



**16–20 October 2023**  
**Manila, Philippines**

**WPR/RC74/DJ/2**

**17 October 2023**

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## Other information

<b>Venue</b>	Conference Hall, Regional Office for the Western Pacific
<b>Document distribution</b>	<p>Electronic copies of all working documents and related material are available on the WHO Regional Office for the Western Pacific <a href="#">website</a>.</p> <p>In line with WHO green-meeting practices, printed documents are available only upon request at the WHO Enquiry Desk located in the foyer of the Conference Hall. Representatives are kindly requested to collect other documents, messages and invitations daily at their designated mailboxes.</p>
<b>Video streaming</b>	<p>The plenary sessions will be broadcast on the WHO Western Pacific Region YouTube channel and website, on the <a href="#">Regional Committee portal</a> and on the WHO Events mobile app. Any member of the public can watch the proceedings on that livestream in English, French or Chinese. The broadcast will also be available at the WHO Regional Office for the Western Pacific <a href="#">website</a>.</p>
<b>Internet access</b>	<p>Wireless Internet access is available throughout the Regional Office. The network name and password can be obtained from the WHO Enquiry Desk in the Conference Hall foyer.</p> <p>An Internet Cafe is located along the corridor of the lower lounge near the Conference Hall. For assistance, please contact IT support staff at the Internet Cafe.</p>
<b>Rapporteurs meeting</b>	The meeting will be held on Wednesday and Thursday following the afternoon session at 17:15 in Room 409-E.
<b>Zero tolerance of harassment and sexual misconduct</b>	<p>WHO has a zero-tolerance policy for any form of harassment and sexual misconduct at any WHO event or on WHO premises. If a participant has a concern, please speak to a member of the <a href="#">Secretariat</a>. All concerns will be handled conscientiously and confidentially. Reports or complaints can also be made to the WHO Office of Internal Oversight Services at <a href="mailto:investigation@who.int">investigation@who.int</a>.</p>
<b>WHO publications</b>	<p>Publications related to the agenda of the Regional Committee are on display in the Conference Hall lounge. Specialized postcards of selected publications, with QR codes for downloading the full texts, are available at the display area. Likewise, all featured articles are available on the WHO Regional Office for the Western Pacific Publications <a href="#">webpage</a>.</p>
<b>Security</b>	<p>Please ensure your WHO ID card is displayed at all times while on WHO premises.</p> <p>There is a no-smoking policy on WHO premises. Smoking is also prohibited in most public areas in Metro Manila.</p>

## I. PROGRAMME OF WORK (TUESDAY, 17 October 2023)

### Agenda items 08:30–12:15

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- 4 Address by the incoming Chairperson
- 7 Nomination of the Regional Director (private meeting)  
(continued)

### Agenda items 13:30–18:00

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- 7 Nomination of the Regional Director (private meeting)  
(continued)

## II. REPORT OF MEETINGS (MONDAY, 16 OCTOBER 2023)

### First meeting

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**Chairperson (outgoing):** Honourable Bounfeng Phoummalaysith, Minister of Health,  
Lao People's Democratic Republic

**Incoming Chairperson:** Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health,  
Brunei Darussalam

#### Item 1 Opening of the session

The outgoing Chairperson declared open the seventy-fourth session of the Regional Committee for the Western Pacific.

#### Item 2 Address by the outgoing Chairperson

The outgoing Chairperson reported on progress achieved since the seventy-third session of the Regional Committee for the Western Pacific. He noted that last year's discussion on Communication for Health (C4H) had led to the development of the draft C4H strategy under consideration for endorsement at the current session. He also noted the need for further work to reduce noncommunicable disease (NCD) risk factors to work toward the ambitious aims of the NCD framework endorsed at the previous session. He highlighted important progress in strengthening primary health care, reaching unreached populations and combating cervical cancer following the endorsement of related frameworks on those issues at the previous session. He concluded by calling on Member States to work toward increasing access to mental health services across the Region in line with the mental health framework endorsed last year.

#### Item 3 Election of incoming officers: Chairperson, Vice-Chairperson and Rapporteurs

The Regional Committee elected the following:

**Chairperson:** Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Ministry of Health, Brunei Darussalam

**Vice-Chairperson:** Honourable Dr Tugsdelger Sovd, State Secretary, Ministry of Health, Mongolia

### **Rapporteurs:**

**In English:** Dr Nakamura Saki, Deputy Director, Office of Global Health Cooperation, Internal Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan

**In French:** Ms Francesca Fuentes, Political Counsellor, Embassy of France to the Philippines and Micronesia, Philippines

#### **Item 5 Adoption of the agenda**

There being no objections, the provisional agenda as revised was adopted by the Regional Committee (WPR/RC74/1 Rev. 3).

#### **Item 6 Address by the Director-General**

The WHO Director-General recognized that this has been a difficult year for the Western Pacific Region. He thanked the Acting Regional Director for stepping willingly into the role and expressed his deep gratitude to staff in the Region for their dedication, professionalism and commitment. He noted that this year will be the first time the nominee for Regional Director will be either a woman or from the Pacific. He thanked one Member State for suggesting the forum of candidates, which enhanced the transparency of the election process.

The Director-General then remarked on the “five Ps” – promote, provide, protect, power and perform for health – which provided the basis for the draft Fourteenth General Programme of Work, 2025–2028 (GPW14). He noted many achievements in the Region, including the elimination of lymphatic filariasis in the Lao People's Democratic Republic. However, citing a sharp increase in catastrophic health spending, he urged Member States to focus on ensuring financial protection, adding that they should work to accelerate the development and adoption of a new pandemic accord.

The Director-General stressed the importance of further strengthening WHO country offices, citing the allocation of an additional US\$ 100 million from the current budget for country offices, which will receive more than half of the total budget for 2024–2025. Funding to regions and countries could be further increased with more flexible funding. WHO's work to strengthen country offices would benefit greatly from the 20% increase in assessed contributions and the proposed investment round.

The Director-General reiterated that WHO would continue efforts to strengthen its workforce, to achieve gender equity at all levels and zero tolerance for all forms of sexual misconduct. He concluded by thanking Member States for their continued commitment to promoting, providing, protecting, powering and performing for health in the Western Pacific.

#### **Item 8 Address by and Report of the Regional Director**

The Acting Regional Director welcomed delegates to the seventy-fourth session of the WHO Regional Committee for the Western Pacific and congratulated the Chairperson, Vice-Chairperson and Rapporteurs for their service. Noting that the Organization had recently celebrated its 75th anniversary, she highlighted regional achievements during those years, including declines in child mortality, increases in life expectancy and significant progress against infectious diseases, which had improved the lives of families, communities and countries throughout the Region. She said WHO in the Western Pacific had focused in recent years on meeting current health challenges and preparing for those likely to be encountered in the future, while also addressing the priorities of the Region's *For the Future* vision – all during a time of transition leading to the nomination of a new Regional Director.

She highlighted efforts to accelerate the roll-out of the Organization's global Transformation initiative and work towards driving positive organizational and

cultural change to ensure a well-functioning and respectful workplace, with zero tolerance for any form of inappropriate behaviour. She expressed thanks to Member States for their support and trust in her, before inviting the Region's technical directors to provide programmatic highlights from the past year.

The Regional Emergencies Director began by addressing the COVID-19 pandemic, the primary public health concern of the Region and the international community over the past three years, noting that the Western Pacific had built upon decades of regional solidarity and advancement in health security capacities and systems within countries, which had allowed it to perform comparatively better than other regions in the response to the early phases of the pandemic. He said WHO, working with Member States and partners, had developed a new biregional health security framework, to be considered for endorsement by the Regional Committee this week, to supersede the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*. He also highlighted the Region's work in responding to a wide range of challenges, including mpox, human cases of avian influenza (H5N1) and cholera, as well as food safety incidents and natural disasters.

The Director, Division of Disease Control, outlined the Region's progress on new and emerging disease threats, while also prioritizing efforts to expand essential health services for unreached populations. In the fight against neglected tropical diseases, he mentioned the elimination over the past year of trachoma in Vanuatu and lymphatic filariasis in the Lao People's Democratic Republic. He noted that Cambodia, the Lao People's Democratic Republic and Viet Nam are close to the elimination of malaria, and highlighted the Region's 79% coverage of antiretroviral treatment for people living with HIV – the highest coverage of all six WHO regions. He concluded by noting that 29 countries in the Region achieved the global target of vaccinating 70% of their population against COVID-19.

The Director, Data, Strategy and Innovation (DSI), reported on support to Member States over the past year in harnessing the power of data, digital health and innovation, with several initiatives including publication of the *Data Management Competency Framework*. He said DSI also had focused on accelerating health systems transformation towards achieving universal health coverage (UHC), and called attention to the regional innovation strategy, which will be considered for endorsement by the Regional Committee.

The Director, Division of Healthy Environments and Populations, reminded delegates that NCDs had continued to be the leading cause of death in the Region, drawing attention to WHO's work with Member States to accelerate action on NCD prevention and control by addressing common challenges and risk factors, as well as by creating enabling mechanisms to ensure healthier lives. He said NCD risk factors, including tobacco use, had been addressed through implementation of a regional action plan, and noted that 25 countries and areas in the Region had strengthened or enacted laws and regulations on tobacco and nicotine products. With many countries in the Region experiencing population ageing, he noted that WHO guidance had been supporting the actions of Member States in developing national policies to promote healthy ageing.

He concluded by drawing attention to WHO's work in the Region on developing management systems for improving water, sanitation and hygiene, as well as handling health-care waste in health-care facilities with a broad approach that integrates resilience to climate change and environmental sustainability.

The Acting Director, Division of Health Systems and Services, highlighted regional work on increasing access to health care and strengthening the resilience of health systems – key elements to achieve UHC. Primary health-

care reform, he said, had been addressed through various entry points, including human resources for health. He also noted the value of ongoing efforts to provide a pathway for regulatory authorities to be recognized as WHO-listed authorities, operating at an advanced level of performance. He concluded by drawing attention to support provided to Member States to improve the quality of maternal and paediatric care, noting a social media campaign to promote Early Essential Newborn Care among parents and health-care workers.

The Director, Division of Pacific Technical Support, noted the role of WHO and partners in a Pacific-wide pandemic response that helped prepare for the onslaught of COVID-19, which swept across the Pacific two years after the coronavirus first emerged. He noted that more than 1.7 million vaccine doses had been administered through the COVID-19 Vaccine Global Access initiative by the time the pandemic reached the Pacific islands, with many countries achieving vaccination rates of over 90% of eligible populations. He said health workers had been trained and armed with therapeutics, and response plans had been in place, based on WHO guidance and lessons learnt from the global pandemic response, resulting in much fewer cases and death rates than other parts of the world. The pandemic preparations will yield long-term benefits as the policies, practices and influx of resources now in place for the COVID-19 response will support future health needs among Pacific island countries and areas, he said, noting that WHO will continue to support the Pacific to ensure health systems are prepared to deal with the escalating burden of NCDs and the health impacts of climate change.

In summarizing the work over the past years, the acting Regional Director highlighted several ongoing organizational reforms that will strengthen WHO and improve its support to Member States.

Interventions on agenda items 6 and 8 were made by the representatives of the following Member States (in order): the Philippines, Japan and China. The Regional Committee would continue taking interventions after the private meeting on agenda item 7, Nomination of the Regional Director.

## Second meeting

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**Chairperson:** Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health, Brunei Darussalam

**Item 7            Nomination of the Regional Director**

The nomination process for the next Regional Director commenced in private meeting.

**Item 6  
and  
Item 8            Address by the Director-General  
Address by and Report of the Regional Director**

In continuation, interventions on agenda items 6 and 8 were made by the representatives of the following Member States (in order): New Zealand, the United States of America, Brunei Darussalam, the Federated States of Micronesia, Cambodia, Kiribati, Malaysia, Viet Nam, United Kingdom of Great Britain and Northern Ireland, Singapore, the Republic of Korea, Samoa, Australia, Tuvalu, Palau, Solomon Islands and Fiji.

The Acting Regional Director thanked Member States for their support and leadership at the country level. The Regional Office would continue its disease-specific work and focus on healthy populations, as well as regional priorities such as climate change and digitalization. It was now time to implement the various strategies developed by the Secretariat. She agreed that improvements in health data and information were needed in many countries, which would require capacity-building over the next biennium. Monitoring results and impact at the country level would be key for the WHO Transformation. The Results Framework, approved by the World Health

Assembly, should now be institutionalized in all areas of the Organization. The Regional Office would continue to implement initiatives as part of WHO's Transformation, including prevention and response to sexual exploitation, abuse and harassment (PRSEAH), over the next four months; mid- and long-term plans would be submitted to the incoming Regional Director for the development of more concrete plans in that regard.

The Director-General thanked Member States for their input and support for the Acting Regional Director. He emphasized the importance of strengthening country offices, in particular by empowering them to take the lead on country-level health needs and priorities to make a real impact on the ground. He noted that the increase in assessed contributions and funds raised through an investment round would address the systemic problem of earmarked funding and allow more funding to be allocated to address country needs and priorities. In responding to Member State interventions, he agreed on the importance of issues such as climate change, healthy populations, disease prevention and health promotion. The Region, especially Pacific island countries and areas, is disproportionately affected by the health impacts of climate change, he called on Member States to participate in the 2023 United Nations Climate Change Conference to ensure their voices would be heard. Lastly, he highlighted the need to accelerate the Transformation process by strengthening the relevant initiatives.

## **Item 9**

### **Programme budget**

#### **9.1 Programme Budget 2022–2023: budget performance (interim report)**

#### **9.2 Programme Budget 2024–2025**

The Acting Regional Director introduced the agenda item on the Programme Budget with a summary of the report on the interim performance of Programme Budget 2022–2023, followed by an update on Programme Budget 2024–2025. With regard to Programme Budget 2022–2023, she noted that funding, utilization, compliance and controls continue to be strong, with a projected utilization in the Western Pacific Region of 92% of the available resources of US\$ 362.7 million by the end of the current biennium – nearly two thirds of which will have been utilized at the country-office level. She said priorities during biennium included implementation of base programme activities, accelerating progress towards the global Triple Billion targets and the Sustainable Development Goals, and building resilience by strengthening primary health care and bolstering response capacities for health emergencies. She noted that the Secretariat had closed all external audit recommendations and only one internal recommendation remained open, which is expected to be resolved by the end of 2023. She highlighted efforts to improve controls through strengthened management, training, communications and the monitoring of risks, and noted ongoing work on staff gender balance and geographical representation.

The Budget and Finance Officer, Division of Administration and Finance, then presented a more detailed assessment of the financing and projected utilization of Programme Budget 2022–2023. Following his presentation, the Executive Officer, Office of the Director of Programme Management, summarized highlights of WHO's work in the Region related to implementation of Programme Budget 2022–2023, noting the challenges the Region faces due to changing lifestyles, a rise in noncommunicable diseases, pollution and climate change. She highlighted specific achievements at the country level in working towards Strategic Priority 1, with the development of new regional frameworks on primary health care, mental health and cervical cancer; Strategic Priority 2, with work to support Member States in addressing imminent risks for all emerging threats, including COVID-19 and other infectious diseases; Strategic Priority 3, in which WHO supports Member State efforts to empower individuals, families and communities to make more informed health decisions; and Strategic Priority 4, where advancements in

data and innovation are helping Member States strengthen leadership and governance and effectively manage human and financial resources for health.

The Acting Regional Director then turned to the update on Programme Budget 2024–2025, which is the third and final under the Thirteenth General Programme of Work, 2019–2025 (GPW13). She noted a 20% increase in assessed contributions from the approved levels of 2022–2023, marking a historic move towards a more empowered and independent WHO. She also noted the identification of 54 core gap positions in the Region, which required US\$ 18.7 million funding, and thanked the Director-General for his efforts under the Core Predictable Country Presence model to ensure these positions were funded, noting that they will further drive impact in every country. She said these positions are included in the Region's 2024–2025 operational planning, with recruitment slated to begin this year. She then invited a colleague from WHO headquarters to offer a global perspective on the overall Programme Budget 2024–2025.

The Director of Planning, Resource Coordination and Performance Monitoring at headquarters stated that Programme Budget 2024–2025 was set at US\$ 6.8 billion, with the base segment, which is the largest segment, reflecting a zero-budget increase over the previous biennium and raising the country office level to nearly 50% of the base budget. He noted, however, that only 47% of Programme Budget 2024–2025 has been financed as of 31 August 2023, pointing out that WHO requires the right type of financing to match priorities with funding. He also noted that the development of the Programme Budget 2024–2025 was driven chiefly by five priorities identified by countries; the Core Country Predictable Presence model that strengthens the Organization's ability to respond quickly at the country level; and an increase in assessed contributions and an investment round focused on financing high-priority outputs.

The Budget and Finance Officer, Division of Administration and Finance, presented the regional perspective, noting that the Western Pacific Region would have a base segment of US\$ 408.1 million, with US\$ 4.2 million devoted to special programmes and US\$ 18 million earmarked for emergency operations and appeals, for a total of US\$ 430.2 million, or 6.3% of the global budget. He highlighted the growth in the regional budget devoted to country programmes, which rose from 58% in 2018–2019 to 62% in 2024–2025. The Acting Programme Development Officer noted that the regional budget would be aligned with the five priorities of the global budget; reflect the Region's *For the Future* vision, which is the regional road map to operationalize GPW13 and work towards the Sustainable Development Goals; and accelerate the delivery of the Triple Billion targets. He concluded by emphasizing that countries would remain at the centre of operational planning and explained the need for facilitated strategic and intentional discussions between budget centres to bridge any gaps between WHO country cooperation strategies and operation planning.

Interventions on agenda items 9.1 and 9.2 were made by the representatives of the following Member States (in order): the Philippines, New Zealand, China, Japan, Australia, the Federated States of Micronesia, Cook Islands, Malaysia, Fiji, the United States of America, Samoa and the Republic of Korea.

Responding to Member State interventions, the Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, clarified that two blocks of funding had been agreed with Member States: one for the Secretariat implementation plan on reform and another for the Agile Member States Task Group. Sixty-seven of the 96 commitments in the Secretariat implementation plan on reform had already been implemented, and progress could be monitored on the WHO Member States Portal. The

matter would be revisited in discussions on future increases in assessed contributions. The Secretariat was unaware of any additional flexible funding pledges beyond the agreed increase in assessed contributions, although the situation would become clearer after the investment round. In response to a question raised by a Member State, he explained the difference between the WHO budget and funding – the latter is used to implement the programme budget. The 20% increase was related to funding, rather than the budget. The Secretariat intended to increase the budget share allocated to country offices by reducing the share allocated to headquarters and regional offices. The increased amount was distributed proportionately on the basis of previous budget share allocations; the increase in the Regional Office’s budget was not a result of an increase in its budget share but of the increase in the overall WHO budget.

In responding to interventions, the Acting Director, Administration and Finance, assured Member States that accountability and transparency are key for the Regional Office. For example, an Ombudsperson was hired, as was a Management Officer for PRSEAH. Completion rates of mandatory PRSEAH trainings have been 97–99%, and active capacity-building of country focal points on PRSEAH is ongoing. Regarding the low utilization rates at some budget centres, he explained that most of these have resources amounting to less than US\$ 1 million, and that historically, a lot of implementation occurs during the last six months of the biennium. A Regional Programme Committee, in consultation with Member States, periodically assesses how to enhance utilization and implementation plans. In response to an intervention about the shift of funding to country offices, he emphasized that these would be used to support the 54 core gap technical positions under the Core Predictable Country Presence model, amounting to US\$ 18.7 million, which will enable the Region to take plans forward to strengthen and empower country offices. Lastly, on Papua New Guinea’s country cooperation strategy, for which there was an internal audit finding, there has been strong engagement with the country office, donors and partners and a new country cooperation strategy is anticipated to be signed during this session of the Regional Committee.

### III. OTHER MEETINGS

#### Wednesday, 18 October 2023

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**12:45–13:45** Side event: Transformation of the Regional Office including organization and workplace culture change (Conference Hall)

#### Thursday, 19 October 2023

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**12:45–13:45** Side event: Climate resilient and low carbon health systems (Conference Hall)