9–13 October 2017
Brisbane, Australia

WPR/RC68/DJ/3 Rev. 1
11 October 2017

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Other information

Venue
Plaza Ballroom, Plaza Level, Brisbane Convention & Exhibition Centre (BCEC).

Distribution of documents
All documents are included on a USB flash drive provided to all representatives in their conference bag upon arrival. In line with WHO green meeting practices, printed copies are available only upon request at the WHO Enquiry Desk, located at the Plaza Ballroom Concourse.

Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.

Rapporteurs meeting
The meeting will be held daily (Monday to Thursday) following the afternoon session in Board Room 1 at 17:15.

Internet access
Wireless Internet access is available throughout the BCEC. The network name and password can be obtained from the WHO Enquiry Desk in the Plaza Ballroom Concourse.

An Internet cafe is located in the Plaza Ballroom Foyer. For assistance, please contact the computer support staff at the Internet cafe.

WHO publications
Publications related to the agenda of the Regional Committee are on display in the Plaza Ballroom Concourse. A digital publications catalogue is contained on a USB flash drive provided to all representatives.

Security
Please ensure your ID card is displayed at all times while inside the premises. Kindly contact the WHO Conference and Administrative Services Officer, Ms Nguyen Thi Minh Ly, with any concerns at +63 920 963 5457 (Philippines mobile).

WHO has a no-smoking policy for all meetings and related functions.
## I. PROGRAMME OF WORK (WEDNESDAY, 11 OCTOBER 2017)

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<th>Agenda items</th>
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<td>Transitioning to integrated financing of priority public health services (continuation)</td>
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<td>Regulatory strengthening and convergence for medicines and health workforce</td>
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<tr>
<th>Agenda items</th>
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<td>15</td>
<td>Food safety</td>
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<td>16</td>
<td>Progress reports on technical programmes</td>
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<td>Part 1</td>
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<td>16.1 Health Security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies</td>
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### Consideration of draft resolutions

- Measles and rubella elimination: WPR/RC68/Conference Paper No. 1
- Protecting children from the harmful impact of food marketing: WPR/RC68/Conference Paper No. 2
- Health promotion in the Sustainable Development Goals: WPR/RC68/Conference Paper No. 3
- Triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis: WPR/RC68/Conference Paper No. 4

**Please Note:** Draft resolutions (also known as Conference Papers) were distributed today. Any amendments should be submitted in writing to the Enquiry Desk using specific language. The Conference Papers will be considered for adoption after the morning and afternoon coffee breaks.
II. REPORT OF MEETINGS (TUESDAY, 10 OCTOBER 2017)

Second meeting

<table>
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<th>Chairperson:</th>
<th>Ms Glenys Beauchamp, Secretary, Australian Government Department of Health</th>
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**Item 4**  
**Address by the incoming Chairperson**

The incoming Chairperson thanked the Regional Committee for the opportunity to chair the sixty-eighth session. She provided a brief introduction to the main items on the Regional Committee agenda and called on Member States to continue to work together to meet the many health challenges and other issues facing the Western Pacific Region.

**Item 9**  
**Measles and rubella elimination**

The Director, Programme Management, introduced document WPR/RC68/4 on the draft *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action*. The draft action plan updates the current regional strategy with the inclusion of three components: strategies for rubella elimination; strategies to prevent and interrupt measles virus transmission among infants, adolescents and adults; and outbreak preparedness and response.

The new Regional Strategy and Plan of Action addresses the causes of the Region-wide measles resurgence from 2013 to 2016. At the same time, it addresses the higher portion of rubella cases reported recently among adolescents and young adults in several countries in the Region, leading to likely increased risk of congential rubella syndrome.

The Technical Advisory Group recommended that Member States set a target year for rubella elimination, in order to strengthen political will and foster a coordinated approach among government sectors and synchronized efforts across the Region.

Interventions were made by the representatives of the following Member States (in order): China, Viet Nam, the Marshall Islands, Japan, Tonga, the United States of America, the Philippines, New Caledonia, the Republic of Korea, Australia, Hong Kong SAR (China), Cambodia, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, Papua New Guinea, New Zealand, Mongolia and Samoa.

The Director of Communicable Diseases thanked Member States for their interventions and support of WHO work in immunization. He also congratulated Member States on their progress to date in fighting measles and rubella.

Because of the small populations of most Pacific islands, he said that the draft measles and rubella elimination strategy approaches the Pacific as a block for verification, which should occur relatively soon. He agreed with the view expressed by some Member States that strong immunization services should serve to strengthen overall health system development as well as health security. He noted the alignment between the outbreak component of the draft Regional Strategy and Plan of Action and the *Asia Pacific Strategy for Emerging Diseases and Health Emergencies* in terms of surveillance and detection and response mechanisms. In fact, efforts to eliminate these diseases will increasingly add to the work of health emergency response teams, particularly following elimination, he said.
The Director of Communicable Diseases also agreed with the view expressed by several Member States on the importance of flexibility in dealing with different Member State contexts and issues to achieve elimination. He said dealing with anti-vaccine views is an important challenge in many countries, and emphasized the importance of proactive communications from a variety of trusted sources.

He concluded by saying that until these diseases are eradicated globally it is important that all countries and areas that have achieved elimination continue to maintain their focus on achieving and maintaining high rates of immunization coverage (including identifying and filling immunity gaps), maintain strong surveillance systems and ensure the ability to respond rapidly, especially in cases of imported measles or rubella.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on measles and rubella for consideration by the Regional Committee.

### Item 10

**Protecting children from the harmful impact of food marketing**

The Director, Programme Management, introduced document WPR/RC68/10, which includes a report on protecting children from the harmful impact of food marketing. He said the report, which summarizes the regional situation and actions taken by countries on food marketing to children and on restricting the marketing of breast-milk substitutes, was developed in response to concerns expressed by Member States.

The Director, Programme Management, said the agenda item was developed at the request of Member States to set the stage for the development of a regional action plan to address the harmful impact of food marketing to children.

Interventions were made by the representatives of the following Member States (in order): Singapore, Tuvalu, the Philippines, the Marshall Islands, the Republic of Korea, Brunei Darussalam, Australia, New Caledonia, Viet Nam, the United States of America, Fiji, the Federated States of Micronesia, Japan, China, Hong Kong SAR (China), Macao SAR (China), Malaysia, Mongolia and Samoa.

In response, the acting Director, NCD and Health through the Life-Course, thanked Member States for their interventions, in which they noted actions they are taking to protect children from the harmful impact of marketing. She said that the broad support Member States expressed for a regional action plan was encouraging.

She said there is growing concern among Member States about the high incidence of overweight, obesity and malnutrition in children in some parts of the Region, and the role of marketing in child health, especially Internet marketing that reaches children directly.

She expressed concern that the marketing of unhealthy foods to children continues to rise, despite the World Health Assembly resolution in 1981 restricting breast-milk substitutes. She noted that examples of industry self-regulation have so far proven to be ineffective.

In the development of a regional framework, the acting Director said the Secretariat would consult Member States, taking into consideration a country’s national context, as well as relevant sectors beyond health, such as trade and finance.

The Director, Nutrition for Health and Development, WHO headquarters, noted
that the International Code of Marketing of Breast-milk Substitutes has been translated into national legislation in 135 countries. He said WHO is about to publish operational guidance calling for stronger action to control the inappropriate promotion of complementary foods, currently enacted by 41 countries.

In addition, he said about 70 countries had taken measures to address marketing of foods to children, with two thirds of those being regulatory actions. He noted that several countries have comprehensive approaches to control marketing through various media, including digital media.

The Director, Programme Management, noted that all Member States agree that this issue should be addressed, but there is great variance in their approaches. He said these differences present a challenge in developing a draft regional action plan that will be acceptable to all Member States.

The Chairperson requested the Rapporteurs to prepare a draft resolution on protecting children from the harmful impact of food marketing.

**Item 11 Health promotion in the Sustainable Development Goals**


He said the regional action plan builds on discussions during the Ninth Global Conference on Health Promotion in Shanghai in November 2016. Those discussions led to the adoption of the *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development* and the *Shanghai Consensus on Healthy Cities 2016*.

He noted that health promotion addresses the broad determinants of health, which is key to achieving the SDGs. In this way, the proposed Regional Action Plan will help guide Member States to accelerate achievement of the SDGs.

Interventions were made by the representatives of the following Member States (in order): Singapore, Cambodia and Brunei Darussalam, the Philippines, Viet Nam, the Republic of Korea, the United States of America, Australia, China, Cook Islands, the Marshall Islands, New Caledonia, Kiribati, Mongolia, Malaysia, Samoa and Fiji.

The acting Director of the Division of NCD and Health through the Life-Course thanked Member States for valuable input and support. She mentioned various initiatives underway in many countries in the Region, including baby-friendly hospitals, health-promoting schools, Healthy Cities and Healthy Islands, and smoke-free cities. She also highlighted the importance of cross-sectoral activities in health promotion.

The acting Director noted that many of the innovative NCD interventions are cost-effective and can be embedded in health promotion activities through the creation of health promotion boards and foundations. The Regional Action Plan, she said, is multisectoral and can guide the development of national action plans.

The Adviser to the Division of NCD and Health through the Life-Course thanked Member States for their interventions and support. She said that changes in the world such as climate change and rapid urbanization made clear the need to revisit many issues first addressed more than 30 years ago in the Ottawa Charter for Health Promotion. Governments, she said, need to strengthen the regulation
of harmful products, especially in a globalized world with expanding markets.

To respond effectively to individual Member State needs and priorities, she said health promotion should be based on evidence and real outcomes. Key areas of work will include settings, sustainability and securing resources for work in health promotion in the Region, she added. Some countries, she noted, have used taxation on tobacco, alcohol and products such as sugary drinks to help fund health promotion. She concluded that health promotion must be as part of national development plans, linked with the SDGs and local initiatives.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on health promotion in the Sustainable Development Goals, for consideration of the Regional Committee.

**Third meeting**

**Chairperson:** Ms Glenys Beauchamp, Secretary, Australian Government Department of Health

**Item 12** Triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis

The Director, Programme Management, introduced the document WPR/RC68/7 on the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis. He said the agenda item builds on the *Action Plan for Healthy Newborn Infants in the Western Pacific Region 2014–2020*, the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*, and the significant achievements in the fight against hepatitis.

He also noted the opportunity to maximize key linkages and integration opportunities in maternal, newborn and child health across the three interlinked global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for 2016–2021, which were endorsed during the last World Health Assembly.

The Director, Programme Management, said Member States recognized the need for better coordination among programmes to make interventions to combat mother-to-child transmission of HIV, hepatitis B and syphilis more accessible for women, children and their families. They also recognized the need for new interventions to reach the global goal of 0.1% prevalence of hepatitis B, agreed to as part of the Global Health Sector Strategy for Hepatitis B.

He concluded by saying that the draft regional framework proposes just such a coordinated approach: a shared maternal, newborn and child health platform to deliver interventions for the elimination of mother-to-child transmission of all three diseases more efficiently.

Interventions were made by the representatives of the following Member States (in order): Malaysia, Papua New Guinea, Viet Nam, the Philippines, the Republic of Korea, Cambodia, Japan, Hong Kong SAR (China), Macao SAR (China), Marshall Islands, Mongolia, Australia and China.

The Director of Communicable Diseases thanked the Member States for their practical and supportive comments, as well as their input for the draft Regional Action Plan.

He said the Regional Action Plan, along with other items in this year’s agenda, reflects an integrated and collaborative approach that has become the standard...
way of working in the Western Pacific Region under the Regional Director.

The Director of Communicable Diseases said this Regional Action Plan builds upon the success of Member States in reaching the regional target of less than 1% hepatitis B prevalence among children 5 years old. He said the Regional Action Plan is a logical, practical and doable next step and aims to be the most cost-effective way forward for Member States. The Regional Action Plan uses already agreed targets and indicators wherever possible, including screening coverage indicators taken from the three agreed global Health Sector Strategies.

In addition, he said this approach not only addresses mother-to-child transmission, but also aims to strengthen the broader health systems, which is a critical attribute of WHO work in the Region.

He concluded by saying all countries will face practical challenges and WHO is eager to work with each country to address these challenges.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis, for consideration of the Regional Committee.

**Item 13** Transitioning to integrated financing of priority public health services

*The Regional Committee began discussion on Transitioning to integrated financing of priority public health services. The item will be covered in its entirety in tomorrow’s Daily Journal.*

### III. OTHER MEETINGS

**Wednesday, 11 October 2017**

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<tr>
<td>12:45–13:45</td>
<td>Poliomyelitis: Room M3, Mezzanine Level</td>
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<tr>
<td>17:15–onwards</td>
<td>Private informal consultation with Member States (Caucus): Plaza Ballroom, Plaza Level</td>
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<td>Gavi, the Vaccine Alliance (following the private informal consultation with Member States): Plaza Ballroom, Plaza Level</td>
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**Thursday, 12 October 2017**

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<tbody>
<tr>
<td>12:45–13:45</td>
<td>WHO’s work in countries: Plaza Ballroom, Plaza Level</td>
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**Friday, 13 October 2017**

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<tr>
<td>12:45–13:45</td>
<td>Responding to the need for specialized tertiary care in small island states: Room M3, Mezzanine Level</td>
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