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Contents				
I.	Programme of work	2		
II.	Report of meetings	2		
III.	Other meetings	6		
Other inforr	nation			
Venue	Denarau Island Co	nvention 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	and website, on the of the public can w	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.		
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Rapporteur meeting		The meeting will be held from Monday to Wednesday following the afternoon session at 17:19 in the Rewa boardroom.		
Zero tolerance of harassment and sexual misconduct	f WHO event or WH the Secretariat. All complaints can a	WHO has a zero-tolerance policy for any form of harassment and sexual misconduct at ar WHO event or WHO premises. If a participant has a concern, please speak to a member the Secretariat. All concerns will be handled conscientiously and confidentially. Reports complaints can also be made to the WHO Office of Internal Oversight Services investigation@who.int.		
Display are	a Representatives ar	Representatives are cordially invited to visit the display area located in the area outside the ex		

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 (WEDNESDAY, 21 OCTOBER 2025)

Agenda items	09:00–12:00	
13	Alcohol control	WPR/RC76/7
15	Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee 15.1 Agenda for the seventy-seventh session of the Regional Committee	WPR/RC76/9
Agenda items	14:00–17:00	
15	Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee 15.2 The work of WHO in countries 15.3 Regional membership in the Executive Board 15.4 Items recommended by the World Health Assembly and the Executive Board	WPR/RC76/9

II. REPORT OF MEETINGS (TUESDAY, 21 OCTOBER 2025)

Third meeting

Chairperson:

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

Item 4 Address by the incoming Chairperson

The incoming Chairperson thanked Member States for their trust and confidence in electing him to chair the seventy-sixth session of the Regional Committee. He expressed gratitude to the incoming Vice-Chairperson and rapporteurs, as well as the office-bearers and Chairperson of the previous session, who had done an outstanding job. He expressed strong commitment to steering the Regional Committee through the challenging year ahead. He pointed out that the beauty and strength of the Western Pacific Region lies in its diversity but noted that countries and areas also share many challenges and opportunities. He welcomed Member States to his home, Fiji, and described the concept of veiwekani - a deep sense of relationship and connection with one another - which embodies the spirit of solidarity and care that underpins the Pacific approach to health and community resilience. He reminded Member States of the important topics that would be tackled in the week ahead and the urgent need to take action. He saluted all health-care workers and public health leaders in the Western Pacific, describing their resilience and dedication as the true backbone of the Region's health systems. He likened the Western Pacific Region to a great coconut tree, with the different countries and health systems resembling the different parts of the tree, together forming one living, interdependent and vital system. In closing, the Chairperson took a moment to mark the celebration of *Diwali*, the festival of lights, and encouraged everyone to be a light - a source of guidance, hope and inspiration in advancing the health and well-being of all.

Item 10 Climate change and health system safety and resilience

The Regional Director, opening the agenda item, said that the Regional Committee's endorsement of the draft *Western Pacific Regional Implementation of the Global Action Plan on Climate Change and Health* would be an important step towards addressing the substantial threat to health from climate change. He highlighted the various effects of climate change in the Region, noting in particular the impact of extraordinary bushfires in Australia in 2019 and 2020 and the *dzud* that occurred in Mongolia last year. Some 62% of health facilities in Pacific island countries and areas are located within 500 metres of coastlines, leaving them highly vulnerable to climate hazards, especially in the light of rising sea surface temperatures and sea levels. The United Nations Secretary-General has described this unprecedented challenge as "an SOS on sea-level rise".

The Regional Director said that the regional implementation plan, developed in consultation with Member States, aims to promote health sector leadership by positioning health systems as part of the climate solution and to foster country-led action to develop climate-resilient health systems. The plan also sets priorities for action at the policy and operational levels, proposes measurable targets, and outlines indicators to monitor progress towards resilient, low-carbon and sustainable health systems and facilities. Opportunities for accelerated action by Member States include centring health in national climate policies and plans; joining the WHO-led Alliance for Transformative Action on Climate and Health (ATACH); safeguarding and empowering the health workforce; enhancing surveillance and early warning systems; ensuring safe water, sanitation and hygiene in health-care facilities; leveraging financing mechanisms; and strengthening urban and community resilience.

A video on climate change and health system safety and resilience was presented.

Interventions were made by the representatives of the following Member States (in order): Singapore, Malaysia, Viet Nam, Australia, the Philippines, Brunei Darussalam, Mongolia, Solomon Islands and Kiribati, Indonesia, Papua New Guinea, the Republic of Korea, Japan, France, New Zealand, Tuvalu, New Caledonia, USA Territories (Commonwealth of the Northern Mariana Islands), China, Hong Kong SAR (China), the Federated States of Micronesia, Marshall Islands, Fiji, Tonga, Vanuatu and Palau.

Remarks were offered on behalf of the World Organization of Family Doctors and the International Pharmaceutical Federation

Member States expressed strong support for the draft regional implementation plan as a practical tool for accelerating the Global action plan on climate change and health (2025-2028), emphasizing the urgency of strengthening health systems' readiness in the face of accelerating climate impacts. Several countries said that climate change is already threatening communities and infrastructure, with changing weather patterns and natural hazards disrupting food systems and health services. A number of countries outlined efforts aimed at building climate-resilient health systems, including incorporating climate and health into national strategies; leveraging digital solutions and data to better understand climate-linked health risks and track progress; and taking concrete actions aligned with the climate-resilient and environmentally sustainable health-care facilities (CRESHCF) framework. Countries also underscored the importance of regional solidarity and innovation in advancing implementation, including through cross-sectoral partnerships and regional platforms for knowledge exchange. Member States called for continued WHO support in capacity-building, climate financing and technical cooperation to ensure no country is left behind in protecting health from the impacts of climate change.

The Director, Asia-Pacific Centre for Environment and Health for the Western Pacific Region, thanked Member States for their contributions and continued commitment, and reiterated the importance of strengthening monitoring and evaluation mechanisms to ensure effective implementation and accountability. He expressed appreciation to the Republic of Korea for its generous and continued support for the regional work on climate change, environment and health.

In responding to interventions, the Director, Programme Management, highlighted the importance of strengthening context-specific indicators, noting that the Secretariat currently tracks quantitative measures such as access to safe water in health facilities. She emphasized the need to consider health, food systems, and urban and island settings as articulated in the *Strategic Plan for the WHO Asia-Pacific Centre for Environment and Health (2025–2030)*. She noted the implications of sea-level rises on displacement and suggested leveraging insights from the Lancet Commission on Sea-Level Rise, Health and Justice. She also stressed the value of integrating meteorology with health data, especially from an environmental health perspective, to better understand climate-linked health impacts such as heat-related risks.

The Chairperson requested the Rapporteurs to draft an appropriate resolution.

Fourth meeting

Chairperson:

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

Item 11 Implementing the International Health Regulations (2005) amendments

The Regional Director introduced the agenda item on implementing the recent amendments to the International Health Regulations (2005), or IHR. He recalled that Member States worked with unprecedented resolve to strengthen the global health security architecture following the COVID-19 pandemic, developing and negotiating two landmark agreements – one in 2024 adopting amendments to IHR and the other earlier this year endorsing the WHO Pandemic Agreement.

The Regional Director noted that the IHR amendments, which began to enter into force on 19 September 2025, introduce important new obligations for States Parties, including the designation of a National IHR Authority and the enhancement of multisectoral capacities for health security. Together with the WHO Pandemic Agreement, these provide an opportunity to reinforce preparedness, equity and solidarity across the Western Pacific Region. To support this work, the Regional Committee was asked to consider the draft regional plan – *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region* – for endorsement.

A brief video was presented highlighting the increasingly critical role of health security and the need to fully implement the 2024 IHR amendments.

Interventions were made by the representatives of the following Member States (in order): Singapore, Malaysia, the Philippines, Solomon Islands, Indonesia, the Republic of Korea, Brunei Darussalam, Cambodia, New

Caledonia, Papua New Guinea, Australia, Viet Nam, China, Marshall Islands, Japan, Hong Kong SAR (China), the Federated States of Micronesia and Fiji.

Remarks in support of full implementation of the IHR amendments were offered on behalf of the International Council of Nurses and the International Federation of Pharmaceutical Manufacturers and Associations.

The Regional Emergency Director, WHO Health Emergencies Programme, thanked Member States and delegates for their strong engagement and support for the draft regional plan *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region.* She recognized the Region's long-standing leadership in health security and commended the many countries already advancing implementation of the IHR amendments – including through the designation of National IHR Authorities, the revision of pandemic plans and the strengthening of multisectoral coordination using a One Health approach.

The Regional Emergency Director welcomed the recommendations of Member States to further strengthen regional readiness, including through early warning and response systems, digital solutions, and tailored technical support based on national contexts and needs. She reaffirmed the national prerogative of each State Party to implement IHR, in line with its own legal, administrative and public health structures, while fostering collaboration and mutual accountability to safeguard collective security.

Acknowledging the diversity of the Western Pacific Region, the Regional Emergency Director affirmed that future actions would take into account differing capacities, priorities and governance structures, ensuring that implementation remains country-led and context-specific. She also welcomed the strong call for enhanced collaboration and mutual accountability among Member States to safeguard collective health security.

Finally, the Regional Emergency Director confirmed that these inputs will guide upcoming consultations with Member States to assess the regional landscape and advance operational readiness initiatives. She expressed appreciation for the continued commitment and solidarity of Member States in moving this body of work forward together.

The Director, Programme Management, reflected on the criticality of multisectoral engagement as a necessary prerequisite to advance health security and system resilience. She recognized the nexus and need for coherent coordination between systems that strengthen climate resilience and IHR implementation. She noted the role of the Secretariat in supporting Member States in this endeavour, acknowledging the differing contexts, populations and resource constraints.

The Chairperson requested the Rapporteurs to draft an appropriate resolution.

Item 12 Oral health

The Regional Director introduced the agenda item on oral health, noting that oral diseases are the most common noncommunicable diseases in the Western Pacific Region, affecting over 40% of the population. Following the adoption of the *Global strategy and action plan on oral health 2023–2030* by the World Health Assembly, Member States in the Region were asked to take action on oral health in three priority areas: the integration of oral health into primary health care; the promotion of lifelong oral health; and strengthening governance and research for oral health, including the development of national policies and strategies. WHO in the Region consulted with Member States and other stakeholders to develop the draft *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*. This plan is aligned with the *Bangkok Declaration* on oral health and the

regional vision – Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029).

A video on strengthening oral health for achieving universal health coverage was presented.

Interventions were made by the representatives of the following Member States (in order): China, Japan, Viet Nam, New Caledonia, Vanuatu, Solomon Islands, Palau, Malaysia, Hong Kong SAR (China), Tonga, the Republic of Korea, France, Cambodia, USA Territories (Commonwealth of the Northern Mariana Islands), Papua New Guinea, the Philippines, Fiji, Marshall Islands and the Federated States of Micronesia.

Statements were made in support of the resolution by the World Dental Federation and the International Association for Dental Research, and the Global Self-Care Foundation.

Member States reaffirmed their commitment to sharing experiences and cooperating regionally, with the Secretariat facilitating knowledge exchange and technical collaboration. Delegates also noted various efforts on initial field testing of the WHO Primary Health Care Oral Health Training Toolkit to embed essential services in primary health care, inclusion of preventive oral health services in national insurance programmes, and a focus on building the capacity of primary health-care workers. They highlighted the integration of oral health into noncommunicable disease prevention efforts, such as tobacco control, sugar taxes and nutrition labelling, alongside community-based, cross-sectoral and lifelong health promotion approaches. Several interventions highlighted efforts to integrate oral health indicators into national health surveys and information systems to strengthen data-driven and equitable decision-making.

The Director, Healthy Environments and Populations, thanked Member States for their thoughtful interventions and strong support for the draft regional implementation plan. He acknowledged reports that many countries and areas have developed national plans and policies integrating oral health into existing health systems, including through actions involving primary health care, capacity-building, outreach to remote populations, school health, and the use of digital tools such as artificial intelligence (AI) to improve equitable access.

In closing, the Director noted next steps to implement the regional oral health plan through technical guidance, collaboration and knowledge exchange, and regular progress reporting. He reiterated that together we can ensure that oral health is a core component of primary health care, health promotion and capacity-building efforts so that everyone can eat, speak and smile for life.

The Chairperson requested the Rapporteurs to draft an appropriate resolution.

III. OTHER MEETINGS

Wednesday, 22 October 2025

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

Thursday, 23 October 2025

13:00–13:50 Climate-resilient health systems (Denarau Island Convention Centre)