REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTY-FIRST SESSION
Manila, Philippines (virtual)
6–9 October 2020

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
February 2021
PREFACE

The seventy-first session of the Regional Committee for the Western Pacific was virtually held from 6 to 9 October 2020. The Honourable Francisco Duque III (Philippines) and Honourable Dr Ifereimi Waqainabete (Fiji) were elected Chairperson and Vice-Chairperson, respectively. Mr Teo Junxiong (Singapore) and Mr Thibaut Demaneuf (New Caledonia) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 13 to 29.
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I. INTRODUCTION

The seventy-first session of the Regional Committee for the Western Pacific was virtually held from 6 to 9 October 2020.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam; representatives of France and the United States of America as Member States responsible for areas in the Region; representatives from the International Atomic Energy Agency, International Civil Aviation Organization, International Maritime Organization, United Nations Environment Programme and the Pacific Community; representatives of 39 non-State actors; and observers from eight institutions from around the Region.

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

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

RESOLUTIONS

WPR/RC71.R1

VACCINE-PREVENTABLE DISEASES AND IMMUNIZATION

The Regional Committee,

Recalling the Regional Committee for the Western Pacific’s 2014 endorsement of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific (WPR/RC65.R5) and its eight regional immunization goals: sustaining polio-free status; measles elimination; rubella elimination; maternal and neonatal tetanus elimination; accelerated control of hepatitis B; accelerated control of Japanese encephalitis; introduction of new vaccines; and meeting regional vaccination coverage targets;

Recalling also the August 2020 World Health Assembly adoption of the Immunization Agenda 2030 (WHA73(9)) and its goals: to reduce mortality and morbidity due to vaccine-preventable diseases for all age groups across the life course; to decrease disease burden by increasing equitable access to and use of new and existing vaccines; and to ensure good health and well-being for everyone by strengthening immunization within primary health care and contributing progress towards universal health coverage and sustainable development;

Noting that the Region has maintained polio-free status and has continued to significantly reduce the prevalence of hepatitis B infection among children; nine countries and areas have been verified as having achieved and maintained measles elimination, and five countries and areas as having achieved and maintained rubella elimination as of 2019;

Further noting that several new vaccines have been introduced in many countries and more vaccines have become available for adolescents, adults and older people in all countries of the Region;

Recognizing that the COVID-19 pandemic has seriously affected national efforts for immunization and prevention of vaccine-preventable diseases;

Concerned that many people continue to be left behind by national immunization efforts, with the numbers of unvaccinated people even increasing in some countries, which led to the emergence, resurgence and large-scale import-related outbreaks of several vaccine-preventable diseases in high-risk communities of the Region in 2018 and 2019;

Deeply concerned that the risk of emergence, resurgence and outbreaks of vaccine-preventable diseases continues to increase in countries of the Region;

Reaffirming that no one should be left behind in national immunization efforts; the benefits of vaccines and immunization should be maximized throughout the life course; immunity gaps in populations should be closed; and the preparedness for and response to public health emergencies related to vaccine-preventable diseases, vaccines and immunization programmes should always be optimized,

1. **ENDORSES** the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030);
2. **URGES** Member States:

   (1) to reaffirm their commitment to regional immunization goals and targets set by the Regional Committee;

   (2) to develop or update national policies, strategies and plans for immunization and vaccine-preventable disease control and elimination, guided by the Regional Strategic Framework;

   (3) to work to ensure adequate technical and financial resources are available for the implementation of national strategies and plans of immunization and vaccine-preventable disease control and elimination;

   (4) to work to ensure that immunization and vaccine-preventable disease control and elimination efforts strengthen overall national health systems and support other public health programmes;

3. **REQUESTS** the Regional Director:

   (1) to provide technical support for Member States to develop or update and implement national policies, strategies and plans for immunization and vaccine-preventable disease control and elimination in line with the Regional Strategic Framework;

   (2) to advocate and enhance regional and international collaboration for further strengthening immunization and accelerating vaccine-preventable disease control and elimination;

   (3) to report progress periodically on the implementation of the *Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030).*

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Third meeting, 9 October 2020
SAFE AND AFFORDABLE SURGERY

The Regional Committee,

Recalling World Health Assembly resolutions on *Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage* (WHA68.15) and *Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured* (WHA72.16);

Reaffirming that access to safe and affordable surgical care for all is an essential component for achieving universal health coverage and the Western Pacific Region’s priorities in *For the Future: Towards the Healthiest and Safest Region*;

Recognizing the significant need for surgical interventions required for many common health conditions and critical to reducing morbidity and mortality and preventing disability in the Region;

Noting that Member States have varying degrees of access to and availability of safe and affordable surgery because of different socioeconomic, historical, cultural and geographic contexts;

Concerned that surgical care has received relatively less attention in broader national plans, and that limitations in health systems—including shortages of skilled health workers, and issues of safety, timeliness and financial protection for surgical care—remain key challenges in the Region;

Acknowledging that some Member States in the Region are working to improve access to safe and affordable surgery with specific policies and plans;

Stressing the necessity of engagement with stakeholders within and beyond the health sector to strengthen or redesign service delivery systems for safe and affordable surgery,

1. **ENDORSES** the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)*;

2. **URGES** Member States to use the Action Framework as a guide to develop or strengthen health systems to improve access to safe and affordable surgical care;

3. **REQUESTS** the Regional Director:

   (1) to provide advocacy and technical support to Member States to implement the Action Framework;

   (2) to facilitate dialogue and exchanges of knowledge, experiences, lessons and best practices among Member States;

   (3) to report periodically on progress in implementing the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)*.

Third meeting, 9 October 2020
AGEING AND HEALTH

The Regional Committee,

Affirming that healthy ageing is a priority in the WHO Western Pacific Region, for which Member States in 2019 formally requested WHO technical support, including a regional action plan;

Further affirming that Member States expressed strong support of *For the Future: Towards the Healthiest and Safest Region*, which identifies noncommunicable diseases and ageing as a thematic priority for the Western Pacific Region;

Recalling the 2015 *World report on ageing and health* that provided a public health framework to promote a new paradigm of healthy ageing as the process of developing and maintaining functional ability that enables well-being in older age;

Guided by global plans for ensuring that everyone is able to live a long and healthy life, including the *Global strategy and action plan on ageing and health 2016–2020* (WHA69.3), and the Decade of Healthy Ageing (2020–2030), endorsed by the World Health Assembly in August 2020;

Emphasizing that population ageing is a global trend, requiring all Member States, including “young” countries and areas, to take actions across health and non-health sectors;

Emphasizing further that the proportion of people aged 65 years and over in the Western Pacific Region is growing rapidly and accelerating, which presents new challenges and opportunities for countries and areas;

Recognizing that living longer and healthier lives is one of our most remarkable achievements and an opportunity both for individuals to lead more fulfilling lives and for society, as people who live longer with more experiences provide valuable contributions to their communities;

Recalling that based on Member State experiences, early actions and investments in population ageing can enable older people to thrive and contribute to society, fostering sustainable development with more economic value and lower health-care cost;

Noting that healthy ageing depends on experiencing good health throughout life and is influenced significantly by social determinants of health, which contribute to inequities that may be exacerbated as people age;

Noting further that the outbreak of COVID-19 underscored the importance of improving support and services for the health and well-being of older adults, recognizing the elevated risks to this population posed by COVID-19, as well as leveraging increased interest in individual health;

Observing that healthy ageing requires a long-term transformation of social and health systems to address lifelong health needs of populations, to improve social environments that affect health and to encourage the social participation of older adults,

1. **ENDORSES** the *Regional Action Plan on Healthy Ageing in the Western Pacific*;
2. **URGES** Member States:

   (1) to use the Regional Action Plan as a guide for the development and implementation of national social and health policies and/or action plans for healthy ageing;

   (2) to foster high-level political commitment and coordination for cross-sectoral transformation in social and health systems;

   (3) to foster positive views and actions towards ageing that highlight the opportunities it presents for individuals and society as a whole;

   (4) to mobilize and invest societal, technical and financial resources for healthy ageing;

3. **REQUESTS** the Regional Director:

   (1) to provide technical support and tools to operationalize the Regional Action Plan, including assistance in the development and implementation of national policies and plans;

   (2) to facilitate dialogue and the exchange of knowledge, experiences, lessons, innovations and best practices among Member States;

   (3) to report periodically, in sync with the Decade of Healthy Ageing (2020–2030), on progress in the implementation of the *Regional Action Plan on Healthy Ageing in the Western Pacific*.

Third meeting, 9 October 2020

WPR/RC71.R4

**SEVENTY-SECOND AND SEVENTY-THIRD SESSIONS**  
**OF THE REGIONAL COMMITTEE**

The Regional Committee,

1. **CONFIRMS** that the seventy-second session of the Regional Committee shall be held in Japan; and

2. **CONFIRMS** that the seventy-third session of the Regional Committee shall be held in the People's Republic of China.

Third meeting, 9 October 2020
RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Regional Committee;
2. the representatives of intergovernmental and nongovernmental organizations for their oral and written statements;
3. the Regional Director and Secretariat for their work in preparing for the session and the meeting arrangements.

Third meeting, 9 October 2020

DECISIONS

WPR/RC71(1) VIRTUAL SESSION AND THE RELATED SPECIAL PROCEDURES

The Regional Committee decides:

(1) to adopt the special procedures to regulate the conduct of a virtual session of the Regional Committee as set out in Annex;

(2) to apply said special procedures to the seventy-first session of the Regional Committee for the Western Pacific from 6 to 9 October 2020.

First meeting, 6 October 2020
RULES OF PROCEDURE

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

ATTENDANCE AND QUORUM

2. Attendance by Member States, Associate Members, areas participating pursuant to Article 47 of the WHO Constitution, invited representatives of the United Nations and of other participating intergovernmental organizations and non-state actors in official relations with WHO and observers shall be through a secured access to videoconference or other electronic means.

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

ADDRESSING THE REGIONAL COMMITTEE

4. During the virtual session Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution shall be provided with the opportunity to take the floor. Invited representatives of the United Nations and of other participating intergovernmental organizations and non-state actors in official relations with WHO may be given the floor at the invitation of the Chairperson or on her or his acceding to a request from the organization concerned.

5. Member States, Associate Members, areas participating pursuant to Article 47 of the WHO Constitution, invited representatives of the United Nations and of other participating intergovernmental organizations and non-state actors in official relations with WHO are invited to submit written statements relating to one or more of the items on the agenda of the Regional Committee session in one of the official languages of the Committee (i.e. Chinese, English or French) for web-posting in the language of submission.² Written statements submitted by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution will be reflected in the report of the Regional Committee

¹ This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for the Western Pacific:
- Rules 3 and 3 bis (credentials and examination of credentials by the Officers of the Regional Committee);
- Rules 44, 48 through 50 (voting by show of hands and secret ballot); and
- Rule 53 (amendments and additions to the Rules of Procedure) insofar as these Special Procedures may be regarded as additions to the Rules of Procedure and to the extent that Rule 53 requires receipt and consideration of a report thereon by an appropriate sub-committee.

² Additional information about the modalities to submit written statements will be provided in the notice of invitation.
session. Written statements submitted by invited representatives of the United Nations and of other participating intergovernmental organizations and non-state actors in official relations with WHO will be listed in the report of the Regional Committee session.

6. Invited representatives of the United Nations and of other participating intergovernmental organizations and non-state actors in official relations with WHO shall also have the opportunity, if they so wish, to submit pre-recorded video statements of no more than two minutes in duration in advance of the opening of the session, by Friday, 18 September 2020 at 17:00 (Philippine time). Those video statements will be available on the website for viewing and may be broadcast at the virtual meeting at the discretion of the Chairperson.

7. Any representative wishing to take the floor should signal their wish to speak. Any Member wishing to raise a point of order or exercise a right of reply in relation to a statement made at the virtual session of the Regional Committee should signal their intention to do so. The right of reply shall be exercised at the end of the relevant virtual meeting. Any Member wishing to exercise a right of reply in relation to a written statement or pre-recorded video statement not broadcast at the virtual meeting should do it in writing as soon as possible and, in any case, no later than 10 working days following closure of the Regional Committee session. A Member wishing to respond to such a reply should do so in writing as soon as possible and, in any case, no later than 10 working days following the posting of the reply.

**Registration and credentials**

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

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

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

11. The Chairperson of the seventy-first session of the Regional Committee shall be invited, during the seventy-first session, to assess whether credentials submitted by representatives following the decision of the Regional Committee at the opening of its session are in conformity with the requirements of the Rules of Procedure and shall report to the Regional Committee accordingly with a view to the Regional Committee making a decision thereon.

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3 Modalities for taking the floor will depend on the platform used for the virtual session and will be communicated in due course.

4 Modalities for raising points of order and exercising the right of reply will depend on the platform used for the virtual session and will be communicated in due course.
Decision-making

12. All decisions of the Regional Committees taken in the virtual session should as far as possible be taken by consensus. In any event, given the virtual nature of the session, no decision shall be taken by a show of hands or by secret ballot. In the event of a roll-call vote, and in line with normal practice, should any delegate fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation shall be recorded as absent.

Languages

13. For the avoidance of doubt, Rule 22 continues to apply, whereby speeches made in either of the working languages shall be interpreted into the other working language and into Chinese; and speeches made in Chinese shall be interpreted into both working languages.
WPR/RC71(2) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of the Philippines, as a member, under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2020, selects Malaysia to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2021 to 31 December 2023.

Third meeting, 9 October 2020
III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Agenda

1. The seventy-first session of the Regional Committee for the Western Pacific, held virtually from 6 to 9 October 2020, was declared open by the outgoing Vice-Chairperson of the seventieth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Agenda

2. At the first plenary meeting, the outgoing Chairperson addressed the Committee in a pre-recorded statement (see Annex 4).

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

3. The Committee elected the following officers:

   Chairperson: Honourable Francisco Duque III, Secretary of Health, Philippines
   Vice-Chairperson: Honourable Dr Ifereimi Waqainabete, Minister of Health and Medical Services, Fiji
   Rapporteurs:
   in English: Mr Teo Junxiong, Senior Assistant Director (WHO Relations), Ministry of Health, Singapore
   in French: Mr Thibaut Demaneuf, Mission Officer, General Secretariat of the Government of New Caledonia

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Agenda

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

ADOPTION OF THE AGENDA: Item 5 of the Agenda (document WPR/RC71/1)

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

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

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

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC71/2)

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

CORONAVIRUS DISEASE 2019 (COVID-19): Item 8 of the Agenda

8. The Director, Health Security and Emergencies, provided a briefing on the current status of the coronavirus disease 2019 (COVID-19) pandemic and response measures taken in the Western Pacific Region. The virus’s global spread – originating in the Western Pacific, but now showing the highest rates of infection in the Region of the Americas, with the lowest rates in the Western Pacific and African regions – meant that solidarity would be essential to response efforts. He detailed trends in
the number of reported cases in countries and areas in the Region, which differed depending on the stage at which they were experiencing the epidemic, and stressed that even places with few or no cases must remain vigilant. While some countries and areas were reporting increases in cases and local transmission, case numbers were decreasing in others, thanks to non-pharmaceutical interventions, such as the use of masks, contact tracing and localized lockdowns that had minimized broader economic and social disruption. More than 15 years of capacity-building and strengthening systems for emergency preparedness, guided by the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), along with strong leadership and civic engagement, had provided a strong foundation and helped to ensure Member States in the Western Pacific Region are more prepared and able to respond effectively to COVID-19.

WHO’s work in countries in support of the COVID-19 response (Item 8.2 of the Agenda)

9. In lieu of the usual agenda sub-item on WHO’s work in countries, the Regional Director incorporated into his address a series of video presentations in which Member State representatives and the heads of the respective WHO country offices described how tailored WHO support had strengthened their countries’ responses to the COVID-19 pandemic.

10. Mongolia. The Minister of Health attributed his country’s decisive early action to the implementation of APSED III, which had led to the development of a formal coordination mechanism for surveillance, risk assessment, risk communication and emergency response. Mongolia had run a simulation exercise in which its multisectoral incident management system was applied to COVID-19 as a test of the system’s functionality and decision-making procedures. A debriefing following the simulation had allowed for the identification of common challenges and gaps as well as priority actions. The main outcome of the exercise had been the re-establishment of multisectoral incident management structures and procedures that were led by the health sector.

11. The WHO Representative to Mongolia said that evaluation had been a key element of WHO support for the simulation exercise, as the country had already had a system in place for conducting such exercises but no formal system for evaluating them. The process had been iterative and involved close collaboration between WHO and all sectors and levels of the national Government and demonstrated a shift in the Organization’s work in Mongolia, from addressing essential services and gaps to providing strategic support.

12. Lao People’s Democratic Republic. The Minister of Health reported on his Government’s collaboration with WHO to address key communication challenges during the country’s COVID-19 response, including low initial risk perception by the public, limited access to official information sources paired with increased levels of social media activity, and low levels of health literacy, particularly in rural communities. The Ministry of Health planned to continue strengthening its communications capacity and to ensure more equitable access to information by increasing its use of visual media, translating information into local languages, increasing the reach of its communications, making use of social media, engaging in two-way communication with local communities and providing further training for its staff on how to gather community feedback.

13. The WHO Representative to the Lao People’s Democratic Republic said that the Ministry of Health’s daily press conferences had quickly become a popular source of trusted information for the public. WHO had provided technical support in developing the messages shared in those conferences, as well as scripts for the expanded national health hotline and translations of prevention information, including advice shared via text messages in collaboration with telecommunications companies. The effectiveness of the Ministry’s communication strategy had been evaluated – and lessons drawn for future activities – using surveys that measured the public’s risk perception, attitudes and practices. Monitoring and evaluation had already shown that, in order to reach rural communities, communication networks needed to include local leaders. It had also shown that WHO should set up training task forces in the provinces to support capacity-building for risk communication. To keep the country’s many partners informed about the COVID-19 situation, WHO had organized regular updates
to complement the formal Government briefings. The Organization had also worked with donors to mobilize resources and leveraged new and existing partnerships.

14. Federated States of Micronesia. The Secretary, Department of Health and Social Affairs, said that the country’s high burden of noncommunicable diseases (NCDs) and communal culture made the population particularly susceptible to complications from COVID-19. The Government had therefore prioritized border control and a two-phase approach to community engagement, both with WHO support. In the first phase, micro-planning workshops were held with traditional community leaders to identify key issues related to primary health care for each community. The second phase involved direct engagement with household members: volunteers went from door to door distributing hygiene kits and teaching people how to protect themselves from COVID-19. Simulation exercises had also been conducted to test newly improved hospital isolation areas, quarantine facilities and surveillance systems. The Government aimed to leverage the current situation to strengthen its overall primary health care system and ensure that communities received essential health services despite the pandemic.

15. The Country Liaison Officer for the Federated States of Micronesia, the Marshall Islands and Palau said that while the Federated States of Micronesia was one of the few countries in the world with zero reported cases of COVID-19, the country was still facing many challenges that WHO was working with the Government to address. Given the country’s geography and social characteristics, community engagement was crucial. She praised the high level of constructive community involvement shown in the planning workshops and the Government’s efforts to strengthen and evaluate its COVID-19 preparedness with WHO guidance and support.

16. Member State representatives, commenting on the Regional Director’s address and report, the COVID-19 situation and WHO’s work in countries in support of the COVID-19 response, appreciated the Regional Director’s leadership during the unprecedented public health crisis and thanked him for his report and WHO’s guidance and support to countries in combating COVID-19. Even countries with few or no cases had benefited from WHO support, in the repatriation of their citizens, for example. They also commended WHO’s focus on continuing to address the objectives set forth in For the Future: Towards the Healthiest and Safest Region, despite the challenges created by COVID-19. The five-year vision of WHO’s work with Member States and partners was endorsed by the Regional Committee at its seventieth session in October 2019.

17. Representatives shared their experience and lessons learnt in responding to the pandemic, including the importance of investing in resilient health systems and overall health security, community engagement, and universal health coverage (UHC). Several representatives said that APSED III and the International Health Regulations (2005), known as IHR (2005), had been useful in guiding response efforts. There was broad consensus that international and regional solidarity and coordination would be essential to beating the pandemic, and in that regard it was hoped that countries would come together to ensure fair and equitable access to a safe and affordable vaccine.

18. The Assistant Director-General, Emergency Preparedness and International Health Regulations, responding to comments by representatives, congratulated the Regional Office and Member States of the Western Pacific on avoiding a long-lasting outbreak. He said the rest of the world was learning from the Region’s experience. Past investments in emergency preparedness meant that the Western Pacific Region was playing a key role in global efforts to combat the pandemic. Stressing the importance of health system resilience and preparedness, he noted that assessment tools, including joint external evaluations conducted under IHR (2005), were being revised to address the challenges posed by COVID-19 and provide a clearer picture of the true functionality of countries’ capacities. A new IHR Review Committee at WHO headquarters would be advising the Director-General on how to improve the way preparedness, response and alert mechanisms were assessed.

19. The Regional Director commended representatives on their governments’ response efforts and thanked them for the trust they placed in WHO. The COVID-19 pandemic had proven the critical
importance of public health both to people’s lives and the economy; he hoped that Member States would seize on the world’s current focus on public health to advance other goals, such as sustainable financing of UHC. The Western Pacific Region’s characteristic solidarity would be essential to ongoing response efforts. As the Region continued to advance the vision of *For the Future*, attention should be paid to principles exhibited during the COVID-19 pandemic – humility, compassion, support for the vulnerable and solidarity – as Member States actively worked together to create a positive “new normal”.


20. The acting Director, Programme Management, said that funding utilization, compliance and control had been strong during the 2018–2019 biennium. Overall, 97.6% of total available resources in the Region had been utilized, representing an increase of US$ 44.4 million compared to 2016–2017. All 106 programme outputs had been assessed as “fully achieved”.

21. The acting Director also provided an overview of the budget situation in the current biennium, particularly the impact of the COVID-19 pandemic on funding and implementation of the Programme Budget 2020–2021. He identified that WHO has two aspects of accountability: one related to the COVID-19 response, funded by emergency funding; the second being WHO’s standard programme of work, which has been reprioritized to deliver essential work. To manage both aspects effectively, the role of the Regional Office’s internal Programme Committee has been expanded to include implementation and monitoring of the COVID-19 response. So far, US$ 39.4 million had been utilized for the COVID-19 response (50.3% of available resources), and US$ 82.6 million (49.5% of available resources) had been utilized for reprioritized workplans.

22. Representatives expressed appreciation for the Secretariat’s continued accounting for spending and financing in the Region, for the high utilization of funds across programme areas, and the commitment to keep countries at the centre of the Organization’s work as evidenced by the increased percentage of funds spent in country offices. The assessment of all 106 programme outputs as “fully achieved” was particularly welcome and a testament to the Regional Office’s strong program management and oversight. Also appreciated was the focus on improved controls and compliance, reduced operational and travel costs, and improved gender balance and geographical distribution among Regional Office staff.

23. With regard to the current biennium, the Secretariat was encouraged to use the global WHO Thirteenth General Programme of Work 2019–2023 (GPW 13) to measure programme outputs for the Programme Budget 2020–2021. The Regional Office should take the opportunity to review how outputs for the communicable diseases and health emergencies programmes were measured in light of the evaluation of the global response to COVID-19.

24. The Director, Administration and Finance, thanked representatives for their positive feedback on the budget performance in the 2018–2019 biennium. The Region’s implementation and accountability framework had provided a solid baseline in 2020 for continuing to deliver positive results in a difficult environment. The Regional Office would continue to promote a risk-sensitive culture as well as processes to continually review, adjust and amend the budget as the health landscape changed, with a focus on keeping its staff safe while still delivering results. Through intensified work by the Programme Committee and other regional networks, priorities had been identified, funding adjusted and staff sent where they were needed most. While base programmes had been implemented at rates similar to 2018–2019 through to 30 September, COVID-19-related funding implementation had reached nearly 50% of that of base programmes, meaning the Regional Office had spent approximately 40 times the amount of Outbreak Crisis and Response funding than it had spent at the same time two years previously. Therefore, overall budget implementation in the Region for 2020–2021 would be higher than in 2018–2019.
PROPOSED PROGRAMME BUDGET 2022–2023: Item 10 of the Agenda (WPR/RC71/4)

25. The acting Director, Programme Management, said that the COVID-19 pandemic had impacted the timing and approach for developing the proposed Programme Budget 2022–2023. The pandemic would partly define the future role and requirements of WHO, and the crisis had slowed or interrupted countries’ progress towards the goals contained in GPW 13. It had therefore been necessary to carefully rethink the process for developing the proposed programme budget. Though a draft was not yet ready for consideration by the Regional Committee, it would nonetheless be prepared in time for consideration by the Executive Board in January 2021 and for consideration for approval by the World Health Assembly the following May, thus enabling workplans for the upcoming biennium to be activated by January 2022, ensuring that WHO would remain operational.

26. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, explained that the preparers of the proposed Programme Budget 2022–2023 were faced with a strategic dilemma: on the one hand, the Organization had a unique opportunity and duty to rethink its strategic direction in light of the COVID-19 pandemic; on the other, an evaluation of the world’s response to the pandemic by the Independent Panel for Pandemic Preparedness and Response (IPPR) would not be completed in time to be taken into account in the new programme budget. The proposed solution was to review and revise the Programme Budget 2022–2023 to take into account emerging information, including the IPPR report, and re-examine it at the Seventy-fifth World Health Assembly in 2022. In parallel with the budget development process, it was proposed to extend GPW 13 and its Triple Billion targets from 2023 to 2025, which would not only give countries more time to achieve the ambitious goals but also align WHO’s reporting with the midterm review of the Sustainable Development Goals (SDGs) and the reporting cycles of other United Nations agencies.

27. Recalling that World Health Assembly resolution WHA73.1 on the COVID-19 response called for more sustainable funding to WHO, the Director said that options in that regard would be presented to the 148th session of the Executive Board in a document accompanying the proposed provisional Programme Budget 2022–2023. He outlined in brief the elements that would be included in the budget and presented the budgetary envelope, including a projected 7.8% increase compared to 2020–2021, meaning that the draft budget submitted to the Executive Board would total roughly US$ 4.2 billion. However, additional elements would need to be examined along with the originally planned increase: emerging and existing changes triggered by the emergence of COVID-19 and costs related to WHO transformation and the transition in poliomyelitis eradication funding.

28. Despite the delay in providing a detailed draft, Member States would nonetheless have the opportunity to participate in formal and informal consultations before the proposed budget’s consideration by the Executive Board. They would be able to provide input at the Programme, Budget and Administration Committee meeting on 21–23 October 2020, and further consultations would be organized at the Regional Office and WHO headquarters as soon as a substantive draft had been prepared.

29. Representatives acknowledged the inevitable impact of the COVID-19 pandemic on the development of the proposed Programme Budget 2022–2023 and expressed support for the approach adopted by the Secretariat, including the importance of integrating the IPPR assessment into a revised budget in 2022. While a redistribution of funds was clearly required in light of the pandemic, the Organization must not lose sight of critical programme areas related to UHC, NCDs and immunization against vaccine-preventable diseases. One representative requested further analysis of emerging needs, including the additional global public health goods introduced in the wake of the COVID-19 crisis, and further information about how that analysis would be coordinated across the Region. There must be accountability and transparency when implementing the budget, particularly in relation to COVID-19 spending. In light of the likely increase in the budgetary envelope, priorities must be established among programme areas when allocating the additional funds. Another representative noted that it was an opportune time to revisit the country cooperation strategies and consider additional elements that should be made priorities in light of the pandemic. While the majority of representatives expressed support for including the proposed additional elements, one representative requested further
information at the next session of the Executive Board as to how these elements could be accommodated within the projected budget increase.

30. The representative of the Federated States of Micronesia made a specific request that the WHO Country Liaison Office in his country be provided with sufficient financial and human resources under the new programme budget, including the addition of international specialists to its staff.

31. Many representatives expressed support for extending the timeline of GPW 13, as its three strategic priorities would remain highly relevant in a post-COVID-19 world. However, one representative requested that further information as to the implications of the proposal be provided at the next session of the Executive Board. Updates on implementation of the Thirteenth General Programme of Work, 2019–2023, Results Framework were also requested, including how results would be tracked across the Region and how the Framework might be revised in the light of lessons learnt during the pandemic.

32. Representatives recognized the need for sustainable funding of WHO, and several delegations called upon fellow Member States to continue supporting the Organization’s vital work. One representative said that she looked forward to future updates from the Secretariat as to how the new options for increasing sustainable financing would be presented to Member States. Another representative underscored the fact that sustainable financing of WHO could only be ensured if Member States were genuinely engaged.

33. The opportunity to consult on the proposed programme budget was welcome, and representatives awaited more detailed information in that regard. The budget development process should continue to be transparent and driven by Member States, including during the midterm revision process.

34. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, thanked Member States for their understanding regarding the exceptional circumstances. He agreed that the Organization needed to be flexible and to adjust as the budget development process advanced. Member State guidance would be more important than ever: the proposed programme budget would be prepared using a bottom–up approach, taking into account feedback from the Western Pacific and other regional offices. Acknowledging representatives’ calls for transparency and accountability, he drew attention to a portal specifically dedicated to COVID-19 response funding that was accessible via WHO’s website; updated daily, the portal showed the origin of funds and how they were being spent according to the same principles as the programme budget portal. He promised that the Organization would not lose sight of the programme areas that had been cited as critically important; if anything, the pandemic had shown that emergency response could not stand alone, just as the target of 1 billion more people better protected from health emergencies could not be reached without work towards the other Triple Billion targets.

35. The Director, Administration and Finance, said that bottom–up planning and transparency would be the bedrock of planning at the regional level, just as they were at the global level. Despite the delay in the timeline, regional guidance was currently being developed and would be sent to Member States in the coming weeks. Member State input would indeed be more important than ever as the Regional Office built on the For the Future vision in line with GPW 13 and pushed for achievement of the SDGs in its planning for 2022–2023, all the while integrating lessons learnt into the budgeting process in the “new normal”.

36. Parallel to the development of the proposed programme budget, the Regional Office planned to integrate the same concepts into the latest iteration of country cooperation strategies. Countries due to renew their strategies in 2021 would soon be contacted in that regard. Moving forward, the Regional Office would continue to ensure accountability and transparency, with an eye to improving efficiency, wherever possible, as it reviewed and adjusted human and financial resources as needed to best serve countries in the Region.
AGEING AND HEALTH: Item 11 of the Agenda (document WPR/RC71/5)

37. The Secretariat presented a video to introduce the item on ageing and health in the Region, as well as a proposed Regional Action Plan on Healthy Ageing in the Western Pacific.

38. Acknowledging the need to prepare for population ageing and an accompanying shift in the burden of disease, representatives expressed support for the draft Regional Action Plan. Many noted the benefits of early action, especially for developing countries with relatively young populations experiencing rapid demographic shifts. In addition to guidance and technical support from the Regional Office, representatives requested opportunities to learn from other countries in the Region with more experience with ageing populations. The draft Regional Action Plan was particularly appreciated for its promotion of whole-of-government and whole-of-society solutions, its increased focus on mental health compared to previous instruments, and its “backcasting” model – an approach detailed in *For the Future* that promotes long-term planning to enable organizations to move beyond traditional business practices to spark creativity, identify innovative solutions and inspire teams to work towards a common goal, informed by data and projections. Actions being taken by Member States to promote healthy ageing included the integration of older people’s cases into primary health care, expanded financial protections for older people, promotion of home- and community-based care, and a life-course approach that considered the foundation for healthy ageing to begin at birth.

39. Several representatives underscored the importance of international cooperation and awareness, with the recent declaration of the Decade of Healthy Ageing (2020–2030) at the Seventy-third World Health Assembly providing important impetus. The issue of health and ageing had also been brought to the fore by the COVID-19 pandemic, which made the draft Regional Action Plan all the more relevant and timely as countries worked to protect older people who were particularly vulnerable to the disease. For example, the pandemic had highlighted the need to make telemedicine technologies more accessible to older people.

40. A statement was made on behalf of HelpAge International.

41. The Coordinator, Healthy Ageing, thanked representatives for their interventions and support. He agreed that a whole-of-society approach would enable older adults to not merely stay healthy but also to thrive and contribute to society. The shift in the overall burden of disease from communicable to noncommunicable diseases would require corresponding reforms to health systems. As part of those reforms, curative, preventive and social services should be integrated into primary health care, with due attention paid to the broader determinants of health. He took note of Member States’ comments on the essential role played by caregivers and communities and explained that the draft Regional Action Plan encouraged Member States to leverage and strengthen the Region’s strong culture of caring for family and community members by promoting self-care and recommending support for caregivers and communities. He also took note of representatives’ statements regarding the importance of innovations to improve care for older people and create age-friendly environments, with an emphasis on increasing the accessibility of digital technology and innovation for older adults.

42. The COVID-19 pandemic had indeed highlighted the importance of elder care and the need for societal transformation to support healthy ageing: Member States should capitalize on the current heightened levels of awareness. Acknowledging Member State calls for WHO support, the Coordinator said that the Regional Office would continue to work with other United Nations agencies and partners to facilitate knowledge-sharing and provide technical support for healthy ageing.

43. The Assistant Director-General, Universal Health Coverage/Healthier Populations, said that global cooperation was needed to prepare for healthy ageing. The draft Regional Action Plan was strongly aligned with the Decade of Healthy Ageing and, as the first regional plan to be issued since the Decade’s declaration, she hoped that it would inspire other regions to draft or update their plans. WHO was strongly committed to the issue of healthy ageing, as attested by initiatives such as the WHO Global Network for Age-friendly Cities and Communities, which already supported more than 100
cities in the Region, and the WHO guidelines on Integrated Care for Older People being piloted in China and Viet Nam. Investment at the global, regional and local levels would be key to improving the lives of older people, their families and communities.

44. The Regional Director said that the issue of healthy ageing required not only transforming health systems but also transforming society. While such a goal was highly ambitious, it was clear that healthier overall populations – including older people – increased countries’ chances of sustained development, thus the phrase “turning silver into gold”. Such large-scale societal transformation would, however, take time and require early action, as many representatives had pointed out. Given the shifting trend in public health from a population approach to one focused on tailoring interventions to individual needs, it would be important to continue to discuss innovations and emerging technologies as part of health systems reform. Lastly, he stressed the importance of partnerships to achieving far-reaching societal change and looked forward to working with partners, in addition to Member States and communities, once the draft Regional Action Plan was endorsed.

45. The Regional Committee considered a draft resolution on ageing and health.

46. The resolution, which among other actions endorsed the draft Regional Action Plan on Healthy Ageing in the Western Pacific, was adopted (see resolution WPR/RC71.R3).

VACCINE-PREVENTABLE DISEASES AND IMMUNIZATION: Item 12 of the Agenda (document WPR/RC71/6)

47. The Secretariat presented a video to introduce this item and the proposed Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030).

48. Representatives expressed strong support for the draft Regional Strategic Framework, as it contained timely and valuable guidance for strengthening national immunization programmes and strategies. Endorsement and implementation of the draft Framework would make the Region better prepared to respond to public health emergencies. In particular, the document was appreciated for its relevance to the Western Pacific Region and its focus on expanding the reach of immunization throughout the life course and improving populations’ health intelligence and confidence in vaccines. Further information was requested regarding the subregional regulatory body to perform national regulatory functions for Pacific island countries and areas: whether there were other regional bodies from which it would draw lessons, and how it would be governed and funded.

49. Outlining progress and efforts being made in their countries, representatives described their governments’ efforts to expand immunization coverage, maintain elimination of vaccine-preventable diseases (VPDs) such as poliomyelitis, measles and neonatal tetanus, while introducing new vaccines to their national schedules. Several representatives requested that the Regional Office and WHO country offices continue providing technical and financial support to help countries operationalize the draft Regional Strategic Framework. Support was also needed for the development and implementation of national action plans, the introduction of new vaccines and the expansion of immunization programmes to adults, among other initiatives. One representative recommended that specific reporting time frames be included in the draft resolution to allow the Regional Committee to consider progress at key intervals.

50. It was essential to ensure that the COVID-19 pandemic did not disrupt efforts to protect populations from VPDs such as poliomyelitis, measles, rubella and influenza. Though the pandemic posed an additional challenge to immunization initiatives in numerous Member States, it also allowed for potential synergies in expanding coverage. The guidance and strategic objectives contained in the draft Regional Strategic Framework would aid in the regional deployment of a future COVID-19 vaccine, for which WHO coordination would be critical in order to assist with issues such as cold chain management, logistics and budgeting. Member States stressed the need for continued guidance from
the Secretariat on COVID-19 vaccine deployment, once available, including the development and implementation of country-specific plans for vaccine storage, transport and distribution.

51. Statements were made on behalf of the International Federation of Medical Students’ Associations and Public Services International.

52. The Director, Programmes for Disease Control, thanked representatives for their valuable comments and input, as well as their efforts to expand immunization and to control and eliminate VPDs in the Region. Despite the commendable progress made over the past two decades, new challenges continued to arise, including demographic and epidemiological shifts, vaccine hesitancy and migration trends that made it difficult to reach certain populations. Member States would need to not only strengthen their immunization systems and programmes, but also expand and integrate them in order to maximize their benefits and reach the entire population throughout the life course. Given the impact of COVID-19 on immunization efforts, it would be essential that Member States scale up efforts to maintain immunization and other essential health services, as many countries were already doing.

53. Noting representatives’ interest in the distribution and deployment of a COVID-19 vaccine, the Director said that a supplement on COVID-19 vaccine deployment in the Region had been added to Strategy 3.5 within the draft Regional Strategic Framework. The Regional Office would continue to prepare updated strategies for COVID-19 vaccine introduction, procurement, distribution and logistical arrangements to be shared with Member States. (An informational side event on COVID-19 vaccines was held on 8 October to answer specific questions from Member States.)

54. Regarding the subregional regulatory body, discussion had already begun at the Tenth Pacific Immunization Programme Managers Meeting in 2018, and work with regional stakeholders was ongoing. Additionally, the Regional Office would also explore whether to form a subregional regulatory mechanism to support Pacific island countries and areas. A monitoring and evaluation framework for Immunization Agenda 2030: A Global Strategy to Leave No One Behind was also being prepared, which would aid Member States with implementation of the draft Regional Strategic Framework. The Regional Committee would also review implementation periodically.

55. The Regional Committee considered a draft resolution on VPDs and immunization.

56. The resolution, which among other actions endorsed the draft Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030), was adopted as amended (see resolution WPR/RC71.R1).

SAFE AND AFFORDABLE SURGERY: Item 13 of the Agenda (document WPR/RC71/7)

57. The Secretariat presented a video to introduce this item and the proposed Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030).

58. Representatives thanked the Secretariat for addressing the important issue of safe and affordable surgery. They universally supported endorsement of the draft Action Framework, which they welcomed as a useful and relevant tool that would improve patient safety and advance the Region’s achievement of UHC and the SDGs. The four proposed operational shifts in line with the For the Future vision were particularly appreciated as a way to improve access to safe and affordable surgery that was consistent with national plans and strategies.

59. Representatives described steps taken by their governments to make surgery safer and more affordable. They included enhancing information systems and using databases to ensure standardized care, reforming their surgical training programmes, including surgery within national health insurance schemes and essential packages of care, and expanding surgical services to rural communities. Recruiting and retaining qualified surgical staff remained a major challenge in developing countries, particularly Pacific island countries and areas. Some representatives observed that their current
systems were already in line with recommendations within the draft Action Framework, and Member States with relevant technical guidance and expertise offered to share their experience.

60. Representatives added that although the COVID-19 pandemic posed challenges to the provision of safe and affordable surgery – including increased wait times and difficulty sending patients for overseas care in countries lacking local capacity – it had also provided important lessons. Those lessons included the usefulness of telemedicine/online consultations and the importance of improving health-care information technology systems, as well as a reminder to refocus on vulnerable and marginalized groups.

61. Statements were made on behalf of the Harvard Program in Global Surgery and Social Change and the International Federation of Surgical Colleges.

62. The Director, Health Systems and Services, thanked representatives for their comments on the key themes of safety, affordability, applying the draft Action Framework to national plans, and improving access to safe and affordable surgery. Offers to share experience in support of the Region’s overall efforts to implement the draft Action Framework were greatly appreciated, as was the important support provided by professional associations and nongovernmental organizations. In response to a request for clarification regarding the label applied to emergency procedures and conditions in Appendix 1 of the draft Action Framework, he said that such interventions were a subset of the overall list and offered to provide further information as needed. He thanked representatives for their support and noted that endorsement of the draft Action Framework would help to guide Member States in taking steps to achieve universal access to safe and affordable surgery for all.

63. The Regional Director thanked representatives for their strong commitment to safe and affordable surgery as a key issue in strengthening and transforming health systems. He highlighted in particular the leadership shown by delegations in the Region that had presented a side event at the World Health Assembly and, later, at the Regional Committee; their presentations had raised awareness among other Member States as to the importance of patient safety, infection prevention and control, and the essential role of safe and affordable surgery as a component of UHC. The issue was not just about surgery but also about transforming health systems. For real change to be achieved on the ground, implementation of the draft Action Framework must begin with Member States identifying their minimum needs and determining how to make basic surgeries safer. He said once the draft Action Framework was endorsed, the Secretariat and Member States should reflect together on how to transform health systems effectively.

64. The Regional Committee considered a draft resolution on safe and affordable surgery.

65. The resolution, which among other actions endorsed the draft Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030), was adopted (see resolution WPR/RC71.R2).

PROGRESS REPORTS ON TECHNICAL PROGRAMMES: Item 14 of the Agenda (document WPR/RC71/8)

66. Representatives were requested to comment on progress made in four areas of work: 1) health security, including antimicrobial resistance (AMR); 2) noncommunicable diseases (NCDs) and ageing; 3) climate change, the environment and health; and 4) reaching the unreached. These areas align with the thematic priorities at the core of the For the Future strategic vision for WHO’s work with Member States and partners in the Region. In addition, comments were invited on a fifth progress report, entitled “Driving the vision of For the Future”, which includes areas of work that are of a more strategic nature or of cross-cutting relevance across thematic priorities.

67. In briefly summarizing the progress in these four areas of work, the Secretariat acknowledged the challenges that had arisen in the wake of the COVID-19 pandemic but assured the Regional Committee
that the Regional Office for the Western Pacific and WHO country offices had been able to continue
to move forward with key priorities and operational shifts outlined in *For the Future*, despite the
impact of the pandemic.

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

68. Written interventions from seven Member State representatives emphasized the importance of
preparing for health crises in all countries and areas of the Western Pacific Region, which is
disproportionately prone to health security threats. More than a decade of work guided by the Asia
Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and its two
earlier iterations had been key to the success of the Western Pacific Region’s COVID-19 response.
APSED III would continue to be a key strategic action framework for coordinating the work of various
stakeholders. Even health systems with demonstrated capacities under the International Health
Regulations (2005), known as IHR (2005), were under threat from increasingly complex health
security threats, and further implementation of IHR (2005) – including priority actions recommended
through the Joint External Evaluation – was still necessary.

69. Representatives noted the need for a continuous, step-by-step approach by WHO and Member States
in order to sustain progress, particularly in key areas such as multisource surveillance for decision-
making, risk assessment, field epidemiology training, the establishment of emergency operation
centres at the subnational level, strengthening of public health laboratories and improved risk
communication. Representatives also noted that these areas had been a major focus under APSED
since 2005 and strengthened through the recommendations of the biregional APSED Technical
Advisory Group. In addition, the value of a collective and regional approach was highlighted as critical
for implementation of both APSED III and the Western Pacific Regional Framework for Action for
Disaster Risk Management for Health, particularly essential in this Region, which is a hotspot for
emerging diseases and natural disasters.

70. With regard to comments from representatives about the value of Joint External Evaluations, it was
noted that they are one of several valuable components of the IHR (2005) Monitoring and Evaluation
Framework, others being the States Parties Annual Report, simulation exercises and after-action
reviews.

71. It was acknowledged that significant challenges remain in responding to the long-term public health
issue of AMR, which is highlighted in *For the Future*. The Framework for Accelerating Action to
Fight Antimicrobial Resistance in the Western Pacific Region provides guidance to combat AMR
across sectors and societies, with WHO working with Member States to improve and advance
capacities required to address AMR at all levels.

72. Finally, Member States reiterated in writing their commitment to continue working on implementation
of the Regional Framework for Action on Food Safety in the Western Pacific, which includes five
action areas that can shape the modernization of national food safety systems. The Regional
Committee was assured that the WHO Health Emergencies Programme was committed to providing
support and guidance to Member States in preparing for and responding to health emergencies.
COVID-19 had impacted delivery of some programmatic areas, but WHO in the Region had continued
to move forward in order to implement and deliver on the themes in *For the Future*, GPW 13, APSED
III, and other regional and global frameworks.

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

73. Written interventions from seven representatives took note of the progress made in preventing and
managing NCDs in the Western Pacific Region and outlined advances made in their individual
countries. Noting that the burden of NCDs, including mental health disorders, remained high in the
Region, representatives also expressed concern that people already suffering from NCDs were at
increased risk from COVID-19. Restrictions adopted in response to the pandemic had also had an
outsized impact on populations that were vulnerable to NCDs. Member States would require support from the Regional Office to monitor the consequences of the pandemic and related restrictions on NCD incidence, including mental health, as there was no timely mechanism for doing so under the current NCD surveillance system. Continued WHO support was also solicited in the areas of UHC, care models, the promotion of good nutrition and physical fitness, and the reduction of tobacco use and harmful alcohol use.

74. The Secretariat said it would continue to support Member States in the areas of NCD surveillance, modifiable risk factor reduction and NCD services through health systems strengthening, all in alignment with UHC, and thanked Japan for its support in these areas. The Organization vowed to support Member States to strengthen governance, service delivery, health promotion and information systems for mental health across all COVID-19 responses, and acknowledged Australia’s support in related initiatives.

75. The Secretariat noted that the NCD Technical Advisory Group (TAG) would be organized in 2021 to better respond to existing and emerging needs, necessitating operational shifts to advance NCD prevention and control. The NCD TAG, among other TAGs, would become part of a more widely focused UHC TAG in order to more effectively contribute to broader health systems transformation, as well as to find other ways to link up and collaborate with other TAGs. This transformation would be required to ensure more creative and strategic leadership to ensure that the “new normal” was a “better normal”, not just a return to business as usual.

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

76. Representatives welcomed the establishment of the WHO regional platform on climate change, environment and health (CCE), known as the CCE Platform, and the associated TAG. They looked forward to receiving more information about the strategic priorities and plans of action for each of the four pillars supporting implementation. The TAG should also consider providing technical support to Member States to address and implement the proposed strategies. Given that climate change was already impacting the health of many people in the Region, it would be important to develop specialized human resources, promptly share relevant information, prepare for emergency response and prevention, and allocate domestic financial resources. The Secretariat should collect scientific evidence about the effects of climate variability on health and accelerate its work in response to climate change based on global WHO strategies and regional frameworks.

77. Five written interventions were received on CCE, which is one of the thematic priorities identified by WHO and Member States in the Region in For the Future. The Secretariat thanked the countries for their recognition and appreciation of the progress made to date. The Organization would continue to advance the work in CCE, working closely with Member States, taking into consideration and building on the work already under way in countries.

78. The Secretariat also vowed that its staff members would factor CCE into all of their work, including efforts to ensure that health systems around the Region can withstand shocks that come with a changing climate and environmental threats, and said it would work to monitor and provide evidence about the impact of CCE threats. It was noted that the COVID-19 pandemic had created a transitional environment for Member States to accelerate the pace at which they are adapting to and preparing for climate change shocks, with the aim to build resilient and sustainable health systems that can continue to deliver services where and when they are needed. This would contribute to ensuring that countries and communities are well prepared to face a changing climate and environment in which the health sector will emerge as a strong force for preserving the planet, as envisioned in For the Future.

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

79. Progress made in combating dengue, malaria and neglected tropical diseases was noted and welcomed by representatives in six written interventions. WHO in the Region should continue to support Member
States in implementing action plans and frameworks in that regard. Achievements in individual countries included reductions in total dengue cases, strengthened case management and web-based surveillance systems, completion of international training on integrated vector management, and field trials on a triple-drug therapy to treat lymphatic filariasis. One representative expressed appreciation for WHO’s support in ensuring the supply of quality medicines for mass drug administrations, which had been maintained despite the challenges posed by the COVID-19 pandemic.

80. In order to further accelerate control and elimination of such diseases and sustain the gains achieved to date, it was noted that continued efforts are needed to identify the unreached and build a system and platform to reach them with essential health services and interventions. WHO is committed to continue supporting Member States in harnessing the potential of “grounds up” solutions (one of the operational shifts highlighted in For the Future), innovation and the strategic use of data for action to reach unreached populations as part of efforts to achieve UHC and to accelerate progress towards disease elimination and control targets. Moving forward, the TAG on Reaching the Unreached would be established to develop a system to reach more unreached populations to contribute to broader health systems transformation and realization of the For the Future vision in the Western Pacific Region.

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

81. Considering the focus of this progress report on areas of work that are of a more strategic nature or that are cross-cutting and support more than one thematic priority, the report this year concerned one item, the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce. Taking note of the measures proposed in this Action Agenda and the progress reported, representatives expressed support for continuous strengthening of national regulatory systems, as effective regulatory systems improved the quality and safety of health systems and thus advanced the achievement of UHC and the vision of For the Future. Consistent implementation of regulatory standards would be especially important at a time when access to vaccines and treatments for COVID-19 was a priority and authorities were forced to adapt to rapidly changing regulatory landscapes. WHO guidance and support in finding appropriate vaccine partners, and cooperation and support from more mature national regulatory authorities, would be appreciated. The current session of the Regional Committee was a good opportunity for Member States to reflect on their regulatory system needs during the pandemic.

82. The Organization acknowledged the appreciation expressed by Member States for the progress and support to the work of the Secretariat in implementing the Regional Action Agenda.

83. The Secretariat highly commended the dedication and commitment shown by the Member States in improving their systems for the regulation of medical products, in particular:
   - ensuring the safety and quality of locally produced medical products;
   - using the global benchmarking process in improving regulatory capacity in a step-wise manner;
   - ensuring regulatory flexibilities in the context of public health emergencies while maintaining rigorous scientific review; and
   - participating and taking an active role in the activities of the Regional Alliance of National Regulatory Authorities in the Western Pacific.

84. The Organization recognized the unceasing support from more mature national regulatory authorities (NRAs) in building the capacity of less-developed NRAs. Moreover, the Secretariat commended the role of the Regional Alliance of NRAs in promoting strong regional cooperation, strategic partnerships and solidarity in strengthening regulatory systems that help to “future proof” health systems in the Western Pacific Region. Extensive support for technical assistance, funding and collaboration had been initiated by Australia, Japan, New Zealand and the Republic of Korea in the area of regulatory strengthening.

85. In the context of public health emergencies, WHO worked with all Member States to ensure stronger regional cooperation in the timely market entry of and access to critical medical products such as
vaccines, medicines and health technologies, especially for COVID-19. Since the early phase of the pandemic, WHO had been facilitating the work of the Western Pacific Regional Alliance of NRAs for medical products to strengthen cooperation across countries, including:

- setting up mechanisms for cooperation in the early entry of vaccines and other medical products through reliance, recognition and other abbreviated pathways for entry;
- updating information on global initiatives including research and development (R&D) landscape analysis for treatments and vaccines, clinical trial protocols, solidarity trial initiatives, and other R&D-related guidance;
- sharing information on global platforms for early access such as Emergency Use Listing and prequalification and how countries can utilize this to facilitate the registration of products; and
- providing a platform to share and explain available guidelines, norms and standards relevant for the evaluation of safety, efficacy and quality of medical products.

86. The Secretariat envisaged that Member States would continue their active participation in the Western Pacific Regional Alliance of NRAs and in activities for stronger regional cooperation. Not only did the Regional Alliance promote capacity-building, but the mechanism also was driven by Member States that steer the development of policies and strategies in the strengthening and convergence of regulatory practices in the Region.

87. A regulatory platform for medical products in the Pacific subregion was endorsed by the Pacific ministers in August 2019 to provide a mechanism for subregional regulatory cooperation while supporting individual countries to strengthen their national regulatory systems. The Secretariat said that in the context of the COVID-19 pandemic, the subregional regulatory platform had been providing support to the Pacific island countries and areas in terms of: 1) advising countries on strategies to monitor essential medicines and provide alternative medicines and suppliers to avoid shortages and stock-outs since February 2020; 2) assessing and verifying the registration status of medical products such as diagnostic tests for SARS-CoV-2, as well as traditional and complementary medicines claiming to treat COVID-19; and 3) assisting countries in setting up a system for monitoring and investigating serious adverse reactions and adverse events following immunization, especially for the anticipated COVID-19 therapeutics and vaccines.


Agenda for the seventy-second session of the Regional Committee in 2021 (Item 15.1 of the Agenda)

88. The acting Director, Programme Management, recalled that the Regional Committee had adopted a revised agenda development process at its sixty-sixth session in 2015, under which possible main technical agenda items are discussed at the preceding Regional Committee. For next year’s Regional Committee agenda, five technical items had been proposed: 1) traditional medicine; 2) tuberculosis (TB); 3) a panel discussion on primary health care; 4) policy and governance of medical products; and 5) school health. Member States were invited to comment on the proposed technical items for the 2021 agenda and propose other technical items for consideration.

89. Representatives expressed support for the five proposed technical items, particularly those on primary health care, school health and TB, the latter representing a relatively high burden of disease in the Region that should not be forgotten during the COVID-19 pandemic, as investment in TB control could benefit from transferable experience and measures adopted in response to COVID-19. One representative suggested that the Regional Committee should include a specific agenda item on COVID-19 to discuss regional implementation of the findings of the independent evaluation of the global pandemic response. It was also suggested that the agenda of the next Regional Committee be structured based on the Triple Billion targets in the same manner as the World Health Assembly and Executive Board agendas.
90. The acting Director, Programme Management, noted the general support for the proposed items and the specific recommendations regarding primary health care, school health, TB, regional implementation of the COVID-19 response evaluation and structuring of the agenda. He said that the Secretariat would prepare a draft provisional agenda that incorporated Member State views for informal discussion with the Region’s Executive Board members, followed by consultation with all Member States in the Region, in the first quarter of 2021.

**WHO reform (Item 15.2 of the Agenda)**

91. Representatives stressed that WHO reform was all the more important in the context of the COVID-19 pandemic, which had put the Organization and its role in the global spotlight. They welcomed the Organization’s efforts to work effectively at the country level and praised the work of the WHO country offices. It was hoped that each country office would continue to support Member States in making their health systems more robust in light of the pandemic.

92. Member States appreciated the importance of good country support, as described by the six attributes used in the Region, in particular WHO’s efforts to place the right people in the right places and the importance of working with partners. The virtual Joint Ministers of Finance and Health Symposium to discuss how to promote UHC during health crises, which was organized with the support of Japan, the Asian Development Bank and WHO and held as part of the Annual Meeting of the Asian Development Bank’s Board of Governors in 2020, was cited as a good example of engaging partners beyond the health sector. The efforts of WHO to strengthen management and administration were also welcomed, and the greater focus on effectiveness, efficiency, transparency and risk management and compliance that has occurred as a result of COVID-19 was appreciated. Member States expressed expectations that WHO would continue to build on past reforms, in order to fulfil the vision of *For the Future* and deliver on GPW 13 and the SDGs, including further incorporating results of country reviews and the WHO results framework to improve results at the country level.

93. In response to written interventions from five representatives, the Secretariat noted and appreciated the support expressed by Member States for WHO’s work at the country level and for the Region’s endeavours to continue to enhance country-level impact. This had been a core tenet of the reforms in the Region over the past decade and continued to be a central focus of the vision of *For the Future* going forward, to deliver effectively on GPW 13 and the SDGs. Member State statements noted that the COVID-19 pandemic had highlighted the importance of WHO being able to fulfil its mandate and the necessity of the global transformation, which aimed to ensure that the Organization was able to respond to global health challenges effectively. It was noted also that COVID-19 had already led to innovations and continued to provide opportunities to change the way that WHO works.

94. Appreciation by Member States for the importance of good country support as described by the six attributes was noted, including in particular the Organization’s efforts to place the right people in the right places and the importance of engaging partners, especially those beyond the health sector.

95. Specifically in relation to points raised by one Member State, as experience is gained through the pilot of the output score card and other aspects of the WHO results framework, the Organization was considering how to most effectively use this to improve performance at both the country level and across the Region as part of its continuous improvement approach. Similarly, the Secretariat was learning and adjusting its communications capacity and approach as needed throughout the COVID-19 response, reflecting data from ongoing work on social listening and the application of the monitoring, evaluation and learning principles, which are central to the Communications for Health (C4H) approach. A more comprehensive review would be conducted as time permits.
Items recommended by the World Health Assembly and the Executive Board (Item 15.3 of the Agenda)

96. The opportunity to comment on the draft Executive Board report Transforming for enhanced country impact was well received by Member States. The draft report was generally appreciated, but it was requested that the draft be updated regarding the areas of the transformation that might need to be revisited given the impact of COVID-19 and on the manner in which the recommendations of the Independent Panel for Pandemic Preparedness and Response would be integrated into WHO’s transformation.

97. WHO was encouraged to continue its transformation efforts so that the Organization would be able to deliver its work in a faster, more innovative and coordinated manner. Doing so would require filling gaps in terms of human and financial resources, accelerating resource mobilization reforms, strengthening the new three-level collaboration mechanisms, pursuing ongoing reforms to geographical mobility and considering useful incentives. The Organization was also encouraged to identify any “quick wins” that could be implemented immediately. Further information on the proposed evaluation of the transformation agenda should be included in the draft report. In due course, information should also be included on how further transformation work would be prioritized, including processes and timelines.

98. The decision to develop a global patient safety action plan was welcomed by Member States. No specific comments were made on the proposed approach.

99. In response to written interventions from four representatives, the Secretariat thanked Member States for their comments on the two items referred by the Executive Board and the World Health Assembly. Member State support for the two items was noted and would be conveyed to WHO headquarters, together with comments for strengthening or revising the draft report Transforming for enhanced country impact to be considered by the Executive Board in January 2021.

Other items (Item 15.4 of the Agenda)

100. Representatives were informed that the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region had become operational, providing updated evidence, methodology, data and tools for countries of the Western Pacific to address the health implications of climate change, air quality, water and sanitation, and chemical contamination.

101. In response to a written intervention from one representative, the Secretariat appreciated the gesture welcoming the establishment and operationalization of the Centre and noted the expectation that the Centre would contribute to a range of environmental health issues.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 16 of the Agenda (document WPR/RC71/10)

102. The acting Director, Programme Management, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently Japan, the Philippines and Solomon Islands. The term of office of the Philippines would expire on 31 December 2020, and the Regional Committee was requested to elect a Member State to succeed the Philippines.

103. The Regional Committee selected Malaysia to replace the Philippines (see decision WPR/RC71(2)).
TIME AND PLACE OF THE SEVENTY-SECOND AND SEVENTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE: Item 17 of the Agenda

104. The Regional Director, recalling that it had initially been decided to hold the seventy-first session of the Regional Committee in Japan before a virtual format was necessitated by the COVID-19 pandemic, said that Japan would host the seventy-second session instead in 2021. The Government of China, which had originally offered to host the seventy-second session of the Regional Committee, would host the seventy-third session instead in 2022.

105. The Regional Committee confirmed that the seventy-second session of the Regional Committee shall be held in Japan in 2021 and the seventy-third session of the Regional Committee in China in 2022 (see resolution WPR/RC71.R4). Member States would be informed by note verbale in due course of the exact dates and specific locations of the sessions.

CLOSURE OF THE SESSION: Item 18 of the Agenda

106. The Regional Director said that the current session of the Regional Committee had been unique in that it was the first time the Committee had met virtually. However, thanks to Member States’ patience and support, the virtual meeting had been a success. It had been a difficult year, but the Region had shown its characteristic solidarity, which would hopefully be maintained and strengthened going forward. Member States’ ongoing support for the For the Future vision was also appreciated, and WHO in the Region remained committed to driving forward that shared vision in the era of COVID-19. He concluded by presenting a video of thanks to all front-line health workers for keeping the Region safe amid the pandemic (see Annex 8).

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

108. The representative of China proposed a resolution of appreciation to the Chairperson, Vice-Chairperson and Rapporteurs and the representatives of intergovernmental and nongovernmental organizations for their oral and written statements, and the Regional Director and Secretariat for their work in preparing for the session and the meeting arrangements (see resolution WPR/RC71.R5).

109. After the usual exchange of courtesies, the seventy-first session of the Regional Committee was declared closed.
AGENDA

Opening of the session and adoption of the agenda

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

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director
   WPR/RC71/2
8. Coronavirus disease 2019 (COVID-19)
   8.1 Overview and update of the COVID-19 situation
   8.2 WHO’s work in countries in support of the COVID-19 response
   WPR/RC71/3

Policies, programmes and priorities for the future

   WPR/RC71/4
11. Ageing and health
   WPR/RC71/5
12. Vaccine-preventable diseases and immunization
   WPR/RC71/6
Annex 1

13. Safe and affordable surgery

WPR/RC71/7

14. Progress reports on technical programmes

14.1 Thematic priority: Health security, including antimicrobial resistance
14.2 Thematic priority: Noncommunicable diseases and ageing
14.3 Thematic priority: Climate change, the environment and health
14.4 Thematic priority: Reaching the unreached
14.5 Driving the vision of *For the Future*

WPR/RC71/8

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

15.1 Agenda for the seventy-second session of the Regional Committee in 2021
15.2 WHO reform
15.3 Items recommended by the World Health Assembly and the Executive Board
15.4 Other items

WPR/RC71/9

**Membership of Global Committee**

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

WPR/RC71/10

**Other matters**

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

18. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA
Honourable Greg Hunt, Minister for Health, Australian Government Department of Health, Canberra, Chief Representative

Ms Caroline Edwards, Associate Secretary, Australian Government Department of Health, Woden, Alternate

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

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


Ms Penny Morton, Director, WHO COVID-19 Independent Evaluation Taskforce, Global Health Policy Branch, Human Development and Governance Division, Australian Government Department of Foreign Affairs and Trade, Barton, Alternate


Mr Andreas Anargyros, Departmental Officer, International Engagement on Healthier Populations, International Strategies Branch, Portfolio Strategies Division, Australian Government Department of Health, Woden, Alternate

BRUNEI DARUSSALAM
Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Ministry of Health, Bandar Seri Begawan, Chief Representative

Dr Zulaidi Abdul Latif, Deputy Permanent Secretary (Professional), Ministry of Health, Bandar Seri Begawan, Alternate

Dr Anie Haryani Abd Rahman, Director of Environmental Health Services, Ministry of Health, Bandar Seri Begawan, Alternate

Dr Rafidah Gharif, Acting Director of Health Services, Ministry of Health, Bandar Seri Begawan, Alternate

Dr Shyh Poh Teo, Consultant Geriatric, Ministry of Health, Bandar Seri Begawan, Alternate
Annex 2

CAMBODIA

Honourable Professor Mam Bunheng, Minister of Health, Ministry of Health, Phnom Penh, Chief Representative

Honourable Professor Eng Huot, Secretary of State for Health, Ministry of Health, Phnom Penh, Alternate

Honourable Dr Youk Sambath, Secretary of State for Health, Ministry of Health, Phnom Penh, Alternate

Honourable Dr Or Vandine, Secretary of State for Health, Ministry of Health, Phnom Penh, Alternate

Dr Hok Kimcheng, Director General for Health, Ministry of Health, Phnom Penh, Alternate

Dr Ly Sovann, Director, Communicable Diseases Control Department, Ministry of Health, Phnom Penh, Alternate

Dr Sung Vinntak, Director, International Cooperation Department, Ministry of Health, Phnom Penh, Alternate

Dr Huy Rekol, Director, National Center for Parasitology, Entomology and Malaria Control, Ministry of Health, Phnom Penh, Alternate

Dr Huot Chan Yuda, Director, National Center for Tuberculosis and Leprosy Control, Ministry of Health, Phnom Penh, Alternate

Dr Kol Hero, Director, Department of Prevention Medicine, Ministry of Health, Phnom Penh, Alternate

Dr Sok Srun, Director, Department of Hospital Services, Ministry of Health, Phnom Penh, Alternate

Mr Ork Vichit, Deputy Director of National Maternal and Child Health Center and Manager of National Immunization Program, Ministry of Health, Phnom Penh, Alternate

CHINA

Honourable Li Bin, Vice Minister of National Health Commission of the People’s Republic of China, Beijing, Chief Representative

Ms Zhang Yang, Director General of Department of International Cooperation, National Health Commission of the People’s Republic of China, Beijing, Alternate

Mr Liu Liqun, Deputy Director General of General Office, National Health Commission of the People’s Republic of China, Beijing, Alternate

Mr He Qinghua, Counsel (L1) of Bureau of Disease Prevention and Control, National Health Commission of the People’s Republic of China, Beijing, Alternate
### CHINA (continued)

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<tr>
<th>Name</th>
<th>Title and Department</th>
<th>Location</th>
<th>Role</th>
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<tbody>
<tr>
<td>Ms Guo Yanhong</td>
<td>Commissioner of Bureau of Medical Administration, National Health Commission</td>
<td>Beijing, Alternate</td>
<td>Alternate</td>
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<tr>
<td>Mr Yang Feng</td>
<td>Deputy Director of Health Emergency Response Office</td>
<td>Beijing, Alternate</td>
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<tr>
<td>Mr Liu Dengfeng</td>
<td>Commissioner of Department of Science, Technology and Education</td>
<td>Beijing, Alternate</td>
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<tr>
<td>Ms Song Li</td>
<td>Deputy Director General of Department of Maternal and Child Health</td>
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<td>Alternate</td>
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<tr>
<td>Mr Zhang Hui</td>
<td>Counsel (L1) of Department of Ageing and Health</td>
<td>Beijing, Alternate</td>
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<tr>
<td>Mr Liu Qing</td>
<td>Division Director of Bureau of Disease Prevention and Control</td>
<td>Beijing, Alternate</td>
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<tr>
<td>Mr Du Bing</td>
<td>Consultant (L4) of Bureau of Medical Administration</td>
<td>Beijing, Alternate</td>
<td>Alternate</td>
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<tr>
<td>Ms Xia Yingge</td>
<td>Deputy Division Director of Bureau of Medical Administration</td>
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<td>Ms Han Juanjuan</td>
<td>Consultant (L4) of Department of Health Science</td>
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<tr>
<td>Ms Dai Yue</td>
<td>Principal Staff Member of Department of Maternal and Child Health</td>
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<tr>
<td>Ms Li Xueting</td>
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<tr>
<td>Ms Li Juan</td>
<td>Deputy Director of Department of International Cooperation</td>
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<td>Mr Yang Xiaochen</td>
<td>Consultant (L4) of Department of International Cooperation</td>
<td>Beijing, Alternate</td>
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### CHINA (HONG KONG)

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<th>Name</th>
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<th>Location</th>
<th>Role</th>
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<tbody>
<tr>
<td>Professor the Honourable Sophia Chan Siu-chee</td>
<td>Secretary for Food and Health</td>
<td>Hong Kong, Chief Representative</td>
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<tr>
<td>Mr Thomas Chan Chung-ching</td>
<td>Permanent Secretary for Food and Health (Health)</td>
<td>Hong Kong, Alternate</td>
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Annex 2

CHINA (HONG KONG) (continued)

Dr Constance Chan Hon-yee, JP, Director of Health, Department of Health, Hong Kong, Alternate

Dr Ronald Lam Man-kin, JP, Acting Controller, Centre for Health Protection, Department of Health, Hong Kong, Alternate

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Dr Kellie So Pui-sheung, Principal Medical and Health Officer (Health Administration), Department of Health, Hong Kong, Alternate

Dr Shu Bo-yee, Senior Medical and Health Officer (Planning), Department of Health, Hong Kong, Alternate

Ms Wendy Wong Yin-tung, Assistant Secretary for Food and Health (Health), Food and Health Bureau, Hong Kong, Alternate

CHINA (MACAO)

Dr Lam Chong, Head of Centre for Disease Control and Prevention, Health Bureau of the Government of Macao Special Administrative Region of the People's Republic of China, Macao, Chief Representative

Dr Leong Iek Hou, Head of Unit for Communicable Disease Prevention and Diseases Surveillance, Health Bureau of the Government of Macao Special Administrative Region of the People's Republic of China, Macao, Alternate

Dr Lo Iek Long, Advisor, Office of Secretary for Social Affairs and Culture, Health Bureau of the Government of Macao Special Administrative Region of the People's Republic of China, Macao, Alternate

Dr Pang Heong Keong, Clinical Director, Conde de São Januário General Hospital, Health Bureau of the Government of Macao Special Administrative Region of the People's Republic of China, Macao, Alternate

COOK ISLANDS

Honourable Vainetutai Rose Toki-Brown, Minister of Health, Cook Islands Government, Ministry of Health, Rarotonga, Chief Representative

Dr Josephine Aumea Herman, Secretary, Ministry of Health, Rarotonga, Alternate

FIJI

Honourable Dr Ifereimi Waqainabete, Minister of Health and Medical Services, Ministry of Health and Medical Services, Suva, Chief Representative

Dr James Fong, Acting Permanent Secretary, Ministry of Health and Medical Services, Suva, Alternate

Dr Jemesa Koro Vakadrakala Tudravu, Chief Medical Advisor, Ministry of Health and Medical Services, Suva, Alternate
FRANCE

M. Fabrice Fize, Premier conseiller à l’Ambassade de France aux Philippines, *Chief Representative*

Mme Taraneh Shojaei, Regional Counsellor for Global Health, Ministry for Europe and of Foreign Affairs, French Embassy to Thailand, Bangkok, *Alternate*

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Mr Rafael Basciano, Scientific Attaché, French Embassy to the Philippines and Micronesia, *Alternate*

Mme Sophie Cueilleron, Ministry of Health International Officer, France Ministry of Health and Solidarity, Paris, *Alternate*

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Ms Merehau Cindy Mervin, Deputy Director of Health, Department of Health in French Polynesia, *Alternate*

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Madame Valentine Eurisouke, membre du gouvernement de la Nouvelle-Calédonie en charge de la condition féminine, du service civique et du plan de santé calédonien, Gouvernement de la Nouvelle-Calédonie, Nouméa, *Chief Representative*

Monsieur Claude Gambey, chef de cabinet de Madame Valentine Eurisouke, Gouvernement de la Nouvelle-Calédonie, Nouméa, *Alternate*

Monsieur Thibaut Demaneuf, Chargé de mission à l’équipe Secrétariat général du gouvernement de la NC, Nouméa, *Alternate*

Madame Hélène Pichot, Directeur adjoint par interim Agence Sanitaire et Sociale de la NC, Nouméa, *Alternate*

JAPAN


Mr Haneda Koji, Ambassador Extraordinary and Plenipotentiary of Japan to the Philippines, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Mr Iuchi Masaaki, Senior Assistant Minister, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

Dr Takei Teiji (Mr), Assistant Minister for Global Health and Welfare, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

Mr Hiraiwa Masaru, Deputy Assistant Minister, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
Annex 2

**JAPAN (continued)**

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Dr Ohara Kaori (Ms), Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

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Dr Okada Takeo (Mr), First Secretary, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Mr Kanno Chihiro, First Secretary, Embassy of Japan in the Philippines, Pasay City, *Alternate*

Ms Manda Akiko, Staff, Embassy of Japan in the Philippines, Pasay City, *Alternate*

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JAPAN (continued)

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Dr Yokobori Yuta (Mr), Medical Doctor, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, *Alternate*

KIRIBATI

Honourable Dr Tinte Itinteang, Minister for Health and Medical Services, Ministry of Health and Medical Services, Tarawa, *Chief Representative*

Mrs Maryanne Mikaere Namakin, Permanent Secretary, Ministry of Health and Medical Services, Tarawa, *Alternate*

Ms Eretii Timeon, Director for Public Health, Ministry of Health and Medical Services, Tarawa, *Alternate*

LAO PEOPLE’S DEMOCRATIC REPUBLIC

Honourable Bounkong Syhavong, Minister of Health, Ministry of Health, Vientiane Capital, *Chief Representative*

Dr Bounfeng Phoummalaysith, Vice Minister of Health, Ministry of Health, Vientiane Capital, *Alternate*

Dr Nao Boutta, Chief of Cabinet, Ministry of Health, Vientiane Capital, *Alternate*

Dr Rattanaxay Phetsouvanh, Director General of Department of Communicable Disease Control, Ministry of Health, Vientiane Capital, *Alternate*

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Dr Phonepadith Sangxayalath, Director of National Centre of Laboratory and Epidemiology, Ministry of Health, Vientiane Capital, *Alternate*

Dr Souphaphone Sadettan, Director of Foreign and Relations Division, Ministry of Health, Vientiane Capital, *Alternate*

Dr Daovieng Douangvichit, Deputy Director of Secretariat Division, Ministry of Health, Vientiane Capital, *Alternate*

Dr Sony Sysomvong, Deputy Director of Foreign Relations Division, Ministry of Health, Vientiane Capital, *Alternate*
Annex 2

MALAYSIA

YB Dato' Sri Dr Adham Baba, Minister of Health, Ministry of Health Malaysia, Putrajaya, Chief Representative

YBhg. Tan Sri Dato Seri Dr Noor Hisham Abdullah, Director-General of Health, Ministry of Health Malaysia, Putrajaya, Alternate

YBhg. Dato' Dr Chong Chee Kheong, Deputy Director-General of Health (Public Health), Ministry of Health Malaysia, Putrajaya, Alternate

YBhg. Datuk Dr Rohaizat Yon, Deputy Director-General of Health (Medical), Ministry of Health Malaysia, Putrajaya, Alternate

Dr Hishamshah Mohd Ibrahim, Deputy Director-General of Health (Research & Technical Support), Ministry of Health Malaysia, Putrajaya, Alternate

YBhg. Datin Dr Faridah Aryani Md. Yusof, Senior Director, Pharmaceutical Services Programme, Ministry of Health Malaysia, Selangor, Alternate

YBhg. Dato' Dr Norhizan Ismail, Director of Medical Development Division, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Norhayati Rusli, Director of Disease Control Division, Ministry of Health Malaysia, Putrajaya, Alternate

Mr Fabian Bigar, Undersecretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Nik Jasmin Nik Mahir, Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Nazrila Hairizan Nasir, Deputy Director of Family Health Development Division (Primary Health), Ministry of Health Malaysia, Putrajaya, Alternate

Dr Rokiah Mohd, Deputy Director, Family Health Development Division, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Juliana Sharmini Paul, Deputy Director of Public Health Development Division (Global Health), Ministry of Health Malaysia, Putrajaya, Alternate

Dr Dalila Roslan, Public Health Physician of Global Health, Ministry of Health Malaysia, Putrajaya, Alternate

Dr Synthia Xavier, Senior Assistant Principal Director of Global Health, Ministry of Health Malaysia, Putrajaya, Alternate

Ms Fauziah Ibrahim, Principal Assistant Secretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, Alternate

Ms Sharlene Hong Xiao Yun, Assistant Secretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, Alternate
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<tr>
<th>Country</th>
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<tr>
<td>MARSHALL ISLANDS</td>
<td>Honourable Bruce Bilimon, Minister of Health and Human Services, Majuro,</td>
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<td><em>Chief Representative</em></td>
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<td>Mr Jack Niedenthal, Secretary of Health and Human Services, Majuro,</td>
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<td>Mrs Francyne Wase-Jacklick, Deputy Secretary, Ministry of Health and</td>
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<td>Human Services, Majuro, <em>Alternate</em></td>
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<td>Mrs Rina Keju, Deputy Chief of Mission, Marshall Islands Embassy to Fiji,</td>
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<td>Ministry of Foreign Affairs and Trade, Majuro, <em>Alternate</em></td>
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<td>MICRONESIA (FEDERATED</td>
<td>Honourable Dr Livingston A Taulung, Secretary (Minister), Department of</td>
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<tr>
<td>STATES OF)</td>
<td>Health and Social Affairs, Palikir, <em>Chief Representative</em></td>
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<td>Mr Marcus Samo, Assistant Secretary, Department of Health and Social</td>
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<td>Affairs, Palikir, <em>Alternate</em></td>
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<td>Ms Norleen Oliver, FSM National Gender Development Officer, Department of</td>
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<td>Health and Social Affairs, Palikir, <em>Alternate</em></td>
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<td>Mr Moses E Pretrick, Program Manager for Environment and Public Health</td>
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<td>Hospital Preparedness, Department of Health and Social Affairs, Palikir,</td>
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<td><em>Alternate</em></td>
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<td>Mr Carter Apaisam, Program Manager for Immunization, Department of Health</td>
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<td>and Social Affairs, Palikir, <em>Alternate</em></td>
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<tr>
<td>MONGOLIA</td>
<td>Honourable Mr Togtmol Munkhsaikhan, Minister of Health, Ministry of Health,</td>
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<td>Ulaanbaatar, <em>Chief Representative</em></td>
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<td>Dr Yadamsuren Buyanjargal, Director of Department of Medical Services,</td>
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<td>Ministry of Health, Ulaanbaatar, <em>Alternate</em></td>
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<td></td>
<td>Dr Taznaa Enkhzaya, Director of Department of Public Health, Ministry of</td>
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<td>Health, Ulaanbaatar, <em>Alternate</em></td>
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<td></td>
<td>Dr Dorj Narangerel, Director of the Division of Surveillance, Emergency</td>
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<td>Operations and Public Relations, Ministry of Health, Ulaanbaatar, <em>Alternate</em></td>
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<td></td>
<td>Ms Binderiya Yanjmaa, Director of Division of International Cooperation,</td>
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<td>Ministry of Health, Ulaanbaatar, <em>Alternate</em></td>
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<tr>
<td>NAURU</td>
<td>Honourable Isabella Dageago MP, Minister for Health, Ministry of Health</td>
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<td></td>
<td>and Medical Services, Yaren District, <em>Chief Representative</em></td>
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<td></td>
<td>Honourable Pyon Deiye MP, Deputy Minister for Health, Ministry of Health</td>
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<td>and Medical Services, Yaren District, <em>Alternate</em></td>
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<td></td>
<td>Ms Chandalene Garabwan, Secretary for Health and Medical Services,</td>
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<td></td>
<td>Ministry of Health and Medical Services, Denig District, <em>Alternate</em></td>
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NAURU (continued)

Dr Olayinka Ajayi, Deputy Secretary for Health and Medical Services, Ministry of Health and Medical Services, Denig District, Alternate

Ms Stacey Cain, Director of Public Health, Ministry of Health and Medical Services, Denig District, Alternate

Ms Moralene Capelle, Director of Nursing Policies and Standards, Ministry of Health and Medical Services, Denig District, Alternate

Ms Vania Scotty, Director of Training and Development, Ministry of Health and Medical Services, Denig District, Alternate

NEW ZEALAND

Mr Don Matheson, Deputy Director-General, Public Health and Primary Care Transformation, Ministry of Health, Wellington, Chief Representative

Ms Megan McCoy, Group Manager Global Health and Director General Advisory, Ministry of Health, Wellington, Alternate

Mr Mikey Smyth, Senior Advisor Global Health, Ministry of Health, Wellington, Alternate

NIUE

Honourable Sauni Tongatule, Minister for Social Services, Government of Niue, Ministry of Social Services (Health, Education, Justice, Lands & Survey and Community Services), Alofi, Chief Representative

Ms Gaylene Tasmania, Director General, Ministry of Social Services, Government of Niue, Alofi, Alternate

Dr Edgar Akau’ola, Director and Medical Officer of Health, Ministry of Health, Government of Niue, Alofi, Alternate

PALAU

Mr Gaafar Uherbelau, Acting Director of Bureau of Public Health, Ministry of Health, Koror, Chief Representative

PAPUA NEW GUINEA

Honourable Jelta Wong, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, Port Moresby, Chief Representative

Dr Paison Dakulala, Acting Secretary, National Department of Health, Port Moresby, Alternate

Dr Sibauk Bieb, Deputy Secretary, National Health Services Standards, National Department of Health, Port Moresby, Alternate

Dr Daoni Esorom, Acting Executive Manager, Public Health, National Department of Health, Port Moresby, Alternate

Mr Bernard Lukara, First Secretary, Ministry of Health and HIV/AIDS, Port Moresby, Alternate

Ms Kimberley Kawapuro, Policy and Research Officer, National Health Services Standard, National Department of Health, Port Moresby, Alternate
PHILIPPINES

Honourable Francisco T. Duque III, Secretary, Department of Health, Manila, *Chief Representative*

Dr Mario C. Villaverde, MPH, MPM, Undersecretary, Health Policy and Systems Development Team, Department of Health, Manila, *Alternate*

Dr Myrna C. Cabotaje, MPH, Undersecretary, Public Health Services Team, Department of Health, Manila, *Alternate*

Dr Rolando Enrique D. Domingo, DPBO, Undersecretary, Director-General, Food and Drug Administration, Muntinlupa, *Alternate*

Ms Emma R. Sarne, Director, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*

Dr Ma. Soledad Q. Antonio, PhD, MPH, Director IV, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*

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Dr Celia C. Carlos, FPPS, FPIDSP, FPSMID, Director IV, Department of Health, Research Institute for Tropical Medicine, Muntinlupa, *Alternate*

Ms Frances Rose E. Mamaril, Officer-in-charge – Director IV, Health Policy Development and Planning Bureau, Department of Health, Manila, *Alternate*

Dr Anna Melissa S. Guerrero, Program Manager, Pharmaceutical Division, Department of Health, Manila, *Alternate*

Mr Kevin Mark R. Gomez, Principal Assistant, Office of the United Nations and Other International Organizations, Philippine Department of Foreign Affairs, Pasay City, *Alternate*

Ms Michelle M. Jayag, Desk Officer, Office of the United Nations and Other International Organizations, Philippine Department of Foreign Affairs, Pasay City, *Alternate*

REPUBLIC OF KOREA

Mr Neung-hoo Park, Minister of Health and Welfare, Ministry of Health and Welfare, Sejong-si, *Chief Representative*

Mrs Mira Park, Director, Ministry of Health and Welfare, Sejong-si, *Alternate*

Mr Heesung Shin, Deputy Director, Ministry of Health and Welfare, Sejong-si, *Alternate*

Mr Kyungtaek Bae, Director General for Planning and Coordination, Korea Disease Control and Prevention Agency, Cheongju-si, *Alternate*

Dr Sooyoung Choo, Director of International Affairs, Korea Disease Control and Prevention Agency, Cheongju-si, *Alternate*
Annex 2

**REPUBLIC OF KOREA (continued)**

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<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tr>
<td>Dr Sujin Kong</td>
<td>Director for International Cooperation, Ministry of Food and Drug Safety, Chungcheongbuk-do, Alternate</td>
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<tr>
<td>Mr Hong geun Jeong</td>
<td>Director General, Ministry of Health and Welfare, Sejong-si, Alternate</td>
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<tr>
<td>Ms Shinye Lee</td>
<td>Deputy Director, Korea Disease Control and Prevention Agency, Chungcheongbuk-do, Alternate</td>
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<tr>
<td>Ms Hyeji Kim</td>
<td>Assistant Director of International Affairs, Korea Disease Control and Prevention Agency, Chungcheongbuk-do, Alternate</td>
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<tr>
<td>Dr Jina Jun</td>
<td>Research Fellow, Korea Institute for Health and Social Affairs, Sejong, Alternate</td>
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**SAMOA**

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<tr>
<th>Name</th>
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<tr>
<td>Honourable Faimalotoa Iemaima Kolotita Stowers-Ah Kau</td>
<td>Minister of Health, Ministry of Health, Apia, Chief Representative</td>
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<tr>
<td>Dr Take Kolisi Naseri</td>
<td>Director General/Chief Executive Officer, Ministry of Health, Apia, Alternate</td>
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<tr>
<td>Ms Peseta Noumea Simi</td>
<td>Chief Executive Officer, Ministry of Foreign Affairs and Trade, Apia, Alternate</td>
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<tr>
<td>Ms Matilda Bartley</td>
<td>Principal Foreign Service Officer, International Relations Division, Ministry of Foreign Affairs and Trade, Apia, Alternate</td>
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<tr>
<td>Mr Gerard Tuii Anapu</td>
<td>Senior Foreign Service Officer, International Relations Division, Ministry of Foreign Affairs and Trade, Apia, Alternate</td>
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**SINGAPORE**

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<tr>
<th>Name</th>
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<tr>
<td>Honourable Mr Gan Kim Yong</td>
<td>Minister for Health, Ministry of Health, Singapore, Chief Representative</td>
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<tr>
<td>Dr Puthucheary Janil</td>
<td>Senior Minister of State (Health &amp; Communications and Information), Ministry of Health, Singapore and Ministry of Communications and Information, Singapore, Alternate</td>
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<tr>
<td>Dr Benjamin Koh</td>
<td>Deputy Secretary (Development), Ministry of Health, Singapore, Alternate</td>
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<tr>
<td>Dr Derrick Heng</td>
<td>Group Director, Public Health Group, Ministry of Health, Singapore, Alternate</td>
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<tr>
<td>Dr Lyn James</td>
<td>Director, International Cooperation, Ministry of Health, Singapore, Alternate</td>
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<tr>
<td>Ms Kong Ching Ying</td>
<td>Senior Assistant Director, International Cooperation, Ministry of Health, Singapore, Alternate</td>
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<tr>
<td>Mr Teo Junxiong</td>
<td>Senior Assistant Director (WHO Relations), Ministry of Health, Singapore, Alternate</td>
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</tbody>
</table>
**SINGAPORE (continued)**  
Ms Hazel Koh, Senior Manager, International Cooperation, Ministry of Health, Singapore, *Alternate*

**SOLOMON ISLANDS**  
Honourable Dr Culwick Togamana MP, Minister for Health and Medical Services, Ministry of Health and Medical Services, Honiara, Guadalcanal Island, *Chief Representative*

Ms Pauline McNeil, Permanent Secretary, Ministry of Health and Medical Services, Honiara, Guadalcanal Island, *Alternate*

Dr Gregory Jilini, Deputy Secretary (Health Care), Ministry of Health and Medical Services, Honiara, Guadalcanal Island, *Alternate*

**TUKELOAU**  
Honourable Associate Professor ‘Amelia Afuha’amango Tu’ipulotu, Minister of Health, Ministry of Health, Nuku’alofa, *Chief Representative*

Dr Siale ‘Akau’ola, Chief Executive Officer for Health, Ministry of Health, Nuku’alofa, *Alternate*

**TONGA**  
Honourable Isaia Vaipuna Taape, Minister of Health, Social Welfare and Gender Affairs, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, *Chief Representative*

Dr Taniela Kepa Siose (PHD), Acting Permanent Secretary of Health, Social Welfare and Gender Affairs, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, *Alternate*

Dr Katalina Filipo, Acting Director of Health, Social Welfare and Gender Affairs, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, *Alternate*

Ms Clare Brigid Whelan, Technical Advisor, Health Planning and Management, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, *Alternate*

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND**

**UNITED STATES OF AMERICA**  
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Kendra Chittenden, Senior Infectious Disease Advisor, Office of Technical Support Health Team Bureau for Asia, U.S. Agency for International Development, Washington, D.C., *Alternate*


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1 Unable to attend
Annex 2

UNITED STATES OF AMERICA (continued)

Adriana Gonzalez, Health Advisor, Office of Management, Policy, and Resources, Bureau of International Organization Affairs, U.S. Department of State, Washington, D.C., Alternate

Brittany Hayes, Global Health Officer, Office of Global Affairs, Department of Health and Human Services, Washington, D.C., Alternate

Gabrielle Lamourelle, Deputy Director for Multilateral Relations, Office of Global Affairs, Department of Health and Human Services, Washington, D.C., Alternate

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Robert James Simonds, Director, China Country Office, Centers for Disease Control and Prevention, Department of Health and Human Services, Beijing, Alternate

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Honourable Silas Bule Melve, Minister of Health, Ministry of Health, Port Vila, Chief Representative

Mr Russel Taviri Tamata, Director General, Ministry of Health, Port Vila, Alternate

VIET NAM

Professor Dr Nguyen Thanh Long, Acting Minister of Health, Ministry of Health, Hanoi, Chief Representative

Professor Dr Tran Van Thuan, Vice Minister of Health, Ministry of Health, Hanoi, Alternate

Dr Dang Viet Hung, Director General of International Cooperation Department, Ministry of Health, Hanoi, Alternate

Dr Nguyen Doan Tu, Director General of General Office of Population – Family Planning, Ministry of Health, Hanoi, Alternate

Associate Professor Dr Luong Ngoc Khue, Director General of Administration of Medical Services, Ministry of Health, Hanoi, Alternate

Associate Professor Dr Nguyen Thi Lien Huong, Director General of Viet Nam Health Environment Management Agency, Ministry of Health, Hanoi, Alternate

Associate Professor Dr Phan Le Thu Hang, Deputy Director of Department of Planning and Finance, Ministry of Health, Hanoi, Alternate
VIET NAM (continued)

Associate Professor Dr Le Viet Dung, Deputy Director of Drug Administration of Viet Nam, Ministry of Health, Hanoi, Alternate

Dr Hoang Minh Duc, Deputy Director General of Department of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Dr Nguyen Hung Long, Deputy Director of Viet Nam Food Administration, Ministry of Health, Hanoi, Alternate

Mr Do Trung Hung, Deputy Director of Legislation Department, Ministry of Health, Hanoi, Alternate

Dr Dinh Anh Tuan, Deputy Director of Department of Maternal and Child Health, Ministry of Health, Hanoi, Alternate

Ms Pham Thi Minh Chau, Deputy Director of Department of International Cooperation, Ministry of Health, Hanoi, Alternate

Associate Professor Dr Duong Thi Hong, Deputy Director of National Institute of Hygiene and Epidemiology, Ministry of Health, Hanoi, Alternate

Dr Nguyen Quang Thieu, Deputy Director, National Institute of Malariology, Parasitology, and Entomology, Ministry of Health, Hanoi, Alternate

Dr Vuong Anh Duong, Head of Medical Profession – Inspection, Senior Office Healthcare Division, Administration of Medical Services, Ministry of Health, Hanoi, Alternate

Mr Nguyen Xuan Truong, Director of Population Structure and Quality Department, General Office of Population – Family Planning, Ministry of Health, Hanoi, Alternate

Mr Luong Quang Dang, Deputy Director of Personnel Department, General Office of Population – Family Planning, Ministry of Health, Hanoi, Alternate

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Dr Nguyen Thi Hong Diem, Vice Head of Noncommunicable Diseases Control Division, General Department of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Ms Ha Thi Cam Van, Vice Head of Immunization and Biosafety Management Division, General Department of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Dr Do Manh Cuong, Vice Head of Division of Environmental and Community Health, Viet Nam Health Environment Management Agency, Ministry of Health, Hanoi, Alternate
Annex 2

VIET NAM (continued)

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Dr Ngo Duc Thang, Head of Epidemiology Faculty, National Institute of Malariology, Parasitology, and Entomology, Ministry of Health, Hanoi, Alternate

Ms Nguyen Thi My Ha, Official of General Department of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Ms Nguyen Lan Huong, Official of Department of Personnel and Organisation, Ministry of Health, Hanoi, Alternate

Ms Ngo Thi Huong Minh, Vice Head of Pharmaceutical Business Management Division, Drug Administration of Viet Nam, Ministry of Health, Hanoi, Alternate

Dr Duong Thi Hai Ngoc, Official of Department of Maternal and Child Health, Ministry of Health, Hanoi, Alternate

Ms Nguyen Man Ha Anh, Official of Viet Nam Food Administration, Ministry of Health, Hanoi, Alternate

Mr Nguyen Gia Hau, Official of Legislation Department, Ministry of Health, Hanoi, Alternate


Dr Tran Dai Quang, Official of General Department of Preventive Medicine, Ministry of Health, Hanoi, Alternate

Mr Hoang Anh Tuan, Official of International Cooperation Department, Ministry of Health, Hanoi, Alternate

Dr Nguyen Cong Luat, Official of National Immunisation Office, National Institute of Hygiene and Epidemiology, Ministry of Health, Hanoi, Alternate

Dr Nguyen Duc Vinh, Director General of Department of Maternal and Child Health, Ministry of Health, Hanoi, Alternate

Mr Nguyen Hai Ha, Secretary of Vice Minister, Ministry of Health, Hanoi, Alternate
II. REPRESENTATIVES OF UNITED NATIONS OFFICES, SPECIALIZED AGENCIES AND RELATED ORGANIZATIONS

INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)  Ms Miriam Mikhail
                                              Ms Pillar Carmen Orellana

INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO) Mr Parakrama M Dissanayake
                                                   Ms Chananphorn Sakdanuphap

INTERNATIONAL MARITIME ORGANIZATION (IMO) Ms Josephine Grajo Uranza

UNITED NATIONS ENVIRONMENT PROGRAMME (UNEP) Ms Kakuko Yoshida

III. OBSERVERS

ACCESS HEALTH INTERNATIONAL Dr Chang Liu

HARVARD PROGRAM IN GLOBAL SURGERY AND SOCIAL CHANGE Dr Zachary Fowler
                                                       Dr Kee Park
                                                       Dr Rennie Qin
                                                       Dr Sangchul Yoon

HEALTH PARTNERS, L.L.C. Dr Annette M. David

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA) Mr Shintaro Nakamura

McCABE CENTRE FOR LAW & CANCER Ms Hayley Ellis Jones

NATIONAL CENTER FOR GLOBAL HEALTH AND MEDICINE (NCGM), JAPAN Dr Norihiro Kokudo

NIIGATA UNIVERSITY Professor Hiroshi Ogawa

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Dr Elizabeth McLeod
Annex 2

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

PACIFIC COMMUNITY (SPC) Mr Taniela Sunia Soakai

V. REPRESENTATIVES OF NON-STATE ACTORS

ALZHEIMER’S DISEASE INTERNATIONAL (ADI) Ms Dy Yaya Suharya

BILL & MELINDA GATES FOUNDATION Ms Shion Seino

CHRISTIAN BLIND MISSION (CBM) Mr Barney McGlade

COCHRANE COLLABORATION Dr Tari Turner

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi) Mr Han Yang Chung

HELPAGE INTERNATIONAL Ms Caitlin Littleton

INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB) Mr Drew Keys

INTERNATIONAL ALLIANCE OF PATIENTS’ ORGANIZATIONS (IAPO) Mrs Karen Ida Alparce Villanueva

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP) Professor Daniel Shuen Sheng Fung

INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC) Ms Kate Reed

INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING (IFMBE) Dr Leila Lany Florento
INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS (ILEP)  
Mr Geoff Warne

INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS (IFMSA)  
Mr Mathew Siu Chun Chow  
Mr Leonard Sy Lim  
Mr Vuong Phan

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)  
Ms Ada Wong

INTERNATIONAL HOSPITAL FEDERATION (IHF)  
Dr Michael Brydon

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)  
Professor Akio Ikeda  
Professor Shichuo Li

INTERNATIONAL ORGANIZATION FOR MEDICAL PHYSICS (IOMP)  
Mr Delmar Royo Arzabal

INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)  
Mr John Jackson

INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION (IPSF)  
Mr Bill Whilson Antiojo Baljon  
Mr Rustam Shariq Mujtaba  
Ms Florensia Rahati Pujiani

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)  
Ms Natassha Kaur

INTERNATIONAL SOCIETY OF NEPHROLOGY (ISN)  
Professor Robyn Langham

INTERNATIONAL SOCIETY OF PEDIATRIC ONCOLOGY (SIOP)  
Professor Rashmi Dalvi

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

INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS (ISRRT)  
Ms Chek Wee Tan
Annex 2

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<tr>
<th>Organization</th>
<th>Representative</th>
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<tbody>
<tr>
<td>INTERNATIONAL UNION AGAINST SEXUALLY TRANSMITTED INFECTIONS (IUSTI)</td>
<td>Professor Suzanne Marie Garland</td>
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<tr>
<td>INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION)</td>
<td>Dr Tara Singh Bam</td>
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<tr>
<td>INTERNATIONAL UNION OF IMMUNOLOGICAL SOCIETIES (UIIS)</td>
<td>Dr Roslyn Kemp</td>
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<tr>
<td>INTERNATIONAL UNION OF TOXICOLOGY (IUTOX)</td>
<td>Dr Salmaan Inayat-Hussain</td>
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<tr>
<td>ITALIAN ASSOCIATION FRIENDS OF RAOUl FOLLEREAU (AIFO)</td>
<td>Mr Franco Macera</td>
</tr>
<tr>
<td>MEDICINES FOR MALARIA VENTURE (MMV)</td>
<td>Dr Caroline Anita Lynch</td>
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<tr>
<td>PUBLIC SERVICES INTERNATIONAL (PSI)</td>
<td>Mrs Susana Barria</td>
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<td>Mr Mark Anthony Kearin</td>
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<tr>
<td>TASK FORCE FOR GLOBAL HEALTH (TFGH)</td>
<td>Ms Courtenay Anne Dusenbury</td>
</tr>
<tr>
<td>THE NETWORK: TOWARDS UNITY FOR HEALTH (TUFH)</td>
<td>Professor Constance Dimity Pond</td>
</tr>
<tr>
<td>WATERAID INTERNATIONAL (WAi)</td>
<td>Mrs Alison Macintyre</td>
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<tr>
<td>WORLD FEDERATION OF CHIROPRACTIC (WFC)</td>
<td>Dr Martin Camara</td>
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<tr>
<td>WORLD HEPATITIS ALLIANCE (WHA)</td>
<td>Ms Lien Tran</td>
</tr>
<tr>
<td>WORLD HYPERTENSION LEAGUE (WHL)</td>
<td>Dr Xin-Hua Zhang</td>
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<td>Ms Yu Zhang</td>
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<tr>
<td>WORLD MEDICAL ASSOCIATION (WMA)</td>
<td>Dr Rui Nakamura</td>
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<tr>
<td>WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)</td>
<td>Professor Mohammad Husni Jamal</td>
</tr>
</tbody>
</table>
LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES
MADE AND SUBMITTED STATEMENTS TO THE REGIONAL COMMITTEE

Access Health International
Alzheimer's Disease International (ADI)
Health Partners, L.L.C.
HelpAge International (HelpAge)
International Association for Child and Adolescent Psychiatry, and Allied Professions (IACAPAP)
International Association for Hospice and Palliative Care Inc. (IAHPC)
International Atomic Energy Agency (IAEA)
International Bureau for Epilepsy (IBE)
International Civil Aviation Organization (ICAO)
International Council of Nurses (ICN)
International Federation of Anti-Leprosy Associations (ILEP)
International Federation of Medical Students’ Associations (IFMSA)
International Federation of Surgical Colleges (IFSC)
International League Against Epilepsy (ILAE)
International Pharmaceutical Students’ Federation (IPSF)
International Pediatric Association (IPA)
International Planned Parenthood Federation (IPPF)
International Society of Nephrology (ISN)
International Society of Physical and Rehabilitation Medicine (ISPRM)
International Union of Against Tuberculosis and Lung Disease (The Union)
International Union of Nutritional Science (IUNS)
KNCV Tuberculosis Foundation (KNCV)
McCabe Center
Medicines for Malaria Venture (MMV)
Program in Global Surgery and Social Change (PGSSC)
Annex 3

Public Services International (PSI)
Royal National Lifeboat Institution (RNLI)
Save the Children
Task Force for Global Health (TFGH)
United Nations Environment Programme (UNEP)
WaterAid
World Federation of Occupational Therapists (WFOT)
World Federation of Societies of Anaesthesiologists (WFSA)
World Heart Federation (WHF)
World Hepatitis Alliance (WHA)
World Obesity Federation (WOF)
World Organization of Family Doctors (WONCA)
World Stroke Organization (WSO)
Honourable Ministers

Distinguished Representatives

Dr Takeshi Kasai, Regional Director

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

Ladies and Gentlemen, it is wonderful to see you all at the seventy-first session of the WHO Regional Committee for the Western Pacific. My apologies that I cannot join you in real time today.

Excellencies, we gathered this time last year in Manila, for an exciting week: the first Regional Committee under the leadership of Dr Kasai as RD.

Of course, the world has changed dramatically since that time, as a result of COVID-19, with profound implications for life as we know it. In our Region alone, approximately 600,000 people have been confirmed as infected, and sadly, more than 12,000 people have died.

I know we will hear more about the Region’s response to COVID-19 later today during the Regional Director’s address.

It is now my great pleasure and honour to be able to report to you on some of the progress that has been achieved since last year.

First, the Regional Committee endorsed a new vision for WHO’s work in our Region, For the Future. The vision document was proposed by the Regional Director after extensive consultation with Member States, partners and WHO staff.

While the pandemic has meant adjusting many of our specific plans, the For the Future vision remains very relevant today. I congratulate the Regional Director and Secretariat for continuing to implement our shared vision in the time of COVID-19. We will hear more about this in the Regional Director’s address later this morning.

Second, last year we held a very interesting panel discussion on ageing and health.

Countries noted that the speed of population ageing is accelerating in Western Pacific Region, and requested WHO to develop a new Regional Action Plan on Healthy Ageing. Over the past twelve months, WPRO has consulted experts, partners and colleagues from Member States to draft a Regional Action Plan. We will consider this later this week.

Third, the Regional Committee endorsed the Regional Action Plan for Tobacco Control in the Western Pacific. Tobacco use remains a major threat to health and lives in our Region. Indeed, smokers are more likely to develop severe disease if they become sick with COVID-19. To continue our work on tobacco control in the time of COVID-19, WPRO has continued its support to countries to build capacity for tobacco
cessation services, and protecting tobacco control policies from the tobacco industry taking advantage of this health emergency to promote new products.

**Fourth**, the Regional Committee endorsed the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing*.

In the last year, WPRO has been supporting countries in developing or strengthening national policies to regulate food marketing. In addition, a regional consultation is being planned to facilitate dialogue, exchanges of knowledge, experiences, lessons and best practices among Member States. The COVID-19 pandemic highlights the need for strong action to protect children from the harmful impact of food marketing, as unhealthy diets contribute to pre-existing conditions which put them more at risk.

**Fifth**, the Regional Committee endorsed the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*.

Over the last 12 months, Member States in the Western Pacific Region have accelerated the development of policies, enhanced national action plans and strengthened systems to combat Antimicrobial Resistance. We have made good progress, especially in strengthening stewardship of antimicrobials, as a result of strengthened systems on monitoring and surveillance of antimicrobial consumption.

Excellencies, we have another busy few days ahead of us – although in very different circumstances to last year. This is the first time the Regional Committee has met virtually. I look forward to working with all of you to advance our Region’s health agenda.

I would like to thank last year’s Vice-Chairperson, the Honourable Dato Dr Isham from Brunei, and the other office bearers, for their wonderful support.

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

Thank you very much.
Your Excellencies
Secretary Duque, Chair of the Regional Committee,
Honourable Ministers and Heads of delegations,
My Regional Director, Dr Takeshi Kasai,
Excellencies, dear colleagues and friends:

I offer my deep thanks and admiration to your health workers and I offer my commitment that WHO will continue to work with you and support you to end this pandemic and build back better.

I’d like to take this opportunity to thank so many Member States in the Region for your support and solidarity during this crisis. And thank you, my brother Takeshi, for your leadership during this important period. It’s hard to imagine that when this Committee met a year ago, COVID-19 was still completely unknown to us. Actually last year, in August, I visited many countries in the Pacific, including Tahiti, Tonga, Tuvalu and Fiji. And I never imagined (about) this situation during my visit, (and) which was a very, very successful visit. But you can imagine how the world has changed now.

The COVID-19 pandemic has upended our health systems, societies, and economies. This new virus might have originated in the Western Pacific, but so far, your Region has reported the fewest cases and deaths of any Region. This is no accident: many WPRO countries are an example for the rest of the world of the long term benefits of investing in emergency preparedness and response. Through painful past experience, many of your countries have developed a strong muscle memory that has helped you to prevent infections and save lives. But all countries must remain vigilant. The virus is still circulating and most people remain susceptible. Hard won gains can be easily lost.

Since the beginning of the pandemic, WHO has been working to support your countries in many ways, at all three levels of the Organization. We have sent missions to several countries in the Western Pacific. We have sourced, validated, purchased and delivered more than 20 millions items of personal protective equipment, and more than 500 000 tests. The openwho.org learning platform has provided online training in 8 regional languages, with 300 000 enrolments from the Western Pacific Region alone. And through the access to the COVID-19 tools Accelerator, and the COVAX facility, we’re working to ensure that if and when a vaccine is proven to be safe and effective, it will be accessible equitably for all countries in your Region.

Thank you to the eight Member States who have signed commitments agreements with the COVAX facility or have confirmed your intent to participate. This is a strong statement of solidarity with the 15 Members States who are eligible for support through the COVAX facility advanced market commitments. Ensuring equitable access to vaccines, diagnostics and therapeutics is not just the right thing to do: it’s the smart thing to do to catalyze the global economic recovery.

But we cannot wait for a vaccine: we must save lives with the tools we have at hand. WHO is urging countries to focus on 4 essential priorities:

First, prevent amplifying events. All around the world, explosive outbreaks have been linked to gatherings at stadiums, night clubs, places of worships and other crowds.
Second, protect the vulnerable. To save lives and reduce the burden on the health systems of severely and critically ill patients.

Third, educate and empower communities to protect themselves and others. Physical distancing, hand hygiene, respiratory etiquette and masks can all help to curb transmission and save lives – not in isolation, but together.

And fourth, persist with the public health basics: find, isolate, test and care for cases, and trace and quarantine their contacts.

Countries that do these four things and do them well can reopen their societies, economies and borders safely.

Excellencies, the effects of the pandemic will be long lasting and far reaching. We still have an enormous challenge in front of us to bring this virus under control. But an ever bigger challenge will be what we do after the pandemic ends: the pandemic has illustrated that now, more than ever, investing in health is not just the right thing to do: it is the smart thing to do. COVID-19 is a powerful demonstration of why the triple billion targets of the GPW13 and WPR’s For the Future vision are so important and why we must pursue them with even more determination.

The pandemic has highlighted that healthy populations, UHC and health security are inseparable. Likewise, none of the 4 thematic areas of For the Future vision (antimicrobial resistance, NCDs and ageing, climate change and environment, and communicable diseases and maternal mortality) can be addressed in isolation.

Throughout the response, we have seen how WHO’s transformation is helping to make us more agile and responsive, and to deliver the support the world needs.

Our new operating model, which aligns our organizational structure vertically at all three levels, is helping us to deliver impact in countries.

Working with the Emergencies Programme and building on the R&D Blueprint, our newly formed Science Division has brought together researchers from around the world to identify priorities, in the shape of the Solidarity Trial, and quality assured our scientific publications and guidance. Our new Division of Emergency preparedness has developed the COVID-19 Partners platform, supported inter-action reviews and is working closely with the UHC division to improve and maintain public health functions and essential services.

Working with the emergencies programme, the Division of data and delivery for impact and the Digital health department have developed tools under ICD-10 for monitoring COVID-19 associated mortality.

The open WHO.org learning platform has provided powerful proof of concept for the WHO Academy.

My brothers and sisters, this pandemic will end. But it will not be the last one. We have a shared responsibility to her children and our children’s children to leave the world better prepared for the next pandemic. This is a scientific and technical challenge. But more than that, it is a test of character. As I have said many times, the keys to defeating this pandemic are unity and solidarity. This is true in families, neighborhoods and communities, and it’s true at the regional and global levels. When we act out of self-interest, we provide an opportunity for the virus to spread; when we act in solidarity, the virus can be stopped. The stakes have never been higher; but nor has the prize: a healthier, safer, fairer and more sustainable world. Thank you so much.
ADDRESS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI
AT THE SEVENTY-FIRST SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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

Good morning! And welcome again to the seventy-first session of the Regional Committee for the Western Pacific.

I would like to extend an especially warm welcome to new Ministers joining us for the first time.

Congratulations to our Chair, Honourable Secretary Duque from the Philippines. Secretary, thank you very much for taking on this important role in this difficult time. I know there are many other demands on your time.

Honourable Ministers and distinguished delegates: last year, we gathered in Manila and talked about how, together, we would work towards addressing the challenges facing our Region in the future.

None of us could have imagined how quickly the future would arrive. COVID-19 is the most challenging public health event we have seen in 100 years – and it is testing not only the capacity of our health systems, but also the resilience of our societies and economies.

The Report before you, reflects our dramatically changed world. It highlights how WHO has been working to respond to COVID-19 in our Region, while at the same time driving forward our vision to make the Western Pacific the healthiest and safest region.

Before I turn to that, I would like to appreciate the minute of silence led by the outgoing Vice-Chair earlier. When I reflect on the last nine months, I think – with great sadness – of the many families who have lost loved ones to the virus.

This year has also seen the loss of some giants of the Western Pacific Region’s public health community, with the recent passing of former Cook Islands Prime Minister Joe Williams, as well as former Cooks Health Minister Nandi Glassie. Earlier this year, former WHO Regional Director, Dr S.T. Han, also passed away. I pay my respects to all of them and send my condolences to their families.

Honourable Ministers and distinguished delegates, as soon as For the Future was endorsed last year, we started work on operationalising it in our programme budget, so that we could start implementation on January 1 this year.

Then our plans changed – along with those of the rest of the world – when, in late December, we were first alerted to a cluster of pneumonia cases of unknown cause in Wuhan.

Our Region has been investing in preparedness for health emergencies for more than a decade, guided by the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, or APSED – now in its third iteration. APSED III has been built on lessons from SARS, the H1N1 influenza pandemic and other real-life events. The importance of continuing to invest in preparedness is also a central theme of For the Future.
In January of this year, the response systems we have spent years building were activated, beginning with the cycle of risk assessment.

At WHO, we realized we would need to deliver our commitments differently than planned. We began repurposing staff, and triggered our Business Continuity Plan – to ensure that we could remain fully operational even as much of the world went into lockdown.

We developed a reprioritized workplan, identifying work on essential services – such as measles, tuberculosis, malaria and maternal and child health – which had to continue; as well as work in areas such as health systems – critical for the COVID-19 response – which had to be fast-tracked.

The pandemic certainly changed our plans for 2020. But rather than delaying the implementation of our vision, the pandemic response has reinforced its importance: COVID19 has amplified the challenges facing the Region’s health systems, and pushed us to think even harder about how to address these challenges for the future.

Honourable Ministers and distinguished delegates, before I describe our COVID-19 response in more detail, I would now like to hand over to the newly appointed Director of Health Security and Emergencies, Dr Babatunde Olowokure, to provide a COVID-19 briefing.

[Regional COVID-19 situation is presented by Dr Babatunde Olowokure, Director, Health Security and Emergencies/Regional Emergency Director]

Thank you very much, Babatunde.

Honourable delegates, COVID-19 has created unprecedented challenges for our Region and the world. I would like now to very briefly describe the actions we have taken to respond, in line with the International Health Regulations and tailored to each country’s needs.

Since day one, we have facilitated information-sharing, including through regular videoconferences with countries and partners, which have helped countries improve their response and preparation. For example, early on we learnt from China that we can suppress transmission, and from the Republic of Korea about the importance of quickly scaling up testing capacity as part of the public health response.

We have been constantly assessing data and using it to develop guidance for countries – for instance, on preparing for large-scale community transmission, and infection prevention and control.

We have provided supplies and equipment from the WHO stockpile: almost seven million masks, more than one million respirators, and 370,000 diagnostic tests have now been delivered across the Region.

We have been coordinating research and development – including facilitating participation from our Region in the WHO Solidarity Trial for therapeutics.

Partnerships have never been more important – especially at country level. For instance, in the Pacific, staff from WHO, DFAT, MFAT, UN agencies and other partners worked side-by-side as part of the Joint Incident Management Team. We’ve also strengthened our relationships with WHO Collaborating Centres working on various aspects of the response.

And, we’ve been working with countries to scale up their capacity to fight misinformation. In a pandemic, rumours can be just as dangerous as the virus itself. Communications has been a crucial tool in our response.
Consistent with the APSED principle of ‘learn and improve’, we organized a special session of the APSED Technical Advisory Group – or TAG – to take stock of the response, which confirmed that our actions were in line with APSED implementation.

Have we done everything perfectly? I’m sure we have not, and I personally look forward to the outcomes of the various independent international reviews of the pandemic response currently underway, to see how we can improve further.

Honourable representatives, there is one very important aspect of our COVID-19 response I haven’t yet touched on, and which I would like to discuss now: the provision of tailored support to countries.

From the beginning, country support has been our highest priority. This is in keeping with For the Future’s emphasis on the need for responsiveness to each country’s unique context – and it has been especially important in the COVID context.

As we have seen, this virus has no regard for international borders. If any one country is vulnerable, every country – and our Region – remains at risk. We have provided tailored support on a wide range of issues, based on our knowledge of country contexts – from training on specimen collection, biosafety and laboratory diagnosis, to establishing multi-source surveillance systems, strengthening infection prevention and control in hospitals, and of course, scaling up contact tracing.

Unfortunately, we don’t have time to go into detail about all of this work, but I’d like to share a few examples now – in lieu of our traditional RCM ‘work in countries’ session, where at past RCMs we have discussed the attributes of good country support.

First, let’s go to Mongolia, which took early and decisive action to stop the virus, made possible by years of APSED implementation. While they were keeping the virus out, the Ministry of Health, with WHO’s support, conducted a simulation exercise to prepare for large scale community transmission. Let’s take a look.

[Mongolia video plays; refer to paragraphs 10 and 11 of this report for a summary]

Thank you very much, colleagues from Mongolia.

Strategic communications was one of the operational shifts in the For the Future vision, and across the Region, has been a critical tool in the COVID-19 response. Let’s look at one example – from Lao People’s Democratic Republic, where WHO and the Ministry of Health have been working together on risk communications. Let’s play the video please.

[Lao People’s Democratic Republic video plays; refer to paragraphs 12 and 13 of this report for a summary]

Thank you very much, Minister Bounkong and WR Laos.

Third, we go to the Federated States of Micronesia, where WHO has been working with the government on border control, as well as community engagement using a “grounds up” approach – another of the operational shifts included in the For the Future vision. Let’s play the video please.

[Federated States of Micronesia video plays; refer to paragraphs 14 and 15 of this report for a summary]

Thank you very much, Secretary Taulung and colleagues from FSM.
The *For the Future* paper emphasises the importance of WHO responding to every country’s unique contexts and needs. I hope these examples demonstrate how we have sought to do that as part of the COVID response.

Honourable Ministers and distinguished delegates, while the pandemic disrupted many of our plans for this year, in many ways COVID-19 has made our *For the Future* vision more relevant than ever.

We agreed last year that we should work today to address the challenges of tomorrow, including the threat of a major pandemic. With COVID-19, the future is well and truly here.

The human and economic costs of the pandemic have been devastating. As a result, there has never been more attention on health, and the links between health and economic security. This has created a unique moment – not only because of the pandemic, but because the pandemic has created the conditions in which we have the opportunity to change our future.

COVID-19 has exposed weaknesses in our health systems – making the task of reforming these systems to be fit for the future ever more urgent. The pandemic has also placed new demands on all of us as individuals, to take actions – such as mask wearing and hand washing – to protect both ourselves and others.

The preamble to the WHO constitution says that the health of all peoples is “dependent on the fullest co-operation of individuals and States”. This has never been more true. In the COVID world, individuals, communities, the private sector, and governments all have roles and responsibilities in securing and maintaining good health.

Every day we report on the number of people who have died from COVID-19. Every one of those numbers is a life lost – and a family which will never be the same. I believe we have an obligation to these families not only to protect against disease threats today, but to build a better future.

We did not choose this moment, but we must seize it – by doing the hard work of creating a ‘new normal’, where communities which are resilient against infectious diseases provide the foundation for healthier and more sustainable societies and economies overall.

Excellencies, distinguished delegates: 2020 has been a very difficult year. I began this speech by talking about my feelings of sadness for those who have lost their lives.

When I reflect on this year, I also think – with great gratitude and humility – of the millions of health professionals and other essential workers around our Region and the world who have continued going to work every day to look after the sick, and to keep the rest of us safe.

I also feel pride in WHO and Ministry of Health staff in countries, who, with care and compassion, have been working so hard on the response often at considerable personal cost.

I ask you to join with me in a moment of applause as a sign of our thanks.

I am also proud of the spirit of solidarity that has characterized interactions between countries of our Region over the last nine months – from technical exchanges on issues such as laboratory testing and clinical management, to working together in joint incident management teams, to governments’ commitments to support countries across the Region to access a vaccine should one become available.

In these difficult times, countries have come together in a spirit of cooperation and collaboration – borne out of a recognition that no country in our Region is safe until every country is safe. We really are all in this together.
As we navigate our way through the COVID era and beyond to advance our vision for the future, these are the values that I hope will continue to guide us: humility, compassion, support for the vulnerable, and solidarity.

I sincerely thank Member States for your trust in me to continue to lead WHO’s work in the Western Pacific, as we continue our journey – despite the difficult circumstances we face currently – to become the healthiest and safest region in the world.

Thank you very much.
Annex 6
ADDRESS BY THE INCOMING CHAIRPERSON
HONOURABLE FRANCISCO DUQUE III,
SECRETARY OF HEALTH, DEPARTMENT OF HEALTH, PHILIPPINES
AT THE SEVENTY-FIRST SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers
Distinguished Representatives
Dr Takeshi Kasai, Regional Director
Representatives of United Nations agencies, intergovernmental organizations and nongovernmental organizations
Distinguished colleagues, ladies and gentlemen:

Thank you for your trust and confidence in electing me to chair this seventy-first session of the WHO Regional Committee for the Western Pacific – a meeting which is, of course, taking place under very unusual circumstances.

I thank the outgoing Chairperson, Honourable Minister Park from the Republic of Korea, the outgoing Vice-Chairperson, the Honourable Dato Dr Isham from Brunei, and other officers of the last session. I will do my best to follow their excellent example and to manage our programme well this week.

Distinguished colleagues, we heard yesterday the report of the Regional Director, including an overview of the COVID-19 situation in the region, and an update on WHO’s work in supporting countries in responding to COVID-19.

RD Kasai, the circumstances in which we meet this year are very different to last year when we came together to endorse the For the Future vision. Thank you for all of your work to continue driving forward implementation of that vision in the time of COVID-19, as we work together to adjust to a “new normal” and create a new future.

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

First, vaccine-preventable diseases and immunization. Control and elimination of vaccine-preventable diseases has long been a flagship programme for this Region. The Regional Committee has previously endorsed regional strategies for implementation of the global vaccine action plan, and measles and rubella elimination. Many countries of the Region have made great progress in achieving regional immunization goals – for example, in sustaining polio-free status, eliminating measles and rubella, and strengthening hepatitis B control. Many countries have also strengthened their immunization systems and programmes.

Despite these achievements, the number of people unreached by immunization efforts in our Region is still high in some countries, which has resulted in outbreaks of several vaccine-preventable diseases in the Region in the last few years. In addition, immunization service delivery has not expanded significantly beyond childhood immunization programmes, even though additional vaccines are now available for older age groups. There is an urgent need to strengthen and expand immunization systems and programmes, as an integral part of strong health systems.
Mindful of these challenges, the Regional Committee is invited to consider for endorsement the draft Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific (2021–2030).

**Second, safe and affordable surgery.** Surgical interventions are required to address many health conditions, and as such are critical to saving lives. Indeed, access to safe and affordable surgery is necessary to achieve universal health coverage.

Yet in our Region, access varies widely. Furthermore, in some settings or for certain populations, the costs of surgical care result in serious financial hardship. Patient safety is also a critical concern. Barriers to improving access to safe and affordable surgery include weaknesses in existing health systems, relatively less attention in national planning, and implementation of very siloed approaches.

Achieving universal access to safe and affordable surgery requires establishing a vision with the engagement of stakeholders within and outside of the health sector, as well as strengthening or redesigning service delivery systems to deliver quality care.

The proposed Action Framework for Safe and Affordable Surgery in the Western Pacific Region guides Member States through a process to identify actions to achieve safe and affordable surgery, as part of long-term national health and development plans.

**And third, ageing and health.** The Western Pacific Region is home to more than one third of the world’s older adults – those 65 years and older. Further, many younger countries and areas in the Region are transitioning to becoming ‘aged’ societies faster than already aged countries.

Last year, the Regional Committee agreed that population ageing has significant health, social and economic implications, and adapting to these changes requires taking early action to generate a whole-of-society transformation beyond the health sector. Acknowledging that preparing for such demographic change takes time, the Secretariat was asked to draft a new Regional Action Plan for healthy ageing.

The ongoing COVID-19 pandemic, which has disproportionately affected older people, has made it ever more important to prepare for healthy ageing today. With this in mind, the Committee is invited to review and consider the draft Regional Action Plan on Healthy Ageing in the Western Pacific.

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

Excellencies, distinguished delegates: thank you again for your confidence in electing me as Chair of this important meeting. I very much look forward to our discussions. We have a lot to do and less time than usual to do it, so let’s get back to work!

Thank you very much.
CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR TAKESHI KASAI AT THE SEVENTY-FIRST SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Vice-Chairperson 
Honourable Ministers
Distinguished Representatives:

It has been another very busy, but I think successful, RCM week.

Of course, it has also been an unusual week – the first time the Regional Committee has met virtually. We missed seeing you all in person, but I appreciate the support of all Member States which helped to ensure the virtual meeting ran very smoothly.

I would also like to thank Member States for your support for our work on the COVID-19 response. This year has, clearly, been a very difficult year. But as I said on Tuesday, I am proud of the solidarity which has characterised this Region’s response to the pandemic. This is our regional tradition. We are in this together, and we can only come out of it together.

I also very much appreciate your continued strong support for our For the Future vision, which we are committed to driving forward in the time of COVID-19.

I was greatly encouraged by hearing reference to our shared vision in Member States’ interventions throughout the week.

Our aim was always that this be a shared vision, and after this week I really feel again that this is the case.

We also worked through three very important technical agenda items: ageing and health, safe and affordable surgery, and vaccine-preventable diseases and immunization. I really appreciate Member States’ support for our work on these items, and look forward to continuing to work with you on these issues.

In addition to our formal sessions, we also held side events on innovation, and driving forward the For the Future vision. Even with our truncated timetable, I’m pleased we were able to provide a setting to discuss these issues.

And despite not being together in person, I was happy to see all of you coming together in dance during our mobility breaks! But of course, I miss seeing all of your wonderful performances during the RD’s dinner – and very much hope we will be able to resume this tradition next year.

I would like to thank our excellent office-bearers:

Chairperson, the Honourable Francisco Duque III, Secretary of Health from the Philippines;
Vice-Chairperson, the Honourable Dr Waqainabete, Minister of Health and Medical Services of Fiji;
Mr Junxiong Teo of Singapore, English rapporteur;
Mr Thibaut Demaneuf of New Caledonia, our French rapporteur.
Annex 8

We have prepared some small gifts as tokens of our appreciation, which we will send to Secretary Duque, Mr Teo and Mr Demaneuf.

But since my colleagues from WHO’s South Pacific office are with Minister Wanga in Fiji, I would ask them to hand over his gift now.

*(Gift to the Vice-Chair is handed over)*

I thank all of my staff who have been working very hard to prepare for this RCM and to ensure that our meeting ran smoothly this week. I say every year that once the meeting starts it is already finished, if we are well prepared. Thank you to all WHO staff for your hard work: you can all take the afternoon off.

Distinguished representatives, I would like to end the meeting by going back to where we began – with our gratitude to the millions of health care professionals and other essential workers from around our Region who have kept showing up to work every day, to look after the sick and keep the rest of us safe.

With your help, we prepared this short message of thanks. Let’s play the video please.

*(Thank you video plays)*

Distinguished representatives, I sincerely thank you all for your virtual presence this week, and your continued support. Please stay healthy and safe – and I look forward to seeing you all again, I hope very soon.

Thank you very much.