REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTY-THIRD SESSION
Manila, Philippines (hybrid)
24–28 October 2022

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
March 2023
The seventy-third session of the Regional Committee for the Western Pacific was held in a hybrid format, from 24 to 28 October 2022. The Honourable Bounfeng Phoummalaysith (Lao People's Democratic Republic) and Honourable Dr Saia Mau Piukala (Tonga) were elected Chairperson and Vice-Chairperson, respectively. Ms Eloise May Skoss (Australia) and Madame Inès Ferrer (France) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 15 to 38.
# CONTENTS

## PART I – INTRODUCTION .......................................................................................................... 1

## PART II – RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE ................................................................................................................. 3

### RESOLUTIONS
- WPR/RC73.R1 Noncommunicable disease prevention and control ................................... 3
- WPR/RC73.R2 Primary health care ..................................................................................... 4
- WPR/RC73.R3 Reaching the unreached ............................................................................. 5
- WPR/RC73.R4 Cervical cancer .......................................................................................... 6
- WPR/RC73.R5 Mental health ............................................................................................. 7
- WPR/RC73.R6 Time and place of the seventy-fourth and seventy-fifth sessions of the Regional Committee ........................................................................................... 8
- WPR/RC73.R7 Resolution of Appreciation ........................................................................ 9

### DECISIONS
- WPR/RC73(1) Hybrid Session and the Related Special Procedures .................................. 10
- WPR/RC73(2) Standing Committee on Health Emergency Prevention, Preparedness and Response ........................................................................................................ 13
- WPR/RC73(3) Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee ................................................................................................. 13
- WPR/RC73(4) Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board ......................................................... 13

## PART III – MEETING REPORT .................................................................................................... 15

## ANNEXES
- Annex 1 Agenda ............................................................................................................................... 39
- Annex 2 List of representatives ........................................................................................................ 41
- Annex 3 List of organizations whose representatives made and submitted statements to the Regional Committee ............................................................................................................. 67
- Annex 4 Address by the outgoing Chairperson ............................................................................. 69
- Annex 5 Address by the Director-General ....................................................................................... 71
- Annex 6 Address by the Officer-in-Charge ...................................................................................... 77
- Annex 7 Address by the incoming Chairperson ............................................................................... 79
- Annex 8 Closing remarks by the Officer-in-Charge ......................................................................... 83
I. INTRODUCTION

The seventy-third session of the Regional Committee for the Western Pacific was held using hybrid arrangement from 24 to 28 October 2022.

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, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, 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 and International Maritime Organization; representatives of three other intergovernmental organizations, representatives of 72 non-State actors; and representatives and observers from 12 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 Officer-in-Charge of WHO in the Western Pacific (see Annexes 4 and 6). The Director-General of the World Health Organization addressed the Committee (see Annex 5).
II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

RESOLUTIONS

WPR/RC73.R1

NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL

The Regional Committee,

Recalling the Sustainable Development Goal (SDG) target to reduce premature mortality from noncommunicable diseases (NCDs) by a third by 2030, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030 and its implementation plan, the high-level meetings of the United Nations General Assembly and its 2018 Political Declaration on NCDs, and the thematic priority on NCDs and ageing in the Western Pacific presented in For the Future: Towards the Healthiest and Safest Region;

Recognizing that NCDs – including cardiovascular and chronic respiratory diseases, cancers and diabetes – are the leading cause of death and disability globally and accounted for 87% of all deaths in the Western Pacific Region in 2019;

Affirming that effective prevention and control of NCDs requires investment to transform social and health landscapes from a disease treatment-centred “sick system” into a people-centred “health system” in which population health and well-being enable socioeconomic development;

Noting that NCD prevention and control programmes are especially important at the community and individual levels to address the diverse contexts and individual risks for these diseases;

Acknowledging that addressing the mounting health, societal and economic burdens of NCDs requires a comprehensive and integrated approach that Member States can tailor to their unique contexts,

1. ENDORSES the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific;

2. URGES Member States:
   (1) to adapt the objectives and actions of the Regional Framework to the unique contexts of countries and areas to ensure effective implementation;
   (2) to foster cross-societal collaboration for NCD prevention and control at national, subnational and community levels;
   (3) to prioritize resources for the prevention and control of NCDs;

3. REQUESTS the Regional Director:
   (1) to provide technical support for Member States to adapt and implement the Regional Framework at national, subnational and community levels;
(2) to disseminate the Regional Framework and facilitate collaboration among stakeholders to support its implementation;

(3) to report periodically on progress in the prevention and control of NCDs in the Western Pacific Region.

Sixth meeting, 27 October 2022

WPR/RC73.R2

PRIMARY HEALTH CARE

The Regional Committee,

Recalling commitments by the Regional Committee in 2015 to promote universal health coverage (WPR/RC66.R2) and the World Health Assembly in 2019 to promote primary health care (WHA72.2);

Affirming that primary health care (PHC) provides the best approach to ensure the sustainability of health systems and is essential to make progress towards universal health coverage, the Sustainable Development Goals and the Western Pacific’s vision for health presented in For the Future: Towards the Healthiest and Safest Region;

Deeply concerned that individuals and households continue to face financial hardship with one in five people pushed into poverty due to health expenses, and that inequitable access to care persists in the Region;

Recognizing the need to move towards a new approach to primary health care that provides comprehensive people-centred services with continuous engagement throughout the life course,

1. ENDORSES the Regional Framework on the Future of Primary Health Care in the Western Pacific;

2. URGES Member States:

   (1) to use the Regional Framework as a guide to strengthen primary health-care systems, according to their context and capacity, and tailored to their needs and priorities;

   (2) to foster high-level commitment and intersectoral collaboration among government agencies and other stakeholders, in support of a coordinated approach around primary health care at all levels;

   (3) to invest adequate resources for primary health-care reform;

3. REQUESTS the Regional Director:

   (1) to provide technical support for Member States to put into effect national policies and plans in line with the Regional Framework;
The Regional Committee,

Affirming that reaching the unreached is of fundamental importance to achieving health for all people, in line with Sustainable Development Goals and the vision for WHO’s work with Member States and partners to improve health in the Western Pacific presented in For the Future: Towards the Healthiest and Safest Region;

Appreciating that Member States have made good progress on many health targets and in reaching unreached populations, although some gains were reversed during the COVID-19 pandemic;

Building on innovations and new ways of working that were rapidly put into effect to address health challenges, including reaching the unreached, during the pandemic;

Stressing that, despite this progress, too many people remain unreached with limited or no access to good-quality health services and poorer-than-expected health outcomes, a situation exacerbated by the pandemic;

Recognizing that investment is necessary to transform health systems so that they are comprehensive, people-centred, integrated and built on primary health care, to reach everyone everywhere in order to achieve the highest attainable standard of health and contribute to sustainable development,

1. ENDORSES the Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030);

2. URGES Member States:

   (1) to use the Regional Framework to guide strategies and actions to reach the unreached at all levels within health systems;

   (2) to foster high-level commitment and intersectoral collaboration among government agencies and with unreached communities to ensure that health systems reach everyone everywhere;

   (3) to ensure adequate resources for the development of health systems, focused on primary health care, that reach the unreached;

3. REQUESTS the Regional Director:
(1) to provide technical support for Member States to develop strategies and actions to reach the un reached at all levels within health systems;

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

(3) to report periodically on progress in implementing the Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030).

Eighth meeting, 28 October 2022

WPR/RC73.R4

CERVICAL CANCER

The Regional Committee,

Recalling the 2020 World Health Assembly resolution adopting the WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem (WHA73.2) and Sustainable Development Goal (SDG) targets 3.4 and 3.8 – calling for a one third reduction in premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and the achievement of universal health coverage that leaves no one behind;

Affirming that safeguarding the health of women and girls and ensuring gender equality and access to health services – not only for their health today, but also for healthy societies in the future – necessitates a focus on cervical cancer prevention and control;

Affirming also that investing in women’s health is essential for economic development and the achievement of the strategic vision for the Western Pacific presented in For the Future: Towards the Healthiest and Safest Region;

Recognizing the urgent need for integrated action to prevent the suffering and significant burden caused by cervical cancer, especially among women and girls more likely to develop cervical cancer – such as those living with HIV and sexually transmitted infections – and other vulnerable and hard-to-reach groups,

1. ENDORSES the Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030;

2. URGES Member States:

   (1) to use the Strategic Framework as a guide to develop or adapt national cervical cancer action plans, strategies and policies, according to local situations, capacities and resources;

   (2) to foster high-level commitment and intersectoral collaboration among government agencies as well as civil society organizations, in support of a coordinated approach integrated into other public health programmes at national and subnational levels;
(3) to ensure adequate resources are dedicated to prevention and care for a sustainable cervical cancer elimination programme;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States in the implementation of the Strategic Framework;

(2) to facilitate collaboration, advocacy, innovation and partnerships to strengthen cervical cancer elimination efforts;

(3) to report periodically on progress in the implementation of the Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030.

Eighth meeting, 28 October 2022

WPR/RC73.R5

MENTAL HEALTH

The Regional Committee,

Recalling the Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific and subsequent efforts by Member States and partners to promote a social movement for action on mental health and well-being;

Affirming that promoting and protecting mental health is critical throughout the life course to ensure the highest attainable quality of life and level of health and well-being, contributing to the achievement of the vision for the Western Pacific presented in For the Future: Towards the Healthiest and Safest Region and the Sustainable Development Goals;

Deeply concerned by the looming mental health crisis in the Western Pacific Region driven by social pressures and vulnerabilities and amplified by the widespread impact of the COVID-19 pandemic on everyday life;

Recognizing that current mental health systems cannot address future challenges unless they meet the full range of mental health needs of all people across every stage of life today and in the future,

1. ENDORSES the Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030;

2. URGES Member States:

(1) to use the Regional Framework as a guide to refocus the mental health agenda to include well-being, reaching the unreached and promoting mental health for all;
(2) to transform mental health support and care through high-level commitment and intersectoral collaboration among government agencies and civil society organizations, in support of a coordinated approach at national, subnational and community levels;

(3) to ensure adequate resources are devoted to national strategies or plans to embed culturally appropriate mental health approaches into the settings and practices of daily life in communities;

3. REQUESTS the Regional Director:

(1) to provide technical support for Member States to put into effect national strategies and plans in line with the Regional Framework;

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

(3) to report periodically on progress in the implementation of the *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030*.

Eighth meeting, 28 October 2022

WPR/RC73.R6

SEVENTY-FOURTH AND SEVENTY-FIFTH SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. CONFIRMS that the seventy-fourth session of the Regional Committee shall be held in Manila, Philippines;

2. DECIDES that the dates of the seventy-fourth session shall be from 16 to 20 October 2023.

Eighth meeting, 28 October 2022
RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSIONS its appreciation and thanks to:

1. the Chairperson, Vice-Chairperson and Rapporteurs elected by the Committee, for their excellent stewardship of the meeting;

2. the representatives of intergovernmental and nongovernmental organizations for their oral and written statements;

3. the WHO Western Pacific Region Secretariat for its work in preparing for the hybrid session and meeting arrangements.

Eighth meeting, 28 October 2022
DECISIONS

WPR/RC73(1) HYBRID SESSION AND THE RELATED SPECIAL PROCEDURES

The Regional Committee decided:

(1) to adopt the amended special procedures to regulate the conduct of hybrid sessions of the Regional Committee for the Western Pacific as set out in Annex 1, and;

(2) that the said special procedures shall apply to the seventy-third session of the Regional Committee for the Western Pacific from 24 to 28 October 2022, which will be a hybrid session.

First meeting, 24 October 2022

WPR/RC73(1) Annex

SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF HYBRID SESSIONS OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

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 Regional Committee for the Western Pacific.¹

ATTENDANCE AND QUORUM

2. Attendance by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution will, where possible, be in person for the purposes of the session. Attendance by Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution, or of members of their respective delegations, who, for any reason, cannot be physically present for the purposes of the session, invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-state actors in official relations, and other observers shall be through a secured access to videoconference or other electronic means allowing representatives to hear other participants and, as appropriate, to address the session remotely.

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);
- 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.
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, except for the purposes of a secret ballot, in which case the quorum shall be calculated in accordance with paragraph 16 below.

ADDRESSING THE REGIONAL COMMITTEE

4. Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution wishing to take the floor should signal their wish to speak. They shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes in duration in advance of the opening of the session, by 18 October 2022 at 17:00 (Philippine time). The pre-recorded video statements so submitted will be broadcast at the hybrid session in lieu of a live intervention. In the event that, due to time limitations or connectivity issues, oral statements cannot be delivered on one or more items on the agenda of the Regional Committee session, Member States, Associate Members and areas participating pursuant to Article 47 of the WHO Constitution may submit written statements in one of the official languages of the Committee (i.e. Chinese, English or French) for web-posting in the language of submission. Written statements so 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 session.

5. Invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-state actors in official relations, and other observers shall have the opportunity to submit pre-recorded video statements of no more than two minutes in duration in advance of the opening of the session, by 18 October 2022 at 17:00 (Philippine time). The pre-recorded video statements submitted will be posted on the Regional Office's website and may be broadcast at the hybrid session at the discretion of the Chairperson.

6. Invited representatives of the United Nations and of other participating intergovernmental organizations as well as non-State actors in official relations, and other observers may also 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 in lieu of a pre-recorded video statement. Written statements so submitted will be listed in the report of the Regional Committee session.

7. Any representative wishing to raise a point of order or exercise a right of reply in relation to an oral or pre-recorded video statement made at the hybrid session of the Regional Committee should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to an oral statement or a pre-recorded statement shall be exercised orally at the end of the day.

REGISTRATION AND CREDENTIALS

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

9. 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 access to the meeting, all credentials and

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

3 Additional information about the modalities and timing to submit written statements will be provided in due course.

4 Modalities for raising points of order and exercising the right of reply will depend on the platform used for the hybrid session and will be communicated in due course.
lists of representatives should be submitted electronically.

10. The Chairperson of the seventy-second Regional Committee having assessed, before the opening of the seventy-third 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-third Regional Committee shall be invited, during the seventy-third 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.

DECISION-MAKING

12. All decisions of the Regional Committees taken in hybrid sessions should, as far as possible, be taken by consensus.

13. In the event of a vote, it is understood that delegates physically present for the purposes of the session are deemed to be duly authorized to speak and vote on behalf of their respective delegations.

14. In accordance with Rule 44, in the event that a vote is required, voting shall normally take place by show of hands. Member States of the Region, whose representatives or alternates are not physically present for the purposes of the session, shall be invited by the Chair to use the “raise hand” feature of the videoconferencing platform that was identified for this session, or to clearly show their hand through the video connection. If a Member is represented by both delegates who are physically and virtually present, the delegate who is physically present shall be invited to cast the vote on its behalf.

15. In the event of a roll-call vote, and in line with normal practice, should any delegate, whether physically present or virtually connected, 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 concerned shall be recorded as absent.

16. In the event that a secret ballot is needed, the vote shall be conducted in person among the Member States that are physically present for the purposes of the session. The quorum applicable to the conduct of the secret ballot shall be calculated on the basis of the Member States that are physically present for the purposes of this session.

LANGUAGES

17. For the avoidance of doubt, Rule 22 continues to apply, whereby speeches 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.
The Regional Committee, noting decisions EB150(6) and EB151(2), approves the nomination of Japan and Malaysia for membership to the Standing Committee on Health Emergency Prevention, Preparedness and Response, and their formal appointments by the Executive Board.

Eighth meeting, 28 October 2022

The Regional Committee, noting that the term of office of the representative of the Government of Japan, 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 2022, selects Mongolia to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2023 to 31 December 2025.

Eighth meeting, 28 October 2022

The Regional Committee, noting that the term of office of the representative of the Government of the Philippines as member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, expires on 31 December 2022, selects the Republic of Korea to send a representative to the Joint Coordinating Board for a four-year period commencing 1 January 2023.

Eighth meeting, 28 October 2022
III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional agenda

1. The seventy-third session of the World Health Organization (WHO) Regional Committee for the Western Pacific, held in a hybrid format at the Diamond Hotel Philippines in Manila, Philippines, from 24 to 28 October 2022, was declared open by the outgoing Chairperson of the seventy-second session.

2. At the first plenary meeting, the Regional Committee adopted special procedures to regulate the conduct of its hybrid sessions, amended to specify that a vote by secret ballot could be conducted only if all Member States were physically present (see decision WPR/RC73(1)).

3. In the absence of the WHO Regional Director for the Western Pacific, the outgoing Chairperson requested the Officer-in-Charge to act as Secretary of the Committee, with the Committee’s approval, supported by the Secretariat.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Provisional Agenda

4. The outgoing Chairperson addressed the Committee (see Annex 4).

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

5. The Committee elected the following officers:

Chairperson: Honourable Dr Bounfeng Phoummalaysith, Minister of Health, Lao People’s Democratic Republic
Vice-Chairperson: Honourable Dr Saia Mau Piukala, Minister of Health, Tonga

Rapporteurs:
in English: Ms Eloise May Skoss, Policy Officer, Department of Health and Aged Care, Australia
in French: Ms Inès Ferrer, Research Officer, Embassy to the Philippines and the Federated States of Micronesia, France

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Provisional Agenda

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

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC73/1)

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

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

8. The Director-General of the World Health Organization addressed the Committee. (see Annex 5).

9. A certificate was formally awarded to the representative of Vanuatu in recognition of the elimination of trachoma in that country.
ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC73/2)

10. In the absence of the Regional Director, the Officer-in-Charge, the Director, Programme Management and the directors of Western Pacific Regional Office technical divisions addressed the Committee.

11. The Officer-in-Charge welcomed delegates and praised the staff of the Regional Office for the Western Pacific for their hard work over the past year. The Region had continued to respond to the coronavirus disease (COVID-19) pandemic while driving implementation of the vision, For the Future: Towards the Healthiest and Safest Region, which was directly aligned with the Director-General’s global vision for the next five years. The Secretariat had outlined priorities to focus WHO’s work to achieve the Triple Billion targets, which would require an emphasis on primary health care. Important areas of focus included harnessing the power of science and technology, strengthening WHO as the leading authority on global health and supporting countries to generate impact and results. Those priorities were reflected in the extension of the WHO Thirteenth General Programme of Work from 2023 to 2025.

12. She applauded the impressive achievements in the Region over the past year, such as the rapid roll-out of COVID-19 immunization programmes and the development of emergency preparedness and response measures. Furthermore, the Regional Office had made a sincere commitment to strengthen its systems for reporting abuse, harassment and inappropriate behaviour in the workplace and build a more positive, respectful and inclusive workplace culture. However, there was much still to be done to achieve the targets set earlier in 2022.

13. The Director, Programme Management, noting that the continued use of the hybrid format made the Regional Committee stronger and more inclusive, outlined differences in the state of the COVID-19 pandemic compared to the previous year. In particular, the number of cases and deaths had dropped, and immunization rates had risen. However, despite collective investments by Member States, partners and individuals, the situation remained difficult. The Regional Office was therefore supporting countries to develop more sustainable approaches to COVID-19 management in accordance with local contexts.

14. The Director, Health Security and Emergencies, updating representatives on the state of the COVID-19 pandemic in the Western Pacific, said that there had been fewer COVID-19 cases and deaths in the Western Pacific compared to other WHO regions for several reasons: adoption of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) in 2016; lessons learnt from Region’s experience combating SARS; regional solidarity; and the Region’s prompt response, including widespread adoption of suppression strategies and coordinated multisectoral policies. He warned against complacency given the possible rise of new sub-variants, noting that several Pacific island countries and areas (PICs) had not experienced local transmission for the first time until 2022. The Regional Office would continue to support countries to shift towards sustainable management of COVID-19.

15. He also highlighted other health emergencies addressed by the Regional Office in the past year, including its response to Super Typhoon Rai in the Philippines and the volcanic eruption in Tonga, food safety events reported through the International Food Safety Authorities Network (INFOSAN), and communicable diseases including dengue, monkeypox and other emerging zoonotic diseases.

16. The Director, Programmes for Disease Control, said that the Regional Office had focused on maintaining essential services by adapting new approaches, including in its efforts to provide COVID-19 vaccines to remote populations. High rates of COVID-19 immunization coverage had been achieved throughout the Region, particularly among health workers and older populations. The draft Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030) would build on previous successes, while the draft regional frameworks on mental health and noncommunicable diseases (NCDs) would likewise seek to help Member States achieve greater impact in those areas in the coming years.
17. The Director, Data, Strategy and Innovation, said that the Regional Office was working to use the operational shifts described in *For the Future* to support Member State efforts to create a healthy future and promote health to support sustainable development. The Technical Advisory Group on Universal Health Coverage and the TAG Alliance were key to those efforts. The Regional Office had also facilitated Health Futures Strategic Dialogues to support planning, provided technical advice and support to help countries to harness innovations, and developed a tool to identify workforce competency needs.

18. The Director, Healthy Environments and Populations, emphasized the continued threat posed by NCDs. The WHO Tobacco Free Initiative had supported Member State engagement in policy dialogues, implementation of smoke-free legislation and stronger cessation services. In the past year, the Regional Office had worked with Member States with related challenges: to address malnutrition and diet-related noncommunicable diseases; to tackle new and emerging tobacco and nicotine products; to develop policies, plans and programmes on ageing; and to combat the health impacts of climate change.

19. The Director, Health Systems and Services, said that the Regional Office had been supporting Member States in their efforts to ensure robust health systems and expand universal health coverage (UHC). Over the past year, the Regional Office had focused on transforming primary health care, including by developing the draft *Regional Framework on the Future of Primary Health Care in the Western Pacific* and providing technical support to Member States. The Regional Office had also supported the implementation of the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region* (2021–2030).

20. The Director, Pacific Technical Support, said that many PICs had experienced local COVID-19 transmission for the first time in 2022. Fortunately, the work initiated under APSED III had helped to prepare them for the challenge. The work of the WHO-led Pacific Joint Incident Management Team had played a pivotal role in pandemic response efforts, and increased investment in national emergency medical teams had bolstered the response to natural disasters and disease outbreaks in the Pacific. The Regional Office and the Division, which is based in Suva, Fiji, had also continued to support PICs in facing other threats, guided by the outcomes of the 14th Pacific Health Ministers Meeting in March 2022.

21. The Director, Programme Management, said that in January 2022, the Regional Office had begun to reflect on how to improve workplace culture, staff well-being and organizational efficiency. To that end, the Secretariat had focused on strengthening systems for reporting and responding to inappropriate conduct, simplifying and improving internal processes, and reshaping workplace culture through inclusive, participatory and transparent dialogue. The Secretariat had engaged a full-time ombudsperson and had a staff member working specifically on preventing and responding to sexual exploitation, abuse and harassment. While that work was far from over, the Regional Office was committed to improvement. It had been a challenging year, but the Secretariat’s determination to help make the Region the healthiest and safest in the world had not changed. She thanked Member States and partners for their continuing support.

22. Representatives, referring to both the address by the Director-General and the Report of the Regional Director, expressed appreciation to the Officer-in-Charge for ensuring continuity in the Regional Office. They also thanked the Organization generally for its support and leadership during the COVID-19 pandemic and acknowledged the work of the Secretariat in the Western Pacific Region in the last year. The presence of the Director-General at the session was appreciated, as was the comprehensive Report of the Regional Director.

23. Noting that the COVID-19 pandemic remained a threat, representatives attributed the Region’s exceptionally successful response to several factors, including: health worker dedication; the guidance provided by *For the Future*; support from the Regional Office and other technical and development partners; technology transfer for vaccines and medicines, including through the COVID-19 Vaccines Global Access (COVAX) Facility; application of behavioural science to health promotion; and improved information and diagnostic systems. PICs in particular acknowledged the support that they had received, including from fellow Member States in the Region. Several representatives highlighted the importance of
developing an international instrument to improve pandemic preparedness, reduce the impact of future outbreaks and ensure sustainable financing for epidemic and pandemic response.

24. Issues of particular importance in the Region included NCD control, healthy ageing, mental health and the health impacts of climate change, with a number of delegations citing the need to build climate-resilient health systems. Health inequities among populations, particularly in indigenous communities, were highlighted as a cause for concern that had been made all too clear during the COVID-19 pandemic. Representatives stressed the need for solidarity and commitment to achieving UHC, including through people-centred health systems and enhanced primary health care. In addition to UHC, performance monitoring, policy dialogue and careful attention to the social determinants of health would all be needed to achieve the Sustainable Development Goals (SDGs).

25. Several representatives praised the Regional Office’s efforts to improve workplace culture, however, some noted continued concerns with the challenge of attracting high-quality staff, particularly to country offices, and delays to appointments. Delegations encouraged their fellow Member States to continue providing investment and support and to participate in regional decision-making. Three representatives expressed support for amending the International Health Regulations (2005), or IHR (2005), to focus more on solidarity, transparency and equity.

26. The Officer-in-Charge said that it was gratifying to learn that Member States acknowledged WHO’s role in supporting the COVID-19 pandemic response in the Region. She considered the high-priority commitment to UHC, connected as it was with the recurring themes of resilient health systems and the determinants of health, to be of special importance. She pointed out that more needed to be done in terms of funding that commitment. She also noted country priorities in the areas of traditional medicine, the One Health approach, health and the environment and climate change, adding that she looked forward to collaborating with Member States on those issues.

27. The Director, Programme Management, attributed the successful response to the COVID-19 pandemic in the Western Pacific to regional solidarity and the existence of the APSED III framework. She noted the continued relevance of the For the Future vision, which entailed a long-term commitment from Member States. For its part, the Regional Office pledged to continue working with countries and areas in a spirit of collaboration, solidarity and partnership, for example by sharing information and experience.

28. The Director-General thanked Member States for their input, confidence and support, and congratulated the Western Pacific Region on its containment of the COVID-19 pandemic. It was important for Member States to document their COVID-19 experiences for future reference, as the process of learning never stopped. One initiative that had particularly caught his attention was the application of behavioural science to health promotion, which exemplified the paradigm shift from treating the sick to keeping people healthy in the first place. In the same context, he urged Member States to focus on primary health care as a strong foundation for successful behavioural change. Finally, on climate change and health, Member States could count on WHO to provide tailored solutions to make their health facilities more resilient to climate emergencies which disproportionally affected the Region.

PROGRAMME BUDGET: Item 8 of the Agenda (document WPR/RC73/3, RC73/INF/1, WPR/RC73/4)

29. The Officer-in-Charge updated the Regional Committee on the extension of the Thirteenth General Programme of Work (GPW13) and the development of the Programme Budget 2024–2025. She said that concurrent global crises had disrupted health systems, weakened populations and created grounds for new disease outbreaks, all of which threatened progress towards achieving the SDGs. She noted that the proposed global Programme Budget 2024–2025 had been aligned with the extension of GPW13 to 2025 to drive progress towards the Triple Billion targets and the attainment of the health-related SDG targets.

30. WHO in the Western Pacific Region had launched an inclusive and participative country-level programmatic prioritization process with a Resource Allocation Committee to ensure stronger budget
governance, greater transparency and more equitable allocation of resources within WHO. The current Programme Budget 2022–2023 had been revised in May 2022 in response to the recommendations of various independent reviews, following the onset of the COVID-19 pandemic. The priorities identified in that exercise would be brought forward to the Programme Budget 2024–2025 – the first budget to include a 20% increase in Assessed Contributions and the last budget of the extended GPW13. The task ahead was therefore clear: to achieve the Triple Billion targets by the end of 2025. Finally, technical consultations had recently been held between WHO representatives and country liaison officers and their national counterparts to agree where Regional Office support should be focused.

Programme Budget 2020–2021: budget performance (final report) (Item 8.1 of the Agenda)

Programme Budget 2022–2023 update (Item 8.2 of the Agenda)

Programme Budget 2024–2025 (Item 8.3 of the Agenda)

31. The Director, Programme Management, presented the final report on the utilization of the Programme Budget for the 2020–2021 biennium, noting that overall funding, utilization, compliance and controls continued to be strong, with 96.5% of available resources utilized as of 31 December 2021 – a higher level of utilization than at the same point in the 2018–2019 biennium. To mitigate the impact of COVID-19 on the planned implementation of the approved Programme Budget 2020–2021, the Regional workplan had been adapted to reprioritize approved budget activities while focusing on COVID-19 preparedness and response. The reprioritization exercise had focused on: continuity of essential activities; strengthening of core health systems; the development, updating and implementation of Country Cooperation Strategies; and making progress on country priorities and the thematic priorities of For the Future, which serves as the regional implementation plan for GPW 13. The Secretariat had worked diligently to address all outstanding recommendations from recent audits, including improved management and monitoring of risks in the Region – specifically on preventing and responding to sexual exploitation, abuse and harassment.

32. The Director, Programme Management, then updated the Regional Committee on the Programme Budget 2022–2023, which had been developed during the COVID-19 pandemic and included a revised appropriation approved at the Seventy-fifth World Health Assembly in May 2022 that added US$ 51.3 million to the allocation for the Western Pacific Region. She noted that an increase for Strategic Priorities 1 and 3 was planned to strengthen support for countries with the biggest SDG gap.

33. Finally, regarding the Programme Budget 2024–2025, the Director, Programme Management, noted that the tight deadline for submission of regional input to WHO headquarters for the global Programme Budget 2024–2025 had made it necessary to conduct the country prioritization process before the current session of the Regional Committee. WHO representatives and country liaison officers had thus consulted with their national counterparts from late August until early October 2022. The outcome of their strategic consultations had revealed a high degree of continuity with the Programme Budget 2022–2023 and clearly reinforced the relevance of the For the Future thematic priorities and operational shifts in implementing GPW13 in the Region, in addition to alignment with the five priorities guiding the extension of GPW13 to 2025. The consultations would be useful in informing the proposed global Programme Budget 2024–2025, currently being drafted at WHO headquarters.

34. The Chief Budget Officer, WHO headquarters, described the overall Programme Budget 2024–2025 development process, the global context and the way forward. The Programme Budget had been developed on the basis of a number of “asks” by Member States including an improved prioritization process, closer involvement in budget development, a more comprehensible format, and greater clarity on how Assessed Contributions and especially the increase in Assessed Contributions would be spent. The forthcoming programme budget would focus on country priorities and be harmonized across all regional offices. In a departure from current practice, funding commitments would be aligned with priorities to have a measurable impact, which could only be achieved through alignment between the three levels of the Organization working together to distribute flexible funds in the Region. It was proposed to boost the share of the budget allocation to country offices. Another innovation would be the modular presentation of the
Programme Budget 2024–2025 in an enhanced format featuring a web-based platform as a “digital annex”. The Programme Budget would thus consist of a main document plus supporting documents, including an implementation overview, a prioritization dashboard, a budget overview dashboard and a WHO budget “explainer” reference section. Special attention would be given to the costing of resolutions. Overall, the Programme Budget 2024–2025 was characterized by strengthened processes to facilitate discussion around thematic prioritization, including in the Regional Committee.

35. Delegations welcomed the Secretariat’s efforts to improve transparency and integrate lessons learnt from the COVID-19 response into the revised Programme Budget 2022–2023. They commended the proposed zero-increase budget for 2024–2025 and its focus on strengthening country-level capacities, the draft budget’s promotion of WHO’s role in providing global public goods, and the Secretariat’s efforts to improve the priority-setting process by increasing opportunities for Member State engagement. The strengthened accountability, compliance and risk-management function in programme budgets for 2020–2021 and 2022–2023 – as well as the increased investment in preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) – were likewise appreciated. The Secretariat was encouraged to ensure that all tiers were adequately resourced to meet PRSEAH requirements.

36. However, some representatives noted with concern that the strategic priorities of “One billion more people better protected from health emergencies” and “One billion more people enjoying better health and well-being” remained underfinanced. The decision to increase Assessed Contributions had therefore been even more important. The proposed iterative approach to priority-setting remained unclear to many delegations, and further explanation was requested, both on the approach itself and on the governance reforms accompanying the Assessed Contributions increase. One representative requested that those explanations be provided in the draft Programme Budget 2024–2025.

37. One representative expressed concern that the increase in Assessed Contributions could impact Voluntary Contributions, thereby affecting the Regional Office’s overall revenue in 2024–2025. The Organization should focus on its core business functions and avoid excessive and disorderly growth in its scope and base budget. The importance of sustainable financing was highlighted by some representatives. Governing body resolutions must be closely connected to their implementation costs to be sure that the Organization worked within its means.

38. The extension of the GPW13 would require a focus on improving performance on health emergency indicators, strengthened local capacities for outbreak response and greater WHO support to countries to address uneven progress on the SDG indicators. Because 2024–2025 would be the final biennium in which to achieve the targets of GPW13, its draft budget must enable countries to reverse setbacks on UHC, reorient their health systems towards primary health care and strengthen their epidemiological intelligence. A more prioritized and targeted approach would be essential to fully implement GPW13, and all three levels of the Organization must be adequately resourced to deliver on Member State needs and priorities.

39. Representatives requested the global Secretariat to ensure consistency in country-level discussions and broad alignment across regions to enable transparent priority-setting at the global level. Continuous reviews and evaluations should also be conducted, and Member States should continue to be included in efforts to refine the priority-setting process. Core functions and internal governance should be constantly optimized, and Member States should be given more opportunities to participate. The Secretariat should use digital platforms for real-time budget monitoring and alert mechanisms to reveal disparities and pockets of poverty in its budget. A joint Secretariat–Member State mechanism might be useful for making budget adjustments.

40. The Director, Administration and Finance, responding to comments made, thanked delegations for their valuable input and ongoing engagement. On the issue of transparency and monitoring of underfinanced strategic priorities, he cited internal tools that included monthly “heat maps”, the recently established Resource Allocation Committee, and the Programme Budget web portal, which provided country-level information and monthly updates on GPW13 outputs and expenditures. The problem of overall underfinancing would be addressed through sustainable and flexible financing of the Organization.
41. Regarding prevention and response to sexual exploitation, abuse and harassment, the Director, Administration and Finance, confirmed that substantial resources were allocated to the issue and a dedicated management officer for the Region had been hired in July 2022.

42. The draft Programme Budget 2024–2025 was fully aligned with the Triple Billion targets. At the regional level, there was also good alignment and continuity with the For the Future vision. The country prioritization process was focused on high-level deliverables and guided by global and regional strategic directives as well as country-level trends. In response to requests for clarification, the Director, Administration and Finance, explained that the iterative approach to priority-setting involved a series of interactions with Member States and their engagement throughout the process, with regional interactions based on countries’ needs and best practices. The Regional Committee’s input would also be taken into consideration as work on the draft budget continued at the global level.

43. The Chief Budget Officer, WHO headquarters, thanked representatives for their encouraging comments and support. In response to questions about the iterative approach to development of the draft Programme Budget 2024–2025, she described the steps taken so far and the stages at which further Member State feedback would be requested and shared. Country priority-setting would take place at the regional level: whereas, requests for technical assistance from headquarters would be prioritized at the global level. The process would continue as the draft Programme Budget 2024–2025 was further developed and implemented. She confirmed that all country offices and regional offices would benefit from the increase in Assessed Contributions, and high-priority outputs would receive committed levels of funding. She likewise confirmed that her office would report to the Executive Board on the outcomes of Member State consultations.

PANEL DISCUSSION ON COMMUNICATION FOR HEALTH: Item 9 of the Agenda (document WPR/R73/5)

44. The WHO Representative in Viet Nam moderated a panel discussion on Communication for Health (C4H). The discussion featured guest speakers from four countries with experience using innovative communication strategies to improve health outcomes.

45. Mr Khairy Jamaluddin, Minister of Health, Malaysia, addressed the Regional Committee following a video presentation on how his country was using people-centred communication to engage with the public. Mr Khairy said that behavioural science had been crucial to informing his Government’s public health messaging during the COVID-19 pandemic. However, it was more difficult to influence behaviour when not in a period of crisis. The Ministry was therefore focused on addressing the social determinants of health – which accounted for a large share of people’s behaviour and health outcomes – and applying the technologies and principles developed during the pandemic to issues such as tobacco use and NCD control. The impact of direct messaging was limited. Malaysia’s experience had shown that it was more effective to foster new social norms, such as masking and social distancing in the case of COVID-19, and generational rejection in the case of tobacco. Creating a social movement for health would require improving the social determinants of health, making it easier to make healthy choices and rewarding healthy behaviour with incentives. In order to effect behavioural change, public health messaging must be clear, honest, non-condescending, actionable, personal and inclusive. “Nudges” should take a form that people found agreeable. For example, COVID-19 vaccines had been promoted at places of worship by trusted religious leaders. Public health spokespeople should be transparent with their data and admit when they had been wrong. Most importantly, C4H was only effective when social and economic conditions were conducive to change, and when health systems were sufficiently resourced.

46. Mr Mark Butler, Minister of Health, Australia, addressed the Committee in a pre-recorded video statement in which he outlined his country’s experience using communication campaigns for tobacco control. Strong evidence suggested that such campaigns were second only to price increases in reducing the use of tobacco and other nicotine delivery systems such as e-cigarettes. Public messaging had been paired with plain-packaging laws, enacted in 2011, that reduced product appeal and made warnings more effective
by removing misleading information. More recent campaigns had targeted specific groups, such as pregnant women and indigenous populations, using culturally relevant messaging that also had significant cross-over benefits in other groups. The Ministry had organized educational camps and shared messages via social media, radio, television and branded merchandise. Research was underway that would inform future phases of action, and a wide range of evidence-based measures were being explored to address tobacco use in terms of both supply and demand. Well-tailored and informed public messaging, while not effective in a vacuum, was an important means of achieving public health goals.

47. Dr Gangqiang Ding, Director, National Institute for Nutrition and Health, Chinese Centre for Disease Control and Prevention (CDC), addressed the Regional Committee, following a video presentation on a WHO–Chinese CDC–Tsinghua University joint study on the use of innovative communication techniques to reduce sodium consumption. Dr Ding said that the study had examined the effectiveness of various measures, including traditional media messages, but also changing the architecture of online food delivery apps to promote options containing less salt. Random checks had been conducted on restaurant dishes to monitor salt levels. The study had shown public health interventions to be effective in encouraging consumers to choose lower-sodium dishes and make special requests for less salt, which restaurants were willing to provide. Despite those successes, there were still bottlenecks in communications channels. The current panel discussion was therefore timely.

48. Dr Anaseini Maisema, General Manager, COVID-19 Incident Management Team, Ministry of Health, Fiji, addressed the Regional Committee following a video presentation on “social listening”, which is the practice of monitoring public discourse and seeking input from community members. Her team had used this approach to adapt its public health messaging on COVID-19. Dr Maisema said that in addition to sharing targeted messages via social media, local radio broadcasts, television and webinars, her team had gathered information both online and offline. For example, mobile and drive-through immunization units had been rolled out after social listening revealed that people were finding it inconvenient to go to regular immunization centres, afraid of crowded conditions or unable to reach walk-in clinics due to disability. Her team had also learnt through social listening that pregnant women in particular were concerned about being infected at immunization sites. The team had responded by requesting obstetricians to immunize women during regular pregnancy check-ups. Social listening had also informed the development of care-flow pathways, identification and response to misinformation and planning tailored to specific communities. Lastly, she highlighted the importance of identifying trusted spokespeople to translate complicated concepts into language that people would understand, thereby building trust.

49. Mr Khairy, questioned about the source of his interest in behavioural science and the next steps for his initiative, said that his passion was driven by first-hand observations that a large proportion of hospital visits in Malaysia were for lifestyle-related diseases, such as diabetes and hypertension. Behavioural change was essential to tackling such diseases at the source and preventing health systems from becoming overwhelmed. However, human behaviour was not merely a matter of individual choices, but also the product of environment. The next step would therefore be to remove environmental obstacles that prevented people from making healthy choices and enjoying greater well-being, namely poverty, a lack of housing or access to healthy food, climate change and inadequate sanitation. Those obstacles must be addressed if communication for health were to be effective.

50. Dr Ding said that the next step for his project would be rolling it out to a larger population and expanding it to cover other unhealthy foods. However, doing so would require recruiting more restaurants to participate and mobilizing government resources to encourage participation. Low-sodium options could also be made even more accessible if they were made the default on online food delivery apps. There was no technological barrier to providing healthier options. For example, many milk tea shops in China already allowed consumers to choose the level of sugar in their drinks, which was a positive development despite the fact that low-sugar options were not necessarily the default. Another possible step would be to place healthier foods and drinks higher on supermarket shelves to encourage consumers to choose them.

51. In response to the moderator’s request for further examples of how social learning had been used to adapt communication, Dr Maisema described how her team had changed its messaging about the warning
signs of COVID-19 after hospitals began reporting many patients arriving with cases that were too far advanced for effective treatment. A doctor’s personal observation of a family member struggling to breathe had made the team realize that people were waiting to experience shortness of breath before seeking treatment. The team had therefore adapted its communication to stress progressive weakness as a warning sign. Social listening had also revealed that people were averse to hospital treatment because they were afraid of dying alone. The team had reacted by allowing family visits to people with severe cases, where possible.

52. In a plenary discussion, representatives endorsed the C4H approach, highlighting its important role in combating misinformation and disinformation during the COVID-19 pandemic. They described their own ministries’ communication strategies, including the use of focus groups, media updates, behavioural science, and message sharing in schools and the workplace. There was a clear opportunity to apply the approach to other health issues, including the control of other communicable and noncommunicable diseases, suicide prevention, routine immunizations and overall health promotion. One representative noted that it was more important for health officials to show that they cared than to share what they knew. Greater investments were needed, including in human resources and training, to build resilience to misinformation and disinformation. The Regional Office was requested to assist Member States in building capacities in communication for health, in particular behavioural science applications, technical expertise and scaling up of online platforms. It would also be helpful to share best practices among Member States. One representative suggested regular Member State meetings on the topic.

53. The WHO Representative in Viet Nam, summing up, said that the panellists and delegations had touched upon many essential aspects of successful communication for health. She underscored in particular the use of trusted spokespeople, empathetic communication and two-way communication that incorporated listening to communities and adapting public health strategies in consequence. Tackling misinformation and disinformation would indeed be an important issue going forward, as the COVID-19 pandemic had made clear. She took note of the requests for support and said that the Secretariat would give Member States opportunities to share experience and support countries in developing communication strategies that were tailored to their unique contexts.

CERVICAL CANCER: Item 10 of the Agenda (document WPR/RC73/6)

54. The Director, Programme Management, said that the Western Pacific Region accounted for one quarter of the global cervical cancer burden and approximately 90% of that burden was in low- and middle-income countries, making cervical cancer the sixth most diagnosed cancer and the eighth most common cause of cancer deaths among women in the Region. Cervical cancer was largely preventable and curable because a vaccine to prevent human papillomavirus (HPV) infection and accurate screening tests were available. HPV vaccination should be included in national immunization programmes and cervical cancer screening should form part of national cancer control programmes.

55. The draft Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030 provided guidance for Member States towards the goal of eliminating cervical cancer as a public health problem. Representatives welcomed the draft Strategic Framework as a tool for informing and guiding national efforts in terms of prevention, screening and treatment of cervical cancer. The Strategic Framework acknowledged the burden of cervical cancer in the Region and outlined a pathway to elimination of the disease with continued technical and financial support from WHO. Further clarification was requested of the Secretariat on how and at what intervals progress towards elimination of cervical cancer would be monitored.

56. There was broad recognition of the need to scale up HPV screening, vaccination and treatment, specifically by organizing catch-up campaigns and incorporating the HPV vaccine into national immunization schedules. The prevention, detection and treatment strategies that had been developed and refined to manage the COVID-19 pandemic might be usefully repurposed for the detection and treatment of HPV. However, several delegations remarked that efforts to scale up cervical cancer initiatives were limited by human resource constraints (a shortage of qualified health workers and cervical cancer
specialists) and the high cost of HPV vaccines and therapeutics. Remote and vulnerable populations – including some indigenous and Pacific island groups – also faced barriers to access. It was noted, for example, that many PICs lacked the capacity for in-country cancer treatment, with the result that they still were forced to refer women to hospitals located thousands of miles away at great cost.

57. Several representatives stressed the need for community engagement, the involvement of women and girls in policy development, and the importance of school-based and whole-of-family approaches to raising awareness of cervical cancer. Some delegations suggested that cervical cancer screening should be routinely integrated into sexual and reproductive health services. HPV was commonly confused with HIV infection and/or treated as a sexually transmitted infection, fuelling reluctance to talk openly about the condition as women who developed the disease often had to contend with stigma. Obviously, there was a need to dispel such myths through appropriate health education.

58. Statements were made on behalf of the International Association for Hospice and Palliative Care and the Daffodil Centre.

59. The Director, Division of Programmes for Disease Control, thanked Member States for their contributions and insights during the consultation on the draft Strategic Framework, which among other things had demonstrated their political will to eliminate cervical cancer as a public health problem. She congratulated Australia for its groundbreaking pledge to eliminate cervical cancer by 2035. WHO would continue to support Member States in developing their national action plans and culturally sensitive communication and advocacy tools to boost vaccine uptake and screening, for example via a platform for sharing best practices and innovative approaches so that Member States could learn from each other. The Regional Office would work with Member States to improve access to vaccines and test supplies in collaboration with key partners and provide technical support for the development of treatment protocols, cancer registers, financing mechanisms, and guidelines to monitor cervical cancer elimination milestones.

60. The Regional Committee considered a draft resolution on cervical cancer.

61. The resolution, which among other actions endorsed the Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030, was adopted (see resolution WPR/RC73.R4).

MENTAL HEALTH: Item 11 of the Agenda (document WPR/RC73/7)

62. The Director, Programme Management, said that the Region was facing a looming mental health crisis driven by social pressures such as rapid urbanization, the digitalization of lifestyles and other vulnerabilities. Suicide among young people was particularly concerning. The burden of poor mental health was felt throughout the life course and disproportionately affected vulnerable populations. The COVID-19 pandemic had exacerbated the problem. Building on the 2014 Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific, the proposed draft Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030 provided guidance to Member States to refocus the mental health agenda to include well-being and reaching the unreached, the transformation of mental health support and care into a community-based system of health and social services and innovations, and the embedding of mental health into the settings and practices of daily life in communities.

63. Delegations welcomed the draft Regional Framework, which several said was aligned with their national priorities and plans. Noting that there could be no health without mental health, they commended the Secretariat for its commitment and support on the issue. It was hoped that the draft Regional Framework would facilitate sharing of innovative approaches among Member States, as well as provide evidence-based guidelines and a template that could be adapted to local cultures. Representatives described mental health initiatives in their countries, with some highlighting how they were shifting from a model based on treating mental disorders to a systems-based approach focused on supporting mental health and well-being.
64. Many delegations underscored the negative impacts of COVID-19 and related response measures on mental health, especially among young people. Socioeconomic factors were also highlighted as a cause of distress and despair. There was broad agreement that more investment, resources and workforce training was needed to improve mental health in the Region so as to address barriers to access and integrate mental health services into primary health care. Mental health should be addressed from a legal and policy perspective, using a rights-based and person-centred approach. Several representatives said that services should be tailored to meet the needs of specific groups, including children, women and indigenous peoples, as part of efforts to improve access to care.

65. Statements were made on behalf of Alzheimer’s Disease International and World Vision International.

66. The Director, Programmes for Disease Control, thanking representatives for their commitment to the issue, took note of the challenges they had raised, including fragmented services and the effects of the pandemic and other emergencies. She looked forward to working closely with Member States and other partners to address those challenges together. Indeed, leadership and political reforms would be essential to advancing the mental health agenda in the Region. It was therefore encouraging that many countries’ policies were already aligned with the draft Regional Framework. The Regional Office stood ready to provide technical support, evidence-based guidelines and other tools to ensure an optimal policy environment for mental health.

67. The Director, Programmes for Disease Control, agreed with representatives’ observation that mental health services must be made available at the community level and was pleased to hear that some Member States were already moving in that direction. Pursuing synergy with the regional frameworks on primary health care and reaching the unreached would support those efforts. Multisectoral engagement would also be key in promoting mental health for all. The Secretariat would therefore support countries in engaging beyond the health sector at all levels of government. Another critical driver of reform would be the “grounds-up” approach detailed in For the Future, which encouraged countries and areas to learn from one another. The Regional Office would support the sharing of best practices and lessons learnt among Member States.

68. Reiterating the commitment to working closely across the three levels of the Organization, the Director, Programmes for Disease Control, said that the Regional Office aimed to take into account each country’s individual mental health contexts while integrating wisdom gained at the global level.

69. The Director, Mental Health and Substance Use, WHO headquarters, commended representatives’ support for the draft Regional Framework and the action being taken in their countries and areas. She agreed that more funding must be allocated to mental health promotion, prevention, treatment and follow-up. It was encouraging to hear that the tools provided by WHO headquarters had been useful. She drew attention to the World mental health report: Transforming mental health for all, which proposed pathways that were aligned with the draft Regional Framework. Simply put, however, the only effective means of making mental health services an effective component of primary health care was commitment and investment. The three levels of the Organization would maintain and increase support to Member States to strengthen their capacities to meet their populations’ mental health needs.

70. The Regional Committee considered a draft resolution on mental health.

71. The resolution, which among other actions endorsed the Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030, was adopted (see resolution WPR/RC73.R5).
NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL: Item 12 of the Agenda (document WPR/RC73/8)

72. The Officer-in-Charge said that new demographics and shifting lifestyles, coupled with evolving perspectives on disease and technological innovation, had a major impact on the epidemiology of noncommunicable diseases (NCDs) and approaches to addressing them. Despite some reductions in premature NCD mortality between 2000 and 2010, progress had slowed or in some cases had even been reversed. NCDs were the largest disease threat in the Western Pacific Region, accounting for 87% of all deaths in 2019. Yet they were largely preventable and could be controlled using a range of evidence-based interventions. Furthermore, NCDs were strongly linked to sustainable development because investment in appropriate and timely prevention and control programmes would yield long-term health and economic benefits. Action and coordination with non-health sectors were critical to build health-promoting environments; education, environment and food sectors had a key role to play, as well as fiscal measures that made unhealthy choices less affordable. Additionally, NCD prevention and control must be integrated into the primary health-care system, including patient screening and disease management. The life-course approach should be used as a basis for targeted interventions, especially at the community level, given that health inequity and risk factors could carry through from one generation to the next. The Regional Committee was invited to consider and endorse the draft Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific, which proposed an integrated and lifelong approach to transform “sick systems” focusing on illness – in which unhealthy environments generated NCD cases and the health sector focused mainly on treating disease – into “health systems” with environments that promoted health and well-being.

73. Representatives described the NCD situation in their respective countries and outlined their national strategies to address NCDs. The draft Regional Action Framework was endorsed as a useful evidence-based and cost-effective tool to guide the design and implementation of national programmes and strengthen and scale up existing national interventions. One representative encouraged strengthening the focus on access to health systems and health-care decision-making for people with disabilities. The chronic under-investment in NCD control programmes and the undesirable long-term socioeconomic consequences of inaction were acknowledged, as was the importance of sharing experiences of effective NCD control activities. The epidemic of NCDs in the Western Pacific Region should be given the same level of attention as the COVID-19 pandemic.

74. Concerning specific measures to address the NCD burden, several delegations mentioned fiscal measures to increase the price of unhealthy foods, alcohol and tobacco products; regulatory measures such as reduction of salt intake; and initiatives to discourage consumption of unhealthy items and encourage healthy diets and physical activity. Programmes to create health-promoting environments such as healthy schools and workplaces were described. It was also noted that the number of corporate health-management initiatives, for example wellness programmes, had increased of late. Several representatives mentioned the importance in their country of strengthening the ability of primary health-care facilities to carry out periodic health checks and early screening programmes as a first step in empowering people to look after their own health.

75. Many representatives returned to the theme of promoting the “keeping-people-healthy” model at the expense of the “treating-the-sick” model, which included listening to the concerns of populations and communities exposed to specific NCD risks. Better health outcomes for underserved populations would only be successful if those populations were placed firmly at the centre of decision-making about their health care. It was noted that the COVID-19 pandemic had fortuitously accelerated official social media campaigns and mobile technology solutions for health communication and education.

76. The multisectoral dimension of efforts to prevent and control NCDs – specifically the need to engage with non-health sectors, civil society and other stakeholders or mechanisms, such as the Healthy Islands vision and the WHO Framework Convention on Tobacco Control – was repeatedly mentioned. Education, housing, transport and a host of other factors determined how people interacted with the world and affected their life choices and, therefore, illustrated the importance of developing cross-sectoral coordination
mechanisms. A holistic approach to NCD management should also incorporate elements such as complementary medicine, mental health, spirituality and well-being.

77. Statements were made on behalf of the International Pediatric Association, the McCabe Centre for Law and Cancer, and Healthy Alliance Philippines.

78. The Officer-in-Charge welcomed delegations’ political commitment to fighting NCDs, strengthening governance in their respective countries, and employing a whole-of-government, whole-of-society approach. Success stories and suggestions related to communication for health, improved health governance, the social determinants of health, innovative digital solutions and the shift to a holistic view of well-being were particularly welcome. She noted that NCDs would be a topic of global discussion at the forthcoming World Health Assembly and United Nations General Assembly. Member States should continue to come together and share experiences as the agenda was taken forward in the years to come.

79. The Director, Healthy Environments and Populations, thanked representatives for their comments and support for the draft Regional Action Framework. It was encouraging that Member States acknowledged the urgency of addressing NCDs as a threat to sustainable development, especially in the context of the COVID-19 pandemic. Summarizing the points made, he joined the Officer-in-Charge in praising the significant actions and progress achieved by Member States. Representatives had raised many key themes, including factors that went beyond the health sector, which underscored the need for multisectoral partnerships. He acknowledged the requests for continued Secretariat support and said that the Regional Office would continue to work with other United Nations agencies and partners to support implementation of the draft Regional Action Framework. The Secretariat would also facilitate sharing of experience and lessons learnt among Member States.

80. The Assistant Director-General, Universal Health Coverage/Healthier Populations, thanked representatives for their insights and their support for the draft Regional Action Framework, which was a testimony to the urgency of the issue in line with the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. WHO would continue to accelerate efforts at all three levels of the Organization to ensure the achievement of the objectives of the draft Regional Action Framework and Global Action Plan in preparation for the Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2025.

81. The Regional Committee considered a draft resolution on NCD prevention and control.

82. The resolution, which among other actions endorsed the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific, was adopted (see resolution WPR/RC73.R1).

PRIMARY HEALTH CARE: Item 13 of the Agenda (document WPR/RC73/9)

83. The Officer-in-Charge, introducing the item, said that primary health care was an essential foundation for building resilient health systems and making progress towards UHC. Challenges such as the rising burden of NCDs and lack of access to health services due to cost or location – combined with ongoing fiscal pressure on economies and the rising cost of care – threatened to make health systems financially unsustainable within a decade. The COVID-19 pandemic had underscored the importance of empowering communities to participate in health decisions and caregiving. A fresh approach to primary health care was therefore needed, one that integrated all health programmes and used innovation to improve access and quality. Rather than focusing merely on curing diseases, primary health care services in the future should respond to changing health needs and increase health equity.

84. The Regional Committee was invited to consider endorsing the draft Regional Framework on the Future of Primary Health Care in the Western Pacific, which drew from and built on Member State input at the panel discussion on primary health care at the previous session of the Regional Committee and outlined key areas of action for Member States to consider in planning primary health-care reforms. The
draft Regional Framework also provided a platform to deliver more effectively on other new frameworks under discussion by the Regional Committee, in particular those on NCDs, reaching the unreached and mental health.

85. Representatives unanimously endorsed the draft Regional Framework, praising its clear strategic direction and alignment with their national goals and its interconnectivity with other regional priorities. They described measures and approaches taken to enhance primary health care in their countries and steps that should be taken to realize a care model that was people-centred, prevention-focused and strongly engaged with communities. Among other challenges, the COVID-19 pandemic had demonstrated the paramount importance of strong primary health care while also presenting unique openings for multisectoral collaboration. One representative said that sexual and reproductive health services must be integrated into primary health care under the draft Regional Framework. To make primary health care of the future a reality, the Secretariat was requested to continue supporting Member States in implementing the draft Regional Framework, assist with capacity-building at the provincial level, and foster a paradigm shift in how communities and institutions thought of, defined and operated health systems towards a more holistic model.

86. Statements were made on behalf of the International Association for Hospice and Palliative Care and the International Council of Nurses.

87. The Director, Health Systems and Services, thanked delegations for their comments and their active engagement in the consultations through which the draft Regional Framework had been developed. Summarizing points made, he took note of Member States’ strong endorsement of the draft Regional Framework’s objectives and their requests for support. In terms of encouraging communities and individuals to take ownership of their health, he highlighted some Member States’ focus on indigenous populations and the suggestion of churches, schools and workplaces as good settings for engagement. Many representatives had underscored the importance of increasing and better utilizing finances and improving training and incentives for health workers. It would also be important to develop locally appropriate delivery models at the subnational level. A number of delegations had touched upon the thematic areas set forth in the draft Regional Framework, such as digital innovations and lessons learnt from the COVID-19 response. In terms of equity, there was broad consensus that primary health care must reach vulnerable groups such as women, children, older people and LGBTQI communities.

88. The Secretariat would take delegations’ rich feedback into account when rolling out, upon endorsement, the draft Regional Framework. As requested, the Regional Office would provide policy support tailored to Member State contexts and support them in developing national primary health-care strategies and transitioning to a health-care system that promoted health and well-being. Clear indicators would be provided in line with the WHO–UNICEF document *Primary health care measurement framework and indicators: Monitoring health systems through a primary health care lens*, which the Secretariat would continue to support Member States in adapting to their own contexts. Timely experience sharing among Member States would also be facilitated.

89. The Regional Committee considered a draft resolution on primary health care.

90. The resolution, which among other actions endorsed the *Regional Framework on the Future of Primary Health Care in the Western Pacific*, was adopted (see resolution WPR/RC73.R2).

**REACHING THE UNREACHED:** Item 14 of the Agenda (document WPR/RC73/10)

91. The Officer-in-Charge, introducing the item, said that despite considerable progress on many health indicators, large groups of people in every country and area in the Region still did not have access to effective, good-quality health services. The COVID-19 pandemic had highlighted the importance of health systems that reached everyone, everywhere. It had also forced governments to innovate rapidly by mobilizing various sectors, engaging communities and developing new approaches to health service
delivery. However, health systems in many countries and areas remained fragmented, inefficient and hospital-based, which kept health care out of reach for many people.

92. Action must be taken to make health systems more integrated, comprehensive and people-centred with a foundation of strong primary health care, including outreach services. Putting unreached populations at the centre of those efforts would help health systems to reach everyone, everywhere. Doing so would require high-level political commitment, multisectoral collaboration and community engagement to remove barriers that prevented people from accessing care. Representatives were therefore invited to endorse the draft Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030), which aimed to guide Member States in accelerating progress towards achieving UHC and the SDGs.

93. Representatives fully supported the draft Regional Framework and welcomed its focus on the social determinants of health and integrated, equitable people-centred health systems and the social determinants of health. Several representatives said that reaching the unreached was a priority in their countries and a prerequisite for UHC. Unreached populations in the Region included rural populations, inhabitants of urban slums, undocumented migrants, ethnic and linguistic minorities, indigenous communities, and people affected by mental health issues, HIV and NCDs. Inequitable access to good-quality care was driven by geographical isolation, racism and unaffordable health insurance premiums, among other factors. Challenges to improving access included an inadequately trained workforce, lack of internet access in rural areas – which limited telehealth options – and that unreached groups were disproportionately exposed to misinformation.

94. To address challenges in their countries, representatives cited the need to invest specifically in reaching the unreached, build whole-of-government political commitment to the issue, address the root causes of inequality, create community-led and culturally safe health care for indigenous people, engage with cultural influencers and empower people to take an active role in their own care. The Secretariat was therefore requested to set up a platform to facilitate experience-sharing among Member States. One representative encouraged the Secretariat to further consider the need for consistent data standards and the use of unique health identifiers and geospatial analysis to gain relevant and reliable information about unreached groups. Another delegation asked for clarification on the draft Regional Framework’s relationship to existing regional frameworks.

95. A statement was made on behalf of World Vision International.

96. The Director, Division of Programmes for Disease Control, said she was pleased to note that health policies in several Member States contained a health equity component that benefited unreached communities and populations such as migrants and indigenous peoples. Many countries had also focused on strengthening primary health-care systems and were reducing reliance on hospital-based care, making health care more accessible and culturally responsive. The COVID-19 pandemic had acted as a catalyst through the use of mobile technology to reach previously underserved communities. She congratulated Member States on their political commitment to remove financial and other barriers to health care and adopt a whole-of-society approach to improving health outcomes. The Regional Office stood ready to support Member States by supporting action to reach unreached populations.

97. The Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, said that, from a global perspective, affordability was the main barrier to access to health services. UHC would never become a reality until the health needs of the poorest and most marginalized members of society had been properly addressed.

98. The Regional Committee considered a draft resolution on reaching the unreached.

99. The resolution, which among other actions endorsed the Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030), was adopted (see resolution WPR/RC73.R3).
100. The Director, Health Systems and Services, introducing the cross-cutting report on advancing the For the Future vision, said that the disruptions to health services caused by the COVID-19 pandemic were a reminder that the Region must continue strengthening health systems and working beyond the health sector. He then cited examples of how various frameworks had guided the Secretariat’s work over the past year. Under Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region, the Technical Advisory Group on Universal Health Coverage and the TAG Alliance had continued to explore a common agenda for all disease-specific programmes. Under the Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific, the Regional Office had been supporting Member States to ensure adequate funding for essential public health functions, analysis of health financing strategies and improved public financial management. Under the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce, the Regional Office had supported Member States in building strong regulatory cooperation on COVID-19 vaccines and used the WHO Global Benchmarking Tool to guide regulatory strengthening. The Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) had guided support to a number of Member States in subnational planning, reviews and clearing of critical bottlenecks. And the Regional Action Agenda on Harnessing e-Health for Improved Health Service Delivery in the Western Pacific had guided support in the development of national digital health strategies and use of the WHO digital health course.

101. The Director, Health Security and Emergencies, introducing the report on health security, said that health security issues, including antimicrobial resistance (AMR), were recognized in For the Future and GPW13 as a key priority at all three levels of the Organization. The ongoing COVID-19 pandemic had highlighted the central role played by health security in enabling societies to function, driving economic development and achieving the SDGs. However, work to strengthen health security in the Region went beyond COVID-19 to include: strengthening of capacities for public health emergency preparedness and response, and IHR (2005) implementation under APSED III; incorporating disaster risk management into health systems; ensuring access to safe and nutritious food through implementation of the Regional Framework for Action on Food Safety in the Western Pacific; and reinforcing efforts to combat and contain AMR under the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region.

102. The Director, Healthy Environments and Populations, introducing the report on NCDs and ageing, said that over the past year, the Regional Office had intensified its technical support for the expansion and strengthening of smoke-free environments, fiscal measures to make tobacco less affordable, stronger tobacco cessation services, and regulation of new nicotine and tobacco products. Under the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, the Regional Office had strengthened support for Member State efforts to address childhood obesity through food marketing regulations, nutrition labels and relevant fiscal policies. That support had included a meeting aimed at encouraging Member States to scale up efforts to tackle childhood obesity as part of their commitments to achieve the nutrition-related targets under the SDGs.

103. To further strengthen the NCD agenda, experts from the Region reviewed the draft Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific and provided strategic direction on the way forward during the NCD technical advisory group meeting in July 2022. The
experts had emphasized the importance of social and environmental factors on health, cross-sectoral efforts and strengthened implementation both at the national and subnational levels.

104. The Director, Pacific Technical Support, introducing the report on climate change, the environment and health, said that climate change and environmental hazards such as air pollution, exposure to hazardous chemicals, and a lack of safe water and proper sanitation posed serious threats to the health of people in the Region, contributing to the already heavy burden of communicable and noncommunicable diseases. If left unaddressed, the impacts of climate change and environmental hazards would pose even greater risks to the Region’s health and safety in the future.

105. The Director, Programmes for Disease Control, introducing the report on reaching the unreached, said that the progress documented in the report was the result of collective efforts of Member States and the WHO in the Region to strengthen essential health services. Indeed, Member States had made significant progress in enhancing systems for newborn care and in controlling or eliminating tuberculosis, neglected tropical diseases and vaccine-preventable diseases, among other drivers of health inequities. The Region had been implementing early essential newborn care in line with the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020), the targets of which would be retained until 2030, and supporting the restoration of immunization initiatives and programmes amid the COVID-19 pandemic in line with the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030. The Regional Office was also working with Member States to provide unreached populations with COVID-19 vaccines as part of efforts to achieve and sustain the control and elimination of vaccine-preventable diseases.

106. The Western Pacific had been a pioneer among WHO regions in the progressive scale-up of annual mass drug administrations, a significant global public health achievement. Good progress was being made in implementation of the Western Pacific Regional Framework to End TB (2021–2030), notably through the expansion of rapid diagnostic tools, systematic case finding and scaled-up programmatic management of drug-resistant TB, including with new drugs and shorter treatment regimens.

107. Representatives, speaking on all five reports, took note of and commended the progress made in such areas as the COVID-19 response, neonatal care, tobacco control, AMR and food safety, manuals for which were scheduled to be completed by the end of 2022. It would be important to follow up on national plans developed with support from the various frameworks to ensure steady implementation. Collaborative, Region-wide efforts to combat AMR should include surveillance of drug-resistant microbes.

108. On climate change, the environment and health, the Secretariat should continue to provide capacity-building and scale up its work on integrating climate resilience into health programmes, particularly in vulnerable countries. Clarification was also requested about measures to boost the operational capacity of the WHO Asia Pacific Centre for Environment and Health in the Western Pacific Region.

109. Statements were made on behalf of the International Federation on Ageing, the Drugs for Neglected Diseases Initiative, and the International Association for Hospice and Palliative Care.

110. In response to comments made, the Director, Programme Management, said that the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region had been established in 2019 in Seoul, Republic of Korea, just before the COVID-19 pandemic struck, which lead to delays in its opening. The Centre was currently under new leadership and intended to press ahead with its stated mission to support Member States.
Agenda for the seventy-fourth session of the Regional Committee in 2023 (Item 16.1 of the Agenda)

111. The Director, Programme Management, said that the technical items proposed for discussion at the seventy-fourth session of the Regional Committee in 2023 were health security, health innovation, communication for health, health workforce, and investing in health and UHC.

112. Individual Member States made suggestions to be incorporated into the list of proposed items, namely that investment in UHC should include essential medical services, and that health communication should adopt an approach based on behavioural science. Several delegations proposed that the Regional Committee should review and strengthen its rules of governance, specifically on procedures for dealing with the unexpected absence of the Regional Director, ensuring timely and effective channels of communication with Member States, and rewriting the rules of procedure in gender-neutral language.

113. The Officer-in-Charge said that the Secretariat would facilitate discussions on governance strengthening, possibly by adapting procedures used by other WHO regions.

WHO’s work in countries (Item 16.2 of the Agenda)

114. The Director, Programme Management, introduced four presentations by WHO Representatives or other WHO staff illustrating the operation of the Regional “grounds-up” approach which enabled WHO to respond in an efficient yet tailored way to common challenges that impacted multiple countries in the Region. Each presentation was accompanied by comments from the Minister of Health or other government officials from the country concerned.

115. Mongolia: The Director of International Cooperation, Ministry of Health of Mongolia, said that despite early success in containing COVID-19 infections, the Mongolian hospital system had reached saturation point by June 2021. In some cases, seriously ill COVID-19 patients could not be admitted to hospital and had died at home.

116. The former WHO Representative in Mongolia said that, in response to a request for assistance from the Mongolian Government, WHO had provided clear guidance on a comprehensive care pathway enabling patients to be treated in the right settings at the right time, thus facilitating surge management and the national transition from a policy of “zero COVID” to a policy of managing COVID cases by degree of severity.

117. The Director, Division of Health Security and Emergencies, said that, acting on guidance from WHO, the system of safeguards that Mongolia had introduced to prevent its hospitals from being swamped during the COVID-19 pandemic had been reworked as general guidance for other countries in the Region, thus constituting an operational feedback loop.

118. Cambodia: The Director, Division of Health Security and Emergencies, said that, in a context of insufficient or unavailable vaccines and therapeutics during the COVID-19 pandemic, the Regional Office prepared general guidance on non-pharmaceutical interventions such as social distancing, handwashing, mask-wearing and self-isolation.

119. The Team Leader, Health Emergencies, WHO Office in Cambodia, said that the country office conducted an analysis of the specific settings in Cambodia where increased community transmission of COVID-19 was likely to occur, for example entertainment venues, markets and garment factories.

120. The Director-General for Health, Ministry of Health of Cambodia, said that the acceleration of community transmission of COVID-19 in Cambodia in 2021 had necessitated a mass outreach campaign
directed chiefly at young people, using a format that was both appealing and accessible to that target population.

121. The Team Leader said that the WHO country office in Cambodia had been instrumental in helping design, introduce and continuously refine public health and social messages (PHSMs) that balanced public health objectives and social and economic disruptions and costs.

122. The Director, Division of Health Security and Emergencies, explained how the lessons learnt from the health information campaign in Cambodia had shaped advice on social messaging prepared by the Regional Office for other Member States, based on a mechanism for sharing information between the Regional Office and country offices.

123. Philippines: The Director, Division of Healthy Environments and Populations, said that, as the proportion of older people in their populations grew, several Member States had sought advice and guidance from WHO on managing the health and social burdens that such a process would ultimately entail. The Philippine Government was using the WHO Regional Action Plan on Healthy Ageing in the Western Pacific to prepare for and guide early investment in healthy ageing.

124. The Chairperson, Philippine National Commission of Senior Citizens, said that the number of older people in the Philippines was expected to double in the next decade to about 20% of the total population, thus increasing the demand for health and social services and the caregiving burden. Inspired and supported by WHO, the Philippine Government had developed a national plan of action for senior citizens and a national framework for age-friendly environments, in addition to free annual medical check-ups for older people.

125. The Officer-in-Charge, Philippine Department of Health, said that following adjustments to Philippine national culture the Regional Action Plan had been used as a template for a national action plan and framework for healthy and productive ageing, and also as the basis for specific training to ensure that primary health-care providers possessed the right knowledge and skills to look after older people.

126. The Acting WHO Representative in the Philippines said that WHO had supported the Philippine Government with policy development, advocacy and capacity-building on healthy ageing. Working as one team with Regional Office colleagues, the country office had supported national commitments to create inclusive environments for older people, conducted outreach and awareness campaigns on the environmental determinants that underpinned healthy ageing, and shared lessons and best practices from other countries such as Ireland and Malaysia.

127. The Director, Division of Healthy Environments and Populations, said that the customized assistance WHO had provided to the Philippines was in turn beginning to shape the advice on healthy ageing that WHO passed on to other countries. The Regional Office would continue to facilitate research to identify and document best practices in the field of healthy ageing and promote knowledge-sharing in cooperation with government, academia, civil society and other stakeholders.

128. Papua New Guinea: The Minister of Health said that although the Papua New Guinean health information system had been upgraded to a modern electronic system, the technical skills of the health information officers had not kept pace and needed to be updated. His Government had accordingly sought assistance from WHO in building the capacity of the health information workforce.

129. The Director, Data, Strategy and Innovation, said that several countries had reported to WHO that capacity-building for health information officers was a neglected area. WHO had therefore developed a customizable data management competency framework for use in countries across the Region.

130. The WHO Representative in Papua New Guinea said that the competency framework had been designed to address real needs in a long-term context, and had been developed with input from health information officers themselves, provincial health authorities and development partners.
131. The Manager of the Performance Monitoring and Research Branch, National Department of Health, Papua New Guinea, presented a detailed breakdown of the tool, which defined competency profiles for each role, identified competency gaps, and specified the action that staff needed to take to acquire each new competency.

132. The Director, Data, Strategy and Innovation, described the process of collaboration between WHO and the health authorities in Papua New Guinea that had resulted in the development of the data management competency framework.

133. The Director, Programme Management, said that the four presentations demonstrated WHO’s culture of working together as one team to address country needs and priorities, its commitment to ongoing learning, and its efforts to constantly refine the services that it provided to Member States. The feedback loop between countries, the Regional Office and the country offices were reliant on information sharing to identify challenges and transferable solutions with broad applicability across the Region.

134. The Secretariat was asked for clarification on the ongoing challenge of attracting, recruiting and retaining qualified staff at country offices in the Western Pacific Region.

135. The Director, Programme Management, said that the issue of vacant posts at country offices was being addressed through the Organization’s mobility programme, its three-level human resources planning, a programme to attract talent from under-represented Member States, streamlining of recruitment processes from 90 to 60 days, and a special scheme for accelerated recruitment of staff at country offices.

WHO reform (Item 16.3 of the Agenda)

136. The Director, Programme Management, provided an update on workplace culture and organizational change within the Region. Since February 2022, the Regional Office had been working to strengthen and expand existing systems for reporting and responding to complaints about harassment, bullying and abusive conduct; simplify and improve internal grievance processes; and build a stronger workplace culture.

137. The WHO Representative in Viet Nam delivered a presentation further outlining progress made to date and future directions of work to reform workplace culture at the Regional Office. An internal survey conducted in February 2022 suggested that the Regional Office was affected by instances of bullying, harassment and abuse, to which senior management had responded by pledging to change organizational culture and appointing a Regional Ombudsperson and a management officer for preventing and responding to sexual exploitation, abuse and harassment (PRSEAH). An intentionally diverse workplace culture task force had also been established, actuated among other things by the Pacific principle of *Talanoa* (inclusive, participatory and transparent dialogue) and focusing on issues such as work-life balance and translating the values of the Organization into daily activities. Efforts had been made to instil a climate of openness and transparency in the workforce, for example through the holding of regular town hall meetings.

138. The Chairperson, Western Pacific Region Staff Association, said that many staff members had found themselves seriously overextended during the COVID-19 pandemic. As a result, many had returned to their home countries to be with their families or had left the Organization altogether.

139. The Management Officer, Prevention and Response to Sexual Exploitation, Abuse and Harassment, WHO headquarters, said that, following the uncovering of sexual abuse perpetrated by WHO staff in the Democratic Republic of the Congo in 2021, WHO had committed itself to an Organization-wide awareness and training programme for all staff and had made an enormous investment in overhauling its procedures to ensure that complainants could have full confidence in institutional grievance systems. Each country office in the Western Pacific Region now had a PRSEAH focal point, and a regional PRSEAH risk assessment tool had been developed on the basis of inputs from countries across the Region.
140. The Officer-in-Charge assured Member States that WHO now treated allegations of bullying, abuse or harassment with the utmost seriousness, which explained why so much time, effort and money had been invested in encouraging a speak-up culture and simplifying internal complaints processes which were frequently perceived as being too slow, cumbersome or opaque. The reform aimed to involve as many staff as possible to ensure maximum ownership of the initiative.

141. While commending WHO and the Regional Office on their efforts to change workplace culture, representatives expressed concerns about the perceived extent of bullying and abusive behaviour revealed by the survey earlier in the year. More data were requested on the number of staff members who had given a negative assessment of WHO’s workplace culture, the number of staff using the services of the newly established ombudsperson, and the number of PRSEAH complaints filed in the Region relative to the number at headquarters, which had increased. It was suggested that efforts to improve reporting and response mechanisms should also be accompanied by support for affected staff. To provide more context, it would also be helpful to know the current gender balance of the WHO workforce in the Region, and the breakdown of the workforce by nationality and Member State representation.

142. The WHO Representative in Viet Nam said that another staff satisfaction survey would be carried out to gauge whether the investment in organizational change had paid off, but it was impossible to say how many of the negative experiences voiced in the anonymous survey conducted in February 2022 had resulted in formal complaints. The number of visitors to the ombudsperson would need to be recorded in the future as a measure of accountability. It was not possible to draw comparisons between the number of PRSEAH investigations at the Regional Office and at headquarters because the Regional Office did not have an investigative function; all cases originating in the Region were referred to headquarters. The Regional Office confined itself to informing staff of the existence of complaints mechanisms and how to access them.

143. The Director, Administration and Finance, said that women had accounted for 59% of professional officers in the Western Pacific Region at the end of September 2022. Comprising 44 nationalities, the WHO workforce in the Region was renowned for its diversity and for hiring staff members from outside the Region. Nevertheless, a number of countries in the Region – especially Pacific island countries and areas – continued to be unrepresented or under-represented both regionally and globally, and Member States should not hesitate to recommend qualified candidates. During the pandemic, the total number of professional officers in the Region had fallen and more roles had been taken on by consultants. The Region had employed 172 professional officers at the end of September 2022.

Items recommended by the World Health Assembly and the Executive Board (Item 16.4 of the Agenda)

144. The Director, Programme Management, said that the Secretariat would accept written submissions from Member States on items recommended by the Health Assembly and Executive Board. Representatives also had the option of referring comments directly to the appropriate global focal point for each item.

145. In decision EB151(2), the Executive Board had decided that the Standing Committee on Health Emergency Prevention, Preparedness and Response would hold its first meeting after each WHO region had nominated members. In response to a call for expressions of interest from current Board members, Japan and Malaysia had submitted bids for membership to be formalized by the Regional Committee.

146. The Regional Committee nominated Japan and Malaysia to be the Region’s representatives on the Standing Committee (see decision WPR/RC73(2)).
Other items (Item 16.5 of the Agenda)

**Intergovernmental Negotiating Body to Draft and Negotiate a WHO Convention, Agreement or Other International Instrument on Pandemic Prevention, Preparedness and Response**

147. The Co-Chairperson, Intergovernmental Negotiating Body, thanked Member States for their contributions to the ongoing consultations and requested further input on the future instrument.

148. The Bureau Member (Western Pacific), Intergovernmental Negotiating Body, briefed the Committee on the content of the current working draft and the status of consultations to inform a forthcoming conceptual zero draft. He encouraged Member States to remain involved in the process, as the Region comprised many countries with unique characteristics, in particular remote islands. Continued political commitment and contribution of viewpoints would be essential.

149. Representatives expressed their commitment to continue engaging in the negotiation process, with some noting that they had already provided input. The current working draft was a good starting point, and delegations were pleased to see some of their key priorities reflected in it. The informal focus consultations on the draft were also appreciated. One representative said that virtual meetings scheduled from Geneva, especially in the upcoming year, must take into account the time difference and technical constraints in Pacific island countries and areas.

150. The new international instrument should address health worker shortages, including due to migration, to make countries more self-reliant in terms of their health workforce. Other important aspects to include were rapid data sharing, equitable access to medical countermeasures, global disease surveillance, sharing of information and material, and enhanced research and development capacities. WHO’s ability to access the location of outbreaks should be strengthened, and interconnectivity should be ensured with sectors outside of health, including the role of the Tripartite, which includes WHO, the Food and Agricultural Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH). The document should be in line with the principles United Nations Charter and the WHO Constitution, respect national sovereignty and be scientific in nature.

151. Specifically, one representative said that the instrument should assign additional responsibilities to developed countries vis-à-vis developing countries in terms of financial contributions and sharing of supplies. Politicization, stigmatization of areas experiencing outbreaks, and unilateral sanctions that negatively impacted developing countries must be avoided. Another representative said that UHC should be explicitly mentioned, either in the instrument’s preamble or among its fundamental principles.

152. Several representatives stressed the importance of avoiding duplications or contradictions with existing instruments. To that end, the Intergovernmental Negotiating Body was urged to continue coordinating with the working group examining possible amendments to IHR (2005) to clarify the new instrument’s relationship to the regulations; any issues that could be covered in IHR (2005) should be handled there rather than in the new document. The Intergovernmental Negotiating Body should also coordinate with the governors of the Financial Intermediary Fund of the World Bank. The *Pandemic Influenza Preparedness Framework* should remain the instrument of reference for virus- and benefit-sharing, and the new instrument should not impede the sharing of pathogens and genetic-sequencing data through the *Nagoya Protocol to the Convention on Biological Diversity*.

153. The Bureau Member (Western Pacific), Intergovernmental Negotiating Body, thanked representatives for their valuable contributions, which would be duly reported to the Bureau. He assured representatives that the process was parallel and complementary to the amendment process for IHR (2005) and that the distinction would become even clearer as discussions continued.

154. The Principal Legal Officer, WHO headquarters, speaking in response to a question about the relationship between the new instrument and existing instruments, said that the global Secretariat had been working extremely closely with counterparts responsible for other instruments, including the secretariat of
the Convention on Biological Diversity, with which it was considering publishing a joint paper. The Secretariat would work to ensure coherence with regard to existing international norms in the interest of WHO Member States, whether or not they were parties to the Protocol.

155. The Co-Chairperson, Intergovernmental Negotiating Body, said that the Committee’s contributions would be useful in developing the conceptual zero draft of the new instrument. She noted in particular the request to adapt practical arrangements to be as inclusive as possible of all Member States. She also acknowledged the Secretariat’s engagement on multiple fronts as the various amendment and negotiation processes advanced; those constraints would also be respected.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 17 of the Agenda (document WPR/RC73/13)

156. The 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, Malaysia and Tonga. The term of office of Japan would expire on 31 December 2022. The Regional Committee was requested to nominate one Member State to succeed Japan and serve a three-year term starting on 1 January 2023. The Regional Committee might wish to consider Mongolia as a member of the Policy and Coordination Committee and, as such, to nominate a representative, upon WHO's formal request to the Minister of Health, to serve on the Committee for a three-year term from 1 January 2023 to 31 December 2025.

157. The Regional Committee nominated Mongolia to replace Japan (see decision WPR/RC73(3)).

SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 18 of the Agenda (document WPR/RC73/14)

158. The Director, Programme Management, said that one Member State would be selected to send a representative to the Board for a four-year term. WHO had received an application for membership from the Government of the Republic of Korea, which the Regional Committee was requested to review and consider for endorsement.

159. The Regional Committee selected the Republic of Korea to serve on the Joint Coordinating Board (see decision WPR/RC73(4)).

TIME AND PLACE OF THE SEVENTY-FOURTH AND SEVENTY-FIFTH SESSIONS OF THE REGIONAL COMMITTEE: Item 19 of the Agenda

160. The Officer-in-Charge said that 2023 was scheduled to be an election year, so in accordance with usual practice the session would be held at the WHO Regional Office for the Western Pacific in Manila, from 16–20 October 2023 (see resolution WPR/RC73.R6).

CLOSURE OF THE SESSION: Item 20 of the Agenda

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

162. The representative of Singapore proposed a resolution of appreciation to the Chairperson, Vice-chairperson and Rapporteurs, to the representatives of intergovernmental and nongovernmental organizations for their statements, and the Regional Director and secretariat for their work in preparing for the hybrid session and the meeting arrangements (see resolution WPR/RC73.R7).
163. The Officer-in-Charge delivered her closing remarks (see Annex 8).

164. After the usual exchange of courtesies, the seventy-third 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/RC73/2
8. Programme budget
   8.1 Programme budget 2020–2021: budget performance (final report)
   8.2 Programme budget 2022–2023 update
   8.3 Programme budget 2024–2025
   WPR/RC73/3
   RC73/INF/1
   WPR/RC73/4

Panel discussion

9. Communication for Health
   WPR/RC73/5

Policies, programmes and priorities for the future

10. Cervical cancer
    WPR/RC73/6
11. Mental health
    WPR/RC73/7
12. Noncommunicable disease prevention and control
    WPR/RC73/8
Annex 1

13. Primary health care
   WPR/RC73/9

14. Reaching the unreached
   WPR/RC73/10

15. Progress reports on technical programmes
   15.1 Thematic priority: Health security, including COVID-19 and antimicrobial resistance
   15.2 Thematic priority: Noncommunicable diseases and ageing
   15.3 Thematic priority: Climate change, the environment and health
   15.4 Thematic priority: Reaching the unreached
   15.5 Cross-cutting progress report: Advancing the For the Future vision
   WPR/RC73/11

16. Coordination of the work of the World Health Assembly, the Executive Board
   and the Regional Committee
   16.1 Agenda for the seventy-fourth session of the Regional Committee in 2023
   16.2 WHO's work in countries
   16.3 WHO reform
   16.4 Items recommended by the World Health Assembly and the Executive Board
   16.5 Other items (if any)
   WPR/RC73/12

**Membership of Global Committee**

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

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

**Other matters**

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

20. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA

Honourable Mark Butler, Minister of Health and Aged Care, Australian Government Department of Health and Aged Care, Canberra, Chief Representative

Ms Allyson Elizabeth Essex, First Assistant Secretary, Australian Government Department of Health and Aged Care, Canberra, Alternate

Mr Blair Exell, Deputy Secretary, Australian Government Department of Health and Aged Care, Canberra, Alternate

Ms Kate Wallace, Assistant Secretary, Australian Government Department of Foreign Affairs and Trade, Canberra, Alternate

Mr Andreas Anargyros, Assistant Director, Australian Government Department of Health and Aged Care, Canberra, Alternate

Ms Rosemary O’Hehir, Assistant Director, Australian Government Department of Foreign Affairs and Trade, Canberra, Alternate

Ms Eloise May Skoss, Policy Officer, Australian Government Department of Health and Aged Care, Canberra, Alternate

Mr Travis Power, Assistant Secretary, Australian Government Department of Health and Aged Care, Canberra, Alternate

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Ms Sinéad Mulders-Jones, Assistant Director, Australian Government Department of Foreign Affairs and Trade, Canberra, Alternate

Mr Dylan Kim, Policy Officer, Australian Government Department of Health and Aged Care, Canberra, Alternate

Ms Shareen Singh, Senior Policy Officer, Australian Government Department of Foreign Affairs and Trade, Canberra, Alternate

BRUNEI DARUSSALAM

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

Dr Khalifah Ismail, Director-General of Medical and Health Services, Ministry of Health, Bandar Seri Begawan, Alternate
Annex 2

**BRUNEI DARUSSALAM**
(continued)

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**CAMBODIA**

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Dr Lo Veasnakiry, Secretary of State, Ministry of Health, Phnom Penh, *Alternate*

Dr Hok Kimchong, Director-General for Health, Ministry of Health, Phnom Penh, *Alternate*

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**CHINA**

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CHINA (continued)

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Mr Cui Fuqiang, Professor, Department of Global Health, Peking University, Beijing, Alternate

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Ms Fan Xiaodan, Associate Professor, China National Health Development Research Center, Beijing, Alternate
Annex 2

CHINA (continued)

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Ms Song Daping, Professor, China National Health Development Research Center, Beijing, *Alternate*

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CHINA (HONG KONG)

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Mr Thomas Chan Chung-ching, JP, Permanent Secretary for Health, Health Bureau of the Government of the Hong Kong Special Administrative Region, Hong Kong, *Alternate*

Dr Ronald Lam Man-kin, JP, Director of Health, Department of Health, Hong Kong, *Alternate*

Dr Edwin Tsui Lok-kin, JP, Controller, Centre for Health Protection, Department of Health, Hong Kong, *Alternate*

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Dr Wong Fai, Medico Consultor, Health Bureau, Macao SAR Government, Macao, Alternate

Dr Wong Kam Weng, Medico Consultor, Health Bureau, Macao SAR Government, Macao, Alternate

Dr Tse See Fai, Director of Health Center, Health Bureau, Macao SAR Government, Macao, Alternate

Dr Wong Weng Man, Acting Head, Health Promotion Division, CDC, Health Bureau, Macao SAR Government, Macao, Alternate

Dr Chan Soi Fan, Senior Technician of Communicable Disease, Prevention and Control Division, CDC, Health Bureau, Macao SAR Government, Macao, Alternate

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Honourable Rose Brown, Minister of Health, Ministry of Health, Rarotonga, Chief Representative

Mr Bob Williams, Secretary, Ministry of Health, Rarotonga, Alternate

FIJI

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

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

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

Dr Josese Daveta Turagava, Chief Surgeon, Ministry of Health and Medical Services, Suva, Alternate
Annex 2

FRANCE

Madame Michèle Boccoz, ambassadrice de France aux Philippines et en Micronésie, Ambassade de France aux Philippines et en Micronésie, Makati City, Chief Representative

Monsieur Marc Piton, conseiller de cooperation et d'action culturelle, Ambassade de France aux Philippines et en Micronésie, Makati City, Alternate

Madame Inès Ferrer, chargée de mission scientifique, Ambassade de France aux Philippines et en Micronésie, Makati City, Alternate

Monsieur Jacques Raynal, ministre de la Santé et de la Prévention de la Polynésie Française, Rue des Poilus Tahitiens, Papeete, Tahiti, Alternate

Madame Merehau Mervin, directrice adjointe de la santé département de la santé de la Polynésie française, Rue des Poilus Tahitiens, Papeete, Tahiti, Alternate

Madame Agathe Schibler, rédactrice, sous-direction du développement humain, direction générale de la mondialisation, de la culture, de l'enseignement et du développement international ministère de l'Europe et des Affaires étrangères, Paris, Alternate

Madame Sara Ferreira Marques, bureau des relations internationales en santé, délégation aux affaires européennes et internationales des ministeres sociaux ministère de la Santé et de la Prévention, Paris, Alternate

Madame Roxane Berjaoui, mission aux affaires européennes et internationales, direction générale de la santé ministère de la Santé et de la Prévention, Paris, Alternate

Monsieur Simon Vasseur-Bacle, chef de projet, délégation ministérielle à la santé mentale ministère de la Santé et de la Prévention, Paris, Alternate


FRANCE (NEW CALEDONIA)

Dr Sébastien Mabon, Deputy Director, Health and Social Department Nouméa, Chief Representative
<table>
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<tr>
<th>Country</th>
<th>Name and Position</th>
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<tbody>
<tr>
<td>FRANCE (NEW CALEDONIA) (continued)</td>
<td>Mr Christophe Chalier, chef de cabinet de Monsieur Yannick Slamet, membre du gouvernement de la Nouvelle-Calédonie charge du budget, des finances, de la sante, des politiques sanitaires et de solidarité, du suivi des comptes sociaux et du plan Do Kamo, porte-parole du gouvernement, Nouméa, Alternate</td>
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<td></td>
<td>Madame Marie-Claude Darras, Assistant to Minister for Health and Social Protection Government of New Caledonia, Immeuble Lys Rouge Angle des rues Gallieri et Anatole France, Nouméa, Alternate</td>
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<td>Madame Marie-Maure Mestre, Directrice, Direction des Affaires Sanitaires et sociales, Nouméa, Alternate</td>
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<td>Mr Isa Shinichi, State Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Mr Tomita Nozomi, Senior Assistant Minister, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Dr Hinoshita Eiji, Assistant Minister for Global Health and Welfare, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Ms Nakamura Kaori, Deputy Assistant Minister for International Affairs, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Mr Ozawa Tokio, Deputy Assistant Minister, International Policy Planning, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Mr Itani Tetsuya, Director, Office of Global Health Cooperation, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td></td>
<td>Dr Suzuki Takashi, Senior Coordinator for Global Health, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Dr Okada Takeo, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Dr Baba Toshiaki, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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<td>Dr Nakamura Saki, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Alternate</td>
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</tbody>
</table>
Ms Yamai Mika, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

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Dr Fukushima Yasumasa, Vice Minister for Health, Chief Medical and Global Health Officer, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

Dr Sumi Manabu, Director, Regional Healthcare Planning Division, Health Policy Bureau, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*

Mr Akahori Takeshi, Ambassador, Assistant Minister, Director-General for Global Issues, Ministry of Foreign Affairs, Tokyo, *Alternate*

Mr Hara Keiichi, Deputy Assistant Minister, Deputy Director-General for Global Issues, International Cooperation Bureau, Ministry of Foreign Affairs, Tokyo, *Alternate*

Dr Ezoe Satoshi, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Tokyo, *Alternate*
JAPAN (continued)

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Mr Horikoshi Takaaki, Official, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Tokyo, *Alternate*

Mr Taguchi Kazuho, Minister-Counsellor, Permanent Mission of Japan to the International Organizations in Geneva, Geneva, *Alternate*

Dr Matsumura Hiroshi, First Secretary, Permanent Mission of Japan to the International Organizations in Geneva, Geneva, *Alternate*

Mr Fujino Masahiro, First Secretary, Permanent Mission of Japan to the International Organizations in Geneva, Geneva, *Alternate*

Ms Ishizuka Aya, Second Secretary, Permanent Mission of Japan to the International Organizations in Geneva, Geneva, *Alternate*

Dr Hori Kazuichiro, First Secretary and Health attaché, Embassy of Japan in the Philippines, Pasay City, *Alternate*

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

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KIRIBATI

Honourable Tinte Itinteang, Minister of Health and Medical Services, Ministry of Health and Medical Services, Tarawa, *Chief Representative*
<table>
<thead>
<tr>
<th>Annex 2</th>
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<tr>
<td><strong>KIRIBATI (continued)</strong></td>
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<tr>
<td>Mr Teanibuaka Tabunga, Deputy Director for Public Health Services, Ministry of Health and Medical Services, Tarawa, <em>Alternate</em></td>
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<tr>
<td>Dr Alfred Tonganibea, Deputy Director for Hospital Services, Ministry of Health and Medical Services, Tarawa, <em>Alternate</em></td>
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<tr>
<td>Ms Tooreka Etuati, Acting Deputy Director for Nursing Services, Ministry of Health and Medical Services, Tarawa, <em>Alternate</em></td>
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<tr>
<td>Mrs Tiinia Matatia, Officer in Charge, Ministry of Health and Medical Services, Tarawa, <em>Alternate</em></td>
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<tr>
<td><strong>LAO PEOPLE’S DEMOCRATIC REPUBLIC</strong></td>
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<tr>
<td>Honourable Bounfeng Phoummalaysith, Minister of Health, Ministry of Health, Vientiane Capital, <em>Chief Representative</em></td>
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<tr>
<td>Dr Chanthanom Manithip, Director-General of Cabinet, Ministry of Health, Vientiane Capital, <em>Alternate</em></td>
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<tr>
<td>Dr Rattanaxay Phetsouvanh, Director-General, Department of Communicable Disease Control, Ministry of Health, Vientiane Capital, <em>Alternate</em></td>
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<tr>
<td>Dr Phonepaseuth Ounaphom, Director-General, Department of Hygiene and Health Promotion, Ministry of Health, Vientiane Capital, <em>Alternate</em></td>
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<tr>
<td>Dr Phongsavang Bounsavath, Deputy Director of Secretariat Division, Ministry of Health, Vientiane Capital, <em>Alternate</em></td>
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<tr>
<td><strong>MALAYSIA</strong></td>
</tr>
<tr>
<td>Honourable Khairy Jamaluddin, Minister of Health, Ministry of Health Malaysia, Putrajaya, <em>Chief Representative</em></td>
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<tr>
<td>Dr Noor Hisham Abdullah, Director-General of Health, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Datuk Dr Norhayati Rusli, Deputy Director-General of Health (Public Health), Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Dr Wan Noraini Wan Mohamed Noor, Sector Head (Surveillance), Disease Control Division, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Dr Rima Marhayu Abdul Rashid, Public Health Medicine Specialist, Family Health Development Division, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Mr Raja Syahrir Raja Abu Bakar, Press Secretary to the Minister of Health, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Dr Ainul Nadziha Mohd Hanafiah, Deputy Undersecretary of Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, <em>Alternate</em></td>
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<tr>
<td>Mr Mohd Fareed Zakaria, Chargé d'affaires, Embassy of Malaysia, Manila, <em>Alternate</em></td>
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</tbody>
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Annex 2

MALAYSIA (continued)  
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Ms Nadhirah Mohammad Zanudin, First Secretary, Embassy of Malaysia, Manila, Alternate

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MARSHALL ISLANDS
Honourable Joe Bejang, Minister of Health and Human Services, Ministry of Health and Human Services, Majuro, *Chief Representative*


Honourable Kalani Radford Kaneko, Senator/Chair of Parliament HESA, Government of the Republic of the Marshall Islands, Majuro, *Alternate*

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Ms Emi Chutaro, Executive Director, Pacific Island Health Officers Association (PIHOA), Hawaii, United States of America, *Alternate*

Ms Edlen Jumaquio Anzures, Health Information Director, Ministry of Health and Human Services, Majuro, *Alternate*

MICRONESIA (FEDERATED STATES OF)
Mr Marcus Samo, Secretary of Health, Department of Health and Social Affairs, Palikir, *Chief Representative*

Mr Stuard Penias, Acting Assistant Secretary of Social Affairs, Department of Health and Social Affairs, Palikir, *Alternate*

Mr Scott Mori, Chief Operating Officer, Department of Health and Social Affairs, Palikir, *Alternate*

MONGOLIA
Honourable Sereejav Enkhbold, Minister of Health, Ministry of Health, Ulaanbaatar, *Chief Representative*

Dr Ochirbat Batbayar, Advisor to the Minister of Health, Ministry of Health, Ulaanbaatar, *Alternate*

Ms Yanjmaa Binderiya, Director of International Cooperation Division, Ministry of Health, Ulaanbaatar, *Alternate*

NAURU
Honourable Timothy John Ika, Acting President of the Republic of Nauru, Minister for Health and Medical Services, Minister for Nauru Phosphate Royalties Trust, Ministry of Health and Medical Services, Yaren, *Chief Representative*

Ms Chandalene Garabwan, Secretary, Department of Health, Yaren, *Alternate*

Mr Andrew O'Connell, Deputy Secretary, Department of Health, Yaren, *Alternate*


NEW ZEALAND  Mr Aupito William Sio, Associate Minister of Health, Wellington, *Chief Representative*

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Ms Salli Davidson, Group Manager, Global Health, Ministry of Health, Wellington, *Alternate*

Ms Cheree Shortland-Nuku, Manager, Māori Health Strategy and Policy, Ministry of Health, Wellington, *Alternate*

Ms Lu Avia, Private Secretary to Minister Sio, Ministry of Health, Wellington, *Alternate*

Ms Lucy Cassels, Manager, Global Health, Ministry of Health, Wellington, *Alternate*

Ms Nora Maarleveld, Senior Advisor, Global Health, Ministry of Health, Wellington, *Alternate*

Ms Isabel Parker, Advisor, Global Health, Ministry of Health, Wellington, *Alternate*

NIUE  *Unable to attend*  

PALAU  Honourable Gaafar J. Uherbelau, Minister of Health and Human Services, Ministry of Health and Human Services, Koror, *Chief Representative*

Ms Sherilynn Madraisau, Director, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Koror, *Alternate*

Mr Omengkar D. Wally, Administrator, Office of Global Health, National Focal Point to the WHO, Ministry of Health and Human Services, Koror, *Alternate*

Ms Selma August, NCD Unit Program Manager, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Koror, *Alternate*

Ms Suzette Brikul, NCD Data Manager, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Koror, *Alternate*

PAPUA NEW GUINEA  Honourable Lino Tom, MP, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, Port Moresby, *Chief Representative*

* unable to attend  
non représenté
Annex 2

PAPUA NEW GUINEA (continued)

Dr Osborne Liko, Secretary for Health, National Department of Health, Port Moresby, Alternate

Mr Ken Kandap Wai, Acting Deputy Secretary, National Department of Health, Port Moresby, Alternate

Dr Peniel Boas, Acting Manager, Disease Control, National Department of Health, Port Moresby, Alternate

Mrs Agnes Pawiong, Acting Executive Manager, Strategic Policy Division, National Department of Health, Port Moresby, Alternate

Dr Mary Julian Baki Leslie, Paediatrician and Spouse of Secretary, National Department of Health, Port Moresby, Alternate

Mr Mark Paki, Ministry Staff, Ministry of Health and HIV AIDS, Port Moresby, Alternate

PHILIPPINES

Dr Maria Rosario S. Vergeire, Officer-in-Charge, Department of Health, Manila, Chief Representative

Dr Lilibeth C. David, Undersecretary of Health, Department of Health, Manila, Alternate

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Dr Siale 'Akau'ola, Chief Executive Officer for Health, Ministry of Health, Nuku'alofa, *Alternate*
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**TONGA (continued)**

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Vanuatu

Mr Russel Taviri Tamata, Director-General, Ministry of Health, Port Vila, Chief Representative

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Associate Professor Nguyen Thi Lien Huong, Vice Minister, Ministry of Health, Hanoi, Chief Representative

Mrs Nguyen Thi Thanh Thuy, First Secretary, Embassy of Viet Nam in the Philippines, Malate, Alternate

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Dr Tran Thi Mai Oanh, Director, Health Strategy and Policy Institute, Ministry of Health, Hanoi, Alternate

Mrs Nguyen Thi Thu Huyen, Official, Administration of Environmental Health, Hanoi, Alternate

Mrs Trinh Thi Ngoc Linh, Official, Ministry of Health, Hanoi, Alternate

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International Maritime Organization (IMO) Ms Mavis Elizabeth Vandhana Joseph Ms Josephine Marie G. Uranza
Annex 2

III. OBSERVERS

ASIA PACIFIC LEADERS MALARIA ALLIANCE (APLMA)  
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FIJI NATIONAL UNIVERSITY  
Mr William May

HEALTHY PHILIPPINES ALLIANCE  
Mr Ralph Emerson Degollacion

INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES (IFRC)  
Mr Alberto Bocanegra

JAPAN AGENCY FOR GERONTOLOGICAL EVALUATION STUDY (JAGES)  
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Professor Kondo Naoki

MCCABE CENTRE FOR LAW AND CANCER  
Ms Daiana Buresova  
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Professor Rebecca Ivers
IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASEAN SECRETARIAT
Dr Ferdinal Moreno Fernando

ASIAN DEVELOPMENT BANK
Dr Sungsup Ra

COMMONWEALTH SECRETARIAT
Ms Emily Gilmour
Dr Janneth Maridadi Mghamba

V. REPRESENTATIVES OF NON-STATE ACTORS

ALZHEIMER’S DISEASE INTERNATIONAL
Ms Dy Suharya

CHILDHOOD CANCER INTERNATIONAL (CCI)
Ms Carmen Auste
Mr Benson Pau

CORPORATE ACCOUNTABILITY
Mr Bobby Ramakant
Ms Irene Patricia Reyes

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI)
Ms Rittika Datta
Mr Chung Han Yang

HANDICAP INTERNATIONAL
Mr Edward Ello

HELPAGE INTERNATIONAL
Ms Roseline Kihumba
Ms Caitlin Littleton

INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)
Ms Amanda Davis

INTERNATIONAL AIR TRANSPORT ASSOCIATION (IATA)
Mr Vinoop Goel
Dr David Powell
Annex 2

<table>
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<tr>
<th>Organization</th>
<th>Members</th>
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<tbody>
<tr>
<td>INTERNATIONAL ALLIANCE OF PATIENT ORGANIZATIONS (IAPO)</td>
<td>Mr Paul Albert Sumat Mendoza</td>
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<td>INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP)</td>
<td>Professor Susanne Walitza</td>
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<td>INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC)</td>
<td>Dr Rumalie Alparaque Corvera</td>
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<td>Professor Edmar Elcarte</td>
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<td>Dr Katherine Pettus</td>
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<td>Dr Odette Wilhelmina Spruijt</td>
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<td>Professor Leeroy William</td>
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<td>INTERNATIONAL ASSOCIATION OF COMMUNICATION SCIENCES AND DISORDERS (IALP)</td>
<td>Professor Sharynne McLeod</td>
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<td>INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH (ICOH)</td>
<td>Professor Kang Seong-Kyu</td>
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<td>INTERNATIONAL COUNCIL OF NURSES</td>
<td>Mr David Stewart</td>
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<td>INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION</td>
<td>Professor Koriyama Chihaya</td>
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<td>INTERNATIONAL ERGONOMICS ASSOCIATION (IEA)</td>
<td>Dr Jonathan Patrick Davy</td>
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<td>Dr Michelle M. Robertson</td>
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<td>INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE (IFBLS)</td>
<td>Dr Leila Lany Florento</td>
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<td>INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS (IFMSA)</td>
<td>Mr Jemil Austin Lacson</td>
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<td>Ms Dehara Moe</td>
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<td>Ms Ke Yuan Siew</td>
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<td>Ms Jasmin Beatrice Somers</td>
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<td>Mr Charles Kevin Dee Tiu</td>
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<td>Mr Shi Sien Woon</td>
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<td>INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)</td>
<td>Mr Awamura Shinichiro</td>
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<td>Ms Izumi Fujii</td>
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<td>Dr Nakano Kyoko</td>
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<td>Mr Sato Takanori</td>
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<td>Mr Luka Srot</td>
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<td>Mr Take Ryojun</td>
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<td>Mr Yoshitomo Tanaka</td>
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<td>Dr Yuka Hayashizaki</td>
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INTERNATIONAL FEDERATION OF SURGICAL COLLEGES (IFSC)  Professor Jacob Stephanus Dreyer

INTERNATIONAL FEDERATION ON AGEING  Ms Roxana Badiei
Dr Jane Barratt

INTERNATIONAL HOSPITAL FEDERATION (IHF)  Mrs Sara Perazzi

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)  Ms Kathryn Hodgson
Professor Hong Seung-Bong
Professor Ikeda Akio
Professor Man Mohan Mehndiratta
Professor Sanjeev Thomas
Professor Jithangi Wanigasinghe

INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES  Ms Elizabeth Hollenberg

INTERNATIONAL ORGANIZATION FOR MEDICAL PHYSICS (IOMP)  Professor Eva Bezak

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA)  Professor Yasuhide Nakamura
Dr Lilian Wong

INTERNATIONAL PHARMACEUTICAL FEDERATION (IPF)  Mr John Jackson

INTERNATIONAL PHARMACEUTICAL STUDENTS' ORGANISATION  Mr Bill Whilson A. Baljon

INTERNATIONAL SOCIETY FOR ENVIRONMENTAL EPIDEMIOLOGY (ISEE)  Professor Julie Shu-Li Wang
Professor Ying Zhang

INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE (ISQUA)  Professor Shin Ushiro

INTERNATIONAL SOCIETY OF NEPHROLOGY  Ms Federica De Giorgi
Annex 2

<table>
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<tr>
<th>Organization</th>
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| INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM) | Dr Ismail Ohnmar Htwe  
|                                                   | Dr Ismail Rashidah  
<p>|                                                   | Dr Reynaludo Rey-Matias                      |
| INTERNATIONAL UNION OF NUTRITIONAL SCIENCES (IUNS) | Ms Elisiva Na'ati                             |
| IPPF ESEAOR                                       | Ms Lady Nancy Lisondra                        |
| MÉDECINS SANS FRONTIÈRES                         | Ms Zhu Zhenyan                                |
| MEDICINES PATENT POOL                             | Ms Liudmyla Maistat                           |
| OXFAM                                             | Mr Espacio Lorenzo                            |
| PASTEUR NETWORK                                   | Dr Youngmee Jee                               |
| PUBLIC SERVICES INTERNATIONAL (PSI)               | Ms Ananya Basu                                |
|                                                   | Ms Kate Lappin                                |
| ROTARY INTERNATIONAL                              | Mr Enrique Guillermo Andres                   |
|                                                   | Mrs Mary Anne Alcordo Solomon                 |
| THALASSAEMIA INTERNATIONAL FEDERATION             | Mrs Eleni Antoniou                            |
| THE BILL &amp; MELINDA GATES FOUNDATION               | Ms Sandra Fried                               |
| THE FRED HOLLOWS FOUNDATION NEW ZEALAND           | Dr Audrey Gwyn Aumua                          |
| THE NETWORK: TOWARDS UNITY FOR HEALTH             | Professor Eleanor Holroyd                     |
|                                                   | Dr Rabia Khan                                 |
| THE ROYAL NATIONAL LIFEBOAT INSTITUTION (RNLI)    | Ms Amy Keegan                                 |
|                                                   | Ms Gemma May                                  |
| THE TASK FORCE FOR GLOBAL HEALTH                  | Ms Courtenay Anne Dusenbury                   |
|                                                   | Ms Gile Emma                                  |</p>
<table>
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<tr>
<th>Organization</th>
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</table>
| THE WORLD MEDICAL ASSOCIATION                   | Dr Maria Minerva P. Calimag  
|                                                  | Dr Jovi WS Lam |
| UNITED STATES PHARMACOPEIA                      | Ms Ruth Ca Lee |
| VITAL STRATEGIES                                | Mr Carlos Panlilio Garcia |
| WELLCOME TRUST                                  | Ms Gemma Wardle |
| WESTERN PACIFIC ASSOCIATION FOR MEDICAL EDUCATION | Professor Yong Rafidah Rahman  
|                                                  | Professor Dujeepa D. Samarasekera |
| WOMEN IN GLOBAL HEALTH                          | Dr Shubha Nagesh |
| WORLD ASSOCIATION FOR SEXUAL HEALTH             | Dr Rosediani Muhamad |
| WORLD ASSOCIATION OF ECHINOCOCCOSIS (WAE)       | Professor Nazmiye Altintas  
|                                                  | Dr Graciela Santillan |
| WORLD COUNCIL OF CHURCHES                       | Mr Michael Alaje Idah  
|                                                  | Dr Mwai Makoka |
| WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES (WFAS) | Professor Kian Keong Te  
|                                                  | Professor Chiah Shean Teo  
|                                                  | Professor Boon Khai Teoh |
| WORLD FEDERATION OF CHINESE MEDICINE SOCIETIES  | Dr Qiming Zheng |
| WORLD FEDERATION OF HEMOPHILIA                 | Ms Guadalupe Ronabio Lagrada |
| WORLD FEDERATION OF MENTAL HEALTH               | Professor Tsuyoshi Akiyama |
| WORLD FEDERATION OF NEUROLOGY                   | Professor Wolfgang Grisold |
| WORLD FEDERATION OF OCCUPATIONAL THERAPISTS (WFOT) | Ms Tracey Partridge-Trcker |
Annex 2

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WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS (WFSA)
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Mr Francis Peel

WORLD HEART FEDERATION
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WORLD HEPATITIS ALLIANCE
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WORLD HYPERTENSION LEAGUE
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WORLD MEDICAL ASSOCIATION
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WORLD OBESITY FEDERATION (WOF)
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WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)
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WORLD VETERINARY ASSOCIATION
Dr William Pang

WORLD VISION INTERNATIONAL
Mrs Esther Indriani

WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE (WPPCA)
Dr Stephen Connor
LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE AND SUBMITTED STATEMENTS TO THE REGIONAL COMMITTEE

Alzheimer’s Disease International
Corporate Accountability
Drugs for Neglected Diseases Initiative (DNDI)
Handicap International Federation
Healthy Philippines Alliance
HelpAge International
International Association for Hospice and Palliative Care (IAHPC)
International Atomic Energy Agency
International Council of Nurses
International Epidemiological Association
International Federation of Medical Students' Associations (IFMSA)
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
International Federation on Ageing
International Federation of Red Cross and Red Crescent Societies
International League Against Epilepsy (ILAE)
International Pediatric Association (IPA)
International Society of Nephrology
International Society of Physical and Rehabilitation Medicine (ISPRM)
Japan Agency for Gerontological Evaluation Study (JAGES)
McCabe Centre for Law and Cancer
Pasteur Network
Public Services International (PSI)
The Daffodil Centre
The Task Force for Global Health
World Federation of Chinese Medicine Societies
World Federation of Mental Health
World Federation of Societies of Anaesthesiologists (WFSA)
World Obesity Federation (WOF)
World Vision International
Annex 3
ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE ISAIA TAAPE
MINISTER OF HEALTH, SOCIAL WELFARE AND GENDER AFFAIRS, TUVALU
AT THE OPENING SESSION OF THE SEVENTY-THIRD SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers,
Distinguished Representatives,
Dr Tedros, WHO Director-General,
Dr Zsuzsanna Jakab, Deputy Director-General and WPRO Officer-in-Charge,
Representatives of United Nations agencies, intergovernmental organizations and nongovernmental organizations,
Ladies and Gentlemen.

I am glad to see you all at the seventy-third session of the WHO Regional Committee for the Western Pacific.

The pandemic is of course not over. Globally more than six million, five hundred and fifty thousand (6,550,000) people have died. In the Region, this figure is around two hundred and seventy-five thousand (275,000). This year we also face the new threat of Monkeypox. But thanks to the hard work of countries, WHO and other key partners across the Region, vaccination coverage in the Region is high, and so many of us can be together in person this week.

Despite all the challenges, we have been able to make strong progress on the other major agenda items we agreed on last year. These were primary healthcare, school health, traditional and complementary medicine, and tuberculosis (TB). I take this opportunity to share updates with you on each of these items.

This time last year, we had a panel discussion on primary health care during which the Regional Committee reflected on the need for reform to strengthen PHC and prepare countries for future health challenges.

Since the panel discussion, the Secretariat has conducted consultations with Member States, experts, and partners in the Region to develop the draft regional framework which will be reviewed by the Regional Committee. WHO and partners have also continued to work with countries to develop and implement new approaches to PHC tailored to their context.

Last year the Regional Committee also endorsed the Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific, which aims at placing schools as a hub in the community, linking local health systems and existing community networks to provide knowledge sharing, and life-skills teaching, that will benefit both the children and community members.

Over the last year, WPRO has worked with Member States to implement the Framework – with a particular focus on reviewing existing school health policies and their implementation, and delivering tailored support based on country needs. In addition, WHO has been working with key partners and Member States to share good practices across countries.

Another Regional Framework endorsed last year was the Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific, which articulates the contribution of traditional and complementary medicine to achieving the well-being and health of populations in the Region.

Over the last year, WHO has worked with Member States and partners to promote the role of traditional and complementary medicine for health and well-being through updating national policies; to
Annex 4

strengthen mechanisms to ensure the safety, quality, and effectiveness of traditional and complementary medicine products and services; and to increase coverage and equitable access to safe and effective to these services.

Lastly, the Regional Committee endorsed the *Western Pacific Regional Framework to End Tuberculosis 2021-2030*. Despite good progress, TB remains a major public health problem in the region with about 1.8 million people developing TB and over 90,000 dying annually.

The framework is based on the systems approach and addresses socioeconomic risk factors through multisectoral engagement. It revisits challenges and actions in four layers: TB specific; challenges in health systems that influence TB care; challenges in sectors beyond health that determine TB; and overarching governance issues. Multisectoral action and accountability are embedded in the Framework. The regional framework has been disseminated through various platforms and countries are now translating it to their local contexts. They are working hard to catch up after a massive drop in case detection due to the pandemic. There is also progress in social protection and multisectoral engagement, including through a region-wide assessment.

All this sets up hopeful ground for the coming year’s agenda as we will hear more about from the incoming chair tomorrow. Let me end here by thanking last year’s office bearers for their wonderful support, and the WHO Secretariat for all your efforts to prepare for the meeting, and of course, for your support to countries over the past year.

Thank you very much.
ADDRESS BY THE DIRECTOR-GENERAL OF THE
WORLD HEALTH ORGANIZATION, DR TEDROS ADHANOM GHEBREYESUS
AT THE SEVENTY-THIRD SESSION OF THE
WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Isaia Vaipuna Taape, Minister of Health of Tuvalu and Vice-Chair of the 72nd Regional Committee,
Honourable ministers and heads of delegation,
Excellencies, dear colleagues and friends.

Good afternoon to all of you, it’s a real pleasure to be back in Manila, to be able to meet face-to-face once again.

As I said at the Special Session this morning, I know this has been a difficult time for Member States and the staff of the Regional Office.

I thank Deputy Director-General Dr Zsuzsanna Jakab for her leadership as Officer in Charge, and the staff of the Regional Office, for continuing to take forward the work of the region during this difficult and uncertain period.

When I addressed you virtually last year, I said that I hoped it would be possible to meet face-to-face this year.

And here I am.

The fact that we are once again able to meet in person is testament to how far you have all come in the fight against COVID-19.

It’s pleasing to see that reported cases and deaths in the region are now declining, after several Member States experienced surges this year.

As a region you have demonstrated great resilience in the face of this pandemic.

The “muscle memory” you gained from your experience with SARS, MERS, H5N1, H1N1, and other outbreaks has helped many Member States in this region to prepare and respond well.

It’s very pleasing to see that more than 80% of older people in the region are now fully vaccinated – the highest rate of any region in the world.

As I have said over the past few weeks, we have never been in a better position to end the COVID-19 pandemic as a global health emergency.

After more than two-and-a-half years in a long, dark tunnel, we are just beginning to glimpse the light at the end.

But we’re not at the end yet – we’re still in the tunnel, and there are many obstacles that can trip us up if we don’t tread carefully.

We continue to urge all Member States to prioritise the vaccination of all health workers, and all older people, on the way to achieving the target of 70% coverage in all countries.

Likewise, we urge all Member States to expand access to life-saving antivirals, and to increase surveillance, testing and sequencing, to enable us to understand how this virus is evolving.
WHO has recently published a set of six short policy briefs, which outline the essential actions all countries can take to reduce transmission and save lives.

We urge you to use these briefs to reassess and readjust your policies to protect those most at risk, treat those who need it, and save lives.

The pandemic is always evolving, and so must the response, in every country.

And even as we continue to respond to COVID-19, we must maintain momentum on building a stronger architecture for health emergencies.

As you know, Member States are now negotiating a new, legally binding international instrument on pandemic prevention, preparedness and response.

I am glad to see Colin who has been chairing the working group for a long time. You must be tired now.

I urge Member States of this region to engage actively in these negotiations. It is in your own interests to make sure that the final instrument reflects your circumstances and needs, as individual Member States and as a region.

This instrument is a vital part of the new health emergency architecture, but by no means the only part.

A new Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response has now been established at the World Bank, with WHO providing technical leadership.

We urge all Member States to invest in the fund to support catalytic and gap-filling financing to implement the core capacities of the International Health Regulations.

Meanwhile, a new peer-review mechanism to evaluate country preparedness is now being piloted, the Universal Health and Preparedness Review.

So far, no Member States from this region are participating in the pilot phase, and I encourage you to do so. I would be happy if a few of you could apply today, and I will have something to take back to Geneva.

Excellencies,

I thank you all for putting your trust in me to serve you as Director-General for another five years.

At the World Health Assembly in May, I outlined five priorities for the next five years, as we work together to recover from the setbacks of the pandemic, and drive progress towards the “triple billion” targets and the Sustainable Development Goals.

Promoting health;
Providing health;
Protecting health;
Powering health;
And performing for health.
It’s important to underline that these “five Ps” do not replace the 13th General Programme of Work or the “triple billion” targets.

They are more about how together we will reach those targets.

The five priorities have much synergy with your agenda this week, and with the *For the Future* vision for the region.

Allow me to discuss each one briefly.

First, promoting health.

Realising our vision for the highest attainable standard of health starts not in the clinic or the hospital, but in schools, streets, supermarkets, households and cities, and especially in our homes.

Pacific island ministers were saying exactly the same thing: how can we help our kids be healthy? And that starts from schools, but what we do in schools can also get into our homes, into the family, which is true.

Much of the work that you do as Ministries of Health is dealing with the consequences of unhealthy diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health.

That’s why we are calling on all Member States to make an urgent paradigm shift towards promoting health and well-being and preventing disease, by addressing its root causes and creating the conditions for health to thrive.

The regional action framework on noncommunicable diseases that you are considering this week can only succeed if Member States address the risk factors that drive the incidence and prevalence of NCDs.

That includes the climate crisis, fuelled by our addiction to fossil fuels, which is making weather-related disasters more frequent and more extreme, and threatening the very existence of many small island states in the Pacific.

When I visited Tuvalu in 2019, I met a young boy, 13 years old and he told me that with his friends, they discussed about the fate of their island, and their discussion is, if Tuvalu sinks, what do we do? And then some of them say, we sink with Tuvalu and others say no, we migrate to Fiji or whatever.

I was really, really sad. Children should be children. Imagine children discussing about this. You know this is a nightmare, not knowing even what to do but since this is a serious issue for Tuvalu and for other related islands, they’re in that trap of discussion and they express their feelings like others.

But for them, that urge is to play, to have fun, to learn. It’s not really to worry about sinking with an island. But I hope, it wont, and these kids will live in a country they belong to. But the world needs to be serious for that to happen.

And from WHO’s side, we will do our best and we will work with you closely.

The second priority is providing health, by reorienting health systems towards primary health care as the foundation of universal health coverage.

We know that 90% of essential health services can be delivered at the primary health care level.
Annex 5

I am heartened to see that this week you are considering regional action frameworks for primary health care, cervical cancer, mental health and reaching the unreached.

After all, it’s not universal health coverage if it’s not universal.

The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience.

The COVID-19 pandemic has exposed significant vulnerabilities in the world’s defences against epidemics and pandemics.

In May, the Secretariat published a White Paper with 10 key proposals for stronger governance, strong financing, and stronger systems and tools for global health security.

Several of these proposals are already being acted on, as I described earlier.

The fourth priority is powering health, by harnessing science, research, innovation, data, and digital technologies.

Advances in science and research are constantly pushing back the boundaries of the unknown and the impossible, increasing our understanding, and opening new possibilities.

Innovations in health products and service delivery give us hope of overcoming challenges that once seemed insurmountable.

Developments in big data and machine learning are helping us to see who is being left behind, where the biggest gaps are, and to track progress against our targets.

And digital technologies offer huge potential for delivering health services in new ways, to more people, especially in hard-to-reach areas.

To pick up the pace towards the “triple billion” targets and the SDGs, we must pick up the pace and scale at which science, research, innovations and digital technologies are adopted and implemented.

Finally, the fifth priority is performing and partnering for health, by building a stronger WHO that delivers results, and is reinforced to play its leading role.

The pandemic has demonstrated not only why the world needs WHO, but why the world needs a stronger, empowered and sustainably financed WHO.

I thank all Member States for the historic commitment you made at this year’s World Health Assembly to gradually increase assessed contributions to 50% of the base budget over the next decade.

This will give us independence. This will help us focus on major priorities.

This commitment will transform the Secretariat’s ability to deliver results where it matters most – in the lives of the people we all serve.

Maintaining momentum is vital, as the first step towards sustainability comes with the proposed 20% increase on assessed contributions in the 2024–2025 budget.

As you know, even before the pandemic, we had already made major improvements in effectiveness and efficiency as part of our transformation.
Building on the lessons of the pandemic, we are committed to continuing that journey, and to making WHO even more effective and efficient.

In particular, our focus in the coming years is to significantly strengthen our country offices to support greater country capacity and greater country ownership – especially by strengthening the health workforce of every Member State.

The WHO Academy will play a vital role in achieving that.

Excellencies,

Your agenda this week reflects the wide range of challenges you face as a region.

I give you my commitment that your WHO will continue to support you, through our country and regional offices, and at headquarters, to promote, provide, protect, power and perform for health.

One of the reasons I like coming to the WPRO Regional Committee meeting is that every time I come, I get to celebrate another country eliminating another disease.

The first time I came to the Regional Committee, in 2017, I had the honour of celebrating the elimination of trachoma in Cambodia and the Lao People’s Democratic Republic.

In 2018 I was here once again to confirm Palau, Viet Nam, and Wallis and Futuna for the elimination of lymphatic filariasis.

Today, I am delighted to be back to congratulate Vanuatu on becoming the first country in the Pacific to eliminate trachoma.

In fact, this is the second neglected tropical disease Vanuatu has eliminated, after lymphatic filariasis in 2016.

Diseases don’t eliminate themselves. Eliminating a disease from an archipelago of 83 islands is an outstanding achievement that has only been possible thanks to the determination of the government, with support from WHO and many other partners.

Vanuatu’s success underscores the comprehensive nature of WHO’s SAFE strategy for trachoma elimination: Surgery; Antibiotics; Facial cleanliness; and Environmental improvement.

We urge other Member States in the Region that struggle with trachoma to follow Vanuatu’s example in adopting the SAFE strategy.

Thank you all once again to all Member States for your continued commitment to serving your people, and to working for a healthier, safer, fairer world.

I thank you.
Annex 5
Chairperson, 
Honourable ministers, 
Representatives from Member States and partner agencies, 
Ladies and gentlemen.

Welcome again to the 73rd session of the Regional Committee for the Western Pacific. We are pleased to see all of you here, both in person and online.

Congratulations to the incoming Chair, Vice-Chair and Rapporteurs - and thank you for taking on these important roles.

As the Director-General attaches great importance to the proper functioning of the Western Pacific Region, in the absence of the Regional Director, he asked me to support the Region as Officer-in-Charge. In my short time here, I have had the privilege of meeting many of you and colleagues of the Office and learning more about the exceptional work that WHO and its Member States are doing across this Region. Let me use this opportunity to congratulate you all on your achievements, which are really impressive!

The Report in front of you summarizes the work of WHO in the Western Pacific from 1 July 2021 to 20 June 2022. It describes how the Region continued to respond to COVID-19, while driving forward the shared vision, For the Future, in its third year.

As you well know, the vision For the Future puts forward the essential concept of acting today to address the health challenges of tomorrow. Nothing could have made it more clear how important and valid this approach is than the COVID-19 pandemic – a health challenge that came all too soon.

The For The Future vision is directly aligned with the Director-General’s global vision for the next five years to accelerate health. The central thesis is that countries can accelerate health, the SDG and triple billion progress and that WHO, alongside with partners, can help them to do so. WHO has outlined priorities to focus our work going forward: to promote, provide and protect health through a more integrated approach to the triple billions – making a paradigm shift to addressing the root causes of diseases for Healthier Populations; reorienting health systems towards primary health care and making them more resilient as the foundation of universal health coverage; and strengthening health emergency preparedness and response systems and tools. The emphasis will be on PHC which unites them.

And to power, partner and perform for health – harnessing the power of science, research, innovation, data, delivery, and digital technologies as critical enablers; and strengthening WHO as the leading and directing authority on global health, focusing more on supporting countries for even more impact and results.

All this is captured in the GPW 13 extension to accelerate progress and in the corresponding PB 2024–2025. In 2023 we use the 30 countries’ platform to take this forward while expanding it to all the countries in 2024–2025.

Under this vision, the Region has made impressive achievements in the past year. COVID-19 vaccines were rapidly rolled out, with all countries and areas having now introduced additional and booster doses. We have redesigned health-care pathways to prepare them for future pandemics.
Annex 6

At the same time the region has also responded to and prepared for other public health emergences like the volcanic eruption and tsunami in Tonga in January.

And, as DG mentioned in his address, the impressive efforts of Vanuatu have led to its elimination of trachoma as a public health problem. Congratulations to the Government and people of Vanuatu.

Much has been achieved. But in addition to the important work supporting Member States, I have also been impressed by the efforts of our workforce in this Region. A lot has been done and achieved to strengthen and improve the workplace culture. But more has to come …

I have witnessed a real and sincere commitment, from both management and the broader workforce, to working on the three key areas that were identified by colleagues in February: strengthening existing systems for reporting and responding to abuse, harassment and other inappropriate behaviours in the workplace; streamlining and improving our internal processes; and building a more positive, respectful and inclusive workplace culture.

Good progress has been made. But a lot of work remains that requires strong leadership and efforts to achieve the targets as agreed at the beginning of the journey. Later this week we will hear more about this.

But for now, to tell you more about this Report and the work of the Region, I am pleased to hand over to the Director of Programme Management, Dr Corinne Capuano, and the Directors’ team to continue to present to you the Report of the Regional Director. We are working together as a good team.
Honourable Ministers,

Distinguished Representatives,

Dr Tedros, WHO Director-General,

Dr Zsuzsanna Jakab, Deputy-Director, and WPRO Officer-in-Charge,

Representatives of United Nations agencies, intergovernmental organizations and nongovernmental organizations.

Distinguished colleagues, ladies, and gentlemen. I am humbled by your trust and confidence in electing me to chair this seventy-third session of the WHO Regional Committee for the Western Pacific.

It is my pleasure to welcome you all to – physically and virtually – to Manila.

I thank the outgoing Vice-Chairperson – the Honourable Minister of Health of Tuvalu – and other officers of the last session. I will do my best to follow in your footsteps this week, and to manage our programme well.

Distinguished colleagues, yesterday we heard from the Director-General, and about the work of WHO in the Western Pacific Region under the Regional Director’s report. We received an update on the COVID-19 situation in the Region, workplace culture, and the efforts taken to prevent and respond to sexual exploitation, abuse, and harassment over the past year.

I would like to thank WHO for its continuing support as we have shifted our responses towards ‘living with and suppressing’ COVID-19 – and for driving forward our shared For the Future vision simultaneously. On behalf of all Member States, we appreciate the work of all WHO personnel in the Western Pacific Region – including the effort you have put in to co-creating a workplace culture that supports you in delivering this work.

Colleagues, this year we have six major technical agenda items to discuss in the next few days including communication for health, cervical cancer, mental health, noncommunicable disease prevention and control, primary health care, and reaching the unreached. This is a very full programme and I would like to provide a brief overview of these items now in the order we will consider them this week.

The first technical agenda item we will consider this week is a panel discussion on Communication for Health. Every day, people are exposed to information about health issues on social media and websites, through TV and radio, on posters, and in conversations with colleagues, friends, and family. This information shapes our beliefs, and ultimately the decisions and actions we take that affect our health—for better and for worse.

When people get the right information, in a form they understand, from a source they trust and in a way that captivates them, it has the power to change hearts, minds and actions, and improve public health. For example, it can prompt people to get vaccinated, lower their alcohol intake, and change their attitudes around mental health.

In recognition of the role communication can play in addressing the Region’s health challenges and affirming the position of communication as a technical field requiring specialist expertise, we will hold a
panel discussion on this topic. Members States are invited to share their experiences with Communication for Health and perspectives on actions needed to strengthen its application in the Western Pacific.

**The second technical agenda item is noncommunicable diseases**, the largest health threat to our Region. Many countries in our Region are experiencing an increase in NCDs and are off-track to achieve the SDG targets by 2030.

The impact of NCDs resounds throughout society, affecting life expectancy, well-being, sustainable development, and social and economic progress. At the same time, NCDs are largely preventable so if we increase our investment in NCD prevention and control now, we can make a difference in our future and ensure sustainable development in our Region.

To address the surge in NCDs, it is critical that we integrate NCD prevention and control into primary health care, including patient screening and disease management.

Furthermore, NCDs occur from a combination of genetic, physiological, environmental, and behavioural factors over time. Therefore, cross-sectoral actions and coordination among different sectors beyond health is critical to creating health-promoting environments.

To support the member states to strengthen their efforts on NCD prevention and control, the Regional Committee is invited to endorse the *Regional Action Framework for the Prevention and Control of Noncommunicable Diseases*. It calls on Member States to invest in lifesaving and society-transforming measures to combat this epidemic today and create a healthier future.

**The third technical agenda item is primary health care**, which is critical to achieving Universal Health Coverage, and strengthening health security.

Countries in the Region have made great progress in improving health outcomes for maternal, reproductive and child health as well as many communicable diseases. However, the rising burden of NCDs and rapidly ageing populations pose new challenges to the health system and its future sustainability.

Further, the COVID-19 pandemic threatens the health gains of the past two decades, bringing an urgent need to rebuild health systems to be resilient.

Addressing these challenges requires comprehensive primary health care, which is integrated, people-centred, equitable, and which promotes health throughout the life course. This will mean adopting innovative approaches in how primary health care is organized, financed, and delivered.

The Regional Committee is invited to endorse the *Regional Framework on the Future of Primary Health Care in the Western Pacific*.

**The fourth technical agenda item is reaching the unreached.** Reaching the unreached is a challenge that unites us all. In every country and area across our Region, there are still groups our health systems and services cannot reach, and who have poor health outcomes. Our Region is also facing many challenges, such as climate change, changing demographics, and high rates of migration. These may result in more unreached groups and put those who are already unreached at higher risk.

The COVID-19 pandemic brought into focus the importance of health systems that can efficiently reach everyone, everywhere and maintain delivery of essential health services during health emergencies. It also gave us the opportunity to learn just how quickly we can innovate to address critical health systems issues.

As we work to build back from the pandemic, we have an opportunity to put those who are unreached at the centre of our health system transformation efforts. This means creating systems that are truly person-
centred, comprehensive, integrated, and capable of engaging communities in co-designing solutions that maximise health across the life course.

The proposed new Regional Framework has been developed to reflect the diversity of countries and areas across our Region. It emphasizes the importance of health sector action at national, sub-national, and local levels and encourages the engagement of multiple stakeholders in the pursuit of health for all.

The Regional Committee is invited to endorse the Regional Framework on Reaching the Unreached in the Western Pacific.

The fifth technical agenda item is cervical cancer, a disease that can be eradicated and yet continues to cause suffering and death among women across the Region.

There is an urgent need to accelerate efforts to meet the global targets for the elimination of cervical cancer. The human papilloma virus vaccine (the HPV vaccine) must be included in national immunization programmes to vaccinate 90% of girls before the age of 15 and protect the next generations. Screening services must be expanded to cover 90% of women above the age of 35 and innovative systems must be put in place to treat at least 70% of women with cervical cancer.

The proposed Strategic Framework highlights the importance of culture and context-sensitive health communication, service integration, inclusiveness, equity, and trust in the progressive realization of goals and target outcomes.

The Regional Committee is invited to endorse the Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030.

The sixth and final technical agenda item is mental health. Good mental health is integral to everyone’s well-being and critical to a well-functioning society, especially during times of crisis or emergency. Unfortunately, current approaches to mental health are leaving too many behind and the burden of poor mental health continues to grow. The wide-ranging impact of the COVID-19 pandemic on everyday life has only amplified these challenges and the unmet mental health needs of everyone.

After a nearly three-year journey, a new regional framework for mental health has been developed to enable the Region to address the mental health challenges of today, while anticipating the needs of the future. Together, let us refocus the agenda, transform our approach to care, and embed mental health in our communities.

Anchored by a shared vision of the highest level of mental health and well-being for all people in the Region, the Regional Committee is invited to endorse the Regional Framework for the Future of Mental Health in the Western Pacific (2023–2030).

Over the coming days, in addition to these important technical agenda items, we will also consider progress reports on critical health issues for our Region, and a range of other important standing agenda items. These will include 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 entrusting me as the Chair of this important meeting. I look forward to fruitful discussions this week.

Thank you very much.
Annex 7
ANNEX 8

CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION OFFICER-IN-CHARGE FOR THE WESTERN PACIFIC, DR ZSUZSANNA JAKAB
AT THE SEVENTY-THIRD SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Mr Vice-Chairperson,
Honourable ministers,
Distinguished representatives.

This has been a great Regional Committee Meeting.

I’d like to thank you for your warm welcome to me as OIC this week. I have to say – I have been so impressed by the unity, solidarity and the spirit of consensus of this Region. I have heard about the WPRO family spirit before, but it has been a real privilege to see it up close and in action over the past few days.

I am also impressed by how serious Member States in this Region take the Regional Committee. It was great to see so many Ministers gathered here, many physically and some online. We are so grateful to them, and to all of the delegates here this week for giving us guidance and clear decisions for our work in the year ahead.

It has indeed been another challenging year for all of us, for many reasons. But it is encouraging to see just how much progress the Region has made towards driving forward the For the Future vision, even in the face of the ongoing pandemic.

We made strong progress on our technical agenda items this year on noncommunicable disease prevention and control, primary healthcare, reaching the unreached, cervical cancer and mental health. I appreciate your collaboration in the lead-up to these discussions, and we’re looking forward to continuing our work with you in these areas, and others such as communications for health.

Additionally, we held side events on health financing, antimicrobial resistance, and innovation. I hope you found these discussions interesting and compelling. I’d like to thank all of the speakers that joined us.

Behind all this work is our wonderful asset: our staff. I am equally impressed by the work of WHO in the Region which is only possible due to the efforts of our workforce. They are working tirelessly to serve you Member States. The Office has wonderful staff and I feel privileged to get to know them and work with them, as long as my presence here is required.

I promise you I will make every effort possible to support them, lead them, guide them and work with them to continue to create a working environment in which every staff member feels well and is able to maximize their potential. The ongoing work on cultural and behavioural change will continue and be sped up wherever necessary.

Following your decision at the Special Session earlier this week, and the subsequent request by the DG, in the coming weeks, I will continue to work as Officer-in-Charge, to serve the region: you the Member States and WHO in the Western Pacific. I look forward to meeting many of you again in different settings.

Now, moving on, I would like to thank our excellent office-bearers:

Chairperson, the Honourable Bounfeng Phoummalaysith, Minister of Health, Ministry of Health, the Lao People’s Democratic Republic;

Vice-Chairperson, the Honourable Dr Saia Mau Piukala, Minister for Health, Ministry of Health, Tonga;

Ms Eloise May Skoss, of Australia as English rapporteur; and
Madame Inès Ferrer of France, our French rapporteur.

We have prepared some small gifts as tokens of our appreciation, which we will hand out now.

I understand the delegation from the Lao People’s Democratic Republic has had to leave, but we will be sure to get this gift to them.

Next, could I please request Minister Piukala to please accept your gift?

Ms Skoss, could you please come forward, next?

And finally, Madame Inès Ferrer, could you please come forward?

Distinguished representatives, thank you once again your participation and support. For those who are travelling, I wish you a safe journey home.