

WORLD HEALTH ORGANIZATION

REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

FIFTY-FIRST SESSION

Manila, Philippines, 18–22 September 2000



**REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY MEETINGS**

**Manila
November 2000**

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PREFACE

The fifty-first session of the Regional Committee for the Western Pacific was held in Manila, Philippines, from 18 to 22 September 2000. Dr Viliami Tau Tangi (Tonga) and Dr Mohamad Taha b. Arif (Malaysia) were elected Chairperson and Vice-Chairperson, respectively. Mrs Le Thi Thu Ha (Viet Nam) and Dr Eng Huot (Cambodia) were the Rapporteurs.

The Regional Committee met from 18 to 22 September. The Report of the Regional Committee is in Part I of this document, on pages 3–6, the summary records of the plenary meetings are in Part II, on pages 47–190.

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PART 1
REPORT OF THE REGIONAL COMMITTEE

I. INTRODUCTION AND SUMMARY

The fifty-first session of the Regional Committee for the Western Pacific was held at the Regional Office in Manila, Philippines, from 18 to 22 September 2000. 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; Macao, China; Malaysia; the Republic of the Marshall Islands; the Federated States of Micronesia; Mongolia; Nauru; New Zealand; Niue; the Republic of 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, the United Kingdom of Great Britain and Northern Ireland and the United States of America as Member States responsible for areas in the Region.

Representatives of the Asian Development Bank, the International Organization for Migration, the Secretariat of the Pacific Community, 28 nongovernmental organizations and an observer from Canada also attended.

At the first plenary meeting, the Committee elected the following officers:

Chairperson: Dr Viliami Tau Tangi (Tonga)

Vice-Chairperson: Dr Mohamad Taha b. Arif (Malaysia)

Rapporteurs

in English: Mrs Le Thi Thu Ha (Viet Nam)

in French: Dr Eng Huot (Cambodia)

At the first meeting, the Committee also heard an address on the subject of health and poverty by Mr Tadao Chino, President of the Asian Development Bank. The Report of the Regional Director on the Work of WHO during the period 1 July 1999 to 30 June 2000 was then presented to the Committee.

The second meeting discussed the Regional Director's report. The Committee commented favourably on the revised format of the report, with its more problem-oriented approach, reflecting the restructuring and reform of the Regional Office. Among other proposals, Representatives suggested that more emphasis should be given to the impact of WHO's programmes and that the report should be more widely distributed to interested parties in Member States. Discussion concerned, among other areas, the imminent eradication of poliomyelitis in the Region, leprosy, the spread of HIV/AIDS, the Stop TB special project, the re-emergence of malaria, drug resistance, the Global Alliance for Vaccines for Immunization (GAVI), and immunization coverage and health sector development.

At the third meeting, the Committee heard an address by the incoming Chairperson, Dr Tangi (Tonga). This was followed by an address by the Director-General. The discussion that followed the Director-General's address focused largely on the *World Health Report 2000*, particularly the ranking of countries. The Director-General, in her response, explained that the purpose of the Report had been not only to inform health ministries, but also to stimulate discussion at the parliamentary level and raise the profile of health in the news media.

The third meeting continued with a discussion of the final report on the programme budget for 1998–1999. The Regional Director, introducing the report, said that, as requested by the Regional Committee at its fiftieth session, the report had been presented at a sufficient level of detail to enable the Committee to see clearly the allocation at implementation by different technical programmes. By the end of 1999, the total operating budget of US\$ 75 506 800 had been implemented in full. The report also outlined the sources and implementation of extrabudgetary funds by programme. The Committee commended the full implementation of the 1998–1999 budget and accepted the Regional Director's report (decision WPR/RC51(1)).

The Regional Committee then turned to the proposed programme budget for 2002–2003. The Regional Director explained how presentation of the proposed 2002–2003 programme budget differed from previous programme budgets. The new presentation consisted of three main parts: the global budget, the regional budget and indicative country planning figures, giving Member States an opportunity, for the first time, to comment on the budget of the Organization as a whole, prior to its submission to the Executive Board and the World Health Assembly, and before preparation of detailed country plans. The Committee welcomed the joint development of the proposed programme budget by the regions and WHO Headquarters, and the resulting transparency. There was general consensus that the shorter period between country budget planning and implementation would result in a budget that was more relevant and responsive to the changing needs of Member States. Representatives also commented on the expected level of extrabudgetary funding and the need to monitor the impact of resolution WPR/RC50.R1. The Committee concluded its discussion on the proposed programme budget for 2002–2003 at the fourth meeting and requested the Regional Director to forward its views to the Director-General. It also asked the Regional Director to present a proposal for the implementation of the programme budget to the Committee at its fifty-second session (resolution WPR/RC51.R1).

The fourth meeting also discussed the annual report on eradication of poliomyelitis in the Region. The Regional Director, paying tribute to all those who had been involved in the initiative, expressed confidence that the transmission of wild poliovirus had been interrupted in the Western Pacific Region and that the Regional Commission for Certification of the Eradication of Poliomyelitis

would declare the Region poliomyelitis-free in October 2000. The Committee urged Member States to do everything possible to ensure regional certification of poliomyelitis eradication, to sustain the progress that had already been made in laboratory containment of wild poliovirus and to maintain vigilance until global certification had been achieved (resolution WPR/RC51.R2).

At its fifth meeting, the Regional Committee discussed the annual report on sexually transmitted infections, HIV infection and AIDS. The Committee, while noting the success of certain interventions, such as "100% condom use" in Cambodia, expressed concern over the continuing increase in the number of HIV infections and AIDS cases in the Region. It reaffirmed its commitment to continued efforts to combat HIV/AIDS and requested the Regional Director to further strengthen technical collaboration with Member States (resolution WPR/RC51.R3).

A ministerial round table on "Health and poverty" was held on the Wednesday afternoon of the session and the sixth meeting opened with a summary of the round table by the moderator of the meeting.

The sixth meeting continued with a discussion of tuberculosis prevention and control. The Regional Director outlined the steps that had been taken since the fiftieth session, when the Committee had requested him to make Stop TB a special project in the Region. He explained that, although some very significant successes had been achieved, many countries in the Region were still facing a tuberculosis crisis and he invited the Committee to endorse the 'Regional strategic plan to stop TB in the Western Pacific'. The Committee, while acknowledging the success of such strategies as DOTS, expressed concern about the continued high prevalence of tuberculosis in the Region. Particular concerns included the need to ensure regular supplies of antituberculosis drugs, the lack of laboratory diagnostic facilities in some countries, the difficulty of maintaining the DOTS strategy in difficult-to-reach areas, and the impact of the rising number of HIV infections and AIDS cases. The Committee expressed strong support for the regional strategic plan, at the same time requesting the Regional Director to increase support to Member States (resolution WPR/RC51.R4).

The Committee next turned to prevention and control of noncommunicable diseases, which it discussed at the sixth and seventh meetings. Introducing the agenda item, the Regional Director pointed out that noncommunicable diseases were no longer diseases of affluence, but that their major burden now lay with developing countries that were unable to respond effectively to the NCD epidemic due to lack of resources and low awareness of risk factors. WHO's main strategy to combat NCD in the Region was to modify the lifestyles that gave rise to them. Regarding diabetes, an increasing problem in the Region, the Regional Director urged the Committee to endorse the Western Pacific Declaration on Diabetes. The Committee agreed with the Regional Director that NCD

imposed a growing burden on the Region. Representatives stressed the need to modify high-risk behaviours, such as tobacco and alcohol abuse, poor diet, lack of exercise and stress. The Committee endorsed the Western Pacific Declaration on Diabetes and requested Member States to develop national capacity for NCD prevention and control and the Regional Director to give high priority to prevention and control of NCD (resolution WPR/RC51.R5).

The seventh meeting continued with a discussion of the coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee. The Committee commented on regional implications of resolutions, adopted at the Fifty-third World Health Assembly, on the International Decade of the World's Indigenous People and the Framework convention on tobacco control. A paper on infant and young child feeding, prepared by WHO Headquarters, was also discussed.

At its eighth meeting, the Committee selected new members for various committees. Malaysia, the Republic of Korea, Vanuatu and Viet Nam were selected to replace the four outgoing members of the Sub-Committee of the Regional Committee on Programme and Technical Cooperation (decision WPR/RC51(2)). Papua New Guinea and Cambodia were nominated to serve on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction (decision WPR/RC51(3)). Samoa was selected as a regional representative on the Management Advisory Committee on Essential Drugs and Other Medicines and the Lao People's Democratic Republic was nominated for the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (decisions WPR/RC51(4) and WPR/RC51(5)).

Discussions on the method of work of the Regional Committee followed. Regarding future sessions, the Regional Committee decided that the dates of the fifty-second session in Brunei Darussalam should be from 10 to 14 September 2001, and accepted the invitation of the Government of Japan to host the fifty-third session in Kyoto, Japan (resolution WPR/RC51.R6). At the closure of the session the Regional Committee expressed its appreciation to the Chairperson, the Vice-Chairperson, the Rapporteurs and Moderator of the ministerial round table, and thanked the representatives of intergovernmental and nongovernmental organizations for their written and oral presentations (WPR/RC51.R7).

II. RESOLUTIONS AND DECISIONS ADOPTED BY THE REGIONAL COMMITTEE

WPR/RC51.R1 PROPOSED PROGRAMME BUDGET: 2002–2003

The Regional Committee,

Having examined Part 1 and Part 2 of the Proposed Programme Budget 2002–2003 to be financed from the regular budget and other sources of funds;¹

Noting the negative impact on collaborative programmes of the reduced regular budget allocation to the Region resulting from the adoption of resolution WHA51.31;

Noting with appreciation the new format of the presentation of the Proposed Programme Budget, in particular the presentation of the budget for the Organization as a whole, the inclusion of expected results and measurable indicators, the clear and transparent explanation of the indicative planning figures for each country, and the opportunity to conduct detailed planning nearer the time of implementation;

Noting also the need to continue to review and monitor the impact of resolution WPR/RC50.R1 on country programmes;

1. THANKS the Regional Director for his comprehensive presentation on the current method of developing the programme budget, as well as the process used for determining country allocations;
2. URGES Member States to develop country plans that address the issues and challenges identified in Part 2 and contribute to the attainment of the Organization's global objectives and goals as contained in Part 1;
3. REQUESTS the Regional Director:
 - (1) to transmit to the Director-General the views and concerns of the Regional Committee on the global proposed programme budget;
 - (2) to ensure that the Regional Committee's views and concerns, in addition to those of the respective Member States, are fully taken into account in the preparation of the detailed country programmes;
 - (3) to present to the Regional Committee at its fifty-second session a proposal for the implementation of the programme budget, including regional, intercountry and country programmes, and expected results and indicators, taking into account the further discussions at the Executive Board and World Health Assembly in 2001;
 - (4) to continue to review and monitor the impact of resolution WPR/RC50.R1 on country programmes.

Fifth meeting, 20 September 2000
WPR/RC51/SR/5

¹ Document WPR/RC51/4.

WPR/RC51.R2

ERADICATION OF POLIOMYELITIS IN THE REGION

The Regional Committee,

Having considered the report of the Regional Director on the eradication of poliomyelitis in the Region;²

Acknowledging the achievements of Member States in attaining and maintaining poliomyelitis-free status and maintaining high-quality surveillance for acute flaccid paralysis (AFP);

Recalling that the last reported case of poliomyelitis due to indigenous wild poliovirus had onset on 19 March 1997;

Acknowledging that an importation of wild poliovirus occurred in the Region in 1999 causing a single case of poliomyelitis, and that the risk of importation from poliomyelitis-endemic areas into the Region remains, indicating the need to safeguard against complacency;

Noting with satisfaction that, subject to the decision of the Regional Certification Commission, the Region can be declared poliomyelitis-free in 2000;

Noting further that substantial progress has been made towards containment of all potential sources of polioviruses, including laboratory sources;

Thanking the international partners who have supported poliomyelitis eradication in the past year, particularly UNICEF, the governments of Australia, Japan, and the United States of America, Rotary International, and Rotary International District 2650 of Japan, and other nongovernmental organizations;

1. URGES Member States:

- (1) to ensure that the final documentation for certification provided to the Regional Certification Commission is of the highest possible quality;
- (2) to sustain the substantial progress in implementing Phase 1 of laboratory containment of wild polioviruses and potentially infectious materials that is required for regional certification and, in Member States which have completed Phase 1, to begin implementing the activities required for implementation of Phase 2;
- (3) to maintain the highest possible quality of AFP and virological surveillance both in order to rapidly detect and respond to importations of wild poliovirus from outside the Region, and to fulfil the requirements of regional and global certification;
- (4) to achieve and maintain high routine immunization coverage, together with supplementary immunization in situations of high risk, until global certification is achieved;
- (5) to continue to be vigilant against the potential threat of importation from regions which have not achieved poliomyelitis-free status;

² Documents WPR/RC51/5 and WPR/RC51/INF.DOC./4.

2. REQUESTS the Regional Director:

- (1) to work closely with countries to ensure that certification-level standards of surveillance are maintained until global certification;
- (2) to work with partner agencies and governments to ensure that external support is available to sustain surveillance and supplementary immunization activities until global certification is achieved and beyond if necessary;
- (3) to continue to report to the Regional Committee on progress of poliomyelitis eradication activities, including laboratory containment of wild polioviruses and potentially infectious materials, until certification of global eradication is achieved;
- (4) to ensure that, upon certification of the Region as poliomyelitis-free, the efforts and sacrifices of the many health workers in the Region who contributed to this achievement are recognized.

Fifth meeting, 20 September 2000
WPR/RC51/SR/5

WPR/RC51.R3 SEXUALLY TRANSMITTED INFECTIONS, HIV INFECTION AND
AIDS

The Regional Committee,

Having considered the annual report on sexually transmitted infections (STI), HIV infection and AIDS;³

Noting with deep concern the continued increase in HIV infections and AIDS cases in the Region, the high prevalence and increasing incidence of STI in selected areas and populations, and their potential negative impact on people and health systems;

Recognizing that the prevention of new HIV infections is central to curtailing the epidemic in the Region;

Noting the promising results of condom promotion and health education programmes targeting commercial sex workers and their clients in selected countries of the Region;

Noting the lessons that can be learned from these and other successful programmes in the Region;

Noting further the recent developments in access to and use of antiretroviral treatments, and therapy for opportunistic infections;

Acknowledging the importance, particularly in a context of increasing HIV transmission in the Region, of strengthening policies and legislation supporting STI, HIV and AIDS prevention and control programmes;

³ Document WPR/RC51/6.

Recognizing the role that health promotion plays in educating vulnerable groups, particularly youth, about high-risk behaviour;

1. URGES Member States:

- (1) to continue to reinforce primary prevention of HIV transmission, including targeting those at greatest risk of HIV infection with effective condom promotion programmes, appropriate management and control of STI, and risk reduction programmes for injecting drug users;
- (2) to continue to reinforce blood safety programmes;
- (3) to strengthen epidemiological surveillance, including behavioural surveillance, of STI, HIV infection and AIDS;
- (4) to prepare health systems to meet the increasing demand for care from growing numbers of AIDS patients;
- (5) to strengthen the implementation of policies and programmes aimed at reducing stigmatization of patients with AIDS;
- (6) to develop or strengthen national policies on access to drugs for HIV and AIDS treatment;
- (7) to further investigate the feasibility, costs and benefits of introducing programmes to prevent mother-to-child transmission;
- (8) to strengthen health promotion for vulnerable groups, particularly youth, in the context of an integrated approach;
- (9) to secure and strengthen political commitment and mobilize additional resources for these programmes within an integrated approach;
- (10) to strengthen multisectoral collaboration;

2. REQUESTS the Regional Director:

- (1) to further strengthen technical collaboration with Member States, paying particular attention to:
 - (a) primary prevention through condom promotion;
 - (b) blood safety policies;
 - (c) care for AIDS patients, including access to drugs for HIV and AIDS treatment;
 - (d) appropriate strategies for the prevention of mother-to-child transmission;
 - (e) appropriate legislation;
- (2) to continue to improve the regional surveillance system for STI, HIV, AIDS and related bloodborne infections;

(3) to strengthen WHO's coordination with UNAIDS, its other cosponsors and partners and to strengthen multisectoral collaboration and increase mobilization of resources;

(4) to continue to report annually to the Regional Committee on the situation of STI and HIV/AIDS in the Region.

Sixth meeting, 21 September 2000
WPR/RC51/SR/6

WPR/RC51.R4 TUBERCULOSIS PREVENTION AND CONTROL

The Regional Committee,

Concerned that tuberculosis is a major cause of premature death and human suffering in the Western Pacific Region;

Recognizing that tuberculosis is strongly associated with social and economic inequalities;

Recognizing further that the regional burden of tuberculosis is also a major impediment to socioeconomic development, especially in developing countries, where most cases and deaths occur among the poorest and most vulnerable;

Noting that an uninterrupted drug supply has not yet been secured in many of the countries in the Region with a high tuberculosis burden;

Expressing concern that only 44% of the total estimated new smear-positive cases in the Region were detected in 1998;

Expressing further concern at the emergence, and potential for expansion, of multidrug-resistant tuberculosis in the Region;

Acknowledging that the WHO recommended tuberculosis strategy, directly observed treatment, short-course (DOTS), is a very cost-effective health intervention that has already achieved high treatment success rates in the Region;

Acknowledging further that the effective implementation of DOTS programmes can reduce the prevalence and mortality of tuberculosis in the Region by half by 2010;

Welcoming, in response to resolution WPR/RC50.R5, the establishment of the Stop TB special project in collaboration with Member States and the international community;

Welcoming further the holding of the first tuberculosis Technical Advisory Group meeting and the establishment of a Pacific Stop TB Initiative;

1. ENDORSES the 'Regional strategic plan to Stop TB in the Western Pacific', which was finalized at the first meeting of the tuberculosis Technical Advisory Group;

2. URGES Member States:

(1) to develop and implement five year (2001–2005) Stop TB national plans to achieve the regional objective of reducing prevalence and mortality of tuberculosis by half by 2010;

- (2) to increase the case detection rate to 70% of estimated new smear-positive cases by 2005;
- (3) to increase the enrolment rate in DOTS programmes for new detected smear-positive tuberculosis cases to 100% by 2005;
- (4) to establish or strengthen partnerships at the country level through the formation or enhancement of national Interagency Coordinating Committees;
- (5) to strengthen health systems to effectively implement Stop TB national plans;
- (6) to include case detection, DOTS implementation and treatment success rates in the performance indicators for overall health system development;

3. REQUESTS the Regional Director:

- (1) to strengthen technical support to Member States to develop and implement Stop TB national plans within the framework of health system development and the healthy settings approach;
- (2) in partnership with Member States and partner agencies to improve access to antituberculosis drugs, paying particular attention to disadvantaged groups, including people living in poverty;
- (3) to enhance partnerships to support the Stop TB special project in the Region in collaboration with the global Stop TB partners;
- (4) to enhance technical collaboration with Member States to implement surveillance for drug-resistant tuberculosis and to establish regular surveillance of HIV-associated tuberculosis;
- (5) to support Member States, particularly those with a high burden of tuberculosis, to conduct prevalence surveys in order to evaluate progress in tuberculosis control.

Eighth meeting, 22 September 2000
WPR/RC51/SR/8

WPR/RC51.R5 PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

The Regional Committee,

Recognizing the public health and economic burdens in the Region due to noncommunicable diseases (NCD), especially cancer, cardiovascular diseases (CVD) and diabetes;

Noting that CVD, cancer, and diabetes have common risk factors that are lifestyle-related and determined by political, economic, social, cultural and physical environments;

Further noting that the Western Pacific Declaration on Diabetes establishes a regional strategic alliance with major partners in diabetes control;

Acknowledging WHO's leadership role in promoting and supporting regional and country strategies on NCD prevention and control;

1. ENDORSES the Western Pacific Declaration on Diabetes;
2. URGES Member States:
 - (1) to adopt multisectoral public policies and legislation particularly in the areas of tobacco control, food and agriculture, trade, and promotion of physical activity;
 - (2) to establish multisectoral coordinating mechanisms to advocate regional, national and local commitment and action;
 - (3) to place NCD high on the national public health agenda, and to mobilize support at regional, national and local levels;
 - (4) to develop national strategies for community-based, integrated NCD prevention and control programmes, including the following:
 - (a) establishment or strengthening of national focal points and coordinating mechanisms;
 - (b) incorporation of NCD programmes into primary health care and other public health initiatives, such as healthy settings activities;
 - (c) establishment or expansion of demonstration projects and distribution of best practice models, particularly for prevention and control of hypertension and diabetes;
 - (d) strengthening NCD data management and information systems, including national registries where applicable, and information networks on risk, diseases, and environmental determinants;
 - (5) to develop national capacity for NCD prevention and control, by taking the following actions:
 - (a) sustaining investment in the execution of a national NCD prevention and control strategy;
 - (b) reorienting the roles of primary health care workers to reflect recent advances in NCD prevention and control strategies, through adequate training and quality assurance;
 - (6) to participate in the development and implementation of the regional plan of action for 2000–2005 for the Western Pacific Declaration on Diabetes;
3. REQUESTS the Regional Director:
 - (1) to give high priority to prevention and control of NCD and to provide leadership in advocacy against NCD in partnership with key decision-makers and relevant agencies in the Region;
 - (2) to support Member States to build capacity for NCD prevention and control;
 - (3) to develop simple standard tools and protocols for NCD surveillance, supported by regional and national information networks;
 - (4) to support the establishment and expansion of demonstration projects, and the development of national NCD programmes;

- (5) to promote and support research in priority areas related to NCD prevention and control, including behavioural and economic studies;
- (6) to support countries to develop and implement plans of action for 2000–2005 for the Western Pacific Declaration on Diabetes.

Eighth meeting, 22 September 2000
WPR/RC51/SR/8

WPR/RC51.R6 FIFTY-SECOND AND FIFTY-THIRD SESSIONS
OF THE REGIONAL COMMITTEE

The Regional Committee,

Mindful of the provision of resolution WPR/RC41.R15, which allows for the holding of sessions of the Regional Committee outside the regional headquarters for two consecutive years, without prejudice to the provision under resolution WPR/RC24.R10;

1. EXPRESSES its appreciation to His Majesty's Government of Brunei Darussalam for confirming its offer to host the fifty-second session of the Regional Committee;
2. CONFIRMS that the fifty-second session will be held in Brunei Darussalam, provided a satisfactory agreement can be concluded between the Government and WHO by 31 March 2001;
3. DECIDES that the dates of the fifty-second session shall be from 10 to 14 September 2001;
4. EXPRESSES its appreciation to the Government of Japan for its offer to act as host for the fifty-third session of the Regional Committee in 2002;
5. ACCEPTS the invitation of the Government of Japan provided a satisfactory agreement can be concluded between the Government and WHO.

Eighth meeting, 22 September 2000
WPR/RC51/SR/8

WPR/RC51.R7 RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

- (1) the Chairperson, Vice-Chairperson and the Rapporteurs elected by the Committee;
- (2) the Moderator of the ministerial round table;
- (3) the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

Eighth meeting, 22 September 2000
WPR/RC51/SR/8

DECISIONS

**WPR/RC51(1) PROGRAMME BUDGET 1998–1999: BUDGET PERFORMANCE
(FINAL REPORT)**

The Regional Committee, having considered the final report of the Regional Director on budget performance for the biennium 1998–1999,⁴ noted with satisfaction the full implementation of the programme budget in financial terms.

(Third Meeting, 19 September 2000)

**WPR/RC51(2) SUB-COMMITTEE OF THE REGIONAL COMMITTEE ON
PROGRAMMES AND TECHNICAL COOPERATION**

Noting that the period of tenure of France represented by French Polynesia, Hong Kong (China), Palau and the Philippines expires on 31 December 2000, selected the Governments of Malaysia, the Republic of Korea, Vanuatu and Viet Nam to nominate representatives to serve on the Sub-Committee for a period of three years from 1 January 2001 to December 2003.

(Eighth Meeting, 22 September 2000)

**WPR/RC51(3) 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 the Republic of Korea as a member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction expires on 31 December 2000, selects Papua New Guinea to nominate a representative to serve on the Policy and Coordination Committee for a period of three years from 1 January 2001 to 31 December 2003.

The Committee, also noting that the Government of the People's Republic of China has renounced its membership effective 31 December 2000, selects Cambodia to nominate a representative to serve on the Policy and Coordination Committee for a period of two years from 1 January 2001 to 31 December 2002.

(Eighth Meeting, 22 September 2000)

⁴ Document WPR/RC51/3 Rev.1.

**WPR/RC51(4) ESSENTIAL DRUGS AND OTHER MEDICINES: MEMBERSHIP OF
THE MANAGEMENT ADVISORY COMMITTEE**

The Regional Committee, noting that the period of tenure of the Government of Viet Nam on the Management Advisory Committee on Essential Drugs and Other Medicines, expires on 31 December 2000, selects Samoa to nominate a representative to serve on the Management Advisory Committee for a period of three years from 1 January 2001 to 31 December 2003.

(Eighth Meeting, 22 September 2000)

**WPR/RC51(5) SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN
TROPICAL DISEASES: MEMBERSHIP OF THE JOINT
COORDINATING BOARD**

The Regional Committee, noting that the period of tenure of the Government of Singapore on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases expires on 31 December 2000, selects the Lao People's Democratic Republic to nominate a representative to serve on the Joint Coordinating Board for a period of three years from 1 January 2001 to 31 December 2003.

(Eighth Meeting, 22 September 2000)

ANNEX 1

AGENDA**Opening of the session and adoption of the agenda**

1. Opening of the session
2. Address by the retiring Chairperson
3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs
4. Address by the incoming Chairperson
5. Adoption of the agenda

WPR/RC51/1 Rev.2 and WPR/RC51/1 (Annotated)

6. Introductory remarks by the Regional Director

Keynote addresses

7. Address by the Director-General
8. Address by a keynote speaker: Mr Tadao Chino, President, Asian Development Bank

Review of the work of WHO

9. Report of the Regional Director
 - 9.1 The Work of WHO in the Western Pacific Region: 1 July 1999–30 June 2000

WPR/RC51/2

WPR/RC51/INF.DOC./3

- 9.2 Programme budget 1998–1999: budget performance (final report)

WPR/RC51/3 Rev.1

Annex 1**Policies, programmes and directions for the future**

10. Proposed programme budget: 2002–2003

WPR/RC51/4

11. Eradication of poliomyelitis in the Region

WPR/RC51/5

WPR/RC51/INF.DOC./4

12. Sexually transmitted infections, HIV infection and AIDS

WPR/RC51/6

13. Tuberculosis prevention and control

WPR/RC51/7

14. Prevention and control of noncommunicable diseases

WPR/RC51/8

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

WPR/RC51/9

WPR/RC51/INF.DOC./1

WPR/RC51/INF.DOC./2

Ministerial round table

16. Ministerial round table: Health and poverty

WPR/RC51/10

Annex 1**Elections and nominations**

17. Membership of various committees

17.1 Sub-Committee of the Regional Committee on Programmes and Technical Cooperation

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

WPR/RC51/11

17.3 Essential drugs and other medicines: Membership of the Management Advisory Committee

WPR/RC51/12

17.4 Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board

WPR/RC51/13

Other matters

18. Method of work of the Regional Committee

WPR/RC51/14

19. Time and place of the fifty-second and fifty-third sessions of the Regional Committee

20. Closure of the session

ANNEX 2

LIST OF REPRESENTATIVES

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Annex 2

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 REPRESENTANTS DES ORGANISATIONS
 INTERGOUVERNEMENTALES

ASIAN DEVELOPMENT BANK	Dr Kus Hardjani
INTERNATIONAL ORGANIZATION FOR MIGRATION	Mr Zlatko Zigic
SECRETARIAT OF THE PACIFIC COMMUNITY	Ms Michele Vanderlahn-Smith

IV. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS
 REPRESENTANTS DES ORGANISATIONS
 NON GOUVERNEMENTALES

CHRISTOFFEL BLINDENMISSION	Mr Stephen Alcantara
CONSUMERS INTERNATIONAL	Ms Ines Fernandez Ms Siti Norjinah Main
GLOBAL CROP PROTECTION FEDERATION	Mr Simeon Cuyson
INTERNATIONAL ASSOCIATION OF AGRICULTURAL MEDICINE AND RURAL HEALTH	Mr Kazumi Ichikawa
INTERNATIONAL CONFEDERATION OF MIDWIVES	Mrs Patricia Gomez
INTERNATIONAL COUNCIL OF NURSES	Dr George C. Cordero Dr Cleopatra M. Aquino Mrs Rosie S. de Leon
INTERNATIONAL DIABETES FEDERATION	Prof. Clive Cockram
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS ASSOCIATION	Ms Jacqueline A. Keith

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INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Datuk Dr Raj Karim
INTERNATIONAL SOCIETY OF CHEMOTHERAPY	Dr Vilma M. Co
INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS	Mr Robert George
INTERNATIONAL SOCIETY OF SURGERY	Dr Simeon T. Tolentino, Jr.
INTERNATIONAL SPECIAL DIETARY FOODS INDUSTRIES	Mr Antonio Mabini
INTERNATIONAL UNION FOR HEALTH PROMOTION AND PROTECTION	Dr Rosmarie Erben
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr Margaret D. Maxwell Dr Herminia Lopez-Cifra Dr Esperanza Q. de la Paz
THE NETWORK: COMMUNITY PARTNERS FOR HEALTH THROUGH INNOVATIVE EDUCATION, SERVICE AND RESEARCH	Dr Jose N. Esteban Dr Edelina P. dela Paz
ROTARY INTERNATIONAL	Dr Sabino Santos Mr Oscar de Venecia
WORLD ASSOCIATION OF GIRL GUIDES AND GIRL SCOUTS	Dr Salud A. Bagalzo
WORLD CONFEDERATION FOR PHYSICAL THERAPY	Mrs Jocelyn Agcaoili
WORLD FEDERATION OF CHIROPRACTIC	Dr Jamieson T. Uy
WORLD FEDERATION FOR MENTAL HEALTH	Dr Eva Gonzalez
WORLD HYPERTENSION LEAGUE	Dr Ramon F. Abarquez Jr.
WORLD FEDERATION OF NEUROLOGY	Dr Amado San Luis
WORLD ORGANIZATION OF FAMILY DOCTORS	Professor Zorayda Leopando
WORLD PSYCHIATRIC ASSOCIATION	Professor M. Parameshvara Deva
WORLD SELF MEDICATION INDUSTRY	Ms Juliet Seifert
WORLD VETERANS FEDERATION	Dr Clodualdo Manas Ms Nelia Manas
WORLD VISION	Dr Melvin Magno

ANNEX 3

**LIST OF NONGOVERNMENTAL ORGANIZATIONS WHOSE
REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE
AND SUBMITTED STATEMENTS FOR CIRCULATION TO MEMBERS**

At the invitation of the CHAIRPERSON, statements were presented by the following nongovernmental organizations:

Consumer International on Infant and Young Child Nutrition

International Diabetes Federation

International Planned Parenthood Federation

International Society of Radiographers and Radiological Technologists

International Union for Health Promotion and Education

Medical Women's International Association

World Federation for Mental Health

World Federation of Neurology

World Psychiatric Association

