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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 (THURSDAY, 12 OCTOBER 2017)

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Consideration of draft resolutions

- Transitioning to integrated financing of priority public health services | WPR/RC68/Conference Paper No. 5
- Regulatory strengthening and convergence of medicines and health workforce | WPR/RC68/Conference Paper No. 6
- Food safety | WPR/RC68/Conference Paper No. 7

Please Note: Draft resolutions (also known as Conference Papers) were distributed this morning. 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 coffee break.
II. REPORT OF MEETINGS (WEDNESDAY, 11 OCTOBER 2017)

Fourth meeting

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

Item 13 Transitioning to integrated financing of priority public health services

The Director, Programme Management, said the draft *Regional Framework for Action on Transitioning to Integrated Financing for Priority Public Health Services in the Western Pacific* responds to Member State requests for guidance to improve the sustainability of financing and the efficiency of health systems.

He said the Framework will also be valuable for countries enacting service delivery or budgeting reforms. In addition, he said the Framework offers guidance on securing essential public health functions, while respecting the unique situation of each Member State, regardless of its starting point.

The Framework, he said, builds on the action framework *Universal Health Coverage: Moving Towards Better Health*, endorsed by the Regional Committee in 2015, and works with the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*.

Interventions were made by the representatives of the following Member States (in order): Brunei Darussalam, the Philippines, Australia, the United States of America, China, Viet Nam, the Lao People’s Democratic Republic, Japan, Kiribati and Fiji.

The Director of Health Systems thanked Member States for their interventions and their support of the draft Regional Framework of Action. Responding to Member State concerns about health system strengthening, she said that sustainable health systems serve as the cornerstone of universal health coverage (UHC), which offers a full continuum of services from prevention to palliative care.

In response to Member State interventions on integrated financing, she said the transition is relevant not only to countries preparing for graduation status, but also for countries facing other budgetary issues, such as changes to their budgeting programme or a shift to insurance payments for public health services. She said post-transition lessons can be learnt, highlighting the importance of early discussion and decisions with all partners.

The Director of Health Systems mentioned the shared challenges in managing limited fiscal spaces, including: the nature of the advocacy, planning, policy dialogue needed to expand fiscal space; ways to achieve better efficiencies to both financing and service delivery reforms; monitoring, especially in decentralized settings; and the proper level of investment in prevention and how those services can best be accessed. She suggested that an assessment of returns on investments could be measured in terms of good health outcomes.

With regards to expanding the fiscal space for health, the Director noted various options for innovative financing. She said WHO is pursuing the issue of taxes for health and social impact bonds, which may or not be scalable.

Regarding interventions about next steps, she noted ongoing efforts such as the Gavi transition plans and building social health insurance systems. She indicated that a key issue was the country-specific UHC road map, assuring Member States that the Regional Office will support country-level policy dialogue, transition planning and efficiency analysis for service improvement. She emphasized the need for stakeholder engagement for transition planning. She also pointed out that the UHC Technical Advisory Group is an effective avenue for sharing lessons across countries. The TAG, she said, will soon be considering allocation and priority-setting, as well as transforming service delivery models.
Several Member States raised the issue of aid effectiveness as an important part of the process, and the Director of Health Systems noted WHO's collaboration with World Bank and the Asian Development Bank through bi-regional health financing policy workshops, bringing together ministries of health and finance to explore common concerns and develop ways forward.

In response to the concerns of smaller Member States, she cited the side event on Friday that would address tertiary specialist services. She said the Regional Office is working with colleagues in other regions on these issues to increase opportunities for learning across regions.

Regarding Member State concerns about the integration of WHO disease programmes, the Director noted that this is one of several items at this session of the Regional Committee that crosses technical units. The concern could be considered in the context of 13th General Programme of Work, she said.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on regulatory strengthening, convergence and cooperation for medicines and the health workforce, for the consideration of the Regional Committee.

**Item 14**

**Regulatory strengthening and convergence for medicines and health workforce**

The Director, Programme Management, introduced the agenda item on regulatory strengthening and convergence for medicines and health workforce, which builds on the Western Pacific regional framework on *Universal Health Coverage: Moving towards better Health*. The framework, endorsed in 2015, emphasizes quality as a key attribute of a good performing health system. He noted that strong national regulatory systems for medicines and the health workforce are essential for achieving quality.

The draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce* provides guidance to Member States to participate in cooperation and convergence initiatives, he said. Regulatory convergence and cooperation facilitate the development of standards and legal frameworks and sharing of best practices, thereby supporting the efforts to strengthen national regulatory systems.

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

The Director of Health Systems thanked Member States for their interventions and strong support for the Regional Action Agenda. In response to interventions from Member States, she said efforts to strengthen regulations in the Region must be sensitive to issues of country context and national sovereignty.

Several Member States, especially those in the Pacific, raised the issue of traditional medicine. The Director of Health Systems said some countries, such as China, Japan and the Republic of Korea, have very developed systems, but the development of such systems can be a challenge for small Pacific island countries. She said Samoa is starting to regulate traditional healers, adding that the Regional Office is also supporting a number of Pacific island countries on the regulation of herbal plants. There is scope for more learning across countries, she added.

In response to interventions about cooperation, she referred to the support offered by Australia and New Zealand as examples of Member States that lend expertise in medicines and workforce issues. She said such cooperation could be broadened in a more systematic manner across the Region. Cooperation in other areas, such as food safety, could also be explored.
Several Member States raised the issue of small country contexts, and the Director said a more systematic conversation across Pacific would be valuable. Cooperation in these areas must respect context and sovereignty and move in a stepwise fashion, starting with information-sharing. Discussions about pharmacovigilance are underway.

Several Member States expressed concern about the challenge of private sector training institutions, accreditation and cross-sectoral coordination in workforce education, as part of the regulation task. The Regional Office is supporting Mekong countries on these issues, as well as competency-based training, she said, adding that such support can be expanded.

Member States raised other health workforce issues, such as migration and fit-for-purpose workforces. The Director emphasized the need for context-specific approaches, reminding representatives that this issue also was raised at the recent Pacific Health Ministers Meeting. Several Member States mentioned the role the Association of Southeast Asian Nations (ASEAN) can play in these issues, and the Director acknowledged that ASEAN is an important forum in which the Regional Office can continue to engage.

She also emphasized some specific benefits of cross-border cooperation. She said such cooperation can help “weed out” bad practices, practitioners and products that can travel across borders. She also said cross-border cooperation and conversations can facilitate work in emergency situations and on antimicrobial resistance and counterfeit and substandard medicines.

She agreed with Member State comments about the importance of the strength of national regulatory authorities and said improving the capacity of the regulatory workforce is the key to implementation.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on regulatory strengthening, convergence and cooperation for medicines and the health workforce, for the consideration of the Regional Committee.

**Consideration of draft resolutions:**

The Chairperson invited the Regional Committee to consider the draft resolution on the draft *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action* (WPR/RC68/Conf. Paper No. 1). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC68.R1).

The Chairperson invited the Regional Committee to consider the draft resolution on the draft *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific* (WPR/RC68/Conf. Paper No. 4). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC68.R2).

**Item 15  Food safety**

The Director, Programme Management, said this agenda item builds the *Western Pacific Regional Food Safety Strategy 2011–2015*, which helped guide Member States in strengthening national food safety systems. Now, he explained that the context of food safety has changed due to technological advances, increasing demand for safer food, and new ways of producing, distributing and consuming food. These changes require a new approach.

He said the draft *Regional Framework for Action on Food Safety in the Western Pacific* acknowledges the changing context of food safety and provides guidance to Member States for strategic action and a stepwise approach to strengthen food safety systems.
Interventions were made by the representatives of the following Member States (in order): Cambodia, Brunei Darussalam, the Philippines, Australia, Japan, China, the United States of America, Viet Nam, Samoa, Tuvalu and Cook Islands.

The Regional Emergency Director and Director of the Division of Health Security and Emergencies thanked Member States for their interventions and support for the Regional Framework for Action.

Responding to Member State interventions, she highlighted the Framework’s guidance for the adoption of a risk-based approach in managing food safety. She also said it linked components of food safety systems using a system-based approach. With Member States at different stages of development, the Framework advocates advancing food safety systems in a stepwise manner. She reiterated WHO’s eagerness to support Member States in implementing the Framework to address the challenges in managing food safety risks and responding to food safety incidents.

She discussed the linkages between food safety and nutrition and noncommunicable diseases, emphasizing the need for a country-based approach to facilitate cooperation between technical programmes at the country level. She also recognized unique food safety challenges faced by Pacific island countries and areas, detailing the approaches proposed by the draft Regional Framework for the Pacific.

In relation to concerns about food safety incident and emergency response, the Director highlighted the importance of strengthening linkages with generic systems for public health emergency preparedness, risk assessment and response including linkages between National IHR Focal Points and International Food Safety Authorities Network Emergency Contact Points.

The Chairperson requested the Rapporteurs to draft an appropriate resolution on food safety, for the consideration of the Regional Committee.

### Fifth Meeting

**Chairperson:** Honourable Tautai Kaitu’U, Minister for Health and Medical Services, Solomon Islands

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

**Item 16**

**Progress reports on technical programmes**

**Part 1:**

**16.1 Health Security and the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies**

The Director, Programme Management, introduced agenda item 16 on the progress reports on technical programmes covering eight WHO programmes. To facilitate discussion, the agenda item was presented in three parts, and started with the first part that covers health security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III).

He explained that APSED was developed in 2005 as the framework Member States use to address shared health security threats and build core capacities under the International Health Regulations (2005). APSED was updated in 2010 and 2016 to reflect lessons learnt from 10 years implementation and experiences from past regional and global events, including the Ebola outbreak.

At the global level, the IHR Monitoring and Evaluation Framework, which was developed in 2016, is comprised of four elements: annual reporting, after-action reviews, simulation exercises and Joint External Evaluations, or JEEs. Five Member States – Cambodia, the Lao People’s Democratic Republic, Mongolia, the Republic of Korea and Viet Nam – have completed JEEs over the past year.
Australia will conduct a JEE in November. Six more Member States are preparing for JEEs in 2018.

The Director, Programme Management, said that earlier this year the World Health Assembly requested the Director-General “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response”. The plan will be submitted to the Executive Committee in January and the World Health Assembly in May. APSED III was taken into account when developing the draft global plan, he said. In developing the global plan, Member States will be consulted through the Technical Advisory Group on APSED III, which will avoid any duplication of efforts by Member States.

Interventions were made by the representatives of the following Member States (in order): Cambodia, Brunei Darussalam, Viet Nam, Australia, the Philippines, the United States of America, the Republic of Korea, the Lao People’s Democratic Republic, China, Macao SAR (China), the Federated States of Micronesia, Hong Kong SAR (China), New Zealand, Kiribati, Japan, Mongolia, Singapore, Samoa, Malaysia and New Caledonia.

The Regional Emergency Director for the Western Pacific/Director for Health Security and Emergencies thanked Member States for their interventions and significant progress in health security over the past year through implementing APSED III to advance IHR (2005). She said progress was encouraging during the annual TAG meeting in 2017.

Noting the interest in JEEs, she said that while JEEs remain a priority in the Region, the IHR Monitoring and Evaluation Framework includes other elements that are also important to health security, including annual progress reporting, after-action reviews and simulation exercises. She appreciated the comment that monitoring and evaluation (M&E) was one of the focus areas of APSED (2010) and had made important contributions to development of the global IHR M&E Framework.

She expressed her appreciation to the five countries that completed JEEs over the past year. She stressed the importance of not doing too many JEEs to be able to ensure high-quality evaluations. Countries that have gone through the JEE process also shared lessons that are important for planning and conducting JEEs in other countries.

She said that the important lessons included: 1) JEEs as a process to ensure objective assessments, therefore helping increase confidence of the international community; 2) JEEs facilitating advocacy for sustainable investment and a multisectoral and multi-stakeholder approach in managing health security threats; and 3) like many tools, the JEE is not perfect, but it provides good momentum to implement APSED III in the Region, including updating national actions plans.

Regarding Member State interventions about the many recommendations from the JEE, she said Member States should prioritize and implement actions through system-strengthening approach.

Responding to other Member State concerns, including the development of a draft strategic plan to improve public health preparedness and response, she said the Secretariat had taken note, including suggestions on annual IHR reporting and further development of the draft strategic plan in the near future.

Responding to suggested future priorities, she said that in addition to JEEs, implementing other APSED III focal areas would be important, including strengthening pandemic influenza preparedness, the risk assessment system and emergency operations capacities. She noted the request and efforts to further develop a tailored approach for the Pacific. She concluded by discussing the need for updated national action plans to guide prioritization and coordinate various activities and initiatives at the nation level.
The Executive Director of the WHO Health Emergencies Programme (WHE) provided the Regional Committee with an update on the new global programme. He congratulated the Regional Committee, Member States and the Regional Office for their continued commitment to health security and emergency preparedness and response. He said the Region was at the epicentre of emergencies and disasters, but in the forefront of preparedness for managing health security threats, with the APSED III playing a key role.

Consideration of draft resolutions:

The Chairperson invited the Regional Committee to consider the draft resolution on the draft report on Protecting children from the harmful impact of food marketing (WPR/RC68/Conf. Paper No. 2). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC68.R3).

The Chairperson invited the Regional Committee to consider the draft resolution on the Health Promotion in the Sustainable Development Goals (WPR/RC68/Conf. Paper No. 3). The Rapporteur for the English language read aloud the draft resolution. The draft resolution, with amendments, was adopted (WPR/RC68.R4).

Item 16 Progress reports on technical programmes:

Part 2:

16.2 Noncommunicable diseases

16.3 Tobacco-free initiative

16.4 Mental health

The Director, Programme Management, presented part 2 of the progress reports on technical programmes covering Noncommunicable diseases, Tobacco Free Initiative and Mental health

He applauded Member States for their 100% participation in the recent NCD Country Capacity Survey, adding that the findings from the surveys will help inform discussions at the Third United Nations General Assembly High-Level Meeting on NCDs in September 2018.

Since the endorsement of the NCD Regional Action Plan in 2014, WHO has supported countries in the development of NCD policies and plans, as well as the strengthening of national capacities and surveillance systems. The WHO Package of Essential NCD Interventions continues its successful roll-out.

Using the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) as a guide, countries have advanced tobacco-control policies, particularly demand-reduction measures. Now smoke-free laws protect more people than ever before from second-hand smoke in the Region. In addition, more than half the countries in the Region now use strong, graphic health warning labels on tobacco products.

Member States have also taken decisive action on mental health, he said, with nine countries and areas in the Region having endorsed national mental health policies and plans, and five more in the approval process. Several Member States have developed national suicide prevention strategies and incorporated mental health into national disaster plans. This year World Health Day was focused on mental health with the theme of "Depression: Let's Talk".
Interventions were made by the representatives of the following Member States (in order): Cambodia and the Philippines.

The Chairperson adjourned the meeting.

III. OTHER MEETINGS

Thursday, 12 October 2017

12:45–13:45    WHO’s work in countries: Plaza Ballroom, Plaza Level

Friday, 13 October 2017

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