



**REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**REGIONAL COMMITTEE**

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Provisional agenda item 15

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

Coordinating the work of WHO governing bodies is critical to accomplish the strategic priorities set out in the *Thirteenth General Programme of Work 2019–2023* (GPW 13), the WHO transformation and the Region's *For the Future* vision. To improve transparency and inclusiveness in governing body processes, proposals for agenda items for the seventy-third session of the Regional Committee in 2022 are presented for consideration of Member States, with additional supporting information provided in Annexes 1 and 2.

This document also provides Member States with a report on WHO's work in countries in the context of sustainable financing. Additionally, the document contains items referred by the World Health Assembly and the Executive Board requesting Regional Committee feedback, including questions referred to regional committees by the global Working Group on Sustainable Financing. For easy reference, resolutions and decisions from the Seventy-fourth World Health Assembly on 24–31 May 2021 are listed in Annex 3, and the provisional agenda of the 150th session of the WHO Executive Board is in Annex 4.

Member States are invited to review and prioritize the proposed agenda items for the seventy-third session of the Regional Committee and may also share other proposals for technical agenda items, along with information to support their prioritization, during Regional Committee interventions. Member States are also invited to note the report on WHO reform and may wish to provide feedback on the questions posed by the Working Group on Sustainable Financing and other items referred by WHO governing bodies.

## 1. AGENDA FOR THE SEVENTY-THIRD SESSION OF THE REGIONAL COMMITTEE IN 2022

In accordance with the revised agenda development process endorsed in 2015 by the Regional Committee for the Western Pacific, the Secretariat proposes seven technical agenda items for the seventy-third session of the Regional Committee in 2022. In identifying proposed agenda items, the Secretariat has considered: (a) regional strategies to be renewed; (b) adaptation of World Health Assembly resolutions to the context of the Region; and (c) issues proposed by Member States or the Secretariat.

Table 1 shows the list of proposed technical agenda items along these three agenda categories. Annex 1 provides the list of technical agenda items discussed at the Regional Committee from 2013 to 2021, along with information on categories for inclusion. Annex 2 provides background information on each proposed agenda item for 2022.

Member States are requested to review the proposed technical agenda items for the seventy-third session of the Regional Committee in 2022. Member States may also wish to share proposals for technical items, along with background information to support their prioritization.

**Table 1. Proposed technical agenda items for the seventy-third session of the Regional Committee**

Categories	Agenda item
(a) Renewal of regional strategies	1. Noncommunicable disease prevention and control
(b) Adaptation of World Health Assembly resolutions	
(c) Issues proposed by Member States or the Secretariat	2. Cervical cancer 3. Communication for Health (panel discussion) 4. Mental health 5. Policy and governance of medical products 6. Primary health care 7. Reaching the unreached

## 2. WHO REFORM

### WHO's work in countries

In May 2018, the World Health Assembly endorsed the *Thirteenth General Programme of Work 2019–2023* (GPW 13), setting the mission and strategic priorities over the next five years for the Organization globally. In order to deliver on GPW 13, however, it was recognized that WHO must work differently if the Sustainable Development Goals and global health goals are to be achieved. GPW 13 identified three strategic shifts: stepping up leadership at all levels, driving impact in every country and focusing global public goods on impact. As a result, WHO commenced a global transformation process, in order to ensure the highest quality in the Organization's normative and technical work. The transformation process draws on the broader context of United Nations reform and aims to ensure WHO's work translates directly into results at country level by increasing the focus of the Organization's work addressing the needs, demands and expected actions of Member States.

In 2019, Member States in the Region endorsed *For the Future: Towards the Healthiest and Safest Region*, a vision for the Western Pacific to become the world's healthiest and safest region, able to effectively address new and increasingly complex health challenges. *For the Future* identifies, inter alia, four thematic priorities and seven new ways of working that will enable WHO to implement the strategic shifts outlined in GPW 13 in the Region and deliver more effective support to Member States.

For WHO in the Region, implementing *For the Future* and the global transformation builds on a solid foundation of regional reforms undertaken since 2009, which have made WHO in the Western Pacific more efficient, effective, people-centred, country- and impact-oriented, and a stronger Organization overall, with a culture of continuous improvement. Strengthening WHO's work and impact at country level has been central to the Western Pacific Region's reforms over the past decade and continues as a central focus going forward in GPW 13 and *For the Future*. Related to this, WHO undertook a stocktaking exercise to review progress on implementing *For the Future*, given that two years have passed since *For the Future* was endorsed and during most of that time the work of Member States and WHO has been greatly impacted by the coronavirus disease 2019 (COVID-19) pandemic. The stocktaking (detailed in document RC72/INF/3) identifies lessons from this period of implementing *For the Future* and provides a way forward on how to accelerate implementation of the vision in the coming years.

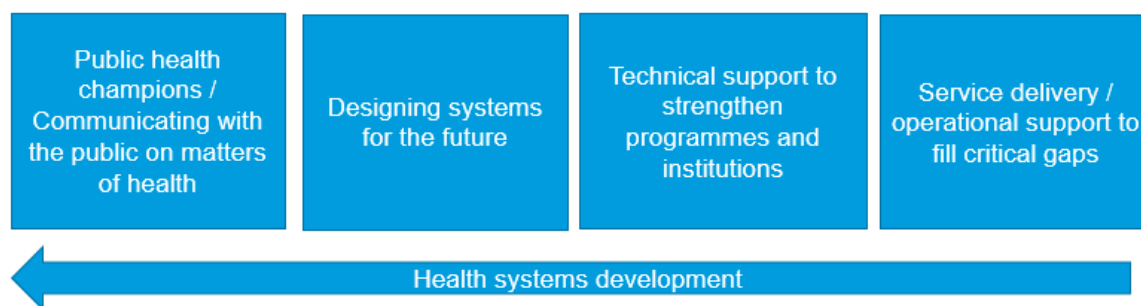
In general, Member States in the Region have expressed strong support for WHO's work in countries. Following well-received side events at the Regional Committee sessions starting in 2016, WHO's work in countries has been incorporated as an item on the standing agenda since 2019. These

sessions have been structured around six characteristics of effective country offices, identified through an analysis of the past decade of reforms in the Region: (1) focusing WHO support where the Organization can make a difference; (2) leveraging the three levels of the WHO Secretariat; (3) enhancing communications; (4) effectively engaging partners; (5) placing the right people in the right places; and (6) building and operationalizing in-depth knowledge of country contexts.

In addition, the importance of informing Member States on other aspects of how WHO manages and organizes its country support has also been recognized. In 2020, the report of WHO's work in countries ([WP/RC71/9](#)) provided an update on the approach taken by the Secretariat in the Western Pacific Region to deliver enhanced impact at country level in the Region, with a particular focus on the approach taken to refining WHO's country presence in the Region over the past decade and the efforts WHO has made to increase technical and financial resources to support the Organization's work at country level in the Region.

The report noted that it had not been possible to identify a set of models that can be used as a template that adequately and systematically encompasses all aspects of WHO's country presence across the Region due to the complexity of factors specific to each country office. Importantly, if WHO is to remain responsive to individual country needs, each country's different sociocultural, economic and development contexts must be considered. Additionally, these contexts are always evolving, particularly the country's level of development and its health priorities. *For the Future* takes this into account, recognizing the importance of focusing not only on addressing current health needs but also looking to the future and supporting the country to anticipate and address health issues that will become increasingly important.

To achieve this, WHO must be flexible and utilize a continuous improvement approach that has become a central aspect of the way we have worked over the past decade. WHO must adapt the roles it performs and the way it works to each country's context, considering, for example, the country's level of development and its needs. Figure 1 describes the different roles that WHO may fulfil for a given country or area, the mix of which changes over time as countries develop and as the health system capacities strengthen. In most instances, WHO performs more than one of these roles within a country or area at the same time – WHO's role may be different for different elements of the same health system.

**Figure 1: Spectrum of roles that WHO fulfils at country level to support Member States**

To deliver on these different roles, WHO needs to ensure suitable technical capacity is available in order to achieve results at country level. This means placing staff where they are needed most, considering the Organization’s commitment to driving impact at country level, as well as ensuring a “one team” approach with staff in country and regional offices working together for impact at country level, augmented with specialized expertise from the global level or technical partners such as the WHO collaborating centres. However, the expertise that WHO needs to be able to provide in order to support countries is dynamic: as the Organization’s role changes, so too must the expertise it makes available to Member States. One example is the need to scale up and strengthen strategic communications, including strengthening support for risk communication at country level, particularly for outbreaks and emergencies. Other areas that have required additional capacity in recent years include partnerships and resource mobilization. These types of expertise are rarely supported by donors, however. As a result, providing new areas of expertise has to compete with a number of long-standing underfunded programme areas for the very limited flexible funding that is available.

In fulfilling these roles, WHO’s work at country level varies greatly. All of the Organization’s functions described in Article 2 of the [WHO Constitution](#) have a country and regional dimension to them – WHO’s country and regional offices are essential for enabling and ensuring the Organization’s global work has impact at country level. Country offices provide the necessary, tailored support on the ground, working as *one team* with regional office that bear the responsibility for supporting shared regional ambitions and common agendas that unite Member States within regions. Each region delivers WHO’s roles to different degrees and in different ways. The regional capacity of the Organization is one of its strengths, ensuring that WHO can tailor support to the needs, circumstances and cultures of the countries and areas in each region.

Even WHO’s normative functions, which are often ascribed as being global, need to be supported at regional and country levels. For more effective implementation of global strategies, they often need to be regionally contextualized through development of regional action plans or similar frameworks. WHO also plays an important role in providing further advice to tailor these global and regional

strategies to ensure they can be implemented in an effective way that focuses on a country's needs, context and level of development. It is therefore important that WHO has flexible resources that can be utilized at all levels to support normative work, particularly in areas that are traditionally less supported through specific donor contributions.

In planning specific support for a country or area, WHO focuses on where it can make a difference and achieve greatest impact. Planning for this support must take into account many factors, including: the country's specific needs and priorities and its social, economic and cultural context and level of development; WHO's role in that country or area; WHO's organizational priorities (as described in *For the Future*, GPW 13 and the priorities approved by the World Health Assembly for each biennial programme budget), and medium-term priorities agreed with the government described in the country cooperation strategy; the priorities agreed with the country in the United Nations Sustainable Development Cooperation Framework; and consideration of WHO's competitive advantage together with the focus and contributions of other partners.

Despite careful consideration of these priorities and related factors, WHO is not always able to deliver on all planned activities because of limitations in the availability of flexible financing. This is discussed in detail in the information document on sustainable financing (RC72/INF/4).

In order to ensure that support is provided to countries and areas in line with planned priorities, including covering unexpected changes in the availability of specified contributions, WHO needs greater sustainable funding for both regional and country level. Sustainable funding provides the flexibility and predictability that enables WHO to direct resources to match planned priorities, to adjust to changing priorities, to engage staff in important areas for which it is important to ensure stability over a longer period for ongoing technical support needed to achieve results at country level, and even to fill gaps between different sources of short-term funding that may arise between the end and start of different donor sources to ensure continuity in important technical areas. Overall, sustainable financing is a key element that enables WHO to focus its support where the Organization can make a difference and achieve impactful results, including by placing the right people in the right places, to ensure WHO has the ability to respond effectively to meet current and future needs of countries and areas in the Region.

The Regional Committee is invited to note this report.

### **3. ITEMS RECOMMENDED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD**

The Seventy-fourth World Health Assembly adopted 17 resolutions and 30 decisions listed in Annex 3. The 149th session of the Executive Board adopted 11 decisions. The draft provisional agenda of the 150th session of the Executive Board is available in Annex 4.

Ten items have been referred to the regions for further comments or consideration by Member States in 2021, prior to governing body sessions in 2022.

Information on four of these items is provided below under 3.1–3.4. Where indicated, Member States may provide comments directly to the respective focal point at WHO headquarters.

Separate consultation processes have been or are being used to obtain Member State inputs or comments on the remaining six items:

- World Health Assembly resolution WHA73.10 on global actions on epilepsy and other neurological disorders
- World Health Assembly resolution WHA74.4 on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
- World Health Assembly resolution WHA74.5 on oral health
- World Health Assembly decision WHA74(11) on the role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases
- World Health Assembly decision WHA74(20) on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
- Executive Board decision EB146(14) on accelerating action to reduce the harmful use of alcohol

#### **3.1 Sustainable financing**

Sustainable financing of WHO has been an issue for a long time with many attempts to address predictability and flexibility over the past two decades. The level of assessed contributions (ACs) of Member States has remained largely stable over many years. But due to the increase in the total size of the approved base budget, the proportion that is funded by ACs is now only around 20% of the approved biennial base budget. A large proportion of the base budget is now funded by specified voluntary contributions. Heavy reliance on earmarked voluntary contributions has resulted in a misalignment between the priorities set in governing bodies and the financing of their delivery. As a result, even

though the Organization has managed to raise funding to cover its overall budget, some priority areas remain chronically underfunded, including at regional and country levels.

To tackle this long-standing issue, the Working Group on Sustainable Financing was established by the Executive Board decision EB148(12). The Working Group has met four times since its establishment: 29–31 March 2021, 28–30 April 2021, 23–25 June 2021 and 27–29 September 2021. The reports of its meetings and related documents are available through the website for the [Working Group on Sustainable Financing](#). Australia represents the Western Pacific Region as vice-chair.

In decision EB148(12), the Working Group was requested to submit [an interim report \(A74/6\)](#) of its work to the Seventy-fourth World Health Assembly, through the thirty-fourth meeting of the Programme, Budget and Administration Committee of the Executive Board, as well as to the regional committees in 2021. The Working Group will submit its final report with its recommendations and other findings for consideration by the Executive Board at its 150th session, through the thirty-fifth meeting of the Programme, Budget and Administration Committee.

At its [third meeting](#) in June 2021, the Working Group agreed to refer five questions to Member States via regional committees for feedback:

- (1) Do Member States share the view that WHO's base segment of the programme budget be at least 50% funded by ACs in order to ensure integrity and safeguard the independence of WHO?
- (2) Do Member States share the view of the Independent Panel for Pandemic Preparedness and Response (IPPPR) that the entire base budget should be fully funded by unearmarked flexible contributions?
- (3) Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for AC increase and adopting an incremental implementation schedule?
- (4) Do Member States agree to explore the IPPPR recommendation for a replenishment model to cover the remaining part of the base segment of the programme budget both by Member States and non-State actors?
- (5) What are the best practices and lessons learned for prioritization in the regions?

Additional background information is provided in RC72/INF/4. Member States are invited to provide their perspectives on these questions during the session of the Regional Committee.



### **3.2 World Health Assembly resolution WHA74.3 on the Programme budget 2022–2023**

In resolution WHA74.3, the Proposed Programme Budget 2022–2023 ([A74/5 Rev.1](#)) was adopted. This resolution includes a request that the Director-General submit, as deemed necessary, a revised Programme Budget 2022–2023, including its revised appropriation resolution, as appropriate, to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing. During the conclusion of the Health Assembly discussion on this item, the Secretariat advised that Member States would be consulted during regional committee sessions in 2021 with the concept of the next version of the Programme Budget 2022–2023.

Additionally, resolution WHA74.3 requested that a draft resolution on extending GPW 13 until 2025 and its possible revisions and updates be submitted to the Seventy-fifth World Health Assembly, through the 150th session of the Executive Board in January 2022.

The process for updating the Programme Budget 2022–2023 will be described to Member States during the Regional Committee session, and Member States may wish to provide comments on this process during the meeting or directly to the global focal point: Mr Imre Hollo, Director, Planning, Resource Coordination and Monitoring ([holloi@who.int](mailto:holloi@who.int)).

### **3.3 World Health Assembly resolution WHA73.5 on strengthening efforts on food safety**

In resolution WHA73.5, the Health Assembly requests the Director-General to update the *WHO Global Strategy for Food Safety* in order to address current and emerging challenges, incorporating new technologies and including innovative strategies for strengthening food safety systems, and to submit a report for consideration by the Seventy-fifth World Health Assembly. Member States interested in commenting on the draft WHO global strategy for food safety 2022–2030 may contact Dr Francesco Branca, Director, Nutrition and Food Safety ([brancaf@who.int](mailto:brancaf@who.int), with copy to [benyahiaa@who.int](mailto:benyahiaa@who.int)).

### **3.4 World Health Assembly decision WHA74(10) on follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases**

In decision WHA74(10), the Health Assembly requests the Director-General to present, in response to the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030* and the recommendations of the midterm evaluation of the Global Action Plan, an

implementation roadmap 2023–2030 for the Global Action Plan, through the Executive Board at its 150th session, and through subsequent consultations with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly. Relevant documents related to developing the roadmap will be posted [here](#) once available. Expert consultations are occurring in 2021, and Member State consultations are expected to take place in 2022 prior to the World Health Assembly. Member States interested in contributing to this work are requested to contact the global focal point: Dr Bente Mikkelsen, Director, Noncommunicable Diseases ([mikkelsenb@who.int](mailto:mikkelsenb@who.int)).

**LIST OF TECHNICAL AGENDA ITEMS DISCUSSED AT THE REGIONAL COMMITTEE  
FROM 2013 TO 2021 WITH INFORMATION ON CATEGORIES FOR INCLUSION**

Regional Committee session (Year)	Agenda items	Categories for inclusion for main technical agenda items		
		(a) Regional strategies to be renewed	(b) Adaptation of World Health Assembly resolutions	(c) Issues proposed by Member States or the Secretariat <sup>1</sup>
<b>Seventy-second (2021)</b>	Primary health care			✓
	School health			✓
	Traditional and complementary medicine	✓		
	Tuberculosis	✓		
<b>Seventy-first (2020)</b>	Ageing and health			✓
	Vaccine-preventable diseases and immunization	✓		
	Safe and affordable surgery			✓
<b>Seventieth (2019)</b>	Ageing and health			✓
	Tobacco control	✓		
	Protecting children from the harmful impact of food marketing			✓
	Antimicrobial resistance	✓		
<b>Sixty-ninth (2018)</b>	Neglected tropical diseases	✓		
	Rehabilitation		✓	
	Strengthening legal frameworks for health in the Sustainable Development Goals			✓
	E-health for integrated service delivery			✓
	Planning and managing hospitals			✓
<b>Sixty-eighth (2017)</b>	Measles and rubella elimination			✓
	Protecting children from the harmful impact of food marketing			✓
	Health promotion in the Sustainable Development Goals			✓
	Triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B		✓	

Annex 1

Regional Committee session (Year)	Agenda items	Categories for inclusion for main technical agenda items		
		(a) Regional strategies to be renewed	(b) Adaptation of World Health Assembly resolutions	(c) Issues proposed by Member States or the Secretariat <sup>1</sup>
<b>Sixty-eighth (2017) continued</b>	Transitioning to integrated financing of priority health services			✓
	Regulatory strengthening and convergence for medicines and health workforce			✓
	Food safety	✓		
<b>Sixty-seventh (2016)</b>	Dengue	✓		
	Malaria	✓	✓	
	Environmental health			✓
	Sustainable Development Goals			✓
	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies	✓	✓	
<b>Sixty-sixth (2015)</b>	Viral hepatitis			✓
	Tuberculosis	✓	✓	
	Universal health coverage	✓		✓
	Violence and injury prevention			✓
	Urban health	✓		
<b>Sixty-fifth (2014)</b>	Mental health		✓	
	Tobacco Free Initiative	✓		
	Antimicrobial resistance		✓	
	Expanded Programme on Immunization		✓	
	Emergencies and disasters		✓	
<b>Sixty-fourth (2013)</b>	Blindness prevention		✓	
	Ageing and health			✓
	Hepatitis B control through vaccination			✓
	Noncommunicable disease	✓	✓	

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

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

**a. Renewal of regional strategies**

**1. Noncommunicable disease prevention and control**

Noncommunicable diseases (NCDs) account for more than 10 million deaths annually in the Western Pacific Region. Premature mortality could be avoided through greater emphasis on prevention of primary risk factors and better management of people with chronic NCDs across the life course. *For the Future* emphasizes the importance of preventing as many NCDs as possible, while strengthening primary health services, to better manage NCDs. It is proposed to present a new regional framework on NCD prevention and control, to guide countries on addressing upstream risk factors, and transforming and integrating health services and systems as part of primary health care and universal health coverage. The framework will build on the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, the *WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* and the proposed Implementation Roadmap for the Global Action Plan, contextualizing the global guidance for the Western Pacific Region.

**b. Adaptation of World Health Assembly resolutions to the Region**

(No items proposed)

**c. Issues proposed by Member States or the Secretariat**

**2. Cervical cancer**

Recognizing cervical cancer as the fourth most common cancer among women globally, the Director-General in 2018 made a global call for action towards elimination of cervical cancer. Subsequently, the World Health Assembly adopted the *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem*, including goals and targets for the period 2020–2030 (WHA73.2). Annually, approximately 142 300 new cases and 63 700 deaths are attributed to cervical cancer, the majority in low-income and low middle-income countries. Most of these deaths are preventable through screening and vaccination. Cervical cancer elimination efforts must be strengthened in the Western Pacific to achieve the *For the Future* vision of becoming the world's healthiest and safest region. Regional consultations in 2019 revealed that Member States faced several

## **Annex 2**

different challenges in addressing cervical cancer. It is therefore proposed to develop a regional framework for the comprehensive prevention and control of cervical cancer in the Western Pacific for the consideration of the Regional Committee.

### **3. Communication for Health (panel discussion)**

The COVID-19 pandemic has highlighted the importance of clear and effective communication during public health emergencies. Evidence-based, strategic communications are also an extremely powerful tool for tackling complex health challenges more broadly. To respond to a changing communications landscape and achieve the vision of *For the Future*, WHO in the Western Pacific Region has adopted the Communication for Health (C4H) approach, as a basis for improving the way WHO and Member States can communicate with partners, health workers and communities. C4H draws on the social and behavioural sciences to inform communication strategies and interventions that target a particular audience for a specific purpose, based on known audience needs and preferences. In recent consultations, Member States identified the need for greater technical support to build their capacity in C4H, then apply and scale up the C4H approach in their countries. It is therefore proposed to hold a panel discussion on C4H during the Regional Committee session in 2022 to discuss shared challenges and opportunities as a step towards expanding the application of the C4H approach across the Region.

### **4. Mental health**

Good mental health is the foundation of well-being. It enables people to fulfil their potential, remain resilient amid adversity, be productive and form meaningful relationships within their community. COVID-19 has brought the future of mental health forward and has shown that mental health is about everyone's well-being. While progress has been observed, real impact has been minimal, and significant challenges remain. The implementation period of the previous Regional Agenda concluded in 2020, while the global Mental health action plan was extended to 2030 during the Seventy-second World Health Assembly. *For the Future* highlights mental health as a vital issue for the future health and security of the Western Pacific Region. Its endorsement by Member States in 2019 represents a strategic opportunity to co-create the vision for the future of mental health. It is therefore proposed to present a new regional framework for the future of mental health in the Western Pacific for the consideration of the Regional Committee.

### **5. Policy and governance of medical products**

Access to medicines, vaccines and medical products of assured safety, quality and efficacy is key to the achievement of universal health coverage. The effectiveness of systems for ensuring access (such as production and distribution, selection, financing, procurement, pricing and use) depends on coherent

policies and strong governance mechanisms. The proposed regional framework would guide Member States to develop policies and governance mechanisms to improve access to medicines, vaccines and essential medical products.

## **6. Primary health care**

A reimagined and strengthened primary health care is vital for building strong and resilient health systems and achieving the thematic priorities set out in *For the Future*. Over the past two decades, access to health services and outcomes have improved across the Western Pacific Region. Economic, demographic, sociocultural and technological changes will create different public health challenges in the future. These will require different approaches for primary health care, focused around a shift from a disease-based system to a system that promotes health and well-being throughout people's lives. It is important to redefine the characteristics of primary health care necessary to address these future public health challenges. Building on *Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region*, the global *Operational Framework on Primary Health Care: Translating Vision into Action*, as well as taking forward the operational shifts in *For the Future*, it is proposed to present a new regional framework on primary health care in the Western Pacific for the consideration of the Regional Committee.

## **7. Reaching the unreached**

In the Western Pacific Region, reaching the unreached is one of four thematic priorities identified in *For the Future*. The Region's burden of some communicable diseases remains worryingly high, and NCDs and some “old” diseases are resurging. As the Region prepares for the future, an overarching framework is needed to characterize and define the causes and drivers of being unreached, as well as interventions to reach groups that have not benefited equally from the Region's progress thus far. It will also be important to identify what interventions and initiatives have already been implemented and their level of success, failure and impact, including partnerships with other sectors. This framework should also accommodate other relevant global strategies (such as malaria, HIV, hepatitis, neglected tropical diseases) for which the Region will not develop separate action plans. It is therefore proposed to present a regional framework on reaching the unreached in the Western Pacific for the consideration of the Regional Committee.





**RESOLUTIONS AND DECISIONS ADOPTED BY THE SEVENTY-FOURTH  
WORLD HEALTH ASSEMBLY, 24–31 May 2021**

<b>Resolution number</b>	<b>Title of resolution</b>
<a href="#">WHA74.1</a>	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
<a href="#">WHA74.2</a>	Admission of the Faroe Islands as an Associate Member
<a href="#">WHA74.3</a>	Programme budget 2022–2023
<a href="#">WHA74.4</a>	Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
<a href="#">WHA74.5</a>	Oral health
<a href="#">WHA74.6</a>	Strengthening local production of medicines and other health technologies to improve access
<a href="#">WHA74.7</a>	Strengthening WHO preparedness for and response to health emergencies
<a href="#">WHA74.8</a>	The highest attainable standard of health for persons with disabilities
<a href="#">WHA74.9</a>	Recommitting to accelerate progress towards malaria elimination
<a href="#">WHA74.10</a>	Salaries of staff in ungraded positions and of the Director-General
<a href="#">WHA74.11</a>	Agreement between the World Health Organization and the International Organisation of La Francophonie
<a href="#">WHA74.12</a>	Participation of the Holy See in the World Health Organization
<a href="#">WHA74.13</a>	Scale of assessments 2022–2023
<a href="#">WHA74.14</a>	Protecting, safeguarding and investing in the health and care workforce
<a href="#">WHA74.15</a>	Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery
<a href="#">WHA74.16</a>	Social determinants of health
<a href="#">WHA74.17</a>	Ending violence against children through health systems strengthening and multisectoral approaches

<b>Decision number</b>	<b>Title of decision</b>
<a href="#">WHA74(1)</a>	Composition of the Committee on Credentials
<a href="#">WHA74(2)</a>	Election of officers of the Seventy-fourth World Health Assembly
<a href="#">WHA74(3)</a>	Election of officers of the main committees
<a href="#">WHA74(4)</a>	Establishment of the General Committee
<a href="#">WHA74(5)</a>	Special procedures
<a href="#">WHA74(6)</a>	Adoption of the agendas
<a href="#">WHA74(7)</a>	Verification of credentials
<a href="#">WHA74(8)</a>	Election of Members entitled to designate a person to serve on the Executive Board
<a href="#">WHA74(9)</a>	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

Annex 3

Decision number	Title of decision
WHA74(10)	Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
WHA74(11)	The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases
WHA74(12)	Integrated people-centred eye care, including preventable vision impairment and blindness
WHA74(13)	Global action on patient safety
WHA74(14)	Mental health preparedness for and response to the COVID-19 pandemic
WHA74(15)	Implementation of the International Health Regulations (2005)
WHA74(16)	Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response
WHA74(17)	WHO reform: governance
WHA74(18)	World Neglected Tropical Diseases Day
WHA74(19)	Review of entitlements of members of the Executive Board
WHA74(20)	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
WHA74(21)	Process for the election of the Director-General of the World Health Organization: candidates' statements and travel support
WHA74(22)	Process for the election of the Director-General of the World Health Organization: contingency arrangements
WHA74(23)	Appointment of representatives to the WHO Staff Pension Committee
WHA74(24)	WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments
WHA74(25)	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond
WHA74(26)	Report of the External Auditor
WHA74(27)	WHO programme and financial reports for 2020–2021, including audited financial statements for 2020
WHA74(28)	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Situation in respect of 2020
WHA74(29)	Assessment of the Faroe Islands
WHA74(30)	Selection of the country in which the Seventy-fifth World Health Assembly would be held



**EXECUTIVE BOARD  
150th session  
Geneva, 24–29 January 2022**

**EB150/1 (draft)  
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## **Draft provisional agenda**

- 1. Opening of the session and adoption of the agenda**
- 2. Report by the Director-General**
- 3. Outcome of the special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response**
- 4. Report of the regional committees to the Executive Board**
- 5. Report of the Programme, Budget and Administration Committee of the Executive Board**
- 6. Post of Director-General**
  - 6.1 Nomination of candidates
  - 6.2 Draft contract
  - 6.3 Modalities of the second candidates' forum

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

- 7. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**
  - (a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
  - (b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
  - (c) Draft global strategy on oral health
  - (d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies

**Annex 4**

- (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030
  - (f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
  - (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
  - (h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
  - (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets
  - (j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases
- 8. The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections**
- 9. Global strategy for tuberculosis research and innovation**
- 10. Road map for neglected tropical diseases 2021–2030**
- 11. Immunization Agenda 2030**
- 12. Infection prevention and control**
- 13. Global road map on defeating meningitis by 2030**
- 14. Standardization of medical devices nomenclature**

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

- 15. Public health emergencies: preparedness and response**
- 15.1 Strengthening WHO preparedness for and response to health emergencies
  - 15.2 WHO's work in health emergencies
    - The Coalition for Universal Health Protection Architecture Initiative
  - 15.3 Influenza preparedness
  - 15.4 Global Health for Peace Initiative
- 16. Poliomyelitis**
- 16.1 Poliomyelitis eradication
  - 16.2 Polio transition planning and polio post-certification

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

#### **17. Maternal, infant and young child nutrition**

#### **18. WHO Implementation Framework for Billion 3**

- WHO global strategy for food safety

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

#### **19. Budget and finance matters**

- 19.1 Financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023
- 19.2 Programme budget 2022–2023
- 19.3 Sustainable financing: report of the Working Group
- 19.4 Scale of assessments 2022–2023
- 19.5 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Situation in respect of 2020
- 19.6 Amendments to the Financial Regulations and Financial Rules [if any]

#### **20. Management matters**

- 20.1 Prevention of sexual exploitation, abuse and harassment
- 20.2 Evaluation: update and proposed workplan for 2022–2023

#### **21. Governance matters**

- 21.1 Global strategies and plans of action that are scheduled to expire within one year
  - Global strategy and plan of action on public health, innovation and intellectual property
- 21.2 WHO reform: involvement of non-State actors in WHO's governing bodies
- 21.3 Engagement with non-State actors
  - Report on the implementation of the Framework of Engagement with Non-State Actors
  - Non-State actors in official relations with WHO
- 21.4 Provisional agenda of the Seventy-fifth World Health Assembly and date and place of the 151st session of the Executive Board

**Annex 4**

**22. Committees of the Executive Board**

- 22.1 Participation in the Programme, Budget and Administration Committee of the Executive Board
- 22.2 Independent Expert Oversight Advisory Committee
  - Terms of reference
  - Membership [if any]
- 22.3 Foundation committees and selection panels

**23. Staffing matters**

- 23.1 Statement by the representative of the WHO staff associations
- 23.2 Report of the Ombudsman
- 23.3 Human resources: update
- 23.4 Amendments to the Staff Regulations and Staff Rules [if any]
- 23.5 Report of the International Civil Service Commission

**24. Report on meetings of expert committees and study groups**

- Expert advisory panels and committees and their membership

**25. Closure of the session**