



**REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTY-FOURTH SESSION**

Manila, Philippines

16–20 October 2023

FINAL REPORT OF THE REGIONAL COMMITTEE

**Manila
December 2023**

PREFACE

The seventy-fourth session of the Regional Committee for the Western Pacific was held from 16 to 20 October 2023. The Honourable Dato Dr Mohammad Isham Jaafar (Brunei Darussalam) and Honourable Dr Tugsdelger Sovd (Mongolia) were elected Chairperson and Vice-Chairperson, respectively. Dr Nakamura Saki (Japan), and Madame Francesca Fuentes and Madame Inès Ferrer (France) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 13 to 35.

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I. INTRODUCTION

The seventy-fourth session of the Regional Committee for the Western Pacific was held from 16 to 20 October 2023.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam; 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; a representative from the International Atomic Energy Agency, representatives of 19 non-State actors; and observers from 6 institutions from around the Region.

The resolutions adopted and the decisions taken by the Regional Committee are set out below in Part II. Part III contains the report of the plenary meetings. The agenda and the list of representatives are attached as Annexes 1 and 2. The list of organizations whose representatives made and submitted statements to the Regional Committee is attached as Annex 3.

At the opening of the session, remarks were made by the outgoing Chairperson and the Officer-in-Charge of WHO in the Western Pacific (see Annexes 4 and 6). The Director-General of the World Health Organization addressed the Committee (see Annex 5).

II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

RESOLUTIONS

WPR/RC74.R1

NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee,

Considering Article 52 of the Constitution of the World Health Organization; and

In accordance with Rule 51 of its Rules of Procedure,

1. **NOMINATES** Dr Saia Ma'u Piukala as Regional Director for the Western Pacific; and
2. **REQUESTS** the Director-General to propose to the Executive Board the appointment of Dr Saia Ma'u Piukala for a period of five years starting on 1 February 2024.

Fourth meeting, 17 October 2023

WPR/RC74.R2

RESOLUTION OF APPRECIATION TO DR ZSUZSANNA JAKAB

The Regional Committee,

Having nominated Dr Saia Ma'u Piukala as Regional Director for the Western Pacific;

Commending the remarkable efforts made by the Acting Regional Director, Dr Zsuzsanna Jakab, to ensure continuation of the work and activities of WHO in the Western Pacific Region through a difficult and critical period; and

Noting Dr Jakab's significant contribution to strengthening the organizational culture of the Western Pacific Region, to ensure an effective, sustainable and respectful workplace for the incoming Regional Director and all the staff of the Western Pacific Region,

1. **EXPRESSES** its appreciation to Dr Zsuzsanna Jakab for her exemplary contribution and commitment to the Organization in implementing the regional and global health agenda, while facilitating work to embed positive organizational and cultural changes in the Regional Office for the Western Pacific;
2. **ADDRESSES** to her its sincere gratitude and best wishes for her next endeavours.

Fourth meeting, 17 October 2023

WPR/RC74.R3

HEALTH SECURITY

The Regional Committee,

Recalling Member State commitments to the Sustainable Development Goals, including to strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks; the WHO *Thirteenth General Programme of Work* (2019–2025) global target of a billion more people better protected from health emergencies by 2025; and the health security thematic priority in the Western Pacific vision, *For the Future: Towards the Healthiest and Safest Region*;

Recalling also World Health Assembly resolutions: during the COVID-19 response in 2020 requesting that WHO strengthen capacities at all levels to perform its functions under the International Health Regulations (2005) (WHA73.1); in 2021 on strengthening WHO preparedness for and response to health emergencies to support governments in their efforts to prepare for and respond to health emergencies (WHA74.7); in 2022 on strengthening health emergency preparedness and response in urban settings (WHA75.7); and in 2022 on strengthening clinical trials to provide evidence and improve research quality and coordination (WHA75.8);

Recognizing the threat of widening inequities due to public health emergencies, and the subsequent importance of health security strengthening in enabling and driving sustainable development for all;

Noting the complex mix of social, economic and environmental challenges faced by Pacific island countries and areas, and their consequently greater vulnerability to the impacts of public health emergencies;

Affirming the value of strategic investments in health security made in the Region over nearly two decades, guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, and the collective experiences of countries and areas in responding to public health emergencies;

Stressing the need for more comprehensive, integrated, multi-hazard and multisectoral approaches to health security, and for capacity development at national and subnational levels,

1. ENDORSES the *Asia Pacific Health Security Action Framework*;
2. URGES Member States:
 - (1) to use the Framework as a guide to develop or adapt national action plans for health security or similar strategies and policies, according to local situations, capacities and resources;
 - (2) to foster high-level commitment and multisectoral collaboration among government agencies as well as community and civil society organizations, in support of a coordinated approach at national and subnational levels;
 - (3) to ensure adequate and sustainable resources are dedicated to strengthening health security capacities and meeting obligations under the International Health Regulations (2005) and future amendments;

3. REQUESTS the Regional Director:

- (1) to provide technical support for Member States to develop and implement national and subnational strategies and plans in line with the Framework;
- (2) to facilitate advocacy and collaboration among Member States, partners and other stakeholders to strengthen health security capacities;
- (3) to report periodically on progress in the implementation of the *Asia Pacific Health Security Action Framework*.

Eighth meeting, 19 October 2023

WPR/RC74.R4

COMMUNICATION FOR HEALTH

The Regional Committee,

Affirming the critical role of strategic communication in realizing the shared vision of WHO and Member States to make the Western Pacific the healthiest and safest region, as outlined in *For the Future: Towards the Healthiest and Safest Region*, the Region's implementation plan for the WHO *Thirteenth General Programme of Work (2019–2025)*, and work towards achieving the health-related targets of the Sustainable Development Goals;

Recalling Member State support to scale up the Communication for Health (C4H) approach through the development of a regional action framework, expressed during a C4H panel discussion at the October 2022 session of the Regional Committee and a side event at the October 2021 session;

Recognizing the seminal role of strategic communication as a tool for improving health and well-being, in conjunction with other public health interventions;

Noting that connectivity challenges affect access to information and the ability to reach people with health communication, while the development of digital communication has created new risks, including the rapid spread of misinformation and disinformation;

Emphasizing also the power of the C4H approach in helping to address increasingly complex health challenges, in the context of rapidly evolving communication technologies, to inform and help motivate people to protect their health and that of their families and communities;

Convinced that C4H can contribute significantly to efforts to narrow the gap between what is known and what is done to protect health in the Western Pacific Region,

1. ENDORSES the *Regional Action Framework on Communication for Health: A vision for using communication to improve public health in the Western Pacific Region*;

2. URGES Member States:

- (1) to use the Action Framework as a guide for using strategic communication to improve knowledge, change attitudes and behaviours to contribute to improved health outcomes;
- (2) to assess capacities and make adjustments and investments to facilitate implementation of the C4H approach, according to national and local contexts;
- (3) to ensure sufficient resources are mobilized to scale up C4H and to measure, evaluate and share results for continuous improvement;

3. REQUESTS the Regional Director:

- (1) to provide technical support at regional and country levels for implementation of the Action Framework;
- (2) to support adoption and scaling up of the C4H approach through dissemination of the Action Framework and other tools and guidance, and facilitation of collaboration among stakeholders;
- (3) to report periodically on progress in the application of C4H and, to the extent possible, its contribution to health outcomes in the Western Pacific Region.

Ninth meeting, 20 October 2023

WPR/RC74.R5

HEALTH INNOVATION

The Regional Committee,

Recalling the WHO *Thirteenth General Programme of Work* (2019–2025) priority to harness the power of innovation as a critical enabler to achieving its Triple Billion targets;

Recalling also the 2023 final report of the WHO Council on the Economics of Health For All, Health for All: Transforming economies to deliver what matters, calling for the development of a new health innovation ecosystem that prioritizes the common good over short-term market profits, to serve the health needs of all the world's people, especially those in low- and middle-income countries;

Noting the operational shift highlighting innovation – finding new approaches to meet future challenges – in *For the Future: Towards the Healthiest and Safest Region*, the Western Pacific Region's implementation plan for the WHO *Thirteenth General Programme of Work*;

Recognizing that effective implementation and scaling up of health innovation for population impact necessitates public sector leadership to create supportive mechanisms, because health innovation is a complex process requiring an enabling environment, collective intelligence, values and direction;

Recognizing also the clear benefits of a regional approach that fosters cooperation, knowledge sharing and enabling ecosystems to bridge health disparities within and between countries and areas,

1. ENDORSES the *Regional Health Innovation Strategy for the Western Pacific*;
2. URGES Member States:
 - (1) to adapt the objectives and actions of the Regional Strategy to their unique contexts to ensure effective implementation;
 - (2) to foster cross-societal collaboration for health innovation at international, national, subnational and community levels;
 - (3) to ensure adequate resources are available to implement the Regional Strategy;
3. REQUESTS the Regional Director:
 - (1) to provide technical support for Member States to adapt and implement the Regional Strategy at national and subnational levels;
 - (2) to disseminate the Regional Strategy and facilitate collaboration among stakeholders to support its implementation;
 - (3) to report periodically on progress in health innovation in the Western Pacific Region.

Ninth meeting, 20 October 2023

WPR/RC74.R6

HEALTH WORKFORCE

The Regional Committee,

Recalling commitments to strengthen the health workforce made by the Regional Committee in 2006 (WPR/RC57.R7) and 2017 (WPR/RC68.R7) and the World Health Assembly in 2022 (WHA75.17);

Affirming that a well-performing health workforce is central to strong and resilient health systems and is essential to make progress towards universal health coverage, the Sustainable Development Goals and the Western Pacific's vision for health presented in *For the Future: Towards the Healthiest and Safest Region*;

Deeply concerned that critical vulnerabilities remain in health workforce numbers, distribution, quality and protection, adversely affecting the delivery of essential services to meet the changing health needs of populations in the Region;

Recognizing the need to move towards a primary health care-oriented approach to develop, attract, recruit and retain a health workforce that ensures people-centred services,

1. ENDORSES the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific;

2. URGES Member States:

- (1) to use the Regional Framework as a guide to strengthen their health workforce, according to their context and capacity, and tailored to their needs and priorities;
- (2) to foster high-level commitment and intersectoral collaboration among government agencies and other stakeholders, in support of a coordinated approach around strengthening the health workforce at all levels;
- (3) to strategically invest adequate resources for strengthening the health workforce;

3. REQUESTS the Regional Director:

- (1) to provide technical support for Member States to develop and implement national policies and plans in line with the Regional Framework;
- (2) to facilitate collaboration and sharing of knowledge, experiences, lessons and innovations to address health workforce challenges in Member States;
- (3) to report periodically on progress in the implementation of the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific*.

Ninth meeting, 20 October 2023

WPR/RC74.R7

SEVENTY-FIFTH AND SEVENTY-SIXTH SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. CONFIRMS that the seventy-fifth session of the Regional Committee shall be held from 21 to 25 October 2024; and
2. CONFIRMS that the seventy-sixth session of the Regional Committee shall be held from 20 to 24 October 2025.

Tenth meeting, 20 October 2023

WPR/RC74.R8

RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee, for their excellent stewardship of the meeting;
2. the representatives of intergovernmental and nongovernmental organizations for their oral and written statements;
3. the WHO Western Pacific Region Secretariat for its work in preparing for the hybrid session and meeting arrangements.

Tenth meeting, 20 October 2023

DECISIONS

WPR/RC74(1) GOVERNANCE REFORM

The Regional Committee,

Having considered the report of the Secretariat regarding governance reform, contained in document WPR/RC74/10, decided that:

- (1) in order to facilitate the work of the Regional Committee, including matters that involve preparations for sessions or that arise between sessions, the Regional Director shall, as required, convene consultative meetings with officers of the Regional Committee and Western Pacific members of the Executive Board; and that the outcomes from such meetings shall be circulated to Members of the Western Pacific Region;
- (2) the Regional Director shall provide regular briefings to Members of the Western Pacific Region on important developments related to the Regional Office for the Western Pacific on the sidelines of sessions of the Executive Board and World Health Assembly as well as at other opportunities that may arise;

(3) Members of the Western Pacific Region shall meet in private during the session of the Regional Committee to discuss proposals for the elective posts, with the agreed proposals then announced at a public meeting;

(4) amendments to its Rules of Procedure contained in Annex 6 to document WPR/RC74/10 in accordance with Rule 53 of the Rules of Procedure of the Regional Committee for the Western Pacific shall be adopted;

(5) amendments in order to replace or supplement gender-specific language shall be made in English only and that United Nations practice shall be followed for the other official and working languages of the Regional Committee;

(6) in the non-English language versions of the Rules of Procedure, in accordance with generally accepted rules of interpretation, the use of one gender shall be considered as including a reference to the other unless the context otherwise requires;

(7) the foregoing amendments to the Rules of Procedure shall become effective upon the closure of the seventy-fourth session of the Regional Committee;

(8) pending the adoption by the Regional Committee of an accreditation procedure in accordance with paragraph 57 of the WHO Framework of Engagement with Non-State Actors, only international, regional and national non-State actors not in official relations with WHO that have already been invited to Regional Committee sessions, may continue to be invited to future sessions of the Regional Committee pursuant to Rule 2 of the Rules of Procedure, as amended; and

(9) the Secretariat shall renumber the Rules of Procedure of the Regional Committee for the Western Pacific, at an appropriate time, taking into account the amendments adopted through this decision.

Sixth meeting, 18 October 2023

WPR/RC74(2) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT
AND RESEARCH TRAINING IN HUMAN REPRODUCTION:
MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of Malaysia, as a member under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2023, selects the People's Republic of China to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2024 to 31 December 2026.

Tenth meeting, 20 October 2023

WPR/RC74(3)

ALLOCATION OF EXECUTIVE BOARD SEATS

The Regional Committee,

Noting that Member States' deliberations at a private informal consultation (Caucus) on the nominations from the Western Pacific Region for the available Executive Board seats for the 2024–2027 period did not achieve consensus; and

Noting the informal proposal by the former Regional Director in October 2019, developed in consultation with Member States, which proposed a “formula” to guide the allocation of the five Executive Board seats allocated to the Western Pacific Region, as follows:

- One of the Region's seats should be held by a Pacific island country;
- At any given time, one to two seats should be held by countries in the Association of Southeast Asian Nations;
- The remaining seats are to be shared by the other countries in the Region, noting the need for a balance between high- and middle-income countries.

Considering that there is a need to achieve greater clarity and certainty for Member States regarding the distribution of Executive Board seats within the diverse Western Pacific Region,

DECIDED to request the Regional Director to:

- (1) Prepare options for the equitable distribution of Executive Board seats allocated to the Western Pacific Region, taking account of:
 - a. The “formula” proposed by the former Regional Director, in consultation with Member States, in October 2019;
 - b. Geographical distribution;
 - c. Equitable, rotational representation among middle- and high-income countries;
 - d. Good practice examples from other WHO regions and/or other United Nations organizations.
- (2) Consult with Member States of the Western Pacific Region prior to the seventy-fifth session of the Regional Committee on these options;
- (3) Under the item on the Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee for the seventy-fifth session of the Regional Committee, include a proposal on the equitable distribution of Executive Board seats allocated to the Western Pacific Region for decision by the Regional Committee in 2024.

Tenth meeting, 20 October 2023

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional Agenda

1. The seventy-fourth session of the World Health Organization (WHO) Regional Committee for the Western Pacific, held at the WHO Regional Office for the Western Pacific in Manila, Philippines, from 16 to 20 October 2023, was declared open by the outgoing Chairperson of the seventy-third session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Provisional Agenda

2. The outgoing Chairperson addressed the Committee (see Annex 4).

ELECTION OF NEW OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPORTEURS: Item 3 of the Provisional Agenda

3. The Committee elected the following officers:

Chairperson: Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Brunei Darussalam

Vice-Chairperson: Dr Tugsdelger Sovd, Acting State Secretary and Director of the Department of Monitoring, Evaluation and Internal Audit, Ministry of Health, Mongolia

Rapporteurs:

in English: Dr Nakamura Saki, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Ministry of Health, Labour and Welfare, Japan

in French: Ms Francesca Fuentes, Political Advisor, Embassy of France to the Philippines and Micronesia (16–17 October)

Ms Ines Ferrer, Attaché for Science and Research Cooperation, Embassy of France to the Philippines and Micronesia (18–20 October)

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Provisional Agenda

4. The Chairperson of the seventy-fourth session of the Regional Committee addressed the Committee (see Annex 7).

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC74/1 Rev. 3)

5. The Agenda was adopted (see Annex 1).

ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

6. The WHO Director-General addressed the Committee (see Annex 5).

7. A certificate was formally awarded to the representative of the Lao People's Democratic Republic in recognition of the elimination of lymphatic filariasis in that country.

NOMINATION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda

8. The Regional Committee considered a draft resolution on the nomination of the Regional Director.

9. The resolution was adopted and Dr Saia Ma'u Piukala, the current Minister of Health of the Kingdom of Tonga, was nominated for a five-year term as Regional Director for the Western Pacific from 1 February 2024 (see resolution WPR/RC74.R1).

10. The Chairperson read a resolution of appreciation to Dr Zsuzsanna Jakab, commending her efforts as Acting Regional Director to ensure the continuation of the work and activities of WHO in the Western Pacific Region through a difficult and critical period, and for facilitating work to embed positive organizational and cultural changes in the Regional Office for the Western Pacific and WHO country offices in the Region.

11. The resolution was adopted (see resolution WPR/RC74.R2).

ADDRESS BY AND REPORT OF THE ACTING REGIONAL DIRECTOR: Item 8 of the Agenda (document WPR/RC74/2)

12. The Acting Regional Director welcomed delegates and praised the staff of the WHO Regional Office for their hard work in a year of challenges and transition. The strategic direction of the work of the Regional Office was focused on making health systems more resilient and reorienting them towards primary health care, thereby laying a foundation for universal health coverage (UHC) and sustainable health emergency preparedness and response capacities. That work would be greatly accelerated by the Director-General's initiative to further strengthen WHO country presence in the Western Pacific through an additional US\$ 18 million to set up 52 positions in the Region under the Core Predictable Country Presence Model.

13. The Region had shown progress and resilience in the face of challenges such as the COVID-19 pandemic, yet it was still vulnerable to the impact of climate change, the increasing burden of noncommunicable diseases (NCDs) and the threat of other public health emergencies. It also remained a hotspot for emerging diseases with pandemic potential and disasters due to natural hazards.

14. Looking inwards, the Regional Office was committed to ensuring zero tolerance for inappropriate behaviour and full respect for WHO policies on abusive behaviour, and to instituting the WHO Code of Ethics and Professional Behaviour and the WHO Values Charter. Considerable efforts had been made to strengthen existing systems for reporting and responding to abuse, harassment and other inappropriate behaviours, to streamline and improve internal processes, and to build a more positive, respectful and inclusive workplace, all of which would enable the Regional Office to serve the countries and areas of the Region more effectively.

15. WHO's activities in the Western Pacific Region centred on putting countries first, in line with the WHO Transformation initiative led by the Director-General. A global Action for Results Group had been developed to make WHO reliable, impactful and relevant in every country, including an initiative to strengthen the delegation of authority to WHO representatives by granting them the decision-making power they needed to respond to country needs and priorities in a more agile manner. Moreover, WHO was seeking to make its planning processes more strategic by focusing on country priorities and providing support from headquarters and regional offices to country offices so that they could deliver on their commitments.

16. The Director, Health Security and Emergencies, said that the Western Pacific Region had benefited from decades of regional solidarity and progress on national health security capacities and systems – as exemplified by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* and its earlier iterations – and had consequently performed better than other regions in its response to the early phases of the COVID-19 pandemic. The focus had now shifted to preparedness for future pandemics and public health emergencies, for example by building national capacities to manufacture medical oxygen for patients, developing and strengthening Emergency Medical Teams (EMTs) and rapidly expanding whole genomic sequencing capabilities. At the same time, WHO had continued to address a wide range of other health security concerns such as mpox, human avian influenza (H5N1), dengue, influenza and respiratory syncytial virus (RSV), food safety incidents and the consequences of natural disasters. Such events were becoming more frequent and destructive, demanding coordinated multisectoral responses to complex situations and greater resilience from health security systems at the subnational, national and regional levels.

17. The acting Director, Programmes for Disease Control, said that the elimination of trachoma in Vanuatu and of lymphatic filariasis in the Lao People's Democratic Republic had been validated in October 2022 and February 2023, respectively. The Region continued to make a noteworthy contribution to global efforts to eliminate malaria, China having been certified as malaria-free in 2021. Now Cambodia, the Lao People's Democratic Republic and Viet Nam were close to elimination and would begin preparations for malaria-free certification status. Many successes could be traced to the adoption of innovative health system approaches featuring integrated service delivery, cross-sectoral collaboration, strong community leadership and partnerships, specifically in the areas of NCDs and mental health. A major challenge for the future would be to help Member States identify unreached populations and serve them through integrated system approaches that strengthened primary health care.

18. The Director, Data, Strategy and Innovation, said that WHO had supported Member States over the past year in two key areas: harnessing the power of data, digital health and innovation; and accelerating health systems transformation towards achieving UHC. Examples of the former included developing a *Data Management Competency Framework* to identify gaps and develop capacity-building plans; transitioning disease and cause-of-death classification systems to the International Classification of Diseases (ICD-11), developing national digital health strategies and collecting case studies on innovative approaches to specific health-related issues. Examples of the latter included support to Member States in using a three-dimensional UHC approach focusing on health systems, data for decision-making and integrated service delivery to guide health systems transformation, as well as developing a UHC road map implementation guide.

19. The Director, Healthy Environments and Populations, said that WHO's role was to help Member States to reduce risk factors for NCDs through the development and implementation of evidence-based and cost-effective policies, including by reaching out to non-health sectors, the private sector and civil society. Specific areas of WHO intervention and engagement included: the marketing of breast-milk substitutes; strengthening or enacting laws and regulations on tobacco and nicotine products; developing national policies on healthy ageing and promoting age-friendly environments and community-based care in ways that supported older adults' social participation; developing systems to manage water, sanitation and hygiene and waste handling at health-care facilities; and raising awareness of gender differences in risk factors, disease burden, health-care access and intervention responses.

20. The Director, Health Systems and Services, said that, in striving to boost access to health care and strengthen the resilience of health systems as key elements of UHC, WHO was seeking to inform the debate around primary health-care reform from a number of standpoints: to promote access to and increase the supply of safe, effective and quality-assured medicines via regulatory action; to encourage the pursuit of health security and UHC as complementary goals; and to improve the quality of maternal and paediatric care as a priority action for reducing preventable deaths and improving health outcomes.

21. The Director, Pacific Technical Support, said that by the time the pandemic reached the Pacific islands, more than 1.7 million vaccine doses had been administered through the COVID-19 Vaccine Global Access (COVAX) Facility, and many countries had achieved vaccination rates of over 90% of eligible populations. Health workers had been trained and armed with therapeutics, and response plans were in place – plans based on guidance from WHO and the lessons learnt from the global pandemic response. Those measures had resulted in much fewer cases and lower mortality than in other parts of the world. The pandemic preparations would yield long-term benefits as the policies, practices and influx of resources currently in place for the COVID-19 response would support future health needs among Pacific island countries and areas after the crisis had subsided.

22. Representatives, referring to both the address by the Director-General and the address by and report of the Acting Regional Director, thanked the Acting Regional Director and the Regional Office for their efforts to advance the Region's health priorities during the past year and reviewed important health-related developments in their respective countries. They expressed appreciation for the Regional Office's ongoing commitment to the *For the Future: Towards the Healthiest and Safest Region* vision, its support on a wide range of thematic health priorities and its implementation of a number of key public health initiatives that had been delayed as a result of the COVID-19 pandemic. While progress had been made on a range of

fronts, the Region still faced many complex health challenges in priority areas such as NCDs, mental health, health security and antimicrobial resistance. Other regional challenges included health workforce strengthening, particularly given that many health professionals in the Region worked overseas, and ageing populations, which required a greater focus on health promotion and prevention.

23. It was acknowledged that significant work remained to achieve UHC and the health-related targets of the Sustainable Development Goals (SDGs), with several representatives highlighting the need to invest in primary health care. It was important to continue integrating the lessons learnt from the COVID-19 pandemic into the Region's work, while also maintaining momentum on current health priorities and strengthening regional health emergency preparedness and health security. In that regard, progress needed to be made on the negotiations for the new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, known informally as the Pandemic Accord, and on the amendments to the International Health Regulations (2005), or IHR (2005). Support was also expressed for the draft *Asia Pacific Health Security Action Framework*.

24. Several delegations highlighted the importance of building resilient health systems, particularly in the light of the vulnerability of the Region – and especially its small island developing states – to climate change. That required multisectoral collaboration, a whole-of-society approach, greater and smarter investment in health care, a stronger health workforce, and enhanced preparedness, protection and response capacities. The inclusion of climate-related health issues as a priority in the Fourteenth General Programme of Work (GPW14) was appreciated; GPW14 should also include a strong focus on digital health. Moreover, it was essential to ensure health equity across the Region, in terms of both people's access to health services and countries' access to WHO resources, with more WHO support needed for countries with poor health statistics and outcomes. It was also important to ensure that the Regional Office's priorities were aligned with those of Member States, and that support was context specific.

25. Several delegations welcomed the Director-General's commitment to strengthening and reforming WHO and the Acting Regional Director's efforts to strengthen the Regional Office's workplace culture and bring about organizational change, including in the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH). It was hoped that the incoming Regional Director would build on those efforts and ensure continuity and stability in the Regional Office's work. It was important for WHO to be agile, responsive, and adequately and sustainably financed; more flexible funding and further increases in Assessed Contributions would enable the Organization to respond more effectively to Member States' needs and priorities. A call was made to increase the flexibility of Voluntary Contributions and for WHO to enhance the efficiency of its management and governance and increase transparency and inclusiveness.

26. Lastly, one representative called on the Secretariat and regional partners to help Member States mitigate the impact of the conflicts in the Middle East and Ukraine on their access to medicines and other medical supplies.

27. A statement was made on behalf of the International Atomic Energy Agency.

28. The Acting Regional Director, thanking Member States for their ongoing support and leadership, noted the issues raised and said that WHO in the Western Pacific would continue its work on priority areas, focusing on how to engage countries in the negotiations on the Pandemic Accord and amendments to IHR (2005) and on building resilient health systems, particularly in the light of recent G20 discussions and the political declaration adopted at the United Nations General Assembly High-level Meeting on Universal Health Coverage. The Regional Office would also continue its disease-specific work and maintain its focus on healthy populations, climate-related health challenges and digitalization.

29. Going forward, the emphasis would be on implementing the Secretariat's frameworks and strategies and delivering impact at the country level. Efforts were needed to build country capacities in relation to statistical health information, and additional resources would be provided for that purpose in the 2024–2025 biennium. Monitoring the Organization's impact at the country level was a key part of the transformation agenda, and the next steps would be to implement the WHO Results Framework across the

Organization, ensuring alignment with both GPW13 and GPW14. The Regional Office would continue its efforts in the area of cultural and behavioural change, including on PRSEAH, and mid- and long-term action plans in that area would be submitted to and discussed with the incoming Regional Director.

30. The Director-General thanked Member States for their guidance and their support for the Acting Regional Director. He highlighted the importance of empowering country offices and ensuring that they were adequately resourced; the increase in Assessed Contributions and funding through an Investment Round would facilitate that process. The continued support of Member States relating to funding was important, particularly to ensure that pledges were honoured. Given that the Region was disproportionately affected by the health impacts of climate change, he called on Member States to participate in and provide recommendations for the 2023 United Nations Climate Change Conference, particularly the ministerial session on climate and health. Lastly, he highlighted the need to accelerate the WHO reform process and ensure continuity.

PROGRAMME BUDGET: Item 9 of the agenda (documents WPR/RC74/3 and RC74/INF/1)

Programme Budget 2022–2023: budget performance (interim report) (Item 9.1 of the Agenda)
Programme Budget 2024–2025 (Item 9.2 of the Agenda)

31. The Acting Regional Director updated Member States on the budget performance for the 2022–2023 biennium, noting that funding, utilization, compliance and controls continued to be strong. It was projected that 92% of available resources would be utilized by the end of the biennium. The Regional Office continued to place a strong emphasis on the allocation of funds to country offices, with two thirds of funds utilized at the country level. Priority had been placed on base programme activities, accelerating progress towards the Triple Billion targets, and building resilient health systems by strengthening primary health care and further improving health emergency response capacities.

32. There were no outstanding external audit recommendations, and only one internal audit recommendation – the development, publishing and dissemination of the *Papua New Guinea–WHO Country Cooperation Strategy 2024–2028* was pending. That Strategy was finalized and signed during the current session of the Regional Committee. The Region continued to enhance controls through strengthened management, training and communications. Gender balance remained a regional priority, and progress had been made thanks to awareness-raising efforts and changes to the recruitment policy. The proportion of female international staff had risen to 60% by 30 June 2023, and efforts to reach out to countries that were under-represented and unrepresented in the Regional Office would continue, with workshops aimed at attracting younger and talented potential staff members.

33. The Budget and Finance Officer, Division of Administration and Finance, provided additional details of the funding and utilization of the Programme Budget 2022–2023, noting that work on poliovirus had been incorporated into the base programme budget. The high proportion of funds utilized at the country-office level reflected the Secretariat's strong commitment to strengthening impact within countries.

34. The Executive Officer, Office of the Director of Programme Management, said that the interim report on the Programme Budget 2022–2023 reflected the Regional Office's efforts to address health challenges and deliver impact at the country level. In line with the Organization's strategic priority that seeks to ensure that one billion more people benefit from UHC, new regional frameworks on primary health care, mental health and cervical cancer were helping countries to strengthen their health systems. The Regional Office had worked with countries and areas to strengthen malaria surveillance systems and improve the quality of care for the highest-risk populations, supported priority countries to scale-up kangaroo mother care activities, and facilitated the regulatory approval of COVID-19 vaccines and provided guidance on novel treatments.

35. Concerning the strategic priority that calls for one billion more people to be better protected from health emergencies, the Regional Office had helped Member States to become operationally ready to address imminent risks from all emerging threats, conducted country-led COVID-19 intra-action reviews,

provided training and guidance on the rapid expansion of genomic sequencing activities, and expanded EMTs throughout the Region, with emergency capacities tested in the wake of a number of disease outbreaks and natural disasters in the Region.

36. Turning to the strategic priority that calls for one billion more people enjoying better health and well-being, she said that the Regional Office was working to empower individuals, families and communities to make more informed health decisions; develop and update policies and guidance relating to the One Health approach; improve maternal, infant and young child nutrition; reduce demand for alcohol and tobacco; improve diets; and support the integration of gender-based violence prevention measures in quarantine centres to ensure the safety of returning migrant women.

37. Lastly, to meet the strategic priority calls for a more effective and efficient WHO providing better support to countries, WHO was incorporating advancements in data and innovation, strengthening its leadership and governance, and effectively managing human and financial resources that were fit for purpose. She emphasized that the Region's strength lay in its diversity.

38. The Acting Regional Director, referring to the Programme Budget 2024–2025, said that the increase in Assessed Contributions represented a historic step towards a more empowered, independent and sustainably financed WHO. Furthermore, it was expected that the funds for the positions to be set up under the Core Predictable Country Presence Model would be released during the current session of the Regional Committee. Those positions had been included in the Region's operational planning for 2024–2025, and recruitment was slated to begin in 2023.

39. The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, provided an update on the Programme Budget 2024–2025 since its adoption at the Seventy-sixth World Health Assembly. The total Programme Budget was set at US\$ 6.8 billion, with nearly US\$ 5 million allocated to the base segment. The share of the base segment allocated to the Western Pacific Region was 8.2%, or US\$ 408.1 million, while the Region's share of the overall budget was 6.3%. There was a zero-budget increase in the base segment, while the overall share allocated to country offices had increased to nearly 50%.

40. The main commitments moving forward were to focus funding on country priorities, increase staffing at the country level through the Core Predictable Country Presence Model and ensure adequate levels of sustainable financing, with a focus on securing funding commitments, on key performance indicators and on the Investment Round. The three priorities identified during the Region's country prioritization process – improve access to quality essential health services irrespective of gender, age or disability status; prepare countries for health emergencies; and build supportive and empowering societies by addressing health risk factors – were consistent with those identified in other WHO regions. The Secretariat was currently moving into the operational planning phase of the Programme Budget 2024–2025 and seeking to drive impact in every country by prioritizing the Core Predictable Country Presence Model. In addition, the Results for Action Group had produced a list of actionable items in that regard.

41. Turning to funding, he said that 47% of the Programme Budget 2024–2025 was already funded, and the Secretariat would work closely with Member States to ensure it was fully funded, using the Investment Round to facilitate that process. Pockets of poverty also remained a challenge. A number of key performance indicators would be used to measure the impact of the increase in Assessed Contributions, and the Secretariat would keep Member States updated in that regard. He also emphasized that timely discussions and active Member State support were needed to determine the amount of further increases in Assessed Contributions.

42. The Budget and Finance Officer, Division of Administration and Finance, provided an overview of the Programme Budget 2024–2025 at the regional level, indicating that the regional budget allocation was the result of a bottom-up planning and budget prioritization process. There had been a gradual increase in the budget allocated to country offices since the 2018–2019 biennium, reflecting WHO's deep commitment to delivering country-level impact in the Region.

43. The acting Programme Development Officer described how the Programme Budget 2024–2025 was being operationalized at the regional level. The regional budget reflected the *For the Future* vision, was aligned with the five priorities of the global budget and would accelerate progress towards the Triple Billion targets. Countries and their priorities were the main driver of the Region’s budget planning process, which consisted of four steps – prepare, share, dialogue and action – and provided clarity on the support that would be provided and the related time frame. Lastly, he highlighted the need for meaningful discussions to bridge gaps between strategies and workplans and the rapidly evolving needs of Member States.

44. Representatives welcomed the achievements of the Programme Budget 2022–2023, which reflected the Region’s focus on building country capacities. However, several delegations expressed concern about low utilization rates in some budget centres, asked for more information on the barriers hindering utilization and actions being taken to remedy issues, and encouraged the Secretariat to continue to pursue full budget utilization across the Region.

45. With regard to the Programme Budget 2024–2025, delegations expressed support for its overarching objectives of building country capacities and strengthening transparency and accountability within the Organization, as well as for its five priorities. Delegations welcomed the increase in Assessed Contributions, which would enhance flexibility, lead to a more equitable distribution of resources at the country level and help to resolve pockets of poverty. A number of representatives stressed, however, that any further increases in Assessed Contributions would be contingent upon progress being made on WHO reform. Member States asked for further clarification on how the Regional Office was preparing to shift resources to country offices, and why the regional budget allocation for Strategic Outcome 4.1 (strengthened country capacity in data and innovation) had been reduced. Noting the lower utilization rate for Strategic Outcome 2.2 (epidemics and pandemics prevented) in the Programme Budget 2022–2023, one representative hoped that steps would be taken to improve efficiency in that area and that those efforts would be reflected in the Programme Budget 2024–2025.

46. The Secretariat should also streamline budget processes and increase decision-making support for countries to ensure that budget-related processes were aligned with country needs; incorporate stocktaking exercises into the Programme Budget 2024–2025 in order to facilitate social and economic recovery in countries; ensure that, under the Programme Budget 2024–2025, the supply of global public goods was expanded to improve health in the Region and globally; increase technical support for disease prevention and health and well-being promotion, particularly for lower-income countries and small island developing states; step up efforts to strengthen the global architecture for health emergency preparedness and response; and prioritize health workforce development in order to address crippling shortages of health workers in some countries and areas in the Region.

47. The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, clarified that commitments on the reform process had been agreed upon with Member States at the global level through the Secretariat implementation plan on reform and the recommendations of the Agile Member States Task Group. Sixty-seven of the 96 commitments in the Secretariat implementation plan on reform had already been implemented, and progress could be monitored on the WHO Member States Portal. Responding to a query about the amount of flexible funding for the 2024–2025 biennium, he said the Secretariat was not aware of any additional flexible funding pledges beyond the increase in Assessed Contributions, but more information would be available following the Investment Round. In response to questions concerning funding for the Programme Budget 2024–2025, he explained that the 20% increase in Assessed Contributions related to how the Programme Budget was funded, rather than the amount of the Programme Budget itself. Lastly, referring to the concerns raised about the Western Pacific Region’s relatively small budget allocation in terms of percentage, he explained that the Region would be in a better position in 2024–2025 compared with the previous biennium because the overall budget had increased.

48. The Budget and Finance Officer, Division of Administration and Finance, said that accountability and transparency were key components of the Regional Office’s agenda and would be taken forward in the 2024–2025 biennium and beyond. An Ombudsperson and PRSEAH Management Officer had been hired, and completion rates for the mandatory PRSEAH training had reached 97–99% in the Region.

49. Regarding the low utilization rates in some budget centres, he explained that most of those centres had resources amounting to less than US\$ 1 million, and that, in such cases, much of the funds tended to be utilized in the last six months of the biennium. The Secretariat undertook periodic assessments of areas where enhanced utilization was needed. In response to a query concerning the preparations for shifting funding to country offices, he explained that country-allocated funds would be used to support the core gap technical positions to be set up under the Core Predictable Country Presence Model.

50. The Acting Regional Director, thanking Member States for their valuable input, said that the Regional Office would continue to actively monitor implementation of its programme activities and take further steps to enhance its business processes, with a focus on achieving impact at the country level. The Programme Committee met on a weekly basis to monitor implementation in tandem with the budget centres, and the Secretariat made every effort to ensure the efficient use of resources.

PANEL DISCUSSION ON CHARTING THE COURSE: RETHINKING HEALTH FINANCING FOR SOCIAL WELL-BEING AND SUSTAINABLE DEVELOPMENT: Item 10 of the Agenda (document WPR/RC74/4 Rev. 1)

51. The Acting Regional Director, introducing the panel discussion, said that persistent challenges in the area of health financing remained: governments' prioritization of health issues had stagnated; passive purchase practices had led to the irrational escalation of health-care costs; essential public goods were chronically underfunded; and, in many countries, delivery of essential health services had been left largely to market forces. These issues had increased disparities in health outcomes and exacerbated financial hardship in the Region, where the proportion of people incurring catastrophic health spending was among the highest globally. The COVID-19 pandemic further derailed progress. With less than seven years to achieve the SDGs, Member States needed to increase and safeguard public financing for health, in part by cultivating a shared vision of the value of investing in health as a basis for sustainable development. It was essential to consider how to rethink health financing in relation to the economy, social well-being and sustainable development; secure and intensify consensus regarding investments in health and UHC; and spend more equitably, efficiently and strategically on health. The Acting Regional Director invited those present to share their views and insights on actions to be taken going forward.

52. The acting Director, Health Systems and Services, moderated the panel discussion, which featured five guest speakers from the academia, the health sector, and financial and development institutions.

53. Professor Kara Hanson, Dean of the Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, said that the deterioration in financial risk protection in the Western Pacific Region was a worrying trend. Growing out-of-pocket spending was of particular concern, with medicines and outpatient care accounting for approximately 80% of out-of-pocket spending in many countries in the Region. The most efficient and effective way to develop health systems was to place primary health care at the centre of financing reforms. Yet funding for primary health care was often insufficient, captured by hospitals and highly fragmented, particularly in low- and lower-middle-income countries. To ensure more resources were allocated to primary health care, there needed to be clear responsibility for primary health care within government ministries, and prioritization of primary health care within government budget processes. Moreover, purchasing should be strategic, with a dedicated budget line for primary health care that used population-based criteria to allocate resources equitably. Specifically for the Western Pacific Region, it was important to include medicines in primary health-care service packages, and to use other policy levers to drive efficiency in the medicines system. Lastly, health financing needed to be people-centred, with public resources forming the core of primary health-care funding – investing in primary health care was an investment in social development and healthier societies, which in turn helped to improve economic outcomes.

54. Mr Gaafar Uherbelau, Minister of Health, Palau, said that his Government faced challenges in sustaining health service delivery, as well as in procurement. In 2011, a social insurance model had been introduced and a national health-care fund established to finance outpatient care and inpatient and off-island referrals, which had helped to improve access to health care. More than 10 years on, the current challenge

was to find ways to ensure that health financing translated into improved delivery of care, particularly in the light of the challenges caused by the ageing population, higher rates of NCD mortality and morbidity among younger people, as well as outward migration. It was important to analyse and anticipate trends in those areas in order to adjust financing mechanisms accordingly.

55. Datuk Dr Norhayati binti Rusli, Deputy Director-General for Public Health, Ministry of Health, Malaysia, said that while her country had achieved strong public health-care provision, it faced numerous challenges in delivering equitable, affordable and accessible health care, especially in rural areas. Malaysia had a dual health system comprising subsidized public-health care and a for-profit private sector. Her Government had taken a whole-of-government, whole-of-society, Health in All Policies approach, which had proven its worth during the COVID-19 pandemic. Since then, the approach had been further strengthened with a focus on cultivating healthy lifestyles and supporting population health and well-being.

56. Ms Catherine L. Fong, Undersecretary, Department of Finance, Philippines, said that while increased funding for health was always welcome, progress towards UHC was impeded by other factors, such as procurement, service delivery and talent retention issues. In addition to increased funding, it was important to address those problems by considering new approaches. Some pilot projects had been launched, and the Government was looking at more new social and health-related public-private partnerships that were Government-funded but drew on the private sector's efficiency in service delivery. The aim of such partnerships was to upgrade services, increase efficiency and retain talent at no additional cost to the public.

57. Mr Uherbelau, responding to the moderator's query concerning the plans and policy changes currently being considered by his Government, said that the main goal was to incentivize and reward good behaviour rather than to penalize undesirable practices. It was important to explore ways to encourage companies and agencies to develop alternative, healthier products. It was also necessary to shift the focus from hospitals and treatment to primary health care and prevention in order to reduce the burden on hospitals. Words and promises on primary health care needed to be translated into actions, with a focus on delivering quality care through increased investment, decentralized services and a determination to reach unreached populations. Summing up, he highlighted the importance of planning based on current trends, ensuring that decisions were data-driven and anticipating possible challenges. This approach required political will and collaboration beyond the health sector.

58. Datuk Dr Rusli, in response to the moderator's query about her Government's *Health White Paper*, which was released by Parliament in June 2023, explained that the initiative had brought together a number of stakeholders to develop a comprehensive framework for wide-ranging health system reforms with a view towards improving the health of the population over the next 15 years. The policy paper had drawn on the lessons learnt from the COVID-19 pandemic and factored in current challenges, such as ageing and the increasing burden of disease. The focus was on transforming health-care delivery, enhancing health promotion and prevention, and strengthening governance to ensure high-quality, equitable and accessible care through a whole-of-government, Health in All Policies approach. In summing up, she said that her Government was committed to funding the development of the equitable and sustainable health financing system needed to shift the focus to prevention and wellness.

59. Ms Fong, when asked how the private sector could be part of the solution in achieving UHC, said that governments should use public-private partnerships to leverage the private sector's efficiency, while also ensuring partnerships were fair for both sides. In addition, it should be recognized that some health services were better suited to such partnerships than others. Market forces also played a role in the private sector's willingness to be involved in service provision, particularly in more remote areas; her Government was looking at ways to incentivize private-sector stakeholders in that regard, for example through availability payments, whereby services were offered regardless of demand. Summing up, she emphasized that the private sector should be considered a partner in efforts to achieve UHC, indicating that her Government was open to exchanging ideas, expertise and knowledge in order to find innovative health financing solutions.

60. Dr Ramesh Subramaniam, Director General and Chief, Sectors Group for Asia and the Pacific, Asian Development Bank (ADB), said that collaboration and reforms across multiple sectors were needed to increase the quantity and efficiency of health spending, highlighting the link between increased government spending on health and increased economic growth. Global assets amounted to approximately US\$ 1500 trillion, yet countries struggled to mobilize the resources necessary to deliver on health and achieve the SDGs more broadly. To enhance resource mobilization, ADB was focusing on bringing about shifts in four areas: climate change, private-sector development, solutions and methodologies. ADB had taken steps to increase lending in the area of health care, but given the scale of the challenge, more resources were needed, which was where stronger partnerships and private-sector engagement could make a difference. One such example was the recent climate and health initiative designed by ADB in close collaboration with India's G20 presidency.

61. Professor Hansom, reflecting on the panellists' interventions, emphasized the importance of the private sector, both in terms of funding and service provision, recognizing that certain roles were better suited to private sector involvement and that governments needed to consider mechanisms, safeguards and capacities for managing the private sector, particularly in urban areas. A new approach to primary health care with new models of care was needed to address the changing burden of diseases and issues such as ageing and NCDs. There needed to be a focus on healthy lifestyles and better integration across disciplines and across both primary and higher levels of health care. She reiterated that not all problems faced by the health sector were related to financing; quality of care was also a major challenge.

62. The Acting Regional Director, summing up the discussion, said that a new regional action framework to support Member States in building sustainable, responsive and resilient health systems for a healthier and safer Region would be proposed as a topic for discussion next year at the Regional Committee's seventy-fifth session.

HEALTH SECURITY: Item 11 of the Agenda (document WPR/RC74/5)

63. The Director, Health Security and Emergencies, said that major public-health emergencies had wider significant social and economic repercussions. The Region's long track record of collaborative and strategic investments in health security systems had paid dividends in terms of the rapid and effective responses of countries and areas in the Region during the early acute phase of the COVID-19 pandemic. Continuing this tradition, the draft *Asia Pacific Health Security Action Framework* was designed to address the wider picture beyond the health sector by bringing together multisectoral, whole-of-government and whole-of-society stakeholders to support prevention, preparedness, readiness, response and resilience in addressing multi-hazard public-health emergencies. The strategy would take an interconnected and collaborative approach to strengthening resilient health security systems and thereby facilitate and safeguard progress towards UHC and the SDGs.

64. Representatives broadly welcomed the draft *Asia Pacific Health Security Action Framework* and described various national initiatives aligned with it. In addition to massively disrupting travel, trade and tourism, the COVID-19 pandemic had exposed shortcomings in national health systems and emergency preparedness and response. As such, the pandemic represented a valuable learning experience and an unprecedented opportunity to redesign more resilient health systems, strengthen contingency planning and enhance surveillance of potentially pandemic diseases, particularly at the human-animal interface. It was suggested that the problems of vaccine manufacturing and supply that the pandemic had brought to the fore could be addressed by encouraging free and open trade. It was imperative to make a political commitment to continuous investment in emergency preparedness and to act decisively before the pandemic became a distant collective memory.

65. Representatives said that the proposed Action Framework seemed to adequately reflect the lessons learnt from the pandemic, specifically that health security was not solely the responsibility of the health system but demanded a multisectoral, whole-of-society approach involving local communities, civil society and the private sector. Some representatives took the view that securing buy-in from such a wide range of stakeholders would be a challenge, and the Secretariat was asked to elaborate on its plans to engage with

the private sector. The draft Action Framework was described by several representatives as being more ambitious than the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, which provided a sound basis for the new Action Framework but had now served its purpose. It would be interesting to know how WHO intended to periodically adapt and update the Action Framework to take account of changes in the health security landscape.

66. Delegations welcomed the Action Framework's focus on vulnerable and underserved populations, while noting that it did not fully address the issues of digital and health illiteracy. The connection between health security and UHC, specifically the need to integrate health security considerations into primary health care as a route to achieving UHC, were also mentioned. Representatives asked whether the draft Action Framework had been developed in alignment with other legally binding instruments adopted or currently under consideration in intergovernmental negotiation forums.

67. The question of ongoing WHO technical support and assistance to strengthen health security capacity and systems in the Region was raised by several delegations, specifically the provision of differentiated and tailored implementation guidance for the Action Framework: how could the Regional Office facilitate implementation, given stark differences in national resources and capacities among Member States?

68. Statements were made on behalf of Women in Global Health Philippines and the International Federation of Pharmaceutical Manufacturers and Associations.

69. The Director, Health Security and Emergencies, thanked Member States for their contributions and insights, and for their support of the draft Action Framework. The Regional Office intended to issue implementation guidance in the second quarter of 2024. In the meantime, Member States were urged undertake the necessary preparations by organizing and carrying out Joint External Evaluations. Likewise, to ensure equitable access to vaccines and other resources, for example, WHO stood ready to assist any Member State that wished to submit a bid to the Pandemic Fund as part of its preparedness and response strategy. The draft Action Framework was entirely consistent with other global frameworks and relevant legal instruments, and the Regional Office was keeping abreast of developments in the Intergovernmental Negotiating Body on the Pandemic Accord and the Working Group on Amendments to the IHR (2005).

70. The Regional Committee considered a draft resolution on health security.

71. The resolution, which among other actions endorsed the *Asia Pacific Health Security Action Framework*, was adopted (see resolution WPR/RC74.R3).

HEALTH INNOVATION: Item 12 of the Agenda (document WPR/RC74/6)

72. The Director, Data, Strategy and Innovation, introducing the item, said that governments and health ministries needed to take a leading role in health innovation, specifically by ensuring that innovation models were driven both by economic growth and health equity considerations. The draft *Regional Health Innovation Strategy for the Western Pacific* promoted political commitment to a regional approach to fostering better collaboration and knowledge diffusion and bridging health disparities within and between countries and areas. In addition, it would provide a strategic framework for the public sector to actively engage in health innovation with a view towards solving problems, thereby improving future health and well-being.

73. Representatives fully supported the draft *Regional Health Innovation Strategy for the Western Pacific*, outlining the health innovation initiatives undertaken in their countries, particularly those spurred by the COVID-19 pandemic. They underscored the growing importance of health innovation in improving health and well-being, delivering health services, promoting healthy environments and equity, enhancing readiness and health system strengthening, and delivering improved health outcomes. The pandemic had demonstrated the potential for innovation, particularly in response efforts, and highlighted the need for health workers to be able to innovate. Health innovation could also facilitate efforts to decentralize health services and strengthen community engagement in the delivery of health programmes through a whole-of-

society approach. It could also drive informed, data-driven decision-making, for example, by providing insights into the links between climate and health.

74. While technological advances – including those relating to artificial intelligence – offered exciting prospects for improving health-care delivery, it was important to ensure that such solutions were affordable, cost-effective, accessible and shared equitably to address health challenges and improve the well-being of the entire population. As such, the Secretariat and more-developed Member States in the Region should help less-developed countries and areas to access innovative health technologies and approaches and tackle challenges relating to connectivity, the workforce and resourcing. Health innovation should neither jeopardize health nor widen the digital divide.

75. As funding was often a barrier to innovation, WHO and its partners were urged to support Member States in seeking out investment solutions, including by providing opportunities for seed-grant funding to support innovative pilot projects. In addition to investment, it was important to ensure that Member States had adequate legal and regulatory frameworks for health innovation, particularly on data protection and human rights safeguards. The Secretariat should spearhead efforts to adjust approval systems so that they did not hamper the development of innovations.

76. A number of representatives highlighted the need for capacity-building on health innovation, including for health professionals and educational institutions. A regional approach should be taken to sharing best practices and lessons learnt: a user-friendly repository of context-specific initiatives organized by health topic would be welcome. Guidelines on artificial intelligence and data analytics would also be useful.

77. Statements were made on behalf the International Federation of Medical Students' Associations and on behalf of the RIGHT Foundation.

78. The Director, Data, Strategy and Innovation, expressed appreciation for the examples of health innovation provided by Member States and noted calls for, among other things, technical capacity-building on innovation and a regional approach to knowledge-sharing. Going forward, the Regional Office would support Member States in implementing the *Regional Health Innovation Strategy for the Western Pacific* by developing and disseminating norms and guidance on health innovation; shaping and influencing regional health innovation ecosystems; fostering multi-stakeholder engagement to create an enabling environment for new ideas for testing, adaptation and scaling up; and facilitating in-country implementation.

79. The Director, Digital Health and Innovation, WHO headquarters, said that innovation and digital health were clear cross-cutting enablers that would be embedded in GPW14. The *Regional Health Innovation Strategy for the Western Pacific* was a well-articulated and ambitious strategy that fully aligned with WHO's global health and innovation strategic vision and that would serve as a model for the plans and strategies being developed in other WHO regions. The draft Regional Strategy also emphasized the key role of the public sector within the innovation ecosystem and would ensure that innovation strategies were driven by national priorities and addressed unmet needs.

80. WHO was committed to supporting countries in strengthening human capacity through competency-based training, evidence-based guidelines and multi-stakeholder engagement. The Organization was, for instance, in the process of developing global digital health and innovation competency frameworks and crafting new regulatory guidance on artificial intelligence for health to assist Member States in harnessing the power of artificial intelligence in addressing challenges, such as the specialized workforce gap, while also protecting people and systems from harm. Efforts were also under way to ensure that existing policies that might inadvertently create barriers to digital innovation were updated. Thus far, upwards of 1600 government officials from more than 100 Member States had received training as part of ongoing capacity-building initiatives, and more than 16 000 people had been trained on the ethics and governance of artificial intelligence for health.

81. The Organization was working to build local capacities to generate, adapt and sustain digital health solutions and innovation by engaging local stakeholders and the private sector. As an example, through a partnership with Google, it had developed a suite of tools to build local Android solutions compliant with global standards for interoperability, thereby shortening software development times, reducing costs and supporting domestic stakeholders. It was essential to transform and invest in systems to build strong foundations for tomorrow's digital reality, and initiatives such as the Global Initiative on Artificial Intelligence for Health and the Global Initiative on Digital Health had been launched to support those efforts.

82. Lastly, inter-country partnerships were critical to innovation efforts. Member States were invited to join the WHO-managed Global Digital Health Certification Network, which had been launched in July 2023 to facilitate the certification of health certificates, with work under way to extend the initiative to vaccination and health records for travellers and migrants and to cross-border telemedicine.

83. The Regional Committee considered a draft resolution on health innovation.

84. The resolution, which among other actions endorsed the *Regional Health Innovation Strategy for the Western Pacific*, was adopted (see resolution WPR/RC74.R5).

COMMUNICATION FOR HEALTH: Item 13 of the Agenda (document WPR/RC74/7)

85. The Regional Communications Manager said that the strategic use of evidence-informed and people-centred communication to change attitudes and behaviours helped people to learn about health threats and how to react to them. While communication alone could not solve complex health problems, it was usually part of the solution. The purpose of the draft *Regional Action Framework on Communication for Health: A vision for using communication to improve public health in the Western Pacific Region* and the evidence-informed, evaluation-driven and outcome-focused principles and practices it outlined, was to close the gap between what people knew about protecting their health and their actual behaviour when seeking to protect themselves and their communities from health threats.

86. Representatives endorsed the draft Regional Action Framework, which complemented and systematized their national efforts to disseminate accurate health information, firstly to avoid public confusion, fear of the unknown and the spread of misinformation, and secondly to empower individuals and communities to make informed decisions about their health through credible, contextualized and timely messaging. The Framework could potentially serve as useful guidance for the design of national health communication campaigns and their periodic adaptation to changing circumstances, with the ultimate goal of harmonizing health information campaigns across the Region and creating a shared vision for communication for health (C4H). The importance of sharing best communication practices was emphasized. A number of delegations requested WHO technical guidance on how to operationalize the Framework at the country level.

87. Generally speaking, representatives were of the view that C4H was an aspect of public health did not receive sufficient focus and lacked sufficient investment, but one that had proven its strengths during the COVID-19 pandemic. Social media had enormous potential for health messaging yet also posed a grave danger in terms of web-based misinformation, a key issue that needed to be addressed in the Region.

88. The principal challenge confronting any communications strategy was the gap between knowledge and action. Even the most health-literate populations did not always translate knowledge obtained from reliable sources into action, given that actions were usually shaped by social and environmental determinants. But in cases where the authorities failed to take the initiative on health messaging, people tended to create their own misinformed narratives. The prime consideration, many representatives believed, was modernity and relevance: the communications landscape was rapidly transforming as a result of digitalization, so health authorities had to stay abreast of technological developments and social trends, resorting to a mix of traditional and modern channels of communication targeted at specific communities in order to articulate their messages. It was vitally important to adopt a people-centred approach based on

the concept of “social listening”, that is, messaging that was consistent with how audiences saw and understood themselves; the use of clear, jargon-free language in an appropriate format, for example storytelling; reliance on messengers trusted by the audience they sought to influence, for example customary authority figures or social media influencers; and actively listening to previously ignored or marginalized communities with a view towards “co-creating” communication campaigns. There was evidently some crossover between C4H as a tool for building trust in health services and encouraging public compliance with certain protocols, and the mainstreaming of behavioural science in all health initiatives.

89. The point was also made that health workers were increasingly expected to be good communicators. Their skill set was evolving, and provision should be made for appropriate training and resources to enable them to fulfil that new role.

90. Health communication campaigns had a proven track record in the area of health promotion: representatives described current national campaigns focusing on adolescent health, sexual and reproductive health, disability, vaccination, antimicrobial resistance, NCDs, natural disasters and health service delivery.

91. Internet connectivity was a perennial problem in some Pacific island countries and areas. Although the Regional Action Framework represented a window of opportunity to strengthen capacities for strategic health communication, the advent of faster Internet access in some Pacific islands brought with it the risk of more rapid and widespread infodemics with misinformation and disinformation. In terms of infrastructure, health communication in the form of telemedicine was a vital component of health systems in Pacific island countries and areas, given the huge distances involved, enabling physicians in one location to support health practitioners on islands hundreds of miles away. One delegation said that donors were routinely required to integrate logistical capacity for communications into the design of projects in remote and rural settings.

92. Statements were made on behalf of the International Pharmaceutical Students’ Federation and on behalf of the NCD Alliance, which also spoke on behalf of the International Alliance of Patients’ Organizations.

93. The Regional Communications Manager welcomed the valuable contributions and the emphasis on the power of strategic communication to improve health and well-being across a range of areas, from tackling NCDs to improving vaccine uptake. She noted the requests for technical support in implementing the draft *Regional Action Framework on Communication for Health* and recognized the challenges faced by certain countries and areas in relation to geography and connectivity. She also noted calls to build on the lessons learnt from the COVID-19 pandemic and incorporate principles and practices into preparedness and response efforts going forward; to take a people-centred, evidence-driven approach; to invest in capacity to leverage behavioural insights and ensure countries were well-positioned to contextualize information, particularly for hard-to-reach and vulnerable groups; and to harness the role of health workers as trusted sources of information.

94. Member States’ willingness to share their experiences in implementing communication for health activities was appreciated, and WHO would facilitate experience-sharing initiatives and leverage its convening power to develop a community of practice. The Secretariat was committed to enhancing technical capacities for C4H at the regional and country levels, and to strengthening its collaboration with the United Nations Children’s Fund, the WHO Collaborating Centre for Evaluation of Communication at University of Technology Sydney School of Communication and its many technological and social media partners. Going forward, the Regional Office would focus on developing a series of practical tools and guidance to support implementation of the Regional Action Framework, as well as targets and indicators to measure and evaluate results.

95. The Acting Regional Director said that the principles and practices outlined in the draft Regional Action Framework would help to empower people to make informed decisions, particularly on health protection. The Secretariat would work with Member States to strengthen and scale up implementation of

the C4H approach, as well as to enhance skills, deepen capacities and apply lessons learnt to ensure that all health communication in the Region was evidence-informed, people-centred and evaluation-driven.

96. The Regional Committee considered a draft resolution on communication for health.

97. The resolution, which among other actions endorsed the *Regional Action Framework on Communication for Health: A vision for using communication to improve public health in the Western Pacific Region*, was adopted (see resolution WPR/RC74.R4).

HEALTH WORKFORCE: Item 14 of the Agenda (document WPR/RC74/8)

98. The Director, Health Systems and Services, said that the draft *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific* had been developed to provide guidance to Member States on building a motivated and competent health workforce consisting of the right numbers of people in the right places with the right mix of skills, as a central component of a well-performing and resilient health system and as a foundation for achieving UHC. The COVID-19 pandemic had exposed critical gaps in the distribution, quality and performance of health workers, and the protections afforded them. More and more health workers were migrating abroad or leaving the profession altogether in search of better working conditions. Under-regulated market forces were encouraging hospital-centred rather than people-centred care, leading to inequity and inefficiency in health systems. Ageing populations, the increasing burden of NCDs and health emergencies required a health workforce with evolving competencies.

99. Representatives expressed concern about critical vulnerabilities in health workforce numbers, distribution, quality and protections, which adversely affected the delivery of essential health services and the ability of those services to meet the changing needs of populations across the Region. Various national approaches to developing, attracting, recruiting and retaining health workers were described, and the draft Regional Framework was widely endorsed as being in alignment with them. The interconnectedness and complementarity of the draft Regional Framework with other regional frameworks endorsed at the seventy-fourth session was also noted.

100. A number of delegations referred to the global shortage of nurses, the dynamic challenges of health labour markets, and the problems created by aggressive international recruitment or poaching of health workers. The underlying issue was that some countries were able to compete for health workers more effectively than others. One suggested solution was to make the regulatory framework more flexible to enable the public sector to compete for staff with the private sector. The importance of strategically targeted investment in the health workforce was emphasized, for example, through national programmes that charted a continuous learning pathway and offered attractive benefits packages, enabling health workers to stay and thrive in their own countries.

101. The retention of health workers depended heavily on attractive packages to motivate and incentivize them, not only financially but also in ways that guaranteed their welfare, for example: decent working conditions; the creation of an environment in which health workers felt valued and safe; provision of mental health support to avoid burnout, anxiety and stress; a good work–life balance; and measures to create a diverse and inclusive workforce that was truly representative of the population it served. The importance of alleviating the burden on health workers through widespread promotion of healthy lifestyles in society at large was also cited. Similar solutions were being used to remedy the shortage of health workers in remote, rural and underserved areas or small island developing states, many of whose representatives reported a brain-drain strain.

102. On health worker training, several delegations noted the importance of a fit-for-purpose workforce with the ability to respond to current and anticipated health needs, such as increased demand for care for older people, mental health services and NCD treatment, as well as the growing importance of primary medicine. Health worker education should be oriented towards those future needs through specialized training in critically needed skills and continuous professional development, in addition to systematic training for health emergencies. One representative observed that donors had an important role to play in

specialized health training. Other suggestions included overhauling the health worker training curriculum and ensuring that training was grounded in science, technology, engineering and mathematics, so-called STEM subjects. Greater oversight of standards in the private health sector, robust accreditation and licensing requirements, and stringent quality-assurance mechanisms were some of the other levers that could be used to ensure that the health workforce of the future was fit for purpose. A perennial dilemma for countries was the risk of newly trained health workers migrating in search of better pay, conditions or recognition once they had been provided training.

103. The monitoring of international agreements regulating the health workforce should be improved and health workers' professional qualifications harmonized across the Region to facilitate emergency response activities. As in other WHO regions, the position of nursing officer at the Regional Office for the Western Pacific should be made permanent.

104. Statements were made jointly on behalf of the NCD Alliance, the Healthy Philippines Alliance and the International Alliance of Patients' Organizations, and jointly on behalf of the International Federation of Medical Students' Associations and the International Pharmaceutical Students' Federation.

105. The Director, Health Systems and Services, thanked Member States for their insights and the collective recognition that health workforce challenges would be a priority over the coming decade. The main challenges involved three areas: first, training of health workers in the required disciplines and subsequent management of their careers; second, adapting the regulatory environment to steer public policy goals; and third, retaining health workers and discouraging them from migrating. On the implementation side, it was clear that the challenges of training, retaining and distributing health professionals extended far beyond the public sector and now encompassed the whole of society, notably involving the private sector. The many examples of regional collaboration cited by delegations to overcome shortages of health workers and promote specialized training were well noted, and WHO would continue to serve as a platform to facilitate such exchanges.

106. The Director, Health Workforce, WHO headquarters, noted the alignment of discussions about the future of the health workforce with multiple national and subregional strategies. From the global perspective, the debate about the health workforce could be summarized in four points: first, on stewardship and governance, it was clear that fierce competition in labour markets necessitated a multisectoral, whole-of-government approach to recruiting and retaining health professionals; second, on action and investment, planning for health workforce initiatives at the regional and country office levels must be fully funded and underpinned by data; third, given that the overwhelming majority of workers in the "care economy" were women, gender and equity considerations had to be part of the conversation going forward; and fourth, the *WHO Code of Practice on the International Recruitment of Health Personnel*, adopted in 2010, would need to be revisited in the context of a renewed debate on mobility that had accelerated dramatically in recent years, to the extent that it now threatened Member States' collective ambitions in the areas of primary health care and NCDs.

107. The Regional Committee considered a draft resolution on the health workforce.

108. The resolution, which among other actions endorsed the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific*, was adopted (see resolution WPR/RC74.R6).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 15 of the Agenda (document WPR/RC74/9)

Thematic priority: Health security, including COVID-19 and antimicrobial resistance (Item 15.1 of the Agenda)

Thematic priority: Noncommunicable diseases and ageing (Item 15.2 of the Agenda)

Thematic priority: Climate change, the environment and health (Item 15.3 of the Agenda)

Thematic priority: Reaching the unreached (Item 15.4 of the Agenda)

Cross-cutting progress report: Advancing the *For the Future* vision (Item 15.5 of the Agenda)

109. The Acting Regional Director and directors of technical departments reviewed developments in various technical programmes during the past year and invited the Regional Committee to note progress on or implementation towards the specified thematic priorities and associated regional frameworks.

110. Representatives, speaking on all five thematic priorities, took note of and commended the progress made by WHO and described national initiatives or milestones in the corresponding technical areas, with particular emphasis on inter-country and regional collaboration, or collaborative projects with WHO and other technical agencies. WHO was asked to provide ongoing technical and financial support to help Member States to move towards their UHC goals, strengthen the relevant global monitoring frameworks and continue to collect data with a view towards informing evidence-based national policy-making. Specific requests included the need to strengthen a Region-wide One Health approach as a central pillar in the work of the Intergovernmental Negotiating Body on the Pandemic Accord; the need to report in greater detail on WHO consultations with women and girls, as well as with vulnerable, ethnic, remote or marginalized communities; and the need to develop strategic foresight capacity to identify and plan for the drivers of future change. On climate change, environment and health, one representative urged other Member States in the Region to endorse the outcomes of the Health Day and climate-health ministerial session to be held at the United Nations Climate Change Conference in December 2023.

111. A statement was made jointly on behalf of the International Federation of Medical Students' Associations and the International Pharmaceutical Students' Federation.

112. In response to comments made, the Director, Health Emergencies Programme, said that the Regional Office was currently working on the new framework for disaster risk reduction for 2024.

**COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY,
THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 16 of the Agenda
(document WPR/RC74/10)**

Fourteenth General Programme of Work, Results Framework and Investment Round (Item 16.1 of the Agenda)

113. The Acting Regional Director said that the draft Fourteenth General Programme of Work 2025–2028 (GPW14) built on the strengths of its predecessor. Its success would be contingent on adequate financing of the WHO budget, an optimized Results Framework and innovative ways of working. The Secretariat was currently working with Member States on the GPW14 outcomes and outputs and revising the framework for measuring them.

114. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, recapitulated the relationship between GPW14, the investment (funding) round and the Results Framework. WHO's programme budgets were driven by the content of the General Programme of Work (GPW). The assumptions underpinning GPW14 were the escalating demand for health solutions to the problems of a changing world, a proliferation of new health-related institutions and stakeholders, and a transformed WHO with a renewed country focus. The development of GPW14 had begun a year early because the content and strategy underpinning the Investment Round were also needed to inform the GPW, with the result that GPW13 and GPW14 would overlap in 2025. In comparison with GPW13, the latest iteration would involve more consultation within WHO and wider engagement with Member States and other global health partners. New elements in GPW14 included accelerated progress towards the SDGs in a more complex global environment, alignment of all health stakeholders with a global agenda, an enhanced role for country and regional offices, and greater focus on defining how WHO could add value. The chief assumptions were that any increase in the base segment of the GPW would be very modest, using the Programme Budget 2024–2025 as a basis for calculation; additional funding would be required only for country offices, polio transition and accountabilities. The Investment Round would be key to securing the US\$ 8 billion in Voluntary Contributions that would be required over and above Assessed Contributions.

115. The Director, a.i., Strategic Engagement, WHO headquarters, said that the Investment Round would provide a unique opportunity to rally all stakeholders around GPW14 and turn the tide on SDG 3 (Good health and well-being). Certain actions needed to be taken before November 2024, including various regional and Member State consultations. The intention was to fully fund the GPW base segment – rather than resort to emergency appeals – and thereby ensure sustainable funding for the entire four-year period covered by the GPW. The resource mobilization approach would be co-owned by Member States and strengthen the WHO donor base. All pledges would count towards the first round of funding, regardless of funding type and timing of agreements; success would be measured in terms of better funding predictability and flexibility. The Investment Round would contribute to organizational effectiveness by enabling technical staff who currently spent much of their time in fundraising activities to concentrate on operational work, in addition to contributing to better planning owing to predictability. The Investment Round was an appropriate choice for WHO as a Member State-driven Organization, considering that the initiative was co-owned by the membership, would leverage WHO's regional and country presence and unite global health partners around a common vision, while ensuring rational use of resources.

116. Representatives welcomed the move towards more predictable and sustainable financing of WHO and expressed their appreciation that the Organization saw GPW14 as an exercise in collaboration with Member States. The independent evaluation of the design and performance of GPW13 should inform the ongoing process of developing the new GPW. It was suggested that WHO should focus on its core priorities and concentrate on unfinished business to achieve the health-related SDGs, while simultaneously offering a clearer and more convincing explanation of the Organization's specific contribution to GPW14 outcomes and better articulating the relationship between sustainable financing and WHO reform. The focus should be on real change in WHO operations and capacity at the regional and country levels, with some indication of the practical aspects of the vision, for example the impact on digital health capacity and delivery. In addition, it was vitally important that the new GPW should reflect cross-cutting objectives on gender, sex, reproductive health, equity and human rights.

117. All specified targets should apply equally to WHO, Member States and global health partners. Delegations requested that WHO should maintain stability and consistency in its use of indicators so as not to increase the reporting burden on Member States. The level of funding and target envelope for the Investment Round should be shared with Member States at the earliest opportunity.

118. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said that the independent evaluation of GPW13 was taking place at the same time as the development of GPW14 in a process of mutually reinforcing feedback. The evaluation had concluded that GPW13 had been overly focused on the Secretariat, so efforts were being made to ensure that the next GPW would be more outward-looking. On the question of consistency in the use of indicators, the challenge would be to reconcile Member State desires to alleviate the reporting burden with the Secretariat's need to track and demonstrate progress over the course of GPW14. Finally, a concerted effort was being made to integrate gender equity and human rights into the outcomes and outputs of the new General Programme of Work in a meaningful way, not just as slogans.

119. The Director, a.i., Strategic Engagement, said that the target envelope for the Investment Round was closely linked to the development of GPW14 and would be fine-tuned in the course of ongoing consultations with Member States.

120. The Acting Regional Director said that the co-ownership of GPW14 and the Investment Round by WHO and its Member States justified the many global and regional consultations that had been devoted to them. The continuity between the current and future GPWs should be strongly emphasized; by contrast the Investment Round was an innovative work in progress. The Results Framework, which had been introduced under GPW13 to ensure accountability, now needed to be updated and subsequently institutionalized throughout the three levels of the Organization.

Agenda for the seventy-fifth session of the Regional Committee for the Western Pacific in 2024 (Item 16.2 of the Agenda)

121. The Executive Officer, Office of the Director of Programme Management, said that the technical items proposed for discussion at the seventy-fifth session of the Regional Committee in 2024 were: health financing for social well-being and sustainable development; digital health; strengthening international legal instruments on health security (work of the International Negotiating Body and the Working Group on International Health Regulations Amendments); and operationalizing in the Region the Global Strategy on the Environment, Climate Change and Health.

WHO's work in countries (Item 16.3 of the Agenda)

122. The acting Coordinator of the Country Support Unit introduced a series of presentations by WHO representatives or other staff members, and testimonials from national ministers of health or other government officials, providing snapshots of WHO's work with countries and areas in the Region to drive implementation of the *For the Future* vision, thereby demonstrating WHO's accountability.

123. **Malaysia:** The WHO Representative for Malaysia, Brunei Darussalam and Singapore described how WHO and the Malaysian Ministry of Health had worked together to develop tailored communication messages across various platforms to raise awareness and change attitudes and behaviours to promote healthier diets. The initiative had yielded excellent results, with Malaysia achieving the highest score in the Western Pacific Region in terms of implementation of salt reduction policies, according to the recent WHO global report on salt intake reduction.

124. The Deputy Director General of Public Health, Ministry of Health, Malaysia, described the methodology of a national study on the sodium content of commonly consumed street foods that subsequently translated into a campaign to raise awareness among consumers and street vendors of the risk of premature death due to hypertension and cardiovascular disease.

125. **Vanuatu:** The Acting Director, Public Health, Ministry of Health of Vanuatu, described a case study in which WHO guidance had been adapted to the specific needs of Vanuatu, namely a school-based campaign to integrate oral health promotion and daily toothbrushing into children's behaviour. The programme had been scaled up nationally and now expanded to encompass healthy eating.

126. **Palau:** The Minister of Health, Palau, outlined his country's partnership with WHO to create a society that valued and supported older people. The National Policy on Care for the Ageing, which was based on a focus group analysis conducted with support from WHO, had integrated a wide range of perspectives and considerations of the ageing population, resulting in a policy tailored to their needs. The involvement of stakeholders beyond the health sector to look at all aspects of life in an ageing society was an example of traditional values translating into specific policies.

127. **Lao People's Democratic Republic:** The WHO Representative for the Lao People's Democratic Republic presented two innovative approaches to improving health outcomes among unreached people in the country: one specific to malaria, involving targeted accelerator efforts towards elimination; and the other systemic, combining local governance strengthening with community trust-building efforts.

128. The Director General of the Department of Communicable Diseases Control, Ministry of Health of the Lao People's Democratic Republic, described how the Ministry and WHO pioneered a community-centred approach using solutions that could be shared and expanded nationwide and in other countries in the Region. The national CONNECT initiative relied on community engagement to foster trust between remote communities and the health system, working with district governors to locate sustainable resources, scale up and sustain community engagement, and increase the uptake of health services, including maternal and child health support and COVID-19, routine and childhood vaccinations. A second element of the initiative brought together villagers, local officials, and community and ethnic group representatives in a participatory planning process to build trust between the public, local authorities and health-care providers.

129. **Kiribati:** The Health Emergency Officer and Regional Emergency Medical Team focal point said that Pacific island countries and areas that used to depend on international assistance when responding to health security issues and disasters were now developing self-sufficiency. EMTs had been established under national leadership and trained by WHO. There were now 12 national EMTs in the Pacific region on a path to international certification, having engaged in mutual collaboration and experience-sharing.

130. The Minister of Health and Medical Services, Kiribati, described the origins and development of the Kiribati Medical Assistance Team (KIRIMAT).

131. **Viet Nam:** The WHO Representative for Viet Nam described how the WHO country office was working with the Vietnamese Ministry of Health to build a more equitable and sustainable health system with the long-term goal of achieving UHC. Specific examples of WHO technical support included convening a workshop on health service pricing and providing advice for direct input into revisions of the national health insurance law. As a trusted and valued partner of the Government of Viet Nam, WHO had a direct impact on national policy formation.

132. The Director of the Institute of Health Strategy and Policy, Ministry of Health, Viet Nam, said that health system strengthening through legislative reform was a national priority driven mainly by rapid demographic change. The Government appreciated WHO for its role in preparing policy briefs, providing real-time policy advice and supporting the Ministry of Health in the area of evidence-based decision-making. WHO's broad-based, comprehensive approach was a comparative advantage.

133. **Fiji:** The Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Fiji, described progress towards the Fijian Government's commitments under the Conference of the Parties to the 26th session of the United Nations Framework Convention on Climate Change (COP26) Health Programme on climate-resilient health systems and sustainable low-carbon health systems, in the form of a national climate hazard and vulnerability assessment.

134. One representative expressed concerns about the issue of attracting, mobilizing and retaining high-quality staff for country offices, particularly in the Pacific, and requested WHO to expedite and simplify recruitment procedures to reduce the number of post vacancies. Country offices needed a strong, agile and responsive workforce with adequate resources at their disposal. The need for cross-country and cross-regional collaboration on health issues was also highlighted, specifically on migrant health. Given the preponderance of women in the cross-border health workforce, consideration should be given to making gender a cross-cutting element in WHO's work in countries.

135. The Acting Regional Director stressed the importance of country cooperation strategies as a tool for Member States to give voice to their national plans and priorities. Agreeing that country offices needed to be adequately staffed, she referred to the new delegation-of-authority mechanism which gave WHO country representatives full authority to recruit without having to seek the approval of the Regional Office.

Transformation of the Regional Office including organization and workplace culture change (Item 16.4 of the Agenda)

136. The Acting Regional Director said that by improving its workplace culture and organizational efficiency, the WHO Regional Office for the Western Pacific sought to enhance its capacity to serve Member States. Accordingly, a plan of action had been developed by the Action for Results Group, which included delegation of authority to technical directors as well as to heads of country offices. Internal processes for human resources recruitment, programme management and publications were being reviewed and redesigned, with a view towards easing staff workloads. A change-management group had been formed to expedite the new developments, with a 100-day implementation period to fast-track key changes for impactful transformation. That process included a review of staff roles and responsibilities in order to update post descriptions and balance the work of professional and general service staff.

137. WHO in the Region subscribed to global efforts to create a respectful workplace that espoused WHO's core values and emphasized staff diversity, safety and well-being, and promoted training to foster a supportive work culture. The Office of the Regional Ombudsperson had continued to support staff and to resolve work-related issues through informal means, in an independent, confidential and neutral manner. In its first year, the programme had handled 141 cases, focusing on supervisor-supervisee relations and systemic issues including burn-out and work-life balance. Going forward, efforts would focus on building psychologically safe teams and fostering a speak-up culture through a train-the-trainer model.

138. A range of activities reflecting WHO's zero-tolerance policy for all forms of sexual misconduct had been organized throughout WHO and the Region, for example discussions on creating safe spaces and implementing a regional action plan to prevent and respond to sexual exploitation, abuse and harassment (PRSEAH). The newly created Workplace Culture Task Team would seek to promote team-building and work-life balance. Specific training was being provided for senior management and the wider workforce, while ongoing monitoring and evaluation strategies, such as surveys and focus group discussions, had revealed positive changes and highlighted persistent issues, which had in turn prompted further listening sessions and recommendations.

139. Representatives welcomed the positive developments at the regional level, efforts to align regional activities with global initiatives, and the devolution of functions and accountability. The focus on building respectful workplaces and on PRSEAH was particularly welcome, and the Regional Office's leadership team, and in particular the incoming Regional Director, were encouraged to continue and build on that work.

140. Delegations asked for an update on the PRSEAH country action plans; further information on the systemic issues identified in the course of the Regional Ombudsperson's case management; and details of disciplinary actions in response to persistent reports of harassment and abusive conduct. Concerns were raised about the ongoing issues identified during initial listening exercises, including an unacceptably high prevalence of harassment and abusive conduct and inadequate levels of confidence in senior management's handling of bullying and harassment, and in the Regional Office's processes and systems for reporting and responding to misconduct. It was essential for WHO to proactively address issues with patterns of allegations of harassment and abusive conduct.

141. The Executive Officer, Office of the Regional Director, said that while cases of harassment and bullying continued to occur, progress had been made and staff members felt more empowered to speak up when issues arose. The Regional Office would continue to listen, learn and act, and a third workplace survey was planned as a follow-up to the previous surveys.

142. The Management Officer for PRSEAH said that there had been 18 cases of abusive conduct and four cases of sexual misconduct in the Region over the previous 12 months. The rise in the number of reported cases showed growing trust in the reporting process. Responding to requests for an update on the PRSEAH country action plans, she said that seven countries had sent their action plans to the Secretariat for feedback and three had made formal submissions. All country action plans were expected to be formally submitted in the near future. The Regional Office's focus was on developing policies and processes that were straightforward, context-specific, culturally relevant and trauma-sensitive. The Region had been the first to develop trauma-sensitive workshops and was working with headquarters to develop trauma-sensitive standard operating procedures on how to respond to cases of sexual misconduct. It was important to ensure that the reform process was inclusive, and the active role of the Regional Office's leadership team had been essential in setting the right tone; the Acting Regional Director's open office hours, in particular, had encouraged staff members to voice concerns.

143. The Regional Human Resources Manager, recognizing that people reacted to workplace abuse in different ways, said that it was important to look at performance management reports, absenteeism and attrition, in addition to fostering a speak-up culture and carrying out listening exercises. Exit interviews were conducted with all outgoing staff members, with any issues raised reported back to management teams, and Regional Office consultants had also been given the opportunity to voice concerns in

confidential sessions. Furthermore, it was important to acknowledge that bullying and harassment still occurred, but efforts had been made to ensure that staff members were aware that independent reporting mechanisms existed. Lastly, she highlighted the need for sustainable resourcing to ensure continued progress on the reforms.

144. The acting Director, Division of Administration and Finance, drew attention to the information available on reported cases and disciplinary measures on the WHO Dashboard on investigations into sexual misconduct.

145. The acting Regional Director, summing up the discussion, said that she would engage with the incoming Regional Director to ensure continuity on all initiatives and activities.

Items recommended by the World Health Assembly and the Executive Board (Item 16.5 of the Agenda)

146. The Chairperson invited Member States to submit comments on items recommended by the Health Assembly and Executive Board either to the Secretariat or to the appropriate global focal point for each item.

Rules of Procedure of the Regional Committee for the Western Pacific (Item 16.6 of the Agenda)

147. The Acting Regional Director invited the Regional Committee to consider a draft decision on governance reform, which had been developed in response to requests made by Member States at the seventy-third session of the Regional Committee to strengthen the Rules of Procedure of the Regional Committee for the Western Pacific and discussions held on the sidelines of the Seventy-sixth World Health Assembly.

148. The Legal Counsel outlined the proposed amendments to the Rules of Procedure and the other governance reforms set out in the draft decision, the aim of which was to address gaps in governance and bring the Regional Committee's Rules of Procedure more in line with those of other WHO governing bodies.

149. The representative of China welcomed the inclusion of Chinese as a working language of the Regional Committee and encouraged the Regional Office to limit travel costs by making optimal use of other WHO governing bodies meetings to coordinate and communicate with Member States.

150. With a view to further improving regional governance, the Acting Regional Director invited Member States to share their input on the nomination process for the Regional Director.

151. The Regional Committee considered a draft decision on governance reform.

152. The decision on governance reform, which among other actions adopted amendments to the Regional Committee's Rules of Procedure, was adopted (see decision WPR/RC74(1)).

Other items (Item 16.7 of the Agenda)

Allocation of Executive Board seats

153. Member States were invited to consider the draft decision, sponsored by New Zealand and the Republic of Korea, on the allocation of Executive Board seats, which requested the incoming Regional Director to prepare, in close consultation with Member States, options for the equitable distribution of WHO Executive Board seats allocated to the Western Pacific Region, with a proposal to be discussed at the seventy-fifth session of the Regional Committee.

154. Representatives underscored the importance of maintaining the Regional Committee's strong spirit of consensus and the need for greater clarity and certainty for Member States regarding the distribution of

Executive Board seats within the diverse Western Pacific Region. Several representatives also highlighted the need to maintain the practice of holding informal discussions on the issue, coordinated by the Secretariat.

155. The Regional Committee adopted the decision on the allocation of Executive Board seats (see decision WPR/RC74(3)).

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 17 of the Agenda (document WPR/RC74/11)

156. The acting Director, Health Systems, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Malaysia, Mongolia and Tonga. The term of office of Malaysia would expire on 31 December 2023. The Regional Committee was requested to nominate one Member State to succeed Malaysia and serve a three-year term starting on 1 January 2024. The Regional Committee might wish to consider China as a member of the Policy and Coordination Committee and, as such, to nominate a representative, upon WHO's formal request to the National Health and Family Planning Commission of China, to serve on the Committee for a three-year term from 1 January 2024 to 31 December 2026.

157. The Regional Committee nominated China to replace Malaysia (see decision WPR/RC74(2)).

TIME AND PLACE OF THE SEVENTY-FIFTH AND SEVENTY-SIXTH SESSIONS OF THE REGIONAL COMMITTEE: Item 18 of the Agenda

158. The Acting Regional Director said that the Regional Office was in discussions with the Government of China concerning the possibility of holding the seventy-fifth session of the Regional Committee in China, with 21 to 25 October 2024 as the suggested dates. Should that not be possible, the seventh-fifth session would be held at the WHO Regional Office for the Western Pacific in Manila, Philippines, on those dates.

159. If the seventy-fifth session were held in China, the seventy-sixth session of the Regional Committee would be held at the WHO Regional Office for the Western Pacific in Manila, with suggested dates of 20 to 24 October 2025. If the seventy-fifth session could not be held in China, Member States were invited to submit expressions of interest in hosting the seventy-sixth session, on the assumption that the seventy-fifth session would take place at the WHO Regional Office in Manila.

160. The Acting Regional Director would continue discussions with the Government of China and inform Member States of the arrangements by a note verbale in due course.

CLOSURE OF THE SESSION: Item 19 of the Agenda

161. The Chairperson announced that the draft report of the seventy-fourth session would be sent to all representatives, with a deadline for submission of any proposed changes. After that deadline, the report would be considered approved.

162. The representative of Tuvalu proposed a resolution of appreciation to the Chairperson, Vice-chairperson and Rapporteurs; the representatives of intergovernmental and nongovernmental organizations for their statements; and the regional Secretariat for its work in preparing for the session and the meeting arrangements (see resolution WPR/RC74.R8).

163. The Acting Regional Director delivered her closing remarks (see Annex 8).

164. After the usual exchange of courtesies, the seventy-fourth session of the Regional Committee was declared closed.

AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Nomination of the Regional Director

7. Nomination of the Regional Director

Review of the work of WHO

8. Address by and Report of the Regional Director

WPR/RC74/2

9. Programme budget
 - 9.1 Programme Budget 2022–2023: budget performance (interim report)
 - 9.2 Programme Budget 2024–2025

WPR/RC74/3

RC74/INF/1

Panel discussion

10. Charting the course: Rethinking health financing for social well-being and sustainable development

WPR/RC74/4 Rev. 1

Policies, programmes and priorities for the future

11. Health security

WPR/RC74/5

12. Health innovation

WPR/RC74/6

Annex 1

13. Communication for Health

WPR/RC74/7

14. Health workforce

WPR/RC74/8

15. Progress reports on technical programmes

15.1 Thematic priority: Health security, including COVID-19 and antimicrobial resistance

15.2 Thematic priority: Noncommunicable diseases and ageing

15.3 Thematic priority: Climate change, the environment and health

15.4 Thematic priority: Reaching the unreached

15.5 Cross-cutting progress report: Advancing the *For the Future* vision

WPR/RC74/9

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

16.1 Fourteenth General Programme of Work, Results Framework and Investment Round

16.2 Agenda for the seventy-fifth session of the Regional Committee for the

Western Pacific in 2024

16.3 WHO's work in countries

16.4 Transformation of the Regional Office including organization and workplace culture change

16.5 Items recommended by the World Health Assembly and the Executive Board

16.6 Rules of Procedure of the Regional Committee for the Western Pacific

16.7 Other items (if any)

WPR/RC74/10

Membership of Global Committee

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

WPR/RC74/11

Other matters

18. Time and place of the seventy-fifth and seventy-sixth sessions of the Regional Committee

Closure of the session

19. Closure of the session

LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA	<p>Mr Blair Exell, Deputy Secretary, Australian Government, Department of Health and Aged Care, Canberra, <i>Chief Representative</i></p> <p>Ms Fleur Davies, Assistant Secretary, Multilateral Health Branch, Australian Government, Department of Foreign Affairs and Trade, Canberra, <i>Alternate</i></p> <p>Mr Andreas Anargyros, Assistant Director, International Strategies Branch, Australian Government, Department of Health and Aged Care, Canberra, <i>Alternate</i></p> <p>Ms Gianna Garcia, Assistant Director, Alcohol and Other Drugs Branch, Australian Government, Department of Health and Aged Care, Canberra, <i>Alternate</i></p> <p>Ms Maria Lucita Sevilla, Program Officer (Health), Australian Government, Department of Foreign Affairs and Trade, Canberra, <i>Alternate</i></p>
BRUNEI DARUSSALAM	<p>Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Ministry of Health, Bandar Seri Begawan, <i>Chief Representative</i></p> <p>Dr Anie Haryani Abd Rahman, Acting Deputy Permanent Secretary, (Policy and Management), Ministry of Health, Bandar Seri Begawan, <i>Alternate</i></p> <p>Dr Khalifah Ismail, Director-General of Medical and Health Services, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i></p> <p>Ms Noresamsiah Md Hussin, Assistant Director of International Affairs, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i></p> <p>Dr Zulhilmi Abdullah, Consultant, Primary Health Care, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i></p> <p>Mr Mohd Raizul Amir Idros, Senior Health Officer, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i></p>
CAMBODIA	<p>His Excellency Dr Sung Vinntak, Secretary of State, Ministry of Health, Phnom Penh, <i>Chief Representative</i></p> <p>Associate Professor Suy Sovanthida, Deputy Director-General for Health, Ministry of Health, Phnom Penh, <i>Alternate</i></p> <p>Ms Chhorn Sophea, Deputy Director, Department of International Cooperation, Ministry of Health, Phnom Penh, <i>Alternate</i></p>

Annex 2

CHINA

Mr He Zhaohua, Vice Director-General and Counsellor (L1), Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Chief Representative*

Dr Song Li, Director-General, Department of Maternal and Child Health, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Ms Gao Fang, Vice Director-General, Department of Human Resources, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Liu Kui, Counsellor (L1), Department of Finance, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Ms Yuan Li, Counsellor (L2), Department of Communications, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Li Lin, Division Director, Department of Human Resources, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Zhang Bo, Division Director, Department of Finance, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Ms Feng Jiayuan, Deputy Division Director, Department of Healthcare Reform, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Ms Leng Tingting, Deputy Division Director, Department of Medical Emergency Response, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Cheng Mingyang, Deputy Division Director, Department of Health Science, Technology and Education, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Wang Liang, Deputy Division Director, Department of Maternal and Child Health, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Shen Runzhou, Deputy Division Director, Department of Communications, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Ms Li Juan, Division Director, Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Alternate*

Mr Yang Xiaochen, Deputy Division Director, Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Alternate*

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CHINA (continued)	Ms Gao Ying, Program Officer, Department of International Cooperation National Health Commission of the People's Republic of China, Beijing, <i>Alternate</i>
	Ms Xu Dongqun, Deputy Director, National Institute of Environmental Health, Chinese Center for Disease Control and Prevention, Beijing, <i>Alternate</i>
	Dr Dai Min, Division Director, Department of Scientific Research, National Cancer Center of China, Beijing, <i>Alternate</i>
CHINA (HONG KONG)	Dr Ronald Lam Man-kin, JP, Director of Health, Department of Health, Hong Kong, <i>Chief Representative</i>
	Dr Jackie Leung Ching-kan, Assistant Director of Health (Health Administration and Planning), Hong Kong, <i>Alternate</i>
	Dr Chee Anne, Principal Medical and Health Officer (Emergency Response and Programme Management) ² , Department of Health, Hong Kong, <i>Alternate</i>
	Dr Joanna So Shuk-kuen, Principal Medical and Health Officer (Private Healthcare Facilities) ² , Department of Health, Hong Kong, <i>Alternate</i>
	Dr William Tsang Wai-kong, Senior Medical and Health Officer (Medical Examination), Department of Health, Hong Kong, <i>Alternate</i>
CHINA (MACAO)	Dr Cheang Seng Ip, Deputy Director, Health Bureau, Macao SAR Government, Macao, <i>Chief Representative</i>
	Dr Tai Wa Hou, Assistant to Medical Board of C.H.C.S.J. Hospital, Conde de São Januário Hospital Centre, Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
	Ms Wong Weng Man, Head of Health Promotion Division, Centers for Disease Control and Prevention, Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
	Mr Wong Cheng Po, Head of Research and Planning Office, Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
COOK ISLANDS	Honourable Vainetutai Rose Brown, Minister of Health, Ministry of Health, Rarotonga, <i>Chief Representative</i>
	Mr George Taoro James Brown, Spouse of the Minister of Health, Ministry of Health, Rarotonga, <i>Alternate</i>
	Mr Bob Williams, Secretary of Health, Ministry of Health, Rarotonga, <i>Alternate</i>

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FIJI	Honourable Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Ministry of Health and Medical Services, Suva, <i>Chief Representative</i>
FIJI (continued)	Dr James Josefa Goodlad Fong, Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Suva, <i>Alternate</i>
	Mrs Lucricia Ana Lewaqai, Acting Manager (Executive Support Unit), Ministry of Health and Medical Services, Suva, <i>Alternate</i>
FRANCE	Her Excellency Marie Fontanel, Ambassador of France to the Philippines and Micronesia, Embassy of France to the Philippines and Micronesia, Makati City, Philippines, <i>Chief Representative</i>
	Mr Jacques Raynal, Minister of Health and Prevention of French Polynesia, <i>Alternate</i>
	Ms Merchau Mervin, Deputy Director for Health, Department of Health, French Polynesia, <i>Alternate</i>
	Ms Rémy Tirouttouvarayane, First Counsellor, Embassy of France to the Philippines and Micronesia, <i>Alternate</i>
	Ms Francesca Fuentes, Political Advisor, Embassy of France to the Philippines and Micronesia, Makati City, Philippines, <i>Alternate</i>
	Mr Marc Piton, Counsellor for Cooperation and Cultural Action, Embassy of France to the Philippines and Micronesia, <i>Alternate</i>
	Ms Inès Ferrer, Head of the Scientific Mission, Embassy of France to the Philippines and Micronesia, Makati City, Philippines, <i>Alternate</i>
	Ms Clarisse Veylon-Hervet, Regional Advisor for Global Health, Embassy of France to Thailand, <i>Alternate</i>
FRANCE (NEW CALEDONIA) ^{1*}	
JAPAN	Honourable Shiozaki Akihisa, Parliamentary Vice-Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Japanese Government, Tokyo, <i>Chief Representative</i>
	Mr Koshikawa Kazuhiko, Ambassador Extraordinary and Plenipotentiary of Japan in the Philippines, Embassy of Japan in the Philippines, Pasay City, <i>Alternate</i>
	Dr Hinoshita Eiji, Assistant Minister for Global Health and Welfare, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japanese Government, Tokyo, <i>Alternate</i>

* unable to attend

JAPAN (continued)

Ms Okazaki Yuri, Secretary to the Parliamentary Vice-Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Japanese Government, Tokyo, *Alternate*

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Ms Miwa Erika, Officer, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japanese Government, Tokyo, *Alternate*

Dr Ezoe Satoshi, Director, Global Health Strategy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Tokyo, *Alternate*

Mr Nihei Daisuke, Economic Minister, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Dr Hori Kazuichiro, Counsellor, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Mr Kanno Chihiro, First Secretary, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Mr Matsushige Tomoaki, Second Secretary, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Mr Ushida Haruki, Staff, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Ms Sambar Tomoko, Interpreter, Ministry of Health, Labour and Welfare, Makati City, Philippines, *Alternate*

Mr Yokogawa Aisaku, Interpreter, Ministry of Health, Labour and Welfare, San Juan City, Philippines, *Alternate*

Dr Baba Toshiaki, Senior Assistant Director, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, *Alternate*

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JAPAN (continued)	Dr Matsushita Tomomi, Senior Assistant Director, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, <i>Alternate</i>
KIRIBATI	Honourable Dr Tinte Itinteang, Minister of Health and Medical Services, Ministry of Health and Medical Services, Tarawa, <i>Chief Representative</i>
	Dr Revite Kirition, Director-General, Ministry of Health and Medical Services, Tarawa, <i>Alternate</i>
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Honourable Bounfeng Phoummalaysith, Minister of Health, Ministry of Health, Vientiane Capital, <i>Chief Representative</i>
	Dr Rattanaxay Phetsouvanh, Director-General, Department of Communicable Disease and Control, Ministry of Health, Vientiane Capital, <i>Alternate</i>
	Dr Bouakeo Suvanthong, Deputy Director-General, Department of Hygiene and Health Promotion, Ministry of Health, Vientiane Capital, <i>Alternate</i>
	Dr Viengmany Bounkham, Deputy Director-General, Department of Planning and Finance, Ministry of Health, Vientiane Capital, <i>Alternate</i>
	Dr Sodala Sounvileuth, Officer of International Relations and Cooperation Division, Permanent Secretary Office, Ministry of Health, Vientiane Capital, <i>Alternate</i>
MALAYSIA	Honourable Dr Zaliha Mustafa, Minister of Health, Ministry of Health Malaysia, Putrajaya, <i>Chief Representative</i>
	Datuk Dr Norhayati Rusli, Deputy Director-General of Health (Public Health), Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Anita Suleiman, Director, Disease Control Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Kawselyah Juval, Public Health Specialist, Family Health Development Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Ms Nurul Hidayah Puteri Abdul Rahim, Senior Assistant Secretary, Public Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Ms Nur Syazwani Mohd Razuan, Private Secretary to the Health Minister, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Mr Mohd Fareed Zakaria, Minister Counsellor/Deputy Chief of Mission, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>
	Mr Amaluzzaman Mohd Asarani, Minister, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>

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MALAYSIA (continued)	Mr Shukri Ahmad, Counsellor, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>
	Ms Nurriha Ahmad, Counsellor, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>
	Ms Hazlina Mohammed Hatta, Counsellor, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>
	Ms Nadhirah Mohammad Zanudin, Counsellor, Embassy of Malaysia, Manila, Makati City, Philippines, <i>Alternate</i>
MARSHALL ISLANDS	Honourable Ota Kisino, Minister of Health and Human Services, Ministry of Health and Human Services, Majuro, <i>Chief Representative</i>
	Mrs Francyne Wase-Jacklick, Secretary of Health, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
	Ms Lucy-Lina Kijiner-Kisino, Advisor, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
	Dr Dustin Bantol, Acting Deputy Secretary, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
	Ms Eugen De Guzman, Advisor, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
MICRONESIA (FEDERATED STATES OF)	Honourable Marcus H. Samo, Secretary, Department of Health and Social Affairs, Federated States of Micronesia, Palikir, <i>Chief Representative</i>
	Mr Moses E. Pretrick, Assistant Secretary, Department of Health and Social Affairs, Federated States of Micronesia, Palikir, <i>Alternate</i>
	Dr Bosco Buliche, Director, Department of Health Services, Chuuk State, <i>Alternate</i>
MONGOLIA	Dr Tugsdelger Sovd, Acting State Secretary and Director of the Department of Monitoring, Evaluation and Internal Audit, Ministry of Health, Ulaanbaatar, <i>Chief Representative</i>
	Ms Yanjmaa Binderiya, Director, Division of International Cooperation, Ministry of Health, Ulaanbaatar, <i>Alternate</i>
	Dr Orgil Burentuvshin, Officer, Division of International Cooperation, Ministry of Health, Ulaanbaatar, <i>Alternate</i>
NAURU	Honourable Timothy Ika, M.P., Minister for Health and Medical Services, Ministry of Health and Medical Services, Yaren, <i>Chief Representative</i>

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NAURU (continued)	Ms Greta Harris, Secretary for Health and Medical Services, Ministry of Health and Medical Services, Yaren, <i>Alternate</i>
NEW ZEALAND	Dr Andrew Old, Deputy Director-General, Public Health Agency, Ministry of Health New Zealand, Wellington, <i>Chief Representative</i>
	Ms Cheree Shortland-Nuku, Group Manager, Māori Health Strategy and Policy, Ministry of Health New Zealand, Wellington, <i>Alternate</i>
	Ms Lily Smythe, Advisor, Global Health, Ministry of Health New Zealand, Wellington, <i>Alternate</i>
NIUE	Dr Collin Fonotau Tukuitonga, Special Envoy, University of Auckland, Auckland, <i>Chief Representative</i>
PALAU	Honourable Gaafar J. Uherbelau, Minister of Health, Ministry of Health and Human Services, Koror, <i>Chief Representative</i>
	Ms Everlynn J. Temengil, Chief, Division of Behavioral Health, Ministry of Health and Human Services, Koror, <i>Alternate</i>
	Ms Mindy S. Sugiyama, Epidemiologist and PIHOA HRC Consultant, Ministry of Health and Human Services, Koror, <i>Alternate</i>
	Mr Keith Sugiyama, Chargé d'affaires, a.i., Embassy of the Republic of Palau to the Philippines, Makati City, Philippines, <i>Alternate</i>
PAPUA NEW GUINEA	Honourable Lino Tom, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, National Department of Health, Port Moresby, <i>Chief Representative</i>
	Mr Ken Kandap Wai, Deputy Secretary, Public Health, National Public Health, Ministry of Health and HIV/AIDS, National Department of Health, Port Moresby, <i>Alternate</i>
	Dr Lucy John, Manager, Disease Control, Ministry of Health and HIV/AIDS, National Department of Health, Port Moresby, <i>Alternate</i>
	Ms Jonah Yvia, Policy Research Officer, Ministry of Health and HIV/AIDS, National Department of Health, Port Moresby, <i>Alternate</i>
PHILIPPINES	Honourable Teodoro J. Herbosa, Secretary, Department of Health, Manila, <i>Chief Representative</i>
	Dr Enrique A. Tayag, Undersecretary, Field Implementation and Coordination Team - North and Central Luzon, Department of Health, Manila, <i>Alternate</i>
	Dr Lilibeth C. David, Undersecretary, Health Systems Development Team, Department of Health, Manila, <i>Alternate</i>

- PHILIPPINES (continued)
- Dr Kenneth G. Ronquillo, Undersecretary, Governance and Organizational Development Team, Department of Health, Manila, *Alternate*
- Dr Maria Rosario S. Vergeire, Undersecretary, Public Health Services Team, Department of Health, Manila, *Alternate*
- Ms Maria Teresa T. Almojuela, Assistant Secretary, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*
- Mr Jesus Enrique G. Garcia II, Deputy Assistant Secretary, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*
- Dr Susan Pineda-Mercado, Special Adviser on Global Health, Office of the Secretary, Department of Health, Manila, *Alternate*
- Mr Ambrosio Brian F. Enciso III, Director, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*
- Dr Anna Marie Celina G. Garfin, Director IV, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*
- Ms Johanna S. Banzon, Director IV, Health Human Resource Development Bureau, Department of Health, Manila, *Alternate*
- Mr Rigoberto Banta, Acting Director, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*
- Dr Mary Ruth S. Politico, Medical Officer V, Health Human Resource Development Bureau, Department of Health, Manila, *Alternate*
- Dr Maria Rosario Sylvia Uy, Medical Specialist IV, Disease Prevention and Control Bureau, Department of Health, Manila, *Alternate*
- Mr Ray Justin Ventura, Chief Health Program Officer, Knowledge Management and Information Technology Service, Department of Health, Manila, *Alternate*
- Dr Rufino J. Francisco III, Medical Officer IV, Epidemiology Bureau, Department of Health, Manila, *Alternate*
- Ms Roja Estrelita C. Salvador, Supervising Health Program Officer, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*
- Dr Ma. Regina De Jesus Valdez, Medical Officer III, Disease Prevention and Control Bureau, Department of Health, Manila, *Alternate*

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PHILIPPINES (continued)	Ms Ella Cecilia P. Acena, Desk Officer, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, <i>Alternate</i>
	Ms Gladys C. Brojan, Desk Officer, Office of the United Nations and International Organizations, Department of Foreign Affairs, Pasay City, <i>Alternate</i>
	Ms Richelle P. Abellera, Nurse V, Epidemiology Bureau, Department of Health, Manila, <i>Alternate</i>
	Ms Athena Ira M. De Guzman, Senior Health Program Officer, Bureau of International Health Cooperation, Department of Health, Manila, <i>Alternate</i>
REPUBLIC OF KOREA	Mr Lee Hoyul, Director-General for International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Chief Representative</i>
	Mr Kim Jeongyeol, Deputy Director, Division of International Cooperation Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>
	Ms Yoo Jingyeong, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, <i>Alternate</i>
	Ms Yong Gyoung min, Second Secretary, Human Rights and Social Affairs Division, Ministry of Foreign Affairs, Seoul, <i>Alternate</i>
	Ms Kwon Jin Sun, Third Secretary, Human Rights and Social Affairs Division, Ministry of Foreign Affairs, Seoul, <i>Alternate</i>
	Mr Kim Dosik, Third Secretary, Embassy of the Republic of Korea, <i>Alternate</i>
	Dr Gwack Jin, Director, Division of International Affairs, Korea Disease Control and Prevention Agency, Chungcheongbuk-do, <i>Alternate</i>
	Ms Lee Ayoung, Assistant Director, Division of International Affairs, Korea Disease Control and Prevention Agency, Chungcheongbuk-do, <i>Alternate</i>
	Ms Kim Sujin, Research Fellow, Korea Institute for Health and Social Affairs, Sejong-si, <i>Alternate</i>
	Ms Jun Jina, Research Fellow, Korea Institute for Health and Social Affairs, Sejong-si, <i>Alternate</i>
	Ms Choi Soyoung, Researcher, Korea Institute for Health and Social Affairs, Sejong-si, <i>Alternate</i>
SAMOA	Honourable Valasi Luapitofanua To'ogamaga Tafito Selesele, Minister of Health, Ministry of Health, Apia, <i>Chief Representative</i>

SAMOA (continued)	Ms Carrie Laurenson, Spouse of Minister of Health, Ministry of Health, Apia, <i>Alternate</i>
	Aiono Dr Alec Ekeroma, Director-General of Health, Ministry of Health, Apia, <i>Alternate</i>
	Ms Eeseese Sina Georgina Fa'aiuga, Assistant Chief Executive Officer, Strategic Planning, Policy and Research, Ministry of Health, Apia, <i>Alternate</i>
	Mr Fui Semiperive Alatimu, Manager, Malietoa Tanumafili II Hospital, Ministry of Health, Apia, <i>Alternate</i>
SINGAPORE	Mr Chan Yeng Kit, Permanent Secretary (Health), Ministry of Health, Singapore, <i>Chief Representative</i>
	Dr Lyn James, Director (International Cooperation), Ministry of Health, Singapore, <i>Alternate</i>
	Ms Yo Eri Tiffany, Manager (International Cooperation), Ministry of Health, Singapore, <i>Alternate</i>
	Mr Chong Zeng Rong, Samuel, Resident, Ministry of Health, Singapore, <i>Alternate</i>
SOLOMON ISLANDS	Honourable Dr Culwick Togamana (MP), Minister for Health and Medical Services, Ministry of Health and Medical Services, Honiara, <i>Chief Representative</i>
	Mrs Pauline McNeil, Permanent Secretary, Ministry of Health and Medical Services, Honiara, <i>Alternate</i>
	Dr Gregory Jilini, Deputy Secretary Health Care, Ministry of Health and Medical Services, Honiara, <i>Alternate</i>
	Dr Jimmie Rodgers, Secretary to the Prime Minister, Office of the Prime Minister and Cabinet, Honiara, <i>Alternate</i>
	Dr Elizabeth Rodgers, Technical Assistant and Support, Ministry of Health and Medical Services, Honiara, <i>Alternate</i>
TOKELAU *	
TONGA	Honourable Dr Saia Ma'u Piukala, Minister for Health, Ministry of Health, Nuku'alofa, <i>Chief Representative</i>
	Dr Reynold 'Ofanoa, Chief Executive Officer, Ministry of Health, Nuku'alofa, <i>Alternate</i>

* unable to attend

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TONGA (continued)	Dr Susitina Fatima Piukala, Spouse of the Minister of Health, Ministry of Health, Nuku'alofa, <i>Alternate</i>
	Dr Lopeti Paula Vivili, Deputy Director-General, Science and Capability Pacific Community (SPC), Ministry of Health, Nuku'alofa, <i>Alternate</i>
	Mr Taniela Sunia Soakai, Deputy Director, Public Health Division, Pacific Community (SPC), Nuku'alofa, <i>Alternate</i>
TUVALU	Honourable Isaia Vaipuna Taape, Minister of Health, Social Welfare and Gender Affairs, Funafuti, <i>Chief Representative</i>
	Mrs Melali Isaia Taape, Spouse of the Minister of Health, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, <i>Alternate</i>
	Mr Pelesala Kaleia, Deputy Secretary, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, <i>Alternate</i>
	Ms Flosiu Kilisimasi Hailama, Personal Assistant to the Minister, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, <i>Alternate</i>
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	Mr Sam Beckwith, UK Regional Director for Health, SE Asia, UK Foreign, Commonwealth and Development Office, Bangkok, Thailand, <i>Chief Representative</i>
	Ms Liz Bautista, Health Advisor, UK Foreign, Commonwealth and Development Office, British Embassy Manila, Taguig, Philippines, <i>Alternate</i>
	Ms Aaronjay Tidball, Senior Policy and Engagement Manager, UK Foreign, Commonwealth and Development Office, London, <i>Alternate</i>
UNITED STATES OF AMERICA	Ms Susan Kim, Principal Deputy Assistant Secretary, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., <i>Chief Representative</i>
	Ms Barbara De Rosa-Joynt, Senior Health Advisor, Office of Economic and Development Affairs, Bureau of International Organization Affairs, U.S. Department of State, Washington, D.C., <i>Alternate</i>
	Ms Andrea Halverson, Health Office Director, USAID Philippines, Pacific Islands and Mongolia, Manila, Philippines, <i>Alternate</i>
	Dr John Reed MacArthur, Regional Director, Southeast Asia Regional Office, Centers for Disease Control and Prevention, Hanoi, Viet Nam, <i>Alternate</i>
	Ms Michelle McConnell, Regional Director, East Asia and the Pacific Region, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Atlanta, <i>Alternate</i>

UNITED STATES OF AMERICA (continued)	Ms Miranda Smith, Acting Director, Office of Asia and the Pacific, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., <i>Alternate</i>
	Ms Kimberly Boland, Global Health Officer, Multilateral Relations, Office of Global Affairs, U.S. Department of Health and Human Services, Washington, D.C., <i>Alternate</i>
	Ms Katherine Tilout, Deputy Director, USAID Philippines, Pacific Islands and Mongolia, Manila, Philippines, <i>Alternate</i>
	Mr Arthur San Agustin, Director, Department of Health and Social Services, Guam, <i>Alternate</i>
	Ms Eleanor Cabrera, Director of Development, Commonwealth Healthcare Corporation, Commonwealth of the Northern Mariana Islands, Saipan, <i>Alternate</i>
VANUATU	Honourable John Still, Minister of Health, Ministry of Health, Port Vila, <i>Chief Representative</i>
	Dr Posikai Samuel Tapo, Acting Director-General, Ministry of Health, Port Vila, <i>Alternate</i>
VIET NAM	Honourable Dao Hong Lan, Minister of Health, Ministry of Health, Hanoi, <i>Chief Representative</i>
	Honourable Do Hung Viet, Vice Minister of Foreign Affairs, Ministry of Foreign Affairs, Hanoi, <i>Alternate</i>
	Honourable Hoang Huy Chung, Ambassador Extraordinary and Plenipotentiary of Viet Nam to the Philippines, Embassy of Viet Nam, Manila, Philippines, <i>Alternate</i>
	Mr Dang Quang Tan, Director-General, Department of International Cooperation, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Nguyen Tuong Son, Director-General, Department of Planning and Finance, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Luong Ngoc Khue, Director-General, Department of Medical Examination and Treatment Management, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Pham Hai Anh, Director-General, Department of International Organizations, Ministry of Foreign Affairs, Hanoi, <i>Alternate</i>
	Mrs Vu Thi Kim Anh, Deputy Chief of Office, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Nguyen Luong Tam, Deputy Director-General, Department of Preventive Medicine, Ministry of Health, Hanoi, <i>Alternate</i>

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VIET NAM (continued)	Mrs Le Thai Ha, Deputy Director-General, Department of Health Environmental Management, Ministry of Health, Hanoi, <i>Alternate</i>
	Mrs Tran Thi Mai Oanh, Director of the Institute of Health Strategy and Policy, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Pham Ngoc Thach, Director of the Central Tropical Hospital, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Dinh Van Trang, Doctor, Central Tropical Hospital, Ministry of Health, Hanoi, <i>Alternate</i>
	Ms Nguyen Thi Thanh Thuy, First Secretary, Embassy of Viet Nam, Manila, Philippines, <i>Alternate</i>
	Mrs Trinh Thi Ngoc Linh, Official, Department of International Cooperation, Ministry of Health, Hanoi, <i>Alternate</i>
	Mr Khong Hoang Khoi, Official, Department of International Organizations, Ministry of Foreign Affairs, Hanoi, <i>Alternate</i>

II. REPRESENTATIVES OF UNITED NATIONS OFFICES, SPECIALIZED AGENCIES AND RELATED ORGANIZATIONS

INTERNATIONAL ATOMIC ENERGY AGENCY

Dr Igor Veljovikj

III. OBSERVERS

DEPARTMENT OF HEALTH - PHILIPPINES

Ms Aiza Marie C. Advincula
Ms Arianne Kamille Aguillon
Mr Edwin L. Año
Dr Erol Jason T. Beronio
Mr Julius Catalig II
Ms Jessica Marie C. Depositario
Ms Lenliegh Hope Lucas
Mr Carlo Lumangaya
Ms Hannah Germaine Ong
Dr Maryrose B. Rendon
Ms Jailene Faye C. Rojas

PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION (PIHOA)	Ms Emi Chutaro Ms Janet Marie Camacho
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RIGHT FOUNDATION	Dr Hoon Sang Lee
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UNIVERSITY OF THE PHILIPPINES MANILA - COLLEGE OF NURSING	Professor Sheila Bonito
---	-------------------------

WHO COLLABORATING CENTRE FOR NURSING, MIDWIFERY AND HEALTH DEVELOPMENT UNIVERSITY OF TECHNOLOGY SYDNEY (UTS)	Professor Michele Rumsey
---	--------------------------

WORLD ORGANISATION FOR ANIMAL HEALTH	Dr Kinzang Dukpa
--------------------------------------	------------------

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

V. REPRESENTATIVES OF NON-STATE ACTORS

ALZHEIMER'S DISEASE INTERNATIONAL	Dr Michelle Anlacan
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INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC)	Professor Edmar San Jose Elcarte Dr Mari Joanne Guerzon Joson
---	--

INTERNATIONAL ASSOCIATION OF COMMUNICATION SCIENCES AND DISORDERS (IALP)	Dr Ferdiliza Dandah Soledo Garcia Professor Sharynne Mcleod
--	--

INTERNATIONAL ALLIANCE OF PATIENT ORGANIZATIONS (IAPO)	Mr Paul Albert Mendoza
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INTERNATIONAL FEDERATION OF MEDICAL
STUDENTS' ASSOCIATIONS (IFMSA)

Ms Wing Tung Rachel Cheung
Mr Derrick Lim
Ms Chan Yun Xin
Ms Lauren Martin
Mr Tsz Chun Lam
Ms Hien Thi Thu Tran
Ms Yu-Fen Jow

INTERNATIONAL FEDERATION OF
PHARMACEUTICAL MANUFACTURERS AND
ASSOCIATIONS (IFPMA)

Ms Naoko Iizuka
Mr Melchior Jordan Kuo

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)

Professor Leonor Isip Cabral-Lim

INTERNATIONAL PHARMACEUTICAL STUDENTS'
FEDERATION (IPSF)

Mr Bill Whilson Baljon
Mr John Moises Demonteverde Carta
Ms Dawn Isabelle Adriano Moya

INTERNATIONAL SOCIETY OF PHYSICAL AND
REHABILITATION MEDICINE

Dr Reynaldo Reyes Rey-Matias

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
(MWIA)

Dr Ma. Victoria Matias Villarica
Dr Perla De Gracia Dolera
Dr Concepcion Lim

NCD ALLIANCE

Mr Ralph Emerson Degollacion

UNION FOR INTERNATIONAL CANCER CONTROL
(UICC)

Mr Yuong Kang Cheng
Ms Jin Zhang

UNITED STATES PHARMACOPEIA

Ms Ruth Choo Ai Lee

VITAL STRATEGIES

Mr Miguel Enrico Iii Cabag Paala

WOMEN IN GLOBAL HEALTH PHILIPPINES

Ms Lynnell Alexie Ong
Ms Reneepearl Kim Sales
Dr Angela Wee Co Pura

WORLD FEDERATION OF ACUPUNCTURE AND
MOXIBUSTION SOCIETIES (WFAS)

Dr William Tan
Professor Boon Khai Teoh
Dr Inderjit Singh
Dr Qiming Zheng
Dr Neha Dhingra

WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS

Dr Erlinda Dela Cruz Oracion

WORLD OBESITY FEDERATION

Professor Nemencio Jr Almare
Nicodemus

WORLD STROKE ORGANIZATION

Dr Maria Epifania Vasquez Collantes

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**LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE AND SUBMITTED
STATEMENTS TO THE REGIONAL COMMITTEE**

Alzheimer's Disease International (ADI)

International Association for Hospice and Palliative Care (IAHPC)

International Association of Communication Sciences and Disorders (IALP)

International Atomic Energy Agency (IAEA)

International Federation of Medical Students' Associations (IFMSA)

International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

International League Against Epilepsy (ILAE)

International Pharmaceutical Students' Federation (IPSF)

International Society of Physical and Rehabilitation Medicine (ISPRM)

NCD Alliance (NCDA) & International Alliance of Patients' Organizations (IAPO)

Research Investment on Global Health Technology (RIGHT) Foundation

Women in Global Health, Inc. (WGH)

World Federation of Acupuncture and Moxibustion Societies (WFAS)

World Federation of Societies of Anaesthesiologists (WFSA)

World Obesity Foundation (WOF)

World Organisation for Animal Health (WOAH)

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**ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE BOUNFENG PHOUMMALAYSITH
MINISTER OF HEALTH, LAO PEOPLE'S DEMOCRATIC REPUBLIC
AT THE OPENING SESSION OF THE SEVENTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

It is my great pleasure and honour to welcome all of you to Manila and the seventy-fourth session of the WHO Regional Committee for the Western Pacific.

I'd like to begin by thanking Member States, the WHO Secretariat and our partners for their hard work and achievements over the past year – as well as the exhaustive preparations for this special Regional Committee where we will nominate our next Regional Director.

I would now like to report to you on some of the progress that has been achieved since we last met.

This time last year, we had a panel discussion on **Communication for Health**. I am pleased to see the application of the C4H approach has been further strengthened in the Region towards its establishment as a technical programme.

The draft of the *Regional Action Framework on Communication for Health: A vision for using communication to improve public health in the Western Pacific Region* that we will discuss at this meeting is a result of the ongoing work in designing communication interventions which inform and change attitudes and behaviours that support essential public health outcomes.

This approach is aligned with WHO's global efforts, including *Achieving well-being: a global framework for integrating well-being into public health - utilizing a health promotion approach*, adopted at the World Health Assembly in May 2023.

One of the technical agenda items we deliberated was **noncommunicable diseases**, where we endorsed the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific*. Combating the NCD epidemic is one of the cornerstones of *For the Future: Towards the Healthiest and Safest Region, A vision for WHO work with Member States and partners in the Western Pacific*.

Although progress is being made, reducing premature NCD mortality in the Region has slowed down or some places reversed. This is, in large part, due to little progress made in risk factor reduction targets. The multisectoral nature of WHO work on these issues goes beyond partnerships with the health sector by championing health across multiple sectors.

The next technical agenda item was **primary health care**, which is critical to achieving Universal Health Coverage, and the health-related Sustainable Development Goals. We expressed our concern that that many individuals and households continue to face financial hardship, with one in five people pushed into poverty due to health expenses. This inequitable access to care persists in the Region.

I am pleased to see that over the past year, important progress has been made in stimulating PHC reforms and building and strengthening resilient health systems through the development and implementation by Member States of *The Regional Framework on the Future of Primary Health Care in the Western Pacific* was endorsed at last year's Regional Committee.

The third technical agenda item was '**Reaching the unreached**'. There are still groups our health services fails to reach in every country and area across our Region and as a result have poorer health outcomes. The COVID-19 pandemic brought into focus health equity and the importance of health systems

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that can efficiently reach everyone and maintain delivery of essential health services, even during health emergencies to leave no one behind.

The Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030) that we endorsed last year aims for comprehensive and inclusive healthcare access. The Framework emphasises fortifying primary healthcare using an integrated systems approach, empowering communities and individuals and addressing socioeconomic hindrances to primary care and encourages the engagement community organizations and civil society in the pursuit of health for all. Since its endorsement, efforts have intensified to identify the unreached populations and adjust our approaches to strengthen the core components of primary health care. Additionally, WHO has initiated an integrated AI-powered dashboard enhancing data-driven equity analyses, further bolstering efforts to reach the unreached.

The Regional Committee also endorsed the *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific*, which builds on existing global strategies, offering broad guidelines for Member States to develop and strengthen their national cervical cancer control programmes, ensuring sustainability towards achieving global targets for the elimination of cervical cancer. Since its endorsement, WHO has been working with Member States to align national cervical cancer plans with the Strategic Framework focusing on service integration, HPV vaccination, and appropriate human resource development tailored to the national context to meet the 90:70:90 cervical cancer elimination target by 2030.

We advocated that the human papilloma virus vaccine (the HPV vaccine) be included in national immunization programmes to vaccinate 90% of girls before the age of 15 to protect the next generation. However, data recently published in *The Lancet* suggested that progress is limited with the coverage of the first dose of HPV vaccination remaining very low in the Western Pacific Region.

The fifth and final technical agenda item at the 73rd Regional Committee Meeting was **mental health** with our endorsement of the *Regional Framework for the Future of Mental Health in the Western Pacific (2023–2030)*. The provision of quality mental health care in many settings is still limited, depriving too many people across the Region of rights-based health care and support.

Integration of mental health into primary health care; addressing mental health needs of children and adolescents; suicide prevention; training and retaining the appropriate skill mix of competent health and social care professionals; and increasing funding in mental health services are key priority tasks for the Member States.

Thank you again for entrusting me as the Chair of 73rd Regional Committee Meeting. It has indeed been a busy year for the Regional Committee, including most recently as we successfully held our first public candidates' forum – an important step towards strengthening transparency.

I am grateful for last year's office bearers for their support, especially the Vice-Chair's assistance during the special session. And I'm thankful to the WHO Secretariat for all the efforts to support countries over the past year, and the preparations for this 74th Regional Committee meeting.

Thank you very much.

**ADDRESS BY THE DIRECTOR-GENERAL OF THE
WORLD HEALTH ORGANIZATION, DR TEDROS ADHANOM GHEBREYESUS
AT THE SEVENTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Your Excellency Dato Dr Mohammad Isham Jaffar, Minister of Health of Brunei Darussalam and Chair of the Regional Committee,
Honourable ministers and heads of delegation,
My sister Dr Zsuzsanna Jakab,
Excellencies, dear colleagues and friends,

Good morning, it's an honour to be with you.

I thank the Philippines for its hospitality in hosting the WHO Regional Office for the Western Pacific, and this meeting of the Regional Committee.

As you know, this is a particularly important moment for the region, as Member States prepare to elect a new Regional Director.

Whatever the outcome of tomorrow's election, I am pleased to note that the Region will have either its first female Regional Director, or its first Regional Director from the Pacific.

I look forward to working closely with whomever you choose.

I thank Australia for suggesting the candidate's forum, and other Member States for supporting the idea.

Earlier this month the Eastern Mediterranean followed suit at its election, and the South-East Asia Region will do the same next week.

The Secretariat intends to submit a proposal to the Executive Board to revise the guidance for elections of Regional Directors based on this experience, which brings transparency to the election process.

I know the past year has been very difficult one for the region, especially for staff here in the Regional Office.

So I would like to be on record expressing my deep gratitude to all staff in the Regional and Country offices for your dedication, professionalism and continued commitment to serving the people of the region, despite these difficult and uncertain times.

I would especially like to thank my sister Zsuzsanna, who must have thought her days as a Regional Director were behind her.

But she has stepped willingly into a very difficult role at a very difficult time, and I know how much Member States, and the staff of the Regional and Country offices appreciate her.

I have been practising my Hungarian.

So Zsuzsanna, köszönöm [kosonom].

Excellencies, colleagues, please stand and join me in expressing your thanks to Dr Zsuzsanna Jakab.

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Excellencies, distinguished delegates,

Last month's United Nations General Assembly in New York was a historic one for health, with three High-level meetings on health issues.

Member States approved strong political declarations on pandemic prevention, preparedness and response, universal health coverage and tuberculosis.

All three are relevant to the work of this region. And all three depend on a strong WHO, and a strong region of the Western Pacific.

Over the past six years, WHO has undergone the most significant transformation in its history, grounded in a bold new strategy, the 13th General Programme of Work.

As you know, we are now working with Member States to develop the 14th General Programme of Work for 2025 to 2028.

In my address to the Regional Committee last year, I outlined five priorities – the “Five Ps” – which are now becoming the basis of GPW14: to promote, provide, protect, power and perform for health.

A few words on each.

The first priority is to promote health and prevent disease by addressing its root causes, in the air people breathe, the products they consume, and the conditions in which they live and work.

This is especially important for the prevention of noncommunicable diseases, which account for almost 90% of deaths in the region.

Action to reduce tobacco use, improve diets and increase physical activity must be key priorities for all Member States.

As must be action to reduce emissions to address climate change, which is a threat to all nations, but especially to our friends in the Pacific.

I am very much looking forward to COP28 in the United Arab Emirates in December, which for the first time will include a day dedicated to health.

I encourage all Member States to participate actively.

Empowering people to make healthy choices depends on them having reliable information, so I welcome the Regional Action Framework on Communication for Health, which you will consider this week.

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The second priority is to provide health, by radically reorienting health systems towards primary health care, as the foundation of universal health coverage.

The most recent edition of the Global Monitoring Report on UHC, published just a few weeks ago, shows that the Western Pacific enjoys one of the highest rates of service coverage in the world, although of course there are significant differences between Member States.

As a result, you have made significant progress against several indicators, including reproductive, maternal, newborn, child and adolescent health, and against communicable diseases.

I congratulate you for the significant declines in malaria cases and deaths you have achieved, especially in the Mekong.

It's also pleasing to note that Western Pacific enjoys the highest antiretroviral treatment coverage for HIV of any region.

I also congratulate Lao PDR for being verified for the elimination of lymphatic filariasis.

However, while service coverage and health outcomes are improving, the latest UHC data also show that across the region, catastrophic health spending has increased alarmingly, exposing many individuals and families to financial hardship as a result of having to pay for care out of their own pockets.

So I urge all Member States to focus on financial protection for your populations.

The backbone of a strong health system is a strong health workforce, so I welcome the Regional Framework to shape a health workforce for the future of the Western Pacific, which you will consider this week.

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The third priority is to protect health, by preparing countries to mitigate health risks, and to rapidly detect and respond to both acute and protracted health emergencies.

Just last week I was in Cairo the Regional Committee meeting of the Eastern Mediterranean.

That region bears a heavy burden of health emergencies, including the conflict in Israel and the occupied Palestinian territory which erupted just over a week ago.

We can all be grateful that this region does not suffer to the same extent from violent conflict, but as the Regional Director's report notes, there are many other emergencies to which you have responded in the past year, including earthquakes, cyclones, typhoons, volcanic eruptions, tsunamis and food safety incidents.

I welcome the Asia Pacific Health Security Action Framework, which you will consider this week.

Meanwhile, regionally and globally, the same vulnerabilities that COVID-19 exposed persist.

During the pandemic, all countries built new capacities to prevent and control epidemics and pandemics. I urge all Member States to sustain those gains and not slip back into the cycle of panic and neglect.

The investments you have made must not go to waste. And nor must the painful lessons we have learned.

That is why WHO has developed a plan for a more equitable, inclusive and coherent global architecture for health emergency preparedness and response, with equity at its core.

The new pandemic accord, and amendments to the International Health Regulations, will provide the vital legal foundations for this architecture.

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However, I am concerned that negotiations are moving too slowly, and that the accord may not be agreed in time for next year's World Health Assembly.

I urge all Member States to work with a sense of urgency, with a particular focus on resolving the most difficult and contentious issues.

This is a unique opportunity that we must not miss to put in place a comprehensive accord that addresses all of the lessons learned during the pandemic, with a particular emphasis on equity.

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Promoting, providing and protecting health are proposed as the three key priorities for all Member States in the 14th General Programme of Work.

The other two Ps – powering and performing for health – are enablers of the first three.

Powering health means harnessing the power of science, research and development, data and digital technologies.

The Regional Health Innovation Strategy for the Western Pacific, which is on your agenda this week, is important for fostering new solutions to health challenges.

At the global level, WHO has recently launched the Global Initiative on Digital Health at the G20 Health Ministers' Meeting in India.

The Global Initiative will support Member States by converging and convening global standards, best practices and resources for digital health transformation, rooted in people-centred, evidence-based solutions.

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And the final P, performing for health, is about the work we are doing as the Secretariat to support you better.

In particular, one of my key focuses for the remainder of my second term is to strengthen our country offices, with a core country presence, delegation of authority, adequate financial and human resources, the implementation of global mobility, enhanced internal communications, and more.

To support these efforts, I have squeezed 100 million US dollars from our budget to allocate to country offices.

Our Programme Budget for the next biennium is also the first in which country offices will be allocated more than half of the total budget for the biennium.

We have already increased funding flows to regions and countries, and the more flexible funding we receive, the more we can increase that amount.

Our work to strengthen country offices will benefit greatly from the 20% increase in assessed contributions, and by the proposal for an Investment Round, both of which you approved at this year's World Health Assembly.

We are also continuing our efforts to strengthen our workforce, to achieve gender equity at all levels, and to make zero tolerance for all forms of sexual misconduct a reality, and not merely a slogan.

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Excellencies,

Thank you all once again for your continued commitment to promoting, providing, protecting, powering and performing for health in the Western Pacific.

I wish you all a very productive and successful regional conference.

I thank you.

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**ADDRESS BY THE WORLD HEALTH ORGANIZATION
ACTING REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR ZSUZSANNA JAKAB
AT THE SEVENTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Chairperson,
Honourable ministers,
Representatives from Member States and partner agencies,
Ladies and gentlemen.

Welcome to the seventy-fourth session of the WHO Regional Committee for the Western Pacific. We are delighted to see you all in person in Manila.

I would like to congratulate and thank the incoming Chairperson, Vice-Chairperson and Rapporteurs for agreeing to serve in these important roles.

2023 has been a year of celebration for WHO as we mark our 75th anniversary. In three quarters of a century much has changed in the Western Pacific Region, and I am glad to say much of it for the better.

More babies are celebrating their first birthdays, and life expectancy has increased by some 30 years. Smallpox has vanished, and we are very close to ending polio. Deaths from malaria have plummeted. Vaccination is reaching an impressive 90% of children. And we are celebrating more disease eliminations such as the elimination of lymphatic filariasis in the Lao People's Democratic Republic, which we recognized earlier today. I encourage each of you to walk through the photo exhibition, just outside this Conference Hall, which provides a snapshot of our joint achievements since the Organization's founding in 1948.

Our legacy has improved the lives of families, communities and countries, yet we recognize we are only as strong as our foundation. We have recommitted to work more intensively at the grassroots level, hand-in-hand with countries, communities and partners, and are more focused than ever on achieving results and impact in countries on our road towards health for all.

While 2023 has been a year of celebration, it has also been a year of hard work, challenges and transition. In August 2022, the Director-General asked me to step in as Officer-In-Charge, and this past March the Regional Committee asked me – upon nomination by the Director-General – to serve as Acting Regional Director until a new Regional Director takes office next February, following this week's nomination. I accepted this new challenge, and I am grateful to Member States of the Region and to the D-G for their trust.

Transitions are not easy, yet we have worked hard to ensure progress in this great Region where Member States are solidly committed to improved health outcomes and stronger and more resilient health systems as part of their sustainable development agenda, while working together to advance regional priorities and plans endorsed by the Regional Committee. The unity on health issues in this Region – and among Member States – is amazing.

The *Report of the Regional Director*, which you have in front of you, shares the work of WHO in the Western Pacific from 1 July 2022 to 30 June 2023. It conveys how we have been working to address the health challenges of today and ensure a healthy future for the Region's 1.9 billion people under our regional vision, *For the Future: Towards the Healthiest and Safest Region*, which you adopted in 2019.

As you know, this vision sets out priorities for the work of WHO with Member States and partners. It is directly aligned with WHO's global vision as well as the Sustainable Development Goals.

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In this Region, we are specifically working to target the health challenges and opportunities of today – and those we are likely to encounter in the future – and to address the root causes of health inequities. The vision's four thematic priorities, as you can see on the slide, address the critical issues of today and tomorrow.

The strategic direction of our work is centred on making health systems more resilient and reorienting them towards primary health care which lays the foundation to achieve universal health coverage, and also ensures the sustainability of health emergency preparedness and response.

This work will be greatly accelerated by the D-G's initiative to further strengthen country presence. I would like to thank to Dr Tedros for supporting WHO in the Western Pacific through an additional US\$ 18 million to set up 52 Core Predictable Country Presence positions in this Region.

For more than three years, the COVID-19 pandemic has dominated the efforts of WHO and Member States.

On 5 May 2023, following the recommendations of the COVID-19 Emergency Committee, WHO declared an end to the pandemic's status as a Public Health Emergency of International Concern.

We are forever indebted to the inspirational legions of health-care workers, researchers, policy-makers and others who have been at the forefront of the pandemic response and have been instrumental in reaching this milestone.

And thanks to collective efforts across the Region, we fared relatively well. Compared to other regions, we were able to protect our communities and societies from the onslaught of the acute phase of the pandemic.

The pandemic provided a forceful reminder that health is intertwined with the economy and the success of societies. This knowledge and the hard lessons learnt are guiding the Region to ensure that health is an essential partner in sustainable development in the future, with primary health care central for the safeguarding of health and well-being of all members of society.

The Region has shown progress and resilience in the face of challenges. Yet we are reminded that we still have much to accomplish. The Region is vulnerable to impacts of climate change, the increasing burden of noncommunicable diseases and threats of other public health emergencies. It also continues to be a hotspot for emerging diseases with pandemic potential.

To ensure organizational preparedness, integrity and the agility to achieve future goals, we have been looking inward at how we can develop and strengthen the WHO workplace to be a source of pride for everyone. A large part of our work has been directed towards this end.

We have accelerated the roll-out of the global Transformation initiative and have worked towards positive organizational and cultural changes to ensure a well-functioning, sustainable and respectful workplace that delivers high-quality work for the Member States of the Region. My aim is to hand over a sustainable, well-functioning and respectful workplace to the next Regional Director, on in which colleagues feel appreciated and are happy to come to the office every morning.

We are seeing positive change internally, with zero tolerance for any inappropriate behaviour, and full respect for WHO policies on abusive behaviour, as well as a commitment to the Code of Ethics and Professional Behaviour and the WHO Values Charter. We are strengthening existing systems for reporting and responding to abuse, harassment and other inappropriate behaviours in the workplace; streamlining and improving internal processes; and building a more positive, respectful and inclusive workplace. All of this enables us to better drive impact for the countries we serve.

During the course of the week, we will give you more information and insight into these initiatives that have occupied a large part of our work. This is an important investment in the Regional Office and country offices because the staff is our greatest asset, and we have to do everything we can to create a positive and respectful environment for them to thrive.

Recently, we also signed a memorandum of understanding with the President of the Association of Former WHO Staff Members as their engagement in our work is beneficial for the Organization in two ways: beneficial for us as their wisdom, experience and continued work helps us in our endeavours, and it is also beneficial for the retirees to have continued contact with their former workplace and colleagues.

I thank Member States for their support and trust in me during my time in the Region. During such a challenging and celebratory period marking the Organization's anniversary, the consideration and collegiality of representatives of the Region have made this work so rewarding and fruitful.

It has been a true privilege to be welcomed into this Region, and I have enjoyed meeting so many of you and hearing of the incredible and diverse work occurring across the Region.

Ladies and gentlemen, I would now like to invite our technical directors to share with you how we are working together to deliver on our commitments to you – our Member States – in this great Region.

Let me first hand off to Dr Babatunde Olowokure, our Regional Emergencies Director.

(presentation of the Division of Health Security and Emergencies)

Thank you, Babatunde.

Let's now turn to Dr Rajendra Yadav, acting Director for the Division for Disease Control

(presentation of the Division of Programmes for Disease Control)

Thank you, Raj.

Next, I'd like to introduce Dr Kidong Park, Director of the Data, Strategy and Innovation group.

(presentation of the Division for Data, Strategy and Innovation)

Thank you, Kidong.

Let us now turn to Dr Hiro Okayasu, Director of the Division of Healthy Environments and Populations.

(presentation of the Division for Healthy Environments and Populations)

Thank you, Hiro.

To talk to us about the Division of Health Systems and Services, I'd like to now hand off to acting Director Lluís Vinals Torres.

(presentation of the Division for Health Systems and Services)

Thank you Lluís.

Finally, we move to our Division of Pacific Technical support. Let me hand off to Dr Mark Jacobs

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(presentation of the Division of Pacific Technical Support)

Thank you, Dr Jacobs.

As you have heard from our directors, everything we do in this Region is centred around putting countries first. This is in line with the WHO Transformation initiative – the most ambitious reform initiative in the Organization's 75-year history, led by Dr Tedros.

WHO has developed the global Action for Results Group to make WHO reliable, impactful and relevant in every country.

Part of this effort is an initiative to strengthen the delegation of authority to WHO representatives, granting them the decision-making power they need to be agile and responsive to country needs.

Another notable aspect is the development of the Core Predictable Country Presence Model that I mentioned earlier, which ensures that each WHO country office has the right people in place to facilitate impact.

A further element of this work involves making our planning process more strategic by focusing on country priorities and providing support from headquarters and regional offices to country offices so that they can deliver on their commitments.

We are also reviewing our process to enable greater efficiency and to transfer responsibility to teams, while maintaining accountability and transparency.

Efforts have been undertaken to engage the workforce more deeply in deliberations of the global governing bodies. A governing bodies unit is also being established to better coordinate WHO work, including its political and strategic aspects, with the countries and areas in the Region.

WHO is one organization, but we pay special attention to its three-level alignment when developing regional strategies to ensure coordination among headquarters, regional offices and country offices.

We continue to reshape our workplace culture to be “one we can all be proud of”.

Preventing and responding to sexual misconduct has been a major focus area, with the piloting of risk assessment tools and the development of an action plan covering 2023–2030.

The Region continues to ensure the effective application of results-based management in planning, strategic resource allocation, implementation, monitoring and assessment of both human resources and activity work plans.

In order to increase the efficiency and impact of our work and reduce the workload of our staff, we also conducted a review of our internal processes. This resulted in a management action plan and the establishment of a Change Management Group that works alongside the Regional Director to drive this work and other culture- and behaviour-change initiatives forward. The Secretariat will deliver as much as it can during the next 100 days and hand over the more medium- and long-term actions to the incoming Regional Director.

Recognizing the critical role WHO Collaborating Centres, WHO brought together 219 partners from WHO CCs in person and virtually for the Fourth Regional Forum of WHO Collaborating Centres. WHO and WHO CCs are now working on a plan on how we can better leverage the expertise, innovations and networks to accelerate implementation of the *For the Future* vision and maximize support for Member States.

WHO established the internal Antimicrobial Resistance Coordination Mechanism to enable cross-cutting collaboration and to unify the vision and priorities for AMR with results-based metrics and to increase country impact.

Our Region continues to apply the Communication for Health or C4H approach to a range of health challenges. We look forward to sharing further details on the new framework for endorsement this week.

Honourable ministers, distinguished delegates, as you can see, we have had a busy and productive year addressing the health challenges across the Region and driving the implementation of our shared commitments.

As we commemorate 75 years of WHO's remarkable journey, we are reminded of the immense progress we have made together.

And in this important election year, I am sure that the Regional Director you nominate tomorrow will be up to the challenge of ensuring that WHO in the Western Pacific is in good stead to meet the challenges of the future.

On behalf of the Secretariat, I would like to thank you, our Member States, and our partners for your unwavering support and commitment to making the Western Pacific Region the healthiest and safest region in the world.

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**ADDRESS BY THE INCOMING CHAIRPERSON
HONOURABLE DATO DR MOHAMMAD ISHAM JAAFAR, MINISTER OF HEALTH
MINISTRY OF HEALTH, BRUNEI DARUSSALAM
AT THE SEVENTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Honourable Ministers,
Distinguished Representatives,
Dr Tedros, WHO Director-General,
Dr Zsuzsanna Jakab, Acting Regional Director,
Representatives of United Nations agencies, intergovernmental organizations and
nongovernmental organizations.
Ladies and gentlemen.

I am honoured by your trust and confidence in electing me to chair this seventy-fourth session of the WHO Regional Committee for the Western Pacific. I will do my best to manage our programme well.

I thank the outgoing Chairperson—Honourable Bounfeng Phoummalaysith, Minister of Health, Lao People's Democratic Republic—and other office holders of the last session.

We have a busy agenda ahead of us this week, including of course the nomination of the Regional Director, as well as a panel discussion and deliberations on four technical agenda items. I would like to provide a brief overview of these items now.

The **panel discussion** aims to build a shared view of **health financing strategies** designed to create a healthier and safer Region. While service coverage has improved over the past 20 years, the proportion of people facing financial hardship due to out-of-pocket health spending has increased. The average growth of government expenditure in health has stagnated.

As countries in the Western Pacific Region undergo epidemiological transitions, the current health systems are not well prepared to cope with the growing health challenges of ageing, noncommunicable diseases and health security. The panel discussion invites you to share lessons from countries on how health financing reforms are responding to policy objectives, reflecting on the changes required to mitigate negative trends in financial protection.

The first technical agenda item is **health security** and strengthening capacities for health emergency prevention, preparedness, resilience, and response. The Region faces continuous and increasingly complex public health threats from multiple hazards including infectious and zoonotic diseases, antimicrobial resistance, food contamination, natural hazards, climate change and more.

Since 2005 the WHO South-East and Western Pacific Regions have worked together to address health security, under the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, or APSED. These investments have served our Region well, as demonstrated by the relatively rapid and effective responses of countries and areas to COVID-19 during the acute phases of the pandemic.

However, the widespread impact of major public health emergencies on health systems, societies and economies highlights the increasingly complex nature of public health threats and the necessity for more comprehensive, integrated and forward-looking approaches.

The Regional Committee is invited to endorse the *Asia Pacific Health Security Action Framework*.

Annex 7

Driven by scientific advances and technology, social and cultural practices, the Western Pacific Region has been a leader in innovation. WHO advocates a broader role for governments in **health innovation** to regain momentum towards WHO's global goals and the Sustainable Development Goals health targets.

In the past three years, COVID-19 has made health innovation more pervasive but also hindered progress towards the SDGs health targets and weakened fragile health systems. To recover and address current and future challenges without leaving vulnerable populations behind, we need more and better health innovations.

Many innovations, however, have had a limited impact on population health due to their misalignment with public health purposes, economic growth-driven models, insufficient funding, and a lack of evidence to guide decisions of scale.

The public sector has a crucial role to play in scaling the population impact of health innovation: shifting value on growth to well-being, improve equitable access to health innovation, and creating ecosystems for learning.

The Regional Committee is invited to endorse the *Regional Health Innovation Strategy for the Western Pacific*.

The draft *Regional Action Framework on **Communication for Health**: A vision for using communication to improve public health in the Western Pacific Region* aims to support Member States to adopt and scale up Communication for Health (C4H) to ensure health communication programmes, campaigns and other interventions achieve greater impact and progress towards public health goals.

Application of the C4H approach requires a series of steps to first understand, then plan, develop, test, and implement a communication programme or campaign, before evaluating and identifying lessons. WHO is investing in C4H technical staff in a growing number of country offices to build this capacity across the Region.

The next technical agenda item is on the **health workforce**. They are the backbone of health systems to provide quality, people-centred health services through a PHC approach.

Countries in the Region have made great progress in strengthening the health workforce. Gaps in numbers have narrowed, and we have witnessed many innovative approaches in developing, deploying, and retaining the health workforce. However, the rising burden of NCDs and ageing, the increasing mobility of the workforce and the recurring health emergencies pose new challenges to the health system and its future. Addressing these requires stronger stewardship to align and steer health workforce policies, across public and private stakeholders, health, and non-health, towards UHC goals.

The Regional Committee is invited to endorse the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific*.

Ladies and gentlemen, we have an exciting and busy week ahead of us.

Thank you again for your confidence in electing me as Chair of this important meeting. I am very much looking forward to our discussions.

**CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION
ACTING REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR ZSUZSANNA JAKAB
AT THE SEVENTY-FOURTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Madam Vice-Chairperson,
Honourable ministers,
Distinguished representatives.

This Regional Committee Meeting has indeed been a very special one.

Of course, the highlight was the nomination of the next Regional Director. Once again, Dr Piukala, my sincerest congratulations. I am extremely confident that the Region will be in good hands under your leadership. And as I said on Tuesday, I look forward to working closely with you in the days ahead to help in your preparations to lead this great Region and its incredible staff.

This Regional Committee was also a special one this year as we celebrated our seventy-fifth anniversary as an organization and the public health milestones we've achieved together. Gathering in person, at the home of our Regional Office has also been a special treat. So too was our dinner on Tuesday evening where the WPRO family spirit was on full display.

I am deeply honoured to have been so warmly welcomed into this WPRO family since my arrival as Officer-in-Charge a year and a bit ago. While I am indeed looking forward to retirement soon, saying goodbye to this remarkable region will not be easy.

This week we also had many important items on the agenda to discuss. It was great to see so many Ministers and esteemed delegates gathered and involved in these discussions. Your commitment, guidance and clear decision-making is instrumental in propelling our work forward. While we have significant work ahead, your dedication to realizing the *For the Future* vision is motivating.

In the face of increasingly complex public health threats, we will rely on your ongoing support. Threats caused by multiple types of hazards, including infectious and zoonotic diseases, antimicrobial resistance, natural hazards such as typhoons and earthquakes, food safety incidents and technological hazards means that we must strengthen capacities and build the systems needed to detect, report and respond to public health emergencies.

The scaling up of evidence-informed, evaluation-driven and outcome-focused communication principles and practices, in line with the C4H approach, will help to change minds, attitudes and behaviours for better health outcomes.

And as we strive to tackle persistent public health challenges through innovation, your fresh ideas, collaboration and determination will be essential.

Lastly, we will also need your action to build and sustain motivated and competent health workforces – consisting of the right numbers of people in the right places with the right mix of skills.

Outside of these main technical items on the agenda this week, I hope there were also takeaways from our panel discussion on health financing, and side events on transformation of the Regional Office and climate resilient and low carbon health systems. I'd like to thank all speakers who joined us and the many colleagues working behind the scenes to make our proceedings possible.

I would also like to thank our excellent office-bearers this year:

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Chairperson, Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health for Brunei Darussalam;

Vice-Chairperson, Dr Sovd Tugsdelger (*pronounced Soovs Toogs-del-ger*), Acting State Secretary and Director of Department of Monitoring, Evaluation and Internal Audit, Ministry of Health of Mongolia

Dr Saki (*pronounced sa-kee*) **Nakamura**, of Japan as English rapporteur; and

Ms Francesca Fuentes and **Ms Innes Ferrer** of France, our French rapporteurs.

We have prepared some small gifts as tokens of our appreciation, which we will hand out now.

The Minister from Brunei Darussalam has had to depart, but we will be sure to get this gift to him.

(A/RD to hand to the Representative from Brunei Darussalam)

Next, could I please request Dr Tugsdelger (*pronounced Toogs-del-ger*) to please accept your gift?

(A/RD to hand gift to Dr Tugsdelger)

Dr Nakamura, could you please come forward, next?

(A/RD to hand gift to Dr Nakamura)

And finally Ms Inès Ferrer, could you please come forward?

(A/RD to hand gifts to Ms Ferrer on behalf of both French rapporteurs)

Distinguished representatives, thank you once again your participation and support during this year's RCM. Sadly, this may well be my last Regional Committee. I first joined the WHO family more than 30 years ago, and I have participated in many, many RCMs over the years! However, this one has been a real highlight. The commitment and spirit of this region has left an indelible mark.

Thank you again for your warm welcome into the WPRO family and for your support of my leadership. Serving you, dear Member States, has been the greatest honour and privilege.

For those who are travelling, I wish you a safe journey home. Thank you.