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### Other information

**Venue**

Diamond Ballroom, Diamond Hotel, Manila, Philippines

**Distribution of documents**

All documents are available on the WHO Regional Office for the Western Pacific website and the WHO Events mobile app.

In line with WHO “green meeting” practices, printed documents are available only upon request at the WHO Enquiry Desk, located at the foyer in front of the Diamond Ballroom. Representatives are kindly requested to collect daily their documents, messages and invitations at their designated mailboxes.

**Hybrid meeting platform**

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

**Video streaming**

The plenary sessions will be broadcast on YouTube with the relevant links available on the WHO Regional Office website, the WHO Events app and the Regional Committee SharePoint portal. They can be viewed on personal computers, smartphones and tablets.

**Rapporteurs meeting**

The meetings will be convened daily in person and virtually from Monday (24 October) to Thursday (27 October) following the afternoon session at 17:15. Draft resolutions for technical agenda items are available on the Regional Committee SharePoint portal. Once rapporteurs have incorporated Member State input from discussions and written suggestions, these draft resolutions become conference papers and are posted on the SharePoint portal the morning they tentatively are to be considered for endorsement, that is: Noncommunicable diseases, Primary health care and Reaching the unreached on Thursday (27 October); and Cervical cancer and Mental health on Friday (28 October).

**WHO publications**

Selected WHO publications are available on the WHO Regional Office website. A digital board and display booth can be found at the foyer in front of the Diamond Ballroom where representatives can view and browse WHO publications, including COVID-19 guidance documents and agenda-related materials. A leaflet featuring WHO Western Pacific regional publications from 2020 to 2022 is available for representatives. Limited copies of WHO Western Pacific regional action plans and frameworks published from 2020 to 2022 are available for free on a first-come, first-served basis.
I. PROGRAMME OF WORK (WEDNESDAY, 26 OCTOBER 2022)

Agenda items 9:00–12:00

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

16.2 WHO's work in countries

12 Noncommunicable disease prevention and control

Agenda items 14:00–17:00

13 Primary health care

14 Reaching the unreached

II. REPORT OF MEETINGS (TUESDAY, 25 OCTOBER 2022)

Second meeting:

Chairperson: Honourable Bounfeng Phoummalaysith, Minister of Health
Lao People’s Democratic Republic

Item 4 Address by the incoming Chairperson

The incoming Chairperson thanked the representatives for their trust in choosing him to chair the seventy-third session of the WHO Regional Committee for the Western Pacific and thanked last year’s office-bearers for their service. He also thanked the Director-General for his update on the Organization’s global work and noted progress on regional public health priorities as outlined in the Report of the Regional Director. He expressed appreciation for the comprehensive update on COVID-19 and for WHO’s continuing support to Member States in combating the pandemic, while driving the vision of For the Future: Towards the Healthiest and Safest Region. He also noted the efforts by WHO to improve workplace culture and to prevent and respond to sexual exploitation, abuse and harassment. He concluded by highlighting the six technical agenda items under consideration at this year’s session, saying he looked forward to a fruitful session.

Item 7 Address by and Report of the Regional Director (cont.)

In continuation, interventions were made by the representatives of the following Member States (in order): the Lao People’s Democratic Republic, Tonga, Mongolia, the Federated States of Micronesia, Malaysia, Vanuatu, the Republic of Korea, Australia, Palau, Cook Islands, Kiribati, Viet Nam, Solomon Islands, Tuvalu, Samoa and the United States of America.

Representatives expressed their appreciation to the Officer-in-Charge for her support in recent months and the Director-General and the directors for their reports. They described their national efforts to respond to the COVID-19 pandemic and other health emergencies, address a range of public health challenges in their countries and implement the For the Future vision. Several Member States expressed appreciation to WHO for its support over the past year and noted the importance of working in collaboration with WHO and partners to tackle health challenges across the Region. Several representatives also highlighted issues such as WHO reform, health inequalities and climate change.
The Officer-in-Charge thanked Member States for their support and recognition of WHO’s leadership on the COVID-19 pandemic. She noted their calls for continued leadership on universal health coverage (UHC) and building resilient health systems. She said the Organization would continue to address public health priorities highlighted by Member States. The Director, Programme Management, commended Member States for demonstrating regional solidarity and coordination during the pandemic and noted their support for the For the Future vision. The Director-General praised the Region’s pandemic response and recommended that the experiences of Member States be documented to help guide other countries. He also called on the Region to sharpen its focus on health promotion and primary health care as the foundation for UHC.

Item 8 Programme budget

8.1 Programme budget 2020–2021: budget performance (final report)

8.2 Programme budget 2022–2023 update

8.3 Programme budget 2024–2025

The Officer-in-Charge provided an update on the extension of the Thirteenth General Programme of Work (GPW13) and the development of the Programme Budget 2024–2025, which had been aligned with the extension of GPW13 to 2025 to drive progress towards the Triple Billion targets and health-related Sustainable Development Goals. She said that the Programme Budget 2022–2023 had been revised in May 2022 to respond to the recommendations of independent reviews following the onset of the COVID-19 pandemic, among other issues – priorities that will have to be brought forward to the Programme Budget 2024–2025, which will include a 20% increase in Assessed Contributions.

The Director, Programme Management, turning to the final report of budget performance for the Programme Budget 2020–2021, noted that overall funding, utilization, compliance and controls continued to be strong, with 96.5% of available resources utilized as of 31 December 2021 – a higher level of utilization than at the same point in the 2018–2019 biennium. She noted the development of the Region’s "red box" or "shrunk" workplan, which reprioritized activities for implementation while supporting the COVID-19 pandemic response in countries and areas, and focused on ensuring the continuation of essential activities and strengthening core health systems during the pandemic to continue progress on country priorities. For the Future thematic priorities, and the development and implementation of country cooperation strategies. She also noted that the Secretariat had worked diligently to address all outstanding recommendations from recent audits, among other issues, including improved controls through strengthened management and monitoring of risks in the Region, particularly on Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH).

Following a short video, the Director, Programme Management, turned to the update on the Programme Budget 2022–2023, which had been developed during the COVID-19 pandemic and included a revised appropriation, approved at the Seventy-fifth World Health Assembly in May 2022, that had added US$ 51.3 million to the base segment allocation for the Western Pacific Region. She noted that an increase for Strategic Priorities 1 and 3 for strengthened support for countries with the greatest SDG gap would target three countries in the Region, strengthening WHO support to those countries towards achieving UHC.

Turning to the Programme Budget 2024–2025, she noted that the deadline to submit regional input to WHO headquarters for the global Programme Budget 2024–2025 had made it necessary to conduct the country prioritization process before the current session of the Regional Committee, which had been scheduled to end just one week before the corporate deadline to share regional submissions. WHO Representatives and Country Liaison Officers had consulted with their national counterparts from late August until early October 2022. Those strategic consultations had shown a high degree of continuity with the Programme Budget 2022–2023, which clearly highlighted the relevance of the For the Future thematic priorities and operational shifts in the implementation of GPW13 in the Region, as well as clear alignment with the five priorities guiding the extension of GPW13 to 2025. She said the consultations would serve to inform the proposed global
Programme Budget 2024–2025 being drafted by WHO headquarters for the January 2023 session of the Executive Board.

The Chief Budget Officer, WHO headquarters, described changes made by the Secretariat to strengthen the Programme Budget development process. The prioritization process had been improved to ensure a country-focused response and better alignment with priorities at all three levels of the Organization. To that end, the proportion of funding allocated to country offices would continue to increase. She also described changes to the format of the Programme Budget, which would be presented in standalone modules to facilitate understanding of its various components.

Interventions were made by the representatives of the following Member States (in order): Australia, Malaysia, China, the Philippines, the Republic of Korea, Cambodia, Japan and New Zealand.

Member States expressed appreciation for the final report on Programme Budget 2020–2021 Budget performance, with its pandemic-related “red box” framework that had proved to be efficient and allowed a smooth transition to the Programme Budget 2022–2023. With regards to the update on the Programme Budget 2022–2023, Member States welcomed the status report on both financing and implementation but expressed concern about the level of financing of some strategic priorities, which they said needed to be improved and asked for increased transparency and accountability in the implementation of the Programme Budget.

On the proposed global Programme Budget 2024–2025, Member States reiterated their support for the efforts made by the Secretariat to increase budget governance and accountability in relation to the proposed 20% increase in Assessed Contributions and requested the Secretariat's commitment to strengthen country capacities as the focus of the Programme Budget 2024–2025, welcoming the harmonized and streamlined country prioritization process. Several interventions alluded to underfunded global programmatic outcomes and sustainable financing, especially at the country level.

In response, the Director, Administration and Finance, thanked the representatives for their valuable comments and ongoing engagement with the Secretariat. He reiterated the usefulness of the “red box” exercise in the context of the Programme Budget 2020–2021, as well as lessons learnt for the operationalization of Programme Budget 2022–2023.

In answer to the issue of underfunded programmatic global outcomes, he mentioned the regular use of internal monitoring tools such as the monthly “heat maps” and the creation of the Resource Allocation Committee. Overall under-financing can be correctly tackled with increased sustainable, predictable and flexible financing to enable the organization to fully deliver on its mandate.

Moving to PRSEAH, the Director, Finance and Administration, reaffirmed the Secretariat’s zero tolerance policy towards PRSEAH matters by implementing committed funding to strengthen human resources capacities necessary to implement the management response plan. He said the Regional PRSEAH Management Officer has assumed the role in early July 2022 and is currently testing the global PRSEAH risk assessment tool before the full regional roll-out.

With regard to the development of the Programme Budget 2024–2025, for which greater budget transparency, accountability, and governance were requested by Member States, he reiterated the availability of the Programme Budget Web Portal. He said increased budget governance is also covered through the harmonized and streamlined country prioritization process that was conducted from late August to early October 2022 to identify programmatic country priorities requiring WHO technical support under the umbrella of the For the Future vision and that are aligned with GPW13 outcomes and outputs.

The Chief Budget Officer from the WHO headquarters reiterated that the PRSEAH initiative is now an integrant part of the core mandate of the Organization and, as such, will be fully part of the Programme Budget 2024–2025 with secure funding. As part of greater budgetary reforms, the Chief Budget Officer noted the revamping of the Programme Budget into a shorter and more concise document.
She also highlighted the need to keep countries at the centre and ensure proper financing of their prioritized outputs, especially in the context of potential increased Assessed Contributions. She concluded by noting that the full outcome of the three-level prioritization process will be reflected in the proposed Programme Budget 2024–2025 document presented to the Executive Board.

Third meeting:

**Chairperson:** Honourable Bounfeng Phoummalaysith, Minister of Health
Lao People's Democratic Republic

**Item 9** Panel discussion on Communication for Health

The WHO Representative, Viet Nam, introduced the panel discussion on Communication for Health (C4H), which she noted can be a powerful tool for improving health and addressing the Region’s most pressing health challenges by ensuring that the right information, in the right language, on the right platforms reaches the people who need it, especially the most vulnerable and disadvantaged. She highlighted efforts to establish C4H as a technical field requiring specialist expertise, as is the case with other areas of public health, noting that C4H draws on data and insights from social science to inform and change attitudes and behaviours to deliver improved health outcomes at the individual, community and societal levels. She then introduced the panellists who shared country experiences on role and value of C4H.

All the panellists agreed on the value of C4H in addressing pressing national and regional health public health issues. The Minister of Health of Malaysia described how the use of behavioural science has helped strengthen health communication strategies in Malaysia, including increasing the effectiveness of messaging and encouraging COVID-19 protective behaviours. Currently, the lessons learned from the pandemic response are used to tackle other health issues including noncommunicable diseases. The Minister highlighted the importance of creating social norms in addressing public health challenges, including working closely with communities and getting them to “own” their health.

In his video address, the Minister for Health and Aged Care of Australia touched on multiple aspects of C4H while discussing Australia’s experience in using communication in tobacco control. He said that communication has been a key part of the country’s comprehensive tobacco control programme, while highlighting the importance of underpinning communication design with research and evidence; ensuring that approaches are locally tailored, targeted and co-designed with the community; collaborating with partners and stakeholders; and the vital role of evaluation, which shows the impact that a well-designed, well-crafted communication campaign can have – and therefore the real benefits to public health.

The Director of National Institute for Nutrition and Health (NINH), Chinese Center for Disease Control and Prevention, cited the role of behavioural science to nudge consumers towards lower-salt food options. He spoke about how the NINH and Tsinghua University partnered with an online food delivery app to test different communication interventions on consumers’ selections on meal delivery platforms.

Finally, the General Manager for Fiji’s COVID-19 Incident Management Team described how social listening during the COVID-19 response supported better understanding of community perspectives, leading to programmatic shifts and increased vaccination rates as a result, including among vulnerable populations such as pregnant women and people with disabilities.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Solomon Islands, Japan, New Zealand, the Republic of Korea, Cook Islands, Brunei Darussalam, Samoa, Viet Nam, Papua New Guinea, the United States of America (territories) and the United States of America.
In their interventions, the representatives strongly welcomed WHO's efforts to scale up the C4H approach across the Region and appreciated the work that had been done in this regard to date, especially during the ongoing response to the COVID-19 pandemic. Many representatives highlighted that COVID-19 had demonstrated the importance of strategic communication including the need to work with trusted leaders and to continuously adapt communication strategies on the basis of evidence and data gathered through social listening. Furthermore, several representatives also recognized the challenges associated with addressing health misinformation and disinformation, especially during public health emergencies, and welcomed the opportunity to work together to combat the “infodemic” and build resilience against misinformation and disinformation.

The WHO Representative, Viet Nam, thanked the representatives for the encouraging comments and noted that some of the main themes highlighted by the Member States included the importance of listening and adapting communication strategies to the needs of communities, the need to work closely with trusted leaders, and the value of empathy. She also acknowledged the main requests for WHO support from Member States, including the call for ongoing capacity-building in C4H and addressing misinformation and disinformation by using a multisectoral approach and creating a community of best practices for C4H.

III. OTHER MEETINGS

Wednesday, 26 October 2022

12:45–13:45 Side event: A crisis at our doorstep: Act now on antimicrobial resistance to save lives (Diamond Ballroom)

Thursday, 27 October 2022

12:45–13:45 Side event: Passage to innovation (Diamond Ballroom)