



20–24 October 2025
Nadi, Fiji

WPR/RC76/DJ/5

24 October 2025

Contents

I.	Programme of work	2
II.	Report of meetings	2

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, <i>Weaving Health Futures: A Tapestry of Innovation, Collaboration and Community</i> , 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 (FRIDAY, 24 OCTOBER 2025)

Agenda items 09:00–12:00

- | | | |
|-----------|--|--------------------|
| 14 | Technical discussions (continued)
14.2 Hypertension control
14.3 Safer surgery
14.4 Tobacco control | <i>WPR/RC76/8</i> |
| 15 | 15. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee
15.5 Accreditation of non-State actors
15.6 Other items
a. WHO reform
b. Additional topics (if any) | <i>WPR/RC76/9</i> |
| 16 | Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee

Time and place of the seventy-seventh and seventy-eighth sessions of the Regional Committee | <i>WPR/RC76/10</i> |

II. REPORT OF MEETINGS (THURSDAY, 23 OCTOBER 2025)

Seventh meeting

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

Item 9 **Expert speaker: *Shifting mental health care to address global challenges***

The Director, Programme Management, introduced the expert speaker, Professor Norman Sartorius, President of the Association for the Improvement of Mental Health Programmes, who joined the meeting via video link. He explained that priorities regarding mental health care have evolved since the 1940s, when WHO identified mental health as a central element of health. By the 1980s, the importance of mental health promotion in primary health care (PHC) had become clear, as noted during the International Conference on Primary Health Care (Alma-Ata Conference), and in 2023, the United Nations adopted resolution A/RES/77/300 recognizing mental health as a priority for governments.

He drew attention to six major socioeconomic trends affecting health worldwide. First, he noted that urbanization is destroying traditional communities and creating new kinds of settlements – including dormitory villages, slums and isolated pockets of wealthier citizens – fostering isolation and leaving many people living in poor conditions. Second, the commodification of health is changing the way in which health care is provided, with the focus shifted from compassion to profit. Third, he highlighted horizontalization – referring to weakened channels of communication between people of different

categories – as a factor in increasing levels of loneliness, especially among older people.

Fourth, he touched on the fragmentation of labour, noting that the continued segmentation of medicine into ever narrower disciplines is leading to fragmented care and burn-out among young doctors. Fifth, changes in demographic structures and morbidity patterns have led to an increase in the older population and the creation of two new groups – adolescents and the “not-so-old” – who exhibit behaviours that are potentially less conducive to traditional forms of community living. Furthermore, rising divorce rates are generating new family dynamics, leaving many children feeling less secure, and the position of children in societies is changing as a result of falling birth rates. Sixth, the benefits of digitalization are unevenly distributed, and increasing dependency on digital services is leading to the dehumanization of medicine and challenges when such services fail.

Professor Sartorius then identified a set of new problems facing health care, while noting that many of the challenges of the past persist. Traditional informal care systems are gradually disappearing; loneliness, isolation and burn-out are rising; new forms of dependency are emerging; and certain diseases are resurfacing. These challenges, he said, could be addressed through a series of actions: providing greater support to informal carers; tackling mental and physical comorbidity by shifting focus to holistic care provision; preventing burn-out; reviewing health-care worker training; preventing the side-effects of social change; and examining legal and procedural guidance. He concluded by remarking that health systems should be adjusted to meet the new challenges through actions adapted to local contexts.

The Director, Division of Programmes for Disease Control, shared a presentation on the regional strategic direction for strengthening community mental health through PHC. She provided global and regional statistics on mental health and substance use disorders, noting the high prevalence of death by suicide in the Region, and noted that the interactions between the various drivers of mental health conditions complicate efforts to address mental health. She said that the mental health treatment gap and low levels of financing for mental health care are key challenges in the Region, which presents an opportunity to expand access to timely and effective care by strengthening community mental health care services at the PHC level. She also highlighted the importance of mental health nurses in delivering mental health services in the Region.

The Director drew attention to the *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030* and an implementation blueprint used by the Secretariat to help Member States in translating it into action. Lastly, she provided examples of successful programmes implemented in countries in the Region, illustrating the Region’s collective commitment to building inclusive, community-based and sustainable mental health services.

The Acting Director-General, Medical and Health Services, Ministry of Health, Brunei Darussalam, presented on the country’s recent experiences in promoting mental health and well-being. This included development of a national mental health action plan for 2022–2025 following intersectoral consultations. Through the strategies outlined in the national action plan, diverse initiatives have been developed, such as the transformation to a service provision model in PHC. Evaluation of the national action plan has just commenced with the support of WHO, and he looked forward to sharing the findings. He highlighted several approaches towards addressing mental health: prevention-first mental health architecture; empowering community, especially those with lived experience; addressing the root causes of social determinants of health; and the integration of mental health services into PHC. He expressed

deep appreciation for the support from WHO in the Region, especially the mental health focal points.

The Director General, Department of Sectoral Monitoring and Evaluation and Internal Auditing, Ministry of Health, Mongolia, described the situation in her country, noting that mental health conditions and vulnerability are intensified by occurrences of the *dzud*. A national mental health action plan for 2024–2027 and a multisectoral suicide prevention plan for 2025–2028 are guiding efforts to integrate mental health care into PHC, expand community-based services and reduce stigma surrounding mental health conditions. In closing, she encouraged countries to strengthen mental health care through multisectoral collaboration, community engagement and health promotion in schools.

The Director, Programme Management, thanked the speakers and invited Member States wishing to give interventions under this agenda item to submit them in writing.

The Director, Division of Programmes for Disease Control, summarized the key messages of the discussion, highlighting the importance of addressing mental health as a cross-cutting issue; strengthening community-based care; enhancing multisectoral collaboration; and ensuring sustained political commitment and financing to scale up services and integrate mental health care into national health systems. WHO will continue to support Member States in their efforts to strengthen mental health care.

Interventions were submitted by the representatives of the following Member States: Japan, New Caledonia, Papua New Guinea, Solomon Islands, Tonga and Viet Nam. These statements were posted on the [Regional Committee portal](#).

Consideration of draft resolutions:

The Chairperson invited the Regional Committee to consider the following draft resolutions:

[WPR/RC76/Conference Paper No.1](#): *Climate change and health system safety and resilience*

[WPR/RC76/Conference Paper No.2](#): *Implementing the International Health Regulations (2005) Amendments*

[WPR/RC76/Conference Paper No.3](#): *Oral health*

[WPR/RC76/Conference Paper No.4](#): *Alcohol control*

The Rapporteur for the English language read aloud the draft resolutions. The draft resolutions were adopted as presented:

[WPR/RC76.R1](#): *Climate change and health system safety and resilience*

[WPR/RC76.R2](#): *Implementing the International Health Regulations (2005) Amendments*

[WPR/RC76.R3](#): *Oral health*

[WPR/RC76.R4](#): *Alcohol control*