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BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

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PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

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Jeju, Republic of Korea)
Friday, 14 September 2007 at 09:00

CHAIRPERSON: Dr Chang Jin MOON (Republic of Korea)

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For the list of representatives at the fifty-eighth session, see separately issued document WPR/RC58/DIV/1.

1. FOLLOW-UP REPORTS PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES, TOBACCO CONTROL, MENTAL HEALTH AND TRADITIONAL MEDICINE (continued):
Item 15 of the Agenda (Document WPR/RC58/12)

Ms ABEL (Vanuatu) appreciating and endorsing the concise follow-up reports on the four programme areas, confirmed her country's commitment to implementing the relevant regional strategies, frameworks and guidelines. Her Government was committed to the agreements under the Vanuatu Commitment that had emerged from the March 2007 Meeting of Ministers of Health for the Pacific Island Countries and the Framework Convention on Tobacco Control, and appreciated the technical and financial support received from WHO, the Secretariat of the Pacific Community (SPC) and New Zealand's International Aid and Development Agency (NZAID) to their programmes on noncommunicable diseases (NCD) and tobacco control.

Vanuatu recognized the importance of mental health; in the past, that area had not been given adequate attention. After the recent establishment of the Pacific Mental Health Network (PIMHnet) and its first meeting in Samoa, a national focal point for mental health had been designated and an action plan formulated. Among the network's responsibilities were training and capacity-building for mental health professionals; formulation of policies, strategies and action plans; review of legislation; advocacy; and research. Vanuatu's immediate plans called for the establishment of a division on mental health in the Department of Public Health, with a specific allocation from the national budget and a full-time coordinator. The assignment of a higher priority to mental health was a signal to stakeholders to increase their level of investment and upgrade the quality of mental health services. As regards traditional medicine, while an action plan had been developed in collaboration with traditional leaders and healers, its implementation had been constrained by several issues, including people's confusing of traditional medicine with herbal medicine, and insufficient funding to sustain, and follow up on, activities. It was important that the programme be revisited, and efforts renewed, since traditional medicine was part of the ethnic culture of the people of Vanuatu.

Dr OMAR (Malaysia) noting the progress of NCD intervention programmes in the Region, said that, with strengthened bilateral or multilateral collaboration among countries and areas, active networking, strong commitment from governments, and continued support from WHO, even greater progress could be made. Malaysia supported the Regional Strategy for Traditional Medicine in the Western Pacific Region (2001-2010). In 2001, the Government had adopted a

national policy on traditional and complementary medicine and had established a global information hub for integrated medicine. Within the Ministry of Health, a traditional and complementary medicine division had been created in 2004. The National Pharmaceutical Control Bureau was responsible for the registration of products used in traditional medicine, while the Herbal Medicine Research Centre oversaw research. In 2002, a compendium of medicinal plants had been launched. Immediate future steps centred on the passage of the Traditional and Complementary Medicine Act, intended primarily to ensure the quality and safety of traditional and complementary medicine practice. He saw the integration of safe, universally accepted and evidence-based traditional and complementary medicine practice into the health care system as the greatest challenge.

Dr PYAKALYIA (Papua New Guinea) said he appreciated the fact that the actions proposed for Member States had been clearly stated, and endorsed those actions. In Papua New Guinea, a task force, formed in 2001, had established a data bank of traditional herbal remedies; over 6000 medicinal plants had been identified and classified. A national policy on the use of traditional medicine had recently been approved. The Government intended traditional and herbal medicine to be components of primary health care and was looking into the development of enabling laws. Work was also being carried out to identify safe herbalists for the protection of clients, especially in rural areas. As regards mental health and tobacco control, legislation was being revised. Legal expertise for a much-needed review and revision of laws relating to public health, and formulation of new legislation, was lacking, however, and he asked whether WHO could support countries in developing their health legislation.

Dr KARUPPIAH (Singapore) said that her country's noncommunicable disease programme was guided by a philosophy of the individual actively managing his or her own health and being responsible for his or her own well-being. The Government played an important role in supporting the individual, however, through a four-pronged approach: (1) provision of unbiased and accurate information to enable informed choices; (2) an environment that was conducive to adopting health-promoting behaviour; (3) creation of opportunities for the private sector and voluntary welfare organizations to contribute to providing that environment; and (4) health care financing schemes to assist patients who would not otherwise be able to afford medical care.

Dr NGUYEN VAN TIEN (Viet Nam) said that a programme for the prevention and control of NCD had been established in his country in 2002 to tackle the

growing burden of disease. It had coordinated information from central to local levels, increased community awareness, monitored risk factors, compiled cancer registers in six provinces and cities, developed treatment protocols for NCD at the community level, and organized a health communication programme in 2004. Nevertheless, there was no comprehensive strategy or coordination, the NCD network was restricted to central level in some provinces, and health communication was reliant on the mass media.

In Viet Nam, 56.1% of men smoked, including 31.6% between the ages of 15 and 24. There was a government resolution on tobacco control policy 2000-2010, and, in 2004, the country had ratified the WHO Framework Convention on Tobacco Control. There were community awareness campaigns, monitoring of control policies, cessation programmes in health facilities, and conferences and workshops. The Action Plan 2007-2010 featured protection from second-hand smoke, development of a tobacco control law and cessation programme, restrictions on advertising, and evaluation of the effects of policy.

In view of the 0.5%-1% incidence of neurological disorders and 2% incidence of depression, the Government had approved a plan for protecting community health in 1999. Epilepsy and depression were treated at the community level, in small mental hospitals and mental health units involving primary care and general doctors. Only acute states were treated in hospitals, and as many patients as possible were restored to the community. However, many mental disorders remained undiagnosed, which meant that intensive training was needed for medical staff. Legislation was also required.

A national traditional medicine strategy had been approved in 2001, under which traditional and Western medicine were combined in many aspects of community health. For example, traditional medicine was used for narcotic detoxification and acupuncture for pain relief. Standardized terminology based on the 10th Revision of the International Classification of Diseases was being introduced, as well as guidelines on traditional clinical practice, from central to local institutions. There was research and technology exchange with China, Japan and the Republic of Korea, and training in Eastern medicine and acupuncture was being provided for students from around the world. It was intended to conduct research into traditional methods combined with modern technology, cooperation and exchange with other countries, and modernization of traditional medicine manufacturing practices.

At the invitation of the CHAIRPERSON, representatives of Consumers International, the International Union of Nutrition Sciences, the

International Federation of Medical Students Associations and the World Federation of Acupuncture and Moxibustion Societies made statements to the Committee.

The DIRECTOR, PROGRAMME MANAGEMENT, invited the relevant regional advisers to respond to the points that had been raised.

The Acting REGIONAL ADVISER, NONCOMMUNICABLE DISEASES announced that a Regional Adviser in Noncommunicable Diseases and a Technical Officer for Noncommunicable Diseases would be appointed in the Regional Office by early 2008, and, with the support of Australia and New Zealand, a post for a diet and physical activity officer for the Pacific countries was to be established. WHO supported health promotion foundations to generate sustained funding for NCD prevention and control, using "sin taxes", not only on tobacco and alcohol, but also on foods high in fat, sugar and salt.

A meeting on that subject had taken place at the Regional Office in August 2007, and follow-up action was planned. Further to recommendations of the Vanuatu meeting of Pacific Ministers of Health, a training course on strategic health communication and social marketing was planned for November 2007. In order to make healthy choices affordable and attractive, a meeting on strengthening food standards to promote health and fair trade in the Pacific was to take place in the first week of December 2007, with funding from WHO, FAO and the Pacific Islands Forum Secretariat. It would consider standards on levels of fat, sugar and salt; micronutrient fortification; and food safety.

WHO would continue to provide training on the drafting of NCD plans, with the support of Japan. A meeting would take place in Singapore in November 2007 to discuss a regional framework for strengthening health systems to better prevent and control NCD.

He congratulated Nauru and French Polynesia, which had taken steps to discourage the consumption of unhealthy foods; the Republic of Korea, which had started a ban on soft drinks in schools; and Australia and New Zealand for promoting the consumption of fruit and vegetables.

He agreed with the representative of China that pilot projects for effective NCD prevention were needed. Indeed, they had been under way for a number of years in several countries in the Region, including China. One example was obesity and diabetes prevention in communities and schools, with the support of various partners, including the WHO collaborating centre at

Deakin University in Melbourne, Australia. Singapore had a good programme for prevention of obesity in schools.

He congratulated the Philippines on its stricter implementation of the International Code of Marketing of Breastmilk Substitutes, which saved more young children's lives than any other intervention, and also helped to prevent obesity in children and adults.

He thanked the representatives of Consumers International and the International Union of Nutrition Sciences for their clear statements, and promised the representative of Palau an answer to his question on the genetic component of obesity after the meeting.

The COORDINATOR, TOBACCO FREE INITIATIVE applauded the work done by Member States in the previous year, in which the successes and continuing challenges showed the advantage of an evidence-based, comprehensive approach to the tobacco epidemic, and the need for global and regional collaboration. In 2008, the Regional Office would produce a monograph on best tobacco control practices in the Western Pacific Region. The Tobacco Free Initiative had legal experts to provide assistance with tobacco control legislation, and they responded quickly to requests. China, the Philippines and Viet Nam had priority for grants from the Bloomberg Global Initiative to Reduce Tobacco Use, but governments and nongovernmental organizations in all low- and middle-income countries were eligible, and the Regional Office was more than ready to provide assistance in preparing applications.

The REGIONAL ADVISER, MENTAL HEALTH AND DRUG DEPENDENCY thanked the New Zealand Ministry of Health and New Zealand's International Aid and Development Agency for their support for mental health, alcohol-harm-reduction and suicide-prevention activities. A number of representatives had highlighted the importance of community mental health services. It should be noted that many developing countries were struggling to establish minimum basic mental health services, while developed countries were making considerable efforts to deinstitutionalize existing mental health services. Developing countries should ensure that the design of their mental health services was appropriate from the outset. The Regional Office was preparing a summary of best practices, and there was also a regional fellowship programme in the area of community mental health, operated with the support of WHO collaborating centres in Australia and the Republic of Korea. There was a need to strengthen information exchange and collaboration on mental health and substance abuse, in particular on research. The Pacific Islands Mental Health Network offered

an effective mechanism for the Pacific island countries, and it was hoped that similar mechanisms could be instituted in other countries in the Region. There were 18 WHO collaborating centres on mental health and substance abuse in the Region, which were an important resource for Member States.

In response to comments on the control of alcohol-related harm, he said that the Regional Strategy to Reduce Alcohol-related Harm, endorsed by the Regional Committee at its previous session, had been distributed to Member States, WHO collaborating centres, nongovernmental organizations and other interested parties, and more than 20 countries had nominated a national focal point for control activities. A regional resource document was in preparation and the Regional Office was considering convening a regional meeting on the control of alcohol-related harm to translate the strategy into an action plan.

The REGIONAL ADVISER, TRADITIONAL MEDICINE thanked representatives for their constructive comments, and expressed appreciation for the financial and technical support provided by China, Japan and the Republic of Korea, which was essential for the implementation of the Regional Strategy on Traditional Medicine. The Region had been prominent in the field of traditional medicine long before the adoption of the Regional Strategy, with initiatives that had included the development of the WHO International Standard Terminologies on Traditional Medicines in the Western Pacific, standard acupuncture point locations and the International Classification of Traditional Medicine, which would be included in the 11th Eleventh Revision of the International Classification of Diseases (ICD-11). Although the Regional Strategy covered the period 2001-2010, it would perhaps be timely, as suggested by the representative of Hong Kong (China) at the previous meeting, to evaluate progress in its implementation to determine whether it required any modification. He assured all Member States, particularly the Pacific island countries, that the Regional Office would be making efforts to strengthen collaboration on traditional medicine, and urged them to safeguard their traditional medicine.

2. COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 16 of the Agenda (Document WPR/RC58/13)

The DIRECTOR, PROGRAMME MANAGEMENT introduced document WPR/RC58/13, which referred to resolutions adopted by the Sixtieth World Health Assembly that were of particular significance to the Western Pacific Region. The resolutions themselves were attached to the document. He drew attention to the operative

paragraphs, which related to activities Member States could undertake to implement the resolutions.

Resolution WHA60.15 dealt with WHO's role and responsibility in health research. It urged Member States to invest at least 2% of national health expenditure and 5% of project and programme aid in health research and strengthening of research capacity. It also urged Member States to integrate research into the mainstream of national programme activities and plans, to strengthen health research policies, and to improve the generation and use of research evidence. A ministerial conference on health research would be convened in Bamako, Mali, from 17 to 20 November 2008.

In the Western Pacific Region, the malaria burden in the 10 endemic countries had been reduced by half since 1993, but progress had slowed since 2000. Resolution WHA60.18 on malaria, among other things, urged Member States to strengthen programme management, especially human resources and the quality of programme monitoring and disease surveillance. It also urged them to ensure access to malaria control interventions for vulnerable population groups. In response to the serious resistance to antimalarial drugs in the Region, Member States were urged to phase out oral artemisinin monotherapies and to adopt artemisinin-based combination therapy as the national first-line treatment for falciparum malaria. They were also urged to act nationally and regionally in close collaboration with WHO to combat counterfeit antimalarial medicines. The resolution also called for the establishment of a World Malaria Day, which would be observed in the 10 malaria-endemic countries of the Region.

Resolution WHA60.26 dealt with the global plan of action on workers' health 2008-2017, endorsed by the Sixtieth World Health Assembly. Member States and the WHO Regional Office for the Western Pacific had participated actively in the development of the plan of action. In 2005, WHO, in collaboration with the International Labour Organization (ILO), had developed the Regional Framework for Action on Occupational Health: 2006-2010. The Framework and the draft global plan of action had been prepared at the same time and their contents were closely linked; implementation of the Regional Framework would contribute to the implementation of the global plan of action. Member States and other relevant parties were urged to implement the Regional Framework.

Resolution WHA60.27 concerned the strengthening of health information systems. Health and the health-related Millennium Development Goals had provided a common platform for the work of United Nations organizations and

partners in improving countries' health information systems. Numerous WHO programmes in the Region, as well as the recently formed Health Metrics Network, were contributing to improvement efforts. The strategies mentioned in the resolution were consistent with current regional strategies and WHO workplans to enhance the development of health information system in countries. Member States might wish to consider promoting the actions proposed in the resolution to strengthen their health information systems, with support from WHO and partners, including the Health Metrics Network.

Ms YUAN (United States of America) thanked the Secretariat for the report, but pointed out that it had not reflected accurately the wording of resolution WHA60.15, which urged Member States to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that developing countries should invest at least 2% of national health expenditures in research and research-capacity strengthening.

Dr IMAI (Japan) emphasized the importance of promoting health research for the development and implementation of health policy on the basis of scientific evidence. She therefore urged continued support for the activities of the International Agency for Research on Cancer and the WHO Centre for Health Development, and for the greater use and expansion of the network of WHO collaborating centres. WHO should continue to take a lead in health research activities, including provision of support for strengthening research capacity in Member States.

She stressed the importance of collaboration between WHO and the International Labour Organization (ILO). Japan combined its activities on health, welfare and labour under a single ministry and was promoting occupational health management. It stood ready to share its technical experience in that area.

Dr CHOI (Republic of Korea) said that cooperation between WHO's governing bodies, the World Health Assembly, the Executive Board and the regional committees, was essential, and she therefore urged Member States to make efforts to implement World Health Assembly and Executive Board decisions. Health research and health information systems were of particular importance and there was a need to strengthen national capacity and increase budgets in those areas. However, the recommendation that Member States should invest 2% of national health expenditure and 5% of project and programme aid on health research might not be feasible for many countries in the Region, considering health budget constraints. She therefore requested the Regional Office to

consider developing more appropriate guidance that took into account the local situation. The Republic of Korea endorsed the recently developed regional knowledge management strategy. The strategy included such initiatives as the Regional Index Medicus and the Global Health Library, which were supported by China and Japan, and which would improve access to health information and research data. The next Index Medicus/Global Health Library meeting would be hosted by the Republic of Korea in Seoul in November 2007.

Dr DUQUE (Philippines) said that his country had fully supported the adoption, at the Sixtieth World Health Assembly, of resolution WHA60.15 on WHO's role and responsibilities in health research. In the operative texts, the Philippines had proposed that appropriate systems and mechanisms be instituted for greater interaction and convergence among researchers and users of relevant research in order to improve the use of research findings and to enhance the framing of health policy; that was best exemplified in the Philippine National Health Research System, a network of professionals and institutions working to implement national health research priorities.

The Philippines supported the Evidence-Informed Policy Network, which encouraged systematic reviews and research synthesis, implementation of rapid information response teams, and strengthening or expansion of network systems. That translated to efficient research management, greater funding prospects and the provision of relevant, quality evidence for health systems.

Dr MALEFOASI (Solomon Islands) said that his country had one of the highest burdens of malaria in the Region and he therefore welcomed the proposal for the designation of a World Malaria Day.

The DIRECTOR, PROGRAMME MANAGEMENT thanked representatives for their comments, which had been noted. He agreed with the representative of the United States of America that the Secretariat report had not reflected accurately the wording of paragraph 1(1) of resolution WHA60.15, which he read out for clarification.

3. SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE:
Item 17 of the Agenda (Document WPR/RC58/14)

The DIRECTOR, PROGRAMME MANAGEMENT explained that the Policy and Coordination Committee, which was the governing body of the WHO Special Programme of Research, Development and Research Training in Human Reproduction, had a total of 32 members under four categories: category 1, the

largest financial contributors; category 2, countries elected by the WHO regional committees; category 3, other interested Cooperating Parties; and category 4, Permanent Members. Under Category 2, 14 Member States were elected by the WHO regional committees for three-year terms, three of which were allocated to the Western Pacific Region. The Member States from the Western Pacific Region currently serving on the Committee were Malaysia, Singapore and the Republic of Korea. The term of office of Malaysia would expire on 31 December 2007. The Regional Committee was therefore requested to select one Member State, whose three-year term would start on 1 January 2008, to succeed Malaysia. Due consideration should be given to a Member State's financial or technical support to the Special Programme and its interest in the field of human reproduction, as reflected in its national policies and programmes. The Regional Committee might like to select Mongolia as a member of the Policy and Coordination Committee, the next annual meeting of which was tentatively scheduled for 25-26 June 2008 at WHO Headquarters in Geneva.

It was so decided (see decision WPR/RC58(1)).

4. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES:
MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 18 of the agenda
(Document WPR/RC58/15)

The DIRECTOR, PROGRAMME MANAGEMENT informed the Committee that the Special Programme for Research and Training in Tropical Diseases (TDR) was an independent global programme of scientific collaboration. Established in 1975 and cosponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO, it aimed to help coordinate, support and influence global efforts to combat a portfolio of major diseases of poor and disadvantaged population groups. TDR focused on developing improved tools for the control of tropical diseases and strengthening the research capability of affected countries, and was governed by three bodies—the Joint Coordinating Board, the Standing Committee, and the Scientific and Technical Advisory Committee.

The principal role of the Joint Coordinating Board, the top governing body, was to coordinate the interests and responsibilities of all parties cooperating in TDR. The Board met annually to review TDR's activities, evaluate progress and determine TDR's budget. It consisted of 34 members, who served for a period of three years and might be reappointed, from among the Cooperating Parties: 12 government representatives selected by the contributors to TDR resources; 12 government representatives selected by the

WHO regional committees from among those countries directly affected by the diseases dealt with by the TDR, or from among those providing technical or scientific support to the TDR; six members designated by the Joint Coordinating Board itself, from among the remaining Cooperating Parties; and the four agencies that comprised the Standing Committee.

WHO was one of the 34 members of the Joint Coordinating Board and played a role as a sponsor, together with UNICEF, UNDP and the World Bank, for TDR.

Each regional committee of WHO was responsible for selecting two government representatives to serve on the Board. The two Member States currently serving for the Western Pacific Region were the Philippines and Viet Nam. The three-year term of the Philippines would end on 31 December 2007. The Regional Committee was requested to select one Member State for the three-year period commencing 1 January 2008. The Committee might wish to select Papua New Guinea to replace the Philippines; the exact dates and place of the 2008 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

It was so decided (see decision WPR/RC58(2)).

5. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following resolutions:

5.1 Progress towards achieving the Millennium Development Goals

(Document WPR/RC58/Conf Paper No. 2 Rev. 1)

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC58.R2).

5.2 Avian and pandemic influenza, the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases

(Document WPR/RC58/Conf. Paper No. 3)

Dr HALL (Australia) proposed that operative paragraph 3(1) should begin with the words "to continue to work with the Regional Office for South-East Asia, all relevant partners and Member States".

Ms YUAN (United States of America) proposed that operative paragraph 2(1) should be followed by a new paragraph that read: "to review and, where necessary, adjust their national laws, policies and procedures in order to come into compliance with the IHR (2005)."

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC58.R3).

5.3 People at the Centre of Care Initiative

(Document WPR/RC58/Conf. Paper No.4).

Mrs GIDLOW (Samoa), in the interest of increasing the transparency of primary care and health promotion in the text, proposed that the second preambular paragraph should be followed by a new paragraph that read: "Emphasizing the relevance of accelerating people-centred care to the strengthening of primary health care and health promotion".

Dr CHOI (Republic of Korea) proposed that, in operative paragraph 3(1), the words "international standard" should be inserted after the word "developing".

Ms YUAN (United States of America) proposed that, in the fifth preambular paragraph, the words "and rights-based" be deleted, as she considered that inclusion of that concept would add complexity to the issue. She further proposed that the seventh preambular paragraph be deleted or that its meaning be made clearer. She also proposed that, in the eighth preambular paragraph, the word "results" after "people-centred health care" be replaced by "could result", as direct correlations had not been established between people-centred care and all of the results listed in the paragraph.

Dr MATHESON (New Zealand) said, with respect to preambular paragraph five, that the issue being addressed was the empowerment of people. Access to rights was one means to that end. He suggested that the phrase read "a people-centred, patient-empowering approach". He also proposed that the end of seventh preambular paragraph be revised to read "... programmes: prevention, primary health care, health promotion and other individual-based approaches;".

DR TANGI (Tonga), with respect to the amendments proposed by the representative of the United States to the eighth preambular paragraph, questioned whether scientific research was needed to prove the efficacy of a people-centred approach for the outcomes listed.

Ms YUAN (United States of America) agreed that research had already been conducted to show that people empowerment improved patient safety; however, statistical correlations should be established for each of the outcomes before the word "results" could be used in the first part of the paragraph.

Dr MATHESON (New Zealand) said that the evidence for the efficacy of the approach on health systems was much stronger than was implied by the word "could". He agreed that people-centred health care was not the only contributor to those outcomes and suggested that the words "contributes to" replace the words "results in".

Ms YUAN (United States of America) countered, however, that the proposed wording still implied that there were direct correlations with all the aspects listed.

The DIRECTOR, BUILDING HEALTHY COMMUNITIES AND POPULATIONS, pointing out that studies had been commissioned on the impact of people-centred care, suggested that the first part of the paragraph read, "Acknowledging that there is accumulating evidence that people-centred health care results ...".

Ms YUAN (United States of America) again insisted that evidence was not accumulating that all the outcomes were correlated with people-centred health care.

The REGIONAL DIRECTOR said that, although 100% correlation had not been established, there were many indications that the approach was having some positive impact on those outcomes. That conclusion would not preclude further study, and much research was being conducted. He suggested that the phrase be amended to read, "Acknowledging that people-centred health care is making some positive impact on ...".

Ms YUAN (United States of America) said that she agreed with that proposal on the condition that the qualifiers "increased" and "improved" be removed from the subsequent text.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC58.R4).

6. RESOLUTION OF APPRECIATION

Dr DUQUE (Philippines), speaking on behalf of all representatives present at the fifty-eighth session of the Regional Committee, proposed a resolution of appreciation, expressing thanks and appreciation to the Government of the Republic of Korea for its hospitality and the excellent facilities that had been provided. He thanked the Chairperson and the other elected officers, the Regional Director and the Secretariat for their hard work.

Dr TANGI (Tonga) and Dr SENILAGAKALI (Fiji) expressed their support for the proposal.

Decision: The draft resolution was adopted (see resolution WPR/RC58.R6).

7. TIME AND PLACE OF THE FIFTY-NINTH AND SIXTIETH SESSIONS OF THE REGIONAL COMMITTEE (Item 19 of the Agenda)

The REGIONAL DIRECTOR recalled that, at its fifty-seventh session, the Committee had decided to hold its fifty-ninth session at the Regional Office in Manila. In proposing the dates of the session, he reminded the Committee that they had to take into account the dates of all six WHO regional committee sessions, both to enable the Director-General to attend at least part of each one and to allow time for the discussions of all the regional committees to be reflected in the documentation for the Executive Board meeting in January. He therefore proposed 22 to 26 September 2008 as the dates for the fifty-ninth session of the Regional Committee.

He said that the sixtieth session of the Regional Committee, in 2009, would also be held at the Regional Office in Manila, unless, in the meantime, a Member State offered to host the meeting.

Decision: The draft resolution was adopted (see resolution WPR/RC58.R5).

8. CLOSURE OF THE SESSION (Item 20 of the Agenda)

The REGIONAL DIRECTOR expressed his thanks to the Government of the Republic of Korea for its hospitality and the excellent facilities it had provided.

The CHAIRPERSON expressed his thanks to all those involved in the session, and declared the fifty-eighth session of the Regional Committee closed.

The meeting rose at 11:50.