REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SIXTY-FOURTH SESSION
Manila, Philippines
21-25 October 2013

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
January 2014
PREFACE

The sixty-fourth session of the Regional Committee for the Western Pacific was held in Manila, Philippines, from 21 to 25 October 2013. Honourable Tuitama Dr Leao Talalelei Tuitama (Samoa) and Ms Natsag Udval (Mongolia) were elected Chairperson and Vice-Chairperson, respectively. Dr Frances McGrath (New Zealand) and Dr Jean-Paul Grangeon (France) were elected Rapporteurs.

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I. INTRODUCTION

The sixty-fourth session of the Regional Committee for the Western Pacific was held at the WHO Regional Office for the Western Pacific, Manila, Philippines, from 21 to 25 October 2013.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong (China), Japan, Kiribati, the Lao People’s Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Nauru, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam, and by representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from the United Nations Food and Agriculture Organization, United Nations International Atomic Energy Agency and United Nations World Meteorological Organization; representatives of 20 nongovernmental organizations; and observers from the Asian Development Bank, Asia Pacific Alliance to Eliminate Viral Hepatitis, Department of Health, Philippines, GAVI Alliance, Government of New Caledonia, Independent Expert Review Group and ZeShan Foundation.

The resolutions adopted and the decision 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 contained in Annexes 1 and 2.

At the opening of the session in the Conference Hall, Regional Office for the Western Pacific, remarks were made by the outgoing Chairperson and the WHO Regional Director for the Western Pacific. The Director-General of the World Health Organization delivered her address to the Regional Committee (see Annexes 4 and 5).

II. RESOLUTIONS ADOPTED AND DECISION MADE BY THE REGIONAL COMMITTEE

WPR/RC64.R1 NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure,

1. NOMINATES Dr Shin Young-soo as Regional Director for the Western Pacific; and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Shin Young-soo for a period of five years starting on 1 February 2014.

Second meeting, 21 October 2013
WPR/RC64.R2  DRAFT PROPOSED PROGRAMME BUDGET 2014–2015

The Regional Committee,

Acknowledging that the Proposed Programme Budget 2014–2015 for the Western Pacific Region contains a new structure of six categories of work and a new results chain, all of which are aligned with the global Programme Budget 2014–2015;

Noting that the six categories of work in the Proposed Programme Budget 2014–2015 for the Western Pacific Region replace the 13 strategic objectives contained in the Programme Budget 2012–2013 for the Western Pacific Region;

Noting that the Programme Budget 2014–2015 for the Western Pacific Region reflects a realistic budget based on income and expenditure patterns from Programme Budget 2012–2013, is financed as a single budget covered by assessed contributions and voluntary contributions, and is expected to be fully funded by available funding and other funding sources subject to the outcome of the Financing Dialogue with Member States and other contributors,

1. ENDORSES the Proposed Programme Budget 2014–2015 for the Western Pacific Region;

2. REQUESTS the Regional Director to make every effort to implement the Programme Budget 2014–2015 for the Western Pacific Region in close collaboration with Member States, and to report on progress towards outputs and deliverables;

3. FURTHER REQUESTS the Regional Director to move towards bottom-up planning with country consultation and aligning the budget to identified priorities during the development of the proposed Programme Budget 2016–2017.

Fifth meeting, 23 October 2013

WPR/RC64.R3  AGEING AND HEALTH

The Regional Committee,

Noting that the proportion of people aged over 60 years is growing faster than any other age group in the world — a trend that speaks to the success of health and development programmes but also presents new challenges and opportunities;

Noting further the diverse experiences and needs of countries in the Western Pacific Region, where low- and middle-income countries have less time to prepare for the implications of this trend;

Acknowledging the importance of the family and traditional social structures that support and care for older people and the role of older people within these structures;

Recognizing the need to foster environments friendly to older people through action across sectors, to adopt a life-course approach to promote healthy ageing and prevent functional decline and disease among older people, and to reorient health systems to deliver people-centred integrated health services with the active participation of older people in responding to their health and social needs;
Recalling resolution WHA65.3 on Strengthening noncommunicable disease policies to promote active ageing which highlights ageing as a major contributing factor to the increasing burden of noncommunicable diseases;

Noting the importance of gender-responsive, equity-enhancing and human rights-based approaches to the health of older people, including the full and effective participation of older people in society,

1. **ENDORSES** the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*;

2. **URGES** Member States:
   
   (1) to utilize the framework to guide the development of evidence-informed national policies and actions using a multisectoral approach;
   
   (2) to mobilize human and financial resources to implement and sustain action on ageing and health;
   
   (3) to strengthen the health sector response to ageing;
   
   (4) to foster mechanisms and partnerships on ageing and health with social groups, civil society, international partners and other stakeholders;

3. **REQUESTS** the Regional Director:
   
   (1) to strengthen technical collaboration with Member States and enhance the evidence base to inform policy-making and accelerated action on ageing and health;
   
   (2) to strengthen advocacy and to foster health sector leadership and intersectoral partnerships on ageing and health;
   
   (3) to report periodically to the Regional Committee on progress in addressing ageing and health.

Fifth meeting, 23 October 2013

**WPR/RC64.R4 BLINDNESS PREVENTION**

The Regional Committee,

Having considered the report and the draft *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific Region (2014–2019)*;

Recalling resolutions WHA56.26 on the elimination of avoidable blindness, WHA59.25 and WHA62.1 on the prevention of avoidable blindness and visual impairment, and WHA66.4 on universal eye health: a global action plan 2014–2019;

Recognizing that an estimated 90 million people in the Western Pacific Region are visually impaired and that 80% of all visual impairment can be prevented or cured;
Recognizing the linkages between the draft regional action plan 2014–2019 on universal eye health and efforts to address noncommunicable diseases and neglected tropical diseases;

1. ENDORSES Towards Universal Eye Health: A Regional Action Plan for the Western Pacific Region (2014–2019);

2. URGES Member States:
   (1) to strengthen national efforts to prevent avoidable visual impairment, including blindness, through better integration of eye health services into national health plans and health service delivery;
   (2) to implement the regional action plan 2014–2019 on universal eye health, including universal and equitable access to services, in accordance with national priorities and budgets;

3. REQUESTS the Regional Director:
   (1) to provide technical support to Member States for the implementation of the regional action plan 2014–2019 on universal eye health in accordance with national priorities;
   (2) to strengthen advocacy for investment in the prevention of avoidable visual impairment, including blindness;
   (3) to report periodically to the Regional Committee on the implementation of the action plan.

Seventh meeting, 24 October 2013

WPR/RC64.R5 HEPATITIS B CONTROL THROUGH VACCINATION: SETTING THE TARGET

The Regional Committee,

Recalling resolution WPR/RC56.R8 that in 2005 established an interim milestone to reduce hepatitis B antigen (HBsAg) seroprevalence to less than 2% in five-year-old children by 2012 and a goal of less than 1% HBsAg seroprevalence in the Western Pacific Region;

Acknowledging the success of the majority of Member States in achieving the less than 2% prevalence milestone;

Mindful of the continued burden of disease, disability and death from chronic hepatitis B infection in the Western Pacific Region;

Aware that the hepatitis B vaccination regimen (including the birth dose) is highly effective at preventing perinatal and horizontal transmission of the virus;

Mindful that the hepatitis B birth dose vaccination also provides opportunities to strengthen immunization and other public health programmes, especially maternal and child health programmes;
Recognizing the recommendations for hepatitis B control developed by the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region in 2012,

1. DECIDES that the Western Pacific Region should aim to reduce HBsAg seroprevalence to less than 1% in five-year-old children by 2017;

2. URGES Member States:
   (1) to ensure at least 95% coverage of the eligible population at the national level of the hepatitis B vaccination regimen (including the birth dose), and at least 85% coverage in all districts;
   (2) to coordinate immunization with broader maternal and neonatal care efforts;
   (3) to explore opportunities to integrate hepatitis B vaccination programmes with broader immunization and other health programmes;
   (4) to monitor the implementation of hepatitis B control plans;

3. REQUESTS the Regional Director:
   (1) to continue providing technical support to Member States and advocate hepatitis B control;
   (2) to report progress on hepatitis B control periodically to the Regional Committee.

Seventh meeting, 24 October 2013

WPR/RC64.R6 NONCOMMUNICABLE DISEASES

The Regional Committee,

Recognizing that noncommunicable diseases (NCDs) and their main risk factors are a serious threat to the health and equitable development of Member States in the Western Pacific Region;

Acknowledging the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2011;

Reiterating the role of governments in ensuring political commitment and leadership, as well as human and financial resources, for NCD prevention and control;

Emphasizing the critical roles of development partners, social groups, civil society, professional organizations, academia, industry and the private sector in ensuring effective NCD prevention and control through multisectoral policies and plans;

Underscoring that the prevention and control of noncommunicable diseases requires not only strengthening of health systems towards universal health coverage, but also strong action from non-health sectors;
Recognizing that women and children's health is inextricably linked with NCDs, and life-course approaches to address NCDs should be integrated with the global maternal, neonatal and child health agenda;

Noting the comprehensive global monitoring framework, including indicators, and voluntary global targets for the prevention and control of NCDs;

Further noting the endorsement of the global action plan for NCD prevention and control (2013–2020) through resolution WHA66.10;

Recalling resolution WHA65.3 on strengthening noncommunicable disease policies to promote active ageing;

Acknowledging the progress in implementing the Western Pacific Regional Action Plan for Noncommunicable Diseases (2008–2013);

Noting the relevance of “Health in All Policies” and reaffirming the importance of health promotion and healthy settings, particularly Healthy Islands and Healthy Cities;

Recalling resolution WPR/RC62.R2 on Expanding and Intensifying Noncommunicable Disease Prevention and Control,

1. ENDORSES the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020);

2. URGES Member States:
   (1) to implement the regional action plan as appropriate to the country context;
   (2) to develop national targets that are aligned with voluntary global targets for the prevention and control of noncommunicable diseases;
   (3) to invest in strengthening health systems throughout the life course, and to work with non-health sectors, to promote health and to prevent and control NCDs;

3. REQUESTS the Regional Director:
   (1) to strengthen advocacy for investment in the prevention and control of NCDs, including as part of the development agenda;
   (2) to extend technical support to Member States to strengthen evidence-based policy and prioritization, and to build capacity for sustainable NCD prevention and control programmes, including integration into the broader health system;
   (3) to report periodically to the Regional Committee on the implementation of the action plan.

Seventh meeting, 24 October 2013
WPR/RC64.R7  TIME AND PLACE OF THE SIXTY-FIFTH SESSION

The Regional Committee,

1. DECIDES that the sixty-fifth session will be held in the Philippines;

2. FURTHER DECIDES that the dates of the sixty-fifth session shall be from 13 to 17 October 2014;

3. EXPRESSES its appreciation to the Government of the Philippines for its offer to host the sixty-fifth session of the Regional Committee for the Western Pacific in 2014.

Eighth Meeting, 24 October 2013

WPR/RC64.R8  RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee;

2. the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

Eighth meeting, 24 October 2013

DECISION

WPR/RC64(1)  SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the period of tenure of the representative of the Government of Malaysia as a member of 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 2013, selects Brunei Darussalam to nominate a representative to serve on the Policy and Coordination Committee, under Category 2, for a period of three years from 1 January 2014 to 31 December 2016.

Eighth Meeting, 24 October 2013
III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional Agenda

1. The sixty-fourth session of the Regional Committee for the Western Pacific, held at the WHO Regional Office for the Western Pacific, Manila, Philippines, from 21 to 25 October 2013, was declared open by the Chairperson of the sixty-third session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Provisional Agenda

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

ELECTION OF OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPORTEURS: Item 3 of the Provisional Agenda

3. The Committee elected the following officers:

   Chairperson: Honourable Tuitama Dr Leao Talalelei Tuitama (Samoa)
   Vice-Chairperson: Ms Natsag Udval (Mongolia)
   Rapporteurs:
   in English Dr Frances McGrath (New Zealand)
   in French Dr Jean-Paul Grangeon (France)

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC64/1 Rev. 1)

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

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

5. The Director-General of the World Health Organization addressed the Committee (see Annex 5).

6. One representative said that WHO had developed a number of guidelines but had taken relatively few initiatives to strengthen health systems and to prevent and control noncommunicable diseases. Specific actions in that area would actively demonstrate the Organization’s leadership. Another said that Member States needed to be careful not to compromise their health programmes and policies in the context of trade negotiations, which tended to limit poorer countries’ access to affordable drugs and involved patent issues and matters of data exclusivity, thus proving an obstacle to the manufacture of generic medicines. Trade agreements also tend to focus on tobacco as an industry, thus unfortunately dwelling on trade liberalization rather than health aspects. One representative said that there was no standard recipe for universal health coverage (UHC); every Member State needed to follow its own model. UHC should provide an opportunity to forge a new social compact that strengthened collective responsibility while simultaneously emphasizing the role of the family and the individual in providing for health care.
7. Replying to comments made by delegations, the Director-General said that WHO was always happy to provide technical support, but it was incumbent upon governments to show leadership by addressing health issues from an intersectoral perspective, for example by ratifying and implementing the provisions of the WHO Framework Convention on Tobacco Control and pursuing public health education programmes that ensured prevention was the cornerstone of response. Again, it was the responsibility of governments to decide what subjects should or should not be included in trade negotiations, but at the same time they should never lose sight of the health perspective. UHC models would necessarily differ from one Member State to the next; however, they should all be responsive to evolving needs. Such schemes should be characterized by solidarity and equity, meaning that no one should be denied access to treatment, but at the same time the cost of health care, and the manner in which it was funded, needed to be understood.

**NOMINATION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC64/12)**

The Regional Committee considered a draft resolution on the nomination of the Regional Director.

The resolution was adopted and Dr Shin Young-soo was nominated for a second term as Regional Director for the Western Pacific (see resolution WPR/RC64.R1).

**ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 8 of the Agenda (document WPR/RC64/2)**

8. The Regional Director addressed the Committee. His full presentation is contained in Annex 6 to this report.

9. Representatives noted progress in areas such as communicable disease surveillance and response; measles incidence; polio eradication; rates of vaccination, especially against hepatitis B; and life expectancy, while calling attention to the challenges remaining, especially with respect to Millennium Development Goals (MDGs) 4 and 5 for child and maternal health, respectively, and the growing threat of noncommunicable diseases (NCDs). Although gains had been made against infectious diseases, vigilance remained crucial for emerging epidemic infectious diseases, such as influenza A(H7N9) and the Middle East Respiratory Syndrome. The latter two new diseases also called attention to the importance of animal surveillance and full implementation of the International Health Regulations (2005).

10. The growing incidence of NCDs in the Western Pacific Region required a focus on risk factors, healthy lifestyles and other methods of prevention. Innovative, cost-effective interventions were urgently needed. A number of countries said they were emphasizing behavioural and lifestyle changes, empowerment of communities and individuals, and integration of NCD control into national health plans. Speakers noted the importance of specific interventions and measurable endpoints, as well as policies and regulatory mechanisms.

11. Several representatives highlighted their countries’ move towards UHC. They noted that successful implementation of UHC required a strong primary health care foundation and health systems strengthening. Strong and resilient health systems were required for full and equitable access to health services, especially in rural areas. Health-care financing reform was vital to these efforts. Countries should work together to ensure that health indicators were highlighted in the post-2015 agenda.

12. Representatives thanked WHO and regional and international partners for effective collaboration and technical support, especially in multisectoral efforts and action plans to combat NCDs. Support from WHO and partners was also critical in urgent situations, such as outbreaks of
dengue, and emergencies and disasters, including tsunamis, floods and typhoons. Proactive efforts, better networks and sharing of expertise were needed for management of such events.

13. Tobacco control was mentioned in a number of interventions. Member States urged each other to band together against the multinational tobacco industry and any liberalization of trade restrictions or weakening of regulation with respect to tobacco. Countries called upon each other to ratify the Framework Convention on Tobacco Control.

14. Another item of concern was malaria control, especially drug-resistant forms and transmission across borders and areas, which had global consequences and needed support from WHO and regional and international partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Deep concern was expressed about artemisinin resistance, as well as climate change and its effects on health.

15. The special situation of Pacific island countries and areas was highlighted. Representatives from the Pacific said they needed tailored support, including greater human resources, particularly skilled health-care workers, to meet workforce challenges in the medium to long term. Further, climate change and consequent health issues affected them disproportionately.

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

16. The Chairperson of the sixty-fourth session of the Regional Committee addressed the Committee (see Annex 7).

PROGRAMME BUDGET 2012–2013: BUDGET PERFORMANCE (FINAL REPORT): Item 9 of the Agenda (document WPR/RC64/3)

17. The Director, Programme Management, presented the interim report of implementation of the 2012–2013 Programme Budget as of 30 June 2013. In May 2011, the World Health Assembly had approved assessed contributions for the Region for the 2012–2013 biennium in the amount of US$ 78.7 million. Due to uncertainties regarding receipt of assessment contributions from some Member States, the Director-General had decided to establish the initial working allocation at 97%, thereby reducing the Western Pacific Region’s assessed contributions to US$ 76.3 million. The implementation of assessed contributions amounted to US$ 54.4 million or 71.3% of the current working allocations for the period from 1 January 2012 to 30 June 2013. Total voluntary contributions mobilized in 2012–2013 amounted to US$ 205.7 million, with implementation amounting to US$ 137.2 million or 66.7% of total voluntary contributions for the period from 1 January 2012 to 30 June 2013. Overall, the implementation of all funds amounted to US$ 191.6 million or 67.9% of the total available resources of US$ 282 million as of 30 June 2013. As of 30 September 2013, overall implementation had increased to US$ 228.7 million or 79.5% of the total resources of US$ 287.7 million. Of a total of 171 Regional Expected Results (RERs) for the biennium 2012–2013, 92 (54%) had been fully achieved by the end of 2012.

18. Representatives noted the overall budget funding gap of US$ 13.9 million and asked the Secretariat to explain whether the shortfall had been managed by extra fund-raising or through cuts. Likewise, some strategic objectives showed large funding gaps; others a low implementation rate. The targets for four Organization-wide expected results (OWERs) in the Region were categorized as “at risk”. The reduction in travel expenses was noted with satisfaction, although general operating costs had increased. One speaker requested that WHO should undertake a closer study of health planning at the country level to ensure better alignment with the Organization’s objectives and programmes. It was also noted that expenditure on medical supplies and literature had been reduced.

19. The Director, Programme Management, explained that for some strategic objectives such as emergency response or outbreak response, a budget envelope had been prepared for contingencies without actually committing funds. In another case, funds had been budgeted for a major project
through the Global Fund to Fight AIDS, Tuberculosis and Malaria in China that had not in fact been realized. The Region’s contribution to three indicators for OWER 2.1 and one for indicator OWER 2.2 were “at risk” owing to health systems issues such as insufficient laboratory capacity, lack of trained staff and the price of second-line drugs. Concerning OWER indicator 2.1.5, the Region was no longer investing in monitoring the proportion of high-burden Member States that had achieved the target of 70% of people with sexually transmitted infections (STIs) diagnosed, treated and counselled because there were currently no STI staff to address the issue. The nature of the WHO budget cycle and methodology made alignment with national health planning cycles difficult, but the Secretariat naturally took account of national health plans at the budget planning stage.

20. The Director, Administration and Finance, said that operating expenses had increased owing to factors such as expansion of country offices, inflation and negative exchange rate effects. The Secretariat was conscious of the need to keep such costs under control to the extent possible. The reduction in expenditure on medical supplies/literature had been made possible through better planning and the introduction of paperless technologies, without compromising quality in any way.

21. The Director-General said that, from an historical perspective, WHO budgeting had been aspirational, especially with regard to programmes funded through voluntary contributions. The budgets of the future were based on real money. Strict budget discipline would be necessary. Except in genuine emergencies, budgetary ceilings would not be raised. It was certainly true that WHO budget priorities should mirror those of Member States at the national level; however, governments should allocate money to their stated priorities under respective national budgets. The Organization should not be expected to fund those priorities from its limited budget. On the contrary, WHO should use its own budgetary resources to leverage national efforts in defined areas of intervention. In the past, WHO had tended to set ambitious indicators and had been optimistic about mobilizing funds. When the 2008 financial crisis occurred, Member States were forced to moderate their ambitions. Administrative and management costs had historically been poorly tracked. These costs were integral to programme delivery and could not be conveniently overlooked. The condition of the Organization’s premises provided a telling example of the extent to which the issue had been neglected: the Western Pacific Region was fortunate in having a relatively well-appointed office in Manila, Philippines; whereas, the premises of other regional offices and many country offices left much to be desired. In the context of WHO reform, she looked forward to a frank dialogue with Member States on how they wished to fund the Organization’s administrative and management costs.

22. The Regional Director said that Member States needed to appreciate how different the new budget environment was going to be, starting with the 2014–2015 biennium. For example, it was possible to envisage a scenario in which some voluntary contributions would have to be rejected as being inconsistent with the Organization’s priority programmes. If the forthcoming Financing Dialogue did not yield a decision to explore more flexible funding arrangements, it would be hard to see how the Organization could continue to serve its membership adequately.


23. The Director, Programme Management, presented the Proposed Programme Budget 2014–2015 of the Western Pacific Region in the light of WHO programmatic reform. The Proposed Programme Budget had been developed according to the resolutions of the Twelfth General Programme of Work and the global Programme Budget 2014–2015, as approved by the Sixty-sixth World Health Assembly in May 2013. The current proposed Programme Budget was structured around six categories of work, unlike previous biennial programme budgets, which had been structured around 13 strategic objectives. Along with the shift from strategic objectives to categories, WHO adopted a new results chain that better linked the work of the Secretariat to the health and development needs of Member States. Under the new financing mechanism, the provision of a single budget figure without a separate initial allocation of assessed contributions represented a significant
change in the budget presentation. The allocation of available funds would be decided by the Director-General following the Financing Dialogue with Member States and donors in November 2013 and the completion of operational planning. The budget envelopes provided to countries for work plan development in early August 2013 had been based on income and projected expenditure from the 2012–2013 Programme Budget. Although operational planning for the 2014–2015 Programme Budget had been compressed and the July 2013 start date had posed challenges in terms of consultation with Member States and partners, the Regional Committee nevertheless currently had before it a complete and detailed document for the forthcoming biennium.

24. Comments on the preparation of the 2016–2017 Programme Budget had been included in a separate document for initial review and discussion. A new bottom-up planning approach was proposed in line with the decision of the Sixty-sixth World Health Assembly on a new strategic resource allocation methodology for the 2016–2017 Programme Budget.

25. Representatives broadly supported the idea of presenting a single budget figure by category of work and programme area and the concept of bottom-up planning based on country priorities for the 2016–2017 Programme Budget. Considering that the 2014–2015 Programme Budget was transitional in nature and Member States were unfamiliar with the development and implementation of the new-style budget, the Secretariat should provide guidance on how to navigate the new format. Under the strategic allocation methodology, priority areas would be chosen from a “menu” provided by WHO, but different countries had different priorities, and moreover governments were being asked to define their national priorities under considerable time pressure. A certain proportion of the budget should therefore be set aside for Member States to decide on priorities from outside the “menu”. The Secretariat needed to guarantee flexibility of reprogramming between budget implementation categories when country situations warranted. Some indication was needed of the proportion of voluntary contributions that would be mobilized for each country, so that national governments could plan accordingly. Hence the need for an effective priority-setting strategy at the country level, with one representative suggesting a multiyear rolling work plan.

26. The Secretariat needed to clarify whether reporting would continue with respect to the amount of assessed and voluntary contributions and what budget performance measures were in place. WHO should select and define a minimum set of measurable indicators for performance evaluation that were not burdensome for Member States. Some indication was also needed of the relative priority accorded to emergency preparedness and the prevention and management of noncommunicable diseases (NCDs) within the various categories of work. It was noted that output indicators, baselines and targets for the 2014–2015 Programme Budget had yet to be defined, an exercise that should preferably be performed in close cooperation with Member States. Further clarifications were also required on a progress review mechanism for the achievement of budget outputs and deliverables, and an assurance was needed that reduced budget allocations in certain areas merely reflected adjustments from one biennium to the next rather than indicating a lower priority.

27. Many representatives expressed concerns regarding uncertainties associated with the new financing mechanism: it was still unclear how funding for the Regional Office would be affected and whether the Region would be disadvantaged under the new arrangements. The Regional Office had already undergone some structural reform in anticipation of the new budget format; assurances were sought that no further restructuring would be required.

28. The representative of Samoa asked for clarification as to why the 50% increase in that country’s budgetary allocation under the proposed Programme Budget would be absorbed by the integration of technical staff costs. The representative of Tonga queried the description of his country as an “upper middle-income country” rather than a “lower middle-income country”.
29. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said that during the current operational planning round, agreed output indicators were being examined closely and measurement criteria were being developed for incorporation into the WHO Global Health Observatory and ongoing dissemination via the Organization’s web portal. In the past, emergency preparedness and response had been combined in a single budget line, but preparedness had been given much stronger recognition in the Programme Budget currently before the Regional Committee. The budgets of the two Category 5 programmes concerned, namely alert and response and emergency risk management, had been increased. Likewise, the budget for NCDs had been increased to reflect its growing importance in the work of the Organization. It was true that there had been an overall reduction in the budget relative to the biennium 2012–2013. The reductions had occurred in Category 1, specifically in the programmes relating to HIV/AIDS, tuberculosis and the Special Programme for Research and Training in Tropical Diseases. In the latter case, the budget had been more closely aligned with implementation capacity, while in the other two areas, programme activities had been focused in a more strategic manner. The budget reductions in HIV/AIDS and tuberculosis were also partly offset by significant contributions from partner programmes. The Secretariat acknowledged the novelty of the proposed Programme Budget, and assured Member States that appropriate guidance and support would be offered. Reprogramming a biennial budget would be a challenge, and the Secretariat was open to suggestions from governments about the best way of approaching that task.

30. The 2014–2015 Programme Budget was merely a transitional step that incorporated the programmatic and managerial reforms already undertaken; the 2016–2017 budget would incorporate further refinements such as bottom-up planning and better linkage with global and regional level priorities and strategies. It would also be a fully costed budget. During the development of the budget process, the Secretariat had identified a number of shortcomings in its approach: it had not allocated sufficient time to priority-setting in technical cooperation; consultations at the country level did not take place until after the Programme Budget had been adopted; the Organization’s scarce resources were not used strategically; and planning needed to be more sequential. Moreover, administrative and management costs tended to be seen as divorced from programme delivery, rather than underpinning it, in fact. At the sixty-fifth session of Regional Committee for the Western Pacific in 2014, Member States would have the opportunity to see the first draft of a costed budget, aligned to deliverables, to which they themselves would have contributed.

31. The Director, Programme Management, said that the criteria endorsed by the World Health Assembly and the strategic priorities set out in the global Programme Budget provided good guidance for country priority-setting. Nevertheless, some constraints had been noted. For example, some priority areas were too broad, and there was a lack of synchronization with national budget cycles. On the question of budget flexibility, the World Health Assembly had already determined the respective allocations among categories and programmes and the relative proportion of allocations to regions and countries. The challenge was to ensure fair allocation among countries and programmes. More flexibility would be welcome and helpful. At the same time budget discipline would have to be maintained. In the development of the regional Programme Budget, the regional technical programmes had identified outputs from the global Programme Budget 2014–2015, to which the Regional Office would be able to contribute, and had developed a “regional accomplishment” indicator to measure the Regional Office’s contribution to global output. Further work was required to improve measurement at the regional level for better alignment with the new result chains of the global Programme Budget. In light of country priorities, it had been possible to shift some allocations within categories from one programme area to another. Country offices and regional programmes had been requested to make projections for the coming biennium and, thus, provide some idea of voluntary contributions likely to be received. A human resources structure review had been carried out in conjunction with a careful human resources planning exercise that had enabled international staff to be shifted to a national capacity role, as dictated by the funding situation in each country. An international staff position had been created in Samoa to support NCD implementation and health system strengthening. The post was deemed to be very important, and the Regional Office was committed to funding it.
32. The Director-General said that the WHO reform process necessitated a change of behaviour on the part of Member States and the Secretariat alike. The membership of the Organization had set the priorities and demanded a transparent account of properly costed activities. Above all, the focus should be on those areas where there were funding gaps. The purpose of the Financing Dialogue was to address the perennial problem of misalignment of resources by encouraging a conversation between Member States and other funding partners. The budget structure of WHO was such that most of the Organization’s major donors were non-state entities, such as the Bill & Melinda Gates Foundation, certain United Nations agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. Ministries of health were responsible for deciding budget priorities of the Organization, yet they did not provide funding. Without a reform of priority-setting, the Organization would be unable to serve its membership adequately. National ministries of health, development and foreign affairs needed to speak with one voice. Assessed contributions were the Organization’s most flexible source of funding, but because they accounted for just 20% of the total budget, they needed to be applied in a strategic manner. Low rates of budget implementation were explained by the fact that assessed contributions tended to arrive in the final quarter of each year. The concept of multiyear planning, as was suggested by one delegation, was very attractive. It was unrealistic to pretend that Member States were unaware of their ongoing priorities and unable to plan long term.

33. The Regional Director said that the process of developing the proposed Programme Budget for 2016–2017 and the Financing Dialogue demonstrated that WHO was a pioneer among international organizations. A commitment to more flexible financing arrangements on the part of Member States would surely consolidate that status.

34. The Regional Committee considered a draft resolution on the Proposed Programme Budget 2014–2015.

35. The resolution was adopted (see resolution WPR/RC64.R2).

High-level Panel Discussion on Ageing and Health in the Western Pacific Region

36. Dr John Beard, Director, Ageing and Life Course, WHO headquarters, facilitated the panel discussion. The objective of the session was to exchange experiences and stimulate discussion that would inform the Regional Committee item on ageing and health.

37. Professor Julie Byles, University of Newcastle, Australia, provided a general overview of ageing and health in the Western Pacific Region. The ageing population was increasing, with 235 million people aged 60 or over. Countries were ageing at different rates; the fastest growth was in low- and lower middle-income countries. Life expectancy was increasing, as was the burden of NCDs. Rates of communicable disease and unintentional injury remained high. When health was compared across seven countries in the Region, women were more likely to report poor health than men, as were people with lower levels of education. She concluded that healthy older people could be a resource for families and communities.

38. Professor Zhang Xiulan, Beijing Normal University, China, reported that China had 200 million older people and that the increase in the ageing population corresponded to the country’s economic growth. The country had recently instituted health-care programmes for rural populations, urban residents and employees; income-support programmes in the form of pensions, old-age subsidies and social assistance; and a long-term care system of home care, community-based services and institutional care. China had a national coordination mechanism for ageing people, with ageing services recognized as a key factor in the national economic agenda. She described the “Elderly Friendly Initiative”, which included national guidelines for cities, communities and families.

39. Dr Mitsuhiro Ushio, Ministry of Health, Labour and Welfare, Japan, described the country’s two main challenges: an ageing society with fewer and fewer children, and the increasing cost of
long-term care insurance, which was expected to rise from US$ 94 billion in 2013 to US$ 210 billion by 2025. The country was developing an integrated community care system to ensure that all older people, including those who require intensive support and care, were able to stay in their own communities throughout their lives. Japan would convene a high-level meeting on caring societies in December 2013.

40. Professor John McCallum, National Health and Medical Research Council (NHMRC), Australia, argued for the importance of research in building new policies on ageing. He described three options for getting research into policy. The Australia–Japan partnership was an international collaboration that compared aged-care systems. The second model was a partnership centre comprised of researchers, government and industry; the collaboration was intended to speed up the translation of research findings into policy. The third model used existing government administrative data sets or longitudinal studies to answer questions. Although evidence from research was only one element of policy-making, it was needed to provide accurate information on what worked and to moderate political and commercial interests.

41. Professor Choi Sung Jae, International Association of Gerontology and Geriatrics, based in the Republic of Korea, described a new policy paradigm for an ageing society. Such an age-integrated social system perspective ensured the social participation and social security of older people; provided opportunities for them to use their knowledge and skills; created a flexible redefinition of the life course; provided education on ageing and preparation for old age; established an ageing-friendly environment; and included life-long development of human capacity.

42. Professor Chia Kee Seng, National University of Singapore, said countries needed to focus on the “upstream” task of prevention of NCDs. He warned that health systems might not be able to cope with the demands of an increasing population of older people with NCDs. In Singapore, the projected burden of diabetes was expected to rise to 1 million by 2040. To address this problem, a multisectoral Healthy Lifestyle Masterplan had been developed. Its aim was to keep citizens healthy as long as possible by focusing on a balanced diet, physical activity, mental well-being, health screening, a smoke-free lifestyle and immunization. A focus on the working population was also needed, including a shift in mindset, from “working safely from 9 to 5” to “working safely and healthily till 65”.

43. Mr Eduardo Klien, HelpAge International, said a redesign of societies was needed to deal with ageing. One area of redesign came from the experience of community-based organizations that used older people as a resource. These multifunctional organizations included health care as well as participation in community life and self-help and social activities; were adapted to local contexts; promoted activities of self-care and healthy living; and used volunteers from the community.

Panel discussion

44. Representatives remarked on the timeliness of the draft Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) in view of the increasing ageing populations of many Member States. Ageing people required higher levels of social, custodial and hospital care, and countries needed new models that could deliver care for older people with different needs, using fewer country resources. Other needs were also noted: older people needed to remain healthy, active and engaged for as long as possible; to work as long as they wanted to; and in environments that were age-friendly. All of these issues required leadership, economic arguments and cross-sectoral approaches from governments.

45. It was noted that in the Region families were primarily responsible for the care of older people, and that families might require social support. Migration was another issue of particular relevance. For example, adult children in island communities were going abroad to work while older family members were returning to their island homes after retirement from work. This separation of children from their ageing parents raised a question as to who would be responsible for the care of
older people. Migration might require reciprocal health treaties and mutual social arrangements between countries.

AGEING AND HEALTH: Item 12 of the Agenda (document WPR/RC64/6)

46. The Regional Director presented the working document on ageing and health and called attention to Annex 1 of the draft Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019). He highlighted the four pillars of action: foster age-friendly environments; promote healthy ageing across the life course; reorient health systems to respond to the needs of older people; and strengthen the evidence base on ageing and health.

47. Representatives reviewed their experiences with national plans and policies on ageing. In some countries, few older people experienced healthy ageing, as a result of the rise of NCDs. Comprehensive, reliable data were needed to cope with this problem.

48. Effective national plans required international and regional partnerships, with technical support from WHO. Suggestions were made for continued advocacy on healthy ageing, a platform for sharing experiences, publication of technical support materials for developing countries, development of country action plans, key indicators, a regional monitoring system, and a Western Pacific Region network and national focal points on ageing.

49. The need for closer cooperation on diseases associated with ageing was noted. One example given was the scheduled December 2013 meeting on dementia research of ministers of health from the G8 countries, which was aimed at developing a coordinated global plan of action on dementia.

50. Participants made several suggestions for the draft framework: it should be adapted to local contexts and priorities; it required clear definitions of terms that might not be understood in the same way by all countries; and it needed to include encouragement for traditional social structures in the care of older people.

51. A statement was made on behalf of Alzheimer’s Disease International.

52. The Director, Health Systems Development, responded to the interventions. She acknowledged the need for holistic approaches to ageing within the framework of universal health coverage. Intersectoral work on healthy ageing was needed, as well as whole-of-government and whole-of-society approaches that took into consideration traditional cultures and structures and the importance of families in the Western Pacific Region.

53. The Regional Committee considered a draft resolution on ageing and health.

54. The resolution, as amended, was adopted (see resolution WPR/RC64.R3).

BLINDNESS PREVENTION: Item 11 of the Agenda (document WPR/RC64/5)

55. The Director, Programme Management, said that stronger efforts had been made to highlight blindness as a public health priority throughout the Region. In May 2013, the World Health Assembly had endorsed a new global action plan for the prevention of avoidable blindness and visual impairment. To address the specific needs of the Western Pacific Region, WHO had developed Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019). The draft action plan addressed the need to make eye health a higher priority through the development of cost-effective eye health interventions integrated into health systems, better monitoring and evaluation, and the expansion of partnerships with other sectors for eye health.
Representatives commended the regional action plan, which complemented their national efforts in the area of eye health. WHO should provide technical assistance, especially for capacity-building in order to carry out the proposed prevalence surveys. Better integration of eye care at the primary level of the health system was important in order to reach those patients most in need of eye care, especially in low-income countries. Eye-care services in most low- and middle-income countries, and especially in Pacific island countries, were ill-equipped to deal with the increase in the number of people with diabetes, all of whom required eye screening and possible treatment for diabetic retinopathy. Some speakers noted that the goal of reducing the prevalence of avoidable visual impairment by 25% by the target date of 2019 should be collective and applicable to the Region as a whole, rather than to each country individually.

A statement was made on behalf of the International Agency for the Prevention of Blindness (IAPB).

The Director, Building Healthy Populations and Communities, stressed the need for eye care to be addressed in a wider health context, such as the link between blindness and diabetic retinopathy, or between cataracts and ageing. The integration of eye health into primary health care systems would provide an excellent platform for early screening and raising awareness of eye disease. The critical role of strong bilateral intergovernmental partnerships and collaboration with nongovernmental organizations in the provision of eye health services in the Region, particularly in Pacific island countries, should be acknowledged. Strengthening surveillance capacity to collect data on eye health indicators was a priority under the Programme Budget. Rapid assessment survey tools were available for that purpose, and the Secretariat could provide assistance in their use.

The Regional Committee considered a draft resolution on blindness prevention.

The Regional Committee adopted the resolution, as amended (see resolution WPR/RC64.R4).

HEPATITIS B CONTROL THROUGH VACCINATION: SETTING THE TARGET: Item 13 of the Agenda (document WPR/RC64/7)

The Director, Programme Management, said that the Region as a whole had met the 2012 milestone of a hepatitis B prevalence rate of less than 2% in five-year-old children. In addition, many countries had already met the eventual goal of a prevalence rate of under 1%. The Region's Hepatitis B Expert Resource Panel had recommended 2017 as the target year for the goal of less than 1%, a target that seemed feasible as it built on current progress and support and resources already mobilized.

Representatives endorsed the target year of 2017 and shared their national experiences, which showed that in many cases the goals for hepatitis B vaccine coverage in the target population had already been met. Technical support provided by WHO and other partners was highly valued; it was hoped that, going forward, the Organization would be able to offer customized guidance corresponding to the particular stage reached by each country in its immunization efforts. Future dialogue and cooperation between WHO and Member States should perhaps focus on treatment programmes for adults living with chronic viral hepatitis, and the related issues of the availability of antiretroviral medicines and antiretroviral drug resistance.

Statements were made on behalf of ZeShan Foundation and Asia Pacific Alliance to Eliminate Viral Hepatitis.

The Director, Combating Communicable Diseases, said that the link between hepatitis B infection and certain cancers demonstrated that there was not always a clear distinction between communicable and noncommunicable diseases, while the policy of routinely administering hepatitis B
vaccine at birth obviously had direct implications for the topics of maternal and child health, health systems strengthening, and the Expanded Programme on Immunization.

65. The Regional Director said that immunization was one of the most cost-effective of all health interventions, and was directly linked to the attainment of MDGs 4 and 5. The Western Pacific Region bore the burden of over 50% of all cases of chronic viral hepatitis. Given that cheaper medicines and the appropriate treatment protocols already existed, there was no reason why the Regional Office should not develop an appropriate programme for consideration by Member States at a subsequent session of the Regional Committee.

66. The Regional Committee considered a draft resolution on Hepatitis B Control through Vaccination: Setting the Target.

67. The resolution was adopted (see resolution WPR/RC64.R5).

**NONCOMMUNICABLE DISEASES: Item 14 of the Agenda (document WPR/RC64/8, WPR/RC64/8 Corr.1)**

68. The Director, Programme Management, provided background to the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, noting that it was aligned and fully harmonized with the global action plan. It incorporated regional perspectives, context and opportunities. The plan emphasized the control of risk factors through multisectoral approaches and a health systems approach. It would promote universal access to services in primary health-care facilities and implementation of the WHO Package of Essential NCD Interventions, or PEN.

69. The plan included 25 indicators and nine voluntary global targets to be met by 2025. A package of cost-effective interventions had been made available to Member States to help them reach the targets. The plan recommended that countries establish national targets and strengthen their surveillance networks for NCDs.

70. The Director, Programme Management, noted that resolution WHA66.10 in 2013 requested the Secretariat, after consultation with Member States and regional committees, to develop draft terms of reference for a global coordination mechanism (GCM) on NCDs.

71. Representatives generally welcomed the action plan. They described both progress and challenges their countries faced in NCD control as they presented major features of their national plans.

72. Many countries were working on tobacco control and alcohol policies. Tobacco control was an important issue for several Member States. Work in that area included graphic warnings on packaging, bans on public smoking and on advertising and promotion, legislation, and increased taxes. A framework for alcohol control, similar to the Framework Convention on Tobacco Control, was suggested.

73. Several representatives emphasized health systems strengthening as a prerequisite for NCD control. Other critical factors for NCD control were human resources for health, essential medical devices and technologies, and health-care financing. The move towards UHC was frequently mentioned as an integral part of NCD control. Monitoring and evaluation would also be critical for tracking implementation of the plan.

74. Trade negotiations were a concern of several Member States, with the need noted to incorporate health issues into trade and commerce negotiations at all levels. Trade negotiations needed to take public health into consideration. Regional trade policies should be strengthened to be NCD friendly.
Some region-specific items were suggested for incorporation into the plan. These included social and cultural contexts, particularly of island communities, and engagement of traditional and church leaders.

Representatives made several other suggestions to enrich the action plan. These included: a regional meeting; research studies and the promotion of knowledge-sharing for control of risk factors; support to countries to identify costs and prioritize an affordable package of NCD interventions, according to national needs; the inclusion of rheumatic heart disease in the action plan; alignment of the plan with other WHO strategies, for example, on physical activity and maternal and neonatal health; and more items from the global action plan should address modifiable risk factors, specifically on diet and tobacco.

Several countries expressed concerns about the proposed GCM. Some representatives said they wanted leadership for global NCD work, as well as the reporting mechanism, to remain with WHO. They asked for more details on the proposed voluntary financing mechanism and clarification of the terms of reference, including the GCM’s role within the United Nations. Although there was support for participation from a broad range of stakeholders and inclusive engagement of civil society and the private sector, there were also concerns about stakeholder conflicts of interest and how these would be managed. The GCM should be anchored in implementation of the global and regional action plans, not just have a convening role as an information-sharing platform. Member States expressed a desire to discuss these issues at the upcoming GCM meeting in November.

Five nongovernmental organizations provided written statements on the action plan. Representatives spoke on behalf of the Union for International Cancer Control and the Framework Convention Alliance.

The Director, Building Healthy Populations and Communities, noted that countries would need to prioritize the targets and indicators most relevant to them. A balance needed to be struck between prevention and control of risk factors, and treatment, management and control for those who had already developed NCDs. Lessons had been learnt from work with other sectors, particularly taxation issues from finance ministries.

With respect to the GCM, the Team Leader, Noncommunicable Diseases and Health Promotion, said that WHO headquarters was collating comments from all regional committees in preparation for the November meeting. He suggested that Member States provide their comments on the GCM in writing.

The Director, Programme Management, assured Member States that WHO was committed to providing support and to working with all stakeholders to prevent premature deaths from NCDs.

Member States considered a draft resolution on NCDs.

The resolution was adopted as amended (see resolution WPR/RC64.R6).
Review of health systems strategies
Civil registration and vital statistics
MDG 4 and 5: maternal and child health
HIV/STI prevention and treatment
Tuberculosis prevention and control
Expanded Programme on Immunization
Malaria and artemisinin resistance
Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005)

84. The Director, Programme Management, presented document WPR/RC64/9 on progress in eight areas of work in the Western Pacific Region. He began by discussing a review of the six current regional health systems strategies and action frameworks. The review recommended that WHO improve its internal knowledge management, use a whole-of-systems approach across components and programmes and work more closely on country-specific needs for health systems development.

85. The Director, Programme Management, noted that deaths among children under five years of age had been reduced by two thirds since 1990—an MDG 4 milestone reached well before the 2015 deadline. Maternal mortality, the focus of MDG 5, had also decreased while births attended by skilled birth attendants had increased.

86. With respect to civil registration and vital statistics (CRVS), the Director, Programme Management, reported accelerated action by many Member States in the development of ways to improve CRVS.

87. Addressing the issue of HIV/STI prevention and treatment, the Director, Programme Management, said that Member States in the Region had made considerable progress in reducing the number of new HIV infections, although less than 50% of people in need were able to access treatment. In contrast, progress in the prevention of other sexually transmitted infections (STIs) had been limited. The Region bore the highest burden of STI in the world. With the introduction of antiretroviral therapy, HIV had become a chronic disease condition. HIV should be considered in ongoing planning for health financing in the short and in the long term as part of universal health coverage schemes.

88. With respect to tuberculosis (TB), he said the Region was on track to reach the MDG targets with respect to TB, but the disease burden in the Western Pacific Region remained unacceptably high. Drug-resistant TB was on the rise. Political commitment and bold investments and actions were needed to sustain gains and move towards elimination of all forms of the disease.

89. In reporting progress by the Expanded Programme on Immunization, the Director, Programme Management, said the Western Pacific Region had continued its efforts to develop a regional framework to implement the Global Vaccine Action Plan and launch a polio “endgame” intended to free the world from the threat of polio by 2018. The Region had retained its polio-free status. By the end of 2012, 34 countries and areas in the Region had interrupted endemic measles virus transmission, and the outstanding progress in hepatitis B control through vaccination had prompted the Region to set a new goal of achieving less than 1% seroprevalence by 2017.

90. In terms of progress on malaria, he said resistance of falciparum malaria parasites to artemisinin, the frontline drug to combat malaria, was cause for concern. The emergence of resistance in Cambodia, Myanmar, Thailand and Viet Nam could undo the enormous progress made towards malaria control and elimination and posed a potentially serious global health threat. Accordingly, WHO and major development partners had launched the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion: Regional Framework for Action 2013–2015. Despite
strong support from key development partners—for example the Global Fund to Fight AIDS, Tuberculosis and Malaria, which had pledged US$ 100 million—WHO still faced a funding gap of at least US$ 450 million over the next three years.

91. Addressing health regulations and emerging diseases, the Director, Programme Management, said a total of 13 Member States in the Western Pacific Region had fulfilled the International Health Regulations (2005), or IHR (2005), core capacity requirements. Another 14 countries had requested two-year extensions. The *Asia Pacific Strategy for Emerging Diseases* (2010), or APSED, was the road map for establishing and maintaining the IHR core capacities in the Region. Despite much progress, fulfilling the IHR obligations by the next deadline of June 2014 would be a challenge for some resource-limited countries. Member States needing additional time beyond June 2014 had been requested to submit a formal request to the WHO Director-General before February 2014.

92. Representatives commented on the progress reports, beginning with the review of health systems strategies. They said that the review should be consulted in order to set direction for the post-2015 United Nations development agenda and to aid in establishing UHC. Suggested improvements were to develop a set of evaluation measures and indicators for health-care reform, to follow the progress of Member States and to incorporate the needs of least-developed countries. The challenge of moving towards UHC and consequently greater equity was noted in countries where privatization was advocated and mixed systems were in use. Other issues suggested for further work included the control of antimicrobial resistance, workforce issues, health financing and containment of hospital costs.

93. With respect to MDGs 4 and 5 on child and maternal health, respectively, representatives pointed out the need for strategies to decrease infant mortality and for early newborn care. One representative noted the challenge of using the WHO ratio rather than the number of deaths, asking WHO to re-examine the issue.

94. With regard to CRVS, representatives noted the challenges of obtaining accurate information, as many different sectors were involved in collecting these data; therefore, multisectoral collaboration was essential. A common action plan and tools to improve CRVS were needed.

95. Representatives described recent developments in their respective countries, focusing in particular on the need to strengthen response and surveillance systems to combat emerging diseases across the Region. Prevention and control efforts, including immunization, should henceforth focus on precisely targeted high-risk populations, for example people living in remote regions, migrants, sex workers, drug users and men who had sex with men, concentrated in a defined geographical area, sometimes within a single city. Vulnerable communities should always be addressed as part of the solution, for example, through education and behaviour modification campaigns, rather than being treated as passive recipients of government action. WHO was also urged to continue to ensure that new vaccines remained affordable and that new medicines were used responsibly so as not to foster drug resistance. The widespread problem of substandard and counterfeit medicines in fuelling the problem of drug resistance was noted. Priority-setting in the area of emerging diseases should not be guided by global burden of disease estimates, which tended to underestimate the consequences of uncertain but high-impact events such as pandemics. A number of speakers made the point that HIV prevention campaigns had historically enjoyed a higher profile and had obscured the much more serious problem of STIs. A correction in focus was urged.

96. Some representatives indicated that their governments would seek a further extension of the 2014 deadline for establishing the IHR core capacity requirements. WHO should provide technical assistance, depending on individual countries’ needs, that focuses on a minimum set of core capacity requirements and, thus, facilitates the provision of extensions and assistance. Other representatives indicated that their governments would be willing to work with WHO and other partners in providing assistance to countries experiencing difficulties with core capacity implementation. The Secretariat took note of the requests for technical assistance by governments unable to meet the IHR core capacities deadline and stood ready to provide appropriate support and guidance. Member States
noted and offered no objection to the criteria proposed by the Secretariat for granting additional extensions, as long as the criteria facilitate Member State efforts. The Secretariat stressed that international health security was at the heart of what WHO did because problems that affected one country potentially affected them all.

97. Statements were made on behalf of the GAVI Alliance, the Asian Development Bank and the Independent Expert Review Group.

98. The Director, Health Systems Development, said the health systems review was being used to guide health systems strengthening in the Region, with the strategies now being brought together under the larger issue of UHC and in line with the WHO reform agenda. A whole-of-systems approach was important for health systems strengthening. The development of UHC would require WHO’s framework for action to be tailored to the specific needs of each country. A universal knowledge base was important for effective local adaptation.

99. With respect to MDGs 4 and 5, the Director, Building Healthy Populations and Communities, affirmed that WHO was committed to meeting these goals, including beyond 2015. The Secretariat would address the question of language used to describe preventable mortality in newborn infants.

100. On the issue of CRVS, the Director, Health Systems Development, emphasized that capacity-building at the country level was critical to strengthening CRVS systems. She noted the importance not only of collecting good statistics, but also of making good use of them.

101. The Director, Combating Communicable Diseases, noted the considerable progress that had been made, notwithstanding some outstanding problems such as the emergence of drug resistance. The key to sustaining the advances that had been made would be to integrate them more broadly into national health systems. The key role of partners such as the Bill & Melinda Gates Foundation and the GAVI Alliance in all the prevention and control campaigns under discussion needed to be acknowledged.

102. The Director, Health Security and Emergencies, said that the Secretariat had taken note of the requests made by a number of governments for technical assistance in implementing IHR core capacities if they were unable to meet the deadline, and stood ready to provide appropriate support and guidance. Member States noted and offered no objection to the criteria proposed by the Secretariat for granting additional extensions, as long as the criteria facilitate Member State efforts. It would be a challenge for WHO to provide indicative threshold capacity scores that Member States should achieve in the annual IHR monitoring questionnaire to demonstrate fulfilment of IHR core capacity requirements. WHO could provide useful guidance material and technical assistance, and Member States could self-evaluate the extent to which they had achieved IHR core capacity. However, a real-life outbreak was always the best indicator of the robustness of a given country’s core capacities. The ability to respond to non-health sector events, including chemical and radiological emergencies, would necessitate multisectoral coordination with regulatory and government agencies.


103. The Director, Programme Management, addressing the topic of WHO reform and the financing of WHO, said that the Financing Dialogue had already been discussed under agenda item 10 when the Regional Committee had discussed strategic resource allocation, the Twelfth General Programme of Work and the Programme Budget 2014–2015. The new financing mechanism was especially important for the Western Pacific Region, where more than 75% of resources come from voluntary contributions, which were critical for the success of the Region's priority health programmes.
A new Member State mechanism had been established in November 2012 to address the global threat of poor quality medical products and their potential health implications, as opposed to intellectual property and trademark issues. The World Health Assembly resolution on disability set out detailed recommendations for WHO and Member States to increase access to health for people with disabilities. Member States were urged to collaborate on the development of a global disability action plan. The health sector must act not only to prevent disability, but also to meet the needs and give effect to the rights of people with disabilities. Disability-specific health data must be strengthened to guide policy effectively. More investment was needed in services.

The World Health Assembly resolution on the Comprehensive Mental Health Action Plan 2013–2020 urged Member States to provide for a 20% increase in service coverage for severe mental disorders and a 10% reduction of the suicide rate in countries by 2020. Ministries of health were called upon to take a leadership role.

An issue of particular relevance for the Western Pacific Region, neglected tropical diseases had been included in the global agenda for controlling or eliminating all 17 neglected tropical diseases from all endemic countries. Implementation of the WHO Global Plan to Combat Neglected Tropical Diseases 2008–2015 and Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation required properly resourced national programmes and the involvement of various sectors to ensure the continued delivery of services and commodities such as medicines.

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/RC64/11)

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 Malaysia, Viet Nam and the Lao People’s Democratic Republic. The term of office of Malaysia would expire on 31 December 2013, and the Regional Committee was requested to elect a Member State to succeed Malaysia.

The Regional Committee selected Brunei Darussalam to replace Malaysia (see decision WPR/RC64(1)).

TIME AND PLACE OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE: Item 18 of the Agenda

The Regional Director, after taking into account other international and regional meetings, suggested 13–17 October 2014 as the dates for the sixty-fifth session of the Regional Committee for the Western Pacific. He noted that the Government of the Philippines had offered to host the session.

The Regional Committee agreed that its sixty-fifth session would be held in the Philippines (see resolution WPR/RC64.R7).
CLOSURE OF THE SESSION: Item 19 of the Agenda

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

112. The Chairperson of the sixty-fourth session of the Regional Committee delivered his closing remarks (see Annex 8).

113. After the usual exchange of courtesies, the sixty-fourth session of the Regional Committee was declared closed (see resolution WPR/RC64.R8).
AGENDA

Opening of the session and adoption of the agenda

1. Opening of the session
2. Address by the outgoing Chairperson
3. Election of incoming 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

Nomination of the Regional Director

7. Nomination of the Regional Director
   WPR/RC64/12

Review of the work of WHO

8. Address by and Report of the Regional Director
   WPR/RC64/2
   WPR/RC64/3

Policies, programmes and directions for the future

    WPR/RC64/4, WPR/RC64/4 Add.1
    WPR/RC64/4 Add.1/Corr.1

11. Blindness prevention
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12. Ageing and health
    WPR/RC64/6
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13. Hepatitis B control through vaccination: setting the target

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14. Noncommunicable diseases

   WPR/RC64/8
   WPR/RC64/8 Corr.1

15. Progress reports on technical programmes

   15.1 Review of health systems strategies
   15.2 MDG 4 and 5: maternal and child health
   15.3 HIV/STI prevention and treatment
   15.4 Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005)
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   15.6 Tuberculosis prevention and control
   15.7 Expanded programme on immunization
   15.8 Malaria and artemisinin resistance

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

   WPR/RC64/10

Membership of Global Committees

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

   WPR/RC64/11

Other matters

18. Time and place of the sixty-fifth and sixty-sixth sessions of the Regional Committee

19. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA

Mr Bill Tweddell, Australian Ambassador to the Philippines, Australian Embassy, Makati, Chief Representative

Mr Simon Cotterell, Assistant Secretary, International Strategies, Australian Government, Department of Health and Ageing, Canberra, Alternate

Mr Christopher Bedford, Director, International Health Policy, Australian Government, Department of Health and Ageing, Canberra, Alternate

Dr Benjamin Rolfe, Lead Health Specialist, Pacific Division, Australian Agency for International Development, Canberra, Alternate

Ms Kate Snowball, Senior Policy Manager, Australian Agency for International Development, Canberra, Alternate

Ms Catherine Rees, First Secretary, Australian Embassy, Makati, Alternate

BRUNEI DARUSSALAM

Dr Pehin Dato Adanan Yusof, Minister of Health, Ministry of Health, Bandar Seri Begawan, Chief Representative

Dr Khalifah Ismail, Director General of Health Services, Ministry of Health, Bandar Seri Begawan, Alternate

Ms Zahrah Hashim, Director of Policy and Planning, Ministry of Health, Bandar Seri Begawan, Alternate

Dr Norhayati Kassim, Head of Health Promotion Centre, Ministry of Health, Bandar Seri Begawan, Alternate

Dr Ang Sik Kim, Medical Consultant (Geriatrics), Ministry of Health, Bandar Seri Begawan, Alternate

Mr Shamshul Bharine Sabtu, Public Health Officer, Ministry of Health, Bandar Seri Begawan, Alternate

CAMBODIA

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

Dr Sok Touch, Director of Communicable Disease Control Department, Ministry of Health, Phnom Penh, Alternate

CHINA

Dr Ren Minghui, Director General, Department of International Cooperation, National Health and Family Planning Commission, Beijing, Chief Representative
Annex 2

**CHINA (continued)**

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Mr Yang Zhiguang, Deputy Division Director, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, Beijing, *Alternate*

Ms Zhang Rui, Program Officer, Bureau of Medical Administration, National Health and Family Planning Commission, Beijing, *Alternate*

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

Dr Leung Ting-hung, Controller, Centre for Health Protection, Department of Health, Hong Kong, *Alternate*

Dr Ng Kwok-po, Principal Medical and Health Officer, Department of Health, Hong Kong, *Alternate*

Dr Leung Yiu-hong, Senior Medical and Health Officer, Department of Health, Hong Kong, *Alternate*

**COOK ISLANDS**

Mr Nandi Tuaine Glassie, Minister of Health, Ministry of Health, Rarotonga, *Chief Representative*

Mrs Elizabeth Iro, Secretary of Health, Ministry of Health, Rarotonga, *Alternate*

**FIJI**

Dr Neil Sharma, Minister for Health, Ministry of Health, Suva, *Chief Representative*

Dr Meciusela Tuicakau, Deputy Secretary for Hospital Services, Ministry of Health, Suva, *Alternate*

**FRANCE**

Ms Brigitte Arthur, Chef du bureau international santé et protection sociale, délégation aux Affaires européennes et internationales, Ministère des Affaires internationales et de la Santé, Paris, *Chief Representative*

Mr Jean-Alain Course, Directeur des affaires sanitaires et sociales de la Nouvelle-Calédonie, Nouméa, *Alternate*
<table>
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<th>Country</th>
<th>Participants</th>
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</table>
| FRANCE (continued) | Dr Jean-Paul Grangeon, Médecin-inspecteur et chef du service des actions sanitaires de la direction des Affaires sanitaires et sociales de Nouvelle-Calédonie, Nouméa, *Alternate*  
Ms Cécile Orosco, Conseillère du membre du Gouvernement de Nouvelle-Calédonie en charge de la santé, Nouméa, *Alternate* |
| JAPAN            | Dr Mitsuhiro Ushio, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Chief Representative*  
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Dr Nao Yonekura, Section Chief, Aging and Health Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*  
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| KIRIBATI         | Dr Kautu Tenaua, Minister of Health and Medical Services, Ministry of Health and Medical Services, Tarawa, *Chief Representative*  
Mrs Wiriki Tooma, Secretary for Health and Medical Services, Ministry of Health and Medical Services, Tarawa, *Alternate* |
| LAO PEOPLE'S DEMOCRATIC REPUBLIC | Associate Professor Dr Som Ock Kingsada, Vice Minister of Health, Ministry of Health, Vientiane, *Chief Representative*  
Dr Nao Boutta, Permanent Secretary, Ministry of Health, Vientiane, *Alternate*  
Dr Phasouk Vongvichit, Deputy Director of Planning and International Cooperation Department, Ministry of Health, Vientiane, *Alternate*  
Dr Bounfeng Phoummalaysith, Deputy Director of Cabinet, Ministry of Health, Simeung Road, Vientiane, *Alternate* |
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Datuk Dr Noor Bin Hisham Abdullah, Director General of Health, Ministry of Health Malaysia, Putrajaya, **Alternate**
Dr Zainal Ariffin Omar, Deputy Director, Disease Control Division, Ministry of Health Malaysia, Putrajaya, **Alternate**
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Mr Vijaymohan Karuppiah, Special Officer to the Minister of Health, Ministry of Health Malaysia, Putrajaya, **Alternate**

MARSHALL ISLANDS*

MICRONESIA (FEDERATED STATES OF)
Mr Marcus Samo, Assistant Secretary for Health, Department of Health and Social Affairs, Pohnpei, **Chief Representative**

MONGOLIA
Ms Natsag Udval, Minister of Health, Ministry of Health, Ulaanbaatar, **Chief Representative**
Dr Sovd Tugsdelger, Director, Department of Monitoring, Evaluation and Internal Auditing, Ministry of Health, Ulaanbaatar, **Alternate**
Ms Binderiya Yanjmaa, Director, Division of International Cooperation Ministry of Health, Ulaanbaatar, **Alternate**

NAURU
Honourable Cyril Buramen, Member of Parliament, Government of Nauru, Yaren District, **Chief Representative**
Dr Godfrey Waidubu, Assistant Secretary of Health, Government Hospital, Denig District, **Alternate**
Mrs Patrina Dabana, Nurse, Government Hospital, Denig District, **Alternate**

NEW ZEALAND
Dr Frances McGrath, Acting Director of Public Health, Ministry of Health, Wellington, **Chief Representative**

NIUE*

*did not attend
Annex 2

PALAU

Mr Gregorio Ngirmang, Minister of Health, Ministry of Health, Koror, Chief Representative

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Mr Temengil Temengil, International Health Coordinator, Ministry of Health, Koror, Alternate

PAPUA NEW GUINEA

Mr Pascoe Kase, Secretary for Health, National Department of Health, Port Moresby, Chief Representative

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

Dr Sibauk Vivaldo Bieb, Executive Manager, Public Health, National Department of Health, Port Moresby, Alternate

Ms Kimberley Kawapuro, Policy and Research Officer, National Department of Health, Port Moresby, Alternate

PHILIPPINES

Dr Enrique T. Ona, Secretary of Health, Department of Health, Manila, Chief Representative

Dr Madeleine de Rosas-Valera, Undersecretary of Health, Department of Health, Manila, Alternate

Dr Janette L. Garin, Undersecretary of Health, Department of Health, Manila, Alternate

Dr Enrique A. Tayag, Assistant Secretary, Department of Health, Manila, Alternate

REPUBLIC OF KOREA

Mr Choi Young-Hyun, Assistant Minister, Office of Health Policy, Ministry of Health and Welfare, Seoul, Chief Representative

Dr Yang Byung Guk, Deputy Minister, Korea Centers for Disease Control and Prevention, Seoul, Alternate

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Dr Park Hye Kyung, Director, Division of Chronic Disease Control, Korea Centers for Disease Control and Prevention, Seoul, Alternate

Mr Kim Young Hak, Deputy Director, Ministry of Health and Welfare, Seoul, Alternate

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Annex 2

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Ms Lee Hyun Hee, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Seoul, Alternate

Ms Ha Na Young, Interpreter, Division of Trade Affairs, Ministry of Health and Welfare, Seoul, Alternate

Mr Sir Won Seok, General Secretary, Korea Foundation for International Healthcare, Seoul, Alternate

Mr Kim Hyun Kyong, Manager, Asia Department, Korea Foundation for International Healthcare, Seoul, Alternate

SAMOA

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Ms Palanitina Tupuimatagi Toelupe, Director General of Health/Chief Executive Officer, Ministry of Health, Apia, Alternate

Mulipola Roger Hazelman, General Manager, National Kidney Foundation Samoa, Apia, Alternate

Ms Frances Brebner, Assistant Chief Executive Officer, Ministry of Health, Apia, Alternate

Dr Robert Thomsen, Assistant Chief Executive Officer, Ministry of Health, Apia, Alternate

Mrs Letelemalanuola Tuitama, Spouse of the Minister, Ministry of Health, Apia, Alternate

SINGAPORE

Mr Gan Kim Yong, Minister of Health, Ministry of Health, Singapore, Chief Representative

Mr Anthony Tan, Deputy Secretary (Policy), Ministry of Health, Singapore, Alternate

Dr Derrick Heng, Group Director, Public Health Group, Ministry of Health, Singapore, Alternate

Ms Yeo Wen Qing, Deputy Director, International Cooperation Branch, Ministry of Health, Singapore, Alternate

Mr Ho Chin Ning, Assistant Director, Healthcare Finance Division, Ministry of Health, Singapore, Alternate

Mr Thomas Tan, Manager, International Cooperation Branch, Ministry of Health, Singapore, Alternate
SINGAPORE
(continued)

Mr How Hee Boon, Security Officer, Ministry of Health, Singapore, Alternate

Mr Leow Yong Hao, Security Officer, Ministry of Health, Singapore, Alternate

Mr Daniel Wang, Deputy Chief of Mission, First Secretary (Political), Embassy of the Republic of Singapore, Taguig City, Alternate

Ms Hana Suri, Second Secretary (Political), Embassy of the Republic of Singapore, Taguig City, Alternate

SOLOMON ISLANDS

Mr Charles Sigoto, Minister for Health and Medical Services, Ministry of Health and Medical Services, Honiara, Chief Representative

Dr Lester Ross, Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Honiara, Alternate

Mr John Richardson Selwyn Houniuhi, Director of Nursing, National Referral Hospital, Honiara, Alternate

TOKELAU*

TONGA

Mr Lord Tu'i'afitu, Minister of Health, Ministry of Health, Nuku'alofa, Chief Representative

Dr Siale 'Akau'ola, Director of Health, Ministry of Health, Nuku'alofa, Alternate

TUVALU

Mr Isaia Taape, Secretary for Health, Ministry of Health, Funafuti, Chief Representative

Dr Stephen Homasi, Director of Health, Ministry of Health, Vaiaku, Alternate

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND*

UNITED STATES OF AMERICA

Dr Nils Daulaire, Assistant Secretary, Bureau of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., Chief Representative

Ms Erika Elvander, Director, Office of Asia and the Pacific, Bureau of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., Alternate

Dr James W. Gillan, Director, Guam Department of Public Health and Social Services, Mangilao, Alternate

*did not attend
### UNITED STATES OF AMERICA (continued)

- **Mr Jack Torres**, Chairman, Board of Trustees, Commonwealth Healthcare Corporation, Saipan, *Alternate*

- **Ms Corazon P. Ada**, Interim Chief Financial Officer, Commonwealth Healthcare Corporation, Saipan, *Alternate*

### VANUATU

- **Dr Santus Wari**, Acting Director General, Ministry of Health, Port Vila, *Chief Representative*

### VIET NAM

- **Associate Professor Dr Nguyen Thi Kim Tien**, Minister of Health, Ministry of Health, Hanoi, *Chief Representative*

- **Dr Tran Thi Giang Huong**, Director General, Department of International Cooperation, Ministry of Health, Hanoi, *Alternate*

- **Dr Nguyen Trong Khoa**, Deputy Director General, Administration of Medical Services, Ministry of Health, Hanoi, *Alternate*

- **Associate Professor Dr Tran Dac Phu**, Deputy Director, Administration of Preventive Medicine, Ministry of Health, Hanoi, *Alternate*

- **Dr Nguyen Hoang Long**, Deputy Director, Department of Finance and Planning, Ministry of Health, Hanoi, *Alternate*

- **Dr Nguyen Manh Cuong**, Deputy Director, Department of International Cooperation, Ministry of Health, Hanoi, *Alternate*

- **Dr Tran Nhu Dhuong**, Vice Director, National Institute of Hygiene and Epidemiology, Hanoi, *Alternate*

- **Dr Ha Anh Duc**, Head of General Affairs Division, Ministerial Cabinet Ministry of Health, Hanoi, *Alternate*

- **Associate Professor Dr Cung Hong Son**, Vice Director, Hospital of Ophthalmology, Hanoi, *Alternate*

- **Associate Professor Dr Nguyen Viet Nhung**, Vice Director Hospital of Lung Diseases, Hanoi, *Alternate*

- **Mrs Pham Thi Minh Chau**, Official for Cooperation with WHO Department of International Cooperation, Ministry of Health, Hanoi, *Alternate*

- **Mrs Doan Phuong Thao**, Official for Cooperation with WHO, Department of International Cooperation, Ministry of Health, Hanoi, *Alternate*

- **Dr Vuong Anh Duong**, Deputy Head of Hospital Quality Management, Administration of Medical Services, Ministry of Health, Hanoi, *Alternate*

- **Mr Tran Le Phuong**, First Secretary, Embassy of the Socialist Republic of Vietnam in the Republic of the Philippines, Manila, *Alternate*
VIET NAM (continued)  Mr Tran Thanh Tung, Third Secretary, Embassy of the Socialist Republic of Vietnam in the Republic of the Philippines, Manila, Alternate

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

Food and Agriculture Organization of the United Nations  Mr Aristeo A. Portugal, Assistant FAO Representative (Programme), Makati City

International Atomic Energy Agency  Ms Susan Morgan, PACT Programme Coordinator, International Atomic Energy Agency, Vienna

World Meteorological Organization  Dr Flaviana Hilario, Acting Deputy Administrator for Research and Development, Philippine Atmospheric, Geophysical and Astronomical Services Administration, Quezon City

Mrs Edna Juanillo, Assistant Weather Services Chief for Research and Development, Philippine Atmospheric, Geophysical and Astronomical Services Administration, Quezon City

III. OBSERVERS

Asia and Pacific Alliance to Eliminate Viral Hepatitis, Asia  Professor Samuel So

Department of Health Philippines  Dr Jaime Lagahid
Dr Maria Irma Asuncion
Dr Lilibeth David
Ms Crispinita Valdez
Dr Dennis Antonio Rosete
Dr Ernie Vera
Dr Maria Elizabeth I. Calauag
Dr Joel Buenaventura
Dr Allan Evangelista
Mrs Evelyn Mendoza

GAVI Alliance  Dr Ranjana Kumar

Government of New Caledonia  Dr Benjamin Goodfellow

Independent Expert Review Group  Mrs Kathleen Ferrier

ZeShan Foundation  Mr Wangsheng Li
Annex 2

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Asian Development Bank
Ms Sri Retnaningdiyah Hastuti Soetantri

V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

Alzheimer's Disease International
Dr Socorro Martinez
Dr Robert Yeoh

Framework Convention Alliance on Tobacco Control
Dr Edgardo Ulysses Dorotheo
Dr Domilyn Villareiz

Handicap International Federation
Mr Edward Ello

International Agency for the Prevention of Blindness
Mr Damian Facciolo
Mr Stephen Alcantara
Dr Leshan Tan
Dr Richard Le Mesurier
Dr Anasaini Cama
Dr Noel Chua
Ms Komal Ram

International Alliance of Patients' Organizations
Ms Maria Fatima Lorenzo

International Bureau of Epilepsy
Mr Robert Cole

International Diabetes Foundation
Ms Leyden Florido

International Federation of Gynecology and Obstetrics
Dr Anne Marie Trinidad

International Federation of Medical Students' Associations
Ms Pei-Erh (Belle) Chien
Mr Chen Po-Liang
Mr Jim Paulo Sarsagat
Mr Marcel Boulat
Dr Bronwyn Jones

International Federation of Pharmaceutical Manufacturers Association
Ms Christine Fajardo
Mr Shane Pang
Dr James Philip Cruz
Ms Patricia Pascual
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<tr>
<th>Organisation</th>
<th>Representative(s)</th>
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<tbody>
<tr>
<td>International Hospital Federation</td>
<td>Mr Bu C. Castro</td>
</tr>
<tr>
<td>International Pharmaceutical Federation</td>
<td>Mr John Jackson Mr Reynaldo Umali</td>
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<tr>
<td>International Special Dietary Foods Industries</td>
<td>Ms Venetta Miranda Mr Alex V. Castro III</td>
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<td>Medical Women's International Association</td>
<td>Professor Arino Yaguchi</td>
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<tr>
<td>Medicus Mundi International</td>
<td>Dr Edelina dela Paz Dr Gene Nisperos Ms Ana Pholyn Balahadia Ms Alyssa S. Ismael</td>
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<tr>
<td>Union for International Cancer Control</td>
<td>Professor Ian Olver</td>
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<tr>
<td>World Confederation for Physical Therapy</td>
<td>Mr Royson Mercado</td>
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<tr>
<td>World Federation of Acupuncture-Moxibustion Societies</td>
<td>Mr Lau Kah Yong Dr Teoh Boon Khai</td>
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<td>World Organization of Family Doctors</td>
<td>Dr Christine Tinio</td>
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<td>World Vision International</td>
<td>Dr Sri Chander</td>
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Annex 2
LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

Alzheimer’s Disease International
Asia Pacific Alliance to Eliminate Viral Hepatitis
Asian Development Bank
Framework Convention Alliance
GAVI Alliance
Independent Expert Review Group
International Agency for the Prevention of Blindness
Union for International Cancer Control
ZeShan Foundation
Annex 3
ADDRESS BY THE OUTGOING CHAIRPERSON,
ASSOCIATE PROFESSOR DR NGUYEN THI KIM TIEN,
MINISTER OF HEALTH, VIET NAM AT THE OPENING SESSION
OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE
FOR THE WESTERN PACIFIC

Honourable Ministers, distinguished Representatives
Dr Margaret Chan, Director-General, WHO
Dr Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of Agencies of the United Nations,
Intergovernmental and Nongovernmental Organizations
Ladies and Gentlemen

Good morning.

It is this time of the year again when we all gather as a collective body to reflect on what we have done so far, to look ahead and continue to work for sustainable development and a healthy future for the 1.8 billion people of the Western Pacific. We also look forward to seeing each other again and renew that camaraderie that we have maintained through the years.

We have to say how very happy we are to return to Manila and see the beautiful transformation of, not only the Conference Hall, but the rest of the Regional Office as well. I am sure the distinguished representatives have also noticed this and are now enjoying the beautiful ambience. We congratulate Dr Shin and the rest of the WHO WPRO Office for this pleasant and stimulating place to work in.

Distinguished Representatives,

This 64th Session of the Regional Committee for the Western Pacific is doubly significant. It is not just like any of our previous Sessions. Firstly, we shall consider the very important agenda, the Nomination of the Regional Director, a task the Committee does every 5 years. The difference I would say is that this time, we could be on the verge of making history as probably among the first in the United Nations system to introduce changes to improve “accountability, fairness and transparency in our work, including in the election of our most senior official”.

As part of the over-all WHO Reform, the 63rd Session held in Hanoi last year had passed resolutions related to policies and management of technical programmes, the draft Proposed Programme Budget 2014-2015 and the draft Twelfth General Programme of Work spanning the years 2014 to 2019. We also discussed and agreed on important changes in the way we work [management reforms] and the conduct of our business as a Regional Committee [governance]. This only goes to show that ours is a dynamic Organization, and that it continues to evolve in response to present realities.

Secondly, with a Regional Director up for nomination for a fresh term during this Session, we could have the opportunity to actively participate and contribute to discussions on shaping this Region’s future direction. As a collegial body, we can make that commitment to work towards our shared goals because as Member States, we have that responsibility, as well as the accountability to deliver on what we have all agreed during our Sessions.
Distinguished Representatives,

Ensuring a healthy life for our people has never been a simple one. This does not just rest on us in the health sector, but on the whole of Government, including the very people whom we are all committed to serve.

I recall Dr Shin’s earlier commitment ‘to bring health where it matters most and to attain the highest possible level of health for all people in the Region’. Reviewing the work that we have done under his leadership, I could say that we have gone a long way towards achieving this goal.

A lot has happened since our meeting in Hanoi last year. There had been encouraging developments, and there had been challenges and threats to health. There was an outbreak of H7N9 in China, and Cambodia had experienced increased human cases of H5N1. In these two instances, we appreciated the two countries’ swift and effective response, their handling the situation in a transparent manner. Clearly, it was a sign of improved national capacity to address emerging and reemerging diseases. Countries in the Region continue to experience the effects of climate change and the economic uncertainty threatens the integrity and effectiveness of our health systems to properly respond to the health needs of our population.

We have taken steps in our own countries to strengthen our health systems, to beef up our capacities, and to respond to specific health concerns affecting us. At the same time, we have also been working to fulfil our obligations as members of the community of nations to address challenges to global health.

In Viet Nam for example, we invested in our human resources, developing them to better manage emerging health problems, public health events and emergencies and, to deliver quality basic health services especially in remote areas of the country. As a follow through to the side session on Universal Health Care organized in Hanoi in conjunction with the Regional Committee, and with valuable input from the high-level forum on health insurance facilitated, no less, by Dr Shin himself, and enriched with lessons learned from other countries like Japan and the Republic of Korea, we have revised our health insurance law which will soon be submitted to the National Assembly for approval. We are committed to pursue health care financing reform to ensure that our people are able to access and enjoy quality health care.

At the World Health Assembly in May this year, the President of the World Bank, Mr Jim Kim, said that “global health has already been achieved and that it is guided by the right values”. I share his optimism. But he also warned us about being complacent, and urged us to “rekindle ambition that marked the defining chapters of global public health.”

The Millenium Development Goals have helped focus our efforts. However, although we are making good progress, achieving MDGs 4 and 5 remains challenging - with progress being uneven within and across countries. As far as MDG 6 is concerned, drug resistant TB and the emergence of resistance of Plasmodium Falciparum to artemisinin derivatives in the Mekong Region are posing challenges to some Member States. HIV/AIDS is stabilizing. But, the increasing trends in prevalence among injecting drug users are becoming worrisome.

We need to address the issue of inequity in terms of income, vulnerability, and access to health care due to geographic and financial barriers. The Millennium Declaration focuses mainly on the reduction of poverty, and the MDGs measure progress in terms of national averages. Therefore we need to pay attention to the underserved and the difficult-to-reach segments of our population to ensure that economic growth or progress is inclusive.. Again, I quote Mr Jim Kim when he said that, 35 years ago, the Alma Ata Declaration “confirmed the inseparable connection between health and the effort to build prosperity with equity”.

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As part of our efforts to achieve Universal Health Care and to respond to changing health needs and people’s expectations, Viet Nam redesigned its grassroots health care network. With a strengthened health delivery system anchored on the values of primary health care; a system that is responsive to people’s needs, we may say that we are addressing inequity and ultimately support the achievement of the MDGs.

In my address to the Committee last year, I referred to the great President Ho Chi Minh’s famous statement that “unhealthy people make the country weaker and healthy people make the country stronger”. Indeed, these words still ring true today. The extensive work that has been going on in the framing of the Post-2015 United Nations Development Agenda has shown that the role of health has progressively been established as a “precondition for and an outcome and indicator of all three dimensions of sustainable development.

I call on distinguished representatives to continue to take a proactive role in the framing of this new set of development goals, to emphasize the importance of health equity, and to bring to the discussion table the consideration of universal health coverage - with its three dimensions of access, quality and affordability - in the post-2015 development agenda.

On the important subject of Noncommunicable Diseases, I am very pleased to report that just over a week ago, on 9 October 2013, our Prime Minister joined the other Heads of States/Governments of the ten ASEAN Member States in endorsing the Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN”. This Declaration is the latest of the ASEAN’s response as a regional body to the urgent need to accelerate actions to reduce risk factors for noncommunicable diseases. It takes into consideration the cost-effective interventions recommended by WHO. The Declaration also urged ASEAN Health Ministers to enhance efforts to achieve the set of nine [9] voluntary global targets for the prevention and control of NCDs by 2025 as adopted by the World Health Assembly in May this year.

Distinguished Representatives, there are many things that we have to be thankful for. And there are also continuing challenges for us. But working together, and with the unwavering support of our partners, we would realize our goal of making our people healthy.

To the Director-General, Dr Margaret Chan, we thank you for bringing the Organization to what it is today – a respected leader in health, and a dependable and credible partner for global health.

I would like to take this opportunity to express our appreciation to you Dr Shin and to your team. The support extended to us Member States have contributed in no small measure to what we have been able to achieve. This appreciation also goes to our other development partners, to other non-State actors, many of whom are present here today. It is my hope that we continue to work together in pursuing our vision of a healthy Western Pacific Region.

To my fellow Ministers and colleagues, I am sincerely honoured and I am grateful to all of you for giving me this rare opportunity to chair this august body.

Finally, to my fellow office bearers, the Vice-Chairperson Dr Mark Jacobs, to the two rapporteurs, Dr Madeleine de-Rosas Valera and Dr Jean-Paul Grangeon, thank you for your support. It has been a pleasure working with you.

Very shortly, I shall turn over my duties to the next Chairperson. I hope that you would extend the same support that you have given to me.

Thank you.
Annex 4
ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION,
DR MARGARET CHAN, AT THE SIXTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Chairman, Excellencies, honourable ministers, distinguished delegates, Dr Shin, ladies
and gentlemen,

It is a great pleasure to address countries of the Western Pacific Region, to celebrate your
many successes, and to learn how you plan to tackle new problems and accelerate progress on older
ones.

This is a region of advanced economies and struggling economies, of the world’s most
populous country, and its smallest island nation. Despite this diversity, countries of the region are
united by their shared and steady improvements in health.

You really do help each other, and hold together in matters of health. You and your Regional
Director can be proud of a number of achievements. This has always been my home region, so I share
your pride.

The Western Pacific Region remains polio-free. The 2011 outbreak in China was swiftly and
successfully contained. This potential setback reminds us that no country or region will be safe until
the virus is entirely eradicated from the world.

The HIV epidemic has stabilized and begun to decline. Nearly half of people eligible for
antiretroviral therapy are receiving it, representing a 16% increase in coverage within a single year.
Programmes are being adapted in line with the recommended use of antiretroviral therapy for
prevention as well as treatment.

The region is on track to meet the Millennium Development Goal for tuberculosis. Malaria
cases and deaths are going down. For both of these diseases, antimicrobial resistance is a worrisome
problem that needs to be closely monitored. Prospects for eliminating lymphatic filariasis look good.

Most countries have seen major reductions in the number of maternal and child deaths. In
some countries, the decline has been remarkable, thanks to innovations that can serve as models in
other parts of the world.

You will be looking at a draft action plan for healthy newborn infants. This is the first such
plan in any WHO region. It illustrates a trend I wholeheartedly support. That is, use very simple, cost-
effective interventions to save lives.

It draws attention to a number of common but inappropriate and unnecessary practices, and
aims to correct them. It introduces the importance of the First Embrace and shows how simply
changing the sequence of steps in newborn care can save lives.

As this region is well aware, health systems need to do a much better job of counting births
and deaths. Violations of the International Code for the Marketing of Breastmilk Substitutes are
rampant, and this needs to change.

The International Health Regulations are working. This was readily apparent earlier this year
when the new H7N9 virus emerged in China.

Ten years ago, few would have expected to see research from Chinese clinicians, virologists,
and epidemiologists dominating the pages of the New England Journal of Medicine. Every country in
the world can be grateful to China for its vigilance, rapid action, immediate sharing of viruses, and constant flow of information.

In this Decade of Vaccines, your countries are demonstrating the preventive power of childhood immunization on a grand scale. The number of measles cases has seen a 93% reduction over the past four years. The region as a whole is on the verge of interrupting transmission. You are ready to do so, with a verification commission in place.

Historically, this region has had some of the highest rates of liver disease in the world. Today, you have the highest rate of coverage with hepatitis B vaccine, anywhere in the world.

The fact that 96% of the region’s children have been protected with three doses of vaccine is a stunning achievement. So are the gains, which are expected to prevent around 10 million chronic infections and 2.5 million future hepatitis B-related deaths.

You have established a panel of experts to provide independent verification of country progress. This brings confidence and honours transparency. You will be considering even more ambitious goals for hepatitis B protection. Aiming high in the context of integrated service delivery draws other improvements along the way.

To reach more infants within 24 hours after birth requires more mothers delivering babies in health facilities and greater coverage with skilled birth attendants. This improvement, in turn, will help reduce maternal and neonatal deaths, especially since most infant deaths in the region occur within the first three days of life.

In China and Viet Nam, the drive to extend hepatitis B protection has been linked to efforts to eliminate mother-to-child transmission of HIV and congenital syphilis.

All of these achievements free up resources and hospital beds for responding to the next wave of challenges, including those that have made this region the epicentre for chronic noncommunicable diseases.

Ladies and gentlemen,

The two biggest items on your agenda, noncommunicable diseases and ageing populations, are, to an extent, the price paid for the region’s rapid economic growth and modernization. Nothing illustrates this better than the NCD situation in the Pacific islands and diabetes in China.

Just 50 years ago, NCDs were not a priority in the Pacific islands. Diets were rich in fruits and vegetables. Fish was the principal source of protein. People drank water.

Over a remarkably short time, diets shifted to white bread, white rice, white sugar, sugary beverages, and highly processed foods, including canned luncheon meats. Today, the Pacific island countries and areas have the highest rates of obesity in the world, as high as 75% in some areas.

Elsewhere in the region, changing lifestyles and increased purchasing power have led to more women in the workforce, a reduction in breastfeeding, fewer meals eaten at home, and an increased consumption of junk food, alcohol, and above all tobacco. This is a region with 430 million smokers.

Your regional action plan rightly stresses the need for prevention and is appropriately alert to the dangers of marketing unhealthy foods and beverages to children.
WHO will never be on speaking terms with the tobacco industry. I have nothing against collaboration with the food, beverage, and alcohol industries, but with two strong qualifications.

First, these industries must not touch or influence in any way the formulation of standards and policies aimed at protecting the health of the public. Second, their behaviour must be closely and critically monitored. They make a lot of promises, but do they keep them?

The one thing these corporations fear most is the regulation, for valid health reasons, of their products. Countries that choose this route must expect resistance, well-financed and orchestrated resistance.

Look at what Australia has gone through with its legislation mandating the plain packaging of tobacco products. Look at the army of lobbyists employed to derail the European Union’s Tobacco Directive earlier this month.

Your action plan includes a timely warning: “Trade agreements should not hamper public health efforts to protect people from NCDs.” Be sure that health has a place at the table when ministers of trade and finance negotiate trade agreements.

My dear ministers of health, if you are not at the table, you are on the menu.

Too often, all eyes are completely focused on short-term economic wins, and closed to the costs and consequences of NCDs. When this happens, economies can move in a direction where the burden of these diseases cancels out the benefits of economic gain.

Last month, Chinese researchers published the results of a large study on diabetes prevalence and access to care in that country. The authors estimated that China now has 114 million adults living with diabetes, representing a prevalence in the adult Chinese population of nearly 12%. Less than a third of those surveyed were aware of their condition and only a quarter reported receiving treatment.

In perhaps its most shocking finding, the study estimated that nearly half of the entire adult Chinese population has pre-diabetes, amounting to an additional 493 million people at risk of this debilitating disease, with all its costly complications. Think about what this means in the world’s second largest economy.

I fully support your draft strategy on ageing and health. Age-friendly primary care must be the entry point for a continuum of care that goes from prevention and self-care in the community, to outpatient care, to the hospital and specialist care, to step-down care for people who no longer need a hospital bed but are not yet ready to return to their homes.

People over the age of 60 years are becoming the world’s new majority. They are ageing with an attitude.

They will increasingly insist on having a say in decisions that affect their health. In doing so, they can take support, and bargaining power, from associations of older people. They can use their numbers to exert political influence, to the benefit of public health.

Ladies and gentlemen,

I have a final comment. This region was ahead of the curve in 2008, when you established universal health coverage as the goal that should guide the strengthening of health systems.
Prospects are good that UHC will find a place on the post-2015 development agenda. The current enthusiasm for UHC has breathed new life into the vision of primary health care, where WHO and its Regional Offices have solid experience to offer.

Among your outstanding achievements, I need to include the major review of the region’s six health systems strategies that will be discussed during this session. This is the kind of analysis I deeply appreciate, especially at a time when WHO is undergoing reform.

WHO needs to know if its technical guidelines and advice are actually having an impact on policies and health outcomes in countries. The analysis extracts a number of practical lessons.

For example, the six strategies taken together ask countries to monitor 122 indicators. This is asking way too much, and needs to be simplified.

The analysis underscores a number of weaknesses, including inadequate systems for civil registration and vital statistics, and a continuing irrational use of medicines that is contributing to the rise of antimicrobial resistance.

On the positive side, the analysis clearly shows that WHO’s technical guidance is highly valued in the formulation of policies, but also in helping convince governments to commit funding for health system development.

But this is the finding I like best. What countries value most is the hands-on expertise of staff in the regional and country offices. That’s what makes the most difference. This is WHO at its best.

Thank you.
ADDRESS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SHIN YOUNG-SOO, AT THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Chairperson;
Honourable ministers and representatives from Member States and partner agencies;
WHO Director-General Dr Margaret Chan;
Colleagues, ladies and gentlemen:

Good afternoon and welcome to the Regional Office for the Western Pacific. It is always a special occasion for me to speak before you — even more so today.

As you know, I have been nominated to serve a second term as the WHO Regional Director for the Western Pacific. It is an honour I accept with humility.

I deeply appreciate your trust. I know that this nomination is not simply about me. It as an affirmation of the work we have done in the Region.

Of course, the path taken and the reforms adopted are the result of the thoughtful decisions of this Regional Committee.

Likewise, the considerable public health achievements during my time are not my achievements. They are the achievements of our Member States and the more than 650 WHO staff throughout this vast Region.

With so many priorities, I stretch my staff thin at times. Nevertheless, they always respond with professionalism and dedication. I am fortunate to work with such committed people.

I also congratulate Members States on their commitment and hard work. On behalf of the WHO Secretariat, I thank you for the confidence you continue to show in us.

Every year, the Regional Director reports to this Committee on the achievements of the previous year. All of you have received my detailed formal report — The Work of WHO in the Western Pacific Region.

I would like to highlight WHO’s work over the past year and talk about how, with your guidance, we will address challenges in the future. The list of accomplishments starts with programmes to build healthier communities and populations.

Most Member States have reduced maternal and child mortality significantly and are on track to achieve Millennium Development Goals 4 and 5.

On a larger scale, we are working together to address risk factors for noncommunicable diseases, or NCDs, which are the leading cause of premature death and disability in the Region.

WHO and Member States have set voluntary targets as part of the global framework to monitor progress to curb the NCD epidemic. Later this week, the Regional Committee will consider a draft NCD action plan that aligns regional targets with the recently finalized global targets.

Our Division of Pacific Technical Support helped Pacific leaders develop crisis-response plans tailored to their NCD crises. The plans include tobacco control, salt reduction and the Package of Essential Noncommunicable Disease interventions — or PEN. Only by focusing on prevention —
and building groups dedicated to keeping people healthy in the first place — will we be able to get the upper hand on NCDs.

Inspired by pioneering health promotion foundations in Australia, WHO has helped build capacity through a programme called ProLead. The response has been phenomenal.

Health promotion foundations have been established in Malaysia, Mongolia, the Republic of Korea and Tonga. Samoa will also have a health promotion foundation soon.

Lao PDR and Viet Nam have created tobacco control funds.

Meanwhile, the Health Promotion Board in Singapore and the Health Promotion Agency in New Zealand continue to serve as strong examples for the entire Region.

In fact, our Region is the only one with a growing number of health promotion organizations. We have 10 such organizations — most of which were established during the past five years.

Cooperation and collaboration for health do not stop there.

Through the Macao–WHO Healthy Cities Leadership Programme, city officials continue to share experiences and mentor each other across the Region.

Implementation of the WHO Framework Convention on Tobacco Control has been accelerated.

Several Member States have increased tobacco taxes, introduced stronger warnings, formed smoke-free areas and banned advertising, promotion and sponsorship by tobacco companies.

Viet Nam passed its first comprehensive tobacco control law, which took effect in May of this year.

Last year, Cook Islands, Fiji, Papua New Guinea and Tonga raised tobacco taxes.

This year in July, Pacific health ministers set the goal of a Tobacco Free Pacific — that means less than 5% adult smoking prevalence — by 2025. It is an ambitious target, but very attainable… and very commendable.

In the Philippines in December 2012, the President signed into law a measure that increased taxes on tobacco to raise revenue for universal health coverage.

It was a great pleasure to personally congratulate President Aquino when he was our guest here at the Regional Office on World Health Day.

More recently, Member States signed a treaty of collaboration to curb the smuggling and illicit trade of tobacco products.

Working together, we have also made significant progress in our efforts to combat communicable disease.

Nearly 30 countries and areas are believed to have achieved the 2012 milestone of reducing hepatitis B seroprevalence to less than 2% among children under five years old. Eight countries have already achieved the longer-term goal of less than 1%. 
Later this week, the Regional Committee will discuss setting 2017 as the date for all Member States to achieve the 1% goal. It is a step that will prevent an additional 60,000 hepatitis B-related deaths every year in the Region.

This year, Niue and Palau will confirm elimination of lymphatic filariasis. Nine other countries and areas should follow over the next three years.

Endemic measles virus transmission has likely been interrupted in 34 countries and areas in the Region.

Member States have also made impressive strides towards providing universal access to HIV diagnosis and treatment.

We have made solid progress towards achieving the Millennium Development Goal target of reducing tuberculosis cases by half by 2015.

Together we have been successful in significantly reducing the toll of death and suffering from several stubborn diseases.

Some key challenges remain, however, such as MDR-TB, artemisinin-resistant malaria and hard-to-reach populations with high HIV prevalence.

Indeed, the long-term success of many of our efforts — from achieving the MDGs to combating communicable and noncommunicable diseases — depends on accessible and effective health systems.

This is why WHO encourages Member States to strengthen health systems towards universal health coverage.

Of course, all governments worry about covering the cost of services for everyone.

WHO works with Member States on health financing policies. Our efforts focus on improving efficiency and reducing financial barriers.

WHO provided technical support to Viet Nam to revise its health insurance law, and assisted the Philippines on a national monitoring and evaluation framework for universal coverage.

WHO also provides patient-safety training, such as safe surgery checklists and hand-washing campaigns in Cambodia, Lao PDR and Viet Nam.

We recently reviewed regional health system strategies to inform our work with Member States on health system development going forward.

The review found that universal health coverage will be the main priority for many Member States in coming years.

A central concern of the universal health care agenda is the inclusion of as many basic health services as possible.

This past year alone WHO has worked to address new service development challenges related to NCDs and rapid ageing. We also have worked to include neglected services such as blindness prevention, mental health and disability services.
Many factors affect a country's ability to build quality health systems. In the end, however, delivering health services relies on having a skilled and trusted health workforce.

To that end, WHO has worked with Solomon Islands and the Philippines on strategic planning for human resources for health, and with Cambodia and Lao PDR in strengthening educational capacities.

WHO advocated more spending for essential health services in Lao PDR. As a result, the Government funded 4000 new posts to increase significantly the health labour force, especially in rural areas.

Shortages of health workers are especially acute in the Pacific — where WHO is working with Member States to take advantage of foreign training opportunities for health workers.

Even after graduation, WHO works with countries to facilitate accreditation and integration of foreign-trained medical workers. Based in Suva, Fiji, the Division of Pacific Technical Support, or DPS, was established as part of WHO reform in the Region to improve country-specific support.

I have already highlighted several results of the work of DPS, such as the rollout of PEN, increased tobacco taxes and continued progress toward elimination of lymphatic filariasis.

Recently, DPS also took the lead within WHO in organizing the very successful 2013 Pacific Health Ministers Meeting, which was graciously hosted by the Government of Samoa.

Now, four out of five requests for assistance by Pacific island countries are handled directly by DPS in Suva.

Bringing support closer is especially important in a Region that suffers more than its fair share of disasters and health emergencies.

Just look at events of the past year in the Western Pacific Region. A cyclone devastated Fiji and Samoa in December 2012. An underwater earthquake caused a deadly tsunami in Solomon Islands in February 2013. The Philippines was hit by typhoons and flooding in the capital and in the South. Earlier this year, Lao PDR saw its worst dengue outbreak ever. In China, there was an outbreak of a new strain of influenza not previously seen in humans that we now know as H7N9. The outbreak was the first big test for the upgraded Emergency Operations Centre here — which had just been inaugurated and has been busy ever since.

Guided by the new Emergency Response Framework, WHO provided technical support to affected countries and — when requested — helped coordinate international response to disasters.

The focus of our work, however, must be preparedness and prevention — starting with the implementation of the International Health Regulations among Member States.

In this way, we help Member States address health security threats before they become disasters. Every dollar spent on preparedness and prevention comes back several times over in savings versus the cost of emergency response.

In many ways, this is a special year.

It is the fifth time I have come before you to talk about WHO's work in the Region.
With my nomination, we have had the opportunity to reflect not only on our shared accomplishments over the past five years, but also on unfinished business and new challenges going forward.

The global public health landscape is changing, perhaps nowhere more rapidly than in this Region. We deal with everything from rapid ageing and urbanization to the consequences of environmental degradation, including climate change.

With these dynamic trends and emerging challenges, the important question for me is: How can I best spend the next five years as Regional Director?

Of course, important technical priorities will be decided in consultation with Member States and by this Regional Committee. Based on my experiences over the past five years, however, I have identified five principles to guide my work and that of the Secretariat over the next five years.

First — we must be people-centred and country-needs oriented. Member States are our clients. Their needs always come first.

Second — we should build on successes and tackle emerging challenges while continuing to address unfinished business. Now is no time for complacency.

Third — we must be flexible and adaptable. We have to be ready for the health consequences of emerging challenges in the Region.

Fourth — we have to continue to break down boundaries and engage all actors in health and beyond health. In particular, we must strengthen our convening role to include all sectors.

My fifth and final key principle is based on self-analysis: We at WHO must be more effective managers — of both financial and human resources.

As the world’s leading health authority, we have to provide value for money at every level of engagement.

Our work will focus on enabling areas — that is, finding better ways to deliver WHO support — and technical priorities.

Many of these priorities are set already by Member States, including universal health coverage, NCDs, ageing and health in the post-2015 development agenda, to name a few.

Our work will continue on the important issues in communicable diseases, antimicrobial resistance, artemisinin resistance, hepatitis B, TB, measles and malaria — as well as our push to fulfil MDGs 4 and 5 and International Health Regulations core capacities.

The opportunity to serve another five years will provide the continuity and commitment necessary to achieve these goals, and to stand ready to address new challenges.

I am — and always will be — your advocate.

In closing, I want to stress how grateful I am for the opportunity I have had to work with you over the past five years.

Without a doubt, this is the most challenging job I have ever had. But the challenges are worth facing.
Indeed, we are all very proud of what we have accomplished together. And with your support and guidance — and that of my staff and colleagues throughout WHO — I am confident we can accomplish even more during a second term.

I am eager to spend five more years taking on the Region’s health challenges — and bringing us even closer to attainment of the highest possible health for ALL the 1.8 billion people of the Western Pacific Region.

Thank you.
ADDRESS BY THE INCOMING CHAIRPERSON,
HONOURABLE TUITAMA DR LEAO TALALELEI TUITAMA, MINISTER OF HEALTH,
SAMOA, AT THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE
FOR THE WESTERN PACIFIC

Honourable Ministers
Distinguished Representatives
Dr Margaret Chan, Director-General of the World Health Organisation
Dr Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of agencies of the United Nations, intergovernmental
and nongovernmental organizations
Ladies and gentlemen:

Talofa and Good Morning.

I would also like to add my personal greetings and warm welcome to you all.

I thank you for the opportunity and honour given me to chair the sixty-fourth session of WHO Regional Committee for the Western Pacific Region in this beautiful and historic city, Manila.

I thank you all for entrusting me with this important role, as we come together in the spirit of cooperation, friendship and partnership to discuss issues vital to the health of our Region. I am confident that with everyone’s support and, with the assistance of my fellow office-bearers and the Secretariat, we can be assured of a fruitful meeting. I promise that I will try my utmost to be equal to this task of tremendous importance that you have given me.

To our outgoing Chairperson, Associate Professor Dr Nguyen Thi Kim Tien, Minister of Health, Viet Nam, and the Vice-Chairman, Dr Mark Jacobs, I am sure I speak for us all in saying “thank you” for your invaluable and committed work as the Chair and Vice-Chair of the 63rd Session of the WHO Regional Committee.

Ladies and Gentlemen, we have a full agenda for the next few days. The topics that we will be addressing and dialoguing on are essential to the health of our Region. This included the nomination of our Regional Director, an office that is currently held with passion, commitment and dedication by Puleleite Dr. Shin Young-soo. We have all given our congratulations to him yesterday. I take a moment to officially congratulate Dr. Shin again for his able leadership and stewardship of our Regional Office over these past years.

I look forward to vigorous and enthusiastic discussions on our current and proposed programme budget and how this can best be articulated to meet effectively and efficiently our Region’s many health priorities and challenges.

Ladies and Gentlemen, We are the keepers of health in our Region, we provide the Strategic Governance and Leadership that determine the health of each of the individuals in our countries. I urge you all to share over the next few days ideas, experiences and thoughts on how best to achieve improved health outcomes, build stronger, more robust and sustainable health systems for the people of the Western Pacific Region.

I urge that we always remember the words that were spoken by Dr Margaret Chan at the 64th World Health Assembly, “Never forget the people. All of our debates and discussions have meaning only when they improve the health of people and relieve their suffering”. Ladies and Gentlemen these words are the meaning and reason of our coming together this week.
Annex 7

It is therefore vital to always keep at the forefront of our discussions our purpose here today and in the next few days, “to improve the health and relieve the suffering of our people”, “to promote and protect the health and well-being of babies, children, youth, adults and the aging population, for they are our people and their health our responsibility”.

Ladies and Gentlemen, we have heard from our Regional Director the work of WPRO in supporting us in improving our health outcomes. We will review our programme budget for 2012–2013 and discuss the proposed programme budget 2014–2015 to fund our WHO resourced health programmes and activities as they are aligned to our own nationally-funded programmes.

The report of the Regional Director on the continued success re-examining of WHO’s way of working to better address needs of Member States, is very encouraging. I take this opportunity to remind WPRO of our need to strengthen and build capacity of our WHO Office for American Samoa, Tokelau, Niue, Cook Islands and Samoa. This WHO office is a unique and already existing opportunity for our countries to work closer with WHO and ensure that we obtain as much as possible the added value created through this office to our WHO-funded and resourced health programmes.

In April of this year when Pacific Health Ministers met in Apia Samoa, they, highlighted the serious challenge of noncommunicable diseases that strain our already burdened health resources. The Ministers of Health reaffirmed their commitment to look at innovative ways to combat NCDs and to actively engage communities and individuals themselves in these activities. The Health Ministers of the Pacific reiterated the value of the Healthy Island vision as the encompassing development framework for Pacific Islands to advocate the inclusion of health in all policies( HiAP).

In September this year, I was privileged to speak at the Side Event on NCDs at the Small Islands Development States (SIDs) preparatory meeting in Barbados for the upcoming SIDs meeting in Samoa in 2014. My task was to convey the Apia Outcome from the PHMM July this year, which practically asserts the inclusion of NCDs in the SIDs Outcome Statement, so as to ensure that NCDs does not fall off the 2015 Post MDG Agenda.

Evidence of this effort is documented in the final Barbados SIDs Outcome Statement where NCD is not only transparent but the whole document has a very health-oriented focus. In this juncture, I wish to acknowledge the collaboration of PAHO and WPRO on this Side Event initiative. I would also like to champion in addition to all our efforts, the beginning of a SIDs health-specific side event starting from now for all RCMs and WHAs.

The Government of Samoa has endorsed the inclusion of the Health NCD focussed Side Event in the 2014 SIDs Meeting. I invite all small island states, WHO and any interested Development Partners to support this initiative.

Distinguished Representatives, Ladies and Gentlemen,

This is a time when we need to be brave. We need to address, when necessary through well-consulted and realistic policy and legislation, development and trade issues affecting health. For example, on issues of food quality and nutritional value, tobacco and alcohol, we should not give in to excuses made that economic development rests on decisions made by industries. We need to assert that development is for the individuals, for the public, and health or ill health needs to be at the very center of every economic and development initiative.

We can no longer sit back and accept passing of laws or policies that do more harm than good to the health of the public. We need to influence industry and trade to assure that the products manufactured and processed, sold and exchanged in our markets are not, in any way, harmful to health. We need to keep the public informed of healthy lifestyles and of health-related research
findings so they can make choices that benefit their health. I believe that it is demand that dictates supply, thus we need to ensure that our consumers have the information to make the right decisions and dictate the supply and quality of all consumer goods.

We, the caretakers of our countries’ and the Region’s health, are in the forefront in protecting the health of our people. Therefore, we need to be brave and vigilant. We must never cease to ensure that our voices are heard. We need to speak loudly in one voice to remind all that development and economic opportunity is for the people and not vice versa. For what is the use of economic development and economic opportunity if it means that our people fall prey to NCDs and cannot enjoy and live long meaningful and healthy lives.

Ladies and Gentlemen, life is supposed to be enjoyed and glorious and this cannot and will not be if NCDs and NCD risk factors are not addressed through honest, clear and frank dialogue at all levels of decision-making.

I am very much looking forward to hearing each country’s progress in the area of Social Determinants of Health. It is important that we share our experiences working with other key social and economic sectors in this vital area of development. Health and development are interlinked and cannot be addressed as separate issues; their destinies are eternally and forever interlinked and inseparable.

As we near the MDGs zero countdown, I am happy to note on the agenda, that we are discussing those health issues directly related to MDGs which have been globally endorsed to be world priorities in health, and which target the poorest and most vulnerable populations.

Maternal and Child Health, HIV/AIDS, STIs and the persistent Communicable Diseases that have long claimed lives in our Region and, of course, NCDs, are essential agenda items over the next few days. NCDs was approved and added to the list by the UN General Assembly in 2010. Thank you to Dr. Chan for her persistent advocacy in this matter.

Ladies and Gentlemen, I look forward to meaningful discussions on the International Health Regulations, and the Asia Pacific Strategy on Emerging Diseases. We need to hear from each other on our countries’ progress and challenges in this vital area of controlling and managing the devastation that is caused by the unchecked spread of communicable diseases, both emerging and re-emerging. This is urgent as these diseases are now able to hop over miles of sea, land and ocean using today’s travel technology.

I am constantly reminded of the 1918 Spanish influenza which ruthlessly decimated Samoa’s population when this disease was carried to Samoa by ship. This is something that cannot be allowed to happen to any country and we must work together to ensure that this does not ever happen again.

Health Information Systems, Civil Registration and Vital Statistics remain an area which needs our full support. We need to build capacities and systems to assure that we obtain high quality information needed for informed and effective decision-making. This is an area in which WHO, with its knowledge base and ability to access the world’s health knowledge and intelligence, can greatly assist us.

The devastation on human life caused by the typhoons, tsunamis, cyclones, earthquakes and floods experienced in our Region over this decade urges us to keep climate change and disaster management in all our discussions.
Maintaining and assuring the quality of health care, health policy and health plans is articulated through ensuring access to life-long learning opportunities for all those professionals involved in health care. Accessing quality research data is vital to assure that our health workforce in the many but interlinked disciplines of health are kept on top of their “game”, and able to use existing knowledge and technology to provide “quality”, as well as “best practice” care and services.

Ladies and Gentlemen, I look forward to our discussions over the next few days and I, with the support of my co-office bearers for this the 64th session of the Regional Committee, will do my utmost to ensure that our discussions are guided as efficiently as possible as we work through our agenda and towards the completion of what will be I am sure, a successful meeting.

Thank you.
My dear colleagues, and fellow delegates, from the Western Pacific Region.

I wish to thank you all for your cooperation and support which have enabled us to sail smoothly over our program for this 64th Western Pacific Regional Committee Meeting.

Without your willing participation, your respect for the Chairman and your trust in his leadership, I would not have been able to do anything. The success of this meeting therefore, belongs to you.

I apologise if any of the distinguished representatives feel that the Chairman’s hammer might have fallen heavily or unfairly upon you as individuals or as the RCM in the performance of my duties in this meeting.

God forbid it that I owe you, or, you me for that matter, any disrespect or dishonour.

We are but humble servants of our respective nations and we are not perfect.

Sometimes in our eagerness to catch that one fish, which may very well be, your own agenda, we fail to recognise and realise that in so doing we have also damaged the net, in this case, the solidarity of the RCM, thereby rendering it weak and vulnerable and consequently depriving us of the pleasure and privilege to enjoy more fish in the future.

In Samoa we say, “E le sili le toa na te a’ea le olo, i le toa na te pulea lona loto.” – “The true hero is not he who strikes down and destroys the enemy, but he who can overcome his own anger and emotions.”

In the spirit of brotherhood and forgiveness, I ask you all to leave in this room, all, if there had been any unpleasantness encountered during the course of this meeting. Let us enjoy and celebrate whatever success we have been able to achieve, and take home with us the hopes of continued success, for the Western Pacific Region.

One must always be encouraged by the knowledge that even the most skilful fisherman, will not have all the fish that he could have, at the bottom of his fishing boat as there will always be the one that got away.

As parting words of one Samoan chief to another, Puleleite Dr. Shin Young-soo, the man with a vision, congratulations once again. You do us proud. “Ia pogisa lou tino, ae malamalama ou mata, ma ia tafe toto ou ala.”- “May your body be invisible to your enemies, your vision be far and penetrative, to enable you to see all and know all and may the path of your journey, as the next Regional Director for the Western Pacific Region, be littered with the remains of all the challenges you may encounter.” Ia manuia lau nofoaiga.

I thank all the WPRO staff at all levels who have made this meeting a success. Thank you for your services whether technical or support.
Annex 8

I wish also to acknowledge my office bearer colleagues: our Deputy Chair: Honourable Natsag Udval, Minister of Health for Mongolia, and, our Rapporteurs: Dr. Frances McGrath from New Zealand and Dr. Jean-Paul Grangeon, from New Caledonia, a member of the delegation of France.

It will be remiss not to acknowledge the support and hospitality of the Government of the Philippines. This city Manila is both famous and well known to most WPRO members who frequent your shores during their tenure as health professionals. Some being technical and most as being quite personal.

Finally, but not the least, I wish to post a word of thanks in recognition of the valuable assistance by Dr. Linda Milan, without which, this RCM, would not have progressed smoothly and efficiently. Dr. Linda Milan, thank you.

I wish to conclude, by wishing you all, the participants of this 64th Regional Committee Meeting, a safe journey home.

MAY GOD BE WITH YOU.

I LOVE YOU ALL.

FARE THEE WELL.

TOFA SOIFUA.