Summary report from the Honourable Dr Bounfeng Phoummalaysith, Minister of Health, Lao People’s Democratic Republic, and Chairperson of the seventy-third session of the WHO Regional Committee for the Western Pacific

*Manila, Philippines (hybrid session) – 24 to 28 October 2022*

**PART 1. TOPICS FOR GLOBAL DISCUSSION**

*Proposed Programme Budget 2024–2025*

The Regional Committee for the Western Pacific requested further explanation of the iterative approach to the budget development process and the governance reforms accompanying the increase in Assessed Contributions. The explanation should be given in the draft Programme Budget 2024–2025. The Regional Committee commended the proposed zero increase in the total budget and its focus on strengthening country-level capacities and promoting WHO’s role in providing global public goods. Efforts to improve the priority-setting process for the draft budget through increased opportunities for Member State engagement were welcomed. One representative expressed concern that the increase in Assessed Contributions in 2024–2025 could impact Voluntary Contributions and hence the overall amount received by the Regional Office for the Western Pacific.

**Extension of the Thirteenth General Programme of Work**

Member States suggested that the extension of the Thirteenth General Programme of Work (GPW13) necessitated a focus on improving performance on health emergency indicators, enhanced local capacities for outbreak response and greater WHO support to countries to tackle uneven progress on indicators for the Sustainable Development Goals. The Programme Budget 2024–2025 would be the last opportunity to achieve the GPW13 targets and should therefore prompt countries to avoid setbacks on universal health coverage (UHC), reorient health systems towards primary health care, and strengthen epidemiological intelligence and the global health architecture. A more prioritized and targeted approach was essential for full implementation of GPW 13, and all three levels of the Organization must be adequately resourced to address the needs and priorities of Member States.

**Strengthening the global architecture for health emergency preparedness, response and resilience:** Member States were invited to provide contributions to the relevant global focal point.

**Standing Committee on Health Emergency Prevention, Preparedness and Response**

The Regional Committee nominated Japan and Malaysia to be the Region’s representatives on the Standing Committee (WPR/RC73(2)).

**Consultations on the Intergovernmental Negotiating Body**

The discussion around the Intergovernmental Negotiating Body to Draft and Negotiate a WHO Convention, Agreement or Other International Instrument on Pandemic Prevention, Preparedness and Response focused on access to and capacity for participation in the negotiation process and themes to be addressed in the conceptual zero draft. Other concerns discussed included alignment, coordination and avoidance of overlap with other international health instruments, such as the
International Health Regulations (2005) and the Nagoya Protocol. Member States would continue to engage in the process and participate in informal consultations. Several Member States in the Region already had provided input and viewed the current working draft as a good starting point, noting that it reflected some of their key priorities. Some Member States expressed hope that the new international instrument would address health worker shortages, including due to migration, to make countries more self-reliant in terms of their health workforce. Other aspects important to Member States in the Western Pacific Region included rapid data sharing, equitable access to medical countermeasures, global disease surveillance, sharing of information and material, and enhanced research and development capacities. The document should be in line with the principles of the United Nations Charter and the WHO Constitution, respect national sovereignty and be scientific in nature.

Topics which may have been discussed in relation to global strategies/action plans and for which regional input is requested

- **Global strategy on infection prevention and control**: Member States were invited to provide contributions in writing or to the relevant global focal point.
- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination**: Member States were invited to provide contributions in writing or to the relevant global focal point.
- **Global Health for Peace Initiative**: Member States were invited to provide contributions in writing or to the relevant global focal point.
- **Well-being and health promotion**: The session of the Regional Committee considered technical items on primary health care, noncommunicable diseases (NCDs) and mental health – all of which involved discussions around health promotion and a holistic health-care model that fostered well-being.

PART 2. TOPICS OF REGIONAL SIGNIFICANCE

Communication for Health

The session of the Regional Committee included a panel discussion on Communication for Health (C4H). The panellists highlighted the potential for using innovative, evidence-based communication techniques to improve health outcomes, such as behavioural science approaches in Malaysia, a study on how to reduce sodium consumption by partnering with food delivery apps in China and culturally relevant tobacco control campaigns in Australia. Member States highlighted the important role targeted communication had played in combating misinformation and disinformation during the COVID-19 pandemic and the role it can continue to play in tackling some of the Region’s most pressing public health problems, including the control of communicable and noncommunicable diseases, suicide prevention, routine immunization and overall health promotion. Representatives and panellists underscored the need to use trusted spokespeople and two-way communication that incorporated listening to communities and adapting public health strategies accordingly to encourage healthy behaviours. Representatives requested support in developing communication strategies that would improve health, tailored to their unique contexts.
Noncommunicable disease prevention and control

Member States in the Western Pacific Region continue to view NCDs as the Region’s greatest disease threat, having accounted for 87% of all deaths in 2019. While reductions in premature NCD mortality were reported in the Region between 2000 and 2010, progress had slowed or in some cases had even reversed over the past decade. For this reason, NCDs and ageing was one of four thematic priorities identified in For the Future: Towards and Healthiest and Safest Region, a shared vision for the work of WHO, Member States and partners in the Western Pacific. The Regional Committee endorsed the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific as essential guidance in transitioning from treatment-focused “sick systems” to prevention and promotion-focused, people-centred “health systems”. Representatives also welcomed the Regional Action Framework as a useful evidence-based and cost-effective tool to guide the design and implementation of national programmes and to strengthen/scale up existing national interventions, noting the chronic under-investment in NCD control programmes. (WPR/RC73.R1)

Mental health

Many Member States in the Region have been facing a looming mental health crisis driven by social pressures – such as rapid urbanization, the digitalization of lifestyles and other vulnerabilities – even before the negative impacts on mental health, especially among young people, related to the COVID-19 pandemic and response measures. In addition, the burden of poor mental health disproportionately affected vulnerable populations. There has been an urgent need to allocate greater funding to mental health promotion, prevention, treatment and follow-up; to make mental health services available at the community level; to pursue synergies with the primary health care and sectors beyond health; and to redouble efforts to reach the un-reached. To meet these needs and ensure adequate resources to embed culturally appropriate mental health approaches into the settings and practices of daily life in communities, the Regional Committee, among other actions, endorsed the Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030. (WPR/RC73.R5)

Primary health care

Member States in the Region recognized that primary health care is an essential foundation for building resilient health systems and achieving UHC. They voiced several related concerns that threaten to make health systems financially unsustainable within the coming decade unless action is taken: the rising NCD burden; the lack of access to health services for many people due to cost or location; the rising cost of care; and the ongoing fiscal pressure on economies. With that in mind, the Regional Office worked with Member States to develop a fresh approach to primary health care, one that integrated all health programmes and used innovation to improve access and quality, with a focus on changing health needs and greater health equity. As it did with other challenges, the COVID-19 pandemic demonstrated the paramount importance of strong primary health care and also presented unique openings for multisectoral collaboration. The Regional Committee endorsed the Regional Framework on the Future of Primary Health Care in the Western Pacific to support the creation of primary health-care systems fit for the future, with
guidance to better utilize resources, improve training and incentives for health workers, and introduce digital innovations and lessons from the COVID-19 response. (WPR/RC73.R2)

**Reaching the unreached**

Despite considerable progress on many health indicators, large groups of people in every country and area in the Western Pacific Region still do not have access to effective, good-quality health services, leaving Member States in the Region short of their goal of strengthening health systems to reach everyone, everywhere. Member States agreed that action must be taken to transform fragmented, inefficient and hospital-based systems, which have put health care out of reach for many people, into health systems that are more integrated, comprehensive and people-centred, with a foundation of strong primary health care, including outreach services. Doing so would require high-level political commitment, multisectoral collaboration and community engagement to remove barriers that prevent people from accessing care. The Regional Committee took steps towards ensuring access to good-quality health care for all, including populations that had been left behind, with its endorsement of the *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*. (WPR/RC73.R3)

**Cervical cancer**

The Western Pacific Region accounts for one quarter of the global cervical cancer burden, and approximately 90% of that burden is in low- and middle-income countries, making cervical cancer the sixth most diagnosed cancer and the eighth most common cause of cancer deaths among women in the Region. Member States recognized that cervical cancer is largely preventable and curable with the vaccine to prevent human papillomavirus (HPV) infection and accurate HPV screening tests; however, access and availability of preventive measures and care must be increased. Efforts to scale up cervical cancer initiatives in the Region had been limited by human resource constraints, including a shortage of qualified health workers and cervical cancer specialists, and the high cost of HPV vaccines and therapeutics. Remote and vulnerable populations – including some indigenous and Pacific islander communities – also faced barriers to access. To address this pressing problem, the Regional Committee, among other actions, endorsed the *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region (2023–2030)*, which will inform and guide national efforts in terms of prevention, screening and treatment of cervical cancer. (WPR/RC73.R4)

Submitted by:

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Date

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