



**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

REGIONAL COMMITTEE

WPR/RC75/10

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Provisional agenda item 15

**COORDINATION OF THE WORK OF
THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND
THE REGIONAL COMMITTEE**

The coordination of the work of WHO governing bodies is critical to accomplish the strategic priorities in the global WHO Thirteenth General Programme of Work, 2019–2025 (GPW13), ongoing WHO reform efforts and *For the Future: Towards the Healthiest and Safest Region*, the shared vision for the work of WHO with Member States and partners and the implementation plan for GPW13 in the Western Pacific Region.

The WHO Fourteenth General Programme of Work, 2025–2028, also calls for strong coordination, aligned with GPW13 and the Region's new vision to be presented to the Regional Committee for the Western Pacific in October 2024. To ensure transparency and inclusivity, proposals for agenda items for the 2025 session of the Regional Committee are presented for Member State consideration with supporting information in Annexes 1 and 2. In addition, this document provides an update on WHO support for countries and areas, focusing on Member State achievements since 2019 (with examples of work in countries in Annex 6) and an update on WHO Transformation in the Region.

This document also covers items referred by the World Health Assembly and the Executive Board requesting Western Pacific Member States' feedback. For easy reference, resolutions and decisions from the May 2024 World Health Assembly are listed in Annex 3, and the provisional agenda of the January 2025 session of the WHO Executive Board is in Annex 4. Included as well is an item on the request from the Republic of Indonesia to be reassigned to the WHO Western Pacific Region from the South-East Asia Region, and the accreditation procedure for regional non-State actors not in official relations with WHO to attend meetings of the Regional Committee for the Western Pacific.

15.1 AGENDA FOR THE SEVENTY-SIXTH SESSION OF THE REGIONAL COMMITTEE IN 2025

In accordance with the revised agenda development process adopted in 2015 by the WHO Regional Committee for the Western Pacific, the Secretariat proposes five technical agenda items for the seventy-sixth session of the Regional Committee in 2025. In identifying proposed agenda items, the Secretariat considered: (a) regional strategies to be renewed; (b) adaptation of World Health Assembly resolutions to the context of the Region; and (c) issues proposed by Member States or the Secretariat.

Table 1 shows the list of proposed technical agenda items in these three categories. Annex 2 provides the list of technical agenda items discussed or to be discussed at the Regional Committee from 2013 to 2024, along with information on categories for inclusion. Annex 3 provides background information on each proposed agenda item for 2025.

Member States are requested to review the proposed technical agenda items for the seventy-sixth session of the Regional Committee in 2025. Member States may also wish to share proposals for technical items, along with background information to support their prioritization.

Table 1. Proposed technical agenda items for the seventy-sixth session of the Regional Committee

Categories	Agenda item
a) Renewal of regional strategies	
b) Adaptation of World Health Assembly resolutions	<ol style="list-style-type: none">1. Implementing the International Health Regulations (2005) amendments2. Operationalizing the global WHO plan of action on climate change and health3. Strengthening national commitment to oral health: Adapting the <i>Global Strategy and Action Plan on Oral Health 2023–2030</i> to the Western Pacific4. Accelerating actions in the Western Pacific Region to operationalize the <i>Global Alcohol Action Plan 2022–2030</i>
c) Issues proposed by Member States or the Secretariat	

15.2 WHO'S WORK IN COUNTRIES

Background

Strengthening WHO's work and impact at the country level has been central to the Western Pacific Region's reforms for over a decade. This emphasis is also a key priority globally in the WHO Thirteenth General Programme of Work for 2019–2025 (GPW13) and the upcoming Fourteenth General Programme of Work for 2025–2028 (GPW14) to effectively address new and increasingly complex health challenges.

Member States have continued to express strong support for the work of WHO in the Region's countries and areas. Following well-received side events starting at the 2016 session of the Regional Committee, the work of WHO in countries and areas was incorporated as a standing agenda since 2019.¹

In 2021, the Regional Committee session included an item on sustainable financing showing how WHO in the Region is delivering on regional priorities, how the type of work WHO is being asked to do is shifting as health systems are changing across the Region, and the importance of sustainable financing for this work.

Increasingly, the type of work WHO in the Region is being asked to do is shifting from operational support to fill critical gaps and technical support to strengthen programmes, to a new type of work guiding and supporting efforts to reform or redesign health systems.

In some countries and areas, the Regional Office also provides support to stimulate high-level strategic dialogue to shape health and health systems, and plays an increasingly important role as a trusted source of health information. The 2022 Regional Committee session built on this by highlighting the critical need for sustainable financing given that countries in the Western Pacific Region have lost or are losing access to traditional bilateral donor resources. Countries struggle to attract adequate and sustainable financing required to address health priorities, such as noncommunicable diseases (NCDs), and much of the work in these areas – such as the integration of programmes and services – requires a long-term view and several years to realize.

In 2023, the Regional Committee session showcased the progress WHO in the Region had made over the past four years in supporting Member States to deliver on their priorities and in implementing

¹ These sessions have been structured around six characteristics of effective country offices, identified through an analysis of the past decade of reforms in the Region: (1) focusing WHO support where the Organization can make a difference; (2) leveraging the three levels of the WHO Secretariat; (3) enhancing communications; (4) effectively engaging partners; (5) placing the right people in the right places; and (6) building and operationalizing in-depth knowledge of country contexts.

regional priorities. New working methods to achieve greater impact and stronger cooperation to identify and share experiences have contributed to the progress, while the focus of the support has been on addressing both current challenges and long-term goals.

This year's session focuses on how ministries of health and WHO country offices are contributing or preparing to contribute towards working together to improve health and well-being and save lives.

Detailed examples of work in countries are listed in Annex 6.

Country cooperation strategies

A country cooperation strategy (CCS) represents the WHO medium-term strategic vision for cooperation with a Member State (country or area) to implement the goals outlined within the relevant global General Programme of Work (GPW) and the vision of the Regional Director for the Western Pacific. The CCS defines WHO's support for achieving the country's health and development needs and priorities to attain the Sustainable Development Goals by 2030 and provides the basis for aligning WHO collaboration with the United Nations and other partners at the country level. In WHO country offices with a valid CCS where the country priorities have already been identified in consultation with Member States and relevant stakeholders, these priorities will be used as a basis to identify the GPW14 outcome and output priorities. This is a significant shift in principles of programme management as there is now only one prioritization process based on robust analysis with the CCS at the centre.

Over the past year, several CCSs have been renewed in the Western Pacific Region, including those with Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, and Pacific island countries and areas. WHO will continue to work with Member States to regularly review and, if necessary, adjust strategic priorities according to changing country needs.

The Regional Committee is invited to note the report.

15.3 WHO REFORM

Actions for Results Group

The WHO Transformation initiative aims to create a modern, effective WHO that significantly improves health outcomes at the country level. To achieve this, the WHO Director-General established the Action for Results Group (ARG), consisting of WHO country representatives from all six regions.

This group identifies concrete steps to ensure the Organization remains impactful and relevant in every country and area.

The WHO Western Pacific Region has fully embraced and swiftly implemented the ARG's action plan. Core positions essential for predictable country presence have been established and included in the 2024–2025 operational plans of country offices.

Following the enhanced delegation of authority (DoA) issued to WHO representatives and heads of country offices by the Director-General and Regional Director in May 2023, the Region has made significant strides in its implementation. A DoA handbook was developed through an iterative, co-created process involving WHO representatives and heads of country offices. This handbook details step-by-step process flows for programme management, financial management, duty travel, resource mobilization, human resources management and procurement. It clarifies responsibilities, control points and target timelines for all actors involved.

The DoA handbook will be continuously updated and adapted to the operational realities and needs of country offices, evolving into a dynamic tool to aid the devolution of authority. Emphasis has been placed on removing redundant steps to enhance overall efficiency. Since the handbook's issuance, Regional Office business process owners have organized several clinics and orientation sessions to clarify processes and ensure common understanding among staff.

Recent progress in other ARG action plan areas includes improvements in open communication, capacity-building for increased financing in country offices, streamlined planning processes, fast-tracked recruitment through rosters and generic job descriptions, and the development and monitoring of key performance indicators.

The Western Pacific Region remains committed to implementing initiatives and actions that foster and sustain positive change, driving impact at the country level.

Healing Hearts, strengthening workplace culture and supporting organizational change

After weathering a management crisis and the COVID-19 pandemic, WHO management in the Western Pacific Region took steps to improve workplace environments across the Region.

Upon taking office in February 2024, the Regional Director for the Western Pacific launched the Healing Hearts initiative with the Director of Programme Management. Working as a team with WHO offices across the Region, they have highlighted the importance of fostering a supportive and empowered workplace environment that can more effectively support Member States in achieving

health for all. At the core of the initiative is a steadfast commitment to organizational recovery: boosting staff morale, nurturing a sense of community and fostering camaraderie in the workforce.

Beyond advocacy, the Healing Hearts approach promotes and enables staff well-being and cultivates safe spaces for resilience. This approach centres on reinforcing positive and productive values that enable staff well-being while strengthening the Organization's ability to serve the people of the Region's 37 countries and areas.

After just a few months, Healing Hearts has already built on progress in key areas:

Enhancing systems for reporting misconduct

Mechanisms have been strengthened for reporting and addressing complaints concerning harassment, bullying and abusive conduct. Key to improving accessibility and responsiveness in leadership, feedback from staff through regular meetings and open office hours – led by the Regional Director and the Director of Programme Management – has helped guide the development of these mechanisms.

Additionally, vital resources such as the Healing Hearts Handbook have been developed to clarify support services and reporting mechanisms in the Western Pacific Region and globally.

Fostering a trauma-informed workplace

The introduction of Healing Hearts marks a major step towards fostering a culture of empathy, trust and solidarity. Anchored in the principles of trauma-informed care, Healing Hearts includes training on empathetic leadership and support systems tailored to the individual needs of staff suffering from anxiety, depression and past trauma.

Healing Hearts uses a unified approach to staff well-being to foster a safe, valued and capable WHO workforce. The development of a trauma-informed workplace supports mental health and ensures a respectful and inclusive environment.

Recent capacity-building led by trauma expert Katharine Manning has empowered staff with essential communication and empathy tools, as well as an approach to supporting workforces known as LASER: Listen, Acknowledge, Share, Empower and Return.

Uptake has been impressive. More than 180 colleagues across the Region have participated in workshops and webinars on how to cultivate trauma-informed care in their work. And more than 65 staff members have volunteered to lead small interest groups that foster community and mutual support among colleagues.

Working as a team in Healing Hearts

This multidisciplinary approach involves many key roles: the Regional Ombudsperson; the Management Officer on Prevention and Response to Sexual Misconduct; the Regional Staff Physician and Staff Nurse; the Regional Staff Counsellor; the Technical Officer for Workplace Culture; and the Director of Programme Management. They all work in concert to maintain a zero-tolerance policy on abusive conduct.

This initiative exemplifies the WHO commitment to a supportive workplace in the Western Pacific Region. The aim is to further improve workforce satisfaction and productivity while enhancing the capability – both of individuals and the Organization – to meet the health needs of the Region. As Healing Hearts grows, it will remain dedicated to fostering a culture of respect, trust and solidarity, aligning with WHO values, as well as supporting the workforce and their contributions to public health.

The Regional Committee is invited to note this report.

15.4 ITEMS RECOMMENDED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

The Seventy-seventh World Health Assembly in May – June 2024 adopted 17 resolutions and 20 decisions listed in Annex 3. The 155th session of the Executive Board adopted 12 decisions. The draft provisional agenda of the 156th session of the Executive Board is available in Annex 4.

Eight items have been referred to the WHO regions for further comments or consideration by Member States in 2024, prior to governing body sessions in 2025.

Information on these items is provided below under subheadings 15.4.1 to 15.4.8. Where indicated, Member States may provide comments directly to the respective focal points at WHO headquarters and/or the Regional Office.

15.4.1 Executive Board decision 154(1) on Sustainable financing: WHO Investment Round

In [decision EB154\(1\)](#), the Executive Board approved the full plan for the Investment Round and the next steps as outlined in the report (document [EB154/29 Rev.1](#)), and requested the Director-General: (1) to report to the Seventy-seventh World Health Assembly, through the fortieth meeting of the Programme, Budget and Administration Committee of the Executive Board, on the progress of the Investment Round; and (2) to submit a report to the Seventy-eighth World Health Assembly, through the forty-second meeting of the Programme, Budget and Administration Committee of the Executive

Board, on the outcome of the Investment Round. In anticipation of the organization of a high-level financing event in the fourth quarter of 2024, as the culmination of an inclusive engagement process, it is crucial to build momentum and outreach for the Investment Round. During the October 2024 session of the Regional Committee for the Western Pacific, a special event on the Investment Round will be held on 22 October.

15.4.2 World Health Assembly resolution WHA77.1 on the Fourteenth General Programme of Work, 2025–2028

In [resolution WHA77.1](#), the Health Assembly requested the Director-General to use the Fourteenth General Programme of Work, 2025–2028 as the basis for the strategic direction of planning, prioritization, monitoring and evaluation of WHO's work during the period 2025–2028, and to develop programme budgets in consultation with Member States, based on a realistic assessment of income and WHO capacity. Programme Budget 2026–2027 for the October 2024 session of the Regional Committee for the Western Pacific is guided by the Fourteenth General Programme of Work, 2025–2028.

15.4.3 Executive Board decision 154(14) on Process for the nomination and appointment of regional directors

In [decision EB154\(14\)](#), the Executive Board decided to request the Director-General: (1) to hold informal consultations with Member States, with a view to preparing a consultation document on measures to enhance the transparency, accountability and integrity of the process for the nomination of regional directors, for the consideration of the regional committees in 2024; and (2) to hold additional informal consultations with Member States, taking into account the outcome of the deliberations of the regional committees, and submit a document summarizing the outcome of those consultations, including options for consideration, as appropriate, to the Executive Board at its 157th session in May/June 2025. Member States may also contact the global focal point for any issues: Mr Derek Walton, Legal Counsel at WHO headquarters (waltond@who.int).

15.4.4 World Health Assembly resolution WHA77.14 on Climate change and health

In [resolution WHA77.14](#), the Health Assembly requested the Director-General to develop a results-based, needs-oriented and capabilities-driven global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Control and the Paris Agreement, by the Seventy-eighth World Health Assembly in 2025. The plan of action should firmly integrate climate across the technical work of WHO at all three levels of the Organization and emphasize the need for cross-sectoral cooperation,

as appropriate. Member States interested in contributing to this work may contact the global focal point: Dr Maria Neira, Director, Environment, Climate Change and Health at WHO headquarters (neiram@who.int).

15.4.5 Executive Board decision 155(12) on Process of handling and investigating potential allegations against WHO Directors-General

In [decision EB155\(12\)](#), the Executive Board decided to request the Director-General: (1) to request the leads for Member State-led governance reform to continue to chair consultations on this matter, including by involving regional groups, with a view to finalizing draft procedures for consideration by the Executive Board at its 156th session in 2025; (2) to ensure that the consultations remain open-ended, maintaining inclusivity and transparency; (3) to urge all Member States to participate actively in all consultations; and (4) as appropriate, to hold regional discussions among themselves including through or on the margins of the regional committees. Member States interested in contributing to this work may attend the specific session on 24 October 2024 dedicated to this item. This informal consultation with Member States is led by Australia and China. Member States may also contact the global focal point: Mr Derek Walton, Legal Counsel at WHO headquarters (waltond@who.int). All relevant materials have been provided to all Member States for their reference.

15.4.6 World Health Assembly resolution WHA77.13 on Economics of health for all

In [resolution WHA77.13](#), the Health Assembly requested the Director-General to develop, in consultation with Member States and within available resources as appropriate, a strategy on how to implement an economics of health for all approach, including priority actions for Member States and other actors, for consideration by the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session. Member States interested in contributing to this work may contact the global focal point: Dr Kalypso Chalkidou, Director, Health Financing and Economics at WHO headquarters (chalkidouk@who.int) and the regional focal point: Ms Ding Wang, Health Economist, at the WHO Regional Office for the Western Pacific (wangdi@who.int).

15.4.7 World Health Assembly resolution WHA77.4 on Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs

In [resolution WHA77.4](#), the Health Assembly requested the Director-General to develop, in consultation with Member States, nongovernmental organizations and other relevant stakeholders in accordance with the Framework of Engagement with Non-State Actors and within existing resources, a global strategy on donation and transplantation, for consideration by the Seventy-ninth World Health

Assembly, through the Executive Board at its 158th session, that supports Member States to integrate donation and transplantation into health-care systems and promotes the implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. Member States interested in contributing to this work may contact the global focal point: Mr Deusdedit Mugangizi, Director, Health Product Policy and Standards at WHO headquarters (mubangizid@who.int).

15.4.8 World Health Assembly decision WHA77(8) on Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035

In [decision WHA77\(8\)](#), the Health Assembly requested the Director-General to develop, in consultation with Member States and relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO’s Framework of Engagement with Non-State Actors – a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session. Member States interested in contributing to this work may contact the global focal point: Dr Rudi Eggers, Director, Integrated Health Services at WHO headquarters (eggersr@who.int).

15.5 OTHER ITEMS

15.5(a) MEMBERSHIP IN THE REGION: REQUEST FOR THE REPUBLIC OF INDONESIA TO BE REASSIGNED FROM THE WHO SOUTH-EAST ASIA REGION TO THE WESTERN PACIFIC REGION

On 3 June 2024 the WHO Director-General received a letter from the Minister of Health of Indonesia conveying the request for Indonesia to join the WHO Western Pacific Region.

Pursuant to World Health Assembly resolution WHA49.6 (1996), any request by a Member State for reassignment from one region to another should be examined by the regional committees concerned, and their views should be conveyed to the Health Assembly for its consideration before it acts upon such a request. Indonesia has accordingly requested that the matter be placed on the agendas of the regional committee sessions of the South-East Asia and Western Pacific regions this year, and that it further be placed on the agenda of the Seventy-eighth World Health Assembly.

In line with this request, a corresponding item is included in the provisional agenda of the upcoming session of the Regional Committee for the Western Pacific to allow the necessary examination of the request by Indonesia. Similar action is being taken in the WHO South-East Asia Region. The views of the two regional committees will then be conveyed to the Health Assembly to assist in its consideration and decision regarding Indonesia's request at the Seventy-eighth Health Assembly.

The letter from the Minister of Health further requests that, while awaiting the Health Assembly's decision on its request for reassignment, Indonesia be permitted to attend the upcoming Western Pacific Regional Committee session as an observer. Under Rule 2 of the Rules of Procedure of the Regional Committee, the Regional Director, in consultation with the Regional Committee, may invite States that are not members of the Regional Committee to participate without vote in the sessions of the Committee. Having consulted the Chairperson of the Regional Committee, it is proposed that Indonesia's request to attend the meeting as an observer be considered and decided upon by the Regional Committee at the opening of its upcoming session.

15.5(b) ACCREDITATION PROCEDURE FOR REGIONAL NON-STATE ACTORS NOT IN OFFICIAL RELATIONS WITH WHO TO ATTEND MEETINGS OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Rule 2 of the [Rules of Procedure](#) of the Regional Committee for the Western Pacific, as amended during the seventy-fourth session of the WHO Regional Committee for the Western Pacific from 16 to 20 October 2023, states that: “Other international, regional and national nongovernmental organizations, international business associations and philanthropic foundations not in official relations with the Organization but accredited to participate in meetings of the Committee in accordance with paragraph 57 of the Framework of Engagement may also participate without vote in the deliberations of the Regional Committee, as provided for in the Framework of Engagement.”

In Decision [WPR/RC74\(1\)](#) on Governance Reform, the Regional Committee decided that “pending the adoption by the Regional Committee of an accreditation procedure in accordance with paragraph 57 of the WHO Framework of Engagement with Non-State Actors, only international, regional and national non-State actors not in official relations with WHO that have already been invited to Regional Committee sessions, may continue to be invited to future sessions of the Regional Committee pursuant to Rule 2 of the Rules of Procedure, as amended”.

In line with this decision, the WHO Regional Office for the Western Pacific developed a proposed accreditation procedure for regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Western Pacific. This draft procedure was shared with Member States for their feedback on 31 July 2024. Feedback received from Member States has been incorporated into the annexed document and is for review by the Regional Committee.

The Regional Committee is requested to decide on the approval of the accreditation procedure for regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Western Pacific.

**LIST OF TECHNICAL AGENDA ITEMS DISCUSSED AT THE REGIONAL COMMITTEE
FROM 2013 TO 2024 WITH INFORMATION ON CATEGORIES FOR INCLUSION**

Regional Committee session (Year)	Agenda items	Categories for inclusion for main technical agenda items		
		(a) Regional strategies to be renewed	(b) Adaptation of World Health Assembly resolutions	(c) Issues proposed by Member States or the Secretariat ¹
Seventy-fifth (2024)	Health financing for social well-being and sustainable development	✓		
	Digital health	✓		
	Operationalizing the Global Strategy on the Environment, Climate Change and Health in the Region		✓	
	Strengthening international legal instruments on health security (work of the Intergovernmental Negotiating Body [INB] and Working Group on IHR Amendments [WGIHR])			✓
	One Health			✓
Seventy-fourth (2023)	Health security	✓		
	Health workforce			✓
	Communication for health			✓
	Health innovation			✓
	Investing in health and universal health coverage			✓
Seventy-third (2022)	Noncommunicable disease prevention and control	✓		
	Cervical cancer			✓
	Communication for Health (panel discussion)			✓
	Mental health			✓
	Primary health care			✓
	Reaching the unreached			✓

¹ Items classified under category (c) were newly raised issues or those not recently addressed by the Regional Committee or the World Health Assembly. Proposal by Member States or the Secretariat is also a prerequisite for categories (a) and (b).

Annex 1

Seventy-second (2021)	Primary health care			✓
	School health			✓
	Traditional and complementary medicine	✓		
	Tuberculosis	✓		
Seventy-first (2020)	Ageing and health			✓
	Vaccine-preventable diseases and immunization	✓		
	Safe and affordable surgery			✓
Seventieth (2019)	Ageing and health			✓
	Tobacco control	✓		
	Protecting children from the harmful impact of food marketing			✓
	Antimicrobial resistance	✓		
Sixty-ninth (2018)	Neglected tropical diseases	✓		
	Rehabilitation		✓	
	Strengthening legal frameworks for health in the Sustainable Development Goals			✓
	E-health for integrated service delivery			✓
	Planning and managing hospitals			✓
Sixty-eighth (2017)	Measles and rubella elimination			✓
	Protecting children from the harmful impact of food marketing			✓
	Health promotion in the Sustainable Development Goals			✓
	Triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B		✓	
	Transitioning to integrated financing of priority health services			✓

Annex 1

Sixty-eighth (2017) (continued)	Regulatory strengthening and convergence for medicines and health workforce			✓
	Food safety	✓		
Sixty-seventh (2016)	Dengue	✓		
	Malaria	✓	✓	
	Environmental health			✓
	Sustainable Development Goals			✓
	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies	✓	✓	
Sixty-sixth (2015)	Viral hepatitis			✓
	Tuberculosis	✓	✓	
	Universal health coverage	✓		✓
	Violence and injury prevention			✓
	Urban health	✓		
Sixty-fifth (2014)	Mental health		✓	
	Tobacco Free Initiative	✓		
	Antimicrobial resistance		✓	
	Expanded Programme on Immunization		✓	
	Emergencies and disasters		✓	
Sixty-fourth (2013)	Blindness prevention		✓	
	Ageing and health			✓
	Hepatitis B control through vaccination			✓
	Noncommunicable diseases	✓	✓	

**PROPOSED AGENDA ITEMS FOR THE SEVENTY-SIXTH SESSION OF THE
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
WITH BACKGROUND INFORMATION**

- a. **Renewal of regional strategies**
- b. **Adaptation of World Health Assembly resolutions to the Region**

1. Implementing the International Health Regulations (2005) amendments

Member States at the Seventy-seventh World Health Assembly in 2024 adopted a package of proposed amendments to the International Health Regulations (IHR) (2005) through resolution [WHA77.17](#) (2024). The entry into force of these amendments will result in changed legal rights and obligations for all 196 States Parties – including all 194 WHO Member States – related to the prevention of, preparation for and response to pandemics and other public health emergencies with the potential to cross international borders. New elements covered by these amendments include, inter alia: provisions to promote equity and solidarity; establishment of a national IHR authority; introduction of a “pandemic emergency”; provisions to enhance coordinated financing; establishment of a States Parties Committee for IHR implementation; and provisions around the use of non-digital and digital health documents. To prepare Member States to implement these amendments, it is proposed that a policy document be presented for consideration at the seventy-sixth session of the Regional Committee. This paper will outline opportunities and challenges to operationalize the amendments in the Western Pacific Region, considerations for Pacific island countries, and the role of the Asia Pacific Health Security Action Framework (APHSAF) to facilitate collaboration and support between Member States and partners in the Asia Pacific to implement the amended IHR (2005).

2. Operationalizing the global WHO plan of action on climate change and health

The World Health Assembly in 2024 approved a resolution on climate change and health (WHA77.14) that recognizes that climate change is one of the major threats to global public health, and notes the urgent call issued by the Director-General for global climate action to promote health and build climate-resilient and sustainable health systems. It noted further that climate change is jeopardizing implementation of the 2030 Agenda for Sustainable Development and its targets – including the commitment to leave no one behind – and is undermining the efforts of WHO Member States and the Secretariat to improve public health and reduce health inequalities globally through enabling timely, equitable and universal access to essential health services and products, especially in developing countries.

Annex 2

The Assembly requested the Director-General to develop a results-based, needs-oriented and capabilities-driven global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Control and the Paris Agreement, for consideration by the Seventy-eighth World Health Assembly in 2025, firmly integrating climate across the technical work of WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate.

The proposed session will receive feedback from Member States on the proposed policy document, which builds on the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* to ensure the pertinence and applicability of the global action plan to all Member States.

3. Strengthening national commitment to oral health: Adapting the *Global Strategy and Action Plan on Oral Health 2023–2030* to the Western Pacific

Oral diseases remain a pervasive public health challenge in the Western Pacific Region, affecting more than 800 million people and disproportionately impacting vulnerable populations. Despite global and regional efforts, more than half of the 27 countries in the Region lack a comprehensive national oral health policy, action plan or strategy, leading to high out-of-pocket expenditures, with an estimated US\$ 107 billion in 2019, and an additional US\$ 85 billion attributed to productivity loss in the Region and limited access to essential oral health care in the Region.

The global commitment to oral health has been solidified through key resolutions, including WHA74.5 in 2021 and WHA76(9) in 2023. These resolutions set the stage for the *Global Strategy and Action Plan on Oral Health 2023–2030*, which provides a critical framework to address these challenges, emphasizing the need for Member States to develop and implement robust national policies and strategies to achieve the global oral health targets by 2030.

During the seventy-fifth session of the Regional Committee, Member States in the Western Pacific Region will reaffirm their commitment to improving oral health and agree to focus on three priority areas: strengthening governance and research; engaging communities and societies for the promotion and prevention of oral diseases; and integrating oral health into primary health care. Building on regional and global commitments, it is proposed that a review be conducted of the current status of oral health prevention and management in the Western Pacific Region, and that a discussion take place during the Regional Committee session on how to operationalize the implementation of the *Global Strategy and Action Plan on Oral Health 2023–2030* in the Western Pacific.

4. Accelerating actions in the Western Pacific Region to operationalize the Global Alcohol Action Plan 2022–2030

In the WHO Western Pacific Region, the adult per capita alcohol consumption (APC) exceeds the global average, according to the *Global Status Report on Alcohol and Health* published in 2024 with latest data from 2019. In 2019, alcohol caused 485 424 deaths and 22.1 million disability-adjusted life years (DALYs) lost in the Region, representing 3.5% of all deaths and 4.4% of total DALYs. Certain Western Pacific countries are among those with the highest alcohol-attributable death rates globally.

There is growing evidence that even small amounts of alcohol can be harmful to health. Alcohol is classified by the International Agency for Research on Cancer as a Group 1 carcinogen that is causally linked to seven types of cancer, including oesophagus, liver, colorectal and breast cancer. The World Health Assembly in 2022 adopted the *Global Alcohol Action Plan 2022–2030*, which states that “[a]t the population level, any level of alcohol consumption is associated with preventable net harms due to multiple health conditions such as injuries, alcohol use disorders (AUDs), liver diseases, cancers and cardiovascular diseases, as well as harms to persons other than drinkers.”

The Global Alcohol Action Plan (GAAP) aims to reduce harmful alcohol use through effective, evidence-based strategies, with WHO’s SAFER interventions as a key component. SAFER is a package of evidence-based, cost-effective interventions designed to help countries reduce the harmful use of alcohol and its associated health and social burdens. The Regional Office for the Western Pacific has been working with Member States, especially where alcohol consumption has significantly increased, to accelerate the implementation of SAFER interventions. While some progress has been made, more concerted and accelerated actions are necessary. Three years into the GAAP, it is proposed that a policy document be presented at the seventy-sixth session of the Regional Committee for endorsement by Member States. This policy document will provide evidence-based analysis and recommended actions by Member States and WHO towards reducing alcohol consumption and its negative impacts in the Region.

c. Issues proposed by Member States or the Secretariat

**RESOLUTIONS AND DECISIONS ADOPTED BY THE SEVENTY-SEVENTH
WORLD HEALTH ASSEMBLY, 27 May – 1 June 2024**

Resolution number	Title of resolution
<u>WHA77.1</u>	Fourteenth General Programme of Work, 2025–2028
<u>WHA77.2</u>	Social participation for universal health coverage, health and well-being
<u>WHA77.3</u>	Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies
<u>WHA77.4</u>	Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
<u>WHA77.5</u>	Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2
<u>WHA77.6</u>	Antimicrobial resistance: accelerating national and global responses
<u>WHA77.7</u>	Strengthening laboratory biological risk management
<u>WHA77.8</u>	Strengthening health emergency preparedness for disasters resulting from natural hazards
<u>WHA77.9</u>	Global Health and Peace Initiative
<u>WHA77.10</u>	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution of the World Health Organization
<u>WHA77.11</u>	Parental leave
<u>WHA77.12</u>	Strengthening health and well-being through sport events
<u>WHA77.13</u>	Economics of health for all
<u>WHA77.14</u>	Climate change and health
<u>WHA77.15</u>	Aligning the participation of Palestine in the World Health Organization with its participation in the United Nations
<u>WHA77.16</u>	Health conditions in the occupied Palestinian territory, including east Jerusalem
<u>WHA77.17</u>	Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005)

Annex 3

Decision number	Title of decision
WHA77(1)	Composition of the Committee on Credentials
WHA77(2)	Election of officers of the Seventy-seventh World Health Assembly
WHA77(3)	Election of officers of the main committees
WHA77(4)	Establishment of the General Committee
WHA77(5)	Adoption of the agenda
WHA77(6)	Verification of credentials
WHA77(7)	Election of Members entitled to designate a person to serve on the Executive Board
WHA77(8)	Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035
WHA77(9)	Global action plan and monitoring framework on infection prevention and control
WHA77(10)	Universal Health and Preparedness Review
WHA77(11)	Results Report 2023 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2023
WHA77(12)	Report of the External Auditor
WHA77(13)	Appointment of representatives to the WHO Staff Pension Committee
WHA77(14)	Update on the Infrastructure Fund
WHA77(15)	Process of handling and investigating potential allegations against WHO Directors-General
WHA77(16)	Updates and future reporting: strengthening integrated, people-centred health services
WHA77(17)	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression
WHA77(18)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
WHA77(19)	Proposed agreement between the World Health Organization and the Organisation for Economic Co-operation and Development
WHA77(20)	Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response



EXECUTIVE BOARD
156th session
Geneva, 3–11 February 2025

EB156/1 (draft)
2 July 2024

Draft provisional agenda

- 1. Opening of the session and adoption of the agenda**
- 2. Report by the Director-General**
- 3. Report of the regional committees to the Executive Board**
- 4. Report of the Programme, Budget and Administration Committee of the Executive Board**
- 5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response**

Pillar 1: One billion more people benefiting from universal health coverage

- 6. Universal health coverage**
 - Primary health care
- 7. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**
 - Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
 - Oral health
 - Comprehensive mental health action plan 2013–2030
 - Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030
- 8. Global road map on defeating meningitis by 2030**
- 9. Substandard and falsified medical products**
- 10. Standardization of medical devices nomenclature**
- 11. Health and care workforce**
 - WHO Global Code of Practice on the International Recruitment of Health Personnel
 - Global strategy on human resources for health: workforce 2030
- 12. Draft global traditional medicine strategy (2025–2034)**

Annex 4

Pillar 2: One billion more people better protected from health emergencies

13. **WHO's work in health emergencies**
14. **Universal health and preparedness review**
15. **Implementation of resolution WHA75.11 (2022)**
16. **Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**
17. **Poliomyelitis**

Pillar 3: One billion more people enjoying better health and well-being

18. **The impact of chemicals, waste and pollution on human health**
19. **Updated road map for an enhanced global response to the adverse health effects of air pollution**

Pillar 4: More effective and efficient WHO providing better support to countries

20. Budget and finance matters

- 20.1 Financing and implementation of the Programme budget 2024–2025
- 20.2 Proposed programme budget 2026–2027
- 20.3 Scale of assessments 2026–2027
- 20.4 Amendments to the Financial Regulations and Financial Rules [if any]

21. Management and governance matters

- 21.1 Prevention of sexual exploitation, abuse and harassment
- 21.2 Governance reform
 - Member State-led governance reform
 - Process of handling and investigating potential allegations against WHO Directors-General
 - Draft terms of reference to strengthen the effectiveness of the functioning of the Officers of the Executive Board
 - Secretariat Implementation Plan on reform

- 21.3 Global strategies or action plans that are scheduled to expire within one year
 - Global strategic directions for nursing and midwifery 2021–2025
 - Global strategy on digital health 2020–2025
- 21.4 Engagement with non-State actors
 - Report on the implementation of the Framework of Engagement with Non-State Actors
 - Non-State actors in official relations with WHO
- 22. Provisional agenda of the Seventy-eighth World Health Assembly and date and place of the 157th session of the Executive Board**
- 23. Committees of the Executive Board**
 - 23.1 Foundation committees and selection panels
 - 23.2 Independent Expert Oversight Advisory Committee: membership renewal [if any]
 - 23.3 Standing Committee on Health Emergency Prevention, Preparedness and Response
- 24. Staffing matters**
 - 24.1 Appointment of the Regional Director for Africa
 - 24.2 Appointment of the Regional Director for Europe
 - 24.3 Statement by the representative of the WHO staff associations
 - 24.4 Report of the Ombudsperson
 - 24.5 Human resources: update
 - 24.6 Amendments to the Staff Regulations and Staff Rules [if any]
 - 24.7 Report of the International Civil Service Commission
- 25. Report on meetings of expert committees and study groups**
 - Expert advisory panels and committees and their membership
- 26. Closure of the session**

**ACCREDITATION PROCEDURE FOR REGIONAL NON-STATE ACTORS
NOT IN OFFICIAL RELATIONS WITH WHO TO ATTEND MEETINGS OF
THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

Engaging with non-State actors is essential for the World Health Organization (WHO) to achieve its goals and priorities and fulfil its critical mission. To effectively advance the implementation of its General Programme of Work and programme budget, WHO strives to actively engage with non-State actors to support Member State efforts to advance the public health agenda. These engagements are reviewed and implemented in accordance with WHO policies and rules, including the Framework of Engagement with Non-State Actors (FENSA).

Adopted by the World Health Assembly in 2016 (resolution WHA69.10), FENSA is an enabling corporate policy that facilitates and encourages WHO engagement with non-State actors. It consists of an overarching framework, which outlines general principles for such engagements, as well as specific WHO policies and operational procedures for engagement with four types of non-State actors: nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

FENSA provides a set of rules and guidance to strengthen and enhance WHO engagement with non-State actors while reinforcing the Organization's management of potential risks related to these engagements. It guides WHO in balancing risks against the expected benefits, ensuring that a level playing field applies when engaging with non-State actors, while at the same time protecting and preserving the Organization's integrity, reputation and public health mandate.

According to the provisions outlined in paragraph 57 of FENSA, regional committees may decide on a procedure granting accreditation for their meetings to international, regional and national² non-State actors not in official relations with WHO, as long as the procedure is managed in accordance with WHO's rules and policies including FENSA.

In addition, Rule 2 of the Rules of Procedure of the Regional Committee for the Western Pacific, as amended during the seventy-fourth session of the Regional Committee in October 2023 states, "Other international, regional and national nongovernmental organizations, international business associations and philanthropic foundations not in official relations with the Organization but accredited to participate in meetings of the Committee in accordance with paragraph 57 of the Framework of Engagement may

² In accordance with WHO Constitution, Article 71.

Annex 5

also participate without vote in the deliberations of the Regional Committee, as provided for in the Framework of Engagement.”³

Under decision WPR/RC74(1) on governance reform, the WHO Regional Committee for the Western Pacific, during its seventy-fourth session, further decided that “pending the adoption by the Regional Committee of an accreditation procedure in accordance with paragraph 57 of the WHO Framework of Engagement with Non-State Actors, only international, regional and national non-State actors not in official relations with WHO that have already been invited to Regional Committee sessions, may continue to be invited to future sessions of the Regional Committee pursuant to Rule 2 of the Rules of Procedure, as amended”.⁴

To further strengthen its engagement and collaboration with non-State actors, the WHO Regional Office for the Western Pacific proposes establishing a procedure for granting accreditation to regional non-State actors not in official relations with WHO, for consideration by the Regional Committee for the Western Pacific during its seventy-fifth session in October 2024.

Eligibility criteria

The eligibility criteria for accreditation set out below conform with WHO rules and policies, including FENSA, and the application, review and decision shall be based upon up-to-date information about the profiles of the applicant entities.

To be eligible for application, the non-State actor (the “entity”) should meet the following cumulative criteria:

- (a) Be a regional nongovernmental organization or a regional business association⁵ or a regional philanthropic foundation, it being understood that the entity shall be of a regional character if it has a presence and operates in at least three countries or areas within the

³ Rules of Procedure of the Regional Committee for the Western Pacific: <https://cdn.who.int/media/docs/default-source/wpro---documents/regional-committee/rules-of-procedure.pdf>.

⁴ Decision WPR/RC74(1): <https://cdn.who.int/media/docs/default-source/wpro---documents/regional-committee/session-74/wpr-rc74-1-governance-reform.pdf>.

⁵ Regional business associations are private sector entities that do not intend to make a profit for themselves but represent the interests of their members, which are commercial enterprises and/or national or other business associations. They shall have the authority to speak for their members through their authorized representatives. Their members shall exercise voting rights in relation to the policies of the regional business association.

WHO Western Pacific Region.⁶ The applicant entity, if a membership organization, should have members from the WHO Western Pacific Region.⁷

- (b) The aims, activities and purposes of the applicant entity shall be consistent with the WHO Constitution and in conformity with the policies of the Organization and should contribute significantly to the advancement of public health.
- (c) The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution.
- (d) The applicant entity shall have had sustained and systematic technical engagement⁸ with the WHO Regional Office for the Western Pacific for at least two years.
- (e) The parent entity of the applicant entity, if any, shall not be in official relations with WHO.
- (f) The applicant entity shall have an established structure, a founding document and accountability mechanisms.
- (g) The applicant non-State actor is required to provide documents and information on their entity in line with paragraph 39 of FENSA.
- (h) The applicant entity, if a membership organization, shall have the authority to speak for its members and have a representative structure.

Privileges granted through the accreditation procedure

Accredited regional nongovernmental organizations, regional business associations and regional philanthropic foundations (hereinafter “accredited non-State actors”):

⁶ For reference, the list of countries and areas that are part of the Region is available on the WHO Western Pacific website: <https://www.who.int/westernpacific/about/where-we-work>.

⁷ Government entities”, “academic institutions”, “partnerships”, “collaborative arrangements” and “public-private partnerships” are not considered eligible for accreditation. In line with WHO’s rules and policies including FENSA, academic institutions or parts thereof can be designated as WHO collaborating centres in accordance with the [Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration](#). For “partnerships”, “collaborative arrangements” and “public-private partnerships”, WHO reports annually on its engagements to the Executive Board and publishes on its dedicated webpage information and an up-to-date list of “[Partnerships collaborative arrangement with WHO involvement](#)”.

⁸ Sustained and systematic technical engagement should be documented through memoranda of understanding, joint publications, collaboration agreements, donor agreements and other legal arrangements. Participation in each other’s meetings and/or informal interactions are not considered as systematic technical engagement.

Annex 5

- (1) are invited to participate in an observing capacity, without the right to vote, in public meetings of Regional Committee sessions; and
- (2) may submit written and/or oral statements in Chinese, English and French (the official and working languages of the Regional Committee), related to items on the agenda of the Regional Committee session concerned. Oral statements will be referenced in the Regional Committee meeting report, and written statements submitted will be published on a dedicated website.

In accordance with Rule 3 of the Rules of Procedure of the Regional Committee, accredited non-State actors wishing to attend meetings of the Regional Committee “shall communicate the names of the persons by whom they shall be represented”, using a standard template provided by the Regional Office for the Western Pacific. They must also provide a declaration of the affiliations of their delegates, specifying the function of each delegate within the entity itself and, where applicable, the function of that delegate within any affiliated organization.

Application procedure and timeline

Applications for accreditation shall reach the WHO Regional Office for the Western Pacific no later than 31 December at 17:00 Manila time of a given year.

The application shall consist of:

- (a) Information and documents about the entity in line with paragraph 39 of FENSA, including name, objectives (mission statement), membership, founding document (constitution, statute or by-laws), formal registration, governance structure, nominal list of the members of its decision-making body (for example, Board, Council, Assembly), assets, annual income and funding sources (donors, partners and sponsors), relevant affiliations (parent entity, subsidiaries or branches) and webpage. Non-State actors will also be required to complete and sign the tobacco and arms disclosure statement without alteration.
- (b) A summary documenting past engagements with WHO in the Western Pacific.
- (c) Names and contact details of the entity’s representatives, with the entity’s acknowledgement of understanding and agreement that the provided information will be made public, as appropriate and decided by WHO. The application form, containing the required information, shall be submitted through a dedicated online platform.

Requests shall be reviewed by the Secretariat of the WHO Regional Office for the Western Pacific to ensure that the eligibility criteria and other FENSA requirements have been fulfilled.

Subsequently, the outcome of the review and the draft decision by the Secretariat shall be considered by the Regional Committee for the Western Pacific using the standard practice and mechanisms through which the draft agenda, working documents, reports and draft resolutions are considered as part of the preparatory work of the Regional Committee.

At its regular annual session, the Regional Committee considers, amends when necessary, and adopts or rejects the draft decision for accreditation.

Procedure following the accreditation decision

The Regional Committee's accreditation decision will be included in the Report of the Regional Committee, and the Regional Director will inform each entity of the Regional Committee's decision on its application. The accreditation status and information of accredited non-State actors will be published on a dedicated platform.

Consistent with FENSA, the Regional Committee reviews each accredited non-State actor every three years and decides on whether to maintain the accreditation status or to defer the decision on the review to the following year or discontinue the accreditation.

In line with FENSA, the Regional Director can also propose an earlier review of an accreditation based on experience of the collaboration with the entity concerned (including but not limited to: in case of issues such as non-compliance with WHO rules and policies including FENSA,⁹ lack of contact,¹⁰ changes in the nature or activities of the entity concerned,¹¹ the entity ceasing to fulfil the criteria for admission). The Regional Committee may discontinue accreditation if it considers that such relations are no longer appropriate or necessary in light of changing programmes or other circumstances. Similarly, the Regional Committee may suspend or discontinue accreditation if an entity no longer meets the criteria applicable at the time of granting the accreditation, or if it fails to update its information.

⁹ Non-compliance by a non-State actor with WHO's rules and policies and the provisions of FENSA can have consequences for the entity concerned after due process, including a reminder, a warning, a cease-and-desist letter, a rejection of renewal of accreditation, or termination of the accreditation.

¹⁰ This is defined as no engagement or communication from the accredited non-State actor with WHO for a period of 12 months.

¹¹ These are changes in the entity's structure, governance, mission or focus that may affect its alignment with WHO's objectives and priorities or eligibility criteria.

Annex 5

If an entity's application for accreditation is rejected or its accreditation is discontinued, the entity may reapply after a two-year period from the date of rejection or discontinuation, during the next applicable application period, provided it can demonstrate that it has sufficiently addressed the reasons for the rejection or discontinuation and now fully meets all eligibility criteria. Each reapplication will be assessed on its own merits, in accordance with applicable policies and procedures.

THE WORK OF WHO IN COUNTRIES AND AREAS IN THE WESTERN PACIFIC REGION

American Samoa

- Collaborative efforts were made to eliminate lymphatic filariasis in American Samoa. The WHO Secretariat provided support to American Samoa in their continual efforts to eliminate lymphatic filariasis as a public health problem. Technical assistance was provided, in collaboration with the United States Centers for Disease Control and Prevention (US CDC) and the Pacific Islands Health Officers Association (PIHOA). Medicines and test kits were provided for the mass drug administration (MDA) and impact surveys undertaken in the territory. The mass drug distribution of medicines for the elimination of lymphatic filariasis, however, only achieved 33% coverage of the eligible population. The teams on the ground observed that there is an opportunity to re-engage the community in the MDA and other health campaigns post COVID-19. Technical discussions continue with leaders in the Department of Health to better understand and address this issue.
- The Secretariat provided support to American Samoa throughout this biennium to build their capacity in risk communication and community engagement (RCCE) including to respond to the suspected measles outbreak in 2023.

Cambodia

- To support access to services to reduce health risks from alcohol use, WHO supported Cambodia to develop and adopt guidelines on alcohol cessation and counselling for health professionals in primary health care (PHC) settings. These services are part of Cambodia's broader strategy to implement the global SAFER alcohol control initiative package, including restricting alcohol advertisement, promotion and sponsorship, preventing drink-driving and restricting availability and accessibility of alcohol.
- With WHO support, Cambodia has developed and begun implementing its Mental Health Strategic Plan 2023–2032 to ensure optimum mental health care and treatment along the entire care pathway and a health workforce with capacity to deliver mental health services. WHO worked with the Ministry of Health to develop a training curriculum that supports integration of mental health services and psychosocial support in maternal and child health programmes in two provinces, with plans to expand across the country in coming years.

Annex 6

- To build more resilient health security systems that can respond to emerging health threats in a changing world, Cambodia, with WHO support, has established an Inter-ministerial Coordination Committee on One Health (IMCC) and is developing a One Health Strategy to ensure a multisectoral approach to tackle public health events. The committee and strategy will provide high-level guidance and support coordination, collaboration and communication across sectors.
- In Cambodia, recognizing the significant threats posed by health-care-associated infections (HAI) to patient safety and antimicrobial resistance, WHO partnered with the Ministry of Health to develop and endorse national HAI surveillance guidelines that have been implemented in 11 selected hospitals. Plans are underway to expand activities and enhance infection prevention and control across the country as Cambodia expands PHC in coming years.

China

- In China, WHO and the National Health Commission jointly organized a flagship programme (2021–2023) piloting a people-centred integrated care (PCIC) service system to promote building of a PHC-based, equitable and resilient health system in China. The results of the programme have directly contributed to the development of several national policies, including the national blueprint on building a resilient and people-centred health service delivery system grounded in PHC by 2035. At the Seventy-seventh World Health Assembly in May 2024, China, South Africa and the United Arab Emirates jointly held a side event on the theme of “Integrated Health Services: Amplifying Impact for Universal Health Coverage”, sharing reform experience from the PCIC pilot with the international community.
- WHO contributed to the adoption of a series of national policies in China to address e-cigarette prevalence through high-level advocacy, coordination of cross-partner strategies and technical guidance. The enacted policies banning flavoured e-cigarettes (except tobacco flavour), restricting e-cigarette marketing and imposing excise tax on e-cigarettes led to the reduction of current e-cigarette use prevalence among youth from 3.1% in 2021 to 2.4% in 2023 in China.
- To address trans-fat consumption in China, WHO supported an enhancement of laboratory capacity to meet WHO standards for measuring trans-fatty acids in foods. The WHO Protocol was incorporated into the operation manual of the 2nd National Trans-fat Assessment, which involved measuring 3000 food samples; the training workshop held in 2023 attracted more than 3000 online and offline participants nationwide, further strengthening China’s laboratory capacity at all levels.
- WHO, together with the joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children’s Fund (UNICEF), supported China to accelerate triple elimination of mother-to-child transmission (EMTCT) of HIV, syphilis and hepatitis B, through: (1) supporting development

of national policies and guidelines on triple EMTCT (for example, the National Action Plan on Mother to Child Transmission of HIV, Syphilis and Hepatitis B 2022–2025, the National Operational Guidelines on Monitoring and Evaluation of Triple EMTCT, and the National Protocol on Subnational Validation of EMTCT); (2) facilitating engagement of government officials and technical professionals in the policy and technical consultation and discussion at global and regional levels, and communication with the Secretariat of the global/regional validation committee for EMTCT; (3) convening international consultations and mobilizing experts from global and regional levels to provide technical recommendations on how to reach the last mile of EMTCT and be better prepared for global validation; and (4) actively participating in field work to provide real-time technical support and implementation advice to address the major gaps in the EMTCT programme. As of 2023, mother-to-child transmission rate of HIV was 1.3%, hepatitis B was below 1% and case rate for congenital syphilis was 6.3/100 000 live birth, all achieving the global targets of EMTCT. Five provinces were certified as having achieved EMTCT by China's National Health Commission.

Cook Islands

- Health workforce was strengthened in Cook Islands. The Secretariat implemented initiatives aimed to build a skilled and resilient health workforce, ensure good-quality care delivery and improve health outcomes. This included an immunization refresher training for mid-level health managers; vaccination surveillance training; and the development of fellowship programmes in medicine, surgery and nursing. From the Fellowship programme, one student graduated in 2023 with a master's degree in anaesthetics, and 10 students are currently enrolled and due to graduate with a bachelor of nursing degree in 2024.
- Cook Islands built emergency preparedness and response capacity. The Secretariat provided logistics training for the Medical Assistance Team (KikiMAT) and supported the development of standard operating procedures and a plan of action. An oxygen plant was procured during the COVID-19 pandemic with funding from the European Union and was installed at Aitutaki Hospital in December 2023.
- In June 2023, 30 participants from Cook Islands were oriented on the preliminary results of the WHO STEPS Noncommunicable Diseases (NCDs) Risk Factor Survey, conducted in 2022. A mid-term review of the NCD policy was completed and the National Cancer Policy was finalized. The Secretariat provided financial and technical assistance to ensure the continuation of the Healthy Islands initiative that focused on three health promotion settings – schools, villages and primary health care (PHC).

Annex 6

The Lao People's Democratic Republic

- Addressing the rising burden of NCDs in the Lao People's Democratic Republic and building on the country's world-leading 2021 ban on electronic nicotine delivery systems (ENDS), WHO supported an array of multisector tobacco control efforts. These included technical support, research, advocacy and communications for health to strengthen tobacco control – particularly regulation, taxation and enforcement – as well as the upcoming introduction of plain packaging in 2024, becoming the fourth country in the Western Pacific Region to do so.
- Tackling the health impacts of climate and environmental change in the Lao People's Democratic Republic, WHO supported the Ministry of Health and Ministry of Natural Resources and Environment in ensuring 70 health facilities are increasingly resilient to worsening climate conditions and extreme weather events via the Safe Clean Green and Climate Resilient Healthcare Facilities Initiative. Efforts to tackle air pollution were also expanded, including deployment of 20 air quality sensors nationwide, enabling a significant shift in the way the country communicates air pollution levels to the public.
- WHO supported the Lao Ministry of Health to achieve elimination of lymphatic filariasis in the country, officially declaring the disease no longer a public health concern in late 2023. This milestone represented decades of commitment, with WHO and partners supporting large-scale treatment programmes, surveillance, health education and distribution of long-lasting insecticide-treated nets. The progress brings fresh momentum to efforts to eliminate two other vector-borne diseases, malaria and schistosomiasis.
- Unreached populations manifest themselves in many ways in the Lao People's Democratic Republic, as more than half of the population lives in rural locations and the country is one of the most culturally diverse in the Region. To ensure that people are not just reached, but reached effectively with health-care services, the Lao Ministry of Health and WHO have been exploring two new approaches to close the gap through initiatives to accelerate progress towards malaria elimination and the Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust (CONNECT) Initiative.

Niue

- The Government of Niue improved multisectoral capacity to respond to international health and disease risks that threaten national health security. This was facilitated through completion of the State Party Self-Assessment Annual Reporting tool (SPAR) and Secretariat support to commence health security planning.

- Niue adopted the Health Promoting Schools Framework. The Government held follow-up consultations with the Director of Education and school principals – a key demonstration of commitment to address the health and well-being of the school population. This is also a key priority in Niue’s Country Cooperation Strategy 2024–2029.

Samoa

- Samoa is committed to enhancing its health systems and reducing diseases. In terms of elimination of lymphatic filariasis, 80% of its eligible population received medicines to eliminate the disease during the triple MDA exercise in September 2023. Support was also provided to the project “Surveillance and Monitoring to Eliminate Lymphatic Filariasis and Scabies from Samoa” (SamELFS). This research project followed up on the antigen-positive individuals from the 2018 and 2019 surveys to determine their health and lymphatic filariasis status.
- Several efforts were made in Samoa to strengthen its emergency preparedness and response:
 - (1) Emergency Medical Assistance Team: The Samoa Emergency Medical Assistance Team, established in 2022, conducted simulation exercises in Savai’I, as well as logistics training and management of cache and health emergency operating centre supplies; and developed standard operating procedures in 2023. The team participated in other Pacific Emergency Medical Assistance Team training sessions with support from the Medical Assistance Teams from Australia and New Zealand.
 - (2) Joint External Evaluation (JEE): Samoa emerged with 80 specific recommendations and five broad recommendations from the review of their first-ever JEE of compliance with 19 technical areas in the International Health Regulations (2005) (IHR). The JEE was conducted in November 2023 and work will begin in 2024 to address the recommendations that will see improvements in public health policy and coordination; One Health (human, animal and environment); and health workforce capacity to prepare and respond to health threats. The Secretariat supported the Ministry of Health to prepare for the JEE assessment and its completion.
 - (3) An oxygen plant was procured with funding from the European Union and was installed in November 2023 at the main hospital in Apia, resulting in Samoa’s improved access to medical oxygen therapy for its patients. The oxygen plant was formally handed over on 16 April 2024 by the Regional Director.
 - (4) RCCE support was provided to implement the awareness campaigns on immunization and lymphatic filariasis.

Annex 6

Tokelau

- The Secretariat supported Tokelau to strengthen the resilience of its health system. Health officials were trained on MedTech, a data collection programme, which will assist Tokelau to improve patient information data collection and analysis; disease tracking and profiling; and health information systems management overall. Health leaders and other stakeholders received WHO guidance to develop data standards and data governance tools to support monitoring population health trends. Data will be disaggregated to also ensure that gender, equity and human rights are addressed in health policy and programmes.
- Tokelau's LigoLigo programme – the island's main source for news and information, health education and health promotion outreach for COVID-19 – was sustained through WHO funding. The programme was expanded to cover NCDs and dengue, and is a collaborative effort with Samoa's 2AP radio station, the only radio signal that reaches Tokelau.

Vanuatu

- Universal health coverage remains a challenge in Vanuatu, driven by lack of human resources for health as well as geographical dispersion and isolation. Vanuatu's primary health-care demonstration programme has been supported by WHO since 2022 and has garnered support from other partners in recent years. The intent of the programme was to find a model of PHC that works in the country context. The pilot in Sanma is demonstrating positive success in a model that focuses on three "pillars". The first pillar, quality service delivery, is operationalized through the provincial health team's regular outreach to provide integrated services for communicable diseases and NCDs; nutrition; reproductive, maternal, child and adolescent health; as well as general health promotion activities. The second crucial pillar in Vanuatu's context is community engagement and empowerment. WHO supported the training of village health workers and is currently supporting the revision of the Health Committee Act, which will regularize community engagement. Finally, WHO provided technical and financial support for the governance and leadership pillar for local-level government and provincial health teams to jointly develop the Area Council's Annual Health Plans.

Viet Nam

- In Viet Nam, road traffic accidents are one of the leading causes of death among injury-related deaths. Important new measures to protect the safety and lives of children in vehicles were passed by strong majorities in the Viet Nam National Assembly in June 2024. These require children under 10 years old to sit in the back seat of vehicles. They also require children to be secured in an

approved child restraint system (also known as a CRS, or child car seat) if they are younger than 10 years old and under 135 centimetres tall. WHO has been working with partners to support the development of the laws for several years, working with the Ministry of Transport, the Ministry of Public Security, the Ministry of Health and National Assembly committees to provide policy advice and recommendations based on global evidence and best practices. WHO will support the development of guidelines to implement and enforce the new laws.

- About half of health-care facilities in Viet Nam cannot rely on the quality or quantity of water they need. Furthermore, climate change is set to worsen water scarcity and quality. Since 2021, WHO has been working with the Ministry of Health's Health Environment Management Agency (VIHEMA) to pilot tailored solutions to mitigate the risks at three hospitals. The project has resulted in better water supplies at all three hospitals, enabling them to deliver safer health care to their communities and serve as models for other health-care facilities. The project is also helping to develop guidance on climate and water resilience for hospitals across the country.
- Efforts are underway to integrate NCD care into PHC in Viet Nam, where NCDs are responsible for 80% of deaths, yet many people live with undiagnosed and untreated conditions, and rates of NCDs have been rising dramatically. WHO has been working with the Ministry of Health and partners to support commune health stations to manage up to 80% of people with mild or moderate NCDs with nationally standardized protocols and tools. In Ho Chi Minh City, between February 2023 and January 2024, the number of hypertension patients visiting commune health stations nearly doubled; the number of diabetes patients increased nearly four times; 20% more patients had controlled blood pressure and 56% more patients had controlled blood glucose levels. With this success in Ho Chi Minh City, future plans for the initiative include expanding the model to all commune health stations across the country and integrating care for other chronic conditions such as depression, HIV/AIDS, chronic obstructive respiratory disease and asthma. This expansion will make a significant difference in bringing care closer to home and improving the quality of life for millions of people across the country.
- Efforts were also made to ensure treatment continuity for people living with HIV in Viet Nam. In 2024, the country faced challenges with the supply and procurement of prescribed antiretroviral (ARV) medicine, which protects the health of people living with HIV and prevents transmission of the virus to others. WHO, with the support of partners, arranged a donation of 65 000 bottles of ARV medications to the Ministry of Health to help minimize disruptions to treatment while longer-term procurement challenges are resolved.
- Tobacco control measures have contributed to reduced smoking in Viet Nam. To reduce high rates of smoking among men aged over 15, WHO has been working closely with the Ministry of Health

Annex 6

and other partners on tobacco control. WHO played a key role in supporting the development and implementation of the comprehensive 2012 Law on the Prevention and Control of Tobacco Harms. The law is in line with the WHO Framework Convention on Tobacco Control. Among other measures, it mandates graphic health warnings on packaging; restricts smoking in public places and workplaces; and set up the Viet Nam Tobacco Control Fund, which supports communication campaigns and a quit line. These measures have contributed to a reduction in the adult male smoking rate from 47.4% in 2010 to 41.1% in 2021, a drop of more than 13% in 11 years.

- Viet Nam reduced population salt intake with WHO support. For more than 15 years, WHO has been supporting the Government to reduce the amount of salt in people's diet. Early phases of the work included measuring sodium consumption and developing a national action plan on salt reduction. WHO supported the country's first national mass media and social media campaigns on salt reduction, which helped reduce average salt intake from 9.4 grams per day in 2015 to 8.1 grams per day in 2021 (a decrease of nearly 14%). With WHO's support, in late 2023, the Ministry of Health issued a circular requiring food products to be labelled with their ingredients, including salt. In early 2024, the Ministry issued recommendations on maximum salt levels for pre-packaged foods such as fish, fish sauce, processed meat and salty snacks.
- Innovation has been harnessed to work towards hepatitis C elimination in Viet Nam. To reach hepatitis C elimination, health systems need to bring prevention, screening and treatment to key populations, such as injecting drug users, people on methadone treatment or people living with HIV. About 80% of people with the condition are undiagnosed and therefore untreated, because of lack of awareness and a long and costly diagnosis process. WHO has been working with the Ministry of Health to pilot a point-of-care diagnostic test that delivers a result in 40 minutes and allows people to begin treatment the same day, free of charge. Early results show that 99% of people are cured after 12 weeks of treatment, improving their health and protecting those around them.
- WHO supported dengue response in Viet Nam by calling for a strong, coordinated and comprehensive strategy to address recent dengue outbreaks. In 2022, more than 360 000 cases of dengue were reported and, tragically, 140 people lost their lives. Over the medium and long term, the combined effects of climate change – warmer weather and changes in rainfall – and urbanization are likely to lead to more frequent, less predictable and possibly more severe outbreaks of dengue in the future. WHO has been working with the Government to support its dengue response, including organizing a national stakeholder meeting to discuss the dengue response strategy via a multisectoral coordination mechanism based on lessons learnt from the 2022 outbreak, and training for subnational-level health-care workers in clinical management guidance for improving patient care that was newly revised through a review of mortality data.