24–28 October 2022
Manila, Philippines

WPR/RC73/DJ/5
28 October 2022

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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.

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 (FRIDAY, 28 OCTOBER 2022)

Agenda items 9:00–12:00

15 Progress reports on technical programmes (cont.)  WPR/RC73/11

16 Coordination of the work of the World Health Assembly, the Executive Board, and the Regional Committee (cont.)  

16.1 Agenda for the seventy-fourth session of the Regional Committee in 2023  

16.3 WHO reform  RC73/INF/3

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

Agenda items 14:00–17:00

17 Special Programme of Research Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee  WPR/RC73/13

18 Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board  WPR/RC73/14

19 Time and place of the seventy-fourth and seventy-fifth sessions of the Regional Committee

20 Closure of the session

Consideration of draft resolutions

Reaching the unreached  WPR/RC73/Conference Paper No. 3 (draft resolution)

Cervical cancer  WPR/RC73/Conference Paper No. 4 (draft resolution)

Mental health  WPR/RC73/Conference Paper No. 5 (draft resolution)

Please note: The draft resolutions are posted as conference papers on the Regional Committee SharePoint portal. Any amendments should be submitted in writing to wprorc@who.int using specific language. These conference papers will be considered for adoption following the coffee break.
II. REPORT OF MEETINGS (THURSDAY, 27 OCTOBER 2022)

Sixth meeting:

**Vice Chairperson:** Honourable Dr Saia Mau Piukala, Minister for Health, Tonga

**Item 14** **Reaching the unreached (cont.)**

In continuation, interventions were made by the representatives of the following Member States (in order): the Federated States of Micronesia, Japan, the Lao People’s Democratic Republic, Malaysia, Solomon Islands, the United States of America (territories), the Republic of Korea and Papua New Guinea.

Member State representatives universally supported the Regional Framework. Many indicated that reaching the unreached was a priority in their national health policies and reconfirmed their commitment to developing their health systems and services to do so, including by enacting laws and financing strategies to reduce barriers to access. They shared domestic initiatives such as strengthening primary health care (PHC) by shifting away from hospital-based care and supporting PHC models that respond to local needs, including through microplanning, improving infrastructure and upskilling. Member States outlined the importance of engaging underserved communities in the co-development and delivery of services, enabling them to become active players in their own health care, and supported whole-of-government and whole-of-society approaches to address the drivers of health inequity. They highlighted, among other things, the need to share best practices, improve data standards and systems, and develop social, service and technological innovations.

In response, the Director, Programmes for Disease Control, thanked Member States for their contributions to the Regional Framework’s development. She reiterated the importance of transforming health systems to reach everyone, commending Member State commitments to reach the unreached and their progress to date, especially in transforming PHC, engaging and empowering communities, and multisectoral collaboration. She noted that reaching the unreached is relevant to all areas of the health system and all global and regional frameworks. She said WHO would support Member States to incorporate reaching the unreached into health policies and plans, implement innovations, improve data standards and systems, and help reduce health inequities within and between countries.

The Assistant Director-General for Universal Health Coverage and Communicable and Noncommunicable Diseases at WHO headquarters commended the Regional Office and Member States on the quality of the Regional Framework and reiterated WHO’s commitment to support Member States to reach the unreached. He stressed the importance of reaching the unreached to improve health outcomes and accelerate progress towards universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

**Item 10** **Cervical cancer**

The Director, Programme Management, introduced the agenda item, noting that the Region bears one quarter of the global burden of cervical cancer, a disease that can be prevented, cured and eliminated. She highlighted the need to integrate cervical cancer prevention and management into a range of programmes – from immunization and family planning to school health and sexual and reproductive health. She said the draft *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030* provides guidance on concrete action to avoid exposing future generations to cervical cancer. It also emphasizes the importance of culture- and context-sensitive health communication, gender responsiveness, inclusiveness, and equitable access to address the disease,
accelerate realization of the *For the Future* vision, and contribute to global cervical cancer elimination targets and the SDGs. A video on cervical cancer was presented.

Interventions were made by the representatives of the following Member States (in order): Viet Nam, Vanuatu, China, Marshall Islands, New Caledonia, Kiribati, Hong Kong SAR (China), Japan, the Republic of Korea, Samoa, Mongolia, Australia, New Zealand, the Philippines, Cook Islands, the Federated States of Micronesia, Malaysia, Cambodia, the United States of America, Solomon Islands, Tuvalu, the United States of America (territories) and Brunei Darussalam.

Member State representatives universally supported the Strategic Framework and its three strategic actions. They shared domestic policies on cervical cancer prevention and control, including efforts to strengthen human papillomavirus (HPV) vaccination, cervical screening and the priorities of national strategic plans. Many expressed appreciation for the Strategic Framework's integrative, flexible and comprehensive recommendations, which will enable Member States to develop policies and strategies according to country contexts and offer broad guidelines on health system and services strengthening, sustainable financing mechanisms, advocacy, health education and communication, and community engagement.

In response, the Director, Programmes for Disease Control, thanked Member States for their valuable interventions. She reiterated the importance of HPV vaccination and cervical screening as cost-effective ways to prevent cervical cancer, adding that WHO will support Member States in formulating policies towards HPV vaccination, especially single-dose vaccination. She highlighted the importance of sustainable financing and service integration to cervical cancer elimination and said that WHO will work with Member States to build partnerships and support service delivery integration. She reassured Member States that WHO will develop tools to monitor the 90-70-90 targets: 90% immunization, 70% screening and 90% treatment.

**Item 11**

**Mental health**

The Director, Programme Management introduced the agenda item and said that the regional mental health crisis demands fresh thinking and new ways of working to embed mental health into daily life. Highlighting the links between mental health, well-being, prosperity, economic growth and sustainable development, she said the draft *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030* provides guidance for Member States on shaping the future of mental health by fostering broader collaboration. She said the draft regional framework, which is aligned with the WHO Comprehensive Mental Health Action Plan 2013–2030 and complements other global initiatives, presents a strategic opening for Member States to refocus the mental health agenda at a time of increased public awareness and global political momentum due to the COVID-19 pandemic. A video on mental health was presented.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Tonga, Cook Islands, the Lao People's Democratic Republic, Viet Nam, Japan, Mongolia, China, New Zealand, the Federated States of Micronesia, Singapore, Brunei Darussalam, Malaysia, the United States of America, Australia, Papua New Guinea, Samoa, France, Solomon Islands, Palau, the Republic of Korea, the United States of America (territories) and Cambodia.

Member State representatives universally supported the Regional Framework and its key goals. Member States also drew attention to mental health challenges, including suicide prevention, the impact of COVID-19 and the need to protect vulnerable groups. They also shared examples of progress in mental health through policy reform, innovative service delivery, partnerships and the promotion of mental health interventions. Member States also
highlighted the need to adapt the Regional Framework's strategies and actions according to country contexts.

In responding to interventions, the Director, Programmes for Disease Control, reiterated that there is no health without mental health, and mental health is everyone's business. She thanked Member States for reaffirming commitments to take action to advance the mental health agenda in the Region and acknowledged their support for the shared vision of the new Regional Framework. As such WHO will work with Member States in adapting the Framework’s strategies and actions and mobilizing partners and other networks across the Region. She reiterated WHO’s commitment to engage in strategic advocacy, provide technical support and capacity-building, establish platforms for cooperation and learning, and work as one organization to support Member States.

Seventh meeting:

Chairperson: Honourable Dr Saia Mau Piukala, Minister for Health, Tonga

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

16.5 Other items (Presentation by the Intergovernmental Negotiating Body Co-Chair and WPR Bureau Member)

The Intergovernmental Negotiating Body (INB) Co-Chair introduced the item. The INB Bureau Member for the Western Pacific Region then provided a timeline of the work of the INB and the Working Group on Amendments to the International Health Regulations (2005), also known as IHR (2005). He said that the final outcome of the Second session of the INB was the development of an initial working draft of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CAII), which would be a legally binding instrument to be adopted under Article 19 of the WHO Constitution. He described the methodology used to develop the WHO CAII and the five objectives, 15 principles and 12 general obligations that would guide its implementation. He also outlined the 14 specific provisions, areas, elements and obligations developed to strengthen pandemic prevention, preparedness and response (PPR), as well as institutional arrangements and final provisions on topics including WHO CAII governance, oversight, assessment and review, and financial mechanisms. He highlighted some key issues to be considered in the development of the WHO CAII and outlined the work to be done before the Third session of the INB to be held in December 2022, including development of a zero draft.

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

Member States thanked the INB Co-Chair and Bureau Member for the update on the WHO CAII’s development and emphasized the importance of protecting the Region from future shocks, especially given its vulnerability to the impact of climate change. They called on the INB to ensure the WHO CAII development process would be transparent, equitable and inclusive of all Member States, especially remote and island countries and areas facing capacity constraints, and to work closely with Member States and partners to develop a strong pandemic PPR system that works for all in the Region. They agreed that the WHO CAII should be legally binding and complement other relevant instruments such as IHR (2005) and the Nagoya Protocol to the Convention on Biological Diversity (CBD), including provisions on equitable and timely access to countermeasures and benefit-sharing. Representatives also said that skilled health workers, international cooperation, UHC and alignment with the One Health approach were crucial to health system
resilience and cautioned against provisions that could affect trade and Member States' sovereignty.

In response, the INB Bureau Member thanked Member States for their input and acknowledged the broad support for a legally binding instrument. He said that the INB would consider how to improve access, benefit-sharing, and research and development capacities through the WHO CAII and would ensure the WHO CAII would complement other instruments, including IHR (2005) and the Nagoya Protocol. He acknowledged the importance of health workers and the One Health approach to resilient health systems and said an institutional mechanism would be needed to help Member States implement the WHO CAII. He agreed that the WHO CAII should address climate change, equity, intellectual property and Member States' sovereignty.

The Principal Legal Officer, WHO headquarters, said WHO would continue to work closely with the CBD Secretariat to ensure complementarity with the Nagoya Protocol. The INB Co-Chair said WHO would take into account Member States' input on the content of the WHO CAII working draft and the constraints experienced by countries regarding working arrangements when developing the zero draft.

**Item 15**  
**Progress reports on technical programmes**

The Director, Programme Management, introduced the item. The Director, Health Systems and Services, presented the progress report on advancing the *For the Future* vision and described how WHO had supported Member States in implementing regional action plans and frameworks. The Director, Health Security and Emergencies, presented the progress report on health security, including COVID-19 and antimicrobial resistance (AMR) and highlighted the progress made regarding health emergency capacity-building, disaster risk management, food safety and AMR containment. The Director, Healthy Environments and Populations, presented the progress report on NCDs and ageing and outlined WHO’s efforts to support Member States on tobacco control and childhood obesity. The Director, Pacific Technical Support, presented the progress report on climate change, the environment and health, emphasizing the impact of environmental hazards on the health of people in the Region. Finally, the Director, Programmes for Disease Control, presented the progress report on reaching the unreached and outlined how WHO had enhanced its support to Member States on newborn care and the elimination and control of communicable diseases including tuberculosis, neglected tropical diseases and vaccine-preventable diseases.

Interventions were made by the representatives of the following Member States (in order): the Philippines, China, Japan and Malaysia. The Regional Committee will continue taking interventions in its meeting tomorrow.

**Consideration of draft resolutions:**

The Chairperson invited the Regional Committee to consider the draft resolution on Noncommunicable disease prevention and control (WPR/RC73/Conf. Paper No.1). The Rapporteur for the English language read aloud the draft resolution. The draft resolution was adopted (WPR/RC73.R1).

The Chairperson invited the Regional Committee to consider the draft resolution on Primary health care (WPR/RC73/Conf. Paper No. 2). The Rapporteur for the English language read aloud the draft resolution. The draft resolution was adopted (WPR/RC73.R2).