WESTERN PACIFIC REGION

World Health Organization

JOURNAL

Issued in English, French and Chinese

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

Available online: https://www.who.int/westernpacific/about/governance/regional-committee/session-76/

20–24 October 2025
Nadi, Fiji

WPR/RC76/DJ/4

23 October 2025

Contents

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.
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 (THURSDAY, 23 OCTOBER 2025)

Agenda items	09:00–12:00	
9	Expert speaker: *Shifting mental health care to address global challenges*	*RC76/INF/2*
14	Technical discussions 14.2 Hypertension control 14.3 Safer surgery (time permitting)	*WPR/RC76/8*
	14:00–17:00 *Field visit to health facilities*	

Consideration of draft resolutions

Climate change and health system safety and resilience	WPR/RC76/Conference Paper No. 1 (draft resolution)
Implementing the International Health Regulations (2005) amendments	WPR/RC76/Conference Paper No. 2 (draft resolution)
Oral health	WPR/RC76/Conference Paper No. 3 (draft resolution)
Alcohol control	WPR/RC76/Conference Paper No. 4 (draft resolution)

Please note: The draft resolutions are posted as conference papers on the Regional Committee SharePoint portal. Any amendments should be submitted in writing to wprorcm@who.int using specific language. These conference papers will be considered for adoption as the first agenda item of the morning session.

II. REPORT OF MEETINGS (WEDNESDAY, 22 OCTOBER 2025)

Fifth meeting

Vice-Chairperson: Dr Ezoe Satoshi, Senior Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare, Japan

Item 13 Alcohol control

The Regional Director opened the agenda item, noting that alcohol use remains a major health and development challenge in the Region, causing nearly half a million deaths each year. He said that despite a decline in alcohol use during the COVID-19 pandemic, forecasts indicate a rebound to pre-pandemic levels without stronger regulatory action. He said implementation of the WHO *Global alcohol action plan 2022–2030* is uneven, with industry interference a major barrier. He called for urgent regional action to mitigate

alcohol harm and achieve the global target of a 20% reduction in per capita consumption by 2030 compared to 2010 levels.

Alcohol use contributes to more than 200 diseases and conditions, he said, with alcohol-related harm taking a heavy toll on health, productivity and society – disproportionately affecting young people, women, Indigenous people and economically disadvantaged groups, deepening inequities.

The draft *Accelerating Implementation of the WHO Global Alcohol Action Plan 2022−2030 in the Western Pacific Region* was developed in consultation with Member States and other stakeholders. It highlights alcohol consumption trends and related harms, calls for accelerated action to address them in line with country contexts, and suggests ways to integrate alcohol control into the broader health and development agenda. It also encourages Member States to fully implement the alcohol policy options in the WHO SAFER technical package and to raise public awareness of alcohol harms and the benefits of effective, evidence-based policies.

A video on alcohol-related harms and alcohol control was presented.

Interventions were made by the representatives of the following Member States (in order): Solomon Islands, China, New Caledonia, the Republic of Korea, Japan, Viet Nam, Mongolia, Cambodia, Marshall Islands, Hong Kong SAR (China), the Philippines, the Federated States of Micronesia, Fiji, Malaysia, New Zealand, Papua New Guinea and Kiribati.

Statements were made by Vital Strategies and Movendi International.

Member States expressed strong commitment to accelerating implementation of the *Global alcohol action plan 2022–2030* through coordinated national and regional action. They recognized alcohol use as a major public health and social challenge contributing to noncommunicable diseases, injuries, mental health conditions, violence and inequality. Delegations highlighted efforts to strengthen alcohol control in line with the WHO SAFER technical package, including increasing excise taxes to reduce affordability, limiting availability through stricter licensing and age restrictions, comprehensively regulating alcohol marketing and enforcing stronger drink−driving laws.

Many countries reported integrating alcohol prevention and treatment into primary health care and mental health services. Member States called for continued WHO support in strengthening legislation, taxation, enforcement and surveillance; enhancing community engagement; and addressing commercial influence. Collaboration with finance, transport, police and education ministries, as well as partnerships with civil society and youth organizations, were identified as a strategy for policy change.

In responding to Member State interventions, the Director, Healthy Environments and Populations, thanked countries for their strong commitment to reducing alcohol-related harm and reaffirmed WHO's continued support as Member States accelerate implementation of the *Global alcohol action plan 2022–2030*. The Director recognized Member States' efforts and commitment to strengthening alcohol control through taxation, comprehensive marketing restrictions and reduced availability. The Director reaffirmed that WHO will continue to provide tailored technical and legal assistance, together with support for improving implementation and enforcement. The Director emphasized the importance of raising public awareness and shifting social norms around alcohol use to support effective policy implementation. He highlighted the importance of ongoing collaboration across sectors and with civil society, academia and community leaders to foster community engagement and advocacy for evidence-based measures. Lastly, he

underscored WHO's role in facilitating regional knowledge-sharing and peer learning to accelerate collective progress.

The Director, Programme Management, noted the importance of comprehensive approaches to alcohol control and the need to remain aware of industry interference when developing alcohol policy, particularly related to taxation. She cited the effectiveness of providing brief advice and motivational interviewing in primary health care and emergency room settings. In closing, she highlighted framing arguments for policies that specifically address the damage alcohol does to brain development in adolescents.

The Chairperson requested the Rapporteurs to draft an appropriate resolution.

Item 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

The Executive Officer, Division of Programme Management, introduced the item on the agenda for the seventy-seventh session of the Regional Committee. Since 2015, an agenda development process has been included at each session of the Regional Committee allowing Member States to identify key technical agenda items for the following year. The Secretariat proposed three items guided by *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)* and the focus on adapting global guidance to the regional context: immunization, hypertension control and tobacco control.

Interventions were made by the representatives of the following Member States (in order): Japan, Tonga, Vanuatu and Malaysia.

Member States expressed appreciation to the Secretariat for proposing the three priority agenda items. They further supported an emphasis on effective risk communication for immunization and advocated positioning hypertension as an entry point for noncommunicable diseases (NCDs). A suggestion was made to expand immunization initiatives to include maternal and child health. It was also suggested that primary health care be considered as a main topic, with integration of the wider NCD agenda, including mental health. Other suggestions included sharing of best practices on implementation of 2024 amendments to the International Health Regulations (IHR) and the WHO Pandemic Agreement. There was also a suggestion to discuss and share experiences on health, social media and digital exposure. Collectively, there was consensus to take forward immunization, hypertension control and tobacco control as main agenda items for next year's session of the Regional Committee.

The Director, Programme Management, thanked the delegates for their support for the topics proposed by the Secretariat. The Secretariat will examine all submitted suggestions for inclusion and will continue to accept suggestions up to the time of the Executive Board meeting in February 2026.

Item 15 Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee
15.3 Regional membership in the Executive Board

The Minister of Health, Brunei Darussalam, speaking in his capacity as Chairperson of the Informal Working Group established to discuss the allocation of the Region's Executive Board seats, presented the working group's progress report. He explained that the working group was formed in response to a 2023 request by the Regional Committee to develop a fair

formula for seat distribution. After the reassignment of Indonesia to the Region, the group convened for the first time in August 2025, agreeing to maintain current practices for the 2026 seat allocation, to deliver a progress report to the Regional Committee, and to request the Secretariat to produce a paper outlining historical and comparative practices. In a second meeting on 20 October 2025, the working group reviewed a paper prepared by the Secretariat based on the working group's collective discussions. He encouraged Member States to submit, by 1 December 2025, proposals to be analysed by the Secretariat, together with other ideas including those in the paper prepared by the Secretariat, to inform further discussion. Future meetings are planned in advance of an anticipated final resolution in 2026.

Interventions were made by the representatives of the following Member States (in order): the Philippines, New Zealand, Japan, Mongolia, China, Niue and Solomon Islands.

In responding to the interventions made by Member States, the Executive Officer, Office of the Regional Director, said that the Secretariat took note of all interventions made by Member States and will endeavour to provide an analysis paper taking into account all current and future proposals received on or before 1 December 2025.

Item 15 Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee
15.4 Items recommended by the World Health Assembly and the Executive Board

The Executive Officer, Division of Programme Management, introducing the item, invited representatives of interested Member States to respond to seven items referred to the regional committees by the World Health Assembly and the Executive Board. The items included: 1) strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards; 2) the interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel; 3) antimicrobial resistance; 4) an extension of the *Global strategy on digital health 2020–2025*; 5) rare diseases as a global health priority for equity and inclusion; 6) skin diseases as a global public health priority; and 7) galvanizing global support for a lead-free future. She requested that Member State representatives direct their comments on these items to the corresponding global and regional focal points for each item, which are listed in the working document for the agenda item.

Item 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

The Director, Programme Management, opened the agenda item, which presents snapshots of WHO work across the Region, offering an opportunity to reflect on progress and the impact of the Organization's work at the country level. She said that the various strands of the Region's new vision will be at the forefront of collaborative and innovative efforts to accelerate progress towards health for all. She noted that WHO is responding to evolving challenges in the Region by employing innovative ways of working to maximize and sustain the benefits of collaborative work.

The Coordinator, Country Support Unit, acknowledged all WHO representatives, country liaison officers and their teams for their dedication to ensuring results. He then introduced a series of presentations containing stories and examples of noteworthy progress in the Region.

The WHO Representative to the South Pacific and Director, Pacific Technical Support, thanked all ministries of health and partners across the Pacific for their ongoing close collaboration. He noted that over the past year, the WHO Representative Office in the South Pacific has scaled up support and innovation to implement a wide range of projects and activities in areas such as disease outbreak response, health-care facility refurbishment, community engagement and collaboration with ministries of health.

The Assistant Minister for Health and Medical Services, Fiji, said that the Fiji Emergency Medical Assistance Team (FEMAT) has maintained its classification as a Type 1 Fixed Emergency Medical Team, enabling it to continue responding to national and cross-border emergencies and providing health services during major national events. He expressed gratitude to the Korea International Cooperation Agency for its support, describing key outcomes of a project to respond to climate change in Fiji, and said that major investments in water and food testing capacity have allowed quicker detection of outbreaks of climate-sensitive diseases.

The Minister of Health and Social Welfare, Tuvalu, said that significant progress has been made in addressing the NCD burden in his country through health policy development. He expressed appreciation for WHO support in conducting research into NCD risk factors; reviewing the Tuvalu Overseas Medical Referral Scheme, human resource development and health information system innovations; and implementing a project aimed at enhancing health system capacities to manage climate-related health risks.

The WHO Representative to Samoa, American Samoa, Cook Islands, Niue and Tokelau said that the Yanuca Island Declaration, which launched the Healthy Islands vision, has shaped health and development across the Pacific for 30 years, with Pacific island countries and areas integrating it into national health plans, community programmes and cross-sectoral initiatives in close collaboration with WHO.

The Secretary of Health, Cook Islands, said that the Healthy Islands vision has guided health improvements throughout his country, helping to build a stronger health system through community engagement. Thanks to community-led efforts, four island communities have declared themselves “smoke-free islands”. His country remains committed to advancing the Healthy Islands vision as a whole-of-society movement to protect its people, especially during the first 1000 days of life.

A video on the impact of the Healthy Islands vision in Cook Islands was presented, followed by a video on the collaboration between WHO and the Philippines.

The Secretary of Health, Philippines, expressed appreciation to WHO for its unwavering partnership in strengthening health systems and supporting Member States in improving health outcomes in the Region. WHO support in establishing platforms for coordinating foreign-assisted health projects is helping to ensure that all health investments are evidence-based, efficient and aligned with the goals of universal health coverage. He expressed gratitude for WHO’s consistent engagement in strengthening health workforce cooperation across the Region. The growing role of the Philippines in regional and global health is proof that sustained collaboration, mutual learning and collective action can transform health systems and lives.

The acting WHO Representative to Papua New Guinea, describing the challenges posed by neglected tropical diseases (NTDs) in the country, said that NTD services are being integrated into primary health care using a community-centred approach, and cross-border collaboration is being enhanced. The progress achieved in Papua New Guinea demonstrates the

impact of strong leadership, community engagement and partner support. Unwavering political will and sustained investment are required to eliminate NTDs and achieve the relevant global targets.

The Minister for Health, Papua New Guinea, said that concerted action has been taken to strengthen the national health system, train health-care workers and expand services to the country's remote villages. He noted that WHO has driven NTD elimination efforts in Papua New Guinea for many decades, helping to achieve milestones such as the elimination of trachoma as a public health problem this year. Progress is being made in eliminating other NTDs through mass drug administrations and disease management, and a national strategic plan for NTDs has been developed. He acknowledged the leadership and commitment of WHO and partners and called for continued investment in NTD elimination.

A video on the fight against NTDs in Papua New Guinea was presented.

Sixth meeting

Vice-Chairperson: Dr Ezoe Satoshi, Senior Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare, Japan

Item 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 (continuation)

A representative from the Federated States of Micronesia Permanent Mission in Suva described the challenges posed by the NCD burden in her country and explained how NCD services are being integrated into primary health care. The Government is working to support remote island communities, including by expanding telemedicine platforms to connect patients with specialists in urban centres. Future collaboration in this area could strengthen digital health infrastructure and help to reach underserved communities. With WHO support, her country is investing in training, workforce expansion and talent retention to ensure that all communities have access to skilled health-care professionals. However, she stressed that progress is only possible through strong partnerships; WHO's continued collaboration would therefore be crucial in strengthening health systems, addressing the growing NCD burden and ensuring that remote communities are not left behind.

A representative from the Ministry of Health, Indonesia, provided an overview of recent efforts to build a stronger, more resilient national health system. A series of "quick-win" initiatives have been rolled out, including a programme offering free health screening to all Indonesians; a hospital upgrade intervention aimed at expanding access to comprehensive health services; and a campaign to improve tuberculosis detection, immunization and treatment rates. WHO has played an essential role in supporting those efforts, and her Government was proud of its continued collaboration with the Organization, including the recent designation of the Ministry of Health Polytechnic Network (Poltekkes) as a WHO collaborating centre. Progress has also been made in malaria elimination and cross-border cooperation. She reaffirmed her Government's commitment to working with WHO in the Region to build resilient, equitable and people-centred health systems. A video on the health system transformation in Indonesia was presented.

Interventions were made by the representatives of the following Member States (in order): Japan, New Zealand, China, Australia and Palau.

The Coordinator, Country Support Unit, and the Director, Programme Management, expressed appreciation to all the speakers and to the Member States and partners who have helped to drive progress in the Region. They noted the points raised by Member States regarding: evaluation, including evaluation planning and reporting; increasing the number of Member States with country cooperation strategies; providing support to Member States on IHR Joint External Evaluations and national action plans; improving the effectiveness and utilization of WHO collaborating centres; ensuring that WHO country offices remain agile; ongoing efforts towards reprioritization, which should lead to increased protection of WHO country offices; the upgrade of the WHO Country Liaison Office in the Federated States of Micronesia to a WHO country office with a WHO Representative; and the proposal that Pacific Health Ministers Meeting resolutions should be presented to the Regional Committee and the Pacific Islands Forum.

Item 14 Technical discussions

14.1 Artificial intelligence in health-care systems

The Director, Programme Management, introduced the topic, stating that artificial intelligence (AI) is already transforming health systems in the Region, from supporting clinical decision-making to streamlining administrative processes. Generative AI has the potential to extend AI's reach beyond simple tasks to systematic functions that directly support health workers, policy-makers and patients. She said that while opportunities in imaging, predictive analytics and chatbots show promise, large-scale adoption of AI remains limited due to barriers such as funding constraints, data and infrastructure gaps, workforce readiness and regulatory frameworks, which must be addressed to ensure the equitable and safe use of AI. Since the Regional Committee's endorsement of the *Regional Health Innovation Strategy for the Western Pacific* and the *Regional Action Framework on Digital Health in the Western Pacific*, Member States have begun enhancing AI readiness through national strategies, enabling policies and investments in digital infrastructure. WHO supports these efforts by convening technical dialogues, mapping regional AI capacity and documenting examples of emerging use. She encouraged delegates to join in the discussion to build on the momentum to explore high-impact AI applications aligned with regional priorities, to promote capacity-building among health workers, and to strengthen governance to accelerate responsible adoption of AI across diverse contexts.

The Director, Data, Strategy and Innovation Group, opened the session by highlighting the potential of AI in health care to address workforce shortages and improve the quality of care. The presentation emphasized early preparation for AI integration through governance, capacity-building and regional collaboration for equitable and ethical adoption.

China gave a presentation outlining national strategies and enabling policies to modernize its health system through digitization and the use of AI, including top-level design, midterm plans for coordinated implementation and, crucially, legal safeguards. Examples included AI implementations led by provincial governments in terms of clinical care, hospital management and 5G-enabled health services for underserved areas. The presentation concluded with a commitment to knowledge-sharing and support for WHO's regional leadership in harnessing AI to transform health-care systems in the Region.

Indonesia gave a presentation on the country's efforts to introduce AI guidance for health care, aligned with ethical and governance principles from WHO and the Association of Southeast Asian Nations. Use cases included AI-enabled call centres, clinical documentation, diabetic risk detection, lung cancer detection and pathology. Following a sandbox approach, the Government is taking a stepwise process to ensure that the ecosystem and regulatory environment support responsible AI deployment.

The Director, Programme Management, then posed two questions to the presenters: What would the patient journey look like for a hypothetical patient seeking health care involving AI? What training would be required for medical personnel to use AI in their work? The presenters offered their insights into how these two scenarios would be handled in their countries.

Interventions were made by the representatives of the following Member States (in order): the Philippines, Singapore, Hong Kong SAR (China), Malaysia, Viet Nam, Australia, the Republic of Korea, New Zealand, Niue, Japan, the Federated States of Micronesia, Cambodia and Brunei Darussalam.

A statement was made by the International Federation of Medical Students Association.

Member States welcomed the discussion on AI in health care, acknowledging its potential to enhance equity and efficiency via clinical and administrative tools and citing successful examples from many countries. They expressed their commitment to responsible adoption, emphasizing ethical use, building digital infrastructure and establishing safeguards against algorithmic bias. Member States also requested urgent guidance and support from WHO, particularly in developing clear implementation frameworks, setting guidelines for public/private sector roles and harmonizing regulatory pathways for software as medical devices. Critically, they stressed the need for coordination and context-specific solutions for smaller States, while offering full support for regional knowledge-sharing to advance the safe and equitable use of AI in health care together.

The Director, Data, Strategy and Innovation Group, thanked Member States for their engagement and thoughtful contributions to this agenda item. He acknowledged the strong consensus that AI should support − not replace − the health workforce, and emphasized that AI transformation in health must be ethical, equitable, culturally sensitive and grounded in sound data governance. It was noted that AI can act as a catalyst for improving health system performance and resilience when guided by responsible implementation and clear governance. He welcomed the call from Member States for locally actionable and context-specific guidance, as well as their interest in establishing mechanisms such as an AI taskforce to sustain regional collaboration and coordination. The Director reaffirmed WHO's readiness to continue supporting Member States in this transformation through technical assistance, capacity-building and the development of practical tools to ensure AI becomes a catalyst for equitable and people-centred health systems across the Region.

III. OTHER MEETING

Thursday, 23 October 2025

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