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**COORDINATION OF THE WORK OF
THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND
THE REGIONAL COMMITTEE**

Coordinating the work of World Health Organization (WHO) governing bodies is critical to accomplishing the strategic priorities set out in the global WHO Thirteenth General Programme of Work, 2019–2025 (GPW13), the ongoing WHO reform efforts and *For the Future: Towards the Healthiest and Safest Region*, the shared vision for the work of WHO with Member States and partners in the Western Pacific and the Region's implementation plan for GPW13. To ensure transparency and inclusiveness in governing body processes, proposals for agenda items for the seventy-fifth session of the WHO Regional Committee for the Western Pacific in 2024 are presented for Member States' consideration, with additional supporting information provided in Annexes 2 and 3.

This document also provides Member States with an update on WHO's work in countries, focusing on a range of achievements Member States have realized with the support of WHO since *For the Future* was adopted in 2019, as well as an update on WHO Transformation in the Region. The Transformation update covers efforts to operationalize the workplan proposed by the Action for Results Group, improve workplace culture, and prevent and respond to sexual misconduct. In addition, the document contains items referred by the World Health Assembly and the Executive Board requesting feedback from Member States in the Western Pacific Region. For easy reference, resolutions and decisions from the Seventy-sixth World Health Assembly in May 2023 are listed in Annex 4, and the provisional agenda of the 154th session of the WHO Executive Board is in Annex 5.

16.1 FOURTEENTH GENERAL PROGRAMME OF WORK, RESULTS FRAMEWORK AND INVESTMENT ROUND

To provide an overview of the interlinkages between the WHO Fourteenth General Programme of Work, 2025–2028 (GPW14), the WHO investment round and the Results Framework, an information document (Annex 1) has been developed. The WHO General Programme of Work (GPW) is a strategic document that sets a high-level road map and agenda for global health and outlines the Organization's priorities and objectives for a specified period. Building on the strengths of GPW13, the broad goal proposed for GPW14 is to promote, provide and protect the health and well-being of all people, everywhere.

To realize this overarching goal and deliver on the strategic objectives of GPW14, adequate financing of the WHO budget for the period 2025–2028 will be essential. The indicative financial envelope of approximately US\$ 11.1 billion for the base segment of GPW14 provides a high-level estimate for the needs of the Secretariat to support Member States in delivering on the agreed priority areas for 2025–2028. Building on this indicative envelope, the first WHO investment round aims to cover the voluntary contribution requirements of the technical programmes of the base segment of the respective programme budgets for the period 2025–2028. As a key component of the Secretariat's resource mobilization approach for ensuring the full financing of GPW14, the WHO investment round is thus inextricably linked with GPW14.

In addition to ensuring sustainable, flexible and predictable financing for the Organization, an optimized Results Framework and innovative ways of working will be key to effectively delivering on the ambitious agenda articulated in GPW14 and accelerating progress towards the health-related targets of the Sustainable Development Goals (SDGs). The WHO Results Framework for GPW13, which includes the Triple Billion targets, has introduced accountability for progress and equity, making these commitments actionable and measurable, and will be further optimized for GPW14. As part of the Organization's transformation and to accelerate progress, WHO has been progressively applying the delivery for impact approach, representing a new way of working to accelerate measurable impact in WHO's cooperation with countries. With more than 40 WHO country offices and many technical programmes having used the delivery for impact approach, WHO is planning to scale its initial experience with delivery for impact as part of GPW14.

WHO is committed to building on the path set by GPW13: focusing on measuring impact at the country level and demonstrating results. Accountability and demonstration of measurable results are also key prerequisites of a successful investment round. Currently the Secretariat (together with

Member States) is working on the outcomes and outputs of GPW14 and, in parallel, revising the measurement framework, with due consideration to continuity and comparability.

Through adequate financing and continuing the path towards a modern, data-driven organization that supports Member States with timely, reliable and actionable data, WHO is committed to further strengthening delivery for impact at country level and accelerating progress towards the health-related SDGs.

The Regional Committee is invited to note this document.

16.2 AGENDA FOR THE SEVENTY-FIFTH SESSION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC IN 2024

In accordance with the revised agenda development process adopted in 2015 by the WHO Regional Committee for the Western Pacific, the Secretariat proposes five technical agenda items for the seventy-fifth session of the Regional Committee in 2024. In identifying proposed agenda items, the Secretariat considered: (a) regional strategies to be renewed; (b) adaptation of World Health Assembly resolutions to the context of the Region; and (c) issues proposed by Member States or the Secretariat.

Table 1 shows the list of proposed technical agenda items in these three categories. Annex 2 provides the list of technical agenda items discussed or to be discussed at the Regional Committee from 2013 to 2023, along with information on categories for inclusion. Annex 3 provides background information on each proposed agenda item for 2024.

Member States are requested to review the proposed technical agenda items for the seventy-fifth session of the Regional Committee in 2024. Member States may also wish to share proposals for technical items, along with background information to support their prioritization.

Table 1. Proposed technical agenda items (including panel discussions) for the seventy-fifth session of the Regional Committee

Categories	Agenda item
a) Renewal of regional strategies	1. Health financing for social well-being and sustainable development (new regional action framework) 2. Digital health (renewed regional action framework)
b) Adaptation of World Health Assembly resolutions	3. Operationalizing the Global Strategy on the Environment, Climate Change and Health in the Region (panel discussion)
c) Issues proposed by Member States or the Secretariat	4. Strengthening international legal instruments on health security (work of the Intergovernmental Negotiating Body [INB] and Working Group on IHR Amendments [WGIHR]) 5. One Health (strategic guidance)

16.3 WHO'S WORK IN COUNTRIES

Background

Strengthening WHO's work and impact at the country level has been central to the reforms in the Western Pacific Region for over a decade. This emphasis is also a key priority in the global WHO Thirteenth General Programme of Work, 2019–2025 (GPW13) and in *For the Future: Towards the Healthiest and Safest Region*, the shared vision for the work of WHO with Member States and partners in the Western Pacific, to effectively address new and increasingly complex health challenges, as well as persistent challenges that require new thinking and new ways of working.

Member States have continued to express strong support for WHO's work in countries. Following well-received side events at Regional Committee sessions since 2016, WHO's work in countries has been incorporated as a standing agenda item since 2019. In 2021, the session on WHO's work in countries was taken together with the WHO reform item on [sustainable financing](#). The session showed how WHO in the Region is delivering on the thematic priorities and operational shifts of *For the Future*, how the type of work requested from WHO is shifting as health systems develop across the Region, and the importance of sustainable financing for this work. Increasingly, the type of work WHO in the Region is being asked to do is shifting from operational support to fill critical gaps and technical support to strengthen programmes to a new type of work guiding and supporting efforts to reform or redesign health systems for the future. In some countries the Regional Office is also providing support to stimulate high-level strategic dialogue to shape health and health systems, and playing an increasingly important role as a trusted source of health information. The session in 2022 built on this. It highlighted the critical need for sustainable financing given that countries in the Western Pacific Region have lost or are losing access to traditional bilateral donor resources. Countries struggle to attract adequate and sustainable financing required to address health priorities, such as noncommunicable diseases (NCDs), and much of the work in these areas – such as the integration of programmes and services – requires a long-term view and several years to realize.

This report describes how WHO has supported Member States to deliver on the Region's *For the Future* vision since it was adopted four years ago, with an emphasis on recent examples of WHO's work in and with countries.

Country cooperation strategies

Working with Member States, WHO has been continuously improving the ways country cooperation strategies (CCS) are developed in the Western Pacific Region. The strategies reflect

primarily the needs and priorities of Member States, while making sure that they are supporting the implementation of the GPW13 and receptive to the Action for Results Group (ARG) plan of action. The core of the CCS are clear, achievable strategic priorities that are evidence based. The new guidance emphasizes tailored support to countries' unique contexts, and balancing priorities and deliverables that address the challenges of today and tomorrow. The strategic priorities should be accompanied by a Theory of Change that explains how a given intervention, or a set of interventions, are expected to lead to specific deliverables that will drive country-level impact.

There is an explicit interaction between the CCS and the GPW13 from which the Programme Budget is developed. The analysis of CCS priorities and deliverables for WHO technical cooperation provides country-level input for the identification of the programme priorities and budget allocations. Further, a One Team approach is taken in CCS development to ensure involvement from all levels of the Organization in directly and comprehensively addressing countries' needs.

Progress made in delivering *For the Future* thematic priorities

For the Future sets out four thematic priorities for the work of WHO with Member States to support the needs and priorities of each country and area in the Western Pacific Region.

Over the past four years, WHO has supported Member States in the Region to make progress on their priorities, as reflected in the *For the Future* vision.

Across the Region, strong progress has been made in delivering *For the Future*, which was adopted four years ago. The results and impact of WHO's work in countries can be seen in delivering on Member State priorities. The four thematic priorities – climate change, the environment and health; health security, including antimicrobial resistance (AMR); reaching the unreached; and NCDs and ageing – have remained at the forefront of country priorities. Progress has been facilitated by the use of operational shifts. Through working differently and applying new ways of working for greater impact, WHO has been identifying and sharing lessons, learning and improving. WHO is taking a long-term perspective in working with Member States not only to tackle the challenges of today, but also to address those of the future.

For the thematic priority on climate change, the environment and health, WHO supported the Fijian Ministry of Health and Medical Services to complete a climate hazard and vulnerability assessment of 205 health-care facilities. The assessment helps determine which facilities are most at risk of further damage from climate-related events. More than 25 health-care facilities were identified as being "most vulnerable"; efforts are focused on these facilities, prioritizing them for upgrades. The

work is valuable in limiting further damage to health infrastructure and maintaining service delivery in the face of a changing climate.

For the thematic priority on health security, WHO is working with countries to learn from the COVID-19 pandemic and other emergencies and events across the Region to develop solutions that take a multi-hazards approach and build health systems resilience. For instance, Pacific island countries and areas (PICs) have often had to rely on the deployment of international emergency medical personnel following disasters. With the development of national emergency medical teams (EMTs), many PICs have become more self-sufficient in providing high-quality medical care in affected areas. Thanks to concerted strategic efforts since 2017 to introduce and strengthen national EMTs in the Pacific, many PICs now have in-country capacity. This includes new teams in Kiribati, Marshall Islands, Papua New Guinea and Samoa that have been trained and launched since 1 July 2022.

For the thematic priority on reaching the unreached, experiences from countries have shown how support has been delivered to governments to address complex structural issues that contribute to health inequalities and more effective strategies for working beyond health to achieve this. So-called unreached populations manifest themselves in many ways in the Lao People's Democratic Republic, as more than half of the population lives in rural locations, and the country is one of the most culturally diverse in the Region. To ensure that people are not just reached, but reached effectively with health-care services, the Lao Ministry of Health and WHO have been exploring two new approaches to close the gap through initiatives to accelerate progress towards malaria elimination and the Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust (CONNECT) Initiative.

For the thematic priority on NCDs and ageing, the changing and growing NCD burden and ageing trends in the Region require new and innovative solutions and engagement beyond the health sector.

In Palau, inter-ministerial cooperation is key to addressing ageing. Palau has developed a National Policy on Care for the Aging in an effort to create an age-friendly environment to empower older people, and to design community-based integrated care. Taking a beyond-health approach, the Coordinating Committee on Care for the Aging – chaired by the Minister of Health and Human Services with membership from more than seven ministries and councils – has ensured an inclusive policy development approach.

To promote salt reduction in Malaysia, the Ministry of Health worked with WHO to start a social behavioural change communication programme as part of a comprehensive and innovative approach to salt reduction. By the end of December 2022, more than 5 million people had been reached

by salt reduction information, education and communication materials. These efforts were shown to result in measurable positive changes in knowledge, attitude and intention to practise salt reduction.

To address the significant burden of children affected by untreated dental cavities in Vanuatu, and aligned with the National Oral Health Policy 2019–2023, a programme to strengthen oral health promotion and governance at school was expanded nationally. This programme goes beyond oral health and encompasses broader health promotion, including healthy eating and fostering positive behaviours that contribute to children’s well-being and long-term health. It is an example of how WHO continues to work on better integration of its programmes and ways of working with the needs and systems of Member States. Palau, with support from WHO, developed the National Policy on Care for the Aging to create a society that values and supports older individuals in response to demographic changes, using an innovative “back-casting” approach to plan the actions for this vision.

The Region continues to take a systems approach with universal health coverage (UHC) as the foundation to improving health and well-being. In Viet Nam, WHO is working closely with the Ministry of Health to bring about the legislative reform for health systems strengthening needed to enable a more equitable, efficient and sustainable health system with the overall goal of achieving UHC. WHO provided technical support for the revision of the Law on Medical Examination and Treatment, which was approved by the National Assembly in January 2023. The law strengthens health workforce regulations through the establishment of the National Medical Council and the introduction of national licensing examinations for health professionals, with the aim to improve the quality of care and health outcomes in the long run.

Collaboration with WHO in the South-East Asia Region for greater impact in countries

The WHO regional offices for South-East Asia and the Western Pacific have established an effective working relationship over many years. Given the shared borders of many countries in the two regions, this natural context leads to regular collaboration between technical units in the two offices. In addition, the two offices often organize joint meetings, frequently in cooperation with international and regional institutions and networks. Examples of these collaborations are described below.

Health systems

Biregional workshops on health financing policy for UHC have been hosted by the Western Pacific and South-East Asia regional offices to facilitate knowledge exchange and learning for Member States across the two regions. These workshops have been organized together with the Asian Development Bank (ADB) and World Bank – most recently in Cambodia in June 2023. Furthermore, the WHO-OECD Annual Meeting of Asia-Pacific Health Accounts Experts is an annual event that has

been hosted in turn by the Regional Office for South-East Asia, Regional Office for the Western Pacific and the Organisation for Economic Co-operation and Development (OECD) Korea Policy Centre. These meetings offer a platform for sharing experiences and expertise on the development of health accounts in the Region, and enable an open discussion about methodologies and approaches to tracking health expenditures.

Workshops on WHO guidelines on quality management systems for national regulatory authorities have been jointly organized for countries in the South-East Asia and Western Pacific regions with support from WHO headquarters. This is part of the strengthening of national medicines policies to increase access to and use of high-quality and affordable medicines and health products in every country. The last meeting of the Asia Pacific Network on Access to Medicines under Universal Health Coverage was held in New Delhi in June 2023 together with the OECD Korea Policy Centre. The two regions have also been part of meetings of the Association of South-East Asian Nations (ASEAN) Joint Assessment Procedure for Pharmaceutical Products. A joint Vaccine Manufacturing Workshop for the South-East Asia and Western Pacific regions was held in 2022.

[The Asia Pacific Observatory on Health Systems and Policies](#) (APO) is another good example of collaborative partnerships between interested governments, international agencies, foundations and researchers. Initiated by the WHO Regional Office for the Western Pacific in 2011, APO promotes evidence-informed health system policy regionally and in all countries in the Asia Pacific region. Its main function is to establish a body of knowledge and evidence on health systems in the Asia Pacific region, comparable across countries, through collection and analysis of information and research evidence on health-care policies and reforms. APO has been facilitating Health System in Transition (HiT) Reviews and cross-country comparisons, and linking these to policy briefs and dialogues. One of the advantages of APO being biregional and neutral means that the work – including on inter-agency and intersectoral issues – can be more easily shared, as compared with many other entities. The research being conducted is demand driven, making it a more accurate reflection of country and regional priority health system policy needs. The APO Secretariat is based in the South-East Asia Region but will shift to the Western Pacific in November 2023 as part of the hosting agreement. An evaluation of APO was conducted in 2022. The Board of APO has recently determined that its strategic direction to 2030 is to increase its reach and impact to strongly support the acceleration of evidence-informed health system policy as the norm across the Asia Pacific region.

Health security

The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) is the common biregional framework for the South-East Asia and Western Pacific regions to advance the

International Health Regulations or IHR (2005) for health security, and to strengthen public health security systems and functions required for public health emergency preparedness and response. First established in 2005, [APSED](#) provides a high-level framework and common direction to strengthen multi-hazard health security capacities. In 2010, APSED was complemented by the *Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015)*. While significant progress had been made in strengthening core public health and IHR capacities, the COVID-19 pandemic revealed shortcomings in most countries and the need to strengthen pandemic and health emergency preparedness. The Lancet COVID-19 Commission highlighted the significant role played by APSED and its approaches and principles in providing a foundation for countries in the region to respond quickly and effectively. The draft biregional [Asia Pacific Health Security Action Framework](#) builds on the achievements and approaches of APSED, as well as the experiences of the region in responding to public health emergencies over the past 20 years. The Framework is also consistent with the goals of other global and regional initiatives that advocate for strengthened health systems, such as the Sustainable Development Goals (SDGs), UHC, the United Nations Framework Convention on Climate Change and the *Sendai Framework for Disaster Risk Reduction 2015–2030*.

The operationalization of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) is to be established to enhance regional health security and to sustain ASEAN preparedness and resilience to public health emergencies; the South-East Asia and Western Pacific regional offices are cooperating with ASEAN to ensure complementarity to the work of WHO.

Disease control

Since 2011, the WHO South-East Asia and Western Pacific regions have regularly conducted biregional cross-border meetings on measles, rubella, polio and other priority vaccine-preventable diseases. These meetings were alternately hosted by the two regional offices. The most recent fifth meeting was held in September 2022 in Kathmandu. These meetings have facilitated excellent cooperation between the two regional offices on addressing vaccine-preventable diseases.

The two regional offices collaborate in supporting the development of a road map for the elimination of mother-to-child transmission (EMTCT) of HIV, hepatitis B and syphilis in the Asia Pacific. This undertaking is led by the United Nations Children's Fund (UNICEF) in partnership with WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The road map serves as a complementary document to the WHO EMTCT *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030*. The two regional offices work closely with Member States and partners to implement the EMTCT progress assessment.

Various ongoing biregional collaboration is also ongoing for other communicable diseases, such as malaria in Mekong countries, and neglected tropical diseases and zoonoses, through a One Health partnership with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH).

One of the major challenges in disease control programmes is the cross-border migration of populations between countries in the two regions. While mobility of workers is perceived as an important part of economic development, migration poses a potential risk of transmission of communicable diseases, such as tuberculosis, HIV/AIDS and malaria, and can also contribute to the spread of emerging diseases. Therefore, it is essential for the two regions to collaborate on cross-border health measures and surveillance systems. Furthermore, although most migrant workers enter the host country legally, national authorities may have limited control of the health of undocumented migrants and workers.

Working with regional partner agencies

There is an ongoing and long-standing partnership with ADB in addressing health challenges in the Asia Pacific region, resulting in mutual support provided during the COVID-19 pandemic and health emergencies. Other areas of cooperation include: strengthening health systems with a focus on primary health care and health financing; innovative health-care delivery models; digital health; engagement with the private sector on service delivery; vaccine production; addressing the health consequences of climate change; and water, sanitation and hygiene. ADB's *Strategy 2030 Health Sector Directional Guide: Toward the Achievement of Universal Health Coverage in Asia and the Pacific*, published in November 2022, provides strategic direction for its health sector engagement with opportunities for further partnership. The collaboration and progress are discussed during annual meetings between the president of ADB and the WHO regional directors for the South-East Asia and Western Pacific regions.

WHO takes part in the work of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) in Bangkok and provides openings for addressing SDGs beyond health through multisectoral engagement, including in terms of climate action, disaster preparedness and migration.

Stronger engagement of WHO collaborating centres for more effective and efficient support to countries

Last year's report described how WHO in the Region is using innovative approaches to help Member States achieve their targets as quickly as possible, especially by using the hypothesis-driven

and try-and-learn approaches. Over the past year, WHO has continued to find more efficient and effective ways of supporting countries, especially through partnerships with WHO collaborating centres (WHO CCs).

In November 2022, WHO brought together (in person and virtually) 219 CC partners for the Fourth Regional Forum of WHO Collaborating Centres in the Western Pacific, in Siem Reap, Cambodia. This enabled WHO and CCs to reflect on how they have worked together to advance the vision of making the Western Pacific the world's safest and healthiest region since the previous forum in 2018, which occurred before the adoption of *For the Future* and the COVID-19 pandemic response.

Participants discussed and agreed on ways that WHO can better leverage its expertise, innovations and networks of CCs to accelerate implementation of *For the Future*. Field trips to nearby primary health-care facilities offered insights into Cambodia's health system and highlighted unique and shared health system challenges, generating ideas for new areas of collaboration with WHO.

Following the Forum, WHO and WHO CCs arrived at five agreements to strengthen the support WHO CCs deliver to WHO and countries. These agreements are reflected in the Outcome Statement. These agreements are as follows:

1. WHO and CCs work together at the strategic planning stages to best leverage the breadth of expertise, capacities, networks and resources of the CCs to broaden CC contributions to accelerating implementation of *For the Future*.
2. WHO and CCs collaborative efforts will use the *For the Future* approaches (for example, operational shifts) and emphasize a cross-cutting approach that focuses on strengthening elements of the health system (to benefit more than one area of work) for efficiency and sustainability.
3. WHO and CCs also work on improving coordination between WHO and CCs for greater efficiency and impact in countries. WHO involves CCs in broader discussions about the work of WHO.
4. WHO and CCs work together to create an innovation ecosystem by bringing innovation (and the use of an innovation lens) to their collaborative efforts, including to reach partners beyond health.
5. WHO supports CCs to know/understand common issues across countries in the Region, to ensure efficient use of expertise and resources in delivering support to countries.

To operationalize these agreements, the Western Pacific Region considered feasibility, priority areas for action, and available resources and capacities, and consulted Regional Office stakeholders to develop a two-year action plan to strengthen WHO and WHO CC collaboration in the Region for greater impact in countries. The plan includes actions to be taken by WHO and WHO CCs that will help to collectively deliver on agreements made. The actions focus on strengthening networking and collaboration within and beyond health institutions, and leveraging as well as sharing innovations and innovative practices. They also promote the gradual transition from a WHO-led partnership to one in which WHO CCs have a more active role in coordinating and leading efforts to strengthen collaboration (including among themselves). The expected outcome of the action plan is that WHO CCs are empowered to contribute to the implementation of strategic priorities in delivering on their workplans to have meaningful impact in countries.

The Regional Committee is invited to note this report.

16.4 TRANSFORMATION OF THE REGIONAL OFFICE INCLUDING ORGANIZATION AND WORKPLACE CULTURE CHANGE

Action for Results Group and process simplification

The 11th Global Management Meeting (GMM11) emphasized the importance of strengthening WHO's presence at country level to ensure that:

- WHO has the right and sufficient capacities in the right places, especially in country offices;
- WHO has the right and sufficient financing for country offices;
- WHO country offices are empowered to make decisions that drive impact in countries;
- WHO has a bottom-up planning and prioritization that is focused on driving impact in every country and area;
- WHO is enabled to work across sectors effectively; and
- WHO country offices have effective and efficient ways of working.

The Action for Results Group (ARG) – comprising WHO representatives from all six regions – was established to operationalize these aims and oversee implementation. In the Western Pacific Region, the implementation was accelerated with an increased delegation of authority to WHO representatives and technical directors that was signed by the Acting Regional Director and the Director-General in May 2023. In addition, work has begun on establishing a Core Predictable Country Presence (CPCP) in all WHO country offices in the Western Pacific. These positions will be included in the 2024/2025 operational planning, with recruitment expected to start later this year.

As part of the overall transformation and in line with the ARG recommendations, the Regional Office has also embarked on an ambitious redesign of the administrative and technical processes aimed at recruitment, programme management and publication of WHO technical work and recommendations. A cross-disciplinary team from WHO is working with an external consultancy to carry out a detailed analysis and provide comprehensive recommendations to senior management of the Regional Office. Implementation of the revised processes commenced in September 2023 to coincide with the establishment of CPCP positions and the operational planning. As these are ongoing areas of work, updates to Member States on progress will be forthcoming.

The Regional Committee is invited to note this report.

Update on work within the Western Pacific Region to strengthen workplace culture and support organizational change

WHO's Transformation approach focuses on creating a modern WHO that works seamlessly to make a measurable difference in people's health and well-being at the country level. This approach includes the strategic objective of enabling the full potential of the Organization. In line with this, the Western Pacific Region began reshaping its organizational and workplace culture with the aim of ensuring a workplace characterized by respect for all, where everyone is supported to do their best work. This, in turn, enhances WHO's ability to serve people and support Member States in the Region.

To achieve this, work is underway in three areas: (1) strengthening and expanding existing systems for reporting and responding to complaints about harassment, bullying and abusive conduct; (2) simplifying and improving internal processes; and (3) building a stronger workplace culture that "we can all be proud of". A measurement, evaluation and learning programme has been implemented to evaluate progress and workforce perceptions of efforts to improve workplace culture, as well as to provide recommendations for changes.

Collectively, work in these three areas has resulted in an increased percentage of the workforce saying they would recommend their WHO office in the Region as a good place to work (56% in the November 2022 workforce survey, compared to 49% in the February 2022 workforce survey), decreased levels of experiencing or witnessing harassment and abusive conduct (21% in November, from 28% in February), and at least 70% responding that there was equal treatment of people with different genders, religions or beliefs, sexual orientation and gender identity, and disability. While the results are promising, they highlight the need for continued work. Further details can be found in document RC74/INF/2: Transformation of the Regional Office including organization and workplace culture change.

The Regional Committee is invited to note this report.

Preventing and responding to sexual misconduct

WHO is committed to ensuring zero tolerance for sexual misconduct. In line with this, WHO in the Western Pacific Region has initiated measures to create safe, inclusive and respectful work environments. The goal of WHO goes beyond mere compliance and entails a shift in mindset, behaviour and culture among all personnel, irrespective of the nature of their work, contract type, gender, sexual orientation, social status or age.

To achieve this, the following priorities have been set: (1) creating safe and confidential spaces for WHO personnel to speak about incidents of sexual misconduct and risks faced; (2) hosting extensive discussions involving all personnel, irrespective of contract type, on risks of sexual misconduct and the development of context-appropriate mitigation measures; and (3) increasing country and regional office capacity for preventing and responding to sexual misconduct in a victim-centred manner.

One of the biggest achievements is in creating the space to discuss issues that were previously considered taboo. Collectively, there has been a significant increase in the numbers of colleagues coming forward in safe spaces to speak of their experiences and expectations, even as reporting to formal mechanisms remains low. Country offices are adopting action plans on preventing and responding to sexual exploitation, abuse and harassment (PRSEAH). These plans have developed internally, with each office identifying their own aspirations, needs and hopes. There is a growing ownership of PRSEAH in many country offices in the Region, with leadership taking concrete actions and the workforce beginning to hold its leadership accountable to take concrete steps to prevent all forms of sexual misconduct.

The Regional Committee is invited to note this report.

16.5 ITEMS RECOMMENDED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

The Seventy-sixth World Health Assembly in May 2023 adopted 19 resolutions and 23 decisions, which are listed in Annex 3. The 152nd session of the Executive Board adopted 29 decisions. The draft provisional agenda of the 153rd session of the Executive Board is available in Annex 5.

Five items have been referred to the WHO regions for further comments or consideration by Member States in 2023, prior to governing body sessions in 2024.

Information on these items is provided below under subheadings 4.1 to 4.5. Where indicated, Member States may also provide comments directly to the respective focal point at WHO headquarters.

For some items – for example, 4.1 and 4.4 – additional consultation processes are ongoing or being considered to obtain input and comments from Member States.

4.1 World Health Assembly resolution WHA75.13 on the global strategy on infection prevention and control

In [resolution WHA75.13](#), the Health Assembly requested the Director-General to develop the global strategy on infection prevention and control in both health and long-term care settings, which was adopted in [decision WHA76\(11\)](#), into an action plan for infection prevention and control, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session. A series of interactive consultations related to the regional quality and safety strategy will be held with Member States; these consultations will also serve to gather input for an action plan for infection prevention and control. Member States interested in contributing to this work may contact the global focal point: Dr Rudi Eggers, Director, Integrated Health Services at WHO headquarters (eggersr@who.int).

4.2 World Health Assembly decision 76(16) on the health of Indigenous peoples

In resolution WHA76(16), the Health Assembly requested the Director-General to develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a global plan of action for the health of Indigenous peoples, in consultation with Member States, Indigenous peoples, relevant United Nations and multilateral agencies, as well as civil society, academia and other stakeholders. The global plan of action is to be in line with WHO's Framework of Engagement with Non-State Actors (FENSA), take a life-course approach – with a particular emphasis on reproductive, maternal and adolescent health – and with a specific focus on those in vulnerable situations, and bear in mind local contexts. Member States interested in contributing to this work may contact the global focal point: Ms Erin Kenney, Department of Gender, Rights and Equity & Diversity, Equity and Inclusion (GRE-DEI) at WHO headquarters (kenneye@who.int).

4.3 World Health Assembly decision 76(19) on sustainable financing: feasibility of a replenishment mechanism, including options for consideration

In [decision WHA76\(19\)](#) the Health Assembly decided to request the Director-General, in consultation with Member States, including through regional consultations and with due consideration

of FENSA, to proceed with the planning of a WHO investment round for the last quarter of 2024 to facilitate the financing of the GPW14, to provide regular updates to and receive advice from Member States, and present a report with a full plan that includes modalities and anticipated costs and efficiencies (including staffing adjustments) for undertaking this exercise, for consideration and approval of concrete next steps by the Executive Board at its 154th session, through the Programme Budget and Administration Committee at its thirty-ninth meeting, and to submit an updated report to the Seventy-seventh World Health Assembly, through the Programme, Budget and Administration Committee at its fortieth meeting. Member States interested in contributing to this work may contact the global focal point: Ms Leen Meulenbergs, Unit Head, Coordinated Resource Mobilization at WHO headquarters (meulenbergs@who.int).

4.4 World Health Assembly decision 76(20) on WHO traditional medicine strategy 2014–2023

In [decision WHA76\(20\)](#) the Health Assembly decided to request the Director-General to develop, guided by the WHO traditional medicine strategy: 2014–2023 and in consultation with Member States, relevant stakeholders and, where applicable, regional economic integration organizations, a draft new global traditional medicine strategy for the period 2025–2034, and to submit the draft strategy for consideration by the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session. In WHA76, Member States agreed to extend the current traditional medicine strategy to 2025 and that a new strategy should be developed for the period 2025–2034 by 2025. Consultation processes with Member States may follow. Member States interested in contributing to this work may contact the global focal point: Dr Rudi Eggers, Director, Integrated Health Services at WHO headquarters (eggersr@who.int).

4.5 World Health Assembly decision 76(12) on Global Health and Peace Initiative

In [decision WHA76\(12\)](#) the Health Assembly decided to request the Director-General to report on progress made on strengthening the Roadmap for the Global Health and Peace Initiative, as a living document, through consultations with Member States and, where applicable, regional economic integration organizations, observers and other stakeholders, as decided by Member States, to the Seventy-seventh World Health Assembly through the Executive Board at its 154th session, for consideration. Member States interested in contributing to this work may contact the regional focal point: Dr Rajesh Narwal, Coordinator, Universal Health Coverage at the WHO Regional Office for the Western Pacific (narwalr@who.int).

16.6 RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

During the seventy-third session of the World Health Organization Regional Committee for the Western Pacific in October 2022, several delegations proposed that the Regional Committee review and strengthen its Rules of Procedure. The Rules of Procedure were last amended by the Regional Committee in 2012. Specifically, the proposals for change focused on procedures for managing the Region's work during the unexpected absence of the Regional Director, ensuring timely and effective channels of communication with Member States, and rewriting the Rules of Procedure in gender-neutral language. This is referenced in page 32 of the final report of the seventy-third session under item 16 – Coordination of the Work of the World Health Assembly, the Executive Board and the Regional Committee.

In line with this request, WHO in the Western Pacific developed proposed amendments to the Rules of Procedure and a draft decision on governance reform which was shared with Member States for their feedback first on 21 July 2023 and again on 4 October 2023. Feedback and further proposals received from Member States have been incorporated into the annexed documents and is for the Regional Committee's review. The Regional Committee is requested to decide on the governance reform and the amendments to the Rules of Procedure.

16.7 OTHER ITEMS

Fourteenth General Programme of Work, Investment Round and Results Framework – Interlinkages

This short paper sets out to explain the interlinkages between the Fourteenth General Programme of Work, 2025–2028 (GPW14), the investment round and the Results Framework.

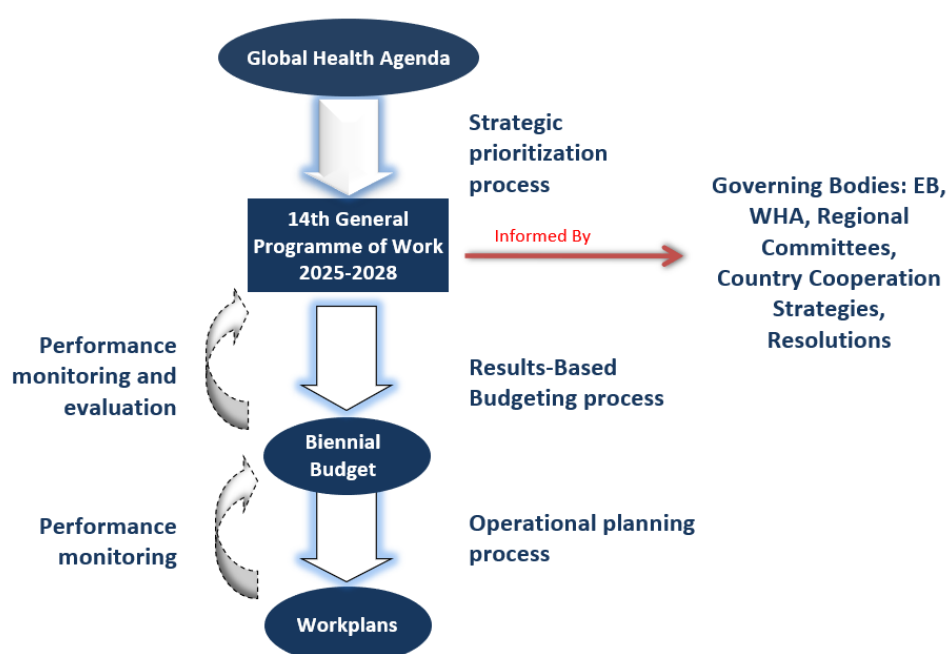
General Programme of Work

The General Programme of Work (GPW) is a strategic document that sets a high-level road map and agenda for global health and outlines WHO's priorities and objectives for a specified period. The specific goals and priorities outlined in a GPW may vary from one period to the next, depending on the global health context and evolving needs of Member States.

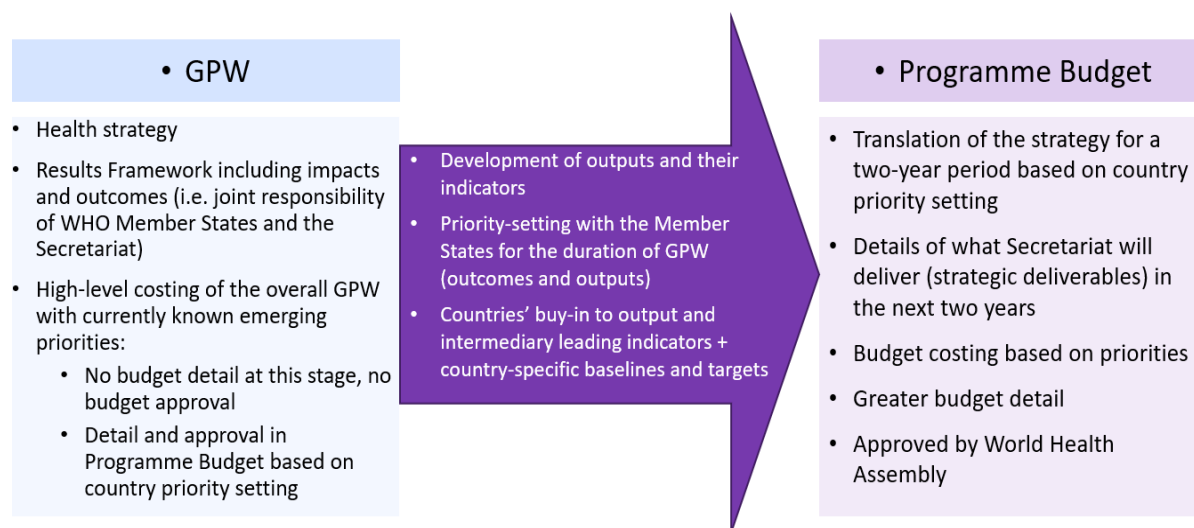
GPWs are typically developed for multi-year periods and serve as a road map for the work of WHO during that time. The GPW sets priorities for the world and identifies strategic direction and goals for the Secretariat, and also provides a framework for resource allocation and decision-making.

The GPW, which is endorsed by the World Health Assembly, is developed in consultation with Member States, experts and stakeholders.

As shown below, biennial programme budgets are based on the GPW and translate the strategy into more detailed plans with budgets.



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Decision WHA76(19) on sustainable financing requested the Director-General, in consultation with Member States, to proceed with the drafting of GPW14 so that it can also serve as the technical strategy to underpin the first WHO investment round.

Building on the strengths of the WHO Thirteenth General Programme of Work, 2019–2025 (GPW13), the broad goal proposed for GPW14 is to promote, provide and protect the health and well-being of all people, everywhere. Acknowledging that the world is dramatically different since the adoption of the Sustainable Development Goals (SDGs), GPW14 is conceived as a framework to manage today's health challenges while taking a forward-thinking approach to address the impact of the climate crisis on health, and demographic changes.

Adequate financing of the WHO budget for the period 2025–2028 will be essential to realizing the strategic objectives, overarching goal and full impact of GPW14. This will depend on taking forward World Health Assembly decisions in relation to the sustainable financing of the Organization, in parallel with Member State-led¹ and Secretariat-implemented reforms.²

The indicative financial envelope of approximately US\$ 11.1 billion for the base segment of GPW14 provides a high-level estimate for the needs of the Secretariat to support Member States in the agreed priority areas for 2025–2028. This envelope does not replace the more detailed programme budgets, which would have to be subsequently approved by the World Health Assembly.

¹ Document EB/AMSTG/3/4.

² [https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-\(sip\)-actions](https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-(sip)-actions)

Investment round

The first WHO investment round builds on this indicative envelope and aims to cover the voluntary contribution requirements of the technical programmes of the base segment of the respective programme budgets for the 2025–2028 period.

The investment round and GPW14 are thus inextricably linked as the former is a key component of the Secretariat's resource mobilization approach for ensuring the full financing of GPW14.

The investment round seeks to rally stakeholders around GPW14 to safeguard political momentum for global health and for a strong WHO after the COVID-19 pandemic. It seeks to secure predictable funding to allow a stable workforce, increase flexible funding to reduce persistent pockets of poverty and enable WHO to sustain and further develop systems and capacities needed to fulfil its core functions in support of Member States in order to implement GPW14.

For the first investment round, every pledge to the base budget will count. This will include current multi-year agreements that go beyond 2025. For those agreements already formalized, the amounts covering January 2025 to 2028 will be considered as contributions towards the investment round. Equally, contributors that are unable to commit for the full four-year period but whose contribution is covering the GPW14 base segment will be counted.

Discussions are ongoing with Member States on hosting arrangements and a potential date for the investment round event towards the end of 2024. The event will provide an opportunity for all Member States to participate, including through virtual channels. Outreach is also underway to identify at least one co-host from each WHO region to champion the investment round and support regional and/or thematic events. The Secretariat is drawing on existing capacity from within the three levels of the Organization and will leverage outreach to contributors using existing meetings, strategic dialogues and other appropriate forums.

Accountability for results

In addition to ensuring sustainable, flexible and predictable financing for the Organization, having an optimized Results Framework and innovative ways of working will be key to effectively deliver on the ambitious agenda articulated in GPW14 and accelerate progress towards the health-related targets of the SDGs.

As part of the high-level political forum on sustainable development convened under the auspices of the United Nations General Assembly in September 2023, Heads of State and Government

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and high representatives concluded that “the progress on most of the SDGs is either moving much too slowly or has regressed below the 2015 baseline.”³ Of particular importance is the realization that to achieve the Universal Health Coverage 2030 target, the world must double the pace of progress.

Additionally, Heads of State and Government and high representatives pledged to enhance data systems, capacities and funding for collecting, analysing and disseminating high-quality, disaggregated SDG data, with a focus on supporting developing countries to accelerate progress towards fulfilment of the SDGs by 2030.

To support countries, increase accountability and credibility, and accelerate progress, WHO must address two fundamental and related problems: slow progress and insufficient information.

Results framework

As summarized in the technical paper currently undergoing Member State consultation,⁴ over the past six years WHO has carefully established a transparent and rigorous approach, approved by WHO governing bodies, to track progress improving health at country, regional and global levels.⁵

The WHO Results Framework, which includes the Triple Billion targets, has introduced accountability for progress and equity, making these commitments actionable and measurable. The Triple Billion targets are based on 46 outcome indicators that come from the SDGs and World Health Assembly resolutions, which reflect the priorities of Member States. The methods to monitor progress in achieving the Triple Billion targets have undergone extensive review and consultations with WHO regions, experts and countries.⁶

Continuity between GPW13 and GPW14 is essential and critical.

To optimize the WHO Results Framework for GPW14, the Secretariat has proposed several changes. For WHO Impact Measurement:

- Healthy Life Expectancy (HALE) remains the overarching measure of improvement in mortality and morbidity.

³ [A HLPF 2023 L1.pdf \(un.org\)](#).

⁴ [Concept and Methodologies in estimation and forecasting of Triple Billion targets and improving the WHO Results Framework](#)

⁵ WHO. [WHO Expert Reference Group on the Draft GPW 13](#). Preliminary Report – May 2018. [Reference Group on the General Programme of Work](#); Interim Report. 2018.

⁶ Ibid.

- The Triple Billion targets will be recalibrated (X billion more people enjoying better health and well-being, Y billion more people benefiting from universal health coverage, and Z billion better protected from health emergencies) to include relevant new tracer indicators reflecting global priorities agreed by Member States.
- Further efforts need to be made in data collection – including disaggregated tracer indicators by gender, age and subnational units – so that efficient and effective interventions can further improve population health and equity.

Improving implementation – Delivery for impact

As part of the Organization’s transformation and to accelerate progress, WHO has been progressively applying the “delivery for impact approach”, for which a technical paper is currently undergoing Member State consultation.⁷

This approach represents a new way of working to drive acceleration of measurable impact in WHO’s cooperation with countries. It emphasizes the importance of having clear SDG-based outcome targets that are driven by measurable and manageable outputs, a strong theory of change and delivery plan, as well as routinely monitoring progress, proactive problem-solving and course-correcting during the implementation phase.

Over the past four years, WHO has refined this approach across all levels of the Organization. More than 40 WHO country offices and many technical programmes have used the delivery for impact approach to support fast-tracking progress on specific outcome indicators. In doing so, an end-to-end approach has been tested during prioritization and planning for the 2024–2025 biennium, with specific acceleration plans anchored in the countries’ health-related SDG targets. The opportunity now for WHO is to scale its initial experience with delivery for impact as part of GPW14, making a significant contribution to global health.

These two fundamental areas – data and delivery combined – support the four WHO functional objectives: stronger science and innovation; improved coordination and partnership; improved data and information systems; and delivery including technical assistance. They further support the key WHO management objectives of improving governance and accountability, improving administration and operations by better aligning the budget with country organizational priorities and accountabilities,

⁷ [Delivering a measurable impact in countries \(who.int\)](https://www.who.int/publications/m/item/delivering-a-measurable-impact-in-countries)

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leading to continuous improvement in the ability of WHO to lead and deliver measurable impact in countries.

Way forward

The preceding sections have demonstrated the interlinkages between GPW14, the investment round and the Results Framework.

WHO is committed to building on the path set by GPW13: focusing on measuring impact at the country level and demonstrating results. Accountability and demonstration of measurable results are also key prerequisites of a successful investment round. Currently the Secretariat (together with Member States) is working on the outcomes and outputs of GPW14 and, in parallel, revising the measurement framework, with due considerations to continuity and comparability.

Through adequate financing and continuing the path towards a modern, data-driven organization that supports Member States with timely, reliable and actionable data, WHO is committed to further strengthening delivery for impact at country level and accelerating progress towards the health-related SDGs.

The Regional Committee is invited to note this report.

**LIST OF TECHNICAL AGENDA ITEMS DISCUSSED AT THE REGIONAL COMMITTEE
FROM 2013 TO 2023 WITH INFORMATION ON CATEGORIES FOR INCLUSION**

Regional Committee session (Year)	Agenda items	Categories for inclusion for main technical agenda items		
		(a) Regional strategies to be renewed	(b) Adaptation of WHA resolutions	(c) Issues proposed by Member States or the Secretariat ¹
Seventy-fourth (2023)	Health security	✓		
	Health workforce			✓
	Communication for health			✓
	Health innovation			✓
	Investing in health and universal health coverage			✓
Seventy-third (2022)	Noncommunicable disease prevention and control	✓		
	Cervical cancer			✓
	Communication for Health (panel discussion)			✓
	Mental health			✓
	Primary health care			✓
	Reaching the unreached			✓
Seventy-second (2021)	Primary health care			✓
	School health			✓
	Traditional and complementary medicine	✓		
	Tuberculosis	✓		
Seventy-first (2020)	Ageing and health			✓
	Vaccine-preventable diseases and immunization	✓		
	Safe and affordable surgery			✓
Seventieth (2019)	Ageing and health			✓
	Tobacco control	✓		
	Protecting children from the harmful impact of food marketing			✓
	Antimicrobial resistance	✓		
Sixty-ninth (2018)	Neglected tropical diseases	✓		
	Rehabilitation		✓	
	Strengthening legal frameworks for health in the Sustainable Development Goals			✓

¹ Items classified under category (c) were newly raised issues or those not recently addressed by the Regional Committee or the World Health Assembly. Proposal by Member States or the Secretariat is also a prerequisite for categories (a) and (b).

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Sixty-ninth (2018) continued	E-health for integrated service delivery			✓
	Planning and managing hospitals			✓
Sixty-eighth (2017)	Measles and rubella elimination			✓
	Protecting children from the harmful impact of food marketing			✓
	Health promotion in the Sustainable Development Goals			✓
	Triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B		✓	
	Transitioning to integrated financing of priority health services			✓
	Regulatory strengthening and convergence for medicines and health workforce			✓
	Food safety	✓		
Sixty-seventh (2016)	Dengue	✓		
	Malaria	✓	✓	
	Environmental health			✓
	Sustainable Development Goals			✓
	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies	✓	✓	
Sixty-sixth (2015)	Viral hepatitis			✓
	Tuberculosis	✓	✓	
	Universal health coverage	✓		✓
	Violence and injury prevention			✓
	Urban health	✓		

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Sixty-fifth (2014)	Mental health		✓	
	Tobacco Free Initiative	✓		
	Antimicrobial resistance		✓	
	Expanded Programme on Immunization		✓	
	Emergencies and disasters		✓	
Sixty-fourth (2013)	Blindness prevention		✓	
	Ageing and health			✓
	Hepatitis B control through vaccination			✓
	Noncommunicable diseases	✓	✓	

PROPOSED AGENDA ITEMS FOR THE SEVENTY-FIFTH SESSION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC WITH BACKGROUND INFORMATION

a. Renewal of regional strategies

1. Health financing for social well-being and sustainable development

In the Western Pacific Region, progress towards universal health coverage (UHC) has been hindered by the stagnation of prioritization of health, widening inequalities and a deteriorating situation with regard to financial protection. The COVID-19 outbreak, along with the worsened global and regional fiscal outlooks, has further constrained fiscal space for health in the coming years. The pandemic also underscored the critical link between health and economies, as well as the impact of health across all of society and vice versa. Generating consensus and solidarity on rethinking economies through a Health for All approach will be crucial to secure sustainable economic recovery and growth, as well as to address broader issues, such as the social determinants of health, ageing, noncommunicable diseases (NCDs), climate change, and reaching the unreached. Therefore, it is critical for WHO to execute technical leadership in the Region, partnering with relevant stakeholders and agencies, to offer Member States robust, innovative and sustainable health financing and whole-of-society solutions for the future.

It is proposed to present a new action framework on health financing for social well-being and sustainable development for consideration at the seventy-fifth session of the WHO Regional Committee for the Western Pacific. This framework aims to acknowledge the progress from investments in health and the lessons identified on health financing reforms in the Region over the past decades, while identifying persistent and future challenges governments face in securing adequate investments in health and organizing their health financing systems to improve social well-being and achieve the Sustainable Development Goals (SDGs) by 2030. The framework provides evidence-informed strategic actions around building a shared view to prioritize health in the development agenda for all Member States in the Region, and proposes critical policy recommendations to redesign health financing policies and strategies to create a healthier and safer region for all.

2. Digital health

The sixty-ninth session of the Regional Committee adopted resolution WPR/RC69.R2 on harnessing e-health for improved service delivery and endorsed the *Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific*. Five years have

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elapsed since then and the health landscape and digital health technologies have changed significantly. Digital health is increasingly playing a pivotal role in transforming health care by leveraging technology to increase access to care and enhance people-centred health delivery. In particular, the COVID-19 pandemic expedited exponential growth in digital health. While the potential of harnessing digital health for improved service delivery is enormous, it also brings about new challenges and requires systematic planning.

Globally, the Seventy-first World Health Assembly adopted resolution WHA71.7 requesting the Director-General to develop a global strategy on digital health. The Seventy-third World Health Assembly endorsed the Global Strategy on Digital Health. It is therefore proposed to present a renewed regional action framework on digital health in the Western Pacific for the consideration of the seventy-fifth session of the Regional Committee in 2024.

b. Adaptation of World Health Assembly resolutions to the Region

3. Operationalizing the Global Strategy on the Environment, Climate Change and Health in the Region

During the Seventy-seventh World Health Assembly in 2024, a new Global Strategy on the Environment, Climate Change and Health will be presented and hopefully endorsed, as requested by the Netherlands during the Seventy-sixth World Health Assembly. The previous Global Strategy was broadly supported by countries during the Seventy-second World Health Assembly in May 2019 and aimed at transforming the way we tackle environmental risks to health by accounting for health in all policies and scaling up disease prevention and health promotion.

This new Global Strategy will incorporate updated knowledge and evidence, as well as strategic initiatives such as the COP26 Health Programme and the Alliance for Transformative Action on Climate and Health, and the new operational framework for building climate-resilient and environmentally sustainable low-carbon health systems.

As a result, the proposed panel discussion at the seventy-fourth session of the Regional Committee will focus on an evaluation of the Global Strategy and its alignment with the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* and other regional strategy documents and priorities related to climate change, the environment and health, as well as how to operationalize the implementation of the Global Strategy within the Region and its existing

frameworks. It will draw on key Member States to provide perspectives from different contexts, using experiences and lessons identified.

c. Issues proposed by Member States or the Secretariat

4. Strengthening international legal instruments on health security (work of the Intergovernmental Negotiating Body [INB] and Working Group on IHR Amendments [WGIHR])

Since 2022, two key Member State-driven processes have been underway to strengthen the legal instruments that govern international preparedness and response to public health emergencies: (1) the drafting and negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, led by the Intergovernmental Negotiating Body (INB); and (2) proposals to amend the International Health Regulations (2005) (IHR), led by the Working Group on Amendments to the International Health Regulations (WGIHR). Both the INB and WGIHR are scheduled to submit their final outcomes/reports to the Seventy-seventh World Health Assembly for consideration. The adoption and/or amendment of these instruments will result in new or changed legal rights and obligations for State Parties related to the prevention of, preparation for and response to pandemics and other public health emergencies with the potential to cross international borders. It is therefore proposed to present an update on the outcomes of these processes to the Regional Committee, including rights and obligations for State Parties to the new/amended instruments, regional implications and regional mechanisms to support countries and areas in implementation.

5. One Health

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent, leading us to the need for coordinated and multisectoral approaches to address emerging health risks at the human–animal–environment interface. At the international level, the approach is supported and promoted by the One Health Quadripartite composed of the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), WHO and the World Organisation for Animal Health (WOAH). One Health has been discussed by Member States, international donors and partners in different forums, including meetings of the WHO Executive Board, the World Health Assembly, WHO Regional Committees, Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) Technical Advisory Group and One Health Quadripartite initiatives and events. Following lessons identified from the COVID-19 pandemic, there

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are also growing expectations for One Health capacity-building supported by WHO, other Quadripartite members and partners to prepare for future pandemics. In the Western Pacific Region, various networks and initiatives for One Health governance exist which need to be further strengthened, and many Member States have or are establishing One Health coordination mechanisms. In this context of strong interest from Member States, firm demand for WHO support and commitment of the Quadripartite agencies to work together on One Health, it is proposed to develop a strategic guidance document on the use of the One Health approach in the Western Pacific Region.

**RESOLUTIONS AND DECISIONS ADOPTED BY THE SEVENTY-SIXTH
WORLD HEALTH ASSEMBLY, 21–30 May 2023**

Resolution number	Title of resolution
WHA76.1	Programme budget 2024-2025
WHA76.2	Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies
WHA76.3	Increasing access to medical oxygen
WHA76.4	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage
WHA76.5	Strengthening diagnostics capacity
WHA76.6	Strengthening rehabilitation in health systems
WHA76.7	Behavioural sciences for better health
WHA76.8	Scale of assessments for 2024–2025
WHA76.9	Amendments to the Financial Regulations and Financial Rules
WHA76.10	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
WHA76.11	Housing allowance for the Director-General
WHA76.12	Salaries of staff in ungraded positions and of the Director-General
WHA76.13	Report of the International Civil Service Commission
WHA76.14	Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030
WHA76.15	Appointment of the External Auditor
WHA76.16	The health of Indigenous Peoples
WHA76.17	The impact of chemicals, waste and pollution on human health
WHA76.18	Accelerating action on global drowning prevention
WHA76.19	Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification

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Decision number	Title of decision
WHA76(1)	Composition of the Committee on Credentials
WHA76(2)	Election of officers of the Seventy-sixth World Health Assembly
WHA76(3)	Election of officers of the main committees
WHA76(4)	Establishment of the General Committee
WHA76(5)	Adoption of the agendas
WHA76(6)	Verification of credentials
WHA76(7)	Election of Members entitled to designate a person to serve on the Executive Board
WHA76(8)	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression
WHA76(9)	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health
WHA76(10)	Substandard and falsified medical products
WHA76(11)	Global strategy on infection prevention and control
WHA76(12)	Global Health and Peace Initiative
WHA76(13)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
WHA76(14)	Results report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022
WHA76(15)	Report of the External Auditor
WHA76(16)	Reform of the global internship programme
WHA76(17)	Appointment of representatives to the WHO Staff Pension Committee
WHA76(18)	Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
WHA76(19)	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration
WHA76(20)	Extension of the WHO traditional medicine strategy: 2014–2023 to 2025
WHA76(21)	Voluntary Health Fund for small island developing States (terms of reference)
WHA76(22)	Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach
WHA76(23)	Social determinants of health



EXECUTIVE BOARD
154th session
Geneva, 22–27 January 2024

EB154/1 (draft)
28 June 2023

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Report of the regional committees to the Executive Board
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response

Pillar 1: One billion more people benefitting from universal health coverage

6. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
7. WHO global strategy on infection prevention and control
8. Immunization Agenda 2030
9. End TB Strategy
10. Road map for neglected tropical diseases 2021–2030

Pillar 2: One billion more people better protected from health emergencies

11. WHO's work in health emergencies
12. Implementation of resolution WHA75.11 (2022)
13. Global Health and Peace Initiative
14. Poliomyelitis
 - Poliomyelitis eradication
 - Polio transition planning and polio post-certification

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15. Smallpox eradication: destruction of variola virus stocks

Pillar 3: One billion more people enjoying better health and well-being

16. Social determinants of health

17. Maternal, infant and young child nutrition

18. Well-being and health promotion

19. The impact of chemicals, waste and pollution on human health

Pillar 4: More effective and efficient WHO providing better support to countries

20. Budget and finance matters

- 20.1 Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025
- 20.2 Draft fourteenth General Programme of Work
- 20.3 Sustainable financing: WHO investment round
- 20.4 Amendments to the Financial Regulations and Financial Rules [if any]

21. Management and governance matters

- 21.1 Prevention of sexual exploitation, abuse and harassment
- 21.2 Evaluation: update and proposed workplan for 2024–2025
- 21.3 Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
- 21.4 Engagement with non-State actors
 - Report on the implementation of the Framework of Engagement with Non-State Actors
 - Non-State actors in official relations with WHO

22. Provisional agenda of the Seventy-seventh World Health Assembly and date and place of the 155th session of the Executive Board

23. Committees of the Executive Board

23.1 Independent Expert Oversight Advisory Committee: membership renewal [if any]

23.2 Foundation committees and selection panels

24. Staffing matters

24.1 Appointment of the Regional Director for the Eastern Mediterranean

24.2 Appointment of the Regional Director for South-East Asia

24.3 Appointment of the Regional Director for the Western Pacific

24.4 Statement by the representative of the WHO staff associations

24.5 Report of the Ombudsperson

24.6 Human resources: update

24.7 Amendments to the Staff Regulations and Staff Rules [if any]

24.8 Report of the International Civil Service Commission

25. Report on meetings of expert committees and study groups

- Expert advisory panels and committees and their membership

26. Closure of the session



RULES OF PROCEDURE
OF THE
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

As revised at the seventy-fourth session of
the Regional Committee for the Western Pacific
Manila, Philippines – 16 to 20 October 2023

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**RULES OF PROCEDURE
OF THE
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC⁸**

MEMBERSHIP AND ATTENDANCE

Rule 1

The Regional Committee (hereinafter referred to as the “Regional Committee” or the “Committee”) shall consist of representatives (hereinafter referred to as the “representatives”), one each from the States Members and Associate Members (hereinafter referred to as “Members”) and areas participating pursuant to Article 47 of the Constitution⁹ forming the Western Pacific Region (hereinafter referred to as the “Region”) of the World Health Organization (hereinafter referred to as the “Organization”). The representatives may be accompanied by alternates and advisers.

Rule 2

Subject to the terms of any existing agreements, the Committee may arrange for consultation with respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization and for their participation, without vote, in its discussions and in those of committees or subcommittees convened or established under its authority.

The Regional Director, in consultation with the Regional Committee, may invite States not members of the Committee to participate without vote in the sessions of the Committee. Non-State actors admitted into official relations with the World Health Organization pursuant to the Framework of Engagement with Non-State Actors are invited to participate without vote in the sessions of the Regional Committee, as provided for in paragraph 55 of the Framework. Other international, regional and national nongovernmental organizations, international business associations and philanthropic foundations not in official relations with the Organization but accredited to participate in meetings of the Committee in accordance with paragraph 57 of the Framework of Engagement may also participate without vote in the deliberations of the Regional Committee, as provided for in the Framework of Engagement.

⁸ Adopted at the sixth session of the Regional Committee for the Western Pacific (resolution WPR/RC6.R21) and amended at its seventh, ninth, thirteenth, fifteenth, twenty-third, thirtieth, thirty-first, forty-second, fifty-seventh, sixty-first, and sixty-third sessions (resolutions WPR/RC7.R20, WPR/RC9.R8, WPR/RC13.R3, WPR/RC15.R2, WPR/RC23.R6, WPR/RC30.R1, WPR/RC31.R7, WPR/RC42.R1, WPR/RC57.R3, WPR/RC61.R3 and WPR/RC63.R8).

⁹ Under the conditions laid down in resolution WHA2.103.

CREDENTIALS

Rule 3

The Members shall communicate to the Regional Director, if possible 15 days before the date fixed for the opening of the session of the Committee, the names of their representatives, including all alternates and advisers. Similarly, the States and organizations referred to in Rule 2 invited to be represented at the session, shall communicate the names of the persons by whom they shall be represented. The credentials of representatives shall be delivered to the Regional Director, if possible not less than one day before the opening of the session of the Committee. Such credentials shall be issued by one of the following: the Head of State, the Head of Government, the Minister for Foreign Affairs, the Minister of Health or any other competent authority. Such credentials may be sent electronically or hand delivered to the Regional Director.

Rule 3 bis

The officers of the Regional Committee shall examine the credentials of representatives and report thereon to the Regional Committee. Any representative to whose admission a Member has made an objection shall be seated provisionally with the same rights as other representatives, until the officers have reported and the Regional Committee has rendered its decision.

SESSIONS

Regular Sessions

Rule 4

The Committee shall hold at least one regular session a year. It shall determine at each regular session the time and place of its next regular session. Notices convening the Committee shall be sent by the Regional Director at least eight weeks before the commencement of the session to the Members, to the Director-General of the Organization (hereinafter referred to as the “Director-General”), and to the organizations referred to in Rule 2 invited to be represented at the session.

Special Sessions

Rule 5

The Regional Director, in consultation with the Chairperson of the Committee, (hereinafter referred to as the “Chairperson”), shall also convene the Committee to a special session at the joint request of at least 10 of the Members, addressed to him or her in writing and stating the reason for the request. In this case, the Committee shall be convened within 30 days following receipt of the request and the session shall be held at the Regional Office unless the Regional Director, in consultation with the Chairperson, determines otherwise. The agenda of such a session shall be limited to the questions having necessitated that session. Formal proposals related to items on the agenda may be introduced not later than 10 days before the opening of a special session.

Annex 6

If exceptional events, such as those referred to in Article 28(i) of the Constitution, occur requiring immediate action by the Regional Committee, the Regional Director shall, in consultation with the Chairperson, convene the Committee in a special session and shall fix the date and determine the place of the session; however, the special session shall not be held if a majority of the Members object, within two weeks of the date of dispatch of the letter of convocation, to convening the Committee.

Rule 6

The meetings of the Committee shall be held in public, unless the Committee decides otherwise.

AGENDA

Rule 7

The provisional agenda of each session shall be drawn up by the Regional Director in consultation with the Chairperson. It shall be dispatched together with the notice of convocation to be sent in accordance with Rule 4 or Rule 5, as the case may be.

Rule 8

Except in the case of sessions convened under Rule 5, the provisional agenda of each session shall include *inter alia*:

- (a) the annual report of the Regional Director on the work in the Region;
- (b) all items, the inclusion of which has been prescribed by the World Health Assembly (hereinafter referred to as the "Health Assembly");
- (c) all items, the inclusion of which has been prescribed by the Executive Board of the Organization;
- (d) any item proposed by the Director-General or the Regional Director;
- (e) all items, the inclusion of which has been prescribed by the Committee at a previous session;
- (f) all items pertaining to the programme budget for the current financial period and all items pertaining to the programme budget for the financial period following the current financial period;
- (g) any item proposed by a Member.

Rule 9

Subject to the provisions of Rule 5, the Regional Director, may in consultation with the Chairperson, include any question suitable for the agenda which may arise or reach him or her up to 21 days before the opening day of the session, in a supplementary agenda which the Committee shall examine together with the provisional agenda. Any items arising or submitted later shall be included in a supplementary agenda provided that the Committee agrees.

OFFICERS OF THE COMMITTEE

Rule 10

The Committee shall elect its officers, a Chairperson, a Vice-Chairperson, one Rapporteur in Chinese, one Rapporteur in English and one Rapporteur in French, from among the representatives each year at its first regular session held during that year. The officers shall hold office until their successors are elected. The Chairperson shall not become eligible for re-election until two years have elapsed since he or she ceased to hold office.

Rule 11

In addition to exercising the powers which are conferred upon him or her elsewhere by these Rules, the Chairperson shall declare the opening and closing of each meeting of the Committee, shall direct the discussions, ensure observance of these Rules, accord the right to speak, put questions and announce decisions. He or she shall rule on points of order, and, subject to these rules, shall control the proceedings at any meeting and shall maintain order thereat. The Chairperson may, in the course of the discussion of any item, propose to the Committee the limitation of the time to be allowed to each speaker or the closure of the list of speakers.

Where consultation with the Chairperson is provided for in these Rules, and the Chairperson is not available for consultation, such consultation shall be held with the Vice-Chairperson. If neither the Chairperson nor the Vice-Chairperson is available for consultation, information of an important or time sensitive nature shall be shared with Members of the Western Pacific Region.

Rule 12

If the Chairperson is absent from a meeting or any part thereof, he or she shall designate the Vice-Chairperson to preside. The same procedure shall be followed when the Chairperson is unable to attend a session of the Committee.

If the Chairperson is unable to make this designation, the Vice-Chairperson shall preside during the session or meeting.

If neither the Chairperson nor the Vice-Chairperson is available to preside at a session or a meeting, the Committee shall have the power to elect an additional Vice-Chairperson ad interim to preside for such portion as is necessary.

Annex 6

Rule 13

If the Chairperson for any reason is unable to complete his/her term of office, the Vice-Chairperson shall act as Chairperson for the remaining period of his/her term.

Rule 14

The Chairperson, or the Vice-Chairperson acting as Chairperson, shall normally not vote but he or she may, if necessary, appoint one alternate from his/her delegation to act as representative of the Government.

If the Chairperson, or the Vice-Chairperson acting as Chairperson, is the only representative of a Member he or she shall have the right to vote.

SUBCOMMITTEES OF THE COMMITTEE

Rule 15

The Committee may establish such subcommittees as it may deem necessary for the study of, and report on, any item on its agenda.

The Committee shall review from time to time, and in any case once a year, the need to maintain any subcommittee established under its authority.

SECRETARIAT

Rule 16

The Regional Director shall act as the Secretary of the Committee and of any subdivision thereof. He/She may delegate these functions.

Rule 17

The Regional Director shall report to the Committee on the technical, administrative and financial implications, if any, of all agenda items submitted to the Committee.

Rule 18

The Regional Director, or a member of the Secretariat designated by him or her, may at any time make either oral or written statements concerning any question under consideration.

Rule 19

The Secretariat shall prepare minutes of the meetings. These minutes shall be prepared in the working languages and shall be distributed to the representatives as soon as possible after the close of the meetings to which they relate. Representatives shall inform the Secretariat in writing of any corrections they wish to have made within such period of time as shall be indicated by the Regional Director, having regard to the circumstances.

Rule 20

All resolutions, recommendations and other decisions of the Committee shall be communicated by the Regional Director to the representatives, to all Members of the Region and to the Director-General.

LANGUAGES

Rule 21

Chinese, English and French shall be the official and working languages of the Committee.

Rule 22

Speeches made in one of the working languages shall be interpreted into the other working languages.

Rule 23

Any representative may speak in a language other than the official languages. In this case he or she shall provide for interpretation into one of the working languages. Interpretation into the other working languages by an interpreter of the Secretariat may be based on the interpretation given in the first working language.

Rule 24

All resolutions, recommendations and other decisions of the Committee shall be drawn up in the working languages.

Annex 6

CONDUCT OF BUSINESS

Rule 25

A majority of the representatives entitled to vote and present at the session shall constitute a quorum.

Rule 26

No representative may address the Committee without having previously obtained the permission of the Chairperson. The Chairperson shall call upon speakers in the order in which they signify their desire to speak. The Chairperson may call a speaker to order if his/her remarks are not relevant to the subject under discussion.

Rule 27

Any representative may at any time request an alternate designated in accordance with Rule 3 to speak and vote on his/her behalf on any question. Moreover, upon the request of the representative or his/her alternate, the Chairperson may allow an adviser to speak on any particular point, but the latter shall not have the right to vote.

Rule 28

During the discussion of any matter, a representative may rise to a point of order and the point of order shall be immediately decided by the Chairperson. A representative may appeal against the ruling of the Chairperson in which case the appeal shall immediately be put to the vote. A representative rising to a point of order may not speak on the substance of the matter under discussion but on the point of order only.

Rule 29

During the course of a debate the Chairperson may announce the list of speakers and, with the consent of the Committee, declare the list closed. He or she may, however, accord the right to reply to any representative if in his or her opinion a speech delivered after he or she has declared the list closed makes it desirable.

Rule 30

During the discussion on any matter a representative may move the suspension or adjournment of the meeting. Such motions shall not be debated but shall be immediately put to a vote.

For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting and “adjournment of the meeting”, the termination of all business until another meeting is called.

Rule 31

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, one speaker may speak in favour of, and one against, the motion, after which the motion to adjourn the debate shall be immediately put to the vote.

Rule 32

A representative may at any time move the closure of the debate on the item under discussion whether or not any other representative has signified his/her wish to speak. If a request is made for permission to speak against closure, it may be accorded to not more than two representatives, after which the motion shall be immediately put to the vote. If the Committee decides in favour of closure the Chairperson shall declare the debate closed. The Committee shall thereafter vote only on the one or more proposals moved before the closure.

Rule 33

The following motions shall have precedence in the following order over all other proposals or motions before the meeting, except a point of order:

- (a) to suspend the meeting;
- (b) to adjourn the meeting;
- (c) to adjourn the debate on the item under discussion; and
- (d) for the closure of the debate on the item under discussion.

Rule 34

Subject to Rule 33, any motion calling for a decision on the competence of the Committee to adopt a proposal submitted to it shall be put to the vote before a vote is taken on the proposal in question.

Rule 35

A representative may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

Annex 6

Rule 36

When an amendment to a proposal is moved, the amendment shall be voted on first. When two or more amendments to a proposal are moved, the Committee shall first vote on the amendment deemed by the Chairperson to be furthest removed in substance from the original proposal and then on the amendment next removed therefrom, and so on, until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter amendment shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted upon. If an amendment to a proposal has been accepted by the original proposer, such an amendment shall be deemed to be an integral part of the original proposal and no separate vote shall be required thereon.

A motion is considered an amendment to a proposal if it merely adds to, deletes from, or revises part of that proposal. A motion which constitutes a substitution for a proposal shall be considered as a proposal.

Rule 37

If two or more proposals are moved, the Committee shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all Member States, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

Rule 38

A motion may be withdrawn by its proposer at any time before voting on it has commenced, provided that the motion has not been amended, or if amended, that the proposer of the amendment agrees to the withdrawal. A motion thus withdrawn may be re-introduced by any representative.

Rule 39

When a proposal has been adopted or rejected, it may not be reconsidered at the same session of the Committee, unless the Committee, by a two thirds majority of the representatives present and voting, so decides. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be immediately put to the vote.

Rule 40

The Chairperson may at any time require any proposal, motion, resolution, or amendment to be seconded.

VOTING

Rule 41

Each representative entitled to vote shall have one vote. For the purpose of these Rules, the phrase “representatives present and voting” means representatives casting an affirmative or negative vote. Representatives abstaining from voting are considered as not voting. In a secret ballot all invalid votes shall be so reported to the Committee and shall be counted as abstentions.

Rule 42

Except as otherwise provided by the Constitution of the Organization or decided by the Health Assembly or as laid down in these Rules of Procedure, the decisions of the Committee shall be made by a majority of the representatives present and voting.

Rule 43

If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted.

Rule 44

The Committee shall normally vote by show of hands, except that any representative may request a recorded vote. Where an appropriate electronic system is available, the Committee may decide to conduct any vote under this Rule by electronic means.

When the Committee conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall then be taken in the English alphabetical order of the names of the Members. In the case of a roll-call vote, the name of the Member to vote first shall be determined by lot.

Rule 45

The vote or abstention of each representative participating in any recorded vote shall be inserted in the record.

Rule 46

After the Chairperson has announced the beginning of voting, no representative shall interrupt the voting except on a point of order in connection with the actual conduct of voting.

Annex 6

Rule 47

Elections shall normally be held by secret ballot. However, except as concerns the nomination of the Regional Director, if the number of candidates for elective office does not exceed the number of offices to be filled, no ballot shall be required, and such candidates shall be declared elected. Where ballots are required, two tellers appointed by the Chairperson from among the representatives shall assist in the counting of votes. The nomination of the Regional Director shall be decided by a secret ballot in accordance with Rule 51.

Rule 48

In addition to the cases provided for elsewhere by these Rules, the Committee may vote on any matter by secret ballot if it has previously so decided by a majority of the Member States present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this Rule by the Committee whether or not to vote by secret ballot may only be taken by a show of hands; if the Committee has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

A motion for a secret ballot takes precedence over other motions for a vote.

Rule 49

Subject to the provisions of Rule 51 when only one elective place is to be filled and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes; if in the second ballot the votes are equally divided, the Chairperson shall decide between the candidates by drawing lots.

Rule 50

When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of places to be filled, there shall be as many additional ballots as are necessary to fill the remaining places, the ballots being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled.

Rule 51

Not less than six months before the date fixed for the opening of a session of the Committee at which persons are due to be nominated as Regional Director, the Director-General shall inform each Member that he or she will receive proposals for the names of persons for nomination by the Committee as Regional Director.

Any Member may propose the name of one or more persons for the post of Regional Director, submitting with the proposal particulars of each person's qualifications and experience. Members shall be mindful of the Code of Conduct for the Nomination of the Regional Director of the Western Pacific Region adopted by the Regional Committee and shall bring it to the attention of such persons. Such proposals shall be sent to the Director-General, so as to reach him or her at the headquarters of the Organization at Geneva, Switzerland, not less than 12 weeks before the date fixed for the opening of the session.

The Director-General shall, not less than 10 weeks before the date fixed for the opening of the session of the Committee, cause copies of all proposals for nomination for the post of Regional Director (with particulars of qualifications and experience) received by him or her within the period specified, to be sent to each Member.

If no proposals have been received by the Director-General in time for transmission to Members in accordance with this Rule, Members shall be informed accordingly not less than 10 weeks before the opening of the session of the Regional Committee. The Committee shall itself establish a list of candidates, composed of the names proposed in secret by the representatives present and entitled to vote.

If the Regional Director in office is available for re-appointment, the Director-General shall inform each Member accordingly at the time he or she invites proposals for names of nominees for the post of Regional Director. The name of the Regional Director in office thus available shall automatically be submitted to the Committee and shall not require a proposal from any Member.

If the Director-General receives more than five proposals within the period specified in the second paragraph of this Rule, the Committee shall draw a short list of five candidates at a private meeting at the commencement of its session. For this purpose, the Committee shall hold a secret ballot, and the five candidates obtaining the highest number of votes shall make up the short list. In the event of a tie between two or more candidates such that there are more than five candidates identified for inclusion on the short list, there shall be additional ballots between the candidates receiving the tie votes, with those receiving the highest number of votes filling the remaining place or places on the short list.

The persons proposed in accordance with the second paragraph of this Rule, or – in case of the preceding paragraph being applicable—those persons on the short list, shall be interviewed by the Committee as soon as possible at a private meeting. The interview shall consist of a presentation by each candidate in addition to answers to questions from Members. The Committee shall determine, as appropriate, modalities for the interviews.

The nomination of the Regional Director shall take place at a private meeting of the Committee. The Regional Director is elected by secret ballot from among the persons proposed in accordance with this Rule.

For this purpose, each representative entitled to vote shall write on his/her ballot paper the name of a single candidate chosen from among the persons proposed. If no candidate obtains the majority required, the candidate who obtains the least number of votes shall be eliminated at each ballot. If the number of candidates is reduced to two, there shall be not more than three further ballots. In the event of a tie after the third such ballot, the whole voting procedure established by this Rule shall be recommenced based on the shortlist of candidates.

Annex 6

The name of the person so nominated shall be announced at a public meeting of the Regional Committee and submitted to the Executive Board.

The appointment of the Regional Director shall be for five years, and he or she shall be eligible for reappointment once.

If the Regional Director is unable to perform the functions of his/her office or if his/her office becomes vacant before his/her term of office is completed, the Committee shall nominate a person for the post of Regional Director at its next session, provided that the other provisions of this Rule are met. If the other provisions of this Rule cannot be met, the Committee shall take a decision at its next session with a view to nominating a person and submitting his/her name to the Executive Board as soon as possible. For the interim period until an appointment of a new Regional Director can be made through the process outlined by this provision, and to ensure business continuity, the Director-General shall designate an acting Regional Director.

SUSPENSION AND AMENDMENT OF RULES OF PROCEDURE

Rule 52

Subject to the provisions of the Constitution of the Organization any of these Rules may be suspended by the Committee provided that at least 48 hours of notice of the proposal for such suspension has been given to the Chairperson and communicated by him or her to the representatives 24 hours before the meeting at which the proposal is to be submitted. If, however, on the advice of the Chairperson, the Committee is unanimously in favour of such a proposal, it may adopt it immediately and without notice.

Rule 53

Amendments of, or additions to, these Rules may be adopted by the Committee, provided that the Committee has received and considered a report thereon by an appropriate subcommittee.

GENERAL PROVISIONS

Rule 54

The Committee may at its discretion apply such Rules of Procedure of the Health Assembly or of the Executive Board of the Organization as it may deem appropriate to particular circumstances which are not covered by the Rules of the Committee.