Summary report by the Chairperson

Mr James Gillan, Director
Department of Public Health and Social Services
Guam, United States of America

PART 1. TOPICS FOR GLOBAL DISCUSSION

Draft global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children

In the Western Pacific Region, the issues of interpersonal violence, child injuries and road traffic injuries have long been a priority. The Regional Committee adopted a resolution in 2012 (WPR/RC63.R3) calling for action to be scaled up on violence and injuries. Since that time, experiences and consultations within and among Member States informed the development of the regional action plan.


Representatives welcomed the regional plan's emphasis on vulnerable groups – such as women, children and people with disabilities. The Secretariat committed to follow the recommendations of several representatives to strengthen the text to further stress gender-related risk factors for violence and injuries.

In addressing concerns particular to the Region, the regional action plan complements implementation of the Global Plan for the Decade of Action for Road Safety 2011–2020 and the draft Global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children.

The regional plan will also help guide Member States towards achieving the Sustainable Development Goals (SDGs), specifically SDG 3 on Good Health and Well-Being and SDG 16 on Peace, Justice and Strong Institutions.

Global health sector strategy on viral hepatitis

The Regional Committee for the Western Pacific understands the gravity of the challenge posed by viral hepatitis, given that the Region bears half the global burden and 40% of global mortality of viral hepatitis.

Since 2003, the Regional Committee has endorsed three resolutions on hepatitis B immunization. Those efforts have been successful: the Region as a whole has achieved the goal of less than 2% chronic hepatitis B prevalence among 5-year-old children; and the Region is on track to achieve the more ambitious 1% target by 2017.
Now – with the advent of new drugs and better pricing possibilities – the regional plan aims to address the millions of people living with chronic hepatitis infection and the risk of cirrhosis in the Region.

Member States praised the responsiveness of the WHO Regional Office, as the Regional Committee endorsed the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 (WPR/RC66.R1).

The action plan is consistent with the draft global plan to be discussed in January 2016 at the Executive Board. The Secretariat assured Member States once the global plan is finalized any additional points of focus would be incorporated into regional efforts, with an emphasis on streamlining reporting systems.

**Multisectoral action for a life-course approach to healthy ageing: draft Global Strategy and Plan of Action on Ageing and Health**

Demographic ageing is rapidly reshaping populations in the Region. The experiences of countries helped inform the development of the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019), which was endorsed by the Regional Committee at its sixty-fourth session in October 2013 (WPR/RC64.R3).

The Secretariat reported on progress on healthy ageing, and representatives updated the Regional Committee on the developments in their respective countries. The regional framework features four pillars of action, with a focus on reorienting health systems to meet older people's needs – which is a fundamental issue globally in advancing universal health coverage (UHC).

The experience of the Western Pacific Region offers lessons to inform global policy and planning. Member States and stakeholders in the Region are sharing their experiences – some using an online consultation mechanism – to help shape the draft Global Strategy and Action Plan on Ageing and Health, which is under development at WHO headquarters.

**WHO reform**

Representatives discussed a variety of WHO reform issues, including non-State actors, strategic budget space allocation and governance, specifically agenda setting for the Regional Committee.

**Non-State actors.** The Framework of engagement with non-State actors is a topic of interest to all Member States. Several representatives voiced strong support for the framework, while expressing concerns about its slow progress. The issue is especially important considering the massive proportion of health dollars spent in the private sector and in the food industry, as well as on medicines. It was noted that WHO should designate appropriate non-State actors on a case-by-case basis, with transparent procedures for the secondment of experts from any sector of society.
Strategic budget space allocation. The representative from Malaysia made a detailed presentation on the selection of the mechanism chosen for determining the strategic budget allocation. Representatives expressed appreciation to China and Malaysia for representing the Region on the strategic budget space allocation working group. Representatives were of the view that the general principles of strategic budget space allocation are acceptable, as is the new methodology. As the proportion of the Region’s allocation would fall by 30% over 6–8 years, the impact of the budget space cuts should be assessed continually during that period.

Governance. The Australian representative reported to the Regional Committee on the work of the WHO working group on governance reform, including the working methods of the governing bodies and their alignment across the Organization.

One representative recommended that WHO more clearly delineate how it works at all three levels – country, region and headquarters – as well as recirculate a code of practice on the division of roles, which would help improve communication within the Organization, particularly at the country level.

There was a suggestion to establish a code of practice for representatives at governing body meetings, which would be based on best practices such as the use of a three-minute clock for interventions (as is done at headquarters).

Agenda setting. The current process for setting the agenda of the Regional Committee complies with the Rules of Procedure of the Regional Committee for the Western Pacific and is similar to the process in other regions. However, in response to requests from Member States for greater transparency, accountability and responsiveness, a proposal to amend the agenda-setting process for the Regional Committee was offered and agreed upon by representatives.

The proposal contained two elements. First, at each year’s session of the Regional Committee there would be consideration of items to include in the agenda of the following year’s session. Secondly, the Regional Director would have an informal exchange of views concerning the agenda with Executive Board members from the Region on the sidelines of the Executive Board meeting every January.

Representatives also made suggestions, such as: the creation of an informal “virtual” committee on the agenda, which could be convened via videoconference or teleconference; mechanisms for additional exchanges with Member States after the World Health Assembly; and a rolling agenda with a longer time frame to strengthen strategic planning. There was agreement to further study the issue, along with updates on country support and items that could be considered under the fixed agenda item on Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee.
2014 Ebola virus disease outbreak: follow-up to the Special Session of the Executive Board on Ebola

Detailed discussions took place on Ebola virus disease in the broader context of emerging disease outbreaks and public health emergencies. These discussions took place during the plenary session – covering the Regional Director’s report, a progress report on IHR and the Asia Pacific Strategy for Emerging Diseases (APSED) – and in a side event on health security, which was organized by WHO, the United States of America and the Republic of Korea.

The evaluation of APSED implementation concluded that while tremendous success has been achieved in implementing IHR through APSED, challenges remain. The Western Pacific Region has committed to a more robust mechanism for monitoring and evaluating implementation of the International Health Regulations (IHR). Members States in the Region are moving from self-assessments through “yes-or-no” IHR core capacity checklists to more innovative and effective mechanisms that focus on the functionality of country health security systems. These mechanisms may include outbreak reviews and Member State–WHO joint evaluations of core capacities, with the participation of external experts. The Western Pacific Region is also supporting and participating in the global effort, including the work of the IHR Review Committee and the reform of the Organization's role in outbreaks and emergencies.

At the side event on health security, lessons learnt from Ebola and MERS preparedness and response were shared, and discussions took place on how to strengthen health security in the Region and globally. The representative from the United States of America also provided an update on the Global Health Security Agenda. This initiative provides the Region with a new opportunity to further strengthen IHR core capacities. Representatives also discussed ways to better coordinate health security activities in the Region.
PART 2. TOPICS OF REGIONAL SIGNIFICANCE

Viral hepatitis

The Western Pacific Region has made great progress inscaling up hepatitis B immunization, and as a result hasmet the milestone of less than 2% chronic hepatitis B prevalence among 5-year-old children and is on track to achieve the 1% target by 2017.

However, the Regional Committee recognized the continuing burden of those who live with chronic hepatitis infection and the risk of cirrhosis and hepatitis B and C. The Regional Committee further recognized the value of a specific regional plan, as well the need for that plan to be consistent with the draft plan under development at WHO headquarters.

After consideration, the Regional Committee endorsed the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* (WPR/RC66.R1).

Universal health coverage

Over the past decade, the Regional Committee endorsed six strategies related to health systems, most of which expire this year. Meanwhile, a comprehensive 2013 review suggested that a whole-of-government approach for health sector development is crucial to establish universal health coverage (UHC). With this in mind, a regional consultation process led to the development of the draft regional action framework – *Universal Health Coverage: Moving Towards Better Health*.

Following a panel discussion by experts and consideration of the draft framework in the plenary session, the Regional Committee endorsed the framework (WPR/RC66.R2). Member States were urged to use the framework to develop country-specific road maps towards UHC and commit sufficient funding to implement national policies and plans to advance UHC, which supports the achievement of the SDGs.

Tuberculosis

In the Western Pacific Region, there has been a two thirds decline in TB mortality over the past 25 years. However, 100 000 lives continue to be lost each year to the disease. The *Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)* has guided TB control efforts. In addition, experience in the fight against TB in the Region has contributed to the development of the *Global strategy and targets for tuberculosis prevention, care and control after 2015*, also known as the *End TB Strategy*.

In order to facilitate country adaptation of the new global strategy, the Regional Office, in consultation with Member States, developed the *Regional Framework for Action on Implementation of the End TB Strategy 2016–2020*. After consideration, the Regional Committee endorsed the framework (WPR/RC66.R3).
Violence and injury prevention

Violence and injuries account for more than one million deaths annually in the Western Pacific Region. Mindful of the toll, the Regional Committee in 2012 endorsed resolution WPR/RC63.R3 on violence and injury prevention, which helped guide the scaling up of action on the issue. It also led to extensive consultations between 2013 and 2015 to develop the draft Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020). The regional plan is consistent with the draft Global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children. The regional plan aims to guide Member States in achieving SDG 3 on Good Health and Well-Being and SDG 16 on Peace, Justice and Strong Institutions.


Urban health

The Western Pacific has experienced more rapid development and economic growth than perhaps any other WHO region. This development, however, has had unintended consequences, as many urban areas have grown faster than their capacity to provide infrastructure for safe housing, clean water and adequate sanitation. Some of these issues have been addressed through initiatives such as Healthy Cities and Healthy Islands, but now is the time to transition from a settings approach to a whole-of-systems approach in order to achieve SDG 3 on Good Health and Well-Being and SDG 11 on Sustainable Cities and Communities.

In order to meet these challenges, the Regional Office consulted extensively with Member States to develop the Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities. After consideration, the Regional Committee endorsed the framework (WPR/RC66.R5).

Report completed: 10 November 2015