

Report of the regional committees to the Executive Board

Report by the Director-General

1. This report summarizes the proceedings of the latest sessions of the WHO regional committees, based on the reports of the chairs.¹ It has been prepared pursuant to the proposals for enhancing alignment between the regional committees and the Executive Board, and the decision by the World Health Assembly that chairs of the regional committees should routinely submit a summary report of the committees' deliberations to the Board.² The report focuses on the key issues and outcomes, particularly those that are of global significance and those that respond to decisions of the Health Assembly and Executive Board.

2. The six regional committees met between 24 August and 29 October 2021 as follows:

- Seventy-first session of the Regional Committee for Africa, 24–26 August, Brazzaville, chaired by Professor Moustafa Mijiyawa, Minister of Health and Public Health, Togo;
- Seventy-fourth session of the Regional Committee for South-East Asia, 6–10 September, New Delhi, chaired by Mr Umesh Shrestha, State Minister of Health and Population, Nepal;
- Seventy-first session of the Regional Committee for Europe, 13–15 September, Copenhagen, chaired by Ms Ogerta Manastirliu, Minister of Health and Social Protection, Albania;
- Fifty-ninth Directing Council of the Pan American Health Organization (PAHO)/Seventy-third session of the Regional Committee for the Americas, 20–24 September, Washington, DC, chaired by Dr Christopher Tufton, Minister of Health and Wellness, Jamaica;
- Sixty-eighth session of the Regional Committee for the Eastern Mediterranean, 11–14 October, Cairo, chaired by Dr Ali Muhammad Miftah Al-Zinati, Minister of Health, Libya;
- Seventy-second session of the Regional Committee for the Western Pacific, 25–29 October, Japan, chaired by Mr Hiroshi Yamamoto, State Minister, Ministry of Health, Labour and Welfare, Japan.

¹ Summary reports of the regional committees are posted on the WHO website (<https://apps.who.int/gb/statements/RC/2021/>, accessed 13 December 2021).

² See decision WHA65(9) (2012) on WHO reform, paragraph (4)(d).

3. Owing to the global pandemic of coronavirus disease (COVID-19), all the regional committees except one met in virtual sessions. Special procedures were adopted by each Committee as relevant to enable proceedings to take place and business to be concluded. Written silence procedures were also used as relevant, before and after the meetings.

TOPICS FOR GLOBAL DISCUSSION

Sustainable financing

4. The Board in decision EB148(12) (2021) on sustainable financing requested the Working Group on Sustainable Financing to submit an interim report on its work to the Seventy-fourth World Health Assembly as well as to the regional committees in 2021, and to submit its final report for consideration by the Board at its 150th session. The Chair of the Working Group presented its interim report to the regional committees and posed five specific questions for consideration: (1) Do the Member States share the view that WHO's base segment of the programme budget should be at least 50% funded by assessed contributions in order to ensure integrity and safeguard the independence of WHO? (2) Do the Member States share the view of the Independent Panel for Pandemic Preparedness and Response that the entire base budget should be fully funded by unearmarked flexible contributions? (3) Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for assessed contribution increase and adopting an incremental implementation schedule? (4) Do the Member States agree to explore the recommendation of the Independent Panel for Pandemic Preparedness and Response for a replenishment model to cover the remaining part of the base segment of the programme budget both by Member States and non-State actors? and (5) What are the best practices and lessons learned for prioritization in the regions?

5. The Regional Committee for Africa supported the proposals in regard to funding of the programme budget and an increase in assessed contributions. It requested information on the proposed replenishment mechanism, how it related to other initiatives, the experience of other sister agencies, and the criteria that would be used for allocating increases to Member States' contributions. It recommended an incremental approach to the proposed increase of contributions, starting from the biennium 2024–2025. It also recommended an assessment of the status of Member States' economies in order to design a contribution model based on equity and taking into account each country's gross domestic product, as well as its ability to honour its financial commitments, while promoting the idea of sustainable financing for health at national level, drawing on domestic financing opportunities. It further recommended the holding of regular high-level intersectoral discussions among the ministries of health, finance and planning to build consensus on sustainably financing health in general and WHO in particular.

6. The Regional Committee for the Americas expressed consensus on the need to improve the predictability and sustainability of WHO's financing, but pointed out that other issues need to be considered in tandem with the question of sustainable financing, including governance, prioritization, and efficiency, transparency and accountability in the use of resources. Prioritization was considered especially important. The Region of the Americas had valuable experience with bottom-up prioritization, which should be shared with the Working Group and with the Secretariat. Some support was expressed for an increase in assessed contributions, but the economic toll of the COVID-19 pandemic would make it difficult to meet an increased financial obligation. It was emphasized that any increase in assessed contributions would need to go hand in hand with ongoing reform of WHO and must be accompanied by greater transparency and accountability on the part of both the Secretariat and Member States, especially with regard to the cost of any proposed new initiatives. Some Member States favoured exploring the option of a replenishment model; others did not consider such a model

appropriate for WHO and favoured strengthening existing financing structures before contemplating the creation of new ones.

7. The Regional Committee for South-East Asia recognized the mismatch between the broad scope of WHO's work and the available resources, and the need for a sustainable financing model. It expressed agreement to funding at least 50% of the base budget in a sustainable manner, understanding that an increase in assessed contributions might be inevitable. The Committee suggested that a phased approach be adopted with an incremental schedule, taking into consideration countries' situations resulting from the COVID-19 pandemic. It recommended finding diverse sources of flexible funding, including engagement with non-State actors and the possible adoption of a replenishment model that would be suitable for WHO.

8. The Regional Committee for Europe expressed willingness to consider an increase in assessed contributions, potentially capped at an appropriate level, but Member States said that it was essential to increase WHO's effectiveness, accountability and transparency as well as its impact at country level. Voluntary contributions should be flexible, predictable and provided over at least the medium term. All proposed changes in the financing model should be assessed for both potential benefits and potential risks. Sustainable financing should encompass all three levels of the Organization and discussions should include the question of resource allocation across the major offices; this was reflected in resolution EUR/RC71/R6 on WHO sustainable financing in the European Region adopted by the Committee.

9. The Regional Committee for the Eastern Mediterranean welcomed the recommendations of the Working Group, agreed that WHO needed to be sustainably financed and supported an increase in funding. Some Member States considered that increase in assessed contributions should be introduced gradually and should take into account the financial impact of the COVID-19 pandemic on Member States. There were also calls for innovative funding models and equitable distribution of the programme budget across the three levels of the Organization, including support to explore further the pledging model for pooled unearmarked voluntary contributions.

10. The Regional Committee for the Western Pacific expressed broad support for increasing assessed contributions to fund a higher proportion of the base segment of WHO's programme budget, with several Member States specifying that assessed contributions should make up 50% of the base segment. Some Member States emphasized that any increase must be incremental and several emphasized that any benefits from increased sustainable financing must be equitably shared. Overall, the Committee was open to further exploration of alternative financing mechanisms, such as a replenishment model. More detail was requested on a potential increase in assessed contributions and the importance was highlighted of any increase being linked to reforms to improve governance, accountability and transparency.

Programme budget 2022–2023

11. The regional committees were updated on the process of revision of the Programme budget 2022–2023 approved by the Seventy-fourth World Health Assembly in resolution WHA74.3 (2021). They noted the implications of the Programme budget for the regions.

Update on the work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies

12. The co-chairs of the Working Group variously addressed each regional committee and explained the method of work and expected outputs of the working group.

13. The Regional Committee for the Americas underscored the need to ensure that discussions on strengthening WHO did not lead to further fragmentation of the global health architecture. It emphasized that the outcome should be to strengthen, not weaken, WHO as the leading global health authority and coordinator of global health emergency preparedness and response efforts. Some Member States supported the negotiation of a new convention or other instrument on pandemic preparedness and response, while others were of the view that the focus should be on strengthening and ensuring compliance with the International Health Regulations (2005) and on the need to fill gaps revealed by the pandemic. Negotiating a new convention would take considerable time and could not therefore be viewed as a short-term solution to the problems highlighted by the pandemic. It would be necessary to carefully weigh the potential advantages and added value of a new convention and also consider whether a new instrument would avoid the problems caused by non-compliance with the Regulations during the pandemic and promote greater equity with regard to preparedness for, response to and recovery from future health emergencies. In any case, action to strengthen the Regulations should not be postponed and greater international cooperation, including financial cooperation, would be needed to enable all countries to build the core capacities necessary to fully implement the Regulations.

14. The Regional Committee for South-East Asia considered that strengthening the implementation of and compliance with the International Health Regulations (2005) was a clear priority for all Member States, including strengthening core capacities at national and subnational levels. The establishment of a new global mechanism that would enable more equitable distribution of pandemic products and facilitate technology transfer and voluntary licensing was a top priority.

15. The Regional Committee for the Western Pacific stressed the importance of building consensus not only among Member States but also with other stakeholders, as governments alone cannot implement the necessary wide-ranging preparedness and response measures.

TOPICS OF REGIONAL SIGNIFICANCE

16. The Regional Committee for Africa adopted frameworks for the implementation of global health strategies in the following areas: tuberculosis, HIV, sexually transmitted infections and viral hepatitis; meningitis; cervical cancer; the Immunization Agenda 2030; digital health; assistive technology; and healthy ageing. It also adopted a framework for strengthening the use of evidence, information and research for policy-making.

17. The Regional Committee for the Americas approved a road map on digital transformation of the health sector, and policies on the application of data science in public health, regional capacity for the development and production of essential medicines and health technologies, oral health, and immunization. It also approved a strategy for building resilient health systems and post-COVID-19 pandemic recovery.

18. The Regional Committee for South-East Asia decided to extend the regional action plan for the prevention and control of noncommunicable diseases (2013–2020) until 2030. It endorsed a declaration by the health ministers of Member States on COVID-19 and measures to reconstruct essential health services to a better state than they were in before in order to achieve universal health coverage and the health-related sustainable development goals. It adopted a resolution on school health. It requested the Regional Director to convene technical consultations in areas relating to resolutions and decisions of the Seventy-fourth World Health Assembly.

19. The Regional Committee for Europe adopted a resolution on primary health care in the post-COVID-19 era, and several resolutions in support of the European Programme of Work

2020–2025, including the European Immunization Agenda 2030 and a framework for action on mental health. It discussed the implications for the Region of resolutions and decisions of the Seventy-fourth World Health Assembly.

20. The Regional Committee for the Eastern Mediterranean adopted resolutions on integrated disease surveillance, ending the COVID-19 pandemic as well as preventing and controlling future health emergencies, building resilient communities for better health and well-being, and diabetes prevention and control. It established a high-level ministerial group on the control of tobacco and emerging tobacco and nicotine products. It noted that regional consultation is being undertaken on several areas relating to resolutions and decisions of the Seventy-fourth World Health Assembly.

21. The Regional Committee for the Western Pacific adopted resolutions on school health, traditional and complementary medicine and tuberculosis, and endorsed related regional action frameworks. It discussed progress in several areas related to resolutions and decisions of the Seventy-fourth World Health Assembly.

ACTION BY THE EXECUTIVE BOARD

22. The Board is invited to note the report.

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