

## **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.<sup>1</sup> It has been prepared pursuant to 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.<sup>2</sup> 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 the Board.

2. The six regional committees met between 22 August and 28 October 2022 as follows:

- Seventy-second session of the Regional Committee for Africa, 22–26 August, Lomé, chaired by Mr Moustafa Mijiyawa, Minister of Health and Public Hygiene, Togo;
- Seventy-fifth session of the Regional Committee for South-East Asia, 5–9 September, Paro, Bhutan, chaired by Ms Lyonpo Dasho Dechen Wangmo, Minister of Health, Bhutan;
- Seventy-second session of the Regional Committee for Europe, 12–14 September, Tel Aviv, chaired by Mr Nitzan Horowitz, Minister of Health, Israel;
- 30th Pan American Sanitary Conference of the Pan American Health Organization (PAHO)/Seventy-fourth session of the Regional Committee for the Americas, 26–30 September, Washington, DC, presided over by Mr Michael Pearson, Branch Head, Office of International Affairs for the Health Portfolio, Public Health Agency of Canada, Canada;
- Sixty-ninth session of the Regional Committee for the Eastern Mediterranean, 10–13 October, Cairo, chaired by Dr Mai Alkaila, Minister of Health, Palestine;
- Seventy-third session of the Regional Committee for the Western Pacific, 24–28 October, Manila, chaired by Dr Bounfeng Phoummalaysith, Minister of Health, Lao People's Democratic Republic.

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<sup>1</sup> Summary reports of the regional committees are posted on the WHO website (<https://apps.who.int/gb/statements/RC/2022/>, accessed 19 December 2022).

<sup>2</sup> Decision WHA65(9) (2012) on WHO reform, paragraph (4)(d).

3. Owing to the global pandemic of coronavirus disease (COVID-19), two regional committees met in hybrid sessions, adopting special procedures 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**

### **Proposed programme budget 2024–2025**

4. The Regional Committee for Africa identified numerous areas of focus that needed further development. It proposed increasing the Proposed programme budget 2024–2025 in order to meet the needs of WHO country offices and fragile health systems, with consistent use of evidence and country priorities, and urged focus on regions and countries in greatest need. It also proposed several amendments to strengthen country and regional offices, and channel the increases in assessed contributions for 2024 primarily to countries and regions.

5. The Regional Committee for the Americas welcomed the increased focus on prioritization, but emphasized the need for clarity with regard to the distribution and use of the agreed increases in assessed contributions, which should be equitably apportioned. It stressed that accountability, compliance and risk management and other aspects of governance strengthening must remain priorities. Focusing on areas where the most progress can be made in terms of potential health gains was valuable, but the needs of the most vulnerable and marginalized populations must not be neglected.

6. The Regional Committee for South-East Asia noted that the proposed budget had been built on the five focus areas that lay behind the extension of the Thirteenth General Programme of Work to 2025, implying a larger budgetary allocation to high-priority outcomes. It welcomed the proposed increases in country-level budgets and for the Regional Office. It also welcomed the recently begun exercise to identify regional priorities and outputs.

7. Member States of the Regional Committee for Europe generally welcomed the Proposed programme budget, including the increase in assessed contributions in 2024. The Committee urged that, in emergency settings, attention should be focused on preventing and responding to sexual exploitation, abuse and harassment and on limiting risks related to fraud and corruption, ensuring a safe working environment, and making optimal use of funding and resources. The conclusions of the Working Group on Sustainable Financing must be followed up and implemented.

8. The Regional Committee for the Western Pacific commended the proposed zero increase in the total budget and the focus on country-level capacities and WHO's provision of global public goods. The proposed budget should further explain the process and governance reforms behind the increase in assessed contributions. It welcomed the greater engagement of Member States in the priority-setting process.

### **Thirteenth General Programme of Work, 2019–2025**

9. The Regional Committee for Africa saw the extension of the Thirteenth General Programme of Work to 2025 as an opportunity to support countries and accelerate progress towards its goals. Regional and country offices should continue to be strengthened but with measures to reduce fragmentation. Selection of priorities and development of acceleration scenarios should complement the delivery approach based on a bottom-up, inclusive and evidence-driven process.

10. The Regional Committee for South-East Asia noted that the Proposed programme budget took account of the priorities of the Thirteenth General Programme of Work 2019–2025 and should maximize impact at country level.

11. The Regional Committee for Europe welcomed the fact that the Proposed programme budget was fully aligned with the directions proposed in the extended General Programme of Work.

12. The Regional Committee for the Western Pacific posited that the extension should drive countries to take a more prioritized and targeted approach in order to achieve the original targets of the Thirteenth General Programme of Work, 2019–2023, and work harder to expand universal health coverage, augment primary health care, strengthen epidemiological intelligence and improve the global health architecture.

### **Strengthening the global architecture for health emergency preparedness, response and resilience**

13. The Regional Committee for the Americas approved the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response, supporting its multisectoral “One Health” approach. It highlighted the need for coordination among human, animal and environmental health surveillance institutions.

14. Given that the coronavirus disease (COVID-19) pandemic had highlighted the need for a sustainable financing model for WHO, the Regional Committee for South-East Asia welcomed efforts to improve the existing model, necessary for WHO’s greater independence and ability to fulfil its mandate at the centre of the global health architecture. It approved the phased increase in assessed contributions. It called for strong regional participation in the Agile Member State Task Group on Strengthening WHO’s budgetary, programmatic and financing governance, on whose progress the Secretariat should organize periodic regional and national consultations to update Member States. With regard to strengthening the global architecture, the Regional Committee endorsed two regional road maps: for health security and health system resilience for emergencies and for diagnostic preparedness, integrated laboratory networking and genomic surveillance. It also endorsed the proposal to establish a regional health emergency council. It called on the Secretariat to support actions to increase capacity to manufacture, stockpile and distribute pandemic products.

15. The Regional Committee for Europe welcomed all the efforts made to strengthen emergency preparedness, including work towards developing a new regional action plan, on which it requested regular reporting. Regional and global consultations should be complementary, avoiding duplication, and efforts aligned globally and with the recommendations of the Pan-European Commission on Health and Sustainable Development. The Committee stressed a cross-sectoral and whole-of-society approach. The threat posed by antimicrobial resistance should be taken into consideration in preparedness measures. It would welcome a universal health periodic review, coordinated by the Regional Office.

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

16. Each regional committee nominated two Member States to represent it on the Standing Committee. The Regional Committee for the Americas urged that the views of all Member States were represented, including those that are not members of or in a leadership position on any of the global negotiating or governance bodies.

## **Consultations of the Intergovernmental Negotiating Body**

17. The Regional Committee for Africa expressed support for a legally-binding instrument, but emphasized that themes of strong leadership and operationalizing governance with equity should run through the text, with avoidance of duplication and overlap with other existing international instruments. Proposed essential elements included collaboration and solidarity; a multisectoral and multidisciplinary approach to emergencies with clear definition of responsibilities around the declaration of a pandemic; support for research and development; local and regional manufacturing capacity; and access and benefit sharing.

18. The Regional Committee for the Americas also urged the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body to coordinate their work and avoid duplication. Member States discussed the working draft at a regional consultation during the session of the Regional Committee.

19. The Regional Committee for Europe expressed appreciation of the progress in the Intergovernmental Negotiating Body, but urged transparency, inclusiveness and a strong collective commitment. Besides an international treaty, measures to strengthen implementation of the International Health Regulations (2005) were also essential, with One Health and investment in health as key principles.

20. The Regional Committee for the Western Pacific raised the issue of access to and capacity for participation in the work of the Intergovernmental Negotiating Body, concerns about alignment and coordination, and the need to avoid overlap with other existing instruments. The current working draft reflected Member States' priorities. The instrument should respect the United Nations Charter, WHO's Constitution, national sovereignty, and be science-based.

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

21. The Regional Committee for Europe, noting plans for a global strategy on infection prevention and control, welcomed the Regional Office's work on a new regional road map on antimicrobial resistance. It also noted efforts to strengthen clinical trials, the Global Health for Peace Initiative, and well-being and health promotion in relation to which it endorsed a new regional action framework for behavioural and cultural insights for health.

22. At the Regional Committee for the Western Pacific, Member States were invited to provide contributions in writing or to the relevant global focal point in respect of the following topics: the draft global strategy on infection prevention and control; strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination; and the Global Health for Peace Initiative. The Regional Committee discussed the topic of well-being and health promotion under existing technical items on primary health care, noncommunicable diseases and mental health – all of which involved discussions around health promotion and a holistic health-care model that fostered well-being.

## **TOPICS OF REGIONAL SIGNIFICANCE**

23. The Regional Committee for Africa renewed calls for Member State investment in emergency preparedness and response, primary health care, and improving the quality of health services. Member States suggested that countries should promote the procurement of commodities manufactured within

the African continent and develop a new instrument for safeguarding equitable access to health services. The Regional Committee approved an updated regional strategy for the management of environmental determinants of human health. It adopted PEN-Plus, a regional strategy to address severe noncommunicable diseases at first-level referral health facilities; a strategy for health security and emergencies, incorporating lessons learned from COVID-19; frameworks to strengthen the implementation of the comprehensive mental health action plan and for the integrated control, elimination and eradication of tropical and vector-borne diseases. Two special events were held on: outbreaks caused by circulating vaccine-derived poliovirus type 2 and polio transition planning, and the Region's response to COVID-19.

24. The Regional Committee for the Americas decided to submit to the Board the name of Dr Jarbas Barbosa da Silva Jr. for appointment as Regional Director for the Americas.<sup>1</sup> The Committee approved several amendments to the PAHO/AMRO Programme budget 2022–2023, in view of the approved increase in WHO's Programme budget 2022–2023. The Committee approved several policies: to put the Region back on track to achieve the health-related Sustainable Development Goals; to provide Member States with strategic and technical guidance on the successful development and implementation of strategies and initiatives to strengthen mental health care and improve mental health; to reduce fragmentation in health service delivery, improve care and strengthen the capacity of health systems to respond to health emergencies, while continuing to ensure the delivery of other essential health services; and to strengthen regulatory systems for medicines and other health technologies. It adopted a resolution calling for action to redress the decline in polio vaccination coverage and surveillance, and to prevent further poliovirus transmission. The Committee recognized that inconsistent and inadequate implementation of the International Health Regulations (2005) was a major issue throughout the Region and urged sustained efforts to implement those Regulations and strengthen core capacities. The Committee reported that at its special virtual session of August 2022 it had adopted a resolution authorizing extraordinary negotiations with manufacturers for the best possible price for procurement of the monkeypox (mpox) vaccine for the Region and, if necessary, as an exceptional measure, to adjust the terms and conditions of the Revolving Fund in order to secure that supply.

25. The Regional Committee for South-East Asia endorsed the Paro Declaration on universal access to people-centred mental health care and services. The Committee requested inclusion of an annual report on monitoring progress towards universal health coverage and the health-related Sustainable Development Goals as a substantive item on the provisional agendas of its sessions until 2030. It endorsed a regional implementation road map for the prevention and control of noncommunicable diseases and regional action plans on oral health with a monitoring framework and measurable targets and on integrated patient-centred eye care. Progress towards ending tuberculosis had been set back by COVID-19 but countries in the Region were catching up in finding cases; ending tuberculosis still needed multisectoral collaboration and further support. Welcoming WHO's work towards development of a regional knowledge mechanism for operationalizing primary health care, the Committee resolved to enhance social participation in support of primary health care and universal health coverage. For the elimination of cervical cancer as a public health problem, it urged prioritization of the equitable distribution of human papillomavirus vaccine and its local manufacture. It decided to extend the regional framework for action to build health systems' resilience to climate change to 2027.

26. The Regional Committee for Europe adopted action frameworks or plans for: behavioural and cultural insights for health; digital health; achieving the highest attainable standard of health for persons with disabilities; ending AIDS, responses to the epidemics of viral hepatitis and sexually transmitted infections; accelerating the elimination of cervical cancer as a public health problem through a road

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<sup>1</sup> See document EB152/46.

map; tuberculosis; and reducing harmful use of alcohol. It agreed further actions to improve access to medicines and to prepare for replacing the current regional action plan on strengthening health emergency preparedness, response and resilience. The Committee also adopted a new strategy to further strengthen the collaboration between the Regional Office and Member States. The Committee was updated on the implementation of the resolution that had been adopted at its special session in April 2022 on the health situation in Ukraine and the wider consequences of the ongoing war on health matters in the region and beyond, and agreed that further updates would be forthcoming.

27. The Regional Committee for the Eastern Mediterranean endorsed a regional agenda for building resilient health systems towards universal health coverage and health security as well as a regional operational framework for One Health which should be adapted to national contexts, prioritizing interventions on zoonotic diseases of public health concern, antimicrobial resistance and food safety. The Committee asked the Secretariat to establish a regional Quadripartite One Health coordination mechanism. It also endorsed: a strategic framework to coordinate and integrate support from Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria to accelerate the prevention, control and elimination of communicable diseases through integration; a regional strategy and action plan for fostering digital health; and a regional strategy to promote health and well-being, for which it requested the Secretariat to propose a regional road map to guide Member States in promoting health and well-being, including those of refugees, migrants, internally displaced populations and other displaced groups. It committed its Member States to supporting a regional action plan, geared to their cultural and social contexts, for the implementation of the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, and reiterated its support for implementation of the regional strategy to eliminate cervical cancer as a public health problem.

28. After a panel discussion on communication for health, including consideration of misinformation and disinformation during the COVID-19 pandemic, the Regional Committee for the Western Pacific requested support in developing tailored communication strategies that would improve health. The Regional Committee endorsed regional frameworks on: actions for noncommunicable disease prevention and control as a useful evidence-based and cost-effective tool; the future of mental health; the future of primary health care; reaching the unreached, urging Member States to take steps to ensure access to good-quality health care for all; and strategies for the comprehensive prevention and control of cervical cancer.

## **ACTION BY THE EXECUTIVE BOARD**

29. The Board is invited to note the report.

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