

Report on the 57th Session of the Regional Committee for The Western Pacific Region, World Health Organization (WHO)

18-22nd September 2006, Auckland, New Zealand

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The Regional Meeting

This Meeting was held in Auckland, New Zealand. It was well represented by all thirty-three member countries with each of the delegation headed by their respective ministers/vice-ministers of health (Australia, Brunei Darussalam, Cambodia, China, Hong Kong, Macau, Cook Islands, Fiji, France, Japan, Kiribati, Laos, Malaysia, Republic of the Marshall Islands, Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, United Kingdom, United States of America, Vanuatu, Vietnam). The meeting was also attended by two representatives from United Nations and other Specialized Agencies in the Western Pacific Region, two Inter-Governmental Organizations and 5 International NGO's, namely IPA, International Council for Control of Iodine Deficiency Disorders, Sasakawa Memorial Health Foundation (Japan), International Federation of Medical Students Association (IFMSA) and the International Confederation of Pharmaceutical Industries.

The Opening Ceremony

The opening ceremony was held at 0900 hours on 18th September 2006 at the ASB Theatre, Level 2 of the Aotea Centre of the Auckland Convention Centre. The proceedings began with a traditional Maori welcoming ceremony and were officiated by the Right Honourable Helen Clark, Prime Minister of New Zealand with addresses by the Acting WHO Director General (Dr. Anders Nordstrom), Acting WHO Regional Director (Dr. Richard Nesbit), the Health Minister of New Zealand (Dr. Pete Hodgson) and the Mayor of Auckland (Mr. Dick Hubbard). I have attached herewith copy of the Speech by the Acting WHO Director-General which might shine light onto the policy of WHO during the interim period before the new WHO Director-General is elected.

Main Business transacted at the Regional Meeting

The Meeting was convened at the Aotea Convention Centre and the following were elected office bearers of the New Meeting Session (57th):

Chairperson: Dr. Pete Hodgson (New Zealand)

Vice Chairperson: Mr Pehin Suyoi Osamn (Brunei)

Next Meeting: Jeju, South Korea in September 2007

Major Health Issues deliberated at the Meeting

1. There is no direct child health issues listed on the Agenda but the health ministers are all very concerned about child health indirectly via other agenda items.
2. It was unanimously agreed that major health issues to be focused for the coming twelve months within the Region will be HIV/AIDS, Alcoholism and Obesity
3. The Meeting adopted the motion on “Amendments of the Rules of Procedures of the Regional” concerning transaction of major resolutions and for appointment of acting regional directors during interim periods between scheduled Executive Board Meetings. Copy of which is attached for better reference.
4. The most important issue raised during the meeting is the adoption of the” WHO WORKPLAN FOR THE IMPLEMENTATION OF THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES 2006-2010: A FIVE YEAR PLAN” as summarized below.

BACKGROUND

The Western Pacific Region continues to face threats from emerging infectious diseases. As a major step forward in confronting this challenge, the Regional Committee for the Western Pacific at its fifty-sixth session in September 2005 endorsed the Asia Pacific Strategy for Emerging Diseases (APSED), a guide for countries and areas in strengthening core capacities for effective preparedness, prevention, and early detection of and response to emerging infectious diseases.

The five-year Workplan for the Implementation of ASPED (2006-2010) has been developed to contribute to the achievement of the strategic objectives contained in APSED by prioritizing activities and supporting their effective implementation. It guides WHO support to the countries and areas of the Asia Pacific Region in meeting their capacity development obligations under the International Health Regulations (2005). The Workplan calls for all countries and areas of the Asian Pacific Region to establish at least the minimum capacity necessary for epidemic alert and response by 2010.

The Workplan includes priority activities that should be urgently implemented in responding to avian influenza, in preparing for the rapid response and containment of emerging pandemic influenza, and in improving pandemic preparedness. It will be implemented in collaboration with national health authorities and regional and international partners and may be adjusted based on gaps identified during country assessments and progress made during the next five years.

The Asia Pacific Technical Advisory Group on Emerging Infectious Diseases, at its first meeting held in July 2006, reviewed the Workplan and recommended APSED and its Workplan should act as a framework and guide for countries and partners to meet the commitments of the International Health Regulations (2005) and to strengthen the national and regional capacities for communicable disease surveillance and response.

IMPLEMENTATION PLANS

A number of emerging diseases such as Nipah virus, severe acute respiratory syndrome (SARS) and avian influenza A(H5N1) have had a profound adverse effect on public health and economic development in the Asia Pacific Region, which has been at the centre of such epidemics. These outbreaks remind the international community of the continued threat posed by infectious diseases to human health and well being. In the future, all of the countries of the Region must be better prepared and more proactive in attempts to detect and control emerging disease.

In 2005, two WHO Regions – the South-East Asia and the Western Pacific Regions – joined forces to develop the *Asia Pacific Strategy for Emerging Diseases* (APSED) to confront future challenges. This biregional Strategy was endorsed by the WHO Regional Committees in September 2005.

The *vision* of the Strategy is to minimize the health, economic and social impacts of emerging diseases in the Region. Its goal is to improve health protection through productive partnerships for preparedness planning, prevention, prompt detection, characterization, and containment and control of emerging diseases.

The term *emerging diseases*, used interchangeably with emerging infectious diseases, includes new diseases, as well as known re-emerging and epidemic-prone diseases. The scope of the Strategy is broad and includes the following five interrelated for the short-, medium-, and long-term capacity required to reduce the threat and manage the consequences of emerging diseases:

Objective 1 – reduce the risk of emerging diseases

Objective 2 – strengthen early detection of outbreaks of emerging diseases

Objective 3 – strengthen early response to emerging diseases

Objective 4 – strengthen preparedness for emerging diseases

Objective 5 – develop sustainable technical collaboration within the Asia Pacific Region

The WHO APSED Workplan proposes the following goal for implementing the Strategy:
All countries and areas of the Asia Pacific Region will have the minimum capacity for

epidemic alert and response by 2010.

This five-year Workplan has been developed to achieve the five strategic objectives through prioritizing activities and implementing them effectively. The WHO Regional Office and country offices will support countries and areas as required to achieve this goal. The Workplan also includes priority, regional-level activities to strengthen regional alert and response capacity. Urgent activities for responding to avian influenza, preparing for rapid response and containment of emerging pandemic influenza at the source, improving pandemic preparedness overall and meeting the core capacity requirements under the International Health Regulations (2005), IHR (2005) have been incorporated into the plan.

The Workplan will be implemented in collaboration with national health authorities and regional and international partners and may be adjusted based on gaps identified during country assessments and progress made during the next five years. The WHO Technical Advisory Group (TAG) for Emerging Diseases, which met for the first time on 18-20 July 2006, has been tasked with reviewing the Workplan annually and recommending changes to its scope and direction if required.

5. Other major subjects transacted included the Budget, Tobacco Control, mental health, alcohol and others but most of the discussions were inconclusive.

IPA Contributions at the Meeting

I requested and was granted the opportunity to make the “IPA Statement on Equity and Quality Healthcare for Children of the World” under Agenda 7 (Report of the Regional Director) immediately after the Address by the Acting Regional Director because this is the best time to arouse interests from the Committee regarding IPA: our visions and missions, composition and strength, range of activities, programme areas, achievements to date, experiences in collaborating with other international child health agencies, and our willingness to cooperate with WHO. UNICEF, World Bank in child health issues and so on. Copy of the Statement is attached with this Report for permanent record.

My Overall Evaluation of the Meeting

- 1) The Region consists of mixture of industrialized and developing countries around the Pacific. It is obvious that health problems are very heterogeneous and thus many a time difficult to have consensus on most of the issues.
- 2) The Regional Meeting this year is unique in that both the WHO Director-General and the WHO Western Pacific Regional Committee are ACTING officers due to

sudden death of the late Dr. JW Lee and to the special leave taken by the Regional Director, Dr. Shiga Omi to run for the post of WHO Director General. As such there are no major issues transacted and no long term planning resolved. One would expect more definitive decisions to be made for the Region at the Meeting in 2007

- 3) Very little emphasis was devoted to the MDG's. IPA Statements comes in time to arouse interest amongst many health ministers.
- 4) WHO has limited budget and there is significant cut in the budget for the coming sessions resulting in less than ideal progress of some of the programmes
- 5) IPA should try to generate more child health statistics and data via our programmes and interest areas so that our Statement would be more professional (well supported by figures and facts) rather than rattling of slogans.
- 6) The WHO regional meeting should avoid to be hosted at remote areas with expensive airfare, accommodations and meeting facilities. Money can be better utilized for health issues.

Finally I would like to thank IPA for allowing me to attend this meaningful meeting from which I have learnt a lot of medical politics. Thank you!



Chok-wan CHAN

27th September 2006

Encl.

Appendix I IPA Statement on Equity and Quality Healthcare for Children of the World

Appendix II Address by the Acting Director General, Dr. Anders Nordstrom