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Contents

Venue	Conference Hall	, Regional Office for the Western Pacific
Other infor	mation	
III.	Other meetings	8
II.	Report of meetings	2
l.	Programme of work	2

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Rapporteurs meeting

The meeting will be held today, Thursday, following the afternoon session at 17:15 in Room 409-E.

and sexual misconduct

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I. PROGRAMME OF WORK (THURSDAY, 19 October 2023)

Agenda items	09:00–12:00	
16	Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continued)	WPR/RC74/10
	16.3 WHO's work in countries	
13	Communication for Health	WPR/RC74/7
12	Health innovation	WPR/RC74/6
Agenda items	14:00–17:00	
14	Health workforce	WPR/RC74/8
16	Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continued)	WPR/RC74/10
	16.5 Items recommended by the World Health Assembly and the Executive Board	
	16.7 Other items (if any)	

Consideration of draft resolutions

Health security

WPR/RC74/Conference Paper No. 1 (draft resolution)

Please note: The draft resolution is posted as a conference paper on the Regional Committee SharePoint portal. Any amendments should be submitted in writing to wprorcm@who.int using specific language. This conference paper will be considered for adoption before the afternoon session resumes.

II. REPORT OF MEETINGS (WEDNESDAY, 18 OCTOBER 2023)

Fifth meeting

Chairperson:	Honourable Dato Dr Mohammad Isham Jaafar, Minister of Health,	
•	Brunei Darussalam	
Item 3	Election of incoming officers: Chairperson, Vice-Chairperson and Rapporteurs	
	In accordance with Rule 10 of the Rules of Procedure, Ms Inès Ferrer, Attaché for Science and Research Cooperation, Embassy of France to the Philippines and to Micronesia, in the Philippines, has been nominated by the Government of France to replace Ms Francesca Fuentes as French Rapporteur.	

Item 16.1 Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee

16.1 Fourteenth General Programme of Work, Results Framework and Investment Round

The Acting Regional Director introduced the agenda item, noting that the draft Fourteenth General Programme of Work, 2025–2028 (GPW14) built on the strengths of the Thirteenth General Programme of Work, 2019–2025 (GPW13). Its success would be contingent on adequate financing for the WHO budget, an optimized Results Framework and innovative ways of working.

The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, delivered a presentation on the development of GPW14, the Results Framework and the investment round. He highlighted the inherent connection between ensuring the sustainable financing of WHO, achieving the goals of GPW14 - to promote, provide and protect health and well-being for all people, everywhere – and measuring its impact against the Results Framework. He provided an outline of the GPW14 development process, emphasizing that there would be several opportunities for consultation with Member States, and explained how GPW14 would build on GPW13 by leveraging the Organization's unique role to enhance the impact of WHO's work. The Results Framework would be impact-focused and country-centred, and outcomes would be developed alongside Member States while taking into account partner perspectives. Costing exercises for GPW14 have already begun on the assumption that the base budget will increase only slightly for some emerging priorities that could not be accommodated in the programme budget. Once GPW14 is finalized in early 2024, a prioritization and costing process will be conducted to provide a more detailed costing by outcome for the benefit of Member States and donors.

The Director, a.i., Strategic Engagement, WHO headquarters, continued the presentation, noting that the investment round would be key to securing the US\$ 8 billion in voluntary contributions required in addition to assessed contributions and would be a step towards the sustainable financing of WHO. Moreover, it would provide a unique opportunity to rally all stakeholders around GPW14 and turn the tide on Sustainable Development Goal (SDG) 3. She outlined steps to be taken before November 2024, which included several regional and Member State consultations. The resource mobilization approach would be co-owned by Member States and strengthen the WHO donor base. While all pledges would count for the first round of funding, regardless of funding type and the timing of agreements, the success of the investment round would be measured against the predictability and flexibility of funding. The investment round would drive organizational effectiveness, including by strengthening WHO's workforce to deliver country-level impact, and would generate direct cost efficiencies across the value chain. Lastly, she explained that engaging in an investment round was appropriate for WHO as a Member State organization: the initiative was co-created by Member States, would leverage WHO's regional and country presence and would bring together all global health partners, while ensuring the mindful use of resources.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Japan, Australia, the United States of America, China and the Republic of Korea.

In response to interventions by Member States, the Director, Planning, Resource Coordination and Performance Monitoring, mentioned that the development of GPW14 draws on the ongoing independent evaluation of GPW13, which suggested that GPW14 should be a more outward-looking, high-level road map that sets the agenda for global health. At the same time, the investment round focuses on securing adequate financing for the Secretariat to support Member States. In finalizing GPW14, the Secretariat will therefore

continue to work closely with Member States and consult a broad range of partners to find the right balance between being an outward-looking and an inward-looking document that is fully aligned with other key initiatives. Further optimizing the Results Framework will be key to effectively delivering on the ambitious agenda in GPW14 and accelerating progress towards the health-related targets of the SDGs. The Secretariat is working with Member States to define the outcomes and outputs of GPW14 while simultaneously revising the measurement framework, giving due consideration to continuity and comparability. In optimizing the Results Framework, it will be important to identify indicators where progress can be measured and shown over the period from 2025 to 2028, which is a challenging task. The Secretariat is working on applying a strong and actionable gender, equity and human rights lens as part of GPW14.

Regarding the points raised by Member States on the investment round, the Director, a.i., Strategic Engagement, WHO headquarters, explained that discussions are ongoing with Member States on hosting arrangements and on a potential date for the investment round event in late 2024. Outreach is also underway to identify at least one co-host from each Region to champion the investment round and support regional and/or thematic events. An indicative target funding envelope – which the investment round is aiming to help secure and which is closely linked to GPW14 – is being developed and will be further refined in advance of the World Health Assembly in May 2024.

The Acting Regional Director emphasized that GPW14, the investment round and the Results Framework are inextricably linked. She also emphasized the need to ensure continuity between GPW13 and GPW14 while accelerating progress towards the health-related targets of the SDGs. Lastly, she said the Results Framework should be updated for GPW14 and further institutionalized throughout the Organization.

Item 11 Health security

The Director, Division of Health Security and Emergencies, introduced the agenda item, noting that the Region faces continuous and increasingly complex public health threats that generate wider social and economic impacts, disproportionately affecting vulnerable groups and Pacific island countries and areas in particular. Health security systems protect the health of populations by preventing and mitigating the public health impact of such emergencies while also fostering socioeconomic stability and development. Since the launch of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, countries have made progress in strengthening public health emergency detection and response capacities and implementing the International Health Regulations (2005). However, the COVID-19 pandemic highlighted the complex nature of public health threats, and addressing these requires more comprehensive, integrated and forward-looking approaches that go beyond the health sector to safeguard health security. In the light of lessons learnt from the 2003 SARS outbreak, the Region has invested in strengthening health security systems, an approach that proved valuable in the early stages of the pandemic. He invited the Regional Committee to endorse the draft Asia Pacific Health Security Action Framework, which would enable the Region to address public health threats through a comprehensive, multisectoral approach to strengthening health security systems.

A video on strengthening health security systems was played.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Mongolia, Japan, the Lao People's Democratic Republic, New Zealand, Marshall Islands, Singapore, Tuvalu, Brunei Darussalam, the Federated States of Micronesia, Malaysia, Cambodia, China, Solomon Islands, Australia, Hong Kong SAR (China), the United Kingdom of Great Britain and Northern Ireland, Fiji, Samoa, the Republic of Korea, Viet Nam,

the United States of America (territories), the United States of America, Kiribati, Papua New Guinea, Palau, Tonga, Cook Islands and Vanuatu.

The Director thanked Member States for their unanimous endorsement of the Asia Pacific Health Security Action Framework. In responding to interventions by several Member States on the importance of whole-of-government and whole-of-society collaboration, he emphasized the role of multisectoral engagement and coordination, such as through the One Health approach. The draft Framework proposes six interconnected domains of health security activity, which would foster a more comprehensive understanding of health security and its broader implications. In responding to interventions on implementation of the Framework, he said the Secretariat would develop guidance and assist in implementation with the support of partners and donors. Implementation will require adaptation to the individual contexts and priorities of countries and areas in the Region and could also be informed by the results of Joint External Evaluations and other IHR Monitoring and Evaluation Framework tools. He acknowledged Member States' interventions on the role of equity in health security, recognizing the need for countries and areas to have access to medical countermeasures during emergencies. In response to Member States' requests for support regarding centres for disease control and national public health agencies, he said there are plans to hold a consultation in 2024 on the topic. In responding to interventions on the alignment of the Framework with other ongoing regional and international health security initiatives, he said Part 3 of the Framework elaborates on these connections and other actions taken by the Secretariat to ensure consistency.

Sixth meeting

Chairperson:

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

Item 10

Panel discussion on Charting the course: Rethinking health financing for social well-being and sustainable development

The Acting Director, Division of Health Systems and Services, introduced the panel discussion and invited the Acting Regional Director to give her opening remarks. She noted that while there has been progress in the provision of essential health services in the Western Pacific Region, still an estimated one in five people incurred catastrophic health spending in 2019, which is unacceptable. The COVID-19 pandemic has also set back achievements made in universal health coverage (UHC). She requested that Member States use the panel discussion to tackle the hard questions, such as how to secure and sustain health financing for the economy, social well-being and sustainable development. A video was played featuring interviews taken from a recent WHO workshop to express views on health financing from the Asia Pacific Region.

The Dean of the Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, was introduced as the keynote speaker. She presented global evidence and views on the critical role of primary health care (PHC) for UHC and social development, and urged societies, sectors and development partners to explore effective financing strategies to implement the PHC approach that will maximize the desired health, social and sustainable development outcomes.

The Minister of Health, Palau, shared his insights on the challenges faced by Pacific island countries and areas and the priorities in financing decisions for the health sector in Palau. Through their national health schemes, the country has made great progress in expanding their service coverage and improving access to health-care services. In the future, they will focus on noncommunicable diseases (NCDs) and ageing as main priorities, strengthen domestic financing and management, utilize data and evidence for decision-making, explore

incentives for encouraging healthy behaviour, and pursue a PHC approach and invest in reforms for a more efficient and equitable health system.

The Deputy Director-General for Health (Public Health), Ministry of Health, Malaysia, described the country's strong public health-care provision but said that challenges remain in improving equitable health care, especially in rural areas. With the passing of the Health White Paper and other initiatives, the country has high political commitment to ensuring equitable, affordable and high-quality services, utilizing a whole-of-government and multisectoral approach. The focus in the coming 15 years will be on improving health service delivery, prevention and promotion, strengthening health system governance and equity. A suitable financing model will be explored to understand how best it can be used to enable these reforms.

The Undersecretary, Department of Finance, Philippines, shared the ways in which the Philippines has explored various innovative financing modalities to leverage public-private partnerships and implement health programmes to serve public interests. She stressed the need to look at better ways to both absorb and effectively utilize available resources. With appropriate regulatory mechanisms and oversight, private sector solutions can complement existing public systems to bridge current capacity, data and infrastructure gaps in the health sector.

The Director General and Chief, Sectors Group for Asia and the Pacific, Asian Development Bank (ADB), reflected on recent evidence showing that investment in health yields commensurate growth in the economy, and how globally, the financing needs to meet all the SDGs are available but insufficiently mobilized and inefficiently used. ADB's new operating model prioritizes four shifts – a focus on climate change, private sector engagement, new solutions (for example, digitization) and new ways of working (partnerships).

The Acting Director, Division of Health Systems and Services, thanked everyone for the stimulating discussion. The Acting Regional Director then closed the panel discussion. She thanked the Member States for their valuable updates on the progress and lessons in health financing reforms for UHC, recognizing its intricate link to social well-being and sustainable development. Addressing the challenges and inquiries raised by the Member States, she highlighted WHO's ongoing efforts in crafting a new regional action framework on health financing for the Western Pacific Region for the future.

Item 16 Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (continued)

16.6 Rules of Procedure of the Regional Committee for the Western Pacific

The Acting Regional Director, introducing the item, said that the Secretariat had worked closely with Member States of the Region to review the Rules of Procedure of the Regional Committee and develop proposed draft amendments and a draft governance reform decision. During the process, the current Rules of Procedure were compared against those of the World Health Assembly and other Regional Committees to identify best practices, resulting in a series of further amendments.

The Legal Counsel, WHO headquarters, recalled that the draft decision on governance, including the proposed amendments to the Rules of Procedure, had undergone extensive consultations with Member States. He outlined the amendments to be considered by the Regional Committee, which referred to the conduct of business of the Regional Committee, the participation of non-State actors in Regional Committee sessions, the Regional Director nomination process, procedural matters and editorial issues. He also provided details about the draft decision. Following adoption by the Regional Committee, the new Rules of Procedure will enter into force at the end of the current session.

Interventions were made by the representatives of the following Member States (in order): the United States of America, China and the Philippines.

The draft decision on governance reform was read aloud by the Chairperson. Having received no further comments and suggestions, decision WPR/RC74(1) was adopted.

The Acting Regional Director thanked Member States for their patience and active engagement during consultations and for their support for the amendments. She said she would welcome their feedback on the Regional Director nomination process.

16.4 Transformation of the Regional Office including organization and workplace culture

The Acting Regional Director introduced the agenda item, explaining that the Region has embarked on a process to improve its impact, organizational efficiency and workplace culture in line with the broader WHO Transformation. To that end, several initiatives have been implemented, including the signing of a Delegation of Authority relating to WHO Representatives in the Region and another for technical directors at the Regional Office; implementation of a new way of planning for the next biennium to ensure a greater focus on country needs and priorities; and a redesign of human resources recruitment, programme management and publications processes to relieve some of the burden on staff. A Change Management Group has been established to drive the implementation of those changes, and a management action plan will guide the strengthening of country capacity and improvement of culture and behaviour. Efforts to create respectful workplaces in the Region are guided by key WHO policies, and significant capacity-building has already been carried out in that regard. Furthermore, the Office of the Regional Ombudsman continues to support staff in an independent, confidential and neutral manner, including by visiting country offices. Various activities have also been carried out to prevent sexual misconduct throughout WHO and the Region, which have already resulted in growing confidence in reporting mechanisms, and to create a stronger and more inclusive workplace culture. Ongoing monitoring and evaluation strategies have revealed positive changes as well as persistent issues and are guiding efforts to foster a more respectful and supportive workplace culture. Although organizational and cultural change would take time, the positive impact of efforts made to date is already visible.

Interventions were made by the representatives of the following Member States (in order): Australia, the United States of America and the Philippines.

In response to interventions by Member States, the Management Officer for Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) said that over the past 12 months, 18 abusive conduct cases and four sexual misconduct cases in the Region were opened with the Office of Internal Oversight. The Acting Director, Administration and Finance, reminded Member States that information is available on the WHO Dashboard on investigations into sexual misconduct. The Management Officer said that since June 2023, 13 countries have undertaken risk assessment discussions, and seven documents on risk assessments and/or country office plans have been submitted to the Regional Office. Responding to interventions on trauma-informed and culturally appropriate responses to sexual misconduct, the Management Officer stated that the Western Pacific Region is the first to train senior management on trauma-guided referrals and to develop standard operating procedures on what to do if a case is reported to a WHO staff member.

Responding to other interventions, the Executive Officer of the Regional Director's Office reassured Member States that the Organization is observing positive change across the Region, with individuals feeling empowered to talk about the zero-tolerance approach, and that a workplace survey is planned for November 2023.

The Regional Human Resources Manager added that information from exit interviews and one-on-one meetings are reported through feedback mechanisms and to senior management. Both the PRSEAH Management Officer and the Regional Human Resources Manager commented on the importance of the Acting Regional Director's open office hours as a mechanism for feedback issues.

The Acting Regional Director thanked Member States for supporting WHO's initiatives to prevent sexual misconduct and strengthen workplace and organizational culture processes in the Region, noting that the Organization is committed to creating a workplace that all staff are proud of and where all are supported to do their best work for Member States.

III. OTHER MEETINGS

Thursday, 19 October 2023

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