13.1 Health security (continued)

a. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

b. Western Pacific Regional Framework for Action for Disaster Risk Management for Health

In their interventions, the representatives thanked the Secretariat for the comprehensive report and 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 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 continue to play in guiding their health security work. They also cited the ongoing value of a range 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 under For the Future, the Region’s blueprint for the coming five years.
The acting Director, Division of Health Security and Emergencies, thanked the representatives for their interventions, noting that the substantial progress they cited is an achievement of Member States, which WHO was happy to have supported. He 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 almost 10 years and is critical to developing capacities in countries and areas. He emphasized WHO’s continued support for pandemic preparedness, noting that two of the last four influenza pandemics originated in the Region. He concluded by assuring Member States that WHO support would continue to be tailored to meet the specific needs of Member States and said the Secretariat would be in touch with those Member States that raised specific issues.

The Director, Health Emergency Information and Risk Assessment, Health Emergencies Programme, WHO headquarters, commended Member States for the progress in implementing APSED III, as well as pursuing a clear vision to make the Western Pacific the healthiest and safest region. He noted that WHO is rolling out the Epidemic Intelligence from Open Sources (EIOS) initiative, which will leverage the latest in data innovation, including artificial intelligence, and cited the notable support from Japan and the Regional Office in providing technical leadership in this area. He said the first global phase of EIOS included 11 Member States, with the Western Pacific Region represented by Japan, the Republic of Korea and Singapore. 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.

Item 13

Progress reports on technical programmes

13.5 Communicable diseases

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

The Director, Programme Management, introduced the second part of agenda item 13 on progress reports, which focused on updates to combat communicable diseases, including: measles and rubella; HIV, viral hepatitis and sexually transmitted infections (STIs); as well as progress on the End TB Strategy. He began by recalling that the Regional Committee in 2017 had endorsed the Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific that reflected lessons learnt during the 2013–2016 measles resurgence. He said that despite achievements since that time that had led to an historically low incidence of measles, a global resurgence in 2018–2019 highlighted new challenges to the effort to achieve the regional elimination goal. He said the resurgence revealed that not all populations are being reached by current efforts and that programmes need to be strengthened, using the Regional Strategy and Plan of Action as a guide. He said efforts must include strengthening health systems to equitably protect all people, especially hard-to-reach populations.

The Director, Programme Management, next spoke of the significant progress Member States have achieved in addressing HIV, viral hepatitis and STIs by implementing the global strategies on HIV, viral hepatitis and STIs, as well as the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 and the Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030. He highlighted regional achievements in HIV diagnosis and treatment. He congratulated Malaysia on becoming the first country in the Region to be validated for the elimination of
mother-to-child transmission of HIV and syphilis. He also highlighted successes in the battle against viral hepatitis, with 17 countries having developed or drafting national action plans, and many others expanding testing and treatment.

The Director, Programme Management, concluded by highlighting significant progress in implementing the three pillars of the Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020, endorsed by the Regional Committee in 2015. He said WHO is developing a global strategy for tuberculosis (TB) research and innovation that involves national TB programme managers and other stakeholders.

Interventions were made by the representatives of the following Member States (in order): the Lao People’s Democratic Republic, Mongolia, Japan, Brunei Darussalam, China, Malaysia, Kiribati, Solomon Islands, Viet Nam, New Zealand, Hong Kong (SAR) China, Fiji, the Republic of Korea, the Philippines, Papua New Guinea, Australia, Cook Islands, Nauru, New Caledonia and the United States territories (American Samoa, Guam and the Commonwealth of the Northern Mariana Islands).

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.

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 high 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 remain 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.

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 is 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.

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. She said WHO would work with Member States to accelerate the expansion of testing and treatment services under universal health coverage, and she urged greater allocation of domestic resources to help decrease the hepatitis C burden. WHO, she said, will work with Member States to develop a regional action plan for 2021–2030. She also cited the Organization’s work to address STIs and the triple elimination of HIV, hepatitis B and syphilis.

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 (MDR-TB), noting that WHO is committed to strengthening support to the Pacific in developing capacity to combat MDR-TB. She stressed the importance of working beyond the health sector and the need for a multisectoral approach and an accountability framework.

Progress reports on technical programmes
13.2 Noncommunicable diseases and mental health
13.4 Action plan on healthy newborn infants

The Director, Programme Management, introduced the third part of the progress reports on noncommunicable diseases (NCDs), including mental health, as well as the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020). He mentioned the Region’s NCD epidemic, with NCDs responsible for 86% of premature deaths in the Region, and the more than 100 million people who suffer from mental health disorders.

He recalled the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) and Member State calls for support to accelerate action on NCDs, with NCDs and ageing identified as a thematic priority for the Region over the next five years. He said WHO has intensified support to Member States to strengthen cross-sectoral collaboration within and beyond government: 20 countries and areas in the Region have national mechanisms to engage sectors outside of health and align policies for NCD prevention; 30 countries and areas have a multisectoral NCD strategy or action plan.

He said the Region has taken steps to improve NCD monitoring and surveillance, ensuring that all countries and most of the areas in the Region were able to report on national progress to accelerate NCD prevention and control. He also called attention to the global strategy to accelerate the elimination of cervical cancer that WHO is developing, adding that Member State feedback will be presented to the WHO Executive Board in January 2020.

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 has supported efforts to expand service delivery by integrating mental health into community-based services, and to strengthen governance, mental health promotion and information systems.

He went on to present progress under the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020), which has improved the quality of childbirth and newborn care in health facilities across the Region, with more than 50,000 health workers having been coached in Early Essential Newborn Care (EENC) to date.
Interventions were made by the representatives of the following Member States (in order): Malaysia, the Lao People’s Democratic Republic and Cambodia. (Additional interventions were offered after the lunch break.)

**Second meeting**

**Vice Chairperson:** Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Brunei Darussalam

**Item 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

The Director, Programme Management, introduced the items on proposed technical agenda items for the seventy-first session of the Regional Committee in 2020. WHO proposed five items – ageing and health; safe and affordable surgery; policy and governance of medical products; and school health. He also said that the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* was proposed for renewal in 2020, before calling on Member States to share their proposals.

Interventions were made by the representatives of the following Member States (in order): the Philippines, the Republic of Korea, Mongolia, the Lao People’s Democratic Republic, Papua New Guinea, Australia and Brunei Darussalam.

While in agreement with the Secretariat’s proposed items, Member States emphatically requested that an item be added to increase WHO support to fight vaccine-preventable diseases and strengthen immunization programmes across the Region. Member States also called for a review of the regional action plans on malaria and TB.

The Director, Programme Management, recapped Member State requests and said they would be reflected in the preparation of the draft provisional agenda for the seventy-first session of the Regional Committee, which will be sent to all Member States for comment during the first quarter of 2020.

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

14.2 WHO reform

b. GPW13 and global transformation

14.3 Items recommended by the World Health Assembly and the Executive Board

14.4 Other items

The Director, Programme Management, introduced Part 3 of Item 14, comprising 14.2b, 14.3 and 14.4. He said item 14.2b concerned a report summarizing the Region’s collaboration and engagement with WHO global transformation, and item 14.4 provided an update on progress to establish a geographically dispersed specialized office (GDSO) in the Region. He expressed WHO’s appreciation for the support of the Republic of Korea that will enable WHO to establish the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region.

Under 14.3, seven items were referred from the World Health Assembly and the Executive Board to Regional Committees for further action or consideration this year. In relation to the item requesting Regional Committees to provide input on the development of the results framework for the WHO Thirteenth General Programme of Work 2019–2023 (GPW 13), the Director, Programme Management, introduced the Director of Planning Resource Coordination and Performance Monitoring (PRP), WHO headquarters, who provided a presentation to further inform Member States on the development of the results framework for GPW 13. 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. In addition, he said Member States had until 15 November to provide feedback directly to WHO headquarters. He explained that the impact measurement mechanism consists of three parts: 1) the impact framework; 2) output measurement employing a “balanced scorecard”; and 3) country case studies.

The PRP Director said the next steps in the consultation process include a 17–18 October meeting of technical experts in Geneva to review the impact measurement methodologies, a 4 November informal Member State consultation in Geneva to present an update on the framework and an associated draft paper for the Executive Board, and the presentation of the framework to the Executive Board early next year. A PowerPoint presentation by the PRP Director can be found at the WHO Regional Office for the Western Pacific website.

Interventions were made by the representatives of the following Member States (in order): the United States of America, Australia and Japan.

Member States appreciated the earlier item (14.2a) on WHO’s work in countries and the presentations of engagement with partners, noting also the importance of other partnerships such as the private sector, public–private partnerships, the Asian Development Bank and parliamentarians. With regard to WHO global transformation, the overall importance of strengthening WHO country offices as part of the transformation efforts was noted, to ensure suitable capability for WHO to fulfil its role at country level, and Member States expressed interest in understanding more about processes being used. For the impact framework, Member States raised the issue of the quality of data, and noted the balanced scorecard approach to measure outputs as a new and innovative approach to measure the impact of the Secretariat’s work, with this being a potential innovation to be considered more widely within the United Nations system. Additionally, Member States were interested in learning more about the global public goods prioritization process and its relation to regional public goods.

The PRP Director appreciated Member States’ support for the GPW 13 impact measurement, and their support for the balanced scorecard. He said that he agreed with the Member State comment about the importance of the quality of data, which he said has already been identified as a priority in Programme Budget 2020–2021. He also provided an update on the global public goods and regional public goods processes, noting the need to be clear on responsibilities between the global and regional levels to avoid duplication.

The Director, Programme Management thanked Member States for their comments, noting alignment of regional thematic priorities and operational shifts with GPW 13, and in support of country priorities. In the Region, he said WHO will continue to put countries at the centre in order to focus on delivering measurable results and impacts at country level and to strengthen core capacity of country offices. In addition, he said we will continue to engage and strengthen and broaden our partnerships, including with the private sector and parliamentarians. In concluding, he said the three levels of WHO will continue to work as one team to support all Member States in the Region.

**Item 13**

**Progress reports on technical programmes (continued)**

**13.2 Noncommunicable diseases and mental health**

**13.4 Action plan on healthy newborn infants**

As a continuation of the morning’s session, interventions were made by the representatives of the following Member States (in order): Australia, China, Mongolia, Japan, Fiji, Brunei Darussalam, Viet Nam, the Republic of Korea, Papua New Guinea, the Philippines, Kiribati, Solomon Islands, New Zealand and Nauru.

Member States commended the work and support from WHO on NCD prevention and control and mental health, and provided updates on progress and challenges in their respective countries or areas.
Member States called for increased WHO support in many areas: to develop a multisectoral action plan on NCDs; to strengthen capacity on leadership, governance, financing and regulation for NCD prevention and control; to improve infrastructure and capacity-building of health providers for NCDs and mental health at the primary care level; to strengthen surgical services; to develop strategies to address metabolic and behavioural risk factors through health promotion and community engagement; to share policies and country experiences; and to provide technical assistance to enhance surveillance systems and conduct research on NCDs and related conditions.

Member States expressed appreciation for the extensive support from WHO on tackling challenges across reproductive, maternal, newborn and child health. Five countries noted they have already achieved the Regional Action Plan’s target for scaling up EENC in at least 80% of health-care facilities in their countries. Member States noted significant progress towards achieving universal access to EENC through national-level political and technical commitments. Member States called for more focus on providing EENC for babies born preterm and by caesarean section. Countries urged continuing the quality approach of EENC by extending the Action Plan for Healthy Newborn Infants in the Western Pacific (2014–2020) until 2030 to ensure a healthy start for everyone.

The Director, Division of Healthy Environments and Populations, thanked Member States for their positive feedback and noted their requests for support to address NCDs, mental health and newborn care. She said the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of NCDs features 13 new commitments and an expanded approach that includes mental health as a major NCD and air pollution as a main risk factor.

She said that since other risk factors were discussed in detail through WPR/RC70/5 and WPR/RC70/6, she focused on the harmful use of alcohol and physical inactivity. She said WHO is working on a global strategy to address the harms from increasing alcohol use. While she congratulated some Member States for programmes to reduce alcohol consumption, she pointed out that only a few countries have implemented excise taxes on alcohol.

She said WHO supports many initiatives to address NCDs in the Region, such as the Pacific Ending Childhood Obesity (ECHO) Network, which has physical activity components, as well as capacity-building for counselling. In response to Member State requests, she said WHO is actively working to support Member States in scaling up NCD interventions through the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for Primary Care in Low-Resource Settings and HeartCare.

The Director, Division of Healthy Environments and Populations, congratulated Australia on its work on cancer control, and the role it can play in assisting other countries to implement the global strategy on the elimination of cervical cancer, which will be reviewed by the World Health Assembly in May 2020.

In response to Member State support, she said the WHO Western Pacific Region Cabinet has decided to extend the Regional Action Plan on NCDs (2014–2020) to 2030, with revisions made to reflect recent developments that are fully aligned with changes made at a global level. She said that WHO in the Region is planning a technical advisory group meeting for NCDs in the second quarter of 2020, in collaboration with WHO headquarters.

With the growing consensus on the need to improve mental health outcomes, she said WHO stands ready to support countries in scaling up mental health services as articulated in policies and regulations.
Consideration of draft resolutions:

The Chairperson invited the Regional Committee to consider the draft resolution on Antimicrobial resistance (WPR/RC70/Conf. Paper No. 6). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC70.R2).

The Chairperson invited the Regional Committee to consider the draft resolution on Tobacco control in the Western Pacific Region (WPR/RC70/Conf. Paper No. 5). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC70.R3).