

Report by Dr. Odette Spruijt on the 72nd Regional Committee Meeting WPRO
October 31, 2021

The Western Pacific Region's (WPR) 72nd Regional Committee meeting 25-29th October, was held as a hybrid meeting, from Himeji, Japan. Two key agenda items were regional responses and updates regarding the impact of COVID-19 on Member States in the region, and a multi-day discussion on Primary Health Care (PHC). While all interventions on PHC emphasised the importance of developing new sustainable models of health care, only one country (Australia) included palliative care in their description of the scope of PHC. In a video presentation from Japan, end of life care of people in their own homes was presented in a very sensitive and dignified way. Otherwise, palliative care was strikingly absent from the week's discussions, even when discussing mortality associated with COVID-19. It seems to still be the elephant in the room.

Many countries in the region are facing an ageing population, eg Singapore predicts that 25% of their population will be over 65 by 2031. Tonga spoke of the need for a lifestyle revolution and enhanced youth engagement, and New Zealand shared that a comprehensive review of health care was underway there which emphasised PHC and in particular, efforts to improve health for underserved populations. The importance of the growing morbidity associated with NCDs was recognised across the WP region.

Those of us interested in advocating for better understanding of and integration of palliative care into Primary HealthCare in this Region need to engage more intensely with our governments, to ensure that the focus on PHC includes palliative care and that the principles of the Dec. of Astana are implemented.

The development of better digital underpinnings, through the WPR's C4H (Communication for Health) approach, offers the countries in the WPR and the civil societies who work with Member States and the WPR office, a powerful opportunity for driving collaborative, targeted, planned, and measurable health outcomes involving the implementation of palliative care policy, education, services and improvement.

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