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Other information

Venue

Arcrea Himeji, Japan

Distribution of documents

All documents are available at the WHO Regional Office for the Western Pacific website.
In line with WHO “green meeting” practices, printed documents are available only upon request at the WHO Enquiry Desk, located at the foyer of Arcrea Himeji. Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.

Hybrid meeting platform

Following a hybrid format, sessions are in person and via the Zoom webinar platform. Instructions on how to access the Regional Committee SharePoint portal for the virtual meeting platform have been sent to all representatives. Simultaneous interpretation for English, Chinese and French will be available on the Zoom platform and for in-person attendance.

Video streaming

The plenary sessions will be broadcast on YouTube with the relevant links available at the WHO Regional Office website and on the Regional Committee SharePoint portal. They can be viewed on personal computers, smartphones and tablets with Android 5.0, iPadOS 13 or later operating systems.

Rapporteurs meeting

The meetings are convened daily in person and virtually following the afternoon session at 15:45. Today’s meeting for in-person participants is in Room 408, Arcrea Himeji.

Draft resolutions for technical agenda items are now on the Regional Committee SharePoint portal. Once rapporteurs have incorporated Member State input from discussions and written suggestions, these draft resolutions become conference papers and are posted on the SharePoint portal the morning they are scheduled to be considered for adoption.

WHO publications

Selected WHO publications are available at the WHO Regional Office website. A digital board and display booth can be found at the foyer of the Exhibition Halls where representatives can view and browse WHO publications, including COVID-19 guidance documents and agenda-related materials. Copies are available for free for representatives on a first-come, first-served basis.
I. PROGRAMME OF WORK (TUESDAY, 26 OCTOBER 2021)

Agenda items 9:30–13:30

4 Address by the incoming Chairperson

7 Address by and Report of the Regional Director including COVID-19 regional update (continued) WPR/RC72/2 RC72/INF/2

8 Programme budget:
   b. Programme budget 2022–2023 update RC72/INF/1

11 School health WPR/RC72/5

9 Panel discussion on primary health care WPR/RC72/4

11 School health (continued) WPR/RC72/5

II. REPORT OF MEETINGS (MONDAY, 25 OCTOBER 2021)

First meeting

Chairperson (outgoing): Dr Francisco T. Duque III, Secretary of Health, Department of Health, Philippines


Item 1 Opening of the session

The Opening Ceremony at Arcrea Himeji (Himeji City Culture and Convention Center) included addresses by the Minister of Health, Labour and Welfare of Japan and the WHO Regional Director for the Western Pacific. Following the Opening Ceremony, the representatives assembled in Exhibition Hall C where the outgoing Chairperson declared open the seventy-second session of the Regional Committee for the Western Pacific. He requested a minute of silence for all those in our Region who have lost their lives during the pandemic. He noted that this year’s session of the Regional Committee was the first time the governing body had met in hybrid format and said the Secretariat had prepared and circulated to Member States on 5 August 2021 draft Special Procedures to Regulate the Conduct of Hybrid Sessions of the Regional Committee for the Western Pacific for consideration and comments. Having received no comments or objections, decision WPR/RC72(1) Hybrid Session and the Related Special Procedures was adopted.

In line with the special procedures, the credentials of representatives were also approved.

Item 2 Address by the outgoing Chairperson

The outgoing Chairperson, Dr Francisco Duque III, Secretary of Health, Department of Health, Philippines, welcomed representatives to the seventy-second session of the WHO Regional Committee for the Western Pacific, being held in hybrid format with some delegations participating in Himeji, Japan, and others virtually. He highlighted actions from last year’s session and reported on progress achieved on the major agenda items discussed at the last session. With regard to the Regional Action Plan on Health Ageing in the Western
Pacif, endorsed last year by the Regional Committee, he said that WHO has been working with Member States to implement the vision of a society in which healthy older adults thrive and contribute. With particular focus on advocacy around planning for early action, he noted that special consideration for older adults has been incorporated in national COVID-19 responses as they are among the most at-risk and vulnerable groups. He also drew attention to the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific, which aims to make the Region free from vaccine-preventable morbidity, mortality and disability by 2030 and has been used to guide the roll-out of COVID-19 vaccines in the past year. On the Action Framework for Safe and Affordable Surgery in the Western Pacific Region, he reported that Member States, WHO and partners are working to identify and address gaps in surgical systems and upgrading capacity, particularly as surgery is an indispensable component of universal health coverage.

Item 3 Election of incoming officers: Chairperson, Vice-Chairperson and Rapporteurs

The Regional Committee elected the following:

**Chairperson:** Honourable Yamamoto Hiroshi, State Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Japan

**Vice-Chairperson:** Honourable Isaia Vaipuna Taape, Minister of Health, Social Welfare and Gender Affairs, Tuvalu

**Rapporteurs:**

In English: Dr Wan Noraini Wan Mohamed Noor, Sector Head (Surveillance), Disease Control Division, Ministry of Health, Malaysia

In French: Mr Thibaut Demaneuf, Mission Officer, General Secretariat of the Government of New Caledonia

Item 5 Adoption of the agenda

There being no objections, the provisional agenda was adopted by the Regional Committee (WPR/RC72/1 Rev.2).

Item 6 Address by the Director-General

Via video address, the WHO Director-General thanked Japan for hosting this year’s session and congratulated the country for the successful staging of the Olympic and Paralympic Games in Tokyo.

The Director-General said that when he is asked when the pandemic will end, he offers a simple answer: “When the world chooses to end it. It is in our hands.” We have the public health and medical tools we need, he said, but those tools have not been shared equitably, adding that complacency is now as dangerous as the virus itself.

He expressed satisfaction over the decline in COVID-19 cases and deaths in the Region and noted that nearly two thirds of people in the Region have been fully vaccinated, yet with wide discrepancies between countries and within countries. He praised the Regional Director’s focus on ensuring health workers, older people and other at-risk groups are prioritized for vaccination.

The Director-General said that while half of Member States in the Region have reached the 40% target for vaccinations by year’s end, WHO is committed to supporting the other half to reach that target, with almost 56 million doses now having been distributed to 21 countries in the Region through COVAX and 150 million doses coming to the Region by year’s end.

The Director-General emphasized the need to learn the lessons from the pandemic to improve the Organization’s work, focusing on four key areas for action: 1) better global governance that is inclusive, equitable and accountable;
2) more and better financing for national and global preparedness and response; 3) better systems and tools across the One Health spectrum; and 4) a strengthened, empowered and sustainably financed WHO at the centre of the global health architecture. He highlighted the need for WHO to address organizational weaknesses created by a debilitating imbalance among assessed and voluntary contributions on one hand and earmarked contributions on the other that distort the Organization's budget and constrain its ability to deliver what our Member States expect. He reiterated the commitment of WHO headquarters to support all countries in responding to the pandemic, and to build back better, in line with the WHO General Programme of Work and the Region’s vision as detailed in For the Future: Towards the Safest and Healthiest Region.

In concluding, the Director-General made three specific requests. First, he asked Member States in the Region to commit to staying the course with the proven public health and social measures, in combination with equitable vaccination. Second, he sought the support of Member States in the Region on developing an international agreement on pandemic preparedness and response. Last, he asked for the Region’s support in building a stronger WHO that is empowered and financed sustainably.

**Item 7**

**Address by and Report of the Regional Director**

The Regional Director welcomed delegates – attending in person and participating virtually – to the seventy-second session of the WHO Regional Committee for the Western Pacific. He congratulated the State Minister of Health, Labour and Welfare of Japan on his election as Chairperson of the Regional Committee. Addressing the topic foremost on everyone’s mind – the COVID-19 pandemic – the Regional Director cited his experience in meeting a 108-year-old woman from a remote Cambodian village who had just received her vaccine. He described the effort to reach her and others in need as an extraordinary feat of science, logistics and solidarity, and one that left him optimistic as WHO and Member States continue to battle the pandemic.

The Regional Director said that decades of investment in preparedness and response capacities in the Region had positioned it to fare comparatively well in its fight against the coronavirus, though the Delta variant had led to surges over the last few months and a rise in the Region’s share of global cases and deaths. He noted the particular toll the pandemic has exacted on health-care workers.

He referred to his annual report on the work of WHO in the Western Pacific, which highlighted how WHO has continued to support countries over the last year to respond to the pandemic, while at the same time driving forward the vision contained in For the Future.

The Regional Director praised WHO staff who had been engaged in the COVID-19 response and those who backstopped colleagues who were re-purposed for the response. Their work, he said, had focused on monitoring global and regional COVID-19 developments and updating WHO essential guidance to governments and the public. In addition, he said, a regional genomic sequencing network had been established, essential supplies and equipment delivered, strategic communications advanced, and work continued on COVID-19 vaccines.

He reminded delegates that, at the time of the previous session of the Regional Committee, no one knew if any of the vaccine candidates then in the pipeline would be successful. But today, he said, seven vaccines had been given WHO Emergency Use Listing, and over 6.6 billion vaccine shots had been administered. Citing efforts in the Region, he said the Regional Office had established a dedicated COVID-19 Vaccine Incident Management Support Team to focus on supporting countries to access sufficient vaccine supplies and get shots into the arms of priority groups: health-care workers, older people and...
those with underlying conditions. He noted that there was some way to go until all countries had sufficient vaccine stocks and thanked partners who have supported these efforts.

The Regional Director said the most important work WHO does at the regional level is connecting countries through the activities of the regional and country offices so that the Organization and Member States can work as one team, facilitating the sharing of information and experience. He noted that the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) has promoted a learn-and-improve approach towards preparedness work in the Region for almost two decades. The Strategy, he said, will continue to guide Member States as they learn to live with COVID-19, while reducing the risk it presents over the long term and limiting the emergence of new, more dangerous variants that could overwhelm health systems.

The Regional Director highlighted five key action areas going forward: 1) effective use of vaccines; 2) continued application of public health and social measures – and adapting, adjusting and sustaining these for each specific context; 3) expanding health system capacity, including through broader care pathways; 4) early detection and targeted response to flare-ups; and 5) a risk-based approach to international border controls. Other priorities, he said, include improving capacity in surveillance, communication, contact tracing and monitoring, as well as gearing up universal health coverage (UHC) and acting on recommendations made by the APSED Technical Advisory Group.

While COVID-19 had dominated public health discourse, the Regional Director pointed out the need to continue work on the many other health challenges that Member States asked WHO to prioritize when the Regional Committee two years ago endorsed the For the Future vision. This work, he said, includes noncommunicable diseases (NCDs), climate change, antimicrobial resistance and infectious diseases, particularly among disadvantaged groups. He cited several examples of regional progress, including China’s historic elimination of malaria and the gains other countries had made towards that same goal, the successful handling of poliomyelitis outbreaks in Malaysia and the Philippines, and action on NCDs.

While the pandemic had taken a terrible toll, the Regional Director said it also had generated a range of innovations in health and health service delivery, which the Organization is seeking to fully explore through its Innovation Challenge. He added that WHO also is proceeding with the Health Futures Strategic Dialogue process, which engages Member States in long-term strategic planning. He said a recent “stocktaking” exercise had confirmed that the For the Future vision is as relevant as ever, with its implementation advancing, and in some cases, accelerating, during the pandemic.

The Region had advanced UHC, which had long been a priority, by bringing together previously separate areas of work under the umbrella of the Technical Advisory Group on Universal Health Coverage, the Regional Director said. In addition, he said the Regional Office is scaling up its Communication for Health initiative and remains committed to strengthening accountability in all its work.

The Regional Director cited five lessons from the response to the COVID-19 pandemic and implementation of For the Future:

- Health, the economy and the broader well-being of societies are inextricably linked.
- Strong health systems have been most effective at minimizing deaths and limiting the impact of the pandemic.
- The vulnerable must be protected.
- Partnerships are more important to health – and to WHO work – than ever before.
- Effectively addressing global health issues requires all of us to work together.
Emphasizing a theme he had spoken of often, the Regional Director reminded delegates that no country is safe until every country is safe – the same being true for communities and individuals. The only way out of this pandemic is for all of us to keep working together, he said.

The Regional Director noted that despite pandemic-related changes over the last two years, the Region has maintained its unifying belief in health for a sustainable future – something that offers hope and confidence as the dedicated WHO staff, committed Member States, caring health-care workers and capable partners of the Western Pacific work together to make ours the healthiest and safest region.

In a short video, the Director, Health Security and Emergencies, noted that COVID-19 had been the greatest public health challenge in a century, with devastating impact on communities, economies and health systems. In 2021, the Delta variant had contributed to major surges in the Western Pacific Region, pushing systems towards the “red line” at which hospitals and health workers are overwhelmed, he said. Over 20 months into the pandemic, he said resources had been stretched and people had tired of COVID-19, especially the restrictions to suppress transmission. Vaccines are being rolled out around the Region, he said, but access had been uneven, with those at greatest risk still vulnerable in many cases. But vaccines alone will not end the pandemic, he said, urging everybody to continue with other public health and personal protective measures, including wearing masks and avoiding crowded and closed spaces.

The Director explained that the regional response to COVID-19 had been guided by APSED. Since the start of the pandemic, WHO’s regional and country offices and partners had worked as one, providing tailored support to Member States in the Western Pacific, he said, including technical assistance and guidance on emerging issues, deployment of experts and essential supplies. Building on the APSED approach of continuous learning and improvement, he noted that Member States in the Region must continue sharing data and experience, and strengthening support to and cooperation among countries to emerge from COVID-19 with more resilient, equitable and sustainable societies for the future.

Following the video, the Director provided an update on COVID-19 in the Region. He said that it is plausible the virus, now present in most countries and well entrenched, will not disappear. The Region needs to anticipate continued surges and sporadic outbreaks, he said, despite having fared relatively well up to now. He said Member States in the Region quickly identified lessons, addressed challenges and saw a reduction in case numbers, though some countries are still experiencing a surge in the third wave of the pandemic. He reported that some Member States that previously had success with elimination strategies recently had shifted to strategies that plan on COVID-19 being endemic. He stressed that such a shift in strategy is now possible because of the availability of vaccines.

Vaccines had been secured, but had not been received by all Member States in the Region, the Director said. The shortage means that Member States face difficulty in obtaining sufficient vaccine courses, he noted, calling on Member States to use vaccines effectively: targeting at-risk groups and ensuring that no doses are wasted. He said that even when vaccines are received, the challenge is to make them accessible and increase coverage, overcoming vaccine hesitancy and difficulties getting them to communities and administered quickly.

The Director pointed out that APSED has been the Region’s strategic action framework for implementing the International Health Regulations (2005), or IHR (2005). He explained that the APSED Technical Advisory Group meets annually to share and discuss key achievements, lessons identified and best practices to monitor implementation of APSED and IHR (2005) and provide technical advice and recommendations on priority actions. He said that while substantial
progress had been made over the past 15 years of APSED implementation, the COVID-19 pandemic had shown that preparedness efforts must continue as gaps had been identified.

The Director said that the APSED TAG meetings in 2020 and 2021 reviewed the lessons and experiences of Member States in responding to COVID-19, along with conclusions and recommendations from committee reports presented at the Seventy-fourth World Health Assembly earlier this year. He reported that the TAG 2021 recommendations had been grouped under two outputs. Output 1 focused on short-term to midterm recommendations and two scenarios: one scenario is that the virus is entrenched globally and treated as endemic; the second scenario is the potential for a “pandemic within a pandemic” in which a more virulent variant emerges that evades vaccines and has severe impact. Output 2 recommendations focused on long-term strengthening of health systems to make them more resilient. In response to Member State requests for WHO to study and determine the elements for a preparedness framework for the next pandemic, the Director said the Organization is developing a conceptual framework for endemic COVID-19 that has two reference points to calibrate the response: avoiding the “red line” and protecting vulnerable populations.

While vaccines are important and key to the response, he said, they cannot suppress transmission on their own and should be combined with public health and social measures. The Director pointed out that population-based or so-called “blanket” measures such as school closures, should be guided by a risk-based approach that considers disease epidemiology and the range of public health and social measures being implemented, as well as the potential negative impacts on people and economies. Other key action areas in the framework are: early detection and targeted response; improving capacity of the health system as a means to prevent crossing the “red line”; and international border measures to manage the risk of exportation, importation and onward transmission of COVID-19.

The Director noted these five key areas are supported by surveillance, communication and contact tracing, which together advance and strengthen capacity for preparedness and response to large-scale community transmission and require a command system to coordinate a multisectoral, whole-of-society approach. He concluded his presentation by saying that long-term investment in health systems, applying APSED principles to realize the vision in For the Future, and using UHC as leverage can enable the development of more resilient health systems and societies in the future.

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**Item 10**

**COVID-19 briefing by the Co-Chairs of the Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies & presentation on the Berlin hub for pandemic and epidemic intelligence**

**Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies**

Members of the bureau of the Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies provided a briefing on the progress of the Working Group. Representing the Western Pacific Region, Dr Lyn James (Singapore) reported that the bureau had prioritized the assessment of developing an international instrument on pandemic preparedness and response, and will provide a report for consideration at a special session of the World Health Assembly in November 2021.

Since the confirmation of the bureau at the end of June, she said there had been three Working Group meetings and five so-called "deep dives", reflecting the commitment of the bureau to fulfil its mandate and of the WHO Secretariat to facilitate the work of Member States. Dr James noted that Member States had reaffirmed the importance of IHR (2005) as a key component of the global
health architecture and expressed support for strengthening the regulations through targeted amendments, while also highlighting issues that fall outside the scope of IHR (2005) and potentially could be addressed in a new instrument. A report with proposed actions will be submitted to the WHO Executive Board in January 2022, speakers said.

Mr Colin McIff (United States of America) and Ms Grata Endah Werdaningtyas (Indonesia), the co-chairs, reported on progress of the Working Group since its last meeting, most notably an initial draft of the report to be discussed on 1–3 November 2021. They thanked Member States for valuable feedback and contributions from the Western Pacific Region, which has demonstrated success in responding to the pandemic. They said that Member States had assigned difficult tasks to the Working Group, asking its members to review recommendations from the main panels that had looked at the Organization’s COVID-19 response, namely the Independent Panel for Pandemic Preparedness and Response (IPPPR), the IHR Review Committee (IHRRC) and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC). They noted that the Working Group had considered how to use the recommendations in strengthening WHO’s role in leading and coordinating global health, in particular pandemic preparedness and response.

They said the three Working Group meetings have shown that there are many areas of convergence among Member States, such as surveillance, which also contain points of divergence, such as on the details and different levels of surveillance. They said the report will reflect the history and background of the Working Group and its interlinked mandates and will also include emerging priority areas for further deliberation, ranging from leadership and governance to systems and tools, as well as the role of sustainable finance and equitable access to countermeasures. They said the report will also propose ways to take negotiations forward in a meaningful way to reach consensus.

The co-chairs said that Member States had focused on two broad themes in meetings: first, that the status quo is unacceptable; second, that there does not have to be an either–or solution in moving forward the collective political will to create change in the global health architecture. They said they hoped to potentially launch negotiations on a new instrument while strengthening existing systems and institutions, such as IHR (2005).

**WHO Hub for Pandemic and Epidemic Intelligence**

The Executive Director, WHO Health Emergencies Programme, highlighted the enormous challenges public health agencies and governments continue to face as the COVID-19 pandemic evolves, including the emergence of new SARS-CoV-2 variants, an inequitable vaccine roll-out, and increased public mixing and travel. He praised the effective public health work carried out in the Western Pacific Region, where many countries had avoided the explosive epidemics experienced in other regions. The COVID-19 pandemic, he said, had provided a stark demonstration of the importance of adequate investments in public health. The Executive Director noted the desire of Member States for stronger public health surveillance systems globally that would allow rapid identification and mitigation of public health risks. He said such systems would provide far greater capacity to conduct intra-epidemic and intra-pandemic monitoring of how control measures are working and how pathogens are evolving.

The Executive Director said that in order to meet these needs, the WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin, Germany, and seeded with US$ 100 million from the German Government, recently had been established to strengthen pandemic and epidemic intelligence through better data, better analytics and better decisions. He said the so-called Berlin Hub will accelerate implementation of existing initiatives and innovate in new and evolving areas such as the analysis of large-scale genomic databases and the
development of a semantic web of knowledge that links diverse data from multiple sources.

The Executive Director concluded by urging Member States in the Western Pacific Region to continue to contribute to efforts to build joint capacities to detect and understand future risks and to strengthen existing collaborations and build new ones. He praised the Region for being a leader in public health surveillance and said the Regional Director was one of public health’s greatest innovators. He commended their support for the establishment of the Berlin Hub.

Interventions were made by the representatives of the following Member States (in order): New Zealand, Japan, the United States of America and Viet Nam.

Member States shared suggestions for consideration by the Working Group, such as lessons learnt from the COVID-19 response, to enact concrete changes in the management of other public health programmes, including NCDs. They agreed on the importance of increasing service delivery in hard-to-reach areas and vaccine coverage of at-risk populations. Member States also reported how the pandemic had underscored widespread inequity and disparities that hamper access to health care, especially diagnostics, therapeutic vaccines and other health products.

Member States reported some of the proposals they had put forward for the Working Group’s consideration, including: on targeted amendments for IHR (2005) to potentially address critical gaps and focus on relevant articles without renegotiation of the entire instrument; on governance through the creation of two standing committees to increase Member State visibility in WHO processes and facilitate a more informed timely decision by Member States through the governing bodies; and on equity.

In response to a question on the report drafting process, the Co-Chair explained that there will be opportunities to negotiate both through the formal meeting on 1 November and informally through virtual discussions. He said the Working Group welcomed all proposals from Member States as they enrich the discussion within the group.

The Regional Director thanked the co-chairs and Singapore for their work and said he looked forward to the outcome of the discussions. As the Secretariat, he said WHO’s role was to support Member States in implementing the outcomes of the meetings. He added that global solutions can be effective provided that all Member States participate in the discussion, with national and subnational adaptation and implementation critical to maximizing the impact of potential solutions.

In continuation, interventions were made by the representatives of the following Member States (in order): Viet Nam, China, Malaysia, Australia, the Lao People’s Democratic Republic, Cambodia, Japan, Hong Kong SAR (China), the Philippines, the Republic of Korea, Mongolia, Vanuatu, Tonga and Fiji. The Regional Committee will continue taking interventions in its session tomorrow.
II. OTHER MEETINGS

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<td>Tuesday, 26 October 2021</td>
<td>13:50–14:45</td>
<td>Side event: Innovation (Exhibition Hall C)</td>
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<td>Wednesday, 27 October 2021</td>
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<td>Thursday, 28 October 2021</td>
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