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Seventy-sixth session of the World Health Organization Regional Committee for the Western Pacific

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20–24 October 2025
Nadi, Fiji

WPR/RC76/DJ/2

21 October 2025

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Other information

Venue	Denarau Island Convention Centre, Sheraton Fiji Golf & Beach Resort, Denarau Island South
Document distribution	Electronic copies of all working documents and related material are available on the WHO Regional Office for the Western Pacific website. In line with WHO green-meeting practices, printed documents are available only upon request at the WHO Enquiry Desk located outside the plenary hall (next to the Internet Café).
Video streaming	The plenary sessions will be broadcast on the WHO Western Pacific Region YouTube channel and website, on the Regional Committee portal and on the WHO Events mobile app. Any member of the public can watch the proceedings on that livestream in English, French or Chinese. The broadcast also will be available at the WHO Regional Office for the Western Pacific website.
Internet access	Wireless internet access is available throughout the venue. The network name and password can be obtained from the WHO Enquiry Desk . An Internet Café is located next to the WHO Enquiry Desk outside the plenary hall. For assistance, please contact IT support staff at the Internet Café.
Rapporteurs meeting	The meeting will be held from Monday to Wednesday following the afternoon session at 17:15 in the Rewa boardroom.
Zero tolerance of harassment and sexual misconduct	WHO has a zero-tolerance policy for any form of harassment and sexual misconduct at any WHO event or WHO premises. If a participant has a concern, please speak to a member of the Secretariat. All concerns will be handled conscientiously and confidentially. Reports or complaints can also be made to the WHO Office of Internal Oversight Services at investigation@who.int.
Display area	Representatives are cordially invited to visit the display area located in the area outside the exit doors of the plenary hall. This year's exhibition, *Weaving Health Futures: A Tapestry of Innovation, Collaboration and Community*, showcases initiatives that align with the priorities of this year's session of the Regional Committee through a curated selection of posters, infographics and publications intended to inform and inspire attendees. Please consult the WHO Events mobile app for details.
Security	Please ensure your WHO meeting ID card is displayed at all times while in the hotel premises. All WHO meetings are alcohol-free events. Smoking is also prohibited.

I. PROGRAMME OF WORK (TUESDAY, 21 OCTOBER 2025)

Agenda items	**09:00–12:00**	
4	Address by the incoming Chairperson	*WPR/RC76/3*
10	Climate change and health system safety and resilience	*WPR/RC76/4*
Agenda items	**14:00–17:00**	
11	Implementing the International Health Regulations (2005) amendments	*WPR/RC76/5*
12	Oral health	*WPR/RC76/6*

II. REPORT OF MEETINGS (MONDAY, 20 OCTOBER 2025)

First meeting

Chairperson (outgoing): Honourable Vainetutai Rose Toki Brown, Minister of Health, Cook Islands

Incoming Chairperson: Honourable Dr Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Fiji

Item 1 Opening of the session

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

Item 2 Address by the outgoing Chairperson

The outgoing Chairperson thanked the Government of Fiji for graciously hosting the Regional Committee. She remarked on how the world and global health architecture have changed in the 12 months since she took on the role of Chairperson, and noted that the solidarity of Member States in the Western Pacific is to be cherished in the face of a complex and challenging landscape. She thanked the Regional Director for his leadership and said that the Region had seen remarkable progress. Last year, Member States endorsed the *Regional Action Framework for Health Financing to Achieve Universal Health Coverage and Sustainable Development in the Western Pacific*, the *Regional Action Framework on Digital Health* and the *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health.* She recalled the historic show of support to WHO during the Investment Round side event at last year's session. To date, over US$ 2 billion in pledges have been made to WHO, including US$ 12 million from 10 countries in the Western Pacific. In addition, Member States approved a 20% increase in assessed contributions at the Seventy-eighth World Health Assembly. These and other significant commitments have provided WHO with much-needed stability and greater resilience. The outgoing Chairperson thanked last year's office-bearers and the WHO Secretariat for their support and for entrusting her as the Chairperson for the seventy-fifth session.

The outgoing Chairperson then called on the Regional Director to give his opening remarks.

The Regional Director welcomed delegates to the seventy-sixth session of the Regional Committee. He drew special attention to Indonesia, the Region's newest Member State, whose representatives are attending their first meeting of the governing body. Invoking a proverb − "If you want to go fast, go alone; if you want to go far, go together" − he noted that the achievements Member States have made in the past year are a testament to what can be accomplished by working together. He went on to describe milestones achieved in the Region over the past year, including the verification of elimination of measles and rubella in the 21 Pacific island countries and areas, and the verification of rubella elimination in Japan. Fiji and Papua New Guinea have eliminated trachoma as a public health problem. Despite these victories, he urged Member States to remain vigilant to outbreaks, bearing in mind that diseases of poverty and vulnerability can only be defeated through the convergence of evidence, commitment and community.

Referring to the reprioritization and restructuring process WHO has undergone as a response to the intention of the United States of America to withdraw from the Organization and the associated loss of funding, the Regional Director described it as one of the most painful periods of his career. Difficult decisions had to be made to let go of colleagues who were part of the WHO family. Throughout the process, countries were kept at the centre. Despite having fewer resources, WHO in the Region remains committed to impact, accountability and transparency, guided by the power of collective action with Member States.

The Regional Director said that 30 years ago, a group of visionary health leaders came together and developed the Healthy Islands vision on Yanuca Island, Fiji. This vision − of a future in which children are nurtured, environments are protected and communities thrive in harmony − would be renewed and revitalized when Pacific island health ministers meet on Yanuca the day after the closing of the current session of the Regional Committee.

Quoting Cardinal Tagle of the Philippines, the Regional Director emphasized that we are all stewards offering hope, healing and humanity at every level of our systems. The mat that the Secretariat, Member States and partners will weave together will become the foundation on which the Western Pacific Region stands stronger, more united and more compassionate. He thanked the outgoing Chairperson, Vice-Chairperson and Rapporteurs from the seventy-fifth session of the Regional Committee for their heroic leadership in the past year.

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

The Regional Committee elected the following:

Chairperson: Honourable Dr Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Fiji
Vice-Chairperson: Dr Ezoe Satoshi, Senior Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare, Japan

Rapporteurs:

In Chinese: Dr Ambrose Wong Chi-hong, Principal Medical and Health Officer (Medical Device)1, Department of Health, Hong Kong SAR (China)
In English: Mrs Noresamsiah Md Hussin, Assistant Director of International Affairs, Ministry of Health, Brunei Darussalam
In French: Mr Benjamin Bechaz, Regional Counsellor for Global Health, South-East Asia, Ministry of Foreign Affairs, Bangkok, Thailand

The incoming Chairperson thanked the Regional Director and pointed out that this session of the Regional Committee is a historic one, marking the first time in a decade that the Regional Committee is being hosted by a Pacific island country. He then welcomed Indonesia to the Region and invited the Minister of Health, Indonesia, to deliver remarks.

The Minister of Health, Indonesia, expressed gratitude to the Government of Fiji and said that the Region was connected by the "bula spirit" and the recognition that all people deserve to live a healthy and dignified life. He expressed appreciation for the warm welcome extended to his country following its reassignment to the Region and emphasized his country's pride in joining the unique fabric woven of the Region's diverse countries and areas, adding that his Government looks forward to exchanging experiences within the Region.

The Minister of Health provided details of his Government's efforts to better serve the Indonesian population in line with regional priorities, in particular by engaging in health-care system reforms with a view to reaching the unreached. He described measures taken to that end, including interventions aimed at strengthening primary health care, integrating digital health services, providing free health screening and expanding hospital capacities.

Noting the resemblance between the bula shirts gifted to his delegation and the batik fabric worn in Indonesia, he said that his delegation would distribute batik shirts as a gesture of gratitude to Member States of the Region and invited all delegates to wear them on the second day of the session.

The Minister of Health said that the reassignment of Indonesia to the Region constitutes a form of collective action and regional collaboration and would help his Government to weave health across Indonesian communities, families and society. In closing, he proposed Bali, Indonesia, as the host city for the seventy-eighth session of the Regional Committee, to be held in 2027.

Item 5 Adoption of the agenda

There being no objections, the provisional agenda was adopted by the Regional Committee (WPR/RC76/1).

Item 6 Address by the Director-General

The Director-General delivered his remarks virtually, expressing regret for being unable to attend in person. He thanked the Government of Fiji for hosting the Regional Committee and for supporting the Organization, voicing his delight that the Regional Committee has returned to the Pacific islands for the first time in over a decade. He joined Member States in welcoming the reassignment of Indonesia to the Region.

The Director-General congratulated Member States on the progress made in implementing the vision set out in *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*. In particular, he took note of achievements regarding tobacco control, noncommunicable diseases, cervical cancer, neglected tropical diseases, antimicrobial resistance, and emergency preparedness and response. However, challenges remain, including the existential threat of climate change and the need to enhance health security, oral health and alcohol control. He said all of those challenges could be addressed by endorsing draft plans under consideration by the Regional Committee.

The Director-General said that, at the Seventy-eighth World Health Assembly, Member States had underscored their desire for a strong and empowered WHO. He expressed appreciation to all Member States for approving an increase in assessed contributions, which constitutes a major step towards ensuring the Organization's financial sustainability. The historic adoption of the WHO Pandemic Agreement shows how countries can come together, even in times of division, to find shared solutions to shared problems. However, the difficult circumstances have required tough decisions, including a major restructuring and a reduction in WHO staff. Despite the challenging times, he said that the current situation provides an opportunity to explore ways to do more with less and to build a more independent WHO with a sharper focus on its core mandate.

The Director-General concluded with three requests, calling on Member States to engage in negotiations on the Pathogens Access and Benefit Sharing (PABS) system annex to the WHO Pandemic Agreement in advance of the Seventy-ninth World Health Assembly; to generate financing for health, improve efficiency and increase self-reliance, with the Secretariat's support, for a future free of aid dependency; and to work with the Secretariat to build a stronger, more independent and empowered WHO that could better serve all countries. The Director-General said he looked forward to continuing to work with Member States to promote health in the Region and elsewhere.

Item 7 Address by and Report of the Regional Director

The Regional Director introduced the *Report of the Regional Director* covering the work of WHO in the Western Pacific Region from 1 July 2024 to 30 June 2025. He emphasized that the Report is not just a record of activities but a reflection of the committed, courageous and collaborative leadership of Member States. In the face of climate change and a world where emergencies are constant – known as a state of permacrisis – health remains the foundation of peace, prosperity and survival. While financial constraints have been exacerbated by the withdrawal of key donors and shifting global priorities, these challenges open the possibility towards greater national ownership of health agendas, self-reliance and South−South collaboration.

The report reflects the first full year of implementing the regional vision endorsed by Member States at last year's session of the Regional Committee. The five vertical strands, or action areas, of the vision have helped organize the collective vision, and the three horizontal strands have strengthened the ability of WHO in the Region to support Member States. The Regional Director emphasized that what cannot be measured cannot be managed. Therefore, the Report this year will include baseline data for 10 of the 18 Delivery for Impact indicators reported country by country, as well as comparative country profiles drawn from authoritative sources.

The Regional Director highlighted the achievements of individual countries and areas for each vertical strand, including several climate resilience projects in the Pacific supported by the Korea International Cooperation Agency. With the help of several Member States, many countries also successfully conducted their International Health Regulations (IHR) Joint External Evaluations − or JEEs, leveraged their JEE findings and were successfully awarded grants from the WHO Pandemic Fund worth US$ 65 million.

Moving on to current challenges, the Regional Director highlighted tobacco control as a continuing regional priority, along with alcohol and unhealthy diets as "the next frontier" to be tackled. Alcohol is a key agenda item at this year's meeting. He also noted that mental health is finally receiving the attention it deserves.

Looking ahead, the Regional Director said there is a need to focus on areas that will deliver the greatest impact: immunization, hypertension control, tobacco- and alcohol-related morbidity, oral health, healthy ageing, safe water in health-care facilities, emergency preparedness and accelerating the use of AI and digital technology to bridge gaps.

Health for All is the foundation of WHO's mandate in the Region and globally, and health is a human right. The Regional Director thanked Member States for their leadership, partnership and unwavering commitment to Health for All. He invited Member States to continue the journey towards health with WHO, closing with an inspirational quote: "Weaving health is not about perfect threads − it's about the strength of the weave. And when we weave together, we create a fabric strong enough to carry generations".

Following the Report of the Regional Director, several countries were recognized for their achievements in eliminating specific diseases as public health threats: Fiji and Papua New Guinea for verification of the elimination of trachoma; Japan for verification of the elimination of rubella; and the 21 Pacific island countries for verification of the elimination of measles and rubella.

Interventions were made by the representatives of the following Member States (in order): the Philippines, France, the Republic of Korea, Japan and Brunei Darussalam.

Second meeting

Chairperson: Honourable Dr Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Fiji

Item 7 Address by and Report of the Regional Director (continuation)

In continuation, interventions were made by the representatives of the following Member States (in order): New Zealand, Cambodia, Hong Kong SAR (China), Fiji, Australia, China, Mongolia, Cook Islands, Viet Nam, Malaysia, Singapore, Papua New Guinea, the Federated States of Micronesia, Indonesia, Tonga, the United Kingdom of Great Britain and Northern Ireland and New Caledonia.

A statement was also made by a representative from the Joint United Nations Programme on HIV/AIDS.

Member States thanked the Government of Fiji for hosting the session and expressed their support and appreciation for the Regional Director and his Report.

In responding to interventions, the Regional Director expressed his appreciation to all Member States for their support for the regional vision and their warm welcome to Indonesia. Their collective endorsement of shared priorities, emphasis on strategic investment, commitment to multisectoral collaboration, and continued partnership and leadership promised to take the Region far and fast.

Item 8.1 Programme Budget 2024–2025: budget performance (interim report)
Item 8.2 Programme Budget 2026–2027

The Director, Programme Management, introduced the agenda item, which began with a discussion of the interim report on the Programme Budget 2024−2025 and then considered the Programme Budget 2026–2027. She pointed out that while the interim report focused on performance and utilization

from 1 January 2024 to 30 June 2025 by strategic priorities and outcomes, budget centres and categories of expenditures**,** total utilization of funds as of 30 September 2025 amounted to US$ 265 million, or 82% of available resources, which is projected to rise to 96% by the end of the biennium.

She also noted that a detailed breakdown of achievements against expected results over the first year of the biennium for countries and areas in the Region, as well as a regional overview of achievements against expected results, are included as part of the interim report and can also be found in the *WHO Results Report 2024* available on the Regional Office webpage.

In addition, she noted that all internal and external audit recommendations have been fully implemented or are proposed for closure, including the latest audit report on the Office of the WHO Representative to Mongolia, issued in August 2025, demonstrating the Secretariat's strong commitment to transparency, accountability and effective use of resources.

With regard to the impact of the intention of the United States of America to withdraw from the Organization, she noted that projected funding for the base segment of the Programme Budget 2024–2025 has fallen by US$ 25 million, from US$ 324 million to US$ 299 million, leading to a reduction in voluntary contributions and flexible funding. She noted that eight task forces have been formed – made up of senior managers from the Regional Office and country offices – to navigate the new budget landscape.

The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, then joined the meeting virtually to review the global Programme Budget 2026–2027, which includes a 9% decrease to US$ 4.2 billion from an initially planned US$ 4.9 billion. The leaner budget, he said, reflects not only the intention of the United States of America and Argentina to withdraw from the Organization, but also the rapidly evolving global financing environment. The new budget realities led to a reduction in budget allocations for major offices, including a 23% decline for WHO headquarters, 15% declines for the Regional Offices for Europe and the Western Pacific and 14% declines for the other four regional offices. Development of the global Programme Budget 2026–2027 was guided by a budget process that looked at programmes and initiatives that must be safeguarded, such as WHO's core leadership in norms and standards, as well as its convening power and coordination of the global health security architecture; programmes and initiatives that could be scaled down or delayed; and those that could be sunsetted.

He noted that the gap in projected financing for the base segment of the Programme Budget 2026–2027 is decreasing and currently stands at US$ 1.3 billion, with around 70% of the base segment financed at this point in time.

Turning back to the impact on the Western Pacific Region, the Director, Programme Management, explained that US$ 33.4 million of the base segment was shifted from the South-East Asia Region to the Western Pacific Region in the Programme Budget 2026–2027 due to the reassignment of Indonesia to the Western Pacific Region. As a result, the total base budget allocation to the Region for the 2026–2027 biennium now stands at US$ 380.6 million compared with US$ 408.1 million in 2024–2025. She noted, however, that expected funding for the base budget is projected at US$ 306.2 million, or 80% of the required amount.

She described how the Regional Office and country offices in the Region worked together to review and identify priorities within the reduced budget envelope, keeping WHO support focused on country-level impact, including for immunization and communicable disease control.

Citing the bottom-up prioritization approach, she shared 11 priorities from the WHO Fourteenth General Programme of Work, 2025–2028 that also align with the regional vision, and that were used to set budget priorities. She said that 70% of the budget for the Regional Office and WHO country offices in the new biennium would be targeted to those 11 high-priority technical outputs, while the remaining budget would be allocated to other needs and priorities in countries and the Regional Office.

She noted that, despite the new budget realities, the share of the base segment devoted to WHO country offices in the Region will rise to 68% in the next biennium from 62% in the current biennium. However, the estimated base budget for human resources will fall to US$ 193 million in the next biennium compared to US$ 213 million in the current biennium, a decrease of 9.4%. Despite those challenges, prudent budget and human resources management in the Region have kept staffing fairly consistent over the past decade, and efforts to rebuild staff following the COVID-19 pandemic now face serious budget constraints.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Mongolia, Japan, Australia, New Zealand, China, Fiji, Viet Nam, the Republic of Korea and Malaysia.

The Director, Programme Management, thanked Member States for their interventions, which showed that regional budget priorities are aligned with country priorities, and said the Secretariat would further examine the underutilization of resources in some country offices. She noted that the Project Management Group had been supporting offices to facilitate accelerated implementation and prevent any high-value funds from expiring. As for staffing, she explained the Region had just concluded restructuring that reduced five technical departments into four and reallocated some staff into a new cluster focusing on health promotion and disease prevention and control. Detailed operational planning on these matters and others will be carried out next month, after which detailed information will be shared.

The Director said a bottom-up prioritization process had identified 11 high-level priorities among 30 technical outputs at the country level. While responding to a specific query on sexual and reproductive health, she said work on this issue would be further prioritized at the country level based on the country-specific context, country priorities and expectations for WHO, with an eye to the Organization’s comparative advantage at the country level.

She noted the value of ensuring that risk mapping is integrated into operational planning. She acknowledged that risk exposures related to underfunding are particularly acute in the areas of immunization and communicable diseases. These areas were severely affected by the issuance of stop orders of funding from the United States of America and must be protected to achieve health security, requiring focused resource mobilization efforts with an estimated additional requirement of US$ 30 million annually. She thanked China for recommending that Member States increase their funding for WHO. She also thanked Member States for the increase in Assessed Contributions.

The Director, Programme Management, acknowledged that the Secretariat is aware of imbalances in the make-up of staff, with measures being taken to address imbalances during staffing decisions necessitated by restructuring and the prioritization process. She noted that equity has been taken into consideration during prioritization, and allocation of resource exercises to address chronically underfunded countries and programmes has been done.

The Director, Finance and Administration, addressing interventions on internal controls, staffing and support to countries, said policies in the Western Pacific Region align with the WHO Fourteenth General Programme of Work and are focused on human resources, differentiated country support and the use of digital technology. He noted that the Regional Office had established a Solutions Lab that embraces new technologies to streamline operations, build capacity in project management and develop business intelligence tools to better measure efficiency. On internal controls and audits, he reiterated that the Regional Office is committed to closing all audit recommendations within 12 months − a goal the Regional Office achieved this year. Regarding under-representation of countries in WHO staff positions**,** he said that through the "Go WHO" programme the Regional Office is working with universities and coaching mid-career individuals to strengthen capacity and increase opportunities.

In response to specific queries on budget execution, the Budget and Finance Officer noted that utilization had reached 82% as of 30 September and was expected to close the biennium at 96–97%. Concerning audits, he noted that the Organization has a four-tier audit rating system, and that audits of the country offices in Mongolia and the Philippines had received the second-highest rating − partially satisfactory − with some improvements required. He also reiterated that none of the operational controls assessed in these audits resulted in high residual risk, noting that the Region is continuously reviewing root causes to take necessary actions to mitigate occurrences.

Concerning the higher allocation of funding for some outcomes, he clarified that these findings were part of an internal report, and necessary corrections would be applied – taking into consideration a 20% shift of budget allocations between outcomes within strategic priorities. Regarding the salary gap, he stated that regular reviews were being conducted and the current salary gap has been reduced to US$ 1.1 million, which will be further monitored through the end of the year.

As to some outcomes being underfinanced, the Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said the majority of resources remain earmarked, which severely limits the ability to strategically allocate funds, as strategic allocation primarily relies on flexible resources.

As for monitoring indicators, he updated Members States, noting that the final list of output indicators with baselines and targets will be presented to the Executive Board in January 2026.

III. OTHER MEETINGS

Tuesday, 21 October 2025

12:50–13:40 WHO Pandemic Agreement (Denarau Island Convention Centre)

Wednesday, 22 October 2025

12:50–13:40 HIV and substance abuse (Denarau Island Convention Centre)

Thursday, 23 October 2025

12:50–13:40 Climate-resilient health systems (Denarau Island Convention Centre)