



**REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTY-SECOND SESSION**
Himeji, Japan (hybrid)
25–29 October 2021

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
February 2022

PREFACE

The seventy-second session of the Regional Committee for the Western Pacific was held in a hybrid format, from 25 to 29 October 2021. The Honourable Yamamoto Hiroshi (Japan) and Honourable Isaia Vaipuna Taape (Tuvalu) were elected Chairperson and Vice-Chairperson, respectively. Dr Wan Noraini Wan Mohamed Noor (Malaysia) and Mr Thibaut Demaneuf (New Caledonia (France)) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 11 to 30.

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I. INTRODUCTION

The seventy-second session of the Regional Committee for the Western Pacific was held using hybrid meeting arrangement from 25 to 29 October 2021.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia (France), New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam; representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from the Food and Agriculture Organization of the United Nations, International Atomic Energy Agency, International Labour Organization and International Maritime Organization; representatives of 57 non-State actors; and representatives and observers from nine institutions from around the Region.

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

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

II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE**RESOLUTIONS**

WPR/RC72.R1

SCHOOL HEALTH

The Regional Committee,

Affirming that the health of children and adolescents is of fundamental importance – for the health of this group today, as well as for building the foundations of healthy adulthood – and that promoting and protecting child and adolescent health necessitates a special focus on health in schools;

Affirming also that investing in child and adolescent health is essential to achieving the strategic vision articulated in *For the Future: Towards the Healthiest and Safest Region*;

Deeply concerned that children and adolescents face many significant risks to their current and future health, including obesity, undernutrition, mental health conditions (which can be exacerbated by social media), unsafe environments, violence and injuries, tobacco use, alcohol and other substance abuse issues;

Concerned also about the impact of prolonged COVID-19 school closures on educational outcomes, as well as children and adolescents' physical and mental health;

Recognizing that investing in health through schools offers a strategic opportunity to address these risks using innovative and forward-looking approaches in which schools are “incubators” for health that entrench the knowledge, attitudes, values and skills children and adolescents need to adopt healthy lifelong behaviours;

Acknowledging that health and education are inextricably linked, and that both are critical for building human capital and sustainable development;

Building on the existing body of work on school health – including global tools and recently released guidance documents on health promoting schools from WHO and the United Nations Educational, Scientific and Cultural Organization – which highlights the vital role schools play in the health and well-being of students, families and their broader communities,

1. ENDORSES the *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific*;
2. URGES Member States:
 - (1) to use the Regional Framework as a guide to develop or update national strategies, policies or plans, according to their local situation, capacity and resources, including in educational settings beyond schools, as appropriate;
 - (2) to foster high-level political commitment and intersectoral collaboration among government agencies – particularly health and education ministries, as well as those responsible for water, sanitation and hygiene (WASH) – and multistakeholder collaboration, including with civil society organizations, in support of coordinated approaches at national and subnational levels;

- (3) to ensure adequate technical and financial resources are available for the implementation of national strategies, policies or plans to promote schools as “incubators” for health;

3. REQUESTS the Regional Director:

- (1) to provide technical support for Member States to develop or update and implement gender- and age-responsive national strategies, policies and plans in line with the Regional Framework;
- (2) to facilitate dialogue and the exchange of knowledge, experiences, lessons and innovations among Member States;
- (3) to report periodically on progress in the implementation of the *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific*.

Fourth meeting, 28 October 2021

WPR/RC72.R2

TRADITIONAL AND COMPLEMENTARY MEDICINE

The Regional Committee,

Recalling *The Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* and the global *WHO Traditional Medicine Strategy: 2014–2023*;

Recognizing that making the Western Pacific the healthiest and safest region requires enabling people to promote their own health and well-being; and that traditional and complementary medicine, which is widely practised in the Region, can play a larger role in achieving universal health coverage as part of this vision;

Recognizing also that actions to harness traditional and complementary medicine for health and well-being are founded on the wide range of traditional and complementary medicines and practices, and the cultures within which they have evolved,

1. ENDORSES the *Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*;
2. URGES Member States:
 - (1) to use the Regional Framework as a guide for harnessing the role of traditional and complementary medicine for promoting health and well-being, as appropriate to country contexts;
 - (2) to share information and experiences on progress in implementing the Regional Framework;
3. REQUESTS the Regional Director:
 - (1) to provide technical support to Member States in implementing the Regional Framework;
 - (2) to facilitate dialogue and the sharing of experiences in implementing the Regional Framework;
 - (3) to report periodically on progress in the implementation of the *Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*.

Fourth meeting, 28 October 2021

WPR/RC72.R3

TUBERCULOSIS

The Regional Committee,

Appreciating the commitment and efforts of Member States and partners towards reducing the Region's tuberculosis (TB) burden and implementing the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*;

Recalling the commitments made in the *Moscow Declaration to End TB* at the First WHO Global Ministerial Conference: Ending TB in the Sustainable Development Era: A Multisectoral Response, held in 2017;

Recalling also the unprecedented political commitment achieved with the 2018 *Political Declaration of the High-level Meeting of the UN General Assembly on the Fight Against Tuberculosis*, vowing to end the epidemic globally by 2030;

Stressing that the pace of progress in the Western Pacific Region – with reductions of 6% in TB incidence and 13% in mortality from 2015 to 2020 – is too slow to meet *The End TB Strategy* targets;

Deeply concerned about the continued threat of multidrug-resistant TB; catastrophic costs incurred by many TB patients and their families; and low coverage of TB preventive therapy in the Western Pacific Region;

Noting with concern the adverse effects of the COVID-19 pandemic on TB programmes across the Region, including the disruption of service delivery and significant reductions in case notifications in 2020, as well as potential long-term effects;

Recognizing the rapid epidemiological, demographic and socioeconomic transitions happening in most countries in the Region and how these transitions complicate TB care and prevention;

Recognizing also that addressing TB care and prevention challenges requires a country-focused approach with multisectoral engagement and accountability to address factors within the health sector and beyond,

1. ENDORSES the *Western Pacific Regional Framework to End TB (2021–2030)*;
2. URGES Member States:
 - (1) to update national strategies, policies and plans for TB care and prevention, guided by the Regional Framework;
 - (2) to prioritize TB care and prevention, strengthening the system of service delivery using innovation, regular monitoring and targeting vulnerable groups to ensure that efforts reach the unreached;
 - (3) to establish and strengthen multisectoral engagement and accountability to address challenges within and beyond the health sector;

3. REQUESTS the Regional Director:

- (1) to provide technical support to Member States in the implementation of the Regional Framework;
- (2) to advocate and enhance collaboration and partnership to further strengthen TB programmes in the Region;
- (3) to report periodically on progress in the implementation of the *Western Pacific Regional Framework to End TB (2021–2030)*.

Fifth meeting, 29 October 2021

WPR/RC72.R4

SEVENTY-THIRD AND SEVENTY-FOURTH SESSIONS
OF THE REGIONAL COMMITTEE

The Regional Committee,

1. RECONFIRMS that the seventy-third session of the Regional Committee shall be held in the People's Republic of China;
2. CONFIRMS that the seventy-fourth session of the Regional Committee shall be held at the WHO Regional Office for the Western Pacific in Manila, Philippines;
3. DECIDES that the dates of the seventy-third session shall be from 24 to 28 October 2022.

Fifth meeting, 29 October 2021

WPR/RC72.R5

RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Government of Japan, prefecture of Hyogo and the city of Himeji for:
 - (a) hosting the seventy-second session of the Regional Committee for the Western Pacific with an innovative hybrid format;
 - (b) the excellent arrangements and facilities provided;
 - (c) the gracious welcoming ceremony and hospitality throughout the event;
2. the Chairperson, Vice-Chairperson and Rapporteurs for their excellent stewardship of the meeting;
3. the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements;
4. the Regional Director and Secretariat for their work in preparing for the hybrid session and meeting arrangements.

Fifth meeting, 29 October 2021

DECISIONS

WPR/RC72(1) HYBRID SESSION AND THE RELATED SPECIAL PROCEDURES

The Regional Committee decided:

- (1) to adopt the special procedures to regulate the conduct of a hybrid session of the Regional Committee as set out in the Annex;
- (2) to apply said special procedures to the seventy-second session of the Regional Committee for the Western Pacific from 25 to 29 October 2021.

First meeting, 25 October 2021

WPR/RC72(1) Annex

**SPECIAL PROCEDURES TO REGULATE
THE CONDUCT OF HYBRID SESSIONS OF THE
REGIONAL COMMITTEE FOR WESTERN PACIFIC**

RULES OF PROCEDURE

1. The Rules of Procedure of the Regional Committee for the Western Pacific shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Regional Committee's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary in accordance with Rule 52 of the Rules of Procedure of Regional Committee for the Western Pacific.¹

ATTENDANCE AND QUORUM

2. Attendance by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution will, where possible, be in person for the purposes of the session. Attendance by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution, or of members of their respective delegations, who, for any reason, cannot be physically present for the purposes of the session, invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-State actors in official relations, and other observers shall be through a secured access to videoconference or other electronic means allowing representatives to hear other participants and, as appropriate, to address the session remotely.

3. For the avoidance of doubt, virtual attendance of representatives entitled to vote shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE REGIONAL COMMITTEE

4. Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution wishing to take the floor should signal their wish to speak². They shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes in duration in advance of the opening of the session, by 18 October 2021 at 17:00 (Philippine time). The pre-recorded video statements so submitted will be broadcast at the hybrid session in lieu of a live intervention. In the event that, due to time limitations or connectivity issues, oral statements cannot be delivered on one or more items on the agenda of the Regional Committee session, Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution may submit written

¹ This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for the Western Pacific:

- Rules 3 and 3 bis (Credentials and examination of credentials by the Officers of the Regional Committee);
- Rules 44, 48 through 50 (voting by show of hands and secret ballot);
- Rule 53 (amendments and additions to the Rules of Procedure) insofar as these Special Procedures may be regarded as additions to the Rules of Procedure and to the extent that Rule 53 requires receipt and consideration of a report thereon by an appropriate sub-committee.

² Modalities for taking the floor will depend on the platform used for the hybrid meeting and will be communicated in due course.

statements in one of the official languages of the Committee (i.e. Chinese, English or French) for web-posting in the language of submission.³ Written statements so submitted by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution will be reflected in the report of the Regional Committee session.

5. Invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-State actors in official relations, and other observers shall have the opportunity to submit pre-recorded video statements of no more than two minutes in duration in advance of the opening of the session, by 18 October 2021 at 17:00 (Philippine time). The pre-recorded video statements submitted will be posted on the Regional Office's website and may be broadcast at the hybrid session at the discretion of the Chairperson.

6. Invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-State actors in official relations, and other observers may submit written statements relating to one or more of the items on the agenda of the Regional Committee session in one of the official languages of the Committee (i.e. Chinese, English or French) for web-posting, in the language of submission in lieu of a pre-recorded video statement. Written statements so submitted will be listed in the report of the Regional Committee session.

7. Any representative wishing to raise a point of order or exercise a right of reply in relation to an oral or pre-recorded video statement made at the hybrid session of the Regional Committee should signal their intention to do so⁴. It is understood that, in accordance with well-established practice, any right of reply to an oral statement or a pre-recorded statement shall be exercised orally at the end of the day.

REGISTRATION AND CREDENTIALS

8. Online registration will follow normal practice. Additional information is provided in the related invitation letter.

9. In accordance with Rules 3 and 3 bis the names of representatives, which in the case of Members, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution shall take the form of credentials, shall be communicated electronically to the Regional Director if possible no later than fifteen days before the opening of the Regional Committee. Given the need to facilitate access to the meeting, all credentials and lists of representatives should be submitted electronically.

10. The Chairperson of the seventy-first Regional Committee having assessed, before the opening of the seventy-second session, whether credentials of representatives are in conformity with the requirements of the Rules of Procedure, shall report to the Regional Committee accordingly during the opening with a view to the Regional Committee making a decision thereon.

11. The Chairperson of the seventy-second Regional Committee shall be invited, during the seventy-second session, to assess whether credentials submitted by representatives following the decision of the Regional Committee at the opening of its session are in conformity with the requirements of the

³ Additional information about the modalities and timing to submit written statements will be provided.

⁴ Modalities for raising points of order and exercising the right of reply will depend on the platform used for the hybrid meeting and will be communicated in due course.

Rules of Procedure and shall report to the Regional Committee accordingly with a view to the Regional Committee making a decision thereon.

DECISION-MAKING

12. All decisions of the Regional Committees taken in hybrid sessions should, as far as possible, be taken by consensus. In any event, given the hybrid nature of the session, no decision shall be taken by a show of hands vote or by secret ballot, unless a member of the delegation of each Member of the Regional Committee entitled to vote is physically present at the meeting at which the vote is taken.

13. In the event of a vote, it is understood that delegates physically present for the purposes of the session are deemed to be duly authorized to speak and vote on behalf of their respective delegations.

14. In the event of a roll-call vote, and in line with normal practice, should any delegate, whether physically present or virtually connected, fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation concerned shall be recorded as absent.

LANGUAGES

15. For the avoidance of doubt, Rule 22 continues to apply, whereby speeches in either of the working languages shall be interpreted into the other working language and into Chinese; and speeches made in Chinese shall be interpreted into both working languages.

WPR/RC72(2)

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT
AND RESEARCH TRAINING IN HUMAN REPRODUCTION:
MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of the Solomon Islands, as a member, under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2021, selects Tonga to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2022 to 31 December 2024.

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Agenda

1. The seventy-second session of the World Health Organization (WHO) Regional Committee for the Western Pacific, held in a hybrid format in Himeji, Japan, from 25 to 29 October 2021, was declared open by the outgoing Chairperson of the seventy-first session.
2. At the first plenary meeting, the Committee adopted special procedures to regulate the conduct of its hybrid sessions (see decision WPR/RC72(1)).

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

3. At the first plenary meeting, the outgoing Chairperson addressed the Committee (see Annex 4).

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

4. The Committee elected the following officers:

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 (France)

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

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

ADOPTION OF THE AGENDA: Item 5 of the Agenda (document WPR/RC72/1 Rev. 2)

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

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

7. The Director-General of the World Health Organization addressed the Committee in a pre-recorded statement (see Annex 5).

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC72/2)

8. The WHO Regional Director for the Western Pacific addressed the Committee (see Annex 6).

Special briefing: COVID-19 regional update

9. The Secretariat presented a video on the coronavirus disease 2019 (COVID-19) response in the Western Pacific Region.

10. The Director, Health Security and Emergencies, gave a briefing on the current status of the COVID-19 pandemic and response measures taken in the Region. Although Western Pacific countries had avoided the worst effects of the earlier stages of the pandemic, some were currently experiencing surges in case numbers. Several Member States that had reported success through the use of elimination strategies were now shifting focus to plan for COVID-19 as an endemic disease, a strategy made possible by the availability of vaccines. However, vaccine hesitancy, supply shortages and logistical issues were posing challenges to immunization efforts. The *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) has successfully supported Member States over the past 15 years to implement the International Health Regulations (2005) to strengthen and advance their preparedness and response capacities. The pandemic identified gaps and provided lessons to demonstrate that further work is required. The APSED Technical Advisory Group had discussed lessons identified from the pandemic response as well as conclusions and recommendations contained in reports submitted to the World Health Assembly. The Technical Advisory Group had then provided recommendations for combating COVID-19, as well as short- and midterm actions to respond to two possible scenarios: 1) that COVID-19 would become globally entrenched and need to be treated as an endemic disease; and 2) that a more virulent variant of COVID-19 would create a “pandemic within a pandemic”.

11. The Secretariat was developing guidance on planning for endemic COVID-19, which would support Member States to avoid exceeding health system capacities and protect vulnerable populations through public health and social measures in addition to increasing COVID-19 vaccination coverage. Other elements of the guidance included early detection and targeted response, improvements in health system capacity, international border restrictions, surveillance, communication and contact tracing – measures that would ultimately be underpinned by a command system to coordinate a multisectoral, whole-of-society approach. Long-term investment in health systems would be needed – employing APSED principles and leveraging universal health coverage (UHC) – to enable more resilient health systems and societies to realize the shared vision contained in *For the Future: Towards the Healthiest and Safest Region* for health and well-being in the Western Pacific.

12. Member State representatives commended the Regional Director on his report, expressing appreciation for its focus on country contexts, lessons identified and alignment with the vision of *For the Future*. The Regional Director’s strong leadership, amid the challenges presented by the pandemic, was also commended. Many delegations expressed appreciation for the support of the WHO Regional Office for the Western Pacific for pandemic response activities. Representatives described the measures taken to combat the COVID-19 pandemic in their respective countries, focusing in particular on immunization programmes and suppression of transmission. Several representatives agreed that current strategies should be adapted to address COVID-19 as an endemic disease; however, it would be important not to neglect other regional priorities such as noncommunicable and communicable diseases, antimicrobial resistance and mental health. Experience garnered during the pandemic response should be harnessed to address those priorities. One representative requested detailed guidance from the Regional Office on the easing of prevention measures and the implementation of effective surveillance systems for endemic COVID-19, as well as information on the activities in the Organization’s regional workplan that had been delayed or downsized. Health systems strengthening would continue to be an important element in the pandemic response and would increase preparedness for future pandemics. To that end, representatives called for increased technology transfer, timely data sharing, exchanges of best practices among countries, strengthening of laboratory capacities, increased investment towards UHC, continued support to help Pacific island countries and areas to build climate-resilient health systems, and a country-centred approach to addressing the social determinants of health.

13. Representatives made a resounding call for international solidarity and collaboration, with many expressing support for WHO-led initiatives at the national, regional and global levels, most notably the COVID-19 Vaccines Global Access (COVAX) initiative. However, it was disappointing that multilateral initiatives had failed to deliver sufficient vaccine supplies, and that bilateral agreements had taken precedence over global solidarity; such inequities should be avoided in the distribution of vaccines for children and newly developed antiviral agents, as the pandemic had already intensified existing health inequalities. The Regional Office should facilitate the development of emergency medical teams to help

Pacific island countries and areas to respond to natural disasters and explore the use of virtual platforms to expand distance-learning opportunities for health-care workers.

14. The Regional Director thanked Member States for their significant efforts to immunize their populations against COVID-19 and their commitments to share data across the Region during the pandemic response and beyond. He took note of the importance placed by Member States on tailoring actions to country contexts. It would be important to incorporate country experiences from the pandemic into discussions on the way forward. The Regional Office would continue to improve efficiency in delivering outputs. The Regional Office was currently studying surveillance systems to monitor endemic COVID-19 and was considering a shift in focus from total case numbers to severe COVID-19 cases and available capacity in intensive care units. However, given the lack of precedent, he asked Member States to provide input during the development of guidance so that it could be tailored to country contexts. Partnerships would be increasingly important to the goal of making the Western Pacific the world's healthiest and safest region.

PROGRAMME BUDGET 2020–2021: BUDGET PERFORMANCE (INTERIM REPORT) Item 8a of the Agenda (document WPR/RC72/3)

15. The Director, Programme Management, said that funding utilization, compliance and controls continued to be strong. As of 30 June 2021, US\$ 273.4 million, or 70.8% of available resources, had been utilized, which was US\$ 67.6 million more than at the same point in the 2018–2019 biennium. To mitigate the impact of the COVID-19 pandemic on budget implementation, the Regional Office had developed a “shrunk” workplan under which activities were reprioritized to ensure the continuation of essential services, all while focusing on work components that supported the pandemic response and Member States’ specific needs. Implementation of the shrunk workplan had been regularly monitored and adjusted under the guidance of the Programme Committee. The Secretariat had no outstanding audit recommendations and was continuing to improve controls through strengthened management, training and communications, as well as risk monitoring, particularly related to donor reporting, direct financial cooperation agreements and procurement.

16. Gender balance and geographical distribution of staff remained high priorities. Significant progress had been made towards achieving gender parity thanks to adjustments in recruitment policies and awareness raising among staff. The share of female international staff in the Region had risen to 56% as of 30 June 2021, up from 50% at the end of 2019. The Secretariat was also striving to improve opportunities for successful recruitment in countries that were not represented or under-represented among its staff.

17. A global Output Scorecard System had been rolled out in early 2021 to track implementation of the WHO *Thirteenth General Programme of Work 2019–2023* (GPW 13), and the Secretariat had analysed its contributions towards achieving the global targets in terms of 41 outputs, with a focus on *For the Future*, which also serves as the Region’s implementation plan for GPW 13.

18. Representatives expressed appreciation to the Secretariat for: high budget implementation rates; continued efforts to improve controls and compliance; leadership in adapting the programme budget during the COVID-19 pandemic; achievement of gender parity; and application of the Output Scorecard System. While reductions in staff and travel costs were welcome, those costs should continue to be reduced in order to reserve more funding for priority technical activities. With the pandemic ongoing, it was vital to ensure sufficient, stable funding and to manage expenditures strategically, while maintaining activities to support the continuity of essential services. Further information was requested on: how the Regional Office planned to increase utilization towards the end of the biennium; how gender, equity and human rights were being integrated into budgeting; how gender parity had been achieved in the professional and higher-level staff categories; why staff expenses had decreased compared to the same period the previous year; and how the Regional Office was preventing sexual exploitation, abuse and harassment and engaging with work being done at headquarters in that regard.

19. The Director, Programme Management, said that funding utilization would be maximized by the end of the 2020–2021 biennium through the usual mechanisms, which include implementation monitoring, strategic guidance to all budget centres through the Programme Committee and action by the Programme Management Officers’ Network. The frequency of meetings and actions would increase as the biennium drew to a close to ensure maximum budget implementation. Monthly targets had been set in June 2021 for all types of resources, and their attainment was monitored on a weekly basis with tailored support to each budget centre. Implementation at the end of the biennium was projected to be 98%, which was consistent with past years but represented a higher total utilization of funds. The Secretariat’s approach to gender, equity and human rights went well beyond training: it was fully incorporated into the vision of *For the Future* and applied to technical work, operations and administration alike. The Secretariat was striving for a concrete, pragmatic approach to the issue focused on processes and outcomes.

20. The Director, Administration and Finance, said that the Region had zero overdue direct financial cooperation agreements thanks to Member States’ cooperation and emphasis on proper and timely implementation and reporting. He said the Secretariat had been working within the same operational budgets for the past decade, reorganizing and prioritizing to make sure WHO in the Region managed within its means. That approach was supported by strong networks in the Region and was emblematic of how business was conducted in the Western Pacific.

21. On gender and geographic balance, the Director was proud of the Region’s progress. While the Secretariat said they always hired the best person for the job regardless of gender, careful attention to the issue had resulted in gender parity being achieved in the Regional Director’s senior management team and Cabinet, and parity had been surpassed in the staff make-up of the Region’s country offices and geographically dispersed specialized office. The difference in total staff expenses compared to the previous year could be explained by the increased use of contractors and consultants during the COVID-19 pandemic. While the pandemic had posed challenges in terms of staffing, it had also created opportunities for staff to develop skills by moving to different offices and assuming different roles. On sexual exploitation, abuse and harassment, he reiterated the Regional Director’s commitment to addressing the issue and stressed that the Secretariat was doing everything in its power. Three regional staff members were engaging with the global task team, including the Director of Programme Management and a WHO Representative from the Region. The Secretariat’s response was comprehensive and comprised short-, medium- and long-term objectives to ensure that the issue was understood by all and that sexual exploitation, abuse and harassment were prevented.

PROPOSED PROGRAMME BUDGET 2022–2023 UPDATE: Item 8b of the Agenda (RC72/INF/1)

22. The Director, Programme Management, gave an update on the Programme Budget 2022–2023. Recalling the process by which the budget had been planned and approved, she noted that 10 country priorities mapped to the thematic priorities contained in *For the Future*, the Region’s shared vision for health and well-being and the implementation plan for GPW 13, had all been taken into account during consultations. The operational planning process would enable workplans to be active for implementation by 1 January 2022.

23. In their comments, Member State representatives stressed the importance of: flexibility in the Programme Budget 2022–2023 to adapt to changing requirements and deliver on its core functions; responsiveness to current and emerging health issues; and continued technical and financial support for national health-care systems. It was hoped that WHO country offices would provide feedback on the 10 country priorities and report back to Member States on the prioritization exercise. The Regional Office was encouraged to continue its support for countries’ emergency preparedness and to improve data stewardship at the local level.

24. The Director, Programme Management, thanked representatives for their valuable guidance on both budget discussions and noted that the lens of gender, equity and human rights had also been applied to operational planning for the 2022–2023 biennium.

PANEL DISCUSSION ON PRIMARY HEALTH CARE: Item 9 of the Agenda (document WPR/RC72/4)

25. The Director, Health Systems and Services, moderated a panel discussion on the future of primary health care (PHC) in the Region. The discussion opened with a video presentation on the role and benefits of PHC.

26. The Regional Director recalled that when developing *For the Future*, PHC had been identified as essential to the future of health systems and UHC in the Western Pacific. Past PHC models had allowed countries to improve hygiene, reduce the burden of communicable diseases and improve their populations' immunity. However, the Region would face different challenges going forward, including a higher burden of noncommunicable diseases (NCDs) and rapidly ageing populations. Meeting those challenges would require transforming the overall health system with a new approach to PHC. For example, innovations and adjustments made in response to the COVID-19 pandemic might be integrated into future PHC systems. He hoped that the panel and plenary discussions would stimulate a collective vision for the future of PHC in the Region.

27. Mr Silas Bule Melve, Minister of Health, Vanuatu, addressed the Regional Committee in a pre-recorded statement. His country's new *Health Sector Strategy 2021–2030* aimed to strengthen PHC through a focus on health officers; a recently revised core set of public health indicators and a new platform would assist health officers in collecting, analysing and using data in their planning processes. Like many of its Pacific island neighbours, Vanuatu had struggled to maintain sufficient PHC staff. His Government was working with WHO and other partners to develop curricula and training programmes to improve the skills of community health workers. The Health Sector Strategy also focused on improving facilities and service delivery in remote and unreached areas, with input from the communities themselves. It would likewise be important to increase community engagement through cooperation with village health workers and local leaders. Family health care was the most inclusive, equitable, cost-effective and efficient approach to enhancing people's physical and mental health and well-being.

28. The Director, Health Systems and Services, introduced a video presentation on the daily life of a rural community health worker in the Lao People's Democratic Republic.

29. Mr Ye Kung Ong, Minister of Health, Singapore, said that for him, the answer to the question, "What is the future of primary health care?" was "Primary health care *is* the future." He recalled that only a generation earlier, village and neighbourhood doctors had been the front line of care for most Singaporeans. But as the country had developed and acquired a more advanced health system, hospitals had become the most common settings for care. However, a model focused on acute care in hospitals was not sustainable over time, particularly given Singapore's rapidly ageing population. A strong emphasis on PHC was the only way to lower the projected burden on the health system and corresponding rise in health expenditure, which was projected to triple over the following decade if the country followed its current trajectory. Only by changing the system and shifting focus back to community-based preventive care could Singapore achieve a quality health system that was also sustainable.

30. Mr Aupito William Sio, Associate Minister of Health, New Zealand, said that his Government was undertaking reforms to make the health system more people-centred following a 2018 review that had found increased emphasis on PHC to have the greatest potential to improve New Zealanders' health. The review had also shown that the health system was too fragmented, leading to inconsistencies in care. Following the reforms, New Zealanders would be given more options to manage their own health and well-being through better access to information, advice, community support and targeted services. The country's 20 district health boards would be merged into a single new entity, which would be responsible both for running hospitals and for commissioning primary and community health-care services. Enhancing digital health services would also be critical. During the COVID-19 response, many services had shifted to using digital platforms quickly and without compromising quality of care; the challenge lay in ensuring that people had internet access to take advantage of those platforms. It was essential that primary and community health-care services should be culturally safe and accessible for the country's indigenous Maori and Pacific

islander communities; the reforms would therefore establish a Maori health authority with roles in strategy, policy, monitoring and commissioning. Taken together, it was hoped that the reforms would deliver on New Zealand's vision for more equitable, accessible and streamlined services to better meet the needs of its various communities, particularly vulnerable and at-risk groups.

31. Ms Amelia Afuha'amango Tu'ipulotu, Minister of Health, Tonga, said that PHC was the key to unlocking an affordable and sustainable future for her country's people and achieving UHC. Like other small island developing states, given the current and projected burden of NCDs, the high cost of care would soon be overwhelming for the health system unless changes were made. Tonga's draft national health policy 2020–2030 contained a new, PHC-driven component that involved giving people the power to lead their own lifestyle changes. Healthy living should be modelled in all environments, including at home, school, church and work, with local traditional food being promoted at all ages. Young people were an important driver of lifestyle change, as they had a clear vision of the future they wanted and how to attain it. It would be important to forge new partnerships and engagement with philanthropic groups, local businesses, activists and other health champions, including youth groups.

32. Mr Ong said that many health-care systems were currently suffering from a misalignment of interests and incentives among payers, providers and patients. So long as health-care providers were remunerated based on workloads rather than health outcomes, costs would continue to escalate. The COVID-19 pandemic had demonstrated that basic preventive measures such as hand hygiene, masking and vaccinations led to better outcomes for both patients and health systems by avoiding the need for hospital treatment. The painful lessons of the pandemic could be used to generate consensus on the need to shift towards a PHC-driven approach.

33. Mr Sio said that his Government's reforms were being driven in part by inequities in the current system: indigenous people and other minority groups in New Zealand had shorter average lifespans and less access to PHC than people of European heritage. Developing a family- and people-centred approach to PHC had required engaging not only with health experts and physicians but also with indigenous and church leaders, whose input had been crucial in deciding the way forward. Moreover, health services must reflect the communities they serve: information must be made available in multiple languages, and young people from minority communities should be supported to enter the health workforce so that future practitioners had the necessary language skills, community ties and cultural intelligence.

34. Ms Tu'ipulotu agreed that relationships with community stakeholders, including traditional leaders, were essential. She outlined the challenges in providing PHC services in remote island settings, including a lack of resources and training, and feelings of isolation among health workers. Her Government had adopted a three-pronged strategy to address those challenges: training and engaging with PHC physicians; deploying more nurses to remote areas; and training volunteer village health workers. That strategy was an important part of the shift from a clinical focus to a PHC-driven system that could be sustained into the future.

35. In a plenary discussion, Member State representatives expressed strong commitment to transforming PHC to new models to address the current future health challenges in their countries, with a particular emphasis on equitable access for vulnerable and hard-to-reach populations. Measures taken by governments included the expanded use of e-health technology, engagement with traditional and community leaders, and cooperation with multilateral partners, the private sector and non-State actors. Other concrete steps included: the establishment of district health centres that provided a wide range of preventive care and PHC services; the creation of a registry system for all patients, or even all citizens; a free health screening programme for low-income groups; and expanded insurance benefits.

36. The COVID-19 pandemic had highlighted the essential role of PHC and created opportunities for innovation. Several representatives said that measures adopted for the pandemic response could be extended to strengthen PHC more generally, including the use of mobile phone applications to collect health data, expanded telemedicine services, and engagement with local community leaders to raise awareness and detect emerging threats. There was broad agreement that PHC must be people-centred and embedded within

the community, and that health workers required more training and professional development opportunities. There was also a need for: continued sharing of experiences and best practices; improved benefits and incentives for PHC workers; public guidance that empowered people to manage their own health; and enhanced surge capacity for basic services to ensure the continuity of essential programmes, including during a future pandemic.

37. A pre-recorded statement was made on behalf of the World Organization of Family Doctors.

38. The Director, Health Systems and Services, summarized the main points raised in the panel and plenary discussions and drew a parallel with the excursion of meeting participants to the Ieshima Islands, where they had witnessed an example of an innovative, localized, “ground-up” approach – as prescribed in *For the Future* – to PHC.

COVID-19: Item 10 of the Agenda

Briefing on the WHO Hub for Pandemic and Epidemic Intelligence

39. The Executive Director, WHO Health Emergencies Programme, addressed the Regional Committee in a pre-recorded statement. He congratulated the Western Pacific Region on avoiding a large-scale COVID-19 outbreak thanks to its strong public health response. However, new and complex challenges were arising in a world with vastly different levels of immunity and residual risks. The WHO Hub for Pandemic and Epidemic Intelligence had been established in Berlin, Germany, in response to Member State calls for a stronger global health surveillance system and greater access to contextual data. The aim of the Hub was to provide better data and analytics to support improved decision-making while accelerating implementation of existing initiatives. It would also drive innovation in areas such as the analysis of large-scale genomic databases and the development of a semantic web of knowledge from multiple sources. Building joint pandemic response capacities would require strengthening existing partnerships and forging new ones. He expressed appreciation to Western Pacific Member States and the Regional Office for their leadership in health surveillance and praised the Regional Director as a public health innovator and strong supporter of the Hub.

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

40. The Vice-Chair (Western Pacific), Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies, gave an update on the Working Group’s progress in assessing the benefits of a new WHO convention, agreement or international instrument on pandemic preparedness and response. A convergence of positions had been reached thanks to the efforts of the WHO Secretariat and the active participation of Member States. Participants in the Working Group had reaffirmed the importance of the International Health Regulations, known as IHR (2005), as a key component in the global health architecture. While many participants supported strengthening IHR (2005) through targeted amendments, some had highlighted issues that fell outside their scope and thus might be addressed in a new legal instrument. She thanked Member States for their participation in the process and requested their continued support in strengthening the global health system.

41. The Co-Chair (Americas), Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies, said that the three Working Group meetings held so far had been both rich and challenging. There had been broad agreement among participants that early pandemic surveillance and protection must be strengthened; most diverging positions related not to that priority itself but the details of its implementation, such as specific responsibilities at the national, regional and global levels. He outlined the contents of the draft report to be submitted to a special session of the World Health Assembly in November 2021, ranging from leadership and governance matters to tools for pandemic response efforts, such as IHR (2005), and sustainable financing. Many participants had stressed that equitable access to countermeasures was particularly important. There had been broad consensus that the status quo was unacceptable and that meaningful changes to the global health architecture could take more than one form.

Thus, the report would propose various ways forward, not only for negotiating a potential new instrument, but also for strengthening existing systems, instruments and tools.

42. The Co-Chair (South-East Asia), Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies, said that the Western Pacific's contributions to the Working Group had been particularly valuable as the Region had the longest experience in combating COVID-19. Western Pacific governments had also modelled strong cooperation both within the Region and beyond. The Working Group had been established as a Member State forum, and the end result would be driven by Member States. In its report, the Working Group leadership would strive to reflect the depth of the many substantive discussions that had taken place while focusing on future steps.

43. Member State representatives thanked the Co-Chairs and Vice-Chair for their time and commitment. One representative proposed that the contents of the draft report should continue to be discussed after the Working Group's final official meeting to allow sufficient time to reach a firm consensus; in that regard, more information on the drafting process was requested. Another representative agreed that intersessional work would be critical and that Member States must begin to narrow their differences in a meaningful way. It would be important to build consensus not only among Member States but also with other stakeholders, as governments alone could not implement measures that impacted such a broad swath of society. The Regional Director was requested to give his opinion on the proposal raised in the Working Group that regional directors should be empowered to issue intermediate, regional-level health alerts: In what respects should the Regional Office take a leading role in the legal framework for health crisis management, given that respiratory infections such as COVID-19 spread so quickly that there might be little time to act between the regional and global alert phases? In response, the Regional Director explained that the Western Pacific had an event monitoring system in place that allowed for rapid verification of reported incidents at regional, national and subnational levels, adding that all three levels of WHO should be similarly interconnected in the global alert system to maximize its effectiveness.

44. The Co-Chair (Americas) assured representatives that there would be ample opportunity to negotiate the text of the draft report. While the intention was to progress as far as possible at the final meeting of the Working Group, times and dates for additional informal discussions were already being planned. It was commendable that Member States wished to take the lead in drafting the report. He and his fellow Co-Chair would facilitate that process and ensure that the "ways forward" section contained recommendations that could be easily adapted into a decision or other outcome at the special session of the World Health Assembly.

45. The Regional Director said that global solutions were most effective when synchronized with national and subnational support. He therefore encouraged representatives to participate in the Working Group as much as possible and to contribute their COVID-19 response experiences to the global discussion. It was important that the Working Group produce practical recommendations in order to help prepare the world for the next pandemic. In response to the question about region-level health alerts, he stressed the importance of implementation at all three levels of WHO. Within countries as well, the national, subnational and village-level responses should be interconnected so that information about an incident at the front lines was transmitted as quickly as possible. The Regional Office had an event monitoring system in place that analysed some 270 reports each day, with Member States providing rapid verification of reported incidents; such a system might serve as the basis for a global alert system.

SCHOOL HEALTH: Item 11 of the Agenda (document WPR/RC72/5)

46. The Secretariat gave a video presentation introducing the proposed *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific*.

47. Member State representatives endorsed the draft Framework and noted its "fresh and forward-looking" approach. They also noted its timeliness: the closure of schools during the COVID-19 pandemic had reduced many educational, social and extracurricular opportunities for children; weakened social safety nets; widened education gaps; and negatively affected children and adolescents' mental and physical health.

48. The Secretariat was requested to identify and share best practices and to provide tailored support for Member States in implementing the draft Framework. WHO collaborating centres and development partners would also have a role to play. Representatives described their governments' efforts to promote the health of children and adolescents, including the development of multisectoral policies and the implementation of national initiatives. It would be important to form partnerships with other stakeholders to optimize implementation of the draft Framework, particularly to promote engagement between schools and communities. WHO support was requested in rolling out child immunization programmes that had been suspended as a result of pandemic-related school closures, and in developing policies and legislation to support and protect children's health and rights. Suggestions for possible additions to the draft Framework included: exploration of distance-learning tools and modalities; greater focus on tackling the increase of electronic nicotine delivery systems; a sharper gender dimension; and the incorporation of differentiated approaches for primary and secondary schools.

49. The Secretariat gave a video presentation in which schoolchildren from around the Region explained why health was important to them and their future.

50. The acting Director, Healthy Environments and Populations, thanked Member States for their support for the draft Framework and for their input during its development. The impact of pandemic-related school closures on educational and health outcomes, especially in terms of mental health, made it all the more urgent to implement the draft Framework. The Regional Director had been a staunch advocate of safely reopening schools using a risk-based approach, and the Secretariat would continue to provide Member States with support to that end.

51. The Regional Office was not seeking to prescribe a particular course of action but to build on existing national structures by supporting governments to implement the draft Framework in line with their specific contexts, learning from their experiences and scaling up implementation on that basis. While the draft Framework did contain a section on gender, it would be important to incorporate a strong gender focus during the implementation phase. The Secretariat was committed to supporting Member States in the development of policies and legislation to translate the concepts in the draft Framework into actions. The strong emphasis on NCDs reflected Member State priorities and the *For the Future* vision, given the central role of schools in fostering healthy nutrition and physical activity. The Secretariat would also support Member States in their efforts to regulate tobacco and other nicotine products and to prevent their use among children and adolescents.

52. The Assistant Director-General, Universal Health Coverage/Healthier Populations, praised the draft Regional Framework, which would help to build a healthier, fairer and safer world by reframing schools as centres for promoting health and well-being in the community. Its implementation would foster health literacy, promote healthy behaviours to prevent NCDs and enable children to enjoy long, healthy lives. The emphasis on broader cross-sectoral partnerships – and the draft Framework's inclusiveness in granting key roles to families, school staff and community members – was also praiseworthy. WHO headquarters would work with the Regional Office to provide evidence and data and to support the sharing of best practices. The work of health ministers, along with schoolchildren themselves as future community leaders, would be key to the draft Framework's success.

53. The Regional Director thanked the Assistant Director-General for her support and Member States for their guidance on how to revitalize the concept of school health. Schools had a strong potential to serve the community, creating an impact not just during children's school days but throughout the life course. Implementation of the draft Framework would necessarily be challenging given its scope and ambition, and he looked forward to working with health ministers to identify ways to promote innovation in school health.

54. The Regional Committee considered a draft resolution on school health.

55. The resolution, which among other actions endorsed the *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific*, was adopted (see resolution WPR/RC72.R1).

TRADITIONAL AND COMPLEMENTARY MEDICINE: Item 12 of the Agenda (document WPR/RC72/6)

56. The Secretariat gave a video presentation introducing the proposed *Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*.

57. Member State representatives expressed strong support for the draft Framework and appreciation for the Secretariat's efforts to realize the potential of traditional and complementary medicine (T&CM). Underscoring the key role played by such medicine in their countries, they described their governments' efforts to incorporate it into their health systems by enacting legislation and establishing institutions to govern it, among other measures. However, the challenges in ensuring the safety and quality of such treatments were also emphasized, especially given the informal settings in which they were often manufactured and administered; further action and support were requested in that regard. A number of representatives shared how T&CM had been used during the COVID-19 pandemic, not only in the prevention and treatment of the disease itself, but also in response to the more holistic approach to health and prevention that the pandemic had fostered. Many people in the Region had limited access to conventional medicine for financial, geographical or logistical reasons, meaning that T&CM was often employed as PHC and used in chronic disease management, palliative care and rehabilitation. Such medicine also held social, cultural and economic significance, especially for indigenous populations. It therefore had a key role to play in the attainment of UHC, especially among underprivileged and hard-to-reach populations.

58. Collaboration and sharing experiences would be important to support country-specific implementation of the draft Framework, facilitate the development of policies and clinical guidelines, and increase regional capacities to generate scientific evidence on the subject. Actors in the T&CM industry should be encouraged to work with governments to support implementation of the draft Framework, and governments should provide the public with information to enable well-informed choices. WHO support was sought for benchmarking practices, practitioners and products with a view to regulating T&CM and conducting research to obtain evidence to support its use.

59. A pre-recorded video statement was made on behalf of the World Federation of Acupuncture-Moxibustion Societies.

60. The Director, Health Systems and Services, summarized the main points raised and thanked Member States for having provided input during the development of the draft Framework.

61. The Regional Committee considered a draft resolution on T&CM.

62. The resolution, which among other actions endorsed the *Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*, was adopted (see resolution WPR/RC72.R2).

TUBERCULOSIS: Item 13 of the Agenda (document WPR/RC72/7)

63. The Secretariat gave a video presentation introducing the proposed *Western Pacific Regional Framework to End TB (2021–2030)*.

64. Member State representatives endorsed the draft Framework and thanked the Regional Office for developing it, given the serious threat that tuberculosis (TB) continued to pose to health at regional and global levels. Its comprehensive strategic guidance and alignment with *The End TB Strategy* and regional health priorities were welcomed. Delegations provided updates on the current situation in their countries and steps taken by their governments, such as strengthening prevention and detection and developing disease-specific policies. TB control in many countries had been disrupted due to financial, material and human resources being diverted to COVID-19 preparedness and response. However, public health measures

adopted during the pandemic, such as mask wearing and handwashing, had also helped to reduce the spread of TB in some countries, and lessons identified from the pandemic response could be applied to implementation of the draft Framework. A number of representatives emphasized the importance of continued collaboration both among Member States and with development partners. It would also be important to invest in developing rapid diagnostic kits and other technologies and to buttress targeted interventions with broader efforts aimed at health systems strengthening and the attainment of UHC. The Regional Office was requested to support the strengthening of national TB programmes and services.

65. A statement was made on behalf of the International Federation of Medical Students' Associations.

66. The Director, Programmes for Disease Control, thanked Member States for their strong support of the draft Framework and for contributing to its development. Summarizing the comments made, she congratulated Member States on: enhancing prevention and care through multisectoral collaboration; the innovative approaches employed to maintain essential services during the pandemic; and efforts to prioritize the needs of underserved, vulnerable and high-risk populations. Representatives had recognized the unique features of the draft Framework, namely its "backcasting" approach as prescribed in *For the Future*, emphasis on health systems strengthening and contextualization of *The End TB Strategy* to the specific situation in the Region. She reaffirmed the Regional Office's commitment to providing tailored support to strengthen national policies and strategies, reach the unreached, address the impacts of the pandemic and drive efforts towards the realization of the *For the Future* vision.

67. The Director, WHO Global Tuberculosis Programme, welcomed the development of the draft Regional Framework and acknowledged Member States' significant efforts to provide access to essential services – including for TB – before and during the COVID-19 pandemic. Outlining how global gains had been jeopardized by the pandemic, she assured representatives that she shared their concerns. The pandemic had endangered attainment of global TB targets despite the unprecedented political commitments made at the first United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis and the United Nations Secretary-General's recent call to reduce TB deaths. The draft Framework was therefore timely. Strong health systems would be the backbone of its success, and all three levels of the WHO administration were committed to supporting Member States in its implementation. Efforts must be redoubled across health systems and beyond to mitigate the impacts of the pandemic, address the social, environmental and economic drivers of TB, and move towards ending the disease.

68. The Regional Director thanked the country experts who had contributed to the development of the draft Framework and the speakers from WHO headquarters for their leadership in the fight against TB. In developing the draft Framework, the Secretariat had shifted from a traditional disease-focused, indicator-based approach to a systems approach, employing a backcasting methodology to ensure that interventions would remain relevant and keep pace with changing contexts over the coming years. The Regional Office remained committed to working with Member States and would support them in their implementation of the draft Framework. Implementation, if properly tailored to country contexts and the varied stages of progress across the Region, would contribute to health systems strengthening and the attainment of UHC.

69. The Regional Committee considered a draft resolution on TB.

70. The resolution, which among other actions endorsed the *Western Pacific Regional Framework to End TB (2021–2030)*, was adopted (see resolution WPR/RC72.R3).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 14 of the Agenda (document WPR/RC72/8)

71. Representatives were requested to comment on progress made on the four thematic priorities of the *For the Future* strategic vision. Comments were also invited on a fifth progress report entitled "Driving the vision of *For the Future*", which covered issues of cross-cutting relevance across the thematic priorities.

Thematic priority: Health security, including antimicrobial resistance (Item 14.1 of the Agenda)

72. The Director, Health Security and Emergencies, said that the threats posed by disease outbreaks, natural disasters and food safety events had not disappeared during the COVID-19 pandemic. Governments had continued to strengthen their health security systems during the pandemic response in collaboration with WHO and partners and in line with the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III). The APSED Technical Advisory Group had developed short-, medium- and long-term preparedness and response strategies based on country experiences and recommendations from global reports. The Group had envisaged two potential scenarios: 1) the transition of COVID-19 from an epidemic to an endemic disease; and 2) the emergence of a more virulent variant, leading to a pandemic within a pandemic.

73. The Director said that progress had been made in all four components of the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* and that all Member States had used the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region* in the development of policies and national action plans to combat antimicrobial resistance (AMR) through a systems approach. The Secretariat was also working with Member States and partners to strengthen national food safety systems through implementation of the *Regional Framework for Action on Food Safety in the Western Pacific* and to improve case detection and evidence-based decision-making. While preparedness in the Region had improved, it was becoming more complex to manage health security threats.

74. Issues raised by delegations included the need to: prioritize health security in line with APSED III in light of the COVID-19 pandemic; further accelerate action to combat AMR; and fully implement IHR (2005). Representatives thanked the Regional Office for its leadership during the pandemic response and highlighted the importance of combining immunization programmes with public health and social measures. Health systems strengthening would be critical in responding to the ongoing pandemic and improving health security in the long term. Greater cooperation across the Region would be necessary to address health security threats and prepare for future pandemics. The establishment of the Emerging Molecular Pathogen Characterization Technologies or EMPaCT Surveillance Network and the Western Pacific Regional Antimicrobial Consumption Surveillance System would foster capacity-building and help Member States to prepare for and respond to AMR threats.

75. Representatives described challenges posed by AMR in their countries, such as the accidental importation of drug-resistant organisms into Pacific island countries and areas by citizens who had travelled abroad for treatment and received antibiotics not used locally. WHO and partners should provide technical guidance to Pacific island countries and areas to enable them to enhance their laboratory capacities, develop guidelines on the appropriate use of antibiotics, and sustain infection prevention and control measures adopted during the pandemic. The Regional Office was urged to ensure that projects in the Western Pacific complemented similar initiatives on AMR undertaken in other WHO regions and at the global level, following a One Health approach. Several delegations indicated their desire to share their experiences, including successful multisectoral collaboration on AMR and strengthened national laboratory capacities to identify COVID-19 variants.

Thematic priority: Noncommunicable diseases and ageing (Item 14.2 of the Agenda)

76. The acting Director, Healthy Environments and Populations, said that progress had been made in strengthening NCD prevention and control and in protecting children from the harmful impact of food marketing. A number of countries had recently taken steps to address common NCD risk factors, particularly by regulating trans-fatty acids, tobacco and electronic nicotine delivery systems. The Secretariat remained committed to supporting Member States in such efforts. However, more must be done to attain Sustainable Development Goal target 3.4 to reduce premature mortality due to NCDs by one third, as progress had actually reversed in some countries. The Secretariat was therefore developing a draft framework on NCD prevention and control.

77. Noting that the COVID-19 pandemic had shone a spotlight on inequities in mental health care and amplified the need for services and support, the acting Director said that the Secretariat would work with Member States to create a shared vision for mental health to be considered at a future session of the Regional Committee. The Secretariat had supported Member States in their implementation of the *Regional Action Plan on Healthy Ageing for the Western Pacific* by recently promoting advocacy for early action on ageing, providing technical guidance and generating research and evidence.

78. Representatives expressed appreciation for WHO's work on mental health and the development of a new draft framework that would better align national NCD programmes with the *For the Future* vision. National efforts to address NCDs and healthy ageing included: developing programmes and legislation; investing in and implementing mental health interventions; and regulating the use of tobacco products. Governments should work to improve policy advocacy, technical cooperation and capacity-building to achieve the Region's NCD prevention and control targets, and WHO and partners should support innovation in primary and secondary prevention. One representative emphasized the cross-cutting nature of healthy ageing and identified the Healthy Cities initiative as a way to meet the diverse needs of older adults.

79. Statements were made on behalf of the McCabe Centre for Law Cancer.

Thematic priority: Climate change, the environment and health (Item 14.3 of the Agenda)

80. The WHO Representative for the South Pacific/Director of Pacific Technical Support described the serious threat posed by climate change and environmental hazards to the health and safety of people in the Region, especially in Pacific island countries and areas. The Regional Committee was invited to consider the progress made on the key deliverables following the inaugural meeting of the Technical Advisory Group on Climate Change, the Environment and Health in 2020.

81. Member State representatives expressed support for WHO's action on climate change, the environment and health at global and regional levels. Given the urgency of the situation, those actions should now be accelerated, and the Secretariat should provide further information on country-level progress. National initiatives included: studying the health impacts of climate change; increasing health systems' climate resilience; and working towards net-zero carbon emissions in the future. Representatives from a number of Pacific island countries requested further support in building climate-resilient health systems. In particular, many people did not have access to safe sanitation and drinking water, especially those living on remote islands. Technical and financial support was requested to strengthen water, sanitation and hygiene programmes. Delegations offered to share their experiences in providing safe drinking water, addressing the health impacts of air pollution and building climate-resilient health systems.

82. A statement was made on behalf of Public Services International and the World Heart Federation.

Thematic priority: Reaching the unreached (Item 14.4 of the Agenda)

83. The Director, Programmes for Disease Control, said that Member States had made significant progress in communicable disease control over the previous year. In particular, the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)* had guided Member States in strengthening their health systems with a view to making the Region malaria free by 2030. China had been certified by WHO as malaria free in June 2021, demonstrating that countries could achieve elimination despite significant past disease burdens; other countries in the Region were also seeing significant decreases.

84. Implementation of the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030* was ongoing. Hepatitis B vaccination rates among neonates remained high, and the proportion of new mothers tested for syphilis and HIV had increased in the previous two years. Member States were also working to eliminate viral hepatitis as a public health threat by 2030 by integrating hepatitis treatment into essential services, developing centralized service delivery models and strengthening PHC. Furthermore, uptake of hepatitis treatment had

increased with the drop in treatment prices in the Region, and new hepatitis infections had continued to decline. However, continued efforts were needed to accelerate control and elimination and sustain the gains made to date. The Secretariat was working with Member States to develop guidance on employing a systems approach to transforming health systems and realizing the *For the Future* vision.

85. Representatives commended the progress made, in particular towards eliminating malaria and controlling viral hepatitis, HIV/AIDS and sexually transmitted diseases. However, more needed to be done, especially as the COVID-19 pandemic had highlighted the critical importance of reaching the unreached. For example, the pandemic had weakened routine immunization coverage in several Pacific island countries and areas, and its impact on essential sexual and reproductive health services had disproportionately affected women and girls.

86. Representatives described their governments' efforts to control and eliminate communicable diseases, including by expanding interventions to reach geographically isolated and disadvantaged areas. Several delegations were willing to share their experiences. The Secretariat's efforts to support Member States in adopting a systems approach to the issue were appreciated. A number of representatives from Pacific island countries requested support to enable them to reach isolated communities, such as through the establishment of a floating hospital.

Driving the vision of *For the Future* (Item 14.5 of the Agenda)

87. The Director, Health Systems and Services, said that the Secretariat had adapted the implementation of the four regional action agendas and various regional frameworks to align with and contribute to the *For the Future* vision, given that they had been endorsed by the Regional Committee prior to adoption of *For the Future* in 2019. The COVID-19 pandemic had been leveraged to accelerate implementation where possible and relevant. For example, under the *Universal Health Coverage: Moving Towards Better Health* action framework and the *Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific*, Member States had been supported before and during case surges to strengthen COVID-19 care pathways, severity-based referrals and the use of resources to prevent hospital saturation. The Secretariat had worked closely with development partners in the scope of the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* to understand the impact of the economic crisis set off by COVID-19 on health-care costs and financing. Through that work, the Secretariat had sought to strengthen commitment among international partners and Member States to continue investing in the attainment of UHC. Turning to *Better Laws for Better Health: Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals*, he said that the pandemic had revealed the need for effective, up-to-date laws and enhanced capacity to enforce them. The Secretariat had directly supported several Member States in the development of new legal frameworks and provided guidance on the use of new digital tools and technologies.

88. The Secretariat was also working to leverage the operational shifts set forth in *For the Future* as new ways to implement the various action agendas and frameworks. One example of a shift to a systems approach was the unification of all technical/disease programmes under the umbrella of the UHC Technical Advisory Group to collaborate on the common agenda of building health systems to achieve UHC. The virtual meeting format adopted as a consequence of COVID-19 travel restrictions had also enabled the chairs of technical advisory groups to join meetings of other such groups and take advantage of the linkages and synergies in their work.

89. Representatives welcomed the Secretariat's continued efforts to drive the *For the Future* vision despite challenges posed by the pandemic. A number of delegations outlined their own efforts to drive forward the vision at the national level, including the establishment of PHC facilities and the development of a mechanism to pool resources from public and private stakeholders to support health systems. It was asked whether any assistance had been offered to Member States with the explicit aim of identifying and developing tailored, country-specific priorities under the four regional action agendas. Greater transparency was called for in technical funding and other support allocated by the Regional Office to the actions envisaged under each thematic priority.

90. The Director, Programme Management, thanked Member States for their comments on all five reports and their commitment to the realization of the *For the Future* vision. Implementation of the four thematic priorities would continue to be tailored to country contexts, and the Secretariat would continue to advocate UHC, alongside colleagues at WHO headquarters, through the relevant multilateral mechanisms and initiatives. The importance of the issues at hand necessitated an ambitious agenda, and the Regional Office would continue to work with Member States to address the challenges ahead.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 15 of the Agenda (document WPR/RC72/9)

Agenda for the seventy-third session of the Regional Committee in 2022 (Item 15.1 of the Agenda)

91. The Director, Programme Management, recalled that the Regional Committee had agreed on a revised agenda development process in 2015. Under that process, seven technical items had already been proposed: 1) NCD prevention and control; 2) cervical cancer; 3) a panel discussion on Communication for Health; 4) mental health; 5) policy and governance of medical products; 6) PHC; and 7) reaching the unreached. Member States were invited to comment on the proposed technical items for the 2022 agenda and propose other technical items for consideration.

92. Representatives said that all of the proposed items were important and worthwhile. Given that the agenda could typically accommodate only five technical items, it was requested that particular priority should be given to PHC, the policy and governance of medical products, cervical cancer, and NCD prevention and control, the latter two being of particular importance to Pacific island countries and areas.

93. The Director, Programme Management, said that the goal was to reflect Member State needs and priorities. The Secretariat would therefore prepare a draft provisional agenda that incorporated Member State views for informal discussion at the Region's Executive Board meeting in January 2022, followed by consultations with all Member States in the Region.

WHO reform (including WHO's work in countries) (Item 15.2 of the Agenda)

Stocktaking exercise

94. The Director, Programme Management, said that as part of its accountability to Member States, the Secretariat had undertaken a stocktaking exercise to review progress in implementing *For the Future*, particularly the impact of the COVID-19 pandemic.

95. The Director, Health Systems and Services, presented the main findings of the stocktaking report, which focused on four areas: 1) the continued relevance of the *For the Future* vision; 2) implementation progress so far; 3) the implications of COVID-19; and 4) future directions for action. The methodology had comprised documentation reviews, high-level interviews with partners and experts from across the Region, consultations with Member States, and internal consultations. The exercise had confirmed the relevance of the *For the Future* vision and its key elements, as well as the need for WHO to tailor support to countries' needs. Progress to date on implementation had been good. Priority focus areas for the next two to three years included conducting Health Futures Strategic Dialogues in more countries and deepening institutionalization of operational shifts across the Regional Office. The COVID-19 pandemic had confirmed the importance and urgency of the *For the Future* vision and even created opportunities for Member States to advance development of their health systems. Lastly, the report identified areas under each thematic priority for which it was particularly important to accelerate implementation. The Regional Office would continue to strengthen its capacities and work as one team to tailor its support to countries.

WHO's work in countries

96. The Regional Director recalled that *For the Future* built on the Region's long-standing practice of putting countries at the centre of its work and establishing strong coordination with country offices. Given

that WHO's work in countries depended on sustainable financing of the Organization (item 15.3 of the Agenda), he invited Member State representatives to comment on both issues together.

97. The Director, Programme Management, introduced a series of video presentations by WHO Representatives and other senior WHO staff that provided examples of WHO's work in countries and areas. Each presentation was followed by comments from the health minister or another senior government official from the country featured.

98. Lao People's Democratic Republic: The video presentation by the former WHO Representative in the Lao People's Democratic Republic covered WHO support of the COVID-19 response in the country. The Organization had convened and coordinated the work of more than 50 partners to provide technical assistance, fill funding gaps, and procure equipment and supplies. WHO had also provided support for cross-sectoral training and outreach.

99. The Minister of Health said that WHO had been working with his Ministry for 16 years to strengthen the country's core capacities under IHR (2005) using APSED III. WHO had supported the development of a district health information system, which together with strong, on-the-ground surveillance support had been timely for the COVID-19 response. The pandemic had revealed the importance of working across sectors, and WHO's long-term health system development approach was crucial in that regard, as the Organization best placed to coordinate with a range of partners.

100. French Polynesia: The video presentation by the Coordinator, Pacific Health Cluster, focused on how WHO had provided tailored COVID-19 response support despite having no permanent physical presence in French Polynesia. That support included decentralized technical assistance and the establishment of a crisis management cell during the first wave of the pandemic, enabling French Polynesia to provide support to other Pacific islands during the second wave.

101. The Minister of Health expressed gratitude for WHO's multifaceted support, particularly during the first wave of the pandemic when various sectors had needed to come together to face unprecedented challenges. The presence of WHO experts had contributed to the Government's pandemic communications by providing non-politicized technical knowledge to reassure the community. The rapid deployment of French-speaking staff from the Division of Pacific Technical Support had been particularly valuable. He also expressed appreciation to the Regional Director for his vigilant attention to the needs of Pacific island countries and areas.

102. Tonga: The video presentation by the Officer in Charge, WHO Country Liaison Office, covered the COVID-19 vaccine roll-out to the country's remote islands. Thanks to the well-planned deployment, which was preceded by village information sessions to address the communities' concerns and build demand, nearly 100% of the eligible population of Tonga's small, remote islands had received their first dose.

103. The Minister of Health said that her country's risk factors – a small population dispersed across many isolated islands, high rates of NCDs, dependence on tourism and a tradition of large families living together in small spaces – had made a successful vaccine deployment essential. WHO had provided guidance on how to prioritize at-risk populations, and the WHO-led Pacific Joint Incident Management Team had helped the Government and that of other Pacific island countries to develop their own vaccine deployment plans. An analysis of roll-out projections had even allowed the country, with support from WHO, the COVAX initiative and the United Nations Children's Fund, to provide spare vaccine doses to Viet Nam and thus avoid vaccine wastage while supporting immunization across the Region.

104. Viet Nam: The video presentation by the Director, Programmes for Disease Control, covered WHO's work to support the Ministry of Health in addressing the country's high burden of NCDs through a public health approach, including shifting the management of hypertension from hospitals to the PHC system.

105. The Director, Health Strategy and Policy Institute, Ministry of Health, said that WHO's support for NCD management and control was particularly valuable given that development partners typically offered limited resources and support in that area, most often in the form of short-term pilot projects. WHO took a

more sustainable approach by offering systems support and helping to strengthen PHC as a whole and bring it closer to the people who needed it. WHO had first provided support in developing the country's 2013–2014 national NCD action plan. The pandemic had brought new urgency to the issue, as many NCDs made people more susceptible to severe COVID-19. WHO support would therefore remain critical during implementation of the 2021–2025 national action plan and broader health system reforms.

106. Mongolia: The video presentation by the Coordinator, Data, Innovation and Strategy Group, highlighted the Government's long-term (2050) goals for health, which used a country-specific backcasting approach that had been facilitated by the Health Futures Strategic Dialogue process.

107. The Director, Economics and Finance, Ministry of Health, said that with WHO and donor support, the Ministry was strengthening its regulation and financing using a systems approach, exploring innovative financing mechanisms, enhancing equity in health care and increasing efficiency. The Ministry and WHO had been working together to implement strategic dialogue to support the Government's development planning by envisioning long-term actions and stress-testing strategies against various scenarios. That approach had also helped to break down silos and include voices from outside the health sector. WHO support would remain critical in the context of the COVID-19 pandemic and addressing the evolving health situation in the country.

108. The five presentations illustrated how WHO support was tailored to the unique context of each country or area.

109. The Director, Programme Management, said that the presentations were closely linked to the Regional Committee's discussion of sustainable financing. For example, the type of long-term, systems-based support provided in the Lao People's Democratic Republic was hampered by the short-term nature of WHO's current financing structure and its reliance on heavily earmarked contributions. As countries in the Region continued to develop economically and ceased to receive funding from traditional donors, they would continue to require support to sustain important gains in areas such as malaria control and maternal and child health. The type of support received by Mongolia would also continue to be in demand and would require sustainable financing for its provision. By endorsing *For the Future*, Member States had requested the Regional Office to work to address the challenges of tomorrow, but transformative plans for the future would be hard to achieve as long as the Organization was reliant on earmarked, unpredictable, short-term funding.

Items recommended by the World Health Assembly and the Executive Board (Item 15.3 of the Agenda)

110. The Director, Programme Management, drew representatives' attention to 10 items referred to the Regional Committee by the World Health Assembly and Executive Board for consultation. Member State input on six of the items was being collected through separate consultation processes. In addition to the items currently under discussion, Member States were invited to submit comments to the relevant WHO focal points on two remaining items: World Health Assembly resolution WHA73.5 on strengthening efforts on food safety; and World Health Assembly decision WHA74(10) on follow-up of the political declaration of the United Nations General Assembly Third High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

Sustainable financing

111. The Chair, Working Group on Sustainable Financing, outlined the broad shape of the debates held within the Working Group and the other WHO regional committees. The COVID-19 pandemic had made it clear that a strong and effective WHO was needed more now than ever. However, there was a disconnect between Member States' expectations for – and professed faith in – the Organization and their willingness to pay for it. The Working Group had been established to ensure that WHO had the robust financing structure and capacities needed to play the roles set forth in its Constitution, and to analyse the recommendations of the various independent review panels established in response to the pandemic. Those

panels had unanimously found that the current financing structure was profoundly defective, despite several attempts at reform over the past 30 years. Discussing the issue together with WHO's work in countries was appropriate, as the current donor-driven funding model reduced Member State ownership of WHO and diverted attention and resources away from in-country work and countries' technical priorities.

112. The Chair made a strong appeal to Member States to reform WHO's financing structure by providing more predictable, flexible funding. Noting that all alternative options had been explored and discussed to no result, he urged Member States to form a consensus on increasing assessed contributions. He also stressed that a lack of consensus on a concrete proposal was itself a decision to maintain the status quo, keeping WHO vulnerable and limited in its ability to support Member States. If WHO was not financially able to fulfil its mandate, other less inclusive, less multilateral entities would fill the gap. He called on Member States to mobilize the necessary political will and financial resources to truly strengthen WHO.

113. The Deputy Vice-Chair (Western Pacific), Working Group on Sustainable Financing, described the next steps in the process to develop a zero-draft report to the 150th session of the Executive Board. He presented five questions for Member State input that had been drawn from the recommendations of the Independent Panel for Pandemic Preparedness and Response and other review panels, regarding: 1) increasing assessed contributions to cover at least 50% of the base segment of the programme budget; 2) fully funding the base budget through non-earmarked contributions; 3) the way forward on increasing assessed contributions being decided at the Seventy-fifth World Health Assembly; 4) exploring a replenishment model to cover the remainder of the base budget; and 5) best practices and lessons learnt on budget prioritization.

114. Member State representatives, speaking on both sustainable financing and WHO's work in countries, expressed broad support for the efforts of the Working Group and the importance of sustainably financing WHO. General comments and suggestions covered, among other points: increasing funding for regional and country offices; broadening the donor base using networks developed during the COVID-19 pandemic; exploring innovative mechanisms similar to Sustainable Development Bonds, which allow for direct investment in bonds that finance socially beneficial projects; and establishing standing committees on governance and health emergencies to increase Member State oversight of budget matters.

115. Member State reactions varied on the question of increasing assessed contributions to 50% of the base budget. A number of representatives expressed clear support, while requesting additional clarifications and stressing that the increase should be incremental. One representative said that an increase was logical, as it would encourage restraint in adopting resolutions and decisions with budget implications. Others expressed support for increasing the proportion of assessed contributions to some degree but stipulated that the added value of the increase must be clearly demonstrated. Countries' individual contexts, particularly the impacts of the pandemic, should be taken into account. The need to increase sustainable financing, not the total budget ceiling, and the difficulty of convincing finance ministers and decision-makers in other ministries to accept the proposal were also raised.

116. On earmarking, a number of delegations agreed that the base segment of the budget should be 100% flexible, with some specifying that Member States and development partners should be encouraged to provide flexible voluntary contributions and that the issue should be analysed in the context of the overall financing system. One representative said that as great a proportion as possible of funding should be flexible; another inquired whether Member States might still be allowed to earmark their contributions to a limited extent, such as by specifying one of the Triple Billion targets under GPW 13. One delegation warned that a shift away from earmarking might impact the level of total resources available. There was more general agreement that the World Health Assembly should decide the way forward on increasing assessed contributions and exploring a replenishment model, with further discussion requested on the latter. Best practices and lessons learnt included: holding consultations among Member States and applying country cooperation strategies; linking discussion of the priority list to budget discussions; basing budget priorities on WHO's mandate; and applying the thematic priorities and operational shifts of For the Future to budget decisions.

117. The Director, Programme Management, thanked representatives for their engagement and comments on both WHO's work in countries and sustainable financing. While the Working Group was a Member State-driven body, its decisions would be of critical importance to the WHO in the Region and its work in countries. Sustainable financing, if allocated equitably, could increase the current levels of funding for historically disadvantaged areas in the Region and allow the Regional Office to provide long-term support that would help countries to sustain their hard-earned health gains and work towards the future.

118. The Chair, Working Group on Sustainable Financing, thanked representatives for the rich debate. He agreed that there was no easy answer to the question of how large the total budget should be and how much of it should be funded through assessed contributions; that would be up to the World Health Assembly and Executive Board to decide when revising the Programme Budget 2022–2023. It would indeed be essential to convince finance ministers to agree to increased assessed contributions. He assured delegations that any such increase would be rolled out incrementally and that serious attention would be paid to governance, accountability and transparency.

119. The Deputy Vice-Chair (Western Pacific), Working Group on Sustainable Financing, praised representatives for their thoughtful and reasoned responses. He reminded delegations that a core part of the Working Group's mandate was the report to be submitted to the Executive Board and invited them to submit direct written input.

120. The Regional Director thanked the Chair and Deputy Vice-Chair and expressed confidence that the global discussion was dovetailing with the Regional Office's work on the ground. He hoped that Member States would continue to contribute to making the Organization stronger.

World Health Assembly resolution WHA74.3 on the Programme Budget 2022–2023

121. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, provided an update on the forthcoming revisions to the Programme Budget 2022–2023 to incorporate the recommendations of various review panels and commissions. It was expected for the four areas of strategic focus to remain the same, with revisions applying to specific activities and elements within those areas. Of the 286 total recommendations, 27% were directed to the WHO Secretariat across a range of thematic areas. An analysis of the recommendations had shown an emerging consensus on the need for: strengthened global health governance and architecture; a stronger, sustainably financed WHO; improved implementation of and compliance with IHR (2005); global financing for public common goods; increased research and development, regulations and manufacturing of medical countermeasures; equitable access to health care; and a One Health approach. Analysis was ongoing regarding the extent to which those recommendations were already reflected in the current version of the budget, which recommendations could be incorporated and the resulting budget increase. He outlined how a potential increase would be distributed across the strategic priorities of GPW 13 and explained the upcoming steps in the consultation process. As soon as a concrete proposal was developed, it would be communicated to Member States through both formal and informal channels ahead of the 150th session of the Executive Board.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 16 of the Agenda (document WPR/RC72/10)

122. The Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Japan, Malaysia and Solomon Islands. The term of office of Solomon Islands would expire on 31 December 2021, and the Regional Committee was requested to elect a Member State to succeed Solomon Islands.

123. The Regional Committee selected Tonga to replace Solomon Islands (see decision WPR/RC72(2)).

TIME AND PLACE OF THE SEVENTY-THIRD AND SEVENTY-FOURTH SESSIONS OF THE REGIONAL COMMITTEE: Item 17 of the Agenda

124. The Regional Director recalled that it had initially been decided to hold the seventy-first session of the Regional Committee in Japan and the seventy-second session in China. Due to the COVID-19 pandemic, however, the seventy-first session had been held virtually and the seventy-second session in Japan. The Government of China would therefore host the seventy-third session, with 24–28 October 2022 as the suggested dates. The Regional Director would confirm the format of the meeting with the Government of China and inform Member States of the arrangements by a note verbale in due course.

125. The Regional Director said that, given that 2023 was a year for the election of the Regional Director, the seventy-fourth session of the Regional Committee would be held at the WHO Regional Office for the Western Pacific in Manila, Philippines (see resolution WPR/RC72.R4).

CLOSURE OF THE SESSION: Item 18 of the Agenda

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

127. The Regional Director delivered his closing remarks (see Annex 8).

128. The representative of Malaysia proposed a resolution of appreciation to the Government of Japan, the prefecture of Hyogo and the city of Himeji; the Chairperson, Vice-Chairperson and Rapporteurs; the representatives of intergovernmental and nongovernmental organizations for their statements; and the Regional Director and Secretariat for their work in preparing for the hybrid session and the meeting arrangements (see resolution WPR/RC72.R5).

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

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

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director

WPR/RC72/2

8. Programme budget
 - a. Programme budget 2020–2021: budget performance (interim report)

WPR/RC72/3

- b. Programme budget 2022–2023 update

Panel discussion

9. Panel discussion on primary health care

WPR/RC72/4

Policies, programmes and priorities for the future

10. COVID-19
11. School health

WPR/RC72/5

12. Traditional and complementary medicine

WPR/RC72/6

Annex 1

13. Tuberculosis

WPR/RC72/7

14. Progress reports on technical programmes

14.1 Thematic priority: Health security, including antimicrobial resistance

14.2 Thematic priority: Noncommunicable diseases and ageing

14.3 Thematic priority: Climate change, the environment and health

14.4 Thematic priority: Reaching the unreached

14.5 Driving the vision of *For the Future*

WPR/RC72/8

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

15.1 Agenda for the seventy-third session of the Regional Committee in 2022

15.2 WHO reform (including WHO's work in countries)

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

15.4 Other items (if any)

WPR/RC72/9

Membership of Global Committee

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

WPR/RC72/10

Other matters

17. Time and place of the seventy-third and seventy-fourth sessions of the Regional Committee

18. Closure of the session

LIST OF REPRESENTATIVES**I. REPRESENTATIVES OF MEMBER STATES****AUSTRALIA**

Honourable Greg Hunt, Minister for Health and Aged Care, Australian Government Department of Health, Canberra, *Chief Representative*

Mr Paul McBride, Acting Deputy Secretary, Strategic Evidence and Research, Australian Government Department of Health, Canberra, *Alternate*

Ms Bronwyn Field, First Assistant Secretary, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Mr Travis Power, Assistant Secretary, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Ms Kate Wallace, Assistant Secretary, Global Health Policy Branch, Australian Government Department of Foreign Affairs and Trade, Barton, *Alternate*

Mr José Acacio, Health Adviser, Australian Permanent Mission to the UN in Geneva, Australian Government Department of Health, Geneva, *Alternate*

Ms Madeleine Heyward, Health Adviser, Australian Permanent Mission to the UN in Geneva, Australian Government Department of Health, Geneva, *Alternate*

Mr Agastya Bharadwaj, Acting Director, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Ms Shona Falconer, Director, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Ms Naomi Dumbrell, Director, Global Health Policy Branch, Australian Government Department of Foreign Affairs and Trade, Barton, *Alternate*

Mr Andreas Anargyros, Assistant Director, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Ms Kimberly Barnes, Acting Assistant Director, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, *Alternate*

Ms Deanna Simpson, Policy Officer, Global Health Policy Branch, Australian Government Department of Foreign Affairs and Trade, Barton, *Alternate*

Annex 2

AUSTRALIA (continued)	Ms Samantha Siripol, Assistant Director, International Strategies Branch, Australian Government Department of Health, Canberra, <i>Alternate</i>
	Mr Antony Kerslake, Assistant Director, International Strategies Branch, Australian Government Department of Health, Canberra, <i>Alternate</i>
	Ms Nirvana Daylight-Baker, Departmental Officer, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, <i>Alternate</i>
	Ms Savannah Pingol, Departmental Officer, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, <i>Alternate</i>
	Ms Katrina Steedman, Departmental Officer, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Canberra, <i>Alternate</i>
BRUNEI DARUSSALAM	Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Ministry of Health, Bandar Seri Begawan, <i>Chief Representative</i>
	Dr Anie Abdul Rahman, Acting Deputy Permanent Secretary (Policy and Management), Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
	Dr Rafidah Gharif, Director of Health Services, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
	Dr Norhayati Kassim, Head of Health Promotion Centre, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
	Mr Juniadee Ahmad, Head of Brunei Medical Board and Head of Traditional and Complementary Medicine Unit, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
	Dr Fathi Alikhan, Senior Medical Officer, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
	Dr Norol Ehsan Abdul Hamid, Senior Medical Officer, Ministry of Health, Bandar Seri Begawan, <i>Alternate</i>
CAMBODIA	Honourable Professor Mam Bunheng, Minister of Health, Ministry of Health, Phnom Penh, <i>Chief Representative</i>
	Honourable Youk Sambath, Secretary of State, Ministry of Health, Phnom Penh, <i>Alternate</i>
	Honourable Lo Veasnakiry, Secretary of State, Ministry of Health, Phnom Penh, <i>Alternate</i>
	Dr Hok Kimcheng, Director General for Health, Ministry of Health, Phnom Penh, <i>Alternate</i>

CAMBODIA (continued) Dr Ly Sovann, Advisor to the Minister of Health and Director of Communicable Disease Control Department, Ministry of Health, Phnom Penh, *Alternate*

Dr Sung Vinntak, Advisor to the Minister of Health and Director of Department of International Cooperation, Ministry of Health, Phnom Penh, *Alternate*

Dr Chhea Chhordaphea, Director of National Centre for Health Promotion, Ministry of Health, Phnom Penh, *Alternate*

CHINA Professor Dr Shen Hongbing, Vice Commissioner, National Administration of Disease Prevention and Control, Beijing, *Chief Representative*

Ms Zhang Yang, Director General, Department of International Cooperation, National Health Commission, Beijing, *Alternate*

Mr Li Mingzhu, Commissioner, Department of International Cooperation, National Health Commission, Beijing, *Alternate*

Dr Wu Liangyou, Deputy Director-General, Department of Disease Prevention and Control, National Health Commission, Beijing, *Alternate*

Mr Yang Feng, Deputy Director General, Health Emergency Office, National Health Commission, Beijing, *Alternate*

Ms Li Juan, Division Director, Department of International Cooperation, National Health Commission, Beijing, *Alternate*

Mr Xiao Dahua, Consultant, Department of Planning and Information, National Health Commission, Beijing, *Alternate*

Mr Wang Tao, Division Director, Department of Finance, National Health Commission, Beijing, *Alternate*

Ms Bai Xue, Division Director, Department of Law and Legislation, National Health Commission, Beijing, *Alternate*

Ms Qin Kun, Division Director, Department of Healthcare Reform, National Health Commission, Beijing, *Alternate*

Ms Shi Ying, Division Director, Bureau of Disease Prevention and Control, National Health Commission, Beijing, *Alternate*

Ms Wang Manli, Deputy Division Director, Bureau of Medical Administration, National Health Commission, Beijing, *Alternate*

Mr Huang Lei, Division Director, Department of Primary Health, National Health Commission, Beijing, *Alternate*

Mr Ma Bin, Consultant, Health Emergency Office, National Health Commission, Beijing, *Alternate*

Annex 2

CHINA (continued)	Ms Han Juanjuan, Consultant, Department of Health Science, Technology and Education, National Health Commission, Beijing, <i>Alternate</i>
	Ms Li Xueling, Division Director, Department of Ageing and Health, National Health Commission, Beijing, <i>Alternate</i>
	Mr Chong Daoxi, Deputy Division Director, Department of Maternal and Child Health, National Health Commission, Beijing, <i>Alternate</i>
	Mr Yang Xiaochen, Deputy Division Director, Department of International Cooperation, National Health Commission, Beijing, <i>Alternate</i>
	Ms Yang Yuehan, Program Officer, Department of Healthcare Reform, National Health Commission, Beijing, <i>Alternate</i>
	Ms Qi Han, Program Officer, Department of International Cooperation, National Health Commission, Beijing, <i>Alternate</i>
	Cui Fuqiang, Professor, Department of Global Health, Peking University, Beijing, <i>Alternate</i>
	Yin Hui, Lecturer, Department of Global Health, Peking University, Beijing, <i>Alternate</i>
	Professor Yang Weizhong, Dean, Department of Public Health, Peking Union Medical College, Beijing, <i>Alternate</i>
	Mr Lu Yixin, Director, Department of International Cooperation, National Administration of Traditional Chinese Medicine, Beijing, <i>Alternate</i>
	Ms Wang Xudan, Consultant (L3), Department of Primary Health, National Health Commission, Beijing, <i>Alternate</i>
	Dr Wang Yunping, Director, Division of Global Health, National Health Development Research Center, Beijing, <i>Alternate</i>
	Dr Zhao Yanlin, Director, Center for Tuberculosis Prevention and Control, China Center for Diseases Prevention and Control, Beijing, <i>Alternate</i>
CHINA (HONG KONG)	Professor the Honourable Sophia Chan Siu-chee, JP, Secretary for Food and Health, Food and Health Bureau, Hong Kong, <i>Chief Representative</i>
	Mr Thomas Chan Chung-ching, JP, Permanent Secretary for Food and Health (Health), Food and Health Bureau, Hong Kong, <i>Alternate</i>
	Dr Ronald Lam Man-kin, JP, Director of Health, Department of Health, Hong Kong, <i>Alternate</i>
	Mr Ian Chin Cheuk-hong, Administrative Assistant to Secretary for Food and Health, Food and Health Bureau, Hong Kong, <i>Alternate</i>
	Ms Leonie Lee Hoi-lun, Principal Assistant Secretary for Food and Health (Health), Food and Health Bureau, Hong Kong, <i>Alternate</i>

CHINA (HONG KONG) (continued)	Dr Winnie Au Wing-ye, Senior Medical and Health Officer (Planning), Department of Health, Hong Kong, <i>Alternate</i>
	Miss Florence Wong Chung-nga, Press Secretary to Secretary for Food and Health, Food and Health Bureau, Hong Kong, <i>Alternate</i>
	Mr Simon Cheung King-yiu, Assistant Secretary for Food and Health (Health), Food and Health Bureau, Hong Kong, <i>Alternate</i>
CHINA (MACAO)	Dr Cheang Seng Ip, Deputy Director, Health Bureau, Macao SAR Government, Macao, <i>Chief Representative</i>
	Dr Lam Chong, Head of Centre for Disease Control and Prevention, CDC of Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
	Dr Leong Iek Hou, Head of Unit for Communicable Disease Prevention and Diseases Surveillance, CDC of Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
	Dr Mei Jian, Head of Tuberculosis Control Center, Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
	Dr Mo Hui, Chief Physician of Chinese Medicine, Health Bureau, Macao SAR Government, Macao, <i>Alternate</i>
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	Mr Bob Williams, Secretary, Ministry of Health, Rarotonga, <i>Alternate</i>
FIJI	Honourable Dr Ifereimi Waqainabete, Minister for Health and Medical Services, Ministry of Health and Medical Services, Suva, <i>Chief Representative</i>
	Dr James Fong, Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Suva, <i>Alternate</i>
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	Mme Clarisse Veylon-Hervet, Regional Counsellor for Global Health, Embassy of France to Thailand, Bangkok, <i>Alternate</i>
	Monsieur Marc Piton, Counsellor for Cooperation and Cultural Action, Embassy of France to the Philippines, Makati City, <i>Alternate</i>

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FRANCE (continued)	Mr Rafael Basciano, Attaché for Scientific Cooperation, Embassy of France to the Philippines, Makati City, <i>Alternate</i>
	Dr Jacques Raynal, Minister of Health of French Polynesia, Ministry of Health, Papeete Tahiti, <i>Alternate</i>
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	Mr Thibaut Demaneuf, Mission Officer, Department of Health and Social Affairs, Nouméa, <i>Alternate</i>
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	Honourable Yamamoto Hiroshi, State Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, <i>Alternate</i>
	Mr Hisano Katsuto, Secretary to the Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, <i>Alternate</i>
	Mr Ito Yohei, Secretary to the Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, <i>Alternate</i>
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JAPAN (continued)

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Mr Ono Keiichi, Ambassador, Assistant Minister, Director-General for Global Issues, Ministry of Foreign Affairs, Tokyo, *Alternate*

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KIRIBATI

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Ms Saitofi Mika, Secretary for Health and Medical Services, Ministry of Health and Medical Services, Tarawa, *Alternate*

Mr Teanibuaka Tabunga, Deputy Director for Public Health Services, Ministry of Health and Medical Services, Tarawa, *Alternate*

LAO PEOPLE'S
DEMOCRATIC
REPUBLIC

Honourable Dr Bounfeng Phoummalaysith, Minister of Health, Ministry of Health, Vientiane Capital, *Chief Representative*

Dr Chanthanom Manithip, Director General, Cabinet, Ministry of Health, Vientiane Capital, *Alternate*

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Dr Phongsavang Bounsavath, Executive Secretary to Minister of Health, Ministry of Health, Vientiane Capital, *Alternate*

MALAYSIA

Honourable Khairy Jamaluddin, Minister of Health, Ministry of Health Malaysia, Putrajaya, *Chief Representative*

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MALAYSIA (continued)	Tan Sri Dato' Seri Dr Noor Hisham Abdullah, Director General of Health, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Ms Tan Sing Pei, Special Officer to the Minister of Health, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
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	Ms Sharlene Hong Xiao Yun, Assistant Secretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Nik Jasmin Nik Mahir, Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Mr Mohd Farid Mohd Arif, Undersecretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Juliana Sharmini Paul, Deputy Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Dalila Roslan, Deputy Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
	Dr Synthia Francis Francis Xavier, Senior Principal Assistant Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, <i>Alternate</i>
MARSHALL ISLANDS	Honourable Bruce Bilimon, Minister of Health and Human Services, Ministry of Health and Human Services, Majuro, <i>Chief Representative</i>
	Her Excellency Doreen Debrum, Ambassador Extraordinary and Plenipotentiary, Representative of the Republic of the Marshall Islands to Geneva, <i>Alternate</i>
	Ms Mailynn Langinlur, Deputy Secretary, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
	Ms Francyne Wase-Jacklick, Deputy Secretary, Ministry of Health and Human Services, Majuro, <i>Alternate</i>
	Mr Samuel Lanwi Jr., Deputy Permanent Representative, Representative of the Republic of the Marshall Islands to Geneva, <i>Alternate</i>

MARSHALL ISLANDS (continued)	Mr Balton C. Nathan, Foreign Service Officer, Ministry of Foreign Affairs and Trade, Majuro, <i>Alternate</i>
MICRONESIA (FEDERATED STATES OF)	Mr Marcus Samo, Secretary of Health, Department of Health and Social Affairs, Palikir, Pohnpei, <i>Chief Representative</i>
	Mr Moses Pretrick, Acting Assistant Secretary, Department of Health and Social Affairs, Palikir, Pohnpei, <i>Alternate</i>
	Mr Stuard Penias, Acting Assistant Secretary of Social Affairs, Department of Health and Social Affairs, Palikir, Pohnpei, <i>Alternate</i>
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	Mr Dangaasuren Bayarbold, Director of Division of Public Health Response and Communicable Diseases Prevention and Control, Ministry of Health, Ulaanbaatar, <i>Alternate</i>
NAURU	Honourable Isabella Dageago, M.P., Minister for Health and Home Affairs, Ministry of Health, Yaren District, <i>Chief Representative</i>
	Honourable Pyon Deiye, M.P., Deputy Minister for Health and Medical Service Telecommunications and Media, Cenpac Inc. Corporation, Ministry of Health, Yaren District, <i>Alternate</i>
	Mrs Chandalene Garabwan, Secretary for Health, Ministry of Health, Denig District, <i>Alternate</i>

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NAURU (continued)	Mrs Stacey Cain, Director of Public Health, Ministry of Health, Denig District, <i>Alternate</i>
NEW ZEALAND	Dr Don Matheson, Deputy Director-General, Public Health and Primary Care, Ministry of Health, Wellington, <i>Chief Representative</i>
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PALAU	His Excellency Surangel S. Whipps, Jr., President of the Republic of Palau, Office of the President, Republic of Palau, Koror, <i>Chief Representative</i>
	Ms Sherilynn Madraisau, Director of the Bureau of Public Health, Ministry of Health and Human Services, Koror, <i>Alternate</i>
	Mr Omengkar D. Wally, Administrator, Office of International Health and Relations, Ministry of Health and Human Services, Koror, <i>Alternate</i>
PAPUA NEW GUINEA	Honourable Jelta Wong, MP, Minister for Health, Ministry of Health, Port Moresby, <i>Chief Representative</i>
	Dr Osborne Liko, Secretary, National Department of Health, Port Moresby, <i>Alternate</i>
	Dr Sibauk V. Bieb, Deputy Secretary, National Health Service Standards, National Department of Health, Port Moresby, <i>Alternate</i>
PHILIPPINES	Dr Francisco T. Duque III, Secretary of Health, Department of Health, Manila, <i>Chief Representative</i>
	Dr. Mario C. Villaverde, Undersecretary of Health, Health Policy and Systems Development Team, Department of Health, Manila, <i>Alternate</i>
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	Dr Rolando Enrique D. Domingo, Director General, Food and Drug Administration, Muntinlupa City, <i>Alternate</i>
	Dr Annabelle Pabiona-De Guzman, Director General, Philippine Institute of Traditional and Alternative Health Care (PITAHC), Quezon City, <i>Alternate</i>

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Annex 2

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	Ms Lily Tangisia Faavae, Permanent Secretary, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, <i>Alternate</i>
	Mr Pelesala Kaleia, Assistant Secretary, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, <i>Alternate</i>
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UNITED KINGDOM OF
GREAT BRITAIN AND
NORTHERN IRELAND*

UNITED STATES OF
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Annex 2

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	Mr Russel Taviri Tamata, Director General, Ministry of Health, Port Vila, <i>Alternate</i>
	Mr Len Tarivonda, Director of Public Health, Ministry of Health, Port Vila, <i>Alternate</i>
	Mr Posikai Samuel Tapo, Director, Policy, Planning and Corporate Services, Ministry of Health, Port Vila, <i>Alternate</i>
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INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)	Dr Kamal Akbarov Ms Nataliya Dvirna Dr Enrique Estrada Lobato Mr Javier Romero Ms Lisa Stevens Mr Igor Veljkovicj
INTERNATIONAL LABOUR ORGANIZATION (ILO)	Mr Khalid Hassan
INTERNATIONAL MARITIME ORGANIZATION (IMO)	Ms Mavis Elizabeth Vandhana Joseph Ms Josephine Uranza

III. OBSERVERS

ASIA PACIFIC LEADERS MALARIA ALLIANCE (APLMA)	Ms Amita Chebbi
INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES	Ms Liz Macdonald
JAPAN AGENCY FOR GERONTOLOGICAL EVALUATION STUDY (JAGES)	Dr Noriko Cable Mr Yuma Fujinami Professor Naoki Kondo Professor Yugo Shobugawa
McCABE CENTRE FOR LAW & CANCER	Ms Hayley Jones
TSAO FOUNDATION	Ms Kim Choo Peh
UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION (US CDC)	Dr Paige Armstrong

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IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASIAN DEVELOPMENT BANK

Dr Benjamin Coghlan
Mr Arin Dutta

COMMONWEALTH SECRETARIAT

Dr Janneth Mghamba

PACIFIC COMMUNITY (SPC)

Dr Berlin Kafoa

V. REPRESENTATIVES OF NON-STATE ACTORS

ALZHEIMER'S DISEASE INTERNATIONAL (ADI)

Dr Lewis Arthurton
Ms Dy Suharya

CHILDHOOD CANCER INTERNATIONAL (CCI)

Mr João de Bragança
Mr Benson PauCHILDHOOD CANCER INTERNATIONAL (CCI)/
CANCER WARRIORS FOUNDATION

Professor Carmen Auste

DOCTORS WITHOUT BORDERS

Mr Konstantinos Antonopoulos

DRUGS FOR NEGLECTED DISEASES INITIATIVE
(DNDi)

Mr Han Yang Chung

EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY
(ESMO)

Mrs Grace Marie Bricalli

FRAMEWORK CONVENTION ALLIANCE ON TOBACCO
CONTROL (FCA)

Dr Domilyn Villarreiz

HEALTH TECHNOLOGY ASSESSMENT
INTERNATIONAL (HTAi)

Dr Li Ying (Grace) Huang

INTERNATIONAL AIDS SOCIETY (IAS)

Mrs Nelli Barriere
Mrs Sarah Powell
Dr Lucy Stackpool-Moore

INTERNATIONAL ALLIANCE OF PATIENTS ORGANIZATION (IAPO)	Mr Kawaldip Sehmi
INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP)	Dr Bung-Nyun Kim Dr Nicholas Mark Kowalenko
INTERNATIONAL ASSOCIATION FOR COMMUNICATION SCIENCES AND DISORDERS (IALP)	Mr Tim Kittel
INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC)	Ms Rachel Coghlan Dr Katherine Pettus Dr Odette Spruijt
INTERNATIONAL COUNCIL OF NURSES	Ms Erica Burton
INTERNATIONAL DIABETES FEDERATION (IDF)	Ms Leyden Florido
INTERNATIONAL ERGONOMICS ASSOCIATION (IEA)	Dr Michelle Robertson
INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS (ILEP)	Mr Warne Geoff
INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE (IFBLS)	Dr Leila Florento
INTERNATIONAL FEDERATION OF CLINICAL CHEMISTRY AND LABORATORY MEDICINE	Professor Okesina Adekunle Bashiru
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)	Ms Michelle Angelica Choa Mr Tomoki Kishaba Mr Tsz Chun Lam Dr Haolan Qi Ms Yi Jun Teh Mr Yeuk Shun Joshua Tran Mr Mian Zhang
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)	Mr Yoshitomo Tanaka Ms Ada Wong

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INTERNATIONAL FEDERATION OF SURGICAL COLLEGES (IFSC)	Dr Jaymie Claire Henry
INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)	Professor Akio Ikeda
INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES	Ms Elizabeth Hollenberg
INTERNATIONAL PEDIATRIC ASSOCIATION (IPA)	Professor Kevin Forsyth Professor Yasuhide Nakamura Professor Aman Pulungan
INTERNATIONAL PHARMACEUTICAL FEDERATION	Mr John Jackson
INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION	Ms Angel Orellyn Cabigting Mr Myat Thu Kyaw Mr Ieran Perez
INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR (IPPNW)	Professor Tilman Ruff
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - EAST & SOUTH EAST ASIA AND OCEANIA REGION (IPPF)	Ms Natassha Kaur Mr Gessen Rocas
INTERNATIONAL SOCIETY FOR QUALITY HEALTH CARE (ISQua)	Professor Shin Ushiro
INTERNATIONAL SOCIETY OF NEPHROLOGY (ISN)	Mr Laffin Paul
INTERNATIONAL UNION OF TOXICOLOGY	Dr Salmaan Hussain Inayat-Hussain
KNCV TUBERCULOSIS FOUNDATION	Dr Agnes Gebhard Dr Mustapha Gidado
MÉDECINS SANS FRONTIÈRES (MSF) ACCESS CAMPAIGN	Ms Fiona Chuah Ms Sinhye Ha
MOVENDI INTERNATIONAL (MI)	Mr Maik Duennbier

PASTEUR INTERNATIONAL NETWORK ASSOCIATION (PINA) Dr Youngmee Jee

PUBLIC SERVICES INTERNATIONAL (PSI) Mr Hiroo Aoba
Mrs Susana Barria
Mrs Kate Lappin

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM) Dr Reynaldo Rey-Matias

THE NETWORK: TOWARDS UNITY FOR HEALTH Professor Eleanor Holroyd

THE ROYAL NATIONAL LIFEBOAT INSTITUTION (RNLI) Ms Gemma May

THE SAVE THE CHILDREN FUND (SCF) Dr Yasir Arafat

THE TASK FORCE FOR GLOBAL HEALTH Dr Meng-Yu Chen
Ms Courtenay Dusenbury

THE WORLD FEDERATION OF OCCUPATIONAL THERAPISTS Ms Tracey Partridge-Tricker

UNITED STATES PHARMACOPEIA (USP) Dr Chaitanya Koduri
Ms Ruth Lee
Mr Michael Schmitz

WATERAID AUSTRALIA Ms Bernice Sarpong

WATERAID JAPAN Ms Kaoru Takahashi

WORLD ASSOCIATION OF ECHINOCOCCOSIS (WAE) Professor Nazmiye Altintas
Dr Uchiumi Leonardo
Dr Graciela Santillan

WORLD FEDERATION OF ACUPUNCTURE AND MOXIBUSTION SOCIETIES (WFAMS) Professor Boon Teoh

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WORLD FEDERATION OF CHINESE MEDICINE SOCIETIES (WFCMS)

Dr Tzi Chiang Lin
Mr Bin-sheng Sang
Professor Boli Zhang

WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

Dr Erlinda De La Cruz Oracion
Dr Wayne Morriss
Mr Francis Peel
Professor David Pescod

WORLD HEART FEDERATION

Ms Kelcey Armstrong-Walenczak
Professor Trevor Shilton

WORLD HEPATITIS ALLIANCE (WHA)

Ms Lien Tran
Mr Christopher Wingrove

WORLD HYPERTENSION LEAGUE (WHL)

Professor Xin-Hua Zhang
Ms Yu Zhang

WORLD OBESITY FEDERATION (WOF)

Dr Collin Tukuitonga
Professor Louise Baur
Ms Margot Neveux
Professor Brian Oldfield
Dr Kwang-Wei Tham
Dr Miu Tsun Tsui

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)

Professor Mohammad Jamal
Dr Donald KT Li

WORLD PHYSIOTHERAPY (WP)

Mr Pablo Davó Cabra
Ms Suh-Fang Jeng

WORLD STROKE ORGANIZATION (WSO)

Dr Maria Epifania Vasquez Collantes

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

Alzheimer's Disease International (ADI)

Drugs for Neglected Diseases Initiative (DNDi)

Health Technology Assessment International (HTAi)

International Association for Hospice and Palliative Care Inc. (IAHPC)

International Council of Nurses (ICN)

International Federation of Anti-Leprosy Associations (ILEP)

International Federation of Medical Students' Associations (IFMSA)

International Federation of Surgical Colleges (IFSC)

International League Against Epilepsy (ILAE)

International Pediatric Association (IPA)

International Pharmaceutical Students' Federation (IPSF)

International Physicians for the Prevention of Nuclear War (IPPNW)

International Society of Nephrology (ISN)

International Society of Physical and Rehabilitation Medicine (ISPRM)

Japan Agency for Gerontological Evaluation Study (JAGES)

McCabe Center for Law and Cancer

Movendi International (MI)

Public Services International (PSI)

Task Force for Global Health (TFGH)

The Royal National Lifeboat Institution (RNLI)

United States Pharmacopeia (USP)

WaterAid

World Federation of Acupuncture and Moxibustion Societies (WFAMS)

World Federation of Chinese Medicine Societies WFCMS

World Federation of Societies of Anaesthesiologists (WFSA)

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World Heart Federation (WHF)

World Hepatitis Alliance (WHA)

World Obesity Federation (WOF)

World Organization of Family Doctors (WONCA)

World Physiotherapy (WCPT)

World Stroke Organization (WSO)

**ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE FRANCISCO T. DUQUE III, SECRETARY OF HEALTH,
DEPARTMENT OF HEALTH, AT THE OPENING SESSION OF THE
SEVENTY-SECOND SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Honourable Ministers

Distinguished Representatives

Dr Takeshi Kasai, Regional Director

Representatives of agencies of the United Nations, intergovernmental organizations and nongovernmental organizations:

Ladies and Gentlemen, it is good to see you all at the seventy-second session of the WHO Regional Committee for the Western Pacific.

We meet again this year in difficult circumstances, as the COVID-19 pandemic continues. In our Region, more than 9 million people have been confirmed as infected, and sadly, more than 122,000 people have died.

We will hear more about the regional COVID-19 situation and response later this morning following the Regional Director's address. We will also be joined later today by the Co-Chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

It is now my great pleasure and honour to be able to report to you on some of the progress that has been achieved on the other major agenda items we discussed last year.

First, the Regional Committee last year endorsed the *Regional Action Plan on Healthy Ageing in the Western Pacific*, which sets out a vision for healthy older adults to thrive in, and contribute to, society. We sometimes call this “Turning Silver into Gold”.

Over the last year, WPRO has worked with Member States to implement the Action Plan – with a particular focus on advocacy around planning for early action, the development of technical materials, and fostering multisectoral collaboration in support of healthy ageing.

As the COVID-19 pandemic has had a disproportionate impact on older adults, WPRO also provided technical information and support for Member States to identify, reach and protect older persons from COVID-19, especially vulnerable groups who are most at risk.

Second, the Regional Committee endorsed the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific*.

This Framework aims to expand the scope of immunization, maximize the benefits of vaccines and immunization programmes in the Region, and achieve and sustain elimination of additional vaccine-preventable diseases beyond those traditionally targeted. Through these actions, we aim to make the Region free from vaccine-preventable morbidity, mortality and disability towards 2030.

Over the last 12 months, the Regional Strategic Framework has been also used to guide both WHO and Member States' efforts to roll out COVID-19 vaccines.

Annex 4

Third, the Committee endorsed the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region*. Surgery is required in 30% of all hospitalizations, and is now increasingly recognized as an indispensable component of universal health coverage.

To advance implementation of the Framework, Member States, WHO and partners are working to identify gaps in surgical systems; to address issues regarding pricing and quality of consumables; and to upgrade surgical capacity in countries around the Region.

Excellencies, we have another busy few days ahead of us – although in different circumstances to previous meetings. I look forward to working with all of you through this innovative hybrid format to advance our Region's health agenda.

Thank you to the city of Himeji and the Government of Japan for hosting us in Himeji this week, and for all of your efforts to prepare for the meeting.

I would like to thank last year's Vice-Chairperson, the Honourable Minister of Health and Medical Services from Fiji, Dr Ifereimi Waqainabete, and the other office bearers, for their wonderful support.

Finally, a big thank you to Regional Director Dr Kasai and your staff, for your hard work in organizing this meeting, and in supporting countries of the Region to respond to COVID-19.

Thank you very much.

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

*Your Excellency Hiroshi Yamamoto, State Minister of Health, Labour and Welfare of Japan, and Chair of the 72nd Regional Committee,
Honourable Ministers and Heads of delegations,
My brother, Dr Takeshi Kasai, Regional Director for the Western Pacific
Dear colleagues and friends:*

Good morning to all of you, and I'm sorry that I can't be with you in person.

My thanks to Japan for hosting this year's Regional Committee, and my congratulations on a very successful Olympic and Paralympic Games.

I was honoured to be in Tokyo in July for the opening of the Olympics, and to address the International Olympic Committee.

I said then that I am often asked a simple question: when will the pandemic end?

My answer is equally simple: the pandemic will end when the world chooses to end it. It's in our hands.

We have all the tools we need: effective public health tools; and effective medical tools.

Unlike so many other health challenges, we can prevent this disease, we can test for it, and we can treat it.

But those tools have not been shared equitably.

The pandemic is far from over. Complacency is now as dangerous as the virus. Now is the time to be on heightened alert, not to let down your guard.

I'm very pleased to see that cases and deaths from COVID-19 in your region have now declined significantly from the devastating peak in August, although I know some countries are still facing a very serious situation.

Almost two-thirds of people in your region are now fully vaccinated – the most of any region – although I know that there are wide discrepancies between countries, and within countries.

I very much appreciate Dr Kasai's focus on ensuring health workers, older people and other at-risk groups are prioritised for vaccination.

WHO's global targets are to support every country to vaccinate at least 40% of its population by the end of this year, and 70% by the middle of next year.

Half of Member States in the WPRO region have already reached the 40% target, and WHO is committed to supporting the other half to get there too.

WHO and our partners are doing everything we can to find ways of scaling up the production and distribution of vaccines as much as possible, and as fast as possible.

Annex 5

Almost 56 million doses have now been distributed to 21 WPRO countries through COVAX, and we're pleased to see that COVAX is picking up speed.

Between now and the end of the year, COVAX aims to deliver more than 150 million doses to WPRO countries.

Even while we respond to the pandemic, we must learn the lessons it is teaching us.

As you know, there have been several reports and reviews of the global response to COVID-19, and of WHO's performance.

As we have studied these reports, we have identified four key areas for action.

First, we need better global governance that is inclusive, equitable and accountable.

The current global health security architecture is complex and fragmented, and voluntary mechanisms have not led to the coordinated and coherent global approach we need in the face of a global threat.

New governance mechanisms are needed, supported by high-level political engagement and legally-binding instruments that are inclusive and accountable.

We believe an international agreement on pandemic preparedness and response will provide a much-needed overarching framework for global cooperation, setting the rules of the game, and enhancing solidarity among nations.

We seek the support of all WPRO Member States for this very important initiative as we approach the Special Session of the World Health Assembly next month.

Second, we need more and better financing for national and global preparedness and response.

Cycles of panic and neglect have created a financing ecosystem that is insufficient, inefficient and inequitable.

We need a substantial increase in domestic investment, including in primary health care, and in international financing to support low- and lower-middle income countries.

Crucially, we believe any financing facilities must be built using existing financial institutions, rather than creating new ones that further fragment the global health architecture.

Third, we need better systems and tools, across the One Health spectrum.

Already, WHO has taken steps to start building some of those tools, including the new Hub for Epidemic and Pandemic Intelligence in Berlin.

Other initiatives are in development, including the WHO BioHub, a new facility for storing and sharing pathogens, and the Universal Health and Preparedness Review, a new peer-review mechanism for enhancing national preparedness, modelled on the Universal Periodic Review used by the United Nations Human Rights Council.

And fourth, we need a strengthened, empowered and sustainably financed WHO at the centre of the global health architecture.

With 194 Member States and 152 country offices, WHO has a unique global mandate, unique global reach and unique global legitimacy.

But over several decades, it has been progressively weakened by a debilitating imbalance between assessed and voluntary, earmarked contributions that distort our budget and constrain our ability to deliver what our Member States expect of us.

Redressing this imbalance is critical if WHO is to be the independent and authoritative institution the world needs it to be.

We urge all Member States to support and invest in strengthening your WHO, rather than creating new structures that may only lead to more fragmentation.

Excellencies,

As always, your agenda this week reflects the wide range of challenges you face as a region, including school health, TB, traditional and complementary medicine, and primary health care.

WHO remains committed to supporting each of your countries to respond to the pandemic, and to build forward better, in line with the General Programme of Work, and the Region's *For the Future* vision.

I would like to leave you with three specific requests:

First, we seek your commitment to stay the course with the proven public health and social measures that we know work, in combination with equitable vaccination.

Second, we seek your support for the idea of an international agreement on pandemic preparedness and response.

And third, we seek your support for building a stronger WHO that is empowered and financed sustainably.

Thank you all once again for your hard work and support for WHO at this critical time.

And we look forward to your continued support as we work together to promote health, keep the world safe and serve the vulnerable.

Thank you so much.

Annex 5

**ADDRESS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI
AT THE SEVENTY-SECOND SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

*Chairperson, the Honourable Secretary Duque
Honourable Ministers
Representatives from Member States and partner agencies
Ladies and gentlemen:*

Good morning and good afternoon, and welcome again to the 72nd session of the Regional Committee for the Western Pacific.

Congratulations to our Chair, State Minister Yamamoto from Japan. Thank you very much for taking on this important role.

I would like to extend an especially warm welcome to this meeting – and the WHO community – to Health Ministers joining us for the first time. It is not an easy time to be a Health Minister: but I would like to appreciate your strong leadership.

Thank you all for being here – those here with us in Himeji, and everyone joining virtually. Despite the difficult circumstances we still find ourselves in, it is wonderful to be together with all of you.

COVID-19 and the last 12 months

Excellencies, a few months ago I had the chance to talk virtually with Chrolek Bli, a 108-year old woman from a remote Cambodian village, just after she had received her COVID-19 vaccine.

As we have been preparing for this week's meeting, I have thought often about her, and the extraordinary feat of science, logistics and solidarity which enabled her to be vaccinated against the virus.

While it has been another unprecedented 12 months, it is people like Chrolek that make me optimistic, even though the COVID-19 pandemic continues to have a devastating impact around the world.

Our Region had fared comparatively well until the middle of this year, thanks to decades of investment in preparedness and response capacities. However, over the last few months, several countries in the Region have experienced surges in cases driven by the Delta variant, leading to an increase in the Region's share of global cases and deaths.

Whenever we speak about case numbers and deaths, I am always mindful of the daughters, sons, mothers, fathers, grandparents, partners, brothers, sisters, and friends those numbers represent. I'm aware some of you have lost colleagues, including health care workers. I would like to express my sincere condolences.

This has, of course, been an especially difficult time for health care workers, working non-stop to care for the sick, and comfort the families of the dying. We all owe them our deepest and most profound gratitude.

Honourable Ministers and distinguished delegates, the Report before you highlights how WHO has continued supporting countries over the last year to respond to the evolving COVID-19 situation, while at the same time driving forward the *For the Future* vision adopted by this Committee two years ago.

Annex 6

I am proud to say that almost all WHO staff in the Region have been engaged in the COVID-19 response – either by being re-purposed to work on COVID-19 directly, or by backstopping their colleagues who were re-purposed. Staff in both categories revealed many previously un-tapped strengths. I am so impressed.

We continue to monitor global and regional COVID-19 developments, and update our guidance to governments and the public; we established the regional whole genomic sequencing network; we have delivered essential supplies and equipment, such as PPE and oxygen concentrators; we are supporting countries on strategic communications; and of course, we are working hard on COVID-19 vaccines.

When we met just over a year ago, we still did not know if *any* of the vaccine candidates then in the pipeline would be successful. Today, 7 vaccines have been given WHO Emergency Use Listing, and globally, over 6.6 billion shots of COVID-19 vaccine have been administered – an unprecedented achievement.

Last year, after the RCM we established a dedicated COVID-19 Vaccine Incident Management Support Team – to focus on supporting countries to access sufficient supplies of COVID-19 vaccine, and get these into the arms of people in priority groups: health care workers, elderly, and those with underlying conditions.

There are incredible stories of the efforts being made to get vaccines to every corner of the Region: from outreach to vulnerable, marginalized and hard-to-reach groups – like Chrolek in her remote Cambodian village, to the many innovative vaccine communications campaigns, to the Pacific Ministers who have told me about their boat journeys to remote islands to personally deliver vaccines.

We still have some way to go until all countries have enough vaccine, but we have made good progress. I would like to express my sincere thanks to all partners – including Japan, Australia, China, the EU, New Zealand, the Republic of Korea, the United States of America – who have supported these efforts.

In all of our work on COVID-19, I believe the most important work of WHO at the regional level is connecting countries – through our regional and country offices working as one team to facilitate sharing of information and experience, and using this knowledge to learn and improve our response.

Indeed, the ‘learn and improve’ philosophy is at the heart of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, or APSED, the strategic framework which has guided our preparedness work for almost two decades. APSED will continue to guide us as we look to a future in which it seems increasingly clear that, globally, the virus will not disappear, and therefore, we must shift our focus to what it means for the world to “live with it”.

But this does not mean giving up on controlling the virus, but rather – a focus on how we reduce the risk in the long term, as well as doing all we can to limit the emergence of new, more dangerous variants.

With the support of our APSED Technical Advisory Group, we are developing guidance for countries to plan for endemic COVID-19 – with a focus on protecting the vulnerable, and avoiding the ‘red line’ where health services are overwhelmed.

This will require action in five key areas: 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.

We will also need to keep improving capacity in surveillance, communication, and contact tracing and monitoring. And of course, we must continue strengthening health systems with long-term investments geared towards advancing universal health coverage

Successfully moving towards COVID-19 endemicity also means learning from the pandemic. With this in mind, in the last APSED Technical Advisory Group meeting, we carefully reviewed the recommendations from the various global reviews which reported to the World Health Assembly. We have begun incorporating those which are immediately actionable to our work in the Region – and developing a plan for areas which will require a sustained effort over time.

Driving forward the *For the Future* vision

Building a better future beyond the acute phase of the COVID-19 pandemic also means continuing our work on the many other health challenges our Region faces, which Member States asked us to prioritize when you endorsed the *For the Future* vision.

As the pandemic continues, people remain at risk – and are dying from – non-communicable diseases. The climate is still changing, posing serious health risks. Antimicrobial resistance remains a major threat. And too many people – especially in disadvantaged groups – continue to be afflicted by infectious diseases that we know how to prevent and control. These challenges pose huge risks to our health in the future, if we don't take action to change the future today.

Our work in these areas continues, albeit with some plans changed by the pandemic. And in the last 12 months we have seen some impressive progress: such as China's historic elimination of malaria, and the excellent inroads Cambodia, Laos and Viet Nam are making towards this same goal; Malaysia and the Philippines successfully closed very challenging polio outbreaks; and several countries are making progress on tackling risk factors for NCDs, such as Brunei's adoption of a code regulating food marketing to children, and the Philippines move towards eliminating transfats.

As we confirmed recently in our 'stock-taking' exercise – which you will hear more about later this week – I firmly believe our shared vision remains as relevant as ever. So, we have continued to focus on advancing – or in some cases, accelerating – its implementation, even during COVID-19.

For example, COVID-19 has generated a range of innovations in health and health service delivery, which we are seeking to un-earth with our Innovation Challenge, currently underway.

Our work on health futures dialogues is picking up pace – with Mongolia, Malaysia and the Philippines all engaged in long-term strategic planning for the future of health using this approach.

We continue to forge stronger connections between different areas of work in support of UHC, by bringing together previously separate areas of work under the 'umbrella' of the Technical Advisory Group on Universal Health Coverage.

We are scaling up our work on Communication for Health, and we have expanded our network and strengthened relationships with key partners. And of course, we remain as committed as ever to strengthening accountability in all that we do.

Learning from COVID-19

As we look to the future, I believe there are five lessons we must learn from COVID-19 and through our implementation of *For the Future*. We should reflect all these lessons in our work. We owe this to those who have lost their lives.

Annex 6

First, it has never been clearer that health, the economy and the broader well-being of societies are inextricably linked. Good population health is a driver of strong societies and economies. I'd like to commit to work with all Ministers to use this recognition to advocate for continued investment in health as an engine for social and economic development.

The second lesson is about the importance of building strong health systems. While COVID-19 has tested all countries, clearly, those with strong public health systems – and very good clinical capacity – have been most effective at minimizing deaths and limiting the impact of the pandemic.

This lesson will be especially important as we move towards the COVID-19 “endemic” phase, but it applies equally beyond COVID-19. And key to this is health care workers. Our societies have not valued health care workers enough in the past; we must do so in the future.

Third, protect the vulnerable. The World Bank now estimates that COVID-19 has plunged nearly 100 million people into extreme poverty. When I think about the impact of the pandemic, this is the thing that worries me the most: that is, its unequal impact on vulnerable groups, and the potential for this to create long-term division in our societies.

Fourth, partnerships. COVID-19 has made clear that partnerships are more important to health – and to WHO's work – than ever before. We need to keep investing in partnerships which will help us take our vision forward into the future.

And fifth, effectively addressing global health issues requires all of us to work together. You have heard me say this before but it bears repeating: no country is safe until every country is safe – indeed, this is a core principle which underpins APSED. The same is true for communities and individuals. The only way out of this pandemic is for all of us to keep working together.

Looking to the future

Excellencies, 2021 has been another very challenging time, but there are many things that give me hope.

When I became Regional Director almost three years ago, I said then that I was optimistic, because our Region “is home to extremely dedicated staff, committed Member States, caring health care workers, and very capable partners”. COVID-19 has shown all these things to be true.

Most of all, it is the faces of people across our Region which give me confidence for the future – like the women leaders in Samoa and Palau, so committed to improving health in their communities; the dedicated rural health workers in remote parts of the Mekong; and the resilience of people like 108-year old Chrolek from Cambodia, who I spoke about at the beginning of this speech ... whose photo you can see on the screen now.

Chrolek told me that she took the COVID-19 vaccine in part for herself, but mostly to protect her family and others in her community. As I thought about everything she must have been through in her long lifetime – it is incredible to think that she was born *before* the Spanish flu pandemic of 1918! – I was struck by the fact that Chrolek's main motivation was concern for the health and protection of the people around her.

While many things in the world have changed dramatically in the last two years, some have not, including this Region's unifying belief in health for a sustainable future – and the importance of thinking about our own actions and how they affect the health and well-being of others, just as Chrolek did when she took the COVID-19 vaccine for her family and her community. This is why people like her motivate and inspire me.

Honourable Ministers and distinguished delegates, thank you for your continued trust in me to lead WHO's work in this Region. I look forward, with hope and confidence, to continuing our work together towards making the Western Pacific the healthiest and safest region in the world.

Thank you very much.

Annex 6

**ADDRESS BY THE INCOMING CHAIRPERSON
HONOURABLE HIROSHI YAMAMOTO,
STATE MINISTER OF THE MINISTRY OF HEALTH, LABOUR AND WELFARE, JAPAN
AT THE SEVENTY-SECOND SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Honourable Ministers

Distinguished Representatives

Dr Takeshi Kasai, Regional Director

*Representatives of United Nations agencies, intergovernmental organizations and
nongovernmental organizations*

Distinguished colleagues, ladies and gentlemen:

Thank you for your trust and confidence in electing me to chair this seventy-second session of the WHO Regional Committee for the Western Pacific.

I would like to take this opportunity to welcome you again – physically and virtually – to Himeji, Japan. I thank the outgoing Chairperson – the Honourable Health Secretary from the Philippines, the outgoing Vice-Chairperson – the Honourable Minister from Fiji, and other officers of the last session.

I will do my best to follow their example and to manage our programme well this week.

Distinguished colleagues, we heard yesterday the report of the Regional Director, and an update on the COVID-19 situation in the Region.

Dr Kasai, thank you for WHO's continuing support to respond to COVID-19, to ensure countries are connected, and at the same time, to drive forward our shared *For the Future* vision. On behalf of all Member States, we appreciate you and your team's work.

Colleagues, we have a busy agenda for the rest of the week, including discussion of four major technical agenda items. I would like to provide a brief overview of these items now.

First, school health. The Western Pacific Region is home to an estimated 611 million children and adolescents, a large majority of whom are in school.

Despite advances in health and the unprecedented social and economic development of recent decades, children and adolescents face a range of health risks – including overweight and obesity, lack of physical activity, tobacco and alcohol use, and mental health problems.

These issues are a threat to the health of children and adolescents today, but they pose even bigger risks for their health in the future – in particular, the risk of non-communicable diseases.

Schools offer a strategic opportunity to address these risks and the risk they pose to future health, by entrenching the knowledge, attitudes, values and skills that children and adolescents need to adopt healthier lifelong behaviours.

To guide Member States in their efforts to make schools nurturing and inspiring environments which reinforce and promote health, the Regional Committee is invited to endorse the *Regional Framework on Nurturing the Health of our Future Generations in the Western Pacific*.

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The second technical agenda item is primary health care, which is critical to achieving Universal Health Coverage, and strengthening health security. Though there has been recent progress in improving access to and outcomes from primary health care, the COVID-19 pandemic has threatened the successes of the past decades.

In addition, Member States continue to face demographic, social and economic transitions, which have led to a rise in the burden of NCDs, as well as rapidly ageing populations. Addressing these challenges requires strong primary health care which is integrated, comprehensive, people-centred, equitable, and which promotes health throughout the life course. This will require us to adopt new and innovative approaches to change how primary health care is governed, financed, organized, and delivered.

Given the importance of these issues, we will hold a panel discussion on this topic, and the Regional Committee is invited to share perspectives on the way forward for building health systems oriented towards primary health care for the future.

The third technical agenda item is traditional and complementary medicine. Just as the Region's rapid economic and demographic development demands we think differently about primary health care, it also requires us to think differently about Traditional and Complementary Medicine, or TCM.

TCM can be harnessed to promote health and well-being, and it is already widely practised and relied upon by many people across the Western Pacific Region. The proposed new Regional Framework highlights the need to harness the role of TCM in supporting the health and well-being of people in the Region, as part of national health systems.

The Regional Committee is invited to endorse the *Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific*.

The fourth technical agenda item is tuberculosis, which continues to be an important health challenge in the Region, one of the leading causes of death from a single infectious agent, and a major cause of ill health.

While we have made some progress made in past decades, it has not been enough. Many people with TB still do not have access to quality TB services. These are especially the case for vulnerable and marginalized populations.

Further, the impact of the ongoing COVID-19 pandemic could set the Region back more than a decade in its efforts to combat the disease. At the same time, while COVID-19 has presented great challenges to TB programmes, it has also created opportunities to develop innovative strategies.

The draft Regional Framework has been developed using the 'backcasting' approach – that is, by drawing a desired scenario for TB in the Region in 2030, and working backwards to determine the steps necessary to achieve this goal.

Mindful of these challenges and opportunities, the Regional Committee is invited to endorse the *Western Pacific Regional Framework to End TB (2021–2030)*.

In addition to these important technical agenda items, we will also consider progress reports on critical health issues for our Region, and a range of other important standing agenda items. These will include the Programme Budget, and coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee.

This will include a very important discussion on sustainable financing of WHO, and its importance for WHO's work in countries.

Excellencies, distinguished delegates: thank you again for your confidence in electing me as Chair of this important meeting. I very much look forward to our discussions this week.

Thank you very much.

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**CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION
REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI
AT THE SEVENTY-SECOND SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

*Mr Vice-Chairperson
Honourable Ministers
Distinguished Representatives:*

I think this has really been a historic RCM.

As you have probably heard many times over the last 20 months, we are living in truly unprecedented times, and there is not a template for how to handle every situation.

So with this opportunity in front of us, I hope you have found that our attempt at innovating the approach to this meeting made for a positive meeting environment for the discussions.

Again, we very much appreciate the trust of the delegations that made the journey to come to Himeji, and we miss all of those who were not able to be here in person, but are looking forward to when we can all be together again.

It has been another very difficult year of responding to COVID-19. Again, we have used the time to learn from one another and continuously adapt. But this year is different than 2020 because we have additional tools in our arsenal.

I am so impressed knowing about all of the progress that has been made in advancing our *For the Future* vision, even while we were all focused on COVID-19. Of course, we saw many setbacks, as well, but I think there is still reason for hope.

We made strong progress on our technical agenda items this year on school health, tuberculosis, traditional and complementary medicine. I appreciate your collaboration in the lead-up to these discussions, and we're looking forward to continuing our work with you in these areas, and others such as primary health care.

Additionally, we held side events on innovation, mental health and communications for health. I hope you found these useful, and we hope to advance our work with you in these areas, in ways relevant to your contexts.

I would like to thank our excellent office-bearers:

Chairperson, the Honourable Hiroshi Yamamoto, State Minister of the Ministry of Health, Labour and Welfare from Japan;

Vice-Chairperson, the Honourable Isaia Vaipuna Taape, Minister for Health, Welfare and Gender Affairs from Tuvalu;

Dr Wan Noraini Wan Mohamed Noor of Malaysia, English rapporteur; and

Mr Thibaut Demaneuf of New Caledonia, our French rapporteur.

We have prepared some small gifts as tokens of our appreciation, which we will hand out now. Could I please request the Representative from Japan to accept a gift on behalf of State Minister Yamamoto?

Next, could I please request Minister Taape to please accept your gift?

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Dr Wan, could you please come forward, next?

And for Mr Thibaut, I assure you, we will be putting your gift in the mail.

I also really want to thank our WHO staff, the Government of Japan and the City of Himeji who really stepped up to the challenge of trying something new, while keeping everyone safe. I think your hard work really paid off.

Distinguished representatives, thank you once again your participation and support. Please stay healthy and safe – and I look forward to seeing you all again, I hope very soon.