World Health Organization

Western Pacific Region

REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTY-SIXTH SESSION
Nadi, Fiji
20–24 October 2025

FINAL REPORT OF THE REGIONAL COMMITTEE

Manila
December 2025

PREFACE

The seventy-sixth session of the Regional Committee for the Western Pacific was held from 20 to 24 October 2025. The Honourable Dr Ratu Atonio Rabici Lalabalavu (Fiji) and Dr Ezoe Satoshi (Japan) were elected Chairperson and Vice-Chairperson, respectively. Ms Noresamsiah Md Hussin (Brunei Darussalam), Dr Ambrose Wong Chi-hong (Hong Kong SAR (China)) and Mr Benjamin Bechaz (France) were elected Rapporteurs.

The meeting report of the Regional Committee is contained in Part III of this document, on pages 11 to 30.

CONTENTS

I. INTRODUCTION

The seventy-sixth session of the Regional Committee for the Western Pacific was held from 20 to 24 October 2025.

The session was attended by representatives of Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Indonesia, Japan, Kiribati, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam; representatives of France, the United Kingdom of Great Britain and Northern Ireland and the United States of America as Member States responsible for areas in the Region; representatives from the Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, representatives of three intergovernmental organizations, representatives of 25 non-State actors; and observers from two institutions from around the Region.

The resolutions adopted and the decisions taken by the Regional Committee are set out below in Part II. Part III contains the report of the plenary meetings. The agenda and the list of representatives are attached as Annexes 1 and 2. The list of organizations whose representatives made and submitted statements to the Regional Committee is attached as Annex 3.

At the opening of the session, remarks were made by the outgoing Chairperson and the Regional Director of WHO in the Western Pacific (see Annexes 4, 5 and 7). The Director-General of the World Health Organization addressed the Committee virtually (see Annex 6).

II. RESOLUTIONS ADOPTED AND DECISIONS MADE BY THE REGIONAL COMMITTEE

RESOLUTIONS

WPR/RC76.R1

CLIMATE CHANGE AND HEALTH SYSTEM SAFETY AND RESILIENCE

The Regional Committee,

Recalling the World Health Assembly resolution (WHA77.14) on Climate change and health, the 2025 adoption of the *Global Action Plan on Climate Change and Health* by the World Health Assembly and the Region's shared vision, *Weaving Health for Families, Communities and Societies (2025–2029)*;

Affirming that the Western Pacific Region faces an escalating climate and health crisis – including sudden-onset extreme weather events such as typhoons, storms, heatwaves and wildfires, as well as slow-onset sea-level rise – that disproportionately affects vulnerable populations and strains health systems;

Acknowledging that the health sector is responsible for approximately 5% of global greenhouse gas emissions, largely from supply chains, highlighting the importance of decarbonization alongside comprehensive adaptation efforts;

Recognizing that the Region's diverse environments – from small island settings to populous urban centres – pose unique challenges for building climate-resilient and low-carbon health systems;

Emphasizing that effectively addressing climate-related health risks requires multisectoral collaboration, robust policies, strengthened health workforce capacity, enhanced surveillance and early warning systems, adequate financing and the empowerment of communities;

Appreciating the efforts of Member States and stakeholders in advancing climate and health actions at national and subnational levels and addressing feedback and suggestions provided in consultations with Member States,

1. ENDORSES the draft *Implementation of the Global Action Plan on Climate Change and Health in the Western Pacific Region*;

2. URGES Member States:

   (1) to use the regional implementation plan as a guide to accelerate climate adaptation and mitigation in the health sector and place health at the centre of climate policies and actions;

   (2) to participate in the WHO-led Alliance for Transformative Action on Climate and Health and foster collaboration across sectors and stakeholders;

   (3) to invest in climate-resilient health systems, including water, sanitation and hygiene in health-care facilities, workforce capacity, surveillance and early warning systems, and urban and community resilience;

(4) to leverage financing mechanisms and share experiences and lessons learnt to accelerate progress towards climate-resilient and low-carbon health systems;

3. REQUESTS the Regional Director:

(1) to provide technical support for Member States in implementing the regional plan;

(2) to facilitate regional collaboration, evidence and knowledge-sharing, and dissemination of experiences and innovations;

(3) to report periodically on progress made in addressing climate-related health risks, including the acceleration of climate adaptation and mitigation in the health sector, in the Western Pacific Region.

Seventh meeting, 23 October 2025

WPR/RC76.R2

IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (2005) AMENDMENTS

The Regional Committee,

Recalling the 2024 World Health Assembly resolution (WHA77.17) on strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005) (IHR); the 2025 World Health Assembly resolution (WHA78.1) adopting the WHO Pandemic Agreement; the global WHO Fourteenth General Programme of Work, 2025–2028, and its strategic objectives to prevent, mitigate and prepare for health risks from all hazards, and to rapidly detect and sustain responses to health emergencies; the Weaving Health regional vision priority action area on promoting resilient communities, societies and health systems for health security; and the 2023 Regional Committee endorsement of the *Asia Pacific Health Security Action Framework* (WPR/RC74.R3);

Affirming the value and vision of over two decades of strategic investment by Member States and partners in regional health security, reflected in the evolution of health security frameworks;

Appreciating the commitment and efforts of Member States, as States Parties to the IHR, to strengthen IHR core public health capacities and promote solidarity;

Noting that the 2024 amendments to the IHR, which began to enter into force on 19 September 2025, update obligations for States Parties;

Recognizing the need to implement the amendments in a coherent manner in order to promote equity and solidarity, enhance national capacities, and reinforce regional resilience and readiness for public health emergencies,

1. ENDORSES the draft *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region*;

2. URGES Member States:

(1) to prioritize multisectoral collaboration in the implementation of the amended IHR;

(2) to ensure adequate resources to strengthen health security capacities, according to local contexts;

(3) to participate in consultations and act on priorities to strengthen the operational readiness of the Region for public health emergencies;

3. REQUESTS the Regional Director:

(1) to convene consultations under existing mechanisms to assess health security systems and capacities;

(2) to support measures to strengthen regional operational readiness and resilience for public health emergencies;

(3) to report periodically on progress in strengthening operational readiness in the Western Pacific Region.

Seventh meeting, 23 October 2025

WPR/RC76.R3

ORAL HEALTH

The Regional Committee,

Recalling the World Health Assembly adoption of the WHO *Global strategy and action plan on oral health 2023–2030*; the 2024 Bangkok Declaration – No Health Without Oral Health; the 2024 Regional Committee panel discussion on oral health; and the September 2025 Political Declaration of the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being;

Recognizing that oral diseases are the most prevalent noncommunicable diseases in the Western Pacific Region – affecting more than 800 million people – and share modifiable risk factors with other noncommunicable diseases;

Concerned that oral diseases impose major health and economic burdens, particularly on vulnerable populations, and that services remain fragmented and often inaccessible;

Emphasizing that oral health is fundamental to overall health and well-being, and that integrating essential oral health services into primary health care is critical to achieve universal health coverage;

Appreciating the input and guidance of Member States in developing an effective, evidence-based plan to accelerate progress on oral health in the Region;

1. ENDORSES the draft *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*;

2. URGES Member States:

(1) to use the regional implementation plan as a guide to strengthen national health systems and integrate essential oral health services within primary health care, as appropriate to national context and capacity;

(2) to ensure adequate and sustainable resources to build workforce capacity and expand access to essential oral health services as part of universal health coverage;

(3) to foster high-level commitment and intersectoral collaboration among government agencies and stakeholders to accelerate implementation of the regional plan;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States in implementing the regional plan, including guidance on workforce models, essential oral health services and investment cases on oral health;

(2) to facilitate collaboration and knowledge exchange among Member States and partners towards implementation of acceleration projects, innovations and lessons learnt;

(3) to report periodically on progress in implementing the regional plan.

Seventh meeting, 23 October 2025

WPR/RC76.R4

ALCOHOL CONTROL

The Regional Committee,

Recalling the Regional Committee endorsement of the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* in 2022 (WPR/RC73.R2) and the 2022 World Health Assembly adoption of the *Global alcohol action plan 2022–2030* (WHA75.10);

Recognizing that alcohol use is a leading risk factor for death and disability in the Western Pacific Region, causing more than 485 000 deaths annually, and that harms done by alcohol fall disproportionately on youth, women, Indigenous peoples and disadvantaged populations, undermining health equity, social well-being and economic development;

Stressing that effective alcohol control policies – particularly taxation and pricing measures, restrictions on availability, and bans or comprehensive restrictions on alcohol marketing – are WHO best-buy interventions for reducing alcohol use and its related harms, including the prevention of noncommunicable diseases;

Noting that drink–driving countermeasures, as well as access to screening, brief interventions and treatment, are also proven measures included in the WHO SAFER technical package to reduce harms from alcohol;

Emphasizing that raising awareness of alcohol harms and the benefits of effective policies must complement strong regulation, not supplant it;

Concerned that alcohol remains widely available, relatively affordable and aggressively marketed, including via digital platforms, and that industry interference continues to undermine and delay evidence-based policy-making;

Alarmed that both alcohol consumption among adults and heavy episodic drinking among adolescents remain high, and that overall consumption, after a decline during the pandemic, is projected to rebound or exceed pre-pandemic levels unless stronger regulatory action is taken, thereby undermining the global target of a 20% reduction in per capita consumption by 2030;

Acknowledging that progress has been slow and uneven across the Region's countries and areas, and that stronger regulation, sustained investment and multisectoral collaboration are urgently needed to accelerate implementation of effective policies,

1. ENDORSES the draft *Accelerating Implementation of the WHO Global Alcohol Action Plan 2022–2030 in the Western Pacific Region*;

2. URGES Member States:

(1) to strengthen national alcohol policies, legislation and regulatory frameworks, aligned with the Global alcohol action plan and WHO SAFER interventions;

(2) to prioritize the introduction, implementation and enforcement of alcohol taxation and pricing measures, restrictions on availability, and bans or comprehensive restrictions on marketing, in tandem with strengthened drink-driving countermeasures, expanded access to prevention and treatment services, and awareness-raising on alcohol harms and the benefits of effective control policies, according to country and community contexts;

(3) to protect public health policies from alcohol industry interference through whole-of-government and whole-of-society action, in line with principles of transparency and accountability;

(4) to dedicate adequate resources and strengthen multisectoral collaboration to ensure sustained implementation and monitoring of alcohol control measures;

3. REQUESTS the Regional Director:

(1) to provide tailored technical support to Member States in developing and enforcing evidence-based alcohol policies and laws that are adapted to country and community contexts;

(2) to facilitate collaboration, capacity-building and the exchange of evidence, experiences and good practices in alcohol control across the Region;

(3) to report periodically on progress in the implementation of alcohol control policies in the Western Pacific Region.

Seventh meeting, 23 October 2025

WPR/RC76.R5

SEVENTY-SEVENTH AND SEVENTY-EIGHTH SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

1. CONFIRMS that the seventy-seventh session of the Regional Committee for the Western Pacific shall be held in Manila, Philippines from 19 to 23 October 2026;

2. APPRECIATES the invitation from Indonesia to host the seventy-eighth session of the Regional Committee for the Western Pacific in 2027;

3. NOTES the need to confer with other Member States that have expressed interest before finalizing 2027 plans.

Ninth meeting, 24 October 2025

WPR/RC76.R6

RESOLUTION OF APPRECIATION

The Regional Committee,

EXPRESSES its appreciation and thanks to:

1. the Government of Fiji and the city of Nadi for:

   (a) hosting the seventy-sixth session of the Regional Committee for the Western Pacific;

   (b) the excellent arrangements and facilities provided;

   (c) the gracious traditional welcoming ceremony and the hospitality and joyful "Bula spirit" throughout every event;

2. the Chairperson, Vice-Chairperson and Rapporteurs for their excellent stewardship of the meeting;

3. the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements;

4. the Regional Director and Secretariat for their work in preparing for the session and meeting arrangements.

Ninth meeting, 24 October 2025

DECISIONS

WPR/RC76(1) ACCREDITATION OF NON-STATE ACTORS

The Regional Committee, having reviewed Annex 5 of document WPR/RC76/9:

1. DECIDES to grant accreditation to participate in meetings of the Regional Committee to the following non-State actors not in official relations with WHO:

- Institute of Philanthropy
- Southeast Asia Tobacco Control Alliance

2. REQUESTS the Secretariat to notify the entities of the Regional Committee's decision and take the necessary actions to implement this decision.

Ninth meeting, 24 October 2025

WPR/RC76(2) SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE

The Regional Committee, noting that the term of office of the representative of the Government of Mongolia, as a member under Category 2, of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, expires on 31 December 2025, selects Cambodia to nominate a representative to serve on the Policy and Coordination Committee for a term of three years from 1 January 2026 to 31 December 2028.

Ninth meeting, 24 October 2025

III. MEETING REPORT

OPENING OF THE SESSION: Item 1 of the Provisional Agenda

1. The seventy-sixth session of the World Health Organization (WHO) Regional Committee for the Western Pacific, held at the Denarau Island Convention Centre, Nadi, Fiji, from 20 to 24 October 2025, was declared open by the outgoing Chairperson of the seventy-fifth session.

ADDRESS BY THE OUTGOING CHAIRPERSON: Item 2 of the Provisional Agenda

2. The outgoing Chairperson addressed the Committee (see Annex 4).

ELECTION OF NEW OFFICERS: CHAIRPERSON, VICE-CHAIRPERSON AND RAPPORTEURS: Item 3 of the Provisional Agenda

3. The Committee elected the following officers:

Chairperson:	Honourable Dr Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Fiji
Vice-Chairperson:	Dr Satoshi Ezoe, 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 Devices), Department of Health, Hong Kong SAR (China)
in English:	Ms 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, France

ADDRESS BY THE INCOMING CHAIRPERSON: Item 4 of the Provisional Agenda

4. The Chairperson of the seventy-sixth session of the Regional Committee addressed the Committee (see Annex 8).

ADOPTION OF THE AGENDA: Item 5 of the Provisional Agenda (document WPR/RC76/1)

5. The Agenda was adopted (see Annex 1).

ADDRESS BY THE DIRECTOR-GENERAL: Item 6 of the Agenda

6. The WHO Director-General addressed the Committee via live video link (see Annex 6).

ADDRESS BY AND REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (document WPR/RC76/2)

7. The Regional Director welcomed delegates, including those from Indonesia, the newest Member State in the Western Pacific Region, to a Pacific island location – Fiji – for the first time in many years. The choice of venue was also significant in view of the 30th anniversary of the Yanuca Island Declaration that established the Healthy Islands vision, a cornerstone of health in the Pacific.

8. The year's regional disease elimination milestones had occurred against a background of international geopolitical, financial and environmental instability. Following the announcement by the United States of America of its intention to withdraw from WHO, the Organization had been forced to reprioritize and

restructure. Fortunately, there had been a countervailing shift towards greater South–South collaboration, self-reliance and national ownership of health agendas.

9. Some of the year's most noteworthy achievements, illustrated with specific examples from across the Region, included building preparedness for future pandemics through support for the new global WHO Pandemic Agreement; strengthening health systems via a focus on primary health care (PHC) and measurable outcomes; and action to avoid the devastating effects of climate change on health, specifically with support from the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, located in Seoul. The Western Pacific Region continued to experience frequent climate-related emergencies, emerging diseases and unpredictable threats; health systems had to evolve in response.

10. Disease outbreaks underscored the importance of multi-source surveillance systems, involving innovative artificial intelligence (AI) technology for public health surveillance, enhanced laboratory capacity and surge networks, including emergency medical teams. Technology and innovation were vital for future health equity. When collected and used wisely, health data had the potential to transform how countries identified priorities, made investment decisions and shaped policies to ensure that no one was left behind. Unfortunately, many countries and areas in the Region were still not on track to meet the health-related targets included in the Sustainable Development Goals (SDGs). Much remained to be done to strengthen health information systems in order to monitor progress, guide action and build trust in decision-making. Likewise, while tobacco control had gained ground, far fewer countries had implemented strong measures on alcohol consumption and unhealthy diets, one of the next frontiers in public health.

11. A certificate was formally awarded to the representative of Fiji in recognition of the elimination of trachoma in that country.

12. A certificate was formally awarded to the representative of Papua New Guinea in recognition of the elimination of trachoma in that country.

13. A certificate was formally awarded to the representative of Japan in recognition of the elimination of rubella in that country.

14. A certificate was formally awarded to the representative of Fiji on behalf of Pacific island countries in recognition of the elimination of rubella and measles in those countries.

15. The representative of Indonesia, the newest Western Pacific Region Member State, thanked Member States for their warm welcome and gave a brief overview of the Indonesian health system. He looked forward to experiencing the Region's blend of variety and solidarity and to learning more about resilient health systems and community-based approaches. It was in that spirit that the Government of Indonesia wished to propose Bali as the venue for the seventy-eighth session of the Regional Committee in 2027.

16. Thanking the Government of Fiji for its hospitality and welcoming Indonesia to the Western Pacific Region, representatives commended the Regional Director for his comprehensive report, strong and steady leadership in navigating change, revitalized engagement with Member States and effective implementation of the regional vision – *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)* – which was already delivering tangible results in all five priority action areas. They noted with satisfaction the efforts to advance health for all at the country level, improve workplace culture and foster a harmonious work environment, along with the active engagement of the Regional Director and his senior management team in regional events and the strengthened interaction between the Regional Office and country offices, including through mechanisms such as Cabinet meetings and the Project Management Group.

17. Delegates also expressed appreciation for the technical, financial and operational support provided by the WHO Regional Office and country offices in a range of areas, including PHC workforce development, digital health and transformation, young child and infant health, disease outbreak response, reviews of health legislation, integration of tuberculosis services into PHC, health insurance policy reform, laboratory

capacity-building and trachoma elimination. The tailored support for the Region's small island developing states was particularly appreciated, as was the Region's focus on building climate-resilient health systems and strengthening health emergency preparedness. Countries were working to integrate health into climate adaptation plans and were looking forward to continued collaboration through the Alliance for Transformative Action on Climate and Health (ATACH).

18. Delegates welcomed the amendments to the International Health Regulations (2005) and the adoption of the WHO Pandemic Agreement, which heralded a new era for global health security. In that regard, it would be important to ensure that the ongoing negotiations on the WHO Pathogen Access and Benefit-Sharing System (PABS) Annex were grounded in equity, robust financing and respect for national sovereignty. Enhanced cooperation on health security was also needed.

19. Delegates outlined the progress made in their respective countries in areas such as PHC and mental health, health financing, climate resilience, immunization, maternal and child health, communicable diseases, digital health and the responsible adoption of AI. They highlighted vulnerability to climate change and natural disasters as a major challenge for countries in the Region, particularly Pacific island countries and areas, while other regional challenges included ageing populations, strains on the health workforce and brain drain, rising health expenditures and health disparities, and the growing burden of noncommunicable diseases (NCDs). Concerning NCDs, Member States were addressing key risk factors, strengthening NCD screening, promoting healthy behaviours, prioritizing mental health services, and strengthening tobacco and alcohol control; several countries had, for instance, introduced bans on e-cigarettes and heated tobacco products and raised taxes on sugar, tobacco and alcohol products. It was essential to redouble efforts on NCDs in line with WHO best-buy interventions, continue to reshape norms in that area and create supportive environments that promoted healthy choices through a life-course approach.

20. Expressing support for WHO reform efforts and the prioritization process, which had enhanced the Organization's responsiveness and effectiveness, representatives underscored the need to ensure that such processes were conducted in full consultation with Member States and that a disciplined approach was taken to reduce inefficiencies and deliver impact, particularly at the country level. Such efforts needed to rise to the scale of current structural, fiscal and geopolitical challenges and protect the essential core functions that only the multilateral system could provide. Efforts to improve project implementation and enhance transparency and trust were welcome, as were actions to align WHO reforms with the broader UN80 Initiative, which was an opportunity for WHO to reaffirm its leadership role in global health. Underscoring the need for greater global equality, representatives reaffirmed their commitment to ensuring solidarity and cooperation across the Region to advance universal health coverage (UHC) and build resilient health systems. Member States would continue to support cross-country capacity-building, in particular through the WHO Academy and WHO collaborating centres, especially those working on traditional medicine and social prescribing.

21. Finally, one delegate urged all Member States to increase their financial contributions to WHO to ensure the timely achievement of the SDGs and called for greater efforts to increase the representation of staff from countries in the Region within the Organization.

22. A statement was made on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

23. The Regional Director, summing up the discussion, expressed appreciation for Member States' unwavering support for the work of WHO in the Western Pacific Region and for the regional priorities, on which swift progress was being made. He welcomed Member States' support for building a resilient health and care workforce, particularly within the context of climate change, and underscored the importance of strategic investment in multisectoral collaboration. He welcomed Member States' leadership and resolve on climate change and health and their commitment to immunization – collective efforts to reach zero-dose children and strengthen PHC must continue. Moreover, investment in laboratory systems and surveillance capacities was vital to strengthen health emergency preparedness and resilience. He welcomed Member States' spirit of solidarity and shared purpose.

PROGRAMME BUDGET: Item 8 of the Agenda (documents WPR/RC76/3 and RC76/INF/1)
Programme Budget 2024–2025: budget performance (interim report) (Item 8.1 of the Agenda)
Programme Budget 2026–2027 (Item 8.2 of the Agenda)

24. The Director, Programme Management, presenting the interim report on the Programme Budget 2024–2025, said that all internal and external audit recommendations had been fully implemented or proposed for closure. Such progress demonstrated the Regional Office's strong commitment to transparency, accountability and the effective use of resources. The Secretariat continued to review and improve controls through the Region's network of programme management officers and the Programme Committee. Efforts were also under way to strengthen management, capacity-building and training and to improve communication. As part of that process, the Region's Project Management Group provided support in managing larger donor funds and monitoring high-risk exposure transaction areas.

25. The Region's overall utilization of funds amounted to US$ 265 million as of 30 September 2025, or 87% of available resources of US$ 308 million; that figure was projected to rise to 96% by the end of the biennium. The announcement by the United States of America of its intention to withdraw from the Organization had resulted in a decrease of US$ 25 million in the projected funding for the Base Programme Budget 2024–2025. The impact on staffing had been minimal, with the Region able to abolish a number of unfunded or unfilled positions.

26. Introducing the report on the Programme Budget 2026–207, the Director said that, following the reassignment of Indonesia to the Region, an additional US$ 33 million had been allocated to the Western Pacific Region, bringing the Region's total Base Budget allocation for the 2026–2027 biennium to US$ 380.6 million, a smaller allocation than in the 2024–2025 biennium. In response to resource constraints and shifting foci in countries, the Regional Office had worked closely with country offices to review and identify priorities. Eight senior management taskforces had been created following the notification by the United States of America of its intention to withdraw from the Organization, and reprioritization had been based primarily on country priorities. As a result of that process, 11 high-priority technical outputs under the global WHO Fourteenth General Programme of Work, 2025–2028 (GPW 14) had been identified and mapped onto the five action areas under the regional vision; 70% of the Base Budget would be allocated to those priority areas.

27. The Region was currently on track to raise US$ 307 million under the Programme Budget 2026–2027, which meant that more funds – in the form of voluntary contributions – would be required to ensure that it was fully financed. Additional support would be needed for immunization and communicable disease control, the areas most affected by the intended withdrawal of the United States of America from the Organization. In addition, the share of the Base Budget allocated to country offices in the Region had risen and would continue to increase, from 62% in the current biennium to 68% in the 2026–2027 biennium, with a view to increasing the share to 70% thereafter.

28. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, providing an overview of the Organization's financial situation at the global level, explained that the Programme Budget 2026–2027 had been reduced to US$ 4.2 billion in response to the announcement of the intended withdrawal of the United States of America from WHO and the new reality of the health financing landscape, and that the overarching objective of the prioritization process had been to limit the reduction in regional – and particularly country – budgets and to focus on high-impact, normative products. Going forward, the main challenge would be securing financing for the Programme Budget 2026–2027. While the further 20% increase in assessed contributions approved by Member States in May 2025 would be beneficial in that regard, further financing would be required, with the funding gap currently standing at US$ 1.3 billion. Work was under way to ensure financial sustainability for the 2026–2027 biennium, and the reduction in staffing was part of that process, with staff costs planned to decrease from US$ 2.68 billion to US$ 2.2 billion.

29. Representatives expressed support for the increased allocation of resources to country offices and the focus on the 11 priority outputs for the Region, which were closely aligned with countries' priorities.

Funding for NCDs, UHC, PHC and climate resilience was particularly appreciated. Commenting on the interim report on the Programme Budget 2024–2025, representatives expressed concern about the continued heavy reliance on voluntary earmarked funding and the low utilization rates in certain countries, particularly in the South Pacific. There was a need to ensure that funding matched countries' ability to deliver, with clear targets to demonstrate measurable impacts. Further information on utilization rates would be appreciated, as would clarification as to why fund utilization exceeded the approved budget in some areas. It was essential to enhance transparency and accountability in project implementation and ensure that resources were used efficiently. Information would be welcome on the improvements required following the audits of the WHO representative offices in Mongolia and the Philippines and any measures being taken in that regard.

30. Turning to the Programme Budget 2026–2027, one delegate requested more detailed information on what funding would be available for sexual and reproductive health, while another said that a breakdown of the budget allocation by department would be appreciated, as would information on what improvements in health indicators were expected under the current budget allocation for the 2026–2027 biennium. Details of how the budget allocation would be operationalized would also be welcome, particularly considering staffing constraints. One representative called on all countries to increase their voluntary contributions, particularly at the regional level, and expressed the hope that budget constraints would not adversely affect staffing from underrepresented countries.

31. The Director, Programme Management, responding to the concerns raised regarding the underutilization of funds, said that the Regional Office would look into the matter in certain country offices, noting that the Project Management Group was providing support to country offices to address delays in implementation and ensure that funds were used in a timely manner. Fund utilization was monitored regularly, and country offices were taking steps to identify funds that would not be used. Concerning the Programme Budget 2026–2027, more detailed information on the funding breakdown and related funding risks would be available once operational planning began in November 2025, although it was already clear that immunization and communicable disease were likely to be the most underfunded areas. Indeed, US$ 30 million would be required for immunization alone. In that regard, she welcomed the call for all Member States to increase contributions to WHO.

32. She further explained that sexual and reproductive health would be prioritized at the country level, that steps would be taken to ensure there was no further reduction in staff from underrepresented countries and that equity had been a key component of the prioritization process, with efforts to address chronically underfunded countries and programmes. She welcomed comments on UHC and essential health services and expressed appreciation for the support from WHO collaborating centres across the Region.

33. The Director, Administration and Finance, responding to comments on internal controls, staffing and the use of digital technology, said that the focus was on a people-centred approach, ensuring a solutions-oriented mindset and embracing new technology and AI to enhance impact delivery to ensure that the Organization could be more efficient with fewer resources. Measures had been put in place to ensure staff well-being throughout the process. The Regional Office had once again met its objective of closing all audit recommendations within 12 months and was working with country offices to strengthen controls and build capacities, providing support where needed. To increase representation from underrepresented and unrepresented countries, the Regional Office was working with universities in those countries to encourage graduates to apply to WHO programmes.

34. The Budget and Finance Officer said that utilization had stood at around 70% of available funds at the end of June 2025, had increased to 82% by the end of September 2025 and was expected to reach 96–97% by the end of the 2024–2025 biennium. Concerning the query about funding in excess of approved budgets, he explained that the Regional Director had the authority to adjust the approved budget in line with strategic priorities and that the relevant adjustments would be made at the end of the current biennium. In addition, the Region's projected salary gap currently stood at US$ 1.1 million for 2025 and would continue to be regularly monitored. Concerning audits, the Organization worked to address the root causes of audit findings. The Organization had a four-tier audit rating system, and the audits of the representative offices

for Mongolia and the Philippines had received the second-highest rating, meaning that some improvements were required.

35. The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said that the output indicators for the Programme Budget 2026–2027 were being finalized and would be presented at the 160th session of the Executive Board in February 2026.

EXPERT SPEAKER: *SHIFTING MENTAL HEALTH CARE TO ADDRESS GLOBAL CHALLENGES*: Item 9 of the Agenda (document RC76/INF/2)

36. Professor Norman Sartorius, invited expert speaker and President of the Association for the Improvement of Mental Health Programmes, speaking via video link, drew attention to some of the new priorities and problems that had emerged in the field of mental health. Those priorities as reflected in international documents and instruments had changed over time, against a backdrop of major socioeconomic shifts such as a drift away from psychologically stable rural communities to a precarious life in urban areas, involving a loss of community spirit and an epidemic of loneliness; the commodification and monetization of health care; the modern tendency to interact only with others in the same social or age group; fragmentation of labour and an "assembly-line" mentality; societal changes and the emergence of demographics such as teenagers and active retirees who existed apart from organic communities, rising divorce rates, family fragmentation, falling birth rates and immigration involving new life habits; inequitable digitalization and the dehumanization of collective endeavour. The consequences of such changes were isolation, loneliness and burn-out, in addition to inadequate childcare, disrupted transmission of culture and moral structures, and new forms of dependence on the internet, gambling, drugs and so forth. Meanwhile, many of the enduring health problems of the past persisted.

37. Suggested solutions to the problem were greater recognition for and re-evaluation of the role of support networks and informal caregivers; action to address the issue of mental–physical comorbidity in a fragmented health-care landscape; and action to prevent burn-out by reorganizing health-care delivery paradigms and rethinking training for medical professionals and social workers. Other ideas included the use of perinatal care as a channel for communication; Healthy Schools initiatives featuring safe spaces to address bullying and poor performance; extending part-time work options for new parents, thereby enabling them to devote more time to child-rearing; and the creation of convivial civic spaces to encourage community interaction. Finally, all new health-care laws should contain a sunset clause to ensure that the situations they covered were still relevant, perhaps, five years after enactment.

38. The Director, Programmes for Disease Control, provided an overview of the current mental health situation in the Western Pacific Region, including statistics on mental health financing and the mental health workforce. The *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030* had sought to make mental health a core component of PHC by embedding it into primary care throughout the life course and expanding and diversifying the workforce within PHC. The Regional Office would accordingly provide technical support to implement national plans and strategies, facilitate intercountry experience-sharing and develop technical inputs, a specific example being the *mhGAP Intervention Guide*, which allowed non-specialist doctors, nurses and community health workers to identify and manage priority conditions such as depression, psychosis, epilepsy and self-harm at PHC facilities.

39. The representative of Brunei Darussalam described a range of recent national initiatives including the enactment of modern mental health legislation in 2023; the transformation from a hospital-based psychiatry and psychology model to service provision in primary and community settings; the establishment of the Mental Health Strategy Unit in the Health Promotion Centre to strengthen mental health promotion since 2014; and the introduction of a national helpline in 2019. The *Brunei Darussalam Mental Health Action Plan 2022–2025*, which had been developed in consultation with those with lived experience, their families and caregivers, featured diverse initiatives such as community-based mental health promotion, anti-stigma campaigns and expansion of accessible, rights-based mental health services. Furthermore, the education

and employment sectors had increasingly integrated mental health through policy development, manager training, service provision and ongoing monitoring.

40. The representative of Mongolia described Mongolia's multi-year action plan for mental health and its multisectoral suicide prevention plan, both of which had been pivotal in integrating mental health into the broader national health and development agenda. By adopting a multisectoral approach, Mongolia had expanded school-based mental health services, introduced life-skills programmes, and trained school doctors, social workers and teachers, thereby strengthening engagement with children, adolescents and communities generally, promoting resilience and reducing stigma.

41. The Director, Programme Management, summarizing the various perspectives and insights, noted a tension between the complex digital environment in all areas of the health system and the negative effects of digitalization on mental health, a topic that might be worth discussing at future sessions of the Regional Committee in the context of health worker burn-out. Mental health was a cross-cutting issue with a strong intersectoral dimension. It was also a topic that would enable Member States to discuss the psychosocial role of families and communities in more depth.

CLIMATE CHANGE AND HEALTH SYSTEM SAFETY AND RESILIENCE: Item 10 of the Agenda (document WPR/RC76/4)

42. The Regional Director said that the Western Pacific Region was exposed to an intensifying combination of sudden-onset extreme weather events such as typhoons, heatwaves, droughts and wildfires and slow-onset phenomena such as rising sea levels. Both types of events affected vulnerable populations, impacted mental and physical health and increased the risk of foodborne, waterborne and vector-borne diseases. They also threatened fragile health systems, food security, air quality, and access to safe water and sanitation.

43. The draft *Implementation of the Global Action Plan on Climate Change and Health in the Western Pacific Region* would enable the Regional Committee to implement the *Global action plan on climate change and health* approved by the World Health Assembly in May 2025. It set priorities for action at policy and operational levels, proposed measurable targets, and established indicators to monitor progress and guide incremental actions by Member States towards building resilient, low-carbon and sustainable health systems and facilities. Opportunities for accelerated action by Member States included joining the WHO-led ATACH; enhancing surveillance and early-warning systems; ensuring safe water, sanitation and hygiene in health-care facilities; and strengthening urban and community resilience.

44. Representatives expressed support for the regional implementation plan as a tool to advance national efforts on building environmentally sustainable health systems and as an opportunity to align governance, surveillance, health operations and financing with the reality of climate change in the Region. The chief areas of interest were the need for financing and investment to build and/or retrofit climate-resilient and low-carbon health systems; the need for capacity-building to enhance data and surveillance systems to monitor the effects of interventions and climate-related trends; and the need for regional solidarity including through WHO-led initiatives such as ATACH to share knowledge, innovations and best practices.

45. There was broad endorsement of the targets in the regional implementation plan, although it was noted that data collection in the context of reporting obligations might be a challenge going forward. It was further noted that some of the progress indicators for monitoring and evaluation were ambiguous and should be further developed in collaboration with Member States. Specific areas requiring more work included clarification of the scope of proposed activities connected with entry points on the ground; specification of design standards for climate-resilient and low-carbon health facilities and their integration into national and regional planning; the integration of climate change into the One Health approach for better preparedness and zoonotic surveillance; greater focus on knowledge exchange to enable countries and partners to share effective models, innovations and lessons learnt regionally and globally; and development of measurable indicators accompanied by clear definitions, for example, the terms "climate-resilient" or "lower-carbon" facility to facilitate consistent application across the Region.

46. Representatives reported on their various national initiatives, plans, strategies and policies focusing on net-zero energy-efficient health-care facilities that integrated smart technologies and AI, waste management and recycling, retrofitting or relocation of health facilities subject to climate threats, water conservation, and carbon audits; and enhanced disease monitoring and surveillance, especially of zoonotic and vector-borne illnesses, scaling up surveillance and early-warning systems; climate risk assessment frameworks and climate modelling for policy-making; fostering greater public awareness and preparedness for extreme weather events; and the mental health impact of climate change. A number of delegates noted with regret that health accounted for only a small proportion of global climate funding.

47. The representative of Australia said that Australia's bid to host the Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) in 2026 would, if successful, give powerful impetus to the topic of climate resilience in the Region.

48. Statements were made on behalf of the World Organization of Family Doctors and the International Pharmaceutical Federation.

49. The Director, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, said that the regional implementation plan was built on a pre-existing foundation, specifically the *Global action plan on climate change and health*. As such, many of its definitions and indicators required further strengthening or clarification. At less than 2%, the proportion of global climate financing allocated to health was clearly inadequate, and for that reason WHO was seeking accreditation with global financing mechanisms.

50. The Director, Programme Management, said that the global indicators in the implementation plan were currently aligned with those in GPW 14, which referred to processes such as national plans or assessments rather than tangible, quantifiable changes on the ground. With its focus on three strategic areas of health, food systems and urban/island settings over the next five years, the strategy being followed by the WHO Asia-Pacific Centre for Environment and Health suggested a more local, contextualized basis for measuring progress. Areas of overlap between climate and emergency preparedness and climate and public health revealed either the limits of measurement – for example, the impact of rising sea levels was measurable only as a function of population displacement, which was not something that could be easily simulated − or suggested valuable correlations that rendered expensive and time-consuming medical research unnecessary. Thus, by integrating meteorological data into health surveillance, for example, it would be possible to measure asthma with reference to the air pollution index or heat-related deaths among older people by treating such deaths as excess mortality observed during heatwaves.

51. The Regional Committee considered a draft resolution on climate change and health system safety and resilience.

52. The resolution, which among other actions endorsed the draft *Implementation of the Global Action Plan on Climate Change and Health in the Western Pacific Region*, was adopted (see resolution WPR/RC76.R1).

IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (2005) AMENDMENTS: Item 11 of the Agenda (document WPR/RC76/5)

53. The Regional Director, introducing the item, said that the amendments to the International Health Regulations (2005) (IHR), which had begun to enter into force in September 2025, introduced important new obligations for States Parties, including the designation of a National IHR Authority and the enhancement of multisectoral capacities. The amendments represented a once-in-a-generation opportunity to embed equity, solidarity and operational readiness across the Western Pacific Region and globally, including by strengthening coordination, improving surveillance and ensuring timely access to medical countermeasures. Taking a coherent, collaborative approach to implementation of the amendments would greatly enhance the Region's collective ability to launch and sustain operational responses to future public health emergencies and pandemics. He invited the Regional Committee to consider for endorsement the

draft plan *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region*.

54. Representatives expressed their full support for the regional implementation plan and its priority actions. The plan would be vital to operationalize the IHR amendments, track progress and ensure resilience, equity, mutual accountability and regional solidarity. Member States were urged to work constructively to implement the priority actions outlined in the plan. A similar road map should be developed for the implementation of the WHO Pandemic Agreement to ensure that the two instruments were implemented in synergy.

55. Many countries were updating their national action plans for health security to align them with the new IHR requirements through a multisectoral, whole-of-government, One Health approach. Several Member States had already designated a National IHR Authority or were preparing to do so, and representatives emphasized the need to ensure that the National IHR Authority had a strong mandate and was empowered to effectively coordinate whole-of-government, cross-sectoral actions on IHR implementation, underscoring the importance of such coordination, including with the private sector and the military. They also highlighted the key role of the IHR self-assessments and IHR Joint External Evaluations in strengthening national IHR core capacities; the need to ensure equitable access to resources; and the legally binding nature of IHR, which were subject to national legislative processes.

56. Continued technical and financial support would be essential to ensure effective implementation of the IHR amendments and to build and sustain IHR core capacities, taking into account regional diversity. In that regard, additional toolkits and guidance on translating the amendments into national policies would be welcome to foster mutual learning and exchange best practices.

57. Member States stood ready to share their experience and expertise in areas such as One Health and genomic sequencing, including through WHO collaborating centres. It would also be important to examine the role that AI and other technology could play in pandemic response, and to consider setting up regional stockpiles of resources to ensure their equitable distribution through regional networks. In addition, the Regional Office should communicate regional public health emergency monitoring information and risk assessment results; ensure prompt early-warning alerts, information-sharing, coordination and deployment of emergency teams in the event of a potential public health emergency of international concern or a pandemic; and improve regional IHR communication mechanisms, including by promptly coordinating the sharing of contact information for national IHR focal points or authorities. Regarding the call for proposals through the WHO Pandemic Fund, one delegate recognized the importance of developing multi-country proposals from the Western Pacific Region to further strengthen regional pandemic preparedness and response efforts.

58. Statements were made on behalf of the International Council of Nurses and the International Federation of Pharmaceutical Manufacturers and Associations.

59. The Regional Emergency Director, WHO Health Emergencies Programme, noting that the Western Pacific was the first WHO region to develop measurable targets for implementation of the IHR amendments, commended Member States for their commitment, solidarity and impressive progress in implementing IHR and its amendments. She welcomed Member States' recommendations on strengthening regional operational readiness and reaffirmed that IHR implementation must be led by each State Party, while also underscoring the need to foster collaboration and mutual accountability to safeguard collective security.

60. The Director, Programme Management, drawing a parallel between the Region's work on climate change and health and its work on pandemic preparedness, underscored the need to take a multisectoral, One Health approach to implementing IHR, while also taking account of country-specific needs and contexts. She emphasized the importance of sharing expertise, in particular through WHO collaborating centres.

61. The Regional Committee considered a draft resolution on implementing the IHR (2005) amendments.

62. The resolution, which among other actions endorsed the draft plan on *Implementation of the International Health Regulations (2005) Amendments in the Western Pacific Region*, was adopted (see resolution WPR/RC76.R2).

ORAL HEALTH: Item 12 of the Agenda (document WPR/RC76/6)

63. The Regional Director, introducing the item, said that, despite the importance of oral health, oral diseases continued to seriously affect populations globally and across the Western Pacific Region and were among the most prevalent NCDs in the Region. In response to the adoption of the *Global strategy and action plan on oral health 2023−2030* and the Regional Committee's calls for Member States to take action on integrating oral health into PHC, promoting lifelong oral health and strengthening governance and research for oral health, the Regional Office had worked with Member States and stakeholders to develop the draft *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*, which was aligned with the Bangkok Declaration on oral health and the regional vision and put forward acceleration projects, targets and milestones to drive progress towards UHC for oral health by 2030.

64. Representatives welcomed the Region's emphasis on oral health, the Regional Implementation Plan and its key accelerators. They added that the plan would serve as a practical and inclusive road map for Member States, recognizing that progress on oral health contributed directly to broader health, social and economic outcomes and was an indicator of social justice. Delegates emphasized the need for regional cooperation that took into account country contexts and the importance of taking a whole-of-society, multisectoral, life-course approach to oral health. They also emphasized the linkages between oral health and NCDs.

65. Representatives shared the measures they were taking in their countries to integrate oral health into national health plans and policies, with an emphasis on health promotion and prevention. Actions to anchor oral health in PHC, improve community-based service delivery and reduce oral health disparities included: the inclusion of oral health care in essential packages of care; outreach programmes aimed at hard-to-reach, underserved and vulnerable communities, involving, for instance, mobile dental clinics; efforts to standardize norms, practices and procedures; actions to train PHC and other professionals on oral health; the inclusion of traditional leaders in oral health policy and strategy development; the development of partnerships with the private sector to bridge service gaps; and the use of technology and innovation to reach remote communities and improve diagnostic capacities. Many countries were focusing on building healthy habits, particularly through screening and other initiatives that targeted school-aged children and the elderly and measures to encourage regular dental check-ups.

66. More technical support and capacity-building would be needed to enable countries to improve indicators and quality standards, enhance the role of technology in oral health, ensure sustainable financing and further integrate oral health into PHC and enable the expansion of oral health programmes to remote communities. While several Member States had made progress in incorporating oral health into national health surveys in order to guide evidence-based policy development, further guidance and support in that area would be appreciated.

67. There were calls for continued support for regional efforts and training models that built capacity and equity across Pacific island countries and areas. In that regard, the WHO oral health training toolkit had recently been piloted in Solomon Islands, and the Oral Health Pacific Islands Alliance played a key role in ensuring solidarity and knowledge exchange.

68. Statements were made jointly on behalf of the World Dental Federation and the International Association for Dental Research and on behalf of the Global Self-Care Federation.

69. The Director, Healthy Environments and Populations, thanked Member States for their thoughtful interventions and strong support for the Regional Implementation Plan. It was encouraging that so many countries had developed national plans and policies covering oral health; that oral health was being integrated into broader NCD prevention and health promotion efforts; and that countries were integrating oral health into national health surveys for data-driven, equitable decision-making. He looked forward to working with Member States to facilitate implementation of the Regional Implementation Plan by providing technical guidance, ensuring collaboration and knowledge exchange and reporting regularly on progress.

70. The Regional Committee considered a draft resolution on oral health.

71. The resolution, which among other actions endorsed the *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*, was adopted (see resolution WPR/RC76.R3).

ALCOHOL CONTROL: Item 13 of the Agenda (document WPR/RC76/7)

72. The Regional Director said that alcohol use remained a major health and development challenge in the Western Pacific Region, responsible for nearly a half million deaths each year and disproportionately harming young people and vulnerable communities. Consumption had declined during the COVID-19 pandemic, but without stronger regulatory action forecasts indicated a rebound to pre-pandemic levels. Member States three years previously had endorsed the *Global alcohol action plan 2022–2030*, but implementation of its evidence-based policies and interventions had been uneven, and industry interference remained a major barrier. Stronger regional action was urgently needed to prevent and reduce alcohol harm and achieve the global target of a 20% reduction in per capita consumption by 2030, compared to 2010 levels.

73. The draft implementation plan *Accelerating Implementation of the WHO Global Alcohol Action Plan 2022−2030 in the Western Pacific Region* had been developed in consultation with Member States and other stakeholders. It highlighted alcohol consumption trends and called for accelerated action to address related harms, with the flexibility to accommodate countries at all stages of policy development and implementation. In addition, it suggested ways to integrate alcohol control into the broader health and development agenda, including UHC and NCD prevention and control.

74. Representatives described efforts to limit alcohol consumption and raise awareness of its harmful effects in their respective countries and expressed support for the implementation plan as a structured and flexible road map for national control interventions that aligned with the regional goal of reducing per capita consumption of alcohol. There was broad endorsement of the WHO SAFER technical package as a practical pathway to embed alcohol policy into national health systems and inform alcohol control guidelines. The importance of enhancing regional collaboration by sharing knowledge and best practices was stressed repeatedly. Representatives looked to WHO for continued regional leadership and coordination, and for technical, financial and capacity-building support, specifically assistance with drafting legislation.

75. Recurring themes included the problem of informal or illicit supply chains and heavy episodic drinking; cultural acceptance of alcohol in social settings; the need for social and behavioural change initiatives that targeted vulnerable and high-risk groups such as children, young people, pregnant women and drivers; identification of healthy recreational alternatives to alcohol use; aggressive marketing aimed at specific population groups, especially young people; the protection of policy-making from vested interests; regulation of alcohol as a public safety and law-and-order issue; and the importance of multi-stakeholder cooperation in implementing alcohol control measures.

76. Several delegations cautioned that global or regional advice on shaping alcohol policies should be tailored to national contexts, lifestyles and legal frameworks, and with the hospitality, travel and tourism sectors still recovering from the pandemic, a balance needed to be struck between encouraging economic recovery and measures to limit or control alcohol.

77. Statements were made on behalf of Vital Strategies and Movendi International.

78. The Director, Healthy Environments and Populations, noted the challenges that Member States continued to face in their efforts to control alcohol consumption, namely commercial interference, low public awareness of alcohol harm, social norms, and gaps in monitoring and policy enforcement.

79. The Director, Programme Management, suggested a number of low-maintenance alcohol-control initiatives such as the use of questionnaires to raise alcohol awareness in the health sector, where many health workers were known to engage in harmful drinking; brief advice and motivational interviewing; and the recruitment of paediatricians and family physicians to warn people of the damage that alcohol caused to the human brain.

80. The Regional Committee considered a draft resolution on alcohol control.

81. The resolution, which among other actions endorsed the draft *Accelerating Implementation of the WHO Global Action Plan 2022–2030 in the Western Pacific Region*, was adopted (see resolution WPR/RC76.R4).

TECHNICAL DISCUSSIONS: Item 14 of the Agenda (document WPR/RC76/8)

Artificial intelligence in health-care systems (Item 14.1 of the Agenda)

82. The Director, Programme Management, said that AI was transforming health systems in the Western Pacific Region, offering unprecedented opportunities to strengthen health service delivery and improve health outcomes. Generative AI, in particular, extended AI's reach beyond simple technical tasks into systemic functions that directly supported overburdened health systems. However, the rapid evolution of AI also presented challenges. While pilot projects had shown promise, large-scale adoption of AI remained limited, and financial, regulatory and other barriers must be addressed to ensure the equitable and safe use of AI. The Regional Committee's recent endorsement of the *Regional Health Innovation Strategy for the Western Pacific* and the *Regional Action Framework on Digital Health in the Western Pacific* demonstrated the shared commitment of Member States to building resilient, future-ready health systems, with an emphasis on strengthening institutional capacity, governance and responsible innovation. Member States had subsequently begun enhancing AI readiness through national strategies, enabling policies and investments in digital infrastructure with the Secretariat's support.

83. The Director, Data, Strategy and Innovation, said that, in light of the projected shortage of health workers, particularly in low- and middle-income countries, and related issues such as burn-out, it was important to consider how to gain efficiency, standardize care quality and improve patient experiences and outcomes. In response, countries were exploring AI transformation: an AI tool to detect diabetic retinopathy had been adopted in Malaysia; Singapore had developed an AI "buddy" to assist emergency call-takers; AI-powered ambient scribe tools were in use in New Zealand to ease documentation burdens; and China had introduced a generative AI model into hospital systems for administrative efficiency and decision-making support.

84. The Director went on to say that it was important for health authorities to be prepared for the AI transformation, by developing national strategies, generating evidence for clinical validation of AI through deployment and prioritizing solutions that could enable leap-frogging in low- and middle-income country settings. Outlining the guidance on AI transformation in health set forth in the *Regional Health Innovation Strategy for the Western Pacific*, he said that WHO would continue to support Member States by establishing platforms for regional dialogue and convergence on AI governance; supporting public sector capacity-building programmes for responsible AI adoption, governance and regulation; providing a catalogue of high-impact use cases for health equity; and developing expert networks for regional guidance.

85. The representative of China explained that his Government had issued a series of policy documents on the application of new-generation AI, including in health settings, along with guidelines on the use of

big data in health care and on AI applications in the health industry. Examples of the AI initiatives rolled out in certain regions of China included: smart appointments and pre-consultations to reduce waiting times; an intelligent medical assistant to enhance capacity and efficiency in PHC; intelligent pre-prescription reviews to improve service quality; intelligent search-and-rescue robotic dogs to strengthen emergency rescue capabilities; smart patient-monitoring beds to reduce adverse events; and an intelligent critical-care decision-making tool to improve assessment accuracy in hospitals. In promoting AI applications, China sought to ensure cybersecurity and protect personal data through legislative measures, with health-care information classified as sensitive personal information that could only be handled with patients' informed consent. Medical institutions were also working to strengthen data security management.

86. The representative of Indonesia said that guidelines on the use of AI in health care had been introduced to ensure that AI served as a supportive decision-making tool. In addition, the Ministry of Health had established a committee on the use of AI in the health sector comprising stakeholders and experts in both AI and health care. Hackathons were also organized to promote innovation, and steps were being taken to raise awareness of the benefits and risks of AI and promote its responsible use in the health sector. Those actions had informed the development of the country's current AI road map. Health-care-related AI solutions implemented in Indonesia included: an AI-based hospital call centre offering around-the-clock, multilingual service with automated administrative tasks and call data analysis; a chatbot offering a free diabetes screening service; speech recognition for the transcription of medical records to reduce documentation times and increase doctor–patient interactions; AI-driven X-rays for detecting lung cancer with a high level of accuracy; and the use of AI in anatomical pathology diagnosis. Finally, a "Health Sandbox" had been created to test and refine health innovation safely.

87. The Director, Programme Management, moderating the discussion, asked the two presenters to provide an example of how AI could be used to enhance the patient experience.

88. The representative of China explained that, with AI-enabled tools, patients could register prior to their hospital visit using their smartphone; the system would then provide information on the hospital, their expected time of arrival and estimated waiting times. Upon arrival at the hospital, patients could register at a self-service terminal, providing relevant information that would be sent directly to their physician prior to the consultation. During the consultation itself, an AI assistant would support the physician with analysis, diagnosis and prescriptions; the results of any examinations could also be read with AI support. After their hospital visit, patients could also benefit from smart pharmacy and follow-up services.

89. The representative of Indonesia, using tuberculosis services as an example, said that AI had brought such services closer to the community, particularly in areas that lacked medical personnel, and had helped to simplify processes and speed up analysis and diagnosis. For suspected cases of tuberculosis, portable, AI-driven X-ray machines were used to instantly analyse images and provide preliminary results within less than 10 minutes.

90. Representatives recognized the potential of AI to strengthen health system resilience and expand health-care access, especially for under- and unserved communities and underscored the need to ensure its ethical, safe and patient-centred use through the development of national digital health strategies, robust regulatory mechanisms and digital literacy initiatives. They outlined areas of health care in which they were adopting AI, including health screening, real-time monitoring of communicable diseases, predictive analytics in disease surveillance, the use of large language models to serve multilingual needs in medical settings, and AI-enabled electronic medical records. Countries were also developing regulatory frameworks, with clear standards and guidelines for AI developers and implementers to foster trust in, and ensure the safety and high-quality of, AI-enabled health products, and were establishing robust multidisciplinary oversight mechanisms. AI literacy was another area of focus, with countries implementing a range of capacity-building and awareness-raising initiatives for policy-makers, medical professionals and patients alike.

91. Nonetheless, when developing regional guidance, it was important to bear in mind that countries and areas in the Region were at different stages of AI adoption; fragmented pilot projects remained common,

with progress constrained by poor system readiness, weak regulatory capacity, limited workforce skills and a lack of integration into clinical workflows. As a result, support and strengthened coordination were needed – from both WHO and more AI-advanced countries – to move towards sustainable, system-wide AI adoption. It was also essential to ensure that AI did not exacerbate existing inequalities as a result of biased data, a lack of transparency and limited representation of certain groups, such as Pacific communities, in AI learning systems. To that end, it was vital to ensure data sovereignty and protection, including for Indigenous peoples, invest in digital literacy, build an AI-ready health workforce and ensure the inclusion of those without a mobile phone or data, particularly in emergencies. In that regard, one delegate said that a Pacific AI equity taskforce should be established. There was a need for clear, locally actionable guidelines that reflected local contexts and values, particularly for smaller states, and that took account of the ethical and social dimensions of AI adoption. Standardized global guidelines on AI ethics, safety and interoperability were needed, along with support for capacity-building and WHO-facilitated knowledge-sharing platforms that linked AI innovation with health system strengthening, climate resilience and UHC.

92. A statement was made on behalf of the International Federation of Medical Students' Associations.

93. The Director, Data, Strategy and Innovation, agreed that the AI transformation should be ethical, responsible, culturally sensitive and respectful of national sovereignty. He acknowledged that countries were at different stages of AI adoption and required actionable, locally grounded guidelines, noting the calls for technical support, capacity-building and knowledge-sharing. The Secretariat stood ready to facilitate the establishment of a Pacific AI equity taskforce.

Hypertension control (Item 14.2 of the Agenda)

94. The Director, Programmes for Disease Control, said that the majority of countries in the Western Pacific Region were not on track to achieve SDG 3.4 on reducing premature mortality from NCDs by 30%. Progress on NCDs, including hypertension, had been very slow, a gap that put millions at risk and highlighted the need for urgent action. Successful hypertension control programmes should ideally strengthen policy and governance frameworks, promote effective health promotion and prevention, integrate hypertension services into PHC, employ standardized treatment protocols, improve access to essential medicines, support adherence and continuity of care, enhance monitoring and evaluation, and pursue specifically tailored strategies for Pacific island countries and areas.

95. A video presentation showcased a WHO-supported programme in Solomon Islands to address the crisis of hypertension and diabetes, focusing on coaching health workers in key practice skills and changes in clinical practice to deliver improvements in quality. Routine screening had been introduced to avoid complications, especially those that could lead to amputations. As a result, the detection of diabetes and hypertension had increased by more than sevenfold, and the detection of new diabetes cases had increased fourfold.

96. The representative of Macao SAR (China) presented the *Healthy Macao Blueprint* focusing on mindset change and early detection to reduce mortality rates and the incidence of complications in chronic diseases. To effectively manage chronic diseases in community health-care settings, a pilot programme focusing on hypertension and diabetes management had been gradually expanded to cover every health centre in Macao SAR (China). The approach was based on a system to counteract clinical inertia by using confidential feedback to foster trust, motivate improvement and remove any element of blame or sanction. No additional financial or technical resources had been needed to implement the scheme, which relied on the refinement and standardization of procedures for measuring blood pressure using structured electronic fields.

97. The representative of the Philippines described an ongoing national hypertension control campaign to manage hypertension in 10 million Filipino adults and achieve sustained blood pressure control nationwide. It embodied a whole-of-government and whole-of-society approach structured around health promotion and disease prevention, service delivery, systems strengthening and governance. Among other things, the programme sought to integrate hypertension into PHC and promote public awareness and healthy

behaviours. Simple visual tools – such as blood pressure checklists, flow charts and lifestyle guides – had been introduced to help primary care teams deliver consistent protocol-based care.

98. In describing national initiatives and achievements in the area of hypertension control, representatives emphasized the strengthening of PHC in ways that aligned with the evolving needs of communities; the standardization of treatment protocols and pathways; early screening; campaigns to promote healthy living and lifestyle transformations, including promoting traditional diets and avoiding imported foods; multisectoral action to reduce risk factors; collaboration with food manufacturers to adjust ingredients, especially sodium reduction; and legislation on clear labelling requirements. Several representatives mentioned scalable models for hypertension care, involving steady medication or the use of long-duration prescriptions to reduce hospital visits.

99. A statement was made on behalf of the International Federation of Medical Students' Associations.

Safer surgery (Item 14.3 of the Agenda)

100. The Regional Director said that safer and affordable surgery was an essential component of emergency, critical and operative care and a key element of UHC. Based on guidance contained in the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030*), Member States – with support from WHO and partners – had strengthened measures to promote surgical safety over the past five years. Key issues for consideration included the sustainability of interventions, equitable access and the need to embed surgical services into essential health packages and national strategies.

101. The Director, Health Systems and Services, said that WHO viewed safe surgery through the lens of health systems support and PHC, an approach that involved upstream work to ensure the availability of surgical inputs, streamlined referral systems and engagement with communities to avoid recourse to surgery in the first place. Other core elements included adoption of the WHO safety checklist and sterilization audits, the development of legal protection mechanisms, data strengthening and more widespread use of written informed consent forms.

102. The representative of Cambodia provided an overview of Cambodia's *National Policy and Strategic Plan on Surgery, Obstetrics and Anaesthesia 2025–2030*, which sought to provide safe, accessible, high-quality, timely and affordable surgical, obstetric and anaesthesia care to all residents of Cambodia, regardless of their age, location or socioeconomic background. The policy was based on multidisciplinary and multi-level coordination, evidence-based planning and a systems approach to quality and safety, to deliver people-centred care, build capacity and develop national patient safety guidelines. Going forward, Cambodia would continue to promote and scale up the use of WHO surgical safety checklists, improve sterilization techniques and promote a culture of hospital leadership and safety.

103. The representative of Solomon Islands gave a presentation on national efforts to reduce diabetic amputation through practical, clinically based coaching and a drive to improve quality in clinical environments, including through better monitoring and data collection, rationalization of surgical spaces and coordinated collaboration among surgeons, physicians, the national NCD programme and PHC staff at national and provincial levels.

104. Representatives flagged initiatives to nurture a culture of safety and strengthen health-facility standards and regulations; the introduction of strict protocols for surgical operations across all levels of care, including the safe use of anaesthetics; the adoption of WHO surgical safety checklists; the optimization of surgical pathways and the need for well-designed surgical spaces; the integration of surgical data into health information systems; the development of guidelines on patient safety incidents and surgical best practices; and clear communication with patients and families through informed consent mechanisms. One representative made the point that there was no UHC without access to safe and affordable surgery. Delegates from small Pacific island countries and areas said that geographic remoteness was occasionally a problematic issue; other challenges included a shortage of trained surgical health workers, the difficulty of maintaining continuous quality assurance, and supply chain vulnerabilities. WHO was requested to

facilitate peer learning and cooperation and to provide comprehensive and updated technical guidance, specifically regarding the definition of core indicators, workforce support, technical assistance for enhanced quality assurance, and sustained investment for essential surgical tools and supplies.

105. Statements were made on behalf of the International Federation of Surgical Colleges and Societies Ltd. and the World Federation of Societies of Anesthesiologists.

Tobacco control (Item 14.4 of the Agenda)

106. The Director, Healthy Environments and Populations, said that the latest WHO estimates confirmed that the Western Pacific Region continued to show the slowest decline in tobacco use compared with other WHO regions. The Region was now projected to achieve a 12% relative reduction by 2030 from the 2015 baseline, well short of the 30% target. The midterm review of the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* showed that progress remained uneven across countries and policy areas. The next five years were therefore critical to close policy gaps, invest in proven measures and replicate successes across the Region.

107. The representative of Hong Kong SAR (China) reviewed the progressive tightening of tobacco use restrictions in Hong Kong SAR (China) in recent years: a ban on e-cigarettes and heated tobacco products in 2022; tobacco tax hikes in 2023 and 2024; a ban on flavoured tobacco products; the introduction of mandatory plain packaging; the expansion of no-smoking areas; stamp duty and increased penalties on illicit tobacco trade; and restrictions on the possession of e-cigarettes and heated tobacco products. In addition, a series of smoking cessation support measures had been successfully introduced: the "very brief advice" (ask–advise–refer) model, telephone counselling and postal delivery of cessation medications; the use of free trial packs of nicotine replacement therapy and/or Chinese medicine acupressure ear patches; and free and easily accessible cessation clinics that offered counselling and pharmacotherapy or Chinese medicine acupuncture. Other challenges included tobacco industry interference and the need for sharing of enforcement strategies, and more data and technical support for tobacco product regulation.

108. A video presentation showcased declining tobacco use and tobacco cessation measures in Nauru, stressing the importance of extensive stakeholder consultation and political engagement in strengthening tobacco control strategies, and reviewing and amending laws that, among other things, raised the legal age of tobacco use, ensured the non-visibility of tobacco advertising; banned the sale of single cigarettes, partial packages and e-cigarettes; and imposed mandatory licensing for the importation, distribution and sale of tobacco products. National tobacco prices and taxes had been significantly increased, and a portion of the revenue generated had been redirected to health initiatives. Special emphasis had been placed on cessation messaging in schools, workplaces and businesses. The use of interactive communication models and roadshows had proved particularly effective.

109. Representatives listed their various national tobacco control and cessation initiatives and affirmed their alignment with the WHO Framework Convention on Tobacco Control best buys on taxation; smoke-free spaces (especially schools, sports events or even whole cities in some tourist areas); comprehensive advertising, promotion and sponsorship bans; hard-hitting media; plain packaging; and appropriately regulated harm reduction measures. Several representatives noted that the decline in tobacco use had been offset by an increase in vaping and the uptake of new tobacco and nicotine products. In response, many countries had either banned or tightly regulated their use. Tobacco control was a long-term, whole-of-government project that demanded vigilance with regard to tobacco industry tactics and robust countermeasures to prevent a new wave of addiction, especially among young people. As always, when implementing such measures, account should be taken of national specificities and contexts.

110. Statements were made on behalf of the International Pharmaceutical Federation and the International Association of Communication Sciences and Disorders.

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 15 of the Agenda (document WPR/RC76/9)

Agenda for the seventy-seventh session of the Regional Committee (Item 15.1 of the Agenda)

111. The Executive Officer, Programme Management, said that the Secretariat had proposed three technical agenda items for the seventy-seventh session of the Regional Committee in 2026, namely leveraging immunization to accelerate broader health impacts in the Western Pacific Region; accelerated efforts to achieve controlled hypertension in an additional 100 million hypertensive people in the Region; and tobacco control.

112. As enlarged or additional topics for discussion, representatives proposed the inclusion of risk communication under the proposed item on immunization; PHC for all NCDs, with hypertension as an entry point; maternal and child health considered in conjunction with immunization; strengthening of mental health services; the role of PHC in the IHR amendments; and the health impact of social media and digital exposure.

The work of WHO in countries (Item 15.2 of the Agenda)

113. The Coordinator of the Country Support Unit introduced a series of presentations by national ministers of health designed to give a snapshot of WHO engagement with countries in the Region and to celebrate innovative and collaborative ways of working.

114. **Fiji**: The Minister for Health and Medical Services of Fiji described a variety of health initiatives including the reclassification and international deployment of the Fiji Emergency Medical Assistance Team (FEMAT); the installation of solar power at health-care facilities across Fiji; training for health workers in how to manage health risks linked to climate change; raising awareness of the impacts of climate change; and renovations to the Fiji Centre for Disease Control.

115. **Tuvalu**: The Secretary of Health of Tuvalu described progress on reducing the burden of NCDs, reviewing the Tuvalu Overseas Medical Referral Scheme, developing human resources, introducing innovations in the health information system, and advancing towards climate-resilient health systems by implementing a United Nations Development Programme and Global Environment Facility project.

116. **Cook Islands**: The Secretary of Health of Cook Islands gave an overview of how the Healthy Islands initiative – currently celebrating its 30th anniversary – had guided and supported health improvements, including through bold decision-making on the part of traditional, religious and island government leaders to turn certain outlying islands into smoke-free zones.

117. **The Philippines**: The Secretary of Health of the Philippines described collaboration between the Philippines and WHO in areas such as PHC, digital governance and health security. WHO support had been particularly valuable in establishing platforms for coordinating foreign-assisted health projects and ensuring that every investment in health was evidence-based, efficient and aligned with the goals of UHC. Also of note was WHO's consistent engagement in strengthening health workforce cooperation across the Region, especially through the Philippine−Pacific Health Initiative, a prime example of regional solidarity and shared growth.

118. **Papua New Guinea**: The acting WHO Representative in Papua New Guinea reviewed some of the initiatives being taken by the Government of Papua New Guinea to control and eliminate neglected tropical diseases (NTDs). Guided by global, regional and national strategies, the Government was in the process of integrating NTD services into PHC, linking them with malaria and immunization programmes using a community-centred approach, while also enhancing cross-border collaboration.

119. The Minister of Health of Papua New Guinea said that as early as in the 1960s, WHO had been a driving force in reducing and eliminating NTDs in his country, thereby exemplifying partnership and

commitment to reach the most vulnerable people living in remote communities. With assistance from WHO, Papua New Guinea had recently validated the elimination of trachoma as a public health problem. Progress had also been made on eliminating other NTDs through integrated mass drug administrations and disease management. More than 1.2 million people had been reached, achieving over 70% coverage in key provinces. The Government of Papua New Guinea placed a high value on its collaboration with WHO to ensure that no one was left behind.

120. **The Federated States of Micronesia**: The representative from the Federated States of Micronesia Permanent Mission in Suva explained how her Government was working to tackle NCDs with WHO support by: expanding telemedicine platforms to overcome geographical barriers and ensure timely, equitable access to care; investing in health workforce training and capacity-building with a focus on expanding the workforce and retaining talent; integrating NCD services into PHC; and promoting healthy lifestyles, in part by supporting small-scale farming and engaging religious and other community leaders in health education.

121. **Indonesia**: The representative from the Ministry of Health described the comprehensive transformation under way in her country to build a stronger, more resilient and more equitable health system. Indonesia had also adopted "quick-win" programmes to improve health screening, upgrade hospitals to increase access to comprehensive health services, and strengthen tuberculosis detection, immunization and treatment.

122. Representatives expressed appreciation for the Secretariat's work on country cooperation strategies and emphasized the importance of WHO collaborating centres in promoting information exchange, building regional networks and scaling up innovation in the Region. WHO should continue to prioritize in-country work where needs were most critical to deliver high, measurable impact and ensure that country offices remained agile. One delegate welcomed the upgrade of the WHO Country Liaison Office in the Federated States of Micronesia to a WHO country office with a WHO Representative, while another proposed that Pacific Health Ministers Meeting resolutions should be presented to the Regional Committee and the Pacific Islands Forum. Highlighting the critical role of evaluation across the Organization, one representative asked for clarification on the progress of the Evaluation Plan 2024–2025.

123. The Director, Programme Management, summing up the discussion, reiterated that country cooperation strategies were a valuable tool and explained that evaluations were conducted at the country level, in part through IHR Joint External Evaluations, and at the programme level. Reprioritization had served as a useful mechanism for confirming the importance of WHO's work in countries, helping to ensure more funding for country offices and streamlining work across the three levels of the Organization.

Regional membership in the Executive Board (Item 15.3 of the Agenda)

124. The representative of Brunei Darussalam, speaking in his capacity as Chairperson of the Informal Working Group on the Executive Board Seats Allocation for the Western Pacific, delivered a progress report on the group's work since its inception in 2023, with a mandate to develop options and consult Member States on a formula for equitable Executive Board seat distribution in the Region. Following its most recent meeting, the working group had agreed that, as a first step, Member States should submit their ideas or proposals on the issue to the Secretariat for summarization and analysis. Member States were therefore requested to submit their proposals by 1 December 2025.

125. Representatives said that the outcome of the Informal Working Group's deliberations should formalize the long-standing spirit of harmony and consensus that characterized the decision-making processes of the Western Pacific Region and reflect the inclusivity and shared responsibility of regional Member States when projecting a regional voice at the global level. The future allocation mechanism decided upon by the Informal Working Group should ensure a fair, transparent, predictable and structured rotation of Member States that took into account the Region's diversity of perspectives and the importance of regional subgroupings. Following the reassignment of Indonesia to the Western Pacific Region and the fact that the Region now represented one quarter of the world's population, consideration should be given to increasing

the overall number of Executive Board seats allocated to the Region from five to six. The representative of China said that, as the largest assessed contributor to WHO, if successfully elected to a seat on the Executive Board her country would be better positioned to advocate more effectively for the Western Pacific Region on the global stage.

126. In a closed meeting, the Regional Committee agreed to nominate China as the Member State entitled to designate a person to serve on the Executive Board, to replace Australia whose term of office would expire at the end of the Seventy-ninth World Health Assembly. As officers of the seventy-ninth World Health Assembly, the Regional Committee proposed Papua New Guinea for the post of Vice-President, Indonesia for the post of Vice-Chairperson of Committee B, China and Fiji for the General Committee, and Mongolia and Viet Nam for the Credentials Committee.

Items recommended by the World Health Assembly and the Executive Board (Item 15.4 of the Agenda)

127. The Executive Officer, Programme Management, invited Member States to submit comments on the items recommended by the World Health Assembly to the corresponding global or regional focal points for each item.

Accreditation of non-State actors (Item 15.5 of the Agenda)

128. The Regional Compliance and Risk Management Officer, recalling that the procedure for granting observer status to non-State actors not in official relations with WHO had been adopted by the Regional Committee at its previous session in decision WPR/RC75(2), said that the non-State actors that had applied for observer status by 31 December 2024 had been reviewed by the Secretariat, and two – the Institute of Philanthropy and the Southeast Asia Tobacco Control Alliance – had been found to meet the eligibility criteria and requirements. He provided an overview of the work of the two eligible non-State actors.

129. The Regional Committee adopted the decision granting accreditation to participate in meetings of the Regional Committee to the Institute of Philanthropy and the Southeast Asia Tobacco Control Alliance (see decision WPR/RC76(1)).

Other items (Item 15.6 of the Agenda)

WHO reform

130. The Director, Administration and Finance, said that the cost-saving and cost-containment measures implemented in the Region had resulted in savings of more than US$ 12 million, while reprioritization efforts had reduced management layers, improved efficiency and further directed support to the country level. The Secretariat was taking a people-centred approach to building a sustainable, accountable, representative and future-ready workforce. That entailed leveraging AI tools to streamline workflows, enhancing project management capacity and promoting data-driven decision-making, including with the support of the Solutions Lab. Those efforts were paying off: following the reassignment of Indonesia to the Region, the Regional Office was currently serving 2.2 billion people, supported by just 7% of the Organization's global staff. Lastly, he invited Member States to provide comments on the recent update to the paper on Executive Board-led governance reform.

131. Representatives expressed appreciation for the Region's reform efforts in challenging times, welcoming in particular the strategic, collaborative and transparent approach to cost-saving; the focus on enhancing country support, streamlining teams and optimizing workflows; and the "Go WHO" coaching workshops, which should be expanded. They underscored the importance of continuing to ensure the fair and equitable representation of Member States from the Region within the Secretariat and of further enhancing transparency, accountability and inclusiveness, in part through regular reporting. The Regional Office's coordinating role within the Organization should also be enhanced.

132. One delegate requested further information on the status of the recommendations stemming from the eight taskforces established under the Control Tower, while another called for regular updates on the Healing Hearts initiative and further details on the functions that were to be reduced as part of the reprioritization process, including time frames and the status of any related discussions with other agencies and partners.

133. The Director, Administration and Finance, said that the Secretariat would continue to strengthen responsiveness, accountability and effectiveness across the Region through cost-containment measures, structural realignment and innovation, and to foster transparency, inclusivity and staff engagement to sustain a culture of continuous improvement and collaboration. He explained that the Control Tower and related taskforces had served as strategic enablers to guide the prioritization process and were being phased out as that process drew to a close. The Secretariat would continue to expand the "Go WHO" workshops with a focus on under- and unrepresented countries and would keep Member States updated on that work.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 16 of the Agenda (document WPR/RC76/10)

134. The Director, Health Systems and Services, said that the three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were currently China, Mongolia and Vanuatu. The term of office of Mongolia would expire on 31 December 2025. The Regional Committee was requested to nominate one Member State to succeed Mongolia and serve a three-year term starting on 1 January 2026. The Regional Committee might wish to consider Cambodia as a member of the Policy and Coordination Committee and, as such, to nominate a representative, upon WHO's formal request to the Minister of Health, to serve on the Committee for a three-year term from 1 January 2026 to 31 December 2028.

135. The Regional Committee nominated Cambodia to replace Mongolia (see decision WPR/RC76(2)).

TIME AND PLACE OF THE SEVENTY-SEVENTH AND SEVENTY-EIGHTH SESSIONS OF THE REGIONAL COMMITTEE: Item 17 of the Agenda

136. The Regional Director said that the seventy-seventh session of the Regional Committee would be held at the Regional Office in Manila, Philippines, from 19 to 23 October 2026. Expressing appreciation for the invitation from Indonesia to host the seventy-eighth session, he explained that more time was needed to confer with other Member States that had expressed interest before finalizing plans for the seventy-eighth session.

137. A resolution confirming the time and place of the seventy-seventh session was adopted (see resolution WPR/RC76.R5).

138. **CLOSURE OF THE SESSION: Item 18 of the Agenda**

The Chairperson announced that the draft report of the seventy-sixth session would be sent to all representatives, with a deadline for submission of any proposed changes. After that deadline, the report would be considered approved.

The representative of the Republic of Korea proposed a resolution of appreciation to the Government of Fiji and the city of Nadi for hosting the seventy-sixth session of the Regional Committee; the Chairperson, Vice-Chairperson and Rapporteurs for their excellent stewardship; the representatives of intergovernmental and nongovernmental organizations for their statements; and the Regional Secretariat for their work in preparing for the session and the meeting arrangements (see resolution WPR/RC76.R6).

The Regional Director delivered his closing remarks (see Annex 9).

After the customary exchange of courtesies, the seventy-sixth session of the Regional Committee was declared closed.

ANNEX 1

AGENDA

Opening of the session and adoption of the agenda

1. Opening of the session
2. Address by the outgoing Chairperson
3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs
4. Address by the incoming Chairperson
5. Adoption of the agenda

Keynote address

6. Address by the Director-General

Review of the work of WHO

7. Address by and Report of the Regional Director

   WPR/RC76/2

8. Programme budget

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

   WPR/RC76/3
   RC76/INF/1

Policies, programmes and priorities for the regional vision "*Weaving health for all"*

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

   RC76/INF/2

10. Climate change and health system safety and resilience

    WPR/RC76/4

11. Implementing the International Health Regulations (2005) amendments

    WPR/RC76/5

12. Oral health

    WPR/RC76/6

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13. Alcohol control

WPR/RC76/7

14. Technical discussions

14.1 Artificial intelligence in health-care systems

14.2 Hypertension control

14.3 Safer surgery

14.4 Tobacco control

WPR/RC76/8

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

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

15.5 Accreditation of non-State actors

15.6 Other items

a. WHO reform

b. Additional topics (if any)

WPR/RC76/9

Membership of Global Committee

16. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee

WPR/RC76/10

Other matters

17. Time and place of the seventy-seventh and seventy-eighth sessions of the Regional Committee

Closure of the session

18. Closure of the session

ANNEX 2

LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA	Ms Celia Street, Deputy Secretary, Australian Government Department of Health, Disability and Ageing, Canberra, *Chief Representative*
	Mr Sean Lane, Assistant Secretary, Australian Government Department of Health, Disability and Ageing, Canberra, *Alternate*
	Ms Fleur Davies, Acting First Assistant Secretary, Australian Department of Foreign Affairs and Trade, Barton ACT, *Alternate*
	Ms Harriet Osborne, Senior Policy Officer, Australian Government Department of Health, Disability and Ageing, Canberra, *Alternate*
	Ms Pamela Hagedorn, Assistant Director, Multilateral Health Branch, Australian Department of Foreign Affairs and Trade, Barton ACT, *Alternate*
BRUNEI DARUSSALAM	Honourable Dato Dr Isham Jaafar, Minister of Health, Ministry of Health, Bandar Seri Begawan, *Chief Representative*
	Datin Dr Noraslinah Ramlee, Consultant Physician, Early Detection and Cancer Prevention, The Brunei Cancer Centre, Bandar Seri Begawan, *Alternate*
	Dr Khalifah Ismail, Acting Director General of Medical and Health Services, Ministry of Health, Bandar Seri Begawan, *Alternate*
	Dr Sirajul Jamaludin, Acting Director of Environmental Health Services, Ministry of Health, Bandar Seri Begawan, *Alternate*
	Mrs Noresamsiah Md Hussin, Assistant Director of International Affairs, Ministry of Health, Bandar Seri Begawan, *Adviser*
	Mr Mohd Raizul Amir Idros, Senior Health Officer, Ministry of Health, Bandar Seri Begawan, *Alternate*
CAMBODIA	Honourable Professor Chheang Ra, Minister of Health, Ministry of Health, Phnom Penh, *Chief Representative*
	Honourable Professor Koy Vanny, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*
	Honourable Professor Lem Dara, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*
	Honourable Professor Im Sethikar, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*

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CAMBODIA (continued)	Honourable Dr Lo Veasnakiry, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*
	Honourable Dr Vinntak Sung, Secretary of State for Health, Ministry of Health, Phnom Penh, *Alternate*
	Assistant Professor Suy Sovanthida, Deputy Director General for Health, Ministry of Health, Phnom Penh, *Alternate*
	Dr Huy Meng Hut, Deputy Director, Department of International Cooperation, Ministry of Health, Phnom Penh, *Alternate*
CHINA	Mr Feng Yong, Acting Director General, Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Chief Representative*
	Mr Wang Yuan, Chargé d'affaires ad interim, Embassy of The People's Republic of China in The Republic of Fiji, Suva, *Alternate*
	Mr Jin Yujun, Division Director, Department of Planning and Information, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Ms Wang Shuangyan, Division Director, Department of Finance, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Ms Wang Manli, Division Director, Department of Medical Administration, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Mr Yu Gongyi, Principal Staff Member (L2), Department of Medical Emergency Response, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Mr Yang Xiaochen, Division Director, Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Ms Duan Bowei, Staff Member (L1), Department of International Cooperation, National Health Commission of the People's Republic of China, Beijing, *Alternate*
	Mr Wang Guoxin, Division Director, Department of Human Resources, National Disease Control and Prevention Administration, Beijing, *Alternate*
	Mr Xue Bo, Consultant (L2), National Disease Control and Prevention Administration, Beijing, *Adviser*
	Ms Fei Jia, Division Director, National Disease Control and Prevention Administration, Beijing, *Adviser*
	Mr Li Chao, Deputy Division Director, National Disease Control and Prevention Administration, Beijing, *Alternate*

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CHINA (continued)	Mr Yuan Zongxiang, Program Officer, National Disease Control and Prevention Administration, Beijing, *Alternate*
	Mr Liu Zaichen, Director, Embassy of The People's Republic of China in The Republic of Fiji, Suva, *Alternate*
	Mr Shen Rong, Attaché, Embassy of The People's People's Republic of China in The Republic of Fiji, Suva, *Alternate*
	Ms Chen Huan, Assistant Researcher, Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, Beijing, *Adviser*
	Ms Zhang Shanshan, Associate Chief Physician, Peking University School and Hospital of Stomatology, Beijing, *Adviser*
	Ms Xu Zhen, Professor, Chinese Center for Disease Control and Prevention (China CDC), Beijing, *Alternate*
	Ms Ban Jie, Associate Professor, Chinese Center for Disease Control and Prevention (China CDC), Beijing, *Alternate*
	Mr Zhang Shihui, Assistant Professor, China Renmin University, School of Ecology and Environment, Beijing, *Adviser*
CHINA (HONG KONG)	Dr Ronald Lam Man-kin, JP, Director of Health, Department of Health, Hong Kong Special Administrative Region, *Chief Representative*
	Dr Fung Ying, Controller, Regulatory Affairs, Department of Health, Hong Kong Special Administrative Region, *Alternate*
	Dr Sharon Lee Siu-man, Consultant Dental Surgeon (Operations), Department of Health, Hong Kong Special Administrative Region, *Alternate*
	Dr Ambrose Wong Chi-hong, Principal Medical and Health Officer (Medical Device), Department of Health, Hong Kong Special Administrative Region, *Alternate*
	Dr Phillippa Tsui Zen-ying, Senior Medical and Health Officer (Planning), Department of Health, Hong Kong Special Administrative Region, *Alternate*
CHINA (MACAO)	Dr Lo Iek Long, Director, Health Bureau, Macao Special Administrative Region, *Chief Representative*
	Dr Leong O, Technical Officer, Health Bureau, Macao Special Administrative Region, *Alternate*
	Dr Pang Fong Kuong, Acting Assistant to Medical Board of C.H.C.S.J. Hospital, Health Bureau, Macao Special Administrative Region, *Alternate*
	Dr Wong In, Acting Head of Department of Community Health Care, Health Bureau, Macao Special Administrative Region, *Alternate*

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CHINA (MACAO) (continued)	Dr Leong Iek Hou, Head of Centre for Disease Control and Prevention, Health Bureau, Macao Special Administrative Region, *Alternate*
COOK ISLANDS	Honourable Vainetutai Rose Toki Brown, Minister of Health, Ministry of Health, Rarotonga, *Chief Representative*
	Mr Bob Williams, Secretary of Health, Ministry of Health, Rarotonga, *Alternate*
	Mrs Roana Mataitini, Director of Planning and Funding, Ministry of Health, Rarotonga, *Alternate*
FIJI	Honourable Dr Ratu Atonio Rabici Lalabalavu, Minister for Health and Medical Services, Ministry of Health and Medical Services, Suva, *Chief Representative*
	Honourable Penioni Koliniwai Ravunawa, Assistant Minister for Health and Medical Services, Ministry of Health and Medical Services, Suva, *Alternate*
	Dr Jemesa Vakadrakala Tudravu, Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Suva, *Alternate*
	Ms Makarita Bui Navo, Head of Executive Support Unit, Ministry of Health and Medical Services, Suva, *Alternate*
	Mr Ratu Meli Qasevakatini Vasutoga Matanatoto, Principal Administrative Officer, Executive Support Unit, Ministry of Health and Medical Services, Suva, *Alternate*
FRANCE	Mr Benjamin Bechaz, Regional Counsellor for Global Health, South-East Asia, Ministry of Europe and Foreign Affairs, Bangkok, *Chief Representative*
	Mr Cédric Mercadal, Minister of Health, Ministry of Health, French Polynesia, *Alternate*
	Dr Francis Jean Spaak, Director of Health Department, Ministry of Health, French Polynesia, *Alternate*
FRANCE (NEW CALEDONIA)	Honourable Claude Gambey, Minister for Health, Gouvernement de la Nouvelle-Calédonie, Nouméa Cedex, *Chief Representative*
	Mr Jean-Claude Athea, Advisor to the Minister of Health, Gouvernement de la Nouvelle-Calédonie, Nouméa Cedex, *Alternate*
INDONESIA	His Excellency Mr Budi Gunadi Sadikin, Minister of Health, Ministry of Health, Jakarta Selatan, *Chief Representative*
	His Excellency Mr Dupito D. Simamora, Ambassador Extraordinary and Plenipotentiary for the Republic of Fiji, accredited to Kiribati, Nauru and Tuvalu, Embassy of The Republic of Indonesia, Suva, *Alternate*

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INDONESIA (continued)	Mr Harditya Suryawanto, Director of Center for Global Health Strategy and Governance Policy, Ministry of Health, Jakarta Selatan, *Alternate*
	Ms Indah Febrianti, Director of the Bureau of Legal Affairs, Ministry of Health, Jakarta Selatan, *Adviser*
	Ms Liendha Andajani, Director, Bureau of Planning and Budgeting, Ministry of Health, Jakarta Selatan, *Adviser*
	Dr Tarsisius Glory, President Director, Ario Wirawan Lung Hospital, Jawa Tengah, *Alternate*
	Mr I Gusti Putu Suka Aryana, Chair, Indonesian Collegium of Internal Medicine, Central Jakarta, *Alternate*
	Mr Sandy Darmosumarto, Minister Counsellor, Embassy of the Republic of Indonesia in Suva, Republic of Fiji, accredited to Kiribati, Nauru and Tuvalu, Suva, *Adviser*
	Ms Dwi Alifatul Himiyah, Team Leader for Multilateral Health Cooperation, Ministry of Health, Jakarta Selatan, *Adviser*
	Mr Gading Wastuwidya, Technical Staff , Center of Health System and Strategy, Ministry of Health, Jakarta Selatan, *Adviser*
	Mr Kiki Putera Komajaya, Executive Assistant to the Minister of Health, Ministry of Health, Jakarta Selatan, *Adviser*
JAPAN	Dr Ezoe Satoshi, Senior Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Chief Representative*
	Dr Izutsu Masato, Senior Coordinator for Global Health, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Dr Natsuki Akane, Deputy Director for Global Health, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Ms Onoda Mahiro, Officer for Global Health, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, *Alternate*
	Dr Tsuboi Motoyuki, Medical Doctor, Division of Global Health Policy and Research, Department of Health Planning and Management, Bureau of Global Health Cooperation, Japan Institute for Health Security, Tokyo, *Adviser*
	Dr Kawachi Nobuyuki, Medical Doctor, Division of Global Health Policy and Research, Department of Health Planning and Management, Bureau of Global Health Cooperation, Japan Institute for Health Security, Tokyo, *Adviser*

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KIRIBATI	Honourable Michael Bootii Nauan, Minister of Health, Ministry of Health and Medical Services, Tarawa, *Chief Representative*
	Mrs Benny Teuea, Secretary, Ministry of Health and Medical Services, Tarawa, *Alternate*
	Dr Tekeua Uriam, Director of Hospital Services, Ministry of Health and Medical Services, Tarawa, Alternate
	Dr Alfred Tonganibeia, Director of Public Health, Ministry of Health and Medical Services, Tarawa, *Alternate*
	Ms Helen Murdoch, Director of Nursing, Ministry of Health and Medical Services, Tarawa, *Adviser*
LAO PEOPLE'S DEMOCRATIC REPUBLIC *	
MALAYSIA	Datuk Dr Mahathar Abd Wahab, Director General of Health, Ministry of Health Malaysia, Putrajaya, *Chief Representative*
	Dr Ismuni Bohari, Deputy Director General of Health, Ministry of Health Malaysia, Putrajaya, *Alternate*
	Dr Synthia Francis Xavier, Senior Principal Assistant Director, Public Health Development Division, Ministry of Health Malaysia, Putrajaya, *Adviser*
	Ms Nurul Hidayah Puteri Abdul Rahim, Senior Assistant Secretary, Policy and International Relations Division, Ministry of Health Malaysia, Putrajaya, *Adviser*
MARSHALL ISLANDS	His Excellency Junior Aini, RMI Ambassador to Fiji and Pacific Islands, Republic of the Marshall Islands Embassy, Suva, *Chief Representative*
	Mrs Bedi Racule, Smaller Islands States (SIS) Officer, Republic of the Marshall Islands Embassy, *Alternate*
MICRONESIA (FEDERATED STATES OF)	Honourable Marcus Samo, Secretary, FSM Department of Health and Social Affairs, Palikir, *Chief Representative*
	Ms Chandra Legdesog, Deputy Chief of Mission, FSM Permanent Mission in Suva, *Alternate*
	Dr Joanes Sarofalpiy, Medical Director for Non-Communicable Diseases, FSM Department of Health and Social Affairs, Palikir, *Adviser*
	Ms Resel Elias, National Pharmaceutical and Medical License Director, FSM Department of Health and Social Affairs, Palikir, *Alternate*

* unable to attend

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MICRONESIA (FEDERATED STATES OF) (continued)	Mr Scott Mori, Chief Operating Officer, FSM Department of Health and Social Affairs, Palikir, *Alternate*
	Mr Augustus Elias, System Network Manager, FSM Department of Health and Social Affairs, Palikir, *Adviser*
	Ms Fancelyn P. Solomon, Financial Specialist, FSM Department of Health and Social Affairs, Palikir, *Alternate*
	Mr Saimone Vameau, Histo Pathologist Technician, FSM Department of Health and Social Affairs, Palikir, *Alternate*
MONGOLIA	Ms Yanjmaa Binderiya, Director General, Department of Health Sector Inspection, Monitoring, Evaluation and Internal Audit, Ministry of Health, Ulaanbaatar, *Chief Representative*
NAURU *	
NEW ZEALAND	Honourable Simeon Brown, Minister of Health, New Zealand Parliament, Wellington, *Chief Representative*
	Dr Andrew Old, Deputy Director General, Public Health Agency, Ministry of Health New Zealand, Wellington, *Alternate*
	Ms Salli Davidson, Group Manager, Global Health, Ministry of Health New Zealand, Wellington, *Alternate*
	Ms Rachel Ready, Principal Advisor, Global Health, Ministry of Health New Zealand, Wellington, *Adviser*
	Mr Brian Anderton, Senior Ministerial Advisor, New Zealand Parliament, Wellington, *Adviser*
NIUE	Honourable Sonya Manogitaumaife Talagi, Minister of Social Services, Government of Niue, Alofi, *Chief Representative*
PALAU	Ms Arnice Yuji, Director, Bureau of Health System Administration, Ministry of Health and Human Services, Koror, *Chief Representative*
PAPUA NEW GUINEA	Honourable Elias Kapavore, Minister for Health, National Department of Health, Port Moresby, *Chief Representative*
	Mr Ken Wai, Acting Secretary for Health, National Department of Health, Port Moresby, *Adviser*
	Ms Lara Andrews, Advisor to the Minister, National Department of Health, Port Moresby, *Adviser*

* unable to attend

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PAPUA NEW GUINEA (continued)	Dr Dora Lenturut-Katal, Deputy Secretary, Standards and Compliance, National Department of Health, Port Moresby, *Alternate*
	Mrs Shirley Mauludu, First Secretary to the Minister for Health, National Department of Health, Port Moresby, *Alternate*
	Mr Christopher Raymond Jr., Principal Policy Advisor, National Department of Health, Port Moresby, *Adviser*
PHILIPPINES	Honourable Teodoro J. Herbosa, Secretary of Health, Department of Health, Manila, *Chief Representative*
	Ms Maylene M. Beltran, Assistant Secretary of Health, Department of Health, Manila, *Alternate*
	Mr Bently D. Roxas, Director IV, Knowledge Management and Information Technology Services, Department of Health, Manila, *Alternate*
	Dr Joel H. Buenaventura, OIC - Director IV, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*
	Ms Maria Roseny B. Fangco, Director, Division III – Governance, Office of the United Nations and Other International Organizations, Department of Foreign Affairs, Pasay City, *Alternate*
	Dr Rufino J. Francisco III, Medical Officer IV, Epidemiology Bureau, Department of Health, Manila, *Alternate*
	Dr Gleah Jane T. Dominguez, Medical Officer IV, Disease Prevention and Control Bureau, Department of Health, Manila, *Alternate*
	Dr Kezia Lorraine H. Rosario, Medical Officer IV, Office of the Secretary, Department of Health, Manila, *Alternate*
	Dr Jigo Domiel Salvador, Medical Officer IV, Health and Climate Change, Office of the Secretary, Department of Health, Manila, *Alternate*
	Dr Cyrill M. Jose, Medical Officer III, Health Human Resource Development Bureau, Department of Health, Manila, *Alternate*
	Ms Aiza Marie C. Advincula, Supervising Health Program Officer, Bureau of International Health Cooperation, Department of Health, Manila, *Alternate*
	Dr Grace Anne B. Herbosa, Professor of Anesthesiology, University of the Philippines – Philippine General Hospital, Department of Health, Manila, *Adviser*
REPUBLIC OF KOREA	Ms Hyejin Kim, Deputy Minister for Planning and Coordination, Ministry of Health and Welfare, Sejong-si, *Chief Representative*
	Mr Junho Choi, Director General for International Cooperation, Ministry of Health and Welfare, Sejong-si, *Alternate*

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REPUBLIC OF KOREA (continued)	Ms Hyunju Lee, Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, *Alternate*
	Ms Minjae Lee, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, *Alternate*
	Ms Dahyun Kim, Assistant Director, Division of International Cooperation, Ministry of Health and Welfare, Sejong-si, *Alternate*
	Ms Jeongmin Kim, Interpreter, Division of Trade and Development Affairs, Ministry of Health and Welfare, Sejong-si, *Alternate*
	Ms Jia Lee, Director, Division of International Affairs, Korea Disease Control and Prevention Agency, Cheongju-si, *Alternate*
	Ms Dasol Yoon, Deputy Director, Division of International Affairs, Korea Disease Control and Prevention Agency, Cheongju-si, *Alternate*
	Mr Yongtak Lee, Assistant Director, Division of International Affairs, Korea Disease Control and Prevention Agency, Cheongju-si, *Alternate*
	Ms Jina Jun, Senior Research Fellow, Korea Institute for Health and Social Affairs, Sejong-si, *Adviser*
	Ms Hyunjee Park, Researcher, Korea Institute for Health and Social Affairs, Sejong-si, *Adviser*
SAMOA *	
SINGAPORE	Honourable Rahayu Binte Mahzam, Minister of State, Ministry of Health, Singapore, *Chief Representative*
	Mr Wu Junrong, Vincent, Deputy Secretary (Policy), Ministry of Health, Singapore, *Alternate*
	Dr Lyn James, Director (International Cooperation), Ministry of Health, Singapore, *Alternate*
	Ms Goh Jun Yi, Belinda, Assistant Director (International Cooperation), Ministry of Health, Singapore, *Alternate*
	Mr Lee Yan Jie, Jay, Senior Manager (International Cooperation), Ministry of Health, Singapore, *Alternate*
	Ms Ng Su Min, Rachel, Senior Manager (Aged Care Services), Ministry of Health, Singapore, *Alternate*
SOLOMON ISLANDS	Honourable Dr Paul Popora Bosawai (MP), Minister for Health and Medical Services, Ministry of Health and Medical Services, Honiara, *Chief Representative*

* unable to attend

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SOLOMON ISLANDS (continued)	Mrs Pauline Qilatama Boseto McNeil, Permanent Secretary, Ministry of Health and Medical Services, Honiara, *Alternate*
	Dr George Wilson Malefoasi, Chief Executive Officer – National Referral Hospital, Ministry of Health and Medical Services, Honiara, *Adviser*
	Dr Rayboy Tagolo Seleso, Provincial Health Director, Guadalcanal Province, Ministry of Health and Medical Services, Honiara, *Alternate*
	Ms Esther Nuria Tuita, Communication Officer, Ministry of Health and Medical Services, Honiara, *Alternate*
TOKELAU *	
TONGA	Honourable Dr 'Ana 'Akau'ola, Minister for Health, Ministry of Health, Nuku'alofa, *Chief Representative*
	Dr Reynold Ofanoa, Chief Executive Officer, Ministry of Health, Nuku'alofa, *Alternate*
TUVALU	Honourable Tuafafa Latasi, Minister of Health and Social Welfare, Ministry of Health and Social Welfare, Funafuti, *Chief Representative*
	Ms Corinna Ituaso Laafai, Chief Executive Officer, Ministry of Health and Social Welfare, Funafuti, *Alternate*
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	Mr George Antunes-Sherriff, Co-Lead World Health Organization Hub, Global Health Institutions Department, Foreign, Commonwealth & Development Office, London, *Chief Representative*
UNITED STATES OF AMERICA	Ms Eleanor T. Cabrera, Chief Strategy Officer, Commonwealth Healthcare Corporation, Saipan, Northern Mariana Islands, *Chief Representative*
VANUATU	Mrs Shirley Tokon, Director General, Ministry of Health, Port Vila, *Chief Representative*
	Mr Keithson Liu, First Political Advisor, Ministry of Health, Port Vila, *Alternate*
	Mr John George Ailir, Provincial Health Administrator (SANMA), Ministry of Health, Port Vila, *Alternate*
	Mr Markleen Tagaro, Provincial Health Administrator (PENAMA), Ministry of Health, Port Vila, *Alternate*
	Mr Jerry Iaruel, Provincial Health Administrator (TAFEA), Ministry of Health, Port Vila, *Alternate*
	Mr Elsmo Bani Tabi, Provincial Health Administrator (MALAMPA), Ministry of Health, Port Vila, *Alternate*

* unable to attend

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VIET NAM	Professor Dr Tran Van Thuan, Vice Minister of Health, Ministry of Health, Hanoi, *Chief Representative*
	Ms Le Thai Ha, Deputy Director General, Ministry of Health, Hanoi, *Alternate*
	Mr Vuong Anh Duong, Deputy Director, Administration of Medical Services, Ministry of Health, Hanoi, *Alternate*
	Ms Pham Thi Minh Chau, Deputy Director, International Cooperation Department, Ministry of Health, Hanoi, *Alternate*
	Mr Phan Ngoc San, Deputy Head, Division of Quality Management and Direction of Healthcare Services, Administration of Medical Services, Ministry of Health, Hanoi, *Alternate*
	Ms Khanh Thi Loan, Official, International Cooperation Department, Ministry of Health, Hanoi, *Alternate*

II. REPRESENTATIVES OF UNITED NATIONS OFFICES, SPECIALIZED AGENCIES AND RELATED ORGANIZATIONS

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)	Mr Eamonn Murphy Ms Renata Ram Ms Sina Suliano
UNITED NATIONS POPULATION FUND (UNFPA)	Ms Bidisha Pillai Ms Titilola Duro-Aina

III. OBSERVERS

KANAZAWA UNIVERSITY JAPAN	Dr Tomoyuki Hayashi
UNIVERSITY OF TECHNOLOGY SYDNEY (UTS)	Professor Michele Rumsey

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IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

ASIAN DEVELOPMENT BANK (ADB)	Dr Ammar Aftab Dr Eduardo Banzon Dr Akihito Watabe
PACIFIC COMMUNITY (SPC)	Dr Berlin Kafoa Ms Kelera Oli Dr Si Thu Win Tin
WORLD BANK	Mr Wayne Irava Dr Wezi Msisha

V. REPRESENTATIVES OF NON-STATE ACTORS

GLOBAL SELF-CARE FEDERATION (GSCF)	Ms Jenny Walters
INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)	Dr Fabrizio D'Esposito
INTERNATIONAL ASSOCIATION OF COMMUNICATION SCIENCES AND DISORDERS (IALP)	Ms Helen L.Blake Ms Holly McAlister Dr Sharynne Lindy McLeod
INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN)	Ms Janelle Maree
INTERNATIONAL COUNCIL OF NURSES (ICN)	Mrs Miliakere Nasorovakawalu
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)	Mr Chihwen Huang Ms Momoka Wada Ms Abbie Wong
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)	Mrs Diana Lee
INTERNATIONAL FEDERATION OF SURGICAL COLLEGES AND SOCIETIES (IFSCS) LTD.	Dr Elizabeth McLeod

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INTERNATIONAL HOSPITAL FEDERATION (IHF)	Mrs Linda Jorgensen
INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)	Ms Priyanka Prasad
INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)	Ms Dolores Devesi
MÉDECINS SANS FRONTIÈRES (MSF)	Ms Colleen Daniels
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA)	Dr Madhura Naidu
MOVENDI INTERNATIONAL	Ms Caterina Giorgi
PUBLIC SERVICES INTERNATIONAL (PSI)	Mrs Judith Kotobalavu Ms Kelera Rokomatanimoce
THE FRED HOLLOWS FOUNDATION	Dr Audrey Aumua Dr Atoa Glenn Fatupaito Kirti Kaushal Prasad
UNION FOR INTERNATIONAL CANCER CONTROL (UICC)	Ms Belinda Chan Ms Kimberly Kapigeno Dr Malama Tafuna'i
VITAL STRATEGIES	Ms Lynn Tang
WORLD DENTAL FEDERATION (FDI) and INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH (IADR)	Dr Parikshath Naidu
WORLD FEDERATION OF CHINESE MEDICINE SOCIETIES (WFCMS)	Mr Goh Kia Seng Mr Tu Zhihui Mr Boon Khai Koh
WORLD FEDERATION OF NEUROLOGY (WFN)	Dr Chandrashekhar Meshram

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WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (WFNS)	Dr Asra al Fauzi Dr Richard Henker Dr Gail Rosseau Dr Neil Wetzig
WORLD FEDERATION OF SOCIETIES OF ANESTHESIOLOGISTS (WFSA)	Dr Maurice Atalifo Dr Kartik Mudliar Dr Enele Tuima
WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)	Dr Aileen Espina Dr Leilani Nicodemus
WORLD VISION INTERNATIONAL	Ms Jennifer Poole Dr Anita Victor

ANNEX 3

LIST OF ORGANIZATIONS WHOSE REPRESENTATIVES MADE AND SUBMITTED STATEMENTS TO THE REGIONAL COMMITTEE

Global Self-Care Federation

International Association of Communication Sciences and Disorders

International Council of Nurses

International Federation of Medical Students' Associations

International Federation of Pharmaceutical Manufacturers and Associations

International Federation of Surgical Colleges and Societies Ltd.

International Pharmaceutical Federation

Joint United Nations Programme on HIV/AIDS

Kanazawa University WHO Collaborating Centre for Chronic Hepatitis and Liver Cancer

Movendi International

The Fred Hollows Foundation

Vital Strategies

World Dental Federation and International Association for Dental Research

World Federation of Neurology

World Federation of Neurosurgical Societies

World Federation of Societies of Anesthesiologists

World Organization of Family Doctors

World Vision International

Annex 3

Annex 4

ADDRESS BY THE OUTGOING CHAIRPERSON
HONOURABLE VAINETUTAI ROSE TOKI-BROWN
MINISTER OF HEALTH, COOK ISLANDS
AT THE OPENING SESSION OF THE SEVENTY-SIXTH SESSION OF
THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers,
Distinguished Representatives,
Dr Saia Ma'u Piukala, Regional Director
Representatives of agencies of the United Nations, intergovernmental organizations, and nongovernmental organizations
Distinguished colleagues, ladies, and gentlemen.

Kia Orana and bula vinaka.

It is my distinct honour and privilege to welcome you to the seventy-sixth session of the WHO Regional Committee for the Western Pacific.

This year holds special significance. For the first time in a decade, we are gathering in the Pacific. On behalf of everyone here this week, I extend our sincere gratitude to the Government and people of Fiji for graciously hosting us.

It is a true privilege for us to be gathered here in Fiji this week, surrounded by the endless sea, clear skies, and green hills. Last night's traditional welcome ceremony was warm and respectful, symbolizing acceptance of our presence into your "vanua". A country rich in cultural heritage and unique hospitality.

I appreciate that many of you have travelled a long way to be here and I am grateful for your sacrifice. I know it all too well – and now you might understand what it is like for us to travel to Manila each year!

I am delighted that our Western Pacific family has the opportunity to experience the warmth, spirit, and unity that defines the Pacific.

In today's complex and challenging landscape our unique solidarity in the Western Pacific is something to be cherished. It is what will help us find our way through.

Distinguished representatives, it was an honour to be your Chair for the past year. When I took on the role, I don't think any of us quite imagined how different the world and the global health architecture might look twelve months on.

I would like to thank you all for your hard work and progress over the year since we last met, despite these challenges, and for your preparations leading up to this week's deliberations.

I am proud of what we have achieved together.

This time last year the Regional Committee endorsed the *Regional Action Framework for* ***Health Financing to Achieve Universal Health Coverage*** *and Sustainable Development in the Western Pacific.*

This was an acknowledgment that despite our efforts, public health spending in the Western Pacific remains inadequate to meet growing needs. And because of this, people are being forced to choose between health and wealth, or more clearly, health and poverty.

To help address these challenges, over the past year WHO supported Member States' to develop and implement efficient, sustainable and equitable health financing systems. Indonesia, Mongolia, and the Philippines, for example, have strengthened financing for primary health care, improving quality of care, especially for the most vulnerable.

ANNEX 4

More Member States in the region are generating and using data, including health expenditures and new financial hardship estimates to be released this December, for stronger and more informed health financing and systems policy.

The second item we endorsed was the *Regional Action Framework on* ***Digital Health***. Digital health is growing at an unprecedented rate across the Western Pacific. However, these changes bring about new challenges related to governance, coordination with a wide range of actors, sustainable financing, and the ethical and secure use of digital health tools and data.

The momentum created by the endorsement of the Regional Action Framework on Digital Health has guided Member States in their drafting of national digital health strategies and plans.

Member states are also increasingly reviewing and strengthening Health Data Governance frameworks with WHO support towards the rapid adoption of innovative people-centric digital technologies in health including artificial intelligence and greater interoperability between systems.

We also discussed the growing need for transformative primary healthcare. Despite over four decades since the Alma-Ata Declaration, many health systems in our Region remain hospital-centric, with primary health care still under-resourced. As countries face ageing populations, rising noncommunicable diseases, and growing health security risks, transformative primary healthcare is more urgent than ever.

Since the last RCM, WHO in the Western Pacific has been supporting countries in strengthening primary healthcare through a demonstration site approach while employing a learning-based agenda.

In countries such as Cambodia, Fiji, Papua New Guinea, and Viet Nam, WHO is supporting in grassroots and sub-national efforts to improving the essential health service package, improving health workforce and facility capacity, and integrated service delivery, financing, and digital health transformation efforts.

Last year we also began to tackle the important issue of oral health. In our Region, the cases of oral diseases such as tooth decay, gum disease and tooth loss have grown by 30% over the past 30 years. One in five adults over the age of 60 has lost all their teeth, causing difficulty in eating, poor nutrition and a lower quality of life.

Oral diseases are largely preventable, but left unaddressed they cause pain and reduce quality of life. Building on last year's agreement on three priorities - governance, lifelong oral health promotion, and integration into primary health care - I'm glad that this year the Regional Committee will consider a *Western Pacific Regional Implementation plan for the Global Strategy and Action Plan on Oral Health.*

Lastly, let me recall the historic show of support to WHO that took place during the Investment Round side event.

10 countries in the Western Pacific Region pledged to provide US$ 12.1 million to support WHO's work. This just one of many important moments of WHO's Investment Round which has to date raised over US$ 2 billion in pledges, many of which came from Member States sat around this table.

This, combined with the recent approval by the 78th World Health Assembly of a 20% increase in assessed contributions, and other significant commitments from Member States and partners, has made a critical difference to WHO. These contributions have provided the Organization with much-needed stability, enabling it to navigate current global challenges with greater resilience than would have otherwise been possible.

Distinguished representatives, we have achieved a lot over the last year, but there is even more that lies ahead of us.

Thank you again for entrusting me as the Chair of 75th Regional Committee meeting.

Annex 4

I am grateful for the support of last year's office bearers, and thankful to the WHO Secretariat for all their efforts to support Member States over the past year, as well as the preparations for this 76th Regional Committee meeting.

I wish us all the very best for this week's deliberations.

In closing, a wise saying of my forefathers and to all of us this morning, and I quote "Kia kā to rama, ei toki tarai enua" "May your torch continue to shine as you carve your nation" for a better, safer and a healthier future for our people, making sure that no one is left behind.

Thank you very much. Kia Orana e Kia Manuia and Vinaka Vaka Levu.

Annex 4

ANNEX 5

OPENING REMARKS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SAIA MA'U PIUKALA AT THE SEVENTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Minister Atonio Lalabalavu of Fiji, our host this week;
Honourable Minister Vainetutai Rose Toki Brown of the Cook Islands, our outgoing Chair;
Honourable ministers and representatives from Member States and partner agencies;
Ladies and gentlemen

Good morning and warm Pacific greetings.

What a joy it is to be here in Nadi. It is a beautiful day where the sun greets us with warmth, the breeze carries the spirit of the ocean, and the sense of unity among us is truly uplifting.

Welcome to the seventy-sixth session of the WHO Regional Committee for the Western Pacific.

To all our ministers and delegates, thank you for being here.

And a heartfelt welcome to the Republic of Indonesia, joining us for the first time as the Region's newest Member State. We are honoured by your presence and excited to walk this journey together. Selamat datang!

There is a proverb that should guide our work: "If you want to go fast, go alone. If you want to go far, go together." This week we go together.

This past year has been a testament to what we can achieve together.

Later, I will present the Regional Director's Report covering our work from the first of July 2024 to 30 June 2025.

But first, allow me to share a few milestones that reflect the power of collective action.

One month ago, 21 Pacific Island countries and areas were verified for measles and rubella elimination as an epidemiological block.

This is historic. It shows what solidarity, commitment and cooperation can achieve.

Japan has also been verified for rubella elimination. But verification is not the finish line.

The risk of outbreaks remains if we let our guard down. We must keep vaccination coverage high and surveillance strong.

Fiji and Papua New Guinea have eliminated trachoma as a public health problem. These victories remind us that diseases of poverty and vulnerability can be defeated when evidence, commitment and community converge.

In September of last year, the WHO Asia-Pacific Centre for Health and Environment in the Western Pacific Region – known as ACE – was reinvigorated under new leadership and stronger investment.

At the recent UN General Assembly, despite challenges in reaching consensus on the global NCD agenda, Member States showed strong advocacy and commitment for tackling the leading causes of

premature death. Of particular note was the focus on alcohol—a priority we are advancing boldly in the Western Pacific.

This week, we will address climate and health, the International Health Regulations, alcohol control and oral health. Technical discussions on mental health, hypertension, tobacco control, artificial intelligence and safer surgery.

These priorities reflect our shared commitment to health and well-being.

We will also discuss the Programme Budget for 2024–2025 and 2026–2027.

This follows months of reprioritization and restructuring—often through long nights and difficult decisions.

Let me speak from the heart: this has been one of the most painful periods of my career.

Financial hardship forced us to make difficult decisions. We had to downsize. And yes, we had to say goodbye to beloved colleagues—people who have been part of the WHO family, who have served with dedication, and help shaped our mission of health for all.

Letting go is never easy. We worked in coordination with Headquarters and other WHO Regions. We did everything we could to protect the integrity of our work and the dignity of our people.

Through it all, we have kept countries at the centre. We remain committed to impact, accountability and transparency – even with fewer resources.

The Organization is stable. The Secretariat is strong. And together, we will continue to navigate this complex environment with courage and clarity.

When we gather each year, we may not solve every problem. But we consolidate, we synergize and we take collective action. “If you want to go fast, go alone. If you want to go far, go together.” This is our guiding light.

Indeed, going together is our goal—as we continue weaving health for families, communities and societies.

And as we look across our Region, we find inspiration in the Pacific – where the Healthy Islands vision was born in Yanuca Island, just an hour away from where we are now.

It was here three decades ago that a group of visionary health leaders came together and imagined a future in which children are nurtured, environments are clean and communities thrive in harmony.

This vision remains as relevant today as it was then. And this weekend, Pacific health ministers will renew and revitalize it, looking back with pride and forward with purpose.

Cardinal Luis Antonio Tagle of the Philippines once said, “We are not owners – we are stewards. And stewardship begins with seeing others not as a problem to fix, but as people to love.”

In the Western Pacific Region, we are all stewards – the kind who offer hope, healing and humanity at every level of our systems.

This week let’s steward our Region with compassion. Let’s listen deeply, speak boldly and collaborate generously.

Annex 5

Let’s mark the beginning of a week filled with fruitful discussions, courageous decisions and renewed commitment to our shared mission.

Together, we paddle this vaka.

Together, we chart the stars.

And together, we weave the mat – each strand a voice, each thread a commitment, each knot a shared value.

The mat we weave this week will not only carry the weight of our aspirations – it will become the foundation on which our Region stands stronger, more united and more compassionate.

Before I close, let me thank our Outgoing Chair, the Honourable Minister Vainetutai Rose Toki Brown from the Cook Islands; Outgoing Vice-Chair, Vice-Minister Professor Huong Thi Lien Nguyen from Viet Nam; and our rapporteurs from the 75th session of the Regional Committee; your support has been invaluable.

Thank you, Vinaka Vakalevu.

Annex 5

ANNEX 6

ADDRESS BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION, DR TEDROS ADHANOM GHEBREYESUS AT THE SEVENTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Chair, Honourable Minister Dr Ratu Atonio Rabici Lalabalavu
Honourable Ministers, Ambassadors and Heads of Delegation,
Regional Director Dr Saia Piukala,

Bula Vinaka, and good evening from Geneva.

I'm very sorry I can't be with you in person, but thank you for accommodating me virtually.

I thank Fiji for hosting this year's Regional Committee, and for your support for WHO.

I'm delighted to see the Regional Committee returning to the Pacific for the first time in a decade.

I would also like to join Member States in welcoming Indonesia to the Western Pacific – and I send warm greetings to my friend Minister Budi.

I thank the Regional Director Dr Saia for his report, and I congratulate Member States for the many impressive achievements it describes.

In every single country, there are successes to celebrate, and challenges to confront.

I'm pleased to see progress against each of the five "vertical" strands, and each of the three "horizontal" strands of the regional vision.

Many countries are taking action against tobacco, NCDs, and making progress towards disease elimination;

Other countries are protecting girls against cervical cancer; expanding treatment for neglected tropical diseases; taking action against AMR, and strengthening their emergency preparedness and response capacities; and more.

Of course, you also face many challenges, which are reflected in your agenda this week:

Climate change remains an existential threat, so the Regional implementation plan for climate change and health system safety and resilience is an important step forward, especially for small island states.

The amended International Health Regulations are a central pillar of global health security, and the Implementation plan for the revised IHR will help to make the region safer.

Oral health is a neglected area of public health, which the Regional Implementation Plan will help to address;

And alcohol is a major driver of disease and death, so your work on accelerating Implementation of the WHO Global Alcohol Action Plan is very important.

Honourable Ministers, dear colleagues and friends,

At this year's World Health Assembly, Member States sent a very powerful message that a strong and empowered WHO is what they want.

Annex 6

First, the approval of the next increase in assessed contributions was a major step towards WHO's financial sustainability, and to protecting it from future shocks;

And second, the adoption of the WHO Pandemic Agreement was truly historic, demonstrating that in these divided times, countries can still come together and find shared solutions to shared problems.

The WHO Secretariat is committed to supporting all Member States in this work, but as you know, we are facing a very difficult situation.

We have been undertaking a major restructuring this year – at headquarters and in every region, including the Western Pacific.

We began at the top, reducing the number of senior managers and directors at headquarters almost in half.

Over the past few weeks and months, we have been through a painful process of saying goodbye to a large number of colleagues.

These are people who have served the world in many ways, including under extreme pressure during the COVID-19 pandemic, and do not deserve to be treated this way.

But we see this crisis as an opportunity to build a WHO that is more focused on its core mandate, more independent and more able to deliver for Member States and the people we all serve.

Honourable Ministers, dear colleagues and friends,

I leave you with three requests.

First, I urge all Member States to engage actively in negotiations on the PABS annex to the Pandemic Agreement, and to conclude it in time for next year's World Health Assembly in May. The Pandemic Agreement will not be complete without the annex.

Second, I urge you to use every tool at your disposal to generate financing for health, and improve efficiency, as you build a more self-reliant future, free from aid dependency.

WHO stands ready to support all Member States to do that.

And third, I urge you to seize this opportunity to work with us to build a stronger, more empowered and more independent WHO, that is better able to serve all countries.

I look forward to continuing to work with my colleagues in the Regional Office, and with all Member States as we work together to promote, provide and protect health in the Western Pacific, and everywhere.

Vinaka vaka levu. Thank you very much.

ANNEX 7

ADDRESS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SAIA MA'U PIUKALA AT THE SEVENTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Chairperson, Honourable Atonio Lalabalavu,
Honourable ministers,
Distinguished representatives from Member States and partner agencies,
Ladies and gentlemen:

Good morning colleagues and friends.

A year ago, we embraced the metaphor of weaving a mat —a symbol of unity, strength and shared purpose.

Today, as I look back on the past year, I am deeply moved by what we have woven—together.

The mat we envisioned is now vibrant with colour and meaning, each strand representing the dedication, innovation and resilience of our Region.

It is with great pride and humility that I present to you highlights from the Report of the World Health Organization in the Western Pacific Region, covering the period from
1 July 2024 to 30 June 2025.

This year's achievements are not just milestones—they are reflections of your leadership.

You are the drivers of change, the energy behind progress, and the reason we've been able to advance primary health care, climate and health system resilience, emergency preparedness, health promotion and digital transformation.

Only leaders like you — committed, courageous and collaborative — can make this happen.

Together, we are not just improving health systems. We are saving lives. We are shaping futures.

And we are proving that when we weave together, we create something far stronger than any one strand alone.

While we gather today to celebrate our collective achievements, I must also acknowledge the weight of the world we are navigating together.

The year 2024 was the hottest year on record – underscoring the climate crisis.

Rising temperatures have disrupted our food systems, melted polar ice, stirred our oceans, and tested the resilience of our cities, islands and communities.

Climate change has also affected our bodies and burdened our minds.

Looking north, the extreme winter in Mongolia, limited health-care access, and killed millions of livestock, threatening the livelihoods of herding communities.

In the East, the Vanuatu December earthquake disrupted hospital clinical services.

Annex 7

In the West, seasonal typhoons – including Typhoon Yagi – displaced populations, and damaged hundreds of health-care facilities, in the Lao People's Democratic Republic, the Philippines and Viet Nam.

And for the first time in decades, we saw armed conflict on the Thai-Cambodian border.

We are living in a time of "permacrisis"— a world where emergencies are constant.

But amid this turbulence, one truth is undeniable: health remains the foundation of peace, prosperity and survival.

This year's report is not just a record of activities — it is a reflection of how, together, we have stood firm in the face of adversity.

It shows how the Regional Office, with a renewed management team, has worked hand in hand, with our 38 countries and areas, and our partners, to provide steadfast support, at a time of great uncertainty.

Our work this year, has been guided by a shared vision: that health is not a luxury, but a right.

That health is not a sector, but a pillar — essential to individual dignity, community strength, national resilience, and global solidarity.

The lessons of the COVID-19 pandemic, are as relevant as ever.

We must continue, a dual-track approach: delivering people-centred care, through strong primary health systems; and preparing better, for emergencies, arriving faster than before.

Yes, we are facing financial challenges — triggered by the withdrawal of key donors, and shifting global priorities.

But these challenges, have also opened new doors.

We are seeing a powerful shift, towards more South-South collaboration.

Countries are stepping up — crafting their own plans, investing their own resources, and leading their own futures.

This report, captures this momentum, in the first full year, of implementing our regional vision: Weaving Health for Families, Communities and Societies.

This narrative, is not just about what WHO has done. It is about what you have achieved.

As your Secretariat, we have simply woven together, the threads of your work — country by country.

While this report, cannot capture the full depth of your efforts, it offers a powerful glimpse, into what is possible, when we act as one Region, united by purpose, and driven by impact.

The five vertical strands, of our Regional vision, have helped organize our collective action.

The three horizontal enablers, have strengthened our ability to support you — our Member States — more effectively, and more responsively.

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As we present the Programme Budget this week, we will also, show how we are aligning our resources, to where they are needed most — in your countries, in your communities, and on the frontlines of care.

In my travels across the Region, I have seen first-hand, the courage of our health workers, the innovation of our ministries, and the resilience of our people.

I have seen, that when we come together, we do more, than respond — we transform.

"In the face of storms, we do not unravel. We tighten the weave."

Measurable outcomes, are not just a theme of this report. They are the backbone, of our work together.

From the very beginning of my term, as Regional Director, now approaching its two-year mark, I've held firm to a simple truth: We cannot manage what we cannot measure.

Our regional vision, calls us to deliver results, and to do so with precision.

That's why this year, we've taken a significant step forward.

We've established, baseline data for 10 of the 18 Delivery for Impact indicators, country by country.

These indicators, are not just numbers. They are a reflection of lives improved, systems strengthened, and futures protected.

This report, also includes comparative country profiles, drawn from authoritative sources, to help us, see where we stand — and where we must go next.

Because in this Region, we don't just celebrate progress. We measure it. We own it. And we build on it — together.

First: Transformative primary health care, for universal health coverage.

At the heart of our regional vision, lies a simple but powerful truth: health must be accessible to all, not just to some – under the umbrella of universal health coverage.

Over the past two decades, we've seen remarkable progress.

The UHC Service Coverage Index, in our Region, rose from 44.1 in 2000 to 75.6 in 2021 — proving the commitment of our Member States.

But progress has slowed since 2019, and the pandemic has exposed deep cracks in equity.

Catastrophic health spending, has more than doubled, placing unbearable pressure on families.

And service coverage still ranges widely — from 30% in one country to 89% in another — highlighting persistent disparities, especially in our Pacific island nations.

Yet, there is hope. Countries are stepping up, with bold reforms and renewed energy.

Just a few examples:

China's National Health Care Security Administration, is building systems, to finance long-term care, for older people - in partnership with the Ministry of Finance and the National Health Commission.

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The Framework for Sustainable Health Development, in the Federated States of Micronesia, sets a clear path for investment and coordination.

Viet Nam, now covers 95% of its population, under public health insurance - with reforms introduced last year, to enhance quality and efficiency.

But achieving UHC, means, tackling the deeper drivers of health system effectiveness — such as antimicrobial resistance or AMR.

This year, we saw strong momentum:

Papua New Guinea and the Philippines, strengthened their national AMR guidelines and plans.

Fiji, Nauru, Palau and Tonga, received AMR surveillance training.

Despite global funding challenges, our Region is pushing forward, on the unfinished agenda of communicable diseases:

Cambodia, is nearing malaria elimination.

The Lao People's Democratic Republic, is closing the gap on schistosomiasis.

Papua New Guinea, screened 79% of its target population, for neglected tropical diseases.

Fiji, French Polynesia, and Wallis and Futuna, led mass drug administration, against lymphatic filariasis.

And Viet Nam, was recognized for eliminating trachoma.

On noncommunicable diseases, countries are strengthening surveillance and care:

Fiji, Nauru, Niue and Tuvalu, updated their NCD data, using the WHO STEPS approach.

The Philippines, achieved 85% blood pressure control in one province, in its Healthy Hearts Programme, now scaling up nationwide.

Solomon Islands, enhanced diabetic foot care, through coaching and quality improvement, reducing wait times and expanding services.

Tuberculosis, remains a major challenge, but innovation is driving progress:

Cambodia, cut TB mortality by 50%, and incidence by 42% since 2000, using AI-assisted chest x-ray screening.

Mongolia, adopted a system optimization strategy, in its 2025–2028 national TB plan.

And immunization efforts, continue to protect millions:

Cambodia, responded to a measles outbreak, with a campaign reaching 1.5 million children.

The Federated States of Micronesia, Vanuatu and Tonga, strengthened immunization policies and lab testing.

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On HPV vaccination:

Lao PDR, has vaccinated more than 600-thousand girls, since 2020, with 80-thousand more, in the past year.

Mongolia, aims to reach 90% coverage, for 11-year-olds, with 40% already vaccinated.

A strong health workforce, is the backbone of equitable care.

While physician and nurse numbers, have improved, pharmacist density, remains low.

Countries are responding:

The Philippines, launched the PhilPac initiative with Pacific island countries, to address chronic shortages through mutual exchanges.

Cambodia, Fiji, Papua New Guinea and Solomon Islands, developed long-term workforce strategies.

Transformative Primary Health Care, is also gaining ground:

China, is piloting integrated care for 59 million people, with digital solutions and financial reforms.

Nurses in Brunei Darussalam, lead national screening for major NCDs, including cancers.

Kiribati, Nauru and Tonga, enhanced pharmaceutical systems.

This is what transformative primary health care, looks like — bold, inclusive and rooted, in the realities of our Region.

Together, we are not just closing gaps. We are building bridges.

And we are proving, that with the right vision, the right tools and the right partners, UHC is not just possible — it is well within reach.

Turning now to Climate-resilient health systems: Building strength where it matters most.

In the Western Pacific, climate change, is not a distant threat. It is a daily reality.

Rising sea levels, extreme weather events and shifting rainfall patterns, are already reshaping the health landscape, across our islands and coastlines.

Our health systems must evolve — not just to survive these changes, but to thrive despite them.

Recent data from 16 countries, show that 88% of health-care facilities, have access to basic water services.

But that also means, more than one in 10, still lack this fundamental necessity.

In four countries — primarily in the Pacific —coverage falls below our regional target of 80%, with two countries below 70%.

But water access, is just the beginning. It is the floor, not the ceiling, of climate resilience.

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To truly safeguard our communities, we must invest in solar energy, infrastructure retrofitting, and workforce training — and we are doing just that.

Here, let me specifically mention climate resilience projects, supported by the Korea International Cooperation Agency (KOICA):

In Fiji, the Verata Nursing Station, was reopened after major renovations and solar power installation, under the SHAPE Project, a multi-year initiative, led by KOICA, WHO, and the Ministry of Health and Medical Services.

SHAPE Project, has strengthened, five other health facilities, installed solar power in 18 facilities, trained more than 600 health workers, and enhanced disease surveillance and community adaptation.

In Kiribati, the Te-MaMAURI KOICA initiative, is assessing climate risk and building culturally appropriate-resilience strategies, for outer islands.

On another front, proximity to the sea is a wake-up call.

A recent survey across 14 Pacific island countries, revealed that 62% of health facilities, are located within 500 metres of the coastline.

In low-lying atoll nations, such as Kiribati, Marshall Islands, Nauru, Palau, Tuvalu and Tokelau, every single health facility, falls within this vulnerable zone.

These findings underscore the urgency of adaptation — not just in policy, but in physical infrastructure.

Our Region is not alone in this journey.

Through the Alliance for Transformative Action on Climate and Health (or ATACH), more than 95 countries and areas, have committed to building climate-resilient and low-carbon health systems.

Many Western Pacific countries, are active members, contributing local knowledge, and benefiting from global collaboration.

We have so many examples of climate adaptation in action:

China launched its first National Action Plan, on Health Adaptation to Climate Change, involving 12 ministries in a coordinated framework.

Solomon Islands and Fiji, developed National Health Adaptation Plans.

Viet Nam, hosted a national conference, on air pollution, and is implementing climate-resilient infrastructure, in hospitals, including solar energy and water systems.

“Resilient health systems, are not built in calm waters. They are forged in the storm.”

In a region, as diverse and dynamic as ours, health security is not just a technical goal — it is a moral imperative.

We know, that resilience begins with preparedness.

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That’s why countries, across our Region, are strengthening core capacities, under the International Health Regulations.

This past year, we’ve seen bold leadership, and decisive action:

In Mongolia and Singapore, careful reform, led to the launch of Centres for Disease Control, sharpening the public health system architecture, and evidence-informed decision-making.

Public health emergency operations centres, are now equipped and trained, in Fiji, Mongolia, Tonga and Vanuatu — a major achievement, for efficient emergency response.

Cambodia and Cook Islands, launched their national pandemic preparedness plans, advancing their readiness posture, for future respiratory disease pandemics.

Cook Islands, the Lao People's Democratic Republic, the Philippines, Solomon Islands and Vanuatu, conducted IHR Joint External Evaluations — or JEEs — to prioritize measures, for more effective health security.

Samoa and Cambodia, developed comprehensive national action plans for health security, informed by their JEEs.

The cooperation between countries on the IHR is notable.

I thank Australia, China, Japan, New Zealand, Republic of Korea and Singapore, for funding IHR health security work - including JEEs - in our Region.

Cambodia, Mongolia, Philippines and Samoa, have leveraged their JEE findings, to be awarded Pandemic Fund grants, worth $65 million.

Through the connected country leadership, we have seen, more timely IHR event notification – shifting from a median, of 20 days in 2023 to two days in 2025.

I thank countries, for their commitment, to obligations under the IHR, that protect the health of people everywhere.

Turning now to surveillance and laboratories: The frontline of detection.

Multiple outbreaks – from dengue to leptospirosis, measles and HIV— were experienced, by multiple countries and areas – including Fiji, French Polynesia, Guam, Kiribati, Mongolia, New Caledonia, the Philippines, Samoa, Tokelau, Tonga, Vanuatu and Viet Nam.

Of these, six received life-saving supplies, worth 816 thousand dollars, from WHO emergency stockpiles, generously enabled by China and Japan.

And three, received technical experts, under the regional Global Outbreak Alert and Response Network, to bolster their responses.

Laboratory capacity, is the cornerstone of effective outbreak response.

Today, only 15 countries in our Region – or 53% – have in-country sequencing capabilities.

The rest — mostly in the Pacific — rely on external labs.

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Our goal is to increase this, to 70% by 2029, with at least, four more countries building their own capacity.

We are already seeing progress:

The Pathogen Genomic Laboratory, at the Fiji Centre for Disease Control, is now equipped, to rapidly detect and respond, to threats like influenza, COVID-19 and mpox.

Laboratories in Papua New Guinea, and seven other countries, are being trained in sequencing, by Australia's Centre for Pathogen Genomics, to establish and strengthen, end-to-end genomic surveillance capacities.

I'm also proud, of the progress made in Emergency Medical Teams regionwide.

EMTs from Singapore, the Philippines and the Pasifika Medical Association, achieved global classification, and Fiji's team, was re-classified.

This means that, as of 30 June, our Region, hosts 40% or 17 out of 41 classified EMTs globally.

And I must take a moment, to recognize, that in the last week, Indonesia had its first EMT, join the ranks of classified global teams.

EMTs from our Region, continue to be among the first, to respond when emergencies strike.

EMTs from Australia, Japan, the Philippines and Singapore, were deployed to Myanmar, in response to a devastating earthquake.

And Vanuatu, coordinated the deployment of EMTs, from Australia, Fiji, Indonesia, Japan and New Zealand – along with its own VanMAT – in response to last December's earthquake.

EMTs, also support mass gatherings. A joint Samoa and New Zealand EMT, was activated, for the Commonwealth Heads of Government Meeting, in Samoa.

And Papua New Guinea's EMT was activated for the Papal visit last September.

This is what resilience looks like — communities that are prepared, systems that are responsive, and societies that stand ready, to protect their people.

Honourable ministers and distinguished guests: We are not just building capacity. We are building confidence. We are building trust.

And we are building a Region, where health security, is not a privilege, but an interwoven promise.

"Resilience is not the absence of crisis. It is the presence of strength, strategy and solidarity."

For Healthier People Throughout the Life Course...

Health is not, just about access to services — it's about the environments we live in, the choices we make, and the systems that support us, from birth - to old age.

In the Western Pacific Region, we are shifting our focus upstream — towards the social and commercial determinants of health — to prevent disease, before it begins and to promote well-being, across every stage of life.

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Healthy ageing is advancing — through lifelong promotion, supportive policy, and age-friendly environments — with China expanding integrated care for older people, and the Philippines, rolling out a national plan and age-friendly initiatives.

Oral health, a long-neglected issue, is also rising on the agenda — marked by the WHO Global Oral Health Meeting in Bangkok — and advanced, through country action.

This includes, the Philippines policy development, and training toolkit, so primary health-care providers, can deliver, essential oral health services.

This year, countries have made meaningful strides, in adopting WHO best buys, for NCD prevention.

Seventeen of the Region's 38 countries and areas, have fully or partially implemented, at least, 10 of the 15 recommended interventions.

But seven countries, still lack sufficient data — highlighting the urgent need, for stronger policy momentum, and technical support.

We must invest in better data systems – to track progress, verify outcomes, and ensure that no community is left behind – because what gets measured, gets improved.

Tobacco control, remains a regional priority.

Tobacco use, is one of the most preventable causes of death, in our Region.

While many countries, have advanced tobacco control, tobacco use prevalence, remains high.

And the rise of electronic nicotine, and non-nicotine delivery systems, is deeply concerning, especially among youth.

But our Region, is responding with bold action.

Cook Islands, raised the legal age of sales to 21, increasing tobacco taxes, by over 50%, over the next three years.

And has declared four islands smoke-free, — the result of two decades, of community-driven advocacy.

Cambodia, designated Battambang and Kampong Cham, as new smoke-free Tourism Cities, protecting more than 200 thousand people, from secondhand smoke.

Marshall Islands, is using the Global Youth Tobacco Survey, to inform legislation and protect adolescents.

Viet Nam, banned e-cigarettes and heated tobacco products, starting January 2025 - and has approved, the revised Excise Tax Law, to increase tobacco tax.

And Australia, changed its law, so that all vapes and vaping products, with or without nicotine, can only be sold, in a pharmacy for the purpose, of helping people to quit smoking, or manage nicotine dependence.

Healthy diets and alcohol control, are the next frontier in tackling NCDs.

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While tobacco control, is gaining ground, far fewer countries have implemented, strong measures on alcohol consumption, and unhealthy diets.

That's why, alcohol control is a key agenda item, at this week's Regional Committee.

Still, there are bright spots:

Viet Nam, approved an alcohol tax increase , aiming to curb alcohol consumption nationwide.

Singapore, became the first country in the Region, to eliminate industrially produced trans fats, from its national food supply - and received WHO's validation certificate.

Cambodia, rolled out a national salt reduction campaign.

And Papua New Guinea, updated its NCD protocols, and training manuals, to align with WHO best buys.

Another area, where our Region, simply must do better, is injury prevention, including a focus on road safety.

Needless injury, and death can be prevented, through relatively simple measures, and strict enforcement.

Viet Nam, passed legislation, requiring children under 10, to sit in rear seats, as part of a broader strategy.

And Metro Manila, launched a Road Safety Action Plan (2024–2028) for its 15 million residents.

Here, I would like to report, far more progress next year, as we have a long way to go.

On a brighter note, mental health is finally receiving, the attention it deserves.

Singapore Health Services Community Hospitals, were designated, the first WHO Collaborating Centre, for Social Prescribing.

And Palau, finalized an analysis, to inform its national suicide prevention strategy, advanced through school health programmes.

There is a growing need, to focus on our young people Region-wide, given the burden of mental health issues they increasingly face.

Health is a journey — not a destination. And in our Region, we are walking that path together — towards healthier lives, stronger communities, and a future, in which prevention, is as powerful as a cure.

"When we invest in health across the life course, we don't just add years to life — we add life to years."

In today's world, data is more than numbers — it's a lifeline.

When collected and used wisely, health data can transform how countries identify priorities, make investment decisions, and course-correct policies, to ensure no one is left behind.

Yet, many countries in our Region, remain off track, to meet their health-related SDG targets.

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The challenge is clear: we must strengthen our health information systems, to monitor progress, guide action, and build trust in our decisions.

While we've seen improvements, in population surveys and health service data, many countries still struggle, to track key indicators, relying on global estimates, that may not reflect local realities.

But there is momentum, and it's growing.

The Lao People's Democratic Republic piloted a programme to send vaccine reminders, via text message, to 50 thousand parents, improving immunization follow-up.

Malaysia, introduced its first National Health Literacy Policy, integrating health education, across schools, media and digital platforms.

Brunei Darussalam, expanded the BruHealth platform, originally built for COVID-19, to help individuals, manage appointments, screenings and medical records.

Papua New Guinea, developed its National Digital Health Strategy (2025–2030), aligning with global frameworks, and incorporating inputs, from national and local stakeholders.

As we look ahead, we must prioritize areas, that will deliver the greatest impact: Immunization, especially childhood vaccination, remains our top priority.

Declining coverage in some countries – often triggered by disinformation – threatens public health, and safety in our Region and around the world.

Hypertension control, is a low-cost, high-impact intervention that can dramatically reduce premature deaths, from stroke and heart disease.

Tobacco and alcohol-related morbidity, must be tackled through proven-WHO-best buys and policy reforms.

Oral health, must be integrated into primary health care, supported by lifelong promotion, and policies. A healthy mouth and smile, are fundamental to daily life.

Healthy ageing, shapes future-ready social and health systems.

This includes PHC-led integration with community long-term care, caregiver support, and age-friendly environments.

Safe water in health-care facilities is essential — especially as 70% of our population, live in coastal areas, vulnerable to sea-level rise and flooding.

Emergency preparedness, must be rooted, in community inclusion, and resilience.

And as we accelerate the use of AI, and digital technology, we must ensure, these tools are accessible to all — bridging gaps, not widening them.

"Innovation in health, is not about machines – it's about meaning. It's about making every life count."

The vision of Health for All — the foundation of WHO's mandate, in the Western Pacific Region, and globally — is not a distant dream.

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It is a tangible goal, and this report, shows, that it is within reach.

Our Member States and partners, are proving, that progress is possible, even in the most challenging of times.

As we enter the next biennium, we are called on to do more — with less.

We must deliver services more effectively, more equitably, and more innovatively.

The world around us is uncertain, but the pathways forward, are becoming clearer.

These pathways, are not forged by chance. They are shaped, by the determination, of the weavers of health, across our Region.

Together, we are not just responding to crisis —we are building systems that endure.

We are not just treating illnesses — we are nurturing well-being.

And we are not just managing programmes — we are protecting futures.

At the heart of it all, is a simple truth: health is a human right.

It belongs to every child, every elder, every family, and every community.

It is the thread, that binds development, dignity and hope.

Just after I conclude this address, we will be recognizing, a number of Member States whose accomplishments, in eliminating specific diseases, as public health threats, truly symbolize "Health as a human right."

Kudos again to Fiji and Papua New Guinea, for eliminating trachoma;

To Japan, for eliminating rubella;

And to 21 Pacific island countries and areas, for eliminating measles and rubella.

Let me now close with a quote that captures the spirit of our journey:

"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."

Honourable Ministers, thank you for your leadership, your partnership, and your unwavering commitment, to Health for All.

Let us continue this journey—together.

Thank you and vinaka vakalevu.

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ADDRESS BY THE INCOMING CHAIRPERSON HONOURABLE RATU ATONIO RABICI LALABALAVU, MINISTER FOR HEALTH AND MEDICAL SERVICES, FIJI AT THE SEVENTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Honourable Ministers,
Distinguished Representatives,
Dr Saia Ma'u Piukala, WHO Regional Director for the Western Pacific,
Representatives of agencies of the United Nations, intergovernmental organizations, and nongovernmental organizations,

Ni sa bula vinaka. A very warm welcome to my home, Fiji, and the seventy-sixth session of the WHO Regional Committee for the Western Pacific.

I would like to thank you all for your trust and confidence in electing me as Chairperson of the seventy-sixth session of the WHO Regional Committee for the Western Pacific.

It is an honour to stand here before you today and to take on this role. Please know that I do not do so lightly. I have no doubt that we are looking at a challenging twelve months, for WHO and beyond. I am committed to helping to steer our Regional Committee through the year ahead.

I would like to thank the outgoing Chairperson—the Honourable Rose Toki-Brown, Minister of Health of the Cook Islands. Minister Rose, you did an outstanding job of leading us through last year's RCM with a great sense of leadership, tact, humour and excellent time keeping. I hope to live up to your good example.

I also thank the other office bearers of the last session for their tireless work.

This year I am grateful to be working alongside our Vice Chairperson, Dr Satoshi Ezoe, Japan's Senior Assistant Minister for Global Health, and our rapporteurs from Brunei Darussalam, Hong Kong SAR (China) and France.

Honourable representatives, thank you again for making your way across the Region to be here this week. I know many of you have travelled quite a distance to be here. I do hope that by the end of the week you will agree that it was worth the journey.

The Regional Committee Meeting was last held in Fiji in 1984 – more than 40 years ago. In fact, in the history of our gathering, the Regional Committee has only met in the Pacific five times before this year, in Papua New Guinea, New Caledonia, Fiji and twice in Guam.

The beauty of the Western Pacific Region lies within our diversity. Although looking around you, you may think that the Pacific looks different to your home, in reality we have many shared challenges and opportunities.

The geographical challenges of large ocean states mean widely dispersed population groups with limited access to transportation, information, and communication. We occupy the front seats of the climate change adverse impacts, and our health systems are significantly weakened by healthcare worker outmigration, while fully reliant on the dictates of the global supply chain of medicines and critical equipment to be able to deliver quality health services.

For us in Fiji, these shared challenges are deeply felt. While we continue to strengthen our health system in the face of rising noncommunicable diseases, the persistent threat of climate-related disasters,

and the demands of providing equitable services to remote maritime and island communities. we have also seen success through innovation and strategic partnership.

Our community health workers are extending essential care to the last mile, our digital health initiatives are improving patient data management, and our strong collaboration with WHO and development partners has supported key reforms in primary health care and health workforce strengthening.

We are also proud of our progress with immunization coverage, our recovery efforts following the COVID-19 pandemic, and our ongoing legislative reforms to modernize public health laws and improve patient safety and service delivery. These experiences remind us that small nations can demonstrate big leadership when guided by shared purpose and partnership.

This is why we are so honoured to invite you here this week.

We hope that during your stay, you will experience our Fijian spirit of kinship and respect. As Fijians, we believe in *veiwekani* — our deep sense of relationship and connection with one another. This spirit of solidarity and care underpins how we in the Pacific approach health and community resilience. In our traditional welcome, we have embraced you with a sense of unity and belonging, not as a distant visitor, but a close friend.

Hosting this meeting in Fiji is therefore not only an opportunity to discuss health policy, but also to share a part of who we are — a people whose strength lies in our community, and whose health system is built on the same principle of caring for each other as one family.

Distinguished representatives, we have an important week to get through. I thank the Director General and the Regional Director for their addresses yesterday.

Later today we will move on to the first of our technical agenda items, **climate change and health system safety and resilience**. Our Region is confronting an escalating climate and health emergency. Rising temperatures, extreme weather events, and environmental degradation are intensifying health risks—placing immense strain on national health systems and disproportionately affecting vulnerable populations.

It is symbolic that we are discussing this item here in the Pacific. Small Island Developing States, despite contributing minimally to global emissions, are bearing the brunt of these impacts. From rising sea levels threatening to submerge health facilities to disrupted food systems and increased disease outbreaks, this is not just a climate issue. It is a health imperative that demands urgent, collective action.

The second item we will address this week is the **implementation of the International Health Regulations** (IHR). As health emergencies grow more complex, severe, and interconnected, the need for decisive action has never been clearer. The 2024 amendments to the IHR, adopted at the Seventy-seventh World Health Assembly, mark an important step toward a more equitable and effective global health security system. These amendments introduce key obligations, including the designation of National IHR Authorities and a new definition of “pandemic emergency”, to strengthen coordination, surveillance, and response.

This week we will consider a draft implementation plan which outlines priority actions for countries and areas in the Western Pacific Region to utilize the amended IHR as they work to strengthen regional operational readiness for public health emergencies and promote resilience, equity and solidarity.

Moving on, we will also resume our discussion on **oral health**, continuing from last year’s panel discussion.

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Poor oral health doesn't just lead to disease; it affects what people eat, how children learn, how older adults connect socially, and ultimately, their dignity and quality of life. In our Region, where over 800 million people live with preventable oral diseases, the impact is profound and far-reaching.

That is why we have to act. Countries must invest in oral health as an essential part of universal health coverage. By embedding oral health services within primary health care, we can make care more accessible, address shared risk factors for NCDs, and improve health outcomes across the life course.

Our final technical agenda item of the week is **alcohol policy**. In the WHO Western Pacific Region, we lose roughly one person every minute to alcohol-related causes. In 2019 alone, alcohol contributed to more than 485, 000 deaths in the Region. Among men aged 20-29 years, nearly one in five deaths was attributable to alcohol. From cancer and hemorrhagic stroke to violence, road crashes, and mental health impacts, we know that alcohol leaves a mark.

But we also know that solutions exist. Higher taxes, stronger marketing restrictions, and reduced availability are key. The draft document "Accelerating Implementation of Global Alcohol Action Plan 2022-2030 in the Western Pacific Region" calls on countries to accelerate adoption of evidence-based policies in line with WHO's Global Alcohol Action Plan 2022–2030.

Distinguished representatives, we have a lot in store. I look forward to working with you to make this an efficient and productive week.

Before I close, I wish to salute all our health care workers and public health leaders in our region, who work tirelessly, often in challenging conditions, going above and beyond the call of duty, to deliver health care to our people who need them. Their resilience and dedication are the true backbone of our Region's health systems.

In Fiji, we have a saying — *"yaga vaka niu"* — which means "useful like a coconut tree." Every part of the coconut tree has value and purpose — from its roots that anchor it firmly to the earth, to its trunk that gives strength, its leaves that provide shelter, and its fruit that sustains life. Nothing goes to waste; everything contributes to the wellbeing of the whole.

In the same way, the Western Pacific Region is like one great coconut tree. Each of our nations and health systems may represent different parts — the roots, the trunk, the leaves, or the fruit — but together we form one living system, interdependent and vital. Our collective strength lies in our unity and shared purpose to protect and nurture the health of our people.

Thank you again for your confidence in electing me as Chair of this important meeting. I am very much looking forward to our discussions. Vina'a vakalevu.

Before we close, let us also take a moment to acknowledge that today marks the celebration of *Diwali* — the Festival of Lights. In a world facing so many health challenges, may this day remind us of the power of light to overcome darkness.

As we reflect on our work together this week, let us each be a light — a source of guidance, hope, and inspiration — so that our Region continues to shine brightly in advancing the health and wellbeing of all our people.

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CLOSING REMARKS BY THE WORLD HEALTH ORGANIZATION REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, DR SAIA MA'U PIUKALA AT THE SEVENTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Chairperson of the Regional Committee, Honourable Dr Ratu Atonio Lalabalavu,
Honourable ministers,
Distinguished delegates, colleagues, ladies and gentlemen.

As we draw the curtain on the 76th Regional Committee meeting (RC76), I stand before you with deep gratitude and pride -for the spirit of collaboration, that has carried us to this moment.

Your active participation, thoughtful contributions, and steadfast commitment- have not only enriched our discussions but also strengthened the bonds that unite us.

It is through this collective dedication, that we have brought our meeting to a meaningful and successful close.

I want to take a moment to sincerely thank the Government and the people of Fiji, for their gracious hospitality and warm welcome.

Your generosity and dedication in hosting us, have created not only a supportive environment, but also an inspiring setting, that has greatly contributed to the success of RC76.

You have truly made us feel at home, and we are deeply grateful for the kindness you have shown to all participants.

I also wish to extend my deepest gratitude to the Honourable Minister of Health, Dr Ratu Atonio Lalabalavu, for your exceptional leadership as chair of the meeting.

Your steady leadership, thoughtful guidance, and unwavering commitment, ensured that our discussions remained focused, inclusive, and productive—while your warmth and good humour reminded us, that serious work -can also be carried out, in a spirit of joy and collaboration.

You have set a high standard of professionalism and collegiality, and your role has been instrumental in bringing us together and moving forward.

Over the past few days, we have confronted critical regional priorities head-on, exchanged innovative solutions, and engaged in dialogue -that will shape the future of health- in our Region.

The spirit of unity and partnership that has guided this meeting- stands as a powerful proof of our shared commitment- to the well-being of our people.

I am deeply encouraged, by the concrete progress we have made—strengthening regional strategies, sharing best practices, and affirming our collective determination, to meet emerging challenges with courage and resolve. Let us not allow this momentum to fade.

The decisions and recommendations of RC76, must now be carried forward with urgency, and turned into lasting action, that transforms lives across our Region.

ANNEX 9

At this moment, I want to pause and express my deepest gratitude to Dr Susan Mercado, our Director for Programme Management.

Throughout my leadership, she has stood by me unfailingly, with wisdom and dedication, and with an unwavering commitment that has never wavered.

Her tireless efforts and thoughtful guidance- have carried us through challenges and helped us achieve so much together.

More than strengthening our organization, she has inspired each of us, to give our very best in service to our communities.

Her leadership has been a true light, guiding us with grace and reminding us of the higher purpose we serve.

I know, I speak for all of us, when I say -how deeply grateful we are- for her service.

May I kindly invite you all -to join me in showing our heartfelt appreciation to Dr Susan Mercado -for her remarkable contributions and her last RCM.

To our incredible organizers, technical teams and support staff, thank you for your meticulous preparation and tireless efforts.

I truly have the best team anyone could ask for. The secretariat has worked-with heart and purpose, not just to run a meeting, but to better serve you - our member states.

You've made this gathering seamless, welcoming, and impactful. Your work behind the scenes, has been the backbone of our success, and I am deeply grateful.

As we bring RC76 to a close, I want us to carry forward- the connections and partnerships we have strengthened here.

We may come from different nations, and hold different perspectives, and at times-we may not always agree, but what binds us together- is far stronger than what sets- us apart.

Our diversity is not a weakness, but a strength — because it challenges us, enriches our dialogue, and ultimately makes our unity more meaningful.

Like the strands of a mat, each nation and community contribute its own unique thread, and when woven together, we create a strong and resilient mat of health, that can support us all.

Our nations and communities, have always shown that true strength lies in unity. By standing shoulder to shoulder and by weaving health for our families, our communities and our societies, we can build a healthier, more resilient future for all the people of our Region.

And as we look ahead, let us remember: 'If you want to go fast, go alone. If you want to go far, go together. But in the Western Pacific Region, we go fast and far—because we go together.

I wish you all safe travels, and look forward to our continued collaboration.

Thank you once again for your dedication and commitment-to the Western Pacific Region.

Bula and vinaka vakalevu!