WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTÉ**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Seventy-sixth session
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20–24 October 2025

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Provisional agenda item 15

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE

The effective coordination of the work of World Health Organization (WHO) governing bodies is essential to advancing strategic priorities outlined in the global Thirteenth General Programme of Work, 2019–2025 (GPW 13), the Fourteenth General Programme of Work, 2025–2028 (GPW 14) and the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*, in partnership with Member States and key stakeholders in the Region.

To ensure complete transparency, proposals for agenda items for the 2026 session of the Regional Committee are presented for Member States to consider with supporting background information in Annex 3. Furthermore, this document provides an update on WHO support for countries and areas, emphasizing strategic support, system reform and alignment with the regional vision (with examples of work in countries in Annex 4).

This document also covers items referred by the World Health Assembly and the Executive Board for Member State consideration, with relevant resolutions and decisions listed in Annex 2 and the provisional agenda for the February 2026 session of the WHO Executive Board in Annex 6.

15.1 AGENDA FOR THE SEVENTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE IN 2026

In accordance with the agenda development process adopted by the WHO Regional Committee for the Western Pacific in 2015, the Secretariat proposes three technical agenda items for the seventy-seventh session of the Regional Committee in 2026. The proposed technical agenda items are aligned with the regional vision, priorities and acceleration points. They adapt global guidance to the regional context and present practical implementation plans to support Member States in the Region.

Annex 1 provides the list of technical agenda items discussed or to be discussed at the Regional Committee from 2013 to 2025. The list of proposed technical agenda items for the seventy-seventh session of the Regional Committee is as follows:

1. From Vision to Action: Leveraging immunization to accelerate broader health impacts in the Western Pacific.

2. Accelerated efforts in achieving 100 million more people with controlled hypertension in the Western Pacific

3. Tobacco control

Annex 3 contains background information on each proposed agenda item for 2026.

Member States are invited to review the proposed technical agenda items for the seventy-seventh session and are encouraged to submit additional proposals, accompanied by supporting background information, for consideration and prioritization.

15.2 THE WORK OF WHO IN COUNTRIES

Background

WHO in the Western Pacific Region continues to support Member States' commitments to improving health outcomes through strengthening their work and impact at the country level. This is also a key priority globally in the WHO Thirteenth General Programme of Work for 2019–2025 (GPW 13) and Fourteenth General Programme of Work for 2025–2028 (GPW 14).

The regional vision – *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)* – outlines the collaborative efforts needed to achieve health outcomes, and Member States have expressed strong support for the work of WHO in the Region's countries and areas. Following well-received side events at sessions of the Regional Committee starting from 2016, the work of Member States with support from WHO in countries and areas has been incorporated as a standing agenda item since 2019.[1]

In 2021, the session of the Regional Committee included an item on sustainable financing showing how WHO in the Region is delivering on regional priorities, how the type of work WHO is being asked to do is shifting as health systems are changing across the Region, and the importance of sustainable financing for this work.

Increasingly, the type of work WHO in the Region is being asked to do is shifting from operational support to fill critical gaps and technical support to strengthen programmes, to a new type of work guiding and supporting efforts to reform or redesign health systems. This is aligned to the three horizontal strands of the regional vision: (1) Country offices equipped with skills for scaling up and innovation; (2) Nimble support teams in the Regional Office; and (3) Effective communication for public health.

For some countries the Regional Office also provides support to stimulate high-level strategic dialogue to shape health and health systems, and plays an increasingly important role as a trusted source of health information. The session in 2023 built on this and provided information on the progress WHO in the Region had made over the previous four years in supporting Member States to deliver on their priorities and in implementing regional priorities. It showcased new working methods to achieve greater

[1] These sessions have been structured around six characteristics of effective country offices, identified through an analysis of the past decade of reforms in the Region: (1) focusing WHO support where the Organization can make a difference; (2) leveraging the three levels of the WHO Secretariat; (3) enhancing communications; (4) effectively engaging partners; (5) placing the right people in the right places; and (6) building and operationalizing in-depth knowledge of country contexts.

impact and stronger cooperation to identify and share experiences that contributed to the progress, while the focus of the support has been on addressing both challenges and long-term goals.

The 2024 session of the Regional Committee highlighted progress made in American Samoa, Cambodia, China, Cook Islands, the Lao People's Democratic Republic, Niue, Samoa, Tokelau, Vanuatu and Viet Nam in the following programmes or areas: Joint External Evaluations, people-centred integrated care, ban on electronic nicotine delivery systems, hepatitis control efforts, building sustainable and equitable health workforce, multisectoral approach to reduce obesity, primary health care demonstration programmes, and pilot models on climate-resilient and environmentally sustainable health-care facilities.

This year's session focuses on how ministries of health and WHO country offices are contributing towards working together to improve health and well-being and save lives in line with the regional vision and its implementation plan.

Detailed examples of work in countries are listed in Annex 4.

Country cooperation strategies

A country cooperation strategy (CCS) represents the WHO medium-term strategic vision for cooperation with a Member State (country or area) to implement the goals outlined within the relevant global General Programme of Work and the regional vision. The CCS defines WHO's support for achieving the country's health and development priorities to attain the Sustainable Development Goals (SDGs) by 2030 and provides the basis for aligning WHO collaboration with the United Nations and other partners at the country level. In WHO country offices with a valid CCS where the country priorities have already been identified in consultation with Member States and relevant stakeholders, these priorities have been used to identify the GPW 14 outcome and output priorities, including the elaboration of the programme budget for 2026–2027. This is a significant shift in principles of programme management as there is now only one prioritization process based on robust analysis with CCS at the centre.

WHO continues to work with Member States to regularly review and, if necessary, adjust strategic priorities identified according to changing country needs.

The Regional Committee is invited to note the report.

15.3 REGIONAL MEMBERSHIP IN THE EXECUTIVE BOARD

Decision WPR/RC74(3) made at the 2023 session of the Regional Committee requested the Regional Director to develop options and consult Member States on a formula for equitable Executive Board seat distribution in the Region.

In 2024, an informal working group to discuss the allocation of the Region's Executive Board seats was established, led by the Chairperson of the seventy-fourth session of the Regional Committee, Honourable Dato Dr Mohammad Isham Jaafar of Brunei Darussalam. It was decided that the group would defer meeting until Indonesia was formally reassigned to the Western Pacific Region. During adoption of the agenda at the seventy-fifth session of the Regional Committee in October 2024, pending consideration of Indonesia's reassignment to the Western Pacific Region, it was noted that "no decision would be made on possible changes to the formula for distributing the Executive Board seats allocated to the Western Pacific Region, as envisaged by decision WPR/RC74(3) from last year's session, until next year's session of the Regional Committee."[2]

The Chairperson convened a meeting of the informal working group on 19 August 2025 to discuss and consider two issues: (1) How to approach the filling of the Western Pacific Region Executive Board seat that will become vacant in May 2026 when Australia's term finishes; and (2) How to progress with the broader purpose of the working group − "develop options for the equitable distribution of Executive Board seats allocated to the Western Pacific Region".

The informal working group noted that there was insufficient time to discuss a proposal for a new formula to be applied by the seventy-sixth session of the Regional Committee. Therefore, the group recommended proceeding with the usual practice whereby the Secretariat will send out a call for expressions of interest for the seat, which would then be considered at a private consultative meeting during the week of the seventy-sixth session. The informal working group will continue to meet and report back in the next session of the Regional Committee in 2026.

The Regional Committee is requested to note the report.

[2] WPR/RC75(12). Final report of the Regional Committee.

15.4 ITEMS RECOMMENDED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

The Seventy-eighth World Health Assembly in May 2025 adopted 28 resolutions and 27 decisions, listed in Annex 2. The 157th session of the Executive Board in 2025 adopted 11 decisions. The draft provisional agenda for the 158th session of the Executive Board in February 2026 is available in Annex 6.

Seven items have been referred to the WHO regions for further comments or consideration by the Member States in 2025, prior to governing body sessions in 2026.

Information on these items is provided below under the subheadings 15.4.1 to 15.4.7. Where indicated, Member States may provide comments directly to the respective focal points at WHO headquarters and/or the Regional Office.

15.4.1 World Health Assembly resolution WHA78.10 on Strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards

In resolution WHA78.10, the Health Assembly requested the Director-General to develop, in close consultation with Member States and relevant stakeholders, and in accordance with the Framework of Engagement with Non-State Actors, a global framework to promote the uptake and assess the impact of norms and standards, as well as a global plan of action for its implementation in 2027. Member States may contact the global focal point Ms Kidist Kebede Bartolomeos (bartolomeosk@who.int).

15.4.2 World Health Assembly decision WHA78(13) on the Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel

In decision WHA78(13), the Health Assembly requested the Director-General to convene regional consultations with Member States to review the interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel. These consultations will inform the finalization of the report ahead of its submission to the Seventy-ninth World Health Assembly in 2026 through the Executive Board at its 158th session. Member States may contact the regional focal points Dr Annie Chu (chua@who.int) and Mr Samir Garg (gargs@who.int).

15.4.3 World Health Assembly decision WHA78(15) on Antimicrobial resistance

In decision WHA78(15) the Health Assembly requested the Director-General to update the Global Action Plan on Antimicrobial Resistance, in close consultation with Member States and relevant stakeholders, and in collaboration with the Quadripartite Alliance. The revised plan will be submitted to the Seventy-ninth World Health Assembly in 2026 through the Executive Board at its 158th session. The WHO Regional Office for the Western Pacific convened a virtual Member State consultation on the draft updated Global Action Plan on 28 August 2025. Member States may contact the regional focal point Dr Takeshi Nishijima (nishijimat@who.int).

15.4.4 World Health Assembly decision WHA78(22) on the Global strategy on digital health 2020−2025: extension

In decision WHA78(22), the Health Assembly requested the Director-General to develop a draft global strategy on digital health for the period 2028−2033, building on the Global Strategy on Digital Health 2020–2025. This process will be carried out in consultation with Member States and relevant stakeholders, and in collaboration with partners across the digital health ecosystem. The draft strategy will be submitted for consideration by the Eightieth World Health Assembly in 2027 through the Executive Board at its 160th session. Member States may contact the global focal point Dr Derrick Muneene (muneened@who.int).

15.4.5 World Health Assembly resolution WHA78.11 on Rare diseases: a global health priority for equity and inclusion

In resolution WHA78.11, the Health Assembly requested the Director-General to develop a comprehensive 10-year draft global action plan on rare diseases, in consultation with Member States and relevant stakeholders, and in collaboration with non-State actors in accordance with the Framework of Engagement with Non-State Actors. This includes engagement with patient organizations, academic institutions and subject matter experts. The draft action plan will align with WHO's strategic priorities and GPW 14, and will include all necessary preparatory and budgetary considerations. Furthermore, a draft will be submitted to the Executive Board at its 162nd session, with a view to presenting the final version for consideration by the Eighty-first World Health Assembly in 2028. Member States may contact the regional focal point Dr Rolando Domingo (rdomingo@who.int).

15.4.6 World Health Assembly resolution WHA78.15 on Skin diseases as a global public health priority

In resolution WHA78.15, the Health Assembly requested the Director-General to develop a global plan of action on public health responses to skin diseases that is results-based, needs-driven and capabilities-oriented. The plan should be developed within existing resources, be viable and ensure a coordinated approach across all three levels of the Organization. It should be prepared in full consultation with Member States and, where appropriate, with relevant stakeholders in line with the Framework of Engagement with Non-State Actors, including patient organizations, academic institutions and experts in the field. The plan should include clear goals and targets and be submitted for consideration by the Eightieth World Health Assembly in 2027 through the Executive Board. Member States may contact the global focal point Dr Kingsley Asiedu (asieduk@who.int) or the regional focal point Dr Kazim Sanikullah (sanikullahh@who.int).

15.4.7 World Health Assembly resolution WHA78.27 on Galvanizing global support for a lead-free future

In resolution WHA78.27, the Health Assembly requested the Director-General to develop a global action plan on lead mitigation, in consultation with Member States, relevant United Nations specialized agencies, and other stakeholders as appropriate in accordance with the Framework of Engagement with Non-State Actors. The action plan will outline targeted measures to strengthen the health sector's capacity to address lead exposure, including adapting health systems to mitigate associated health impacts. The plan will be guided by the action areas in WHO's Chemicals Road Map, as well as the G20 Call to Action on Strengthening Drinking-water, Sanitation, and Hygiene Services, which emphasizes efforts to reduce water pollution from lead and other sources. The draft global action plan will be submitted for consideration by the Eightieth World Health Assembly in 2027 through the Executive Board at its 160th session. Member States may contact the global focal point Dr Richard John Brown (brownri@who.int) or the regional focal point Ms Yi JinWon (yij@who.int).

15.5 ACCREDITATION OF NON-STATE ACTORS

This document provides an overview of two applications from regional non-State actors for accreditation to participate in sessions of the WHO Regional Committee for the Western Pacific in an observing capacity, without the right to vote. Accredited entities may also submit written and oral statements in the official languages of the Committee. The Regional Committee is invited to review and approve these applications for accreditation at its seventy-sixth session.

Background

In accordance with paragraph 57 of the Framework of Engagement with Non-State Actors (FENSA), regional committees may decide on a procedure granting accreditation for their meetings to international, regional and national non-State actors not in official relations with WHO, provided that the procedure is managed in accordance with WHO's rules and policies, including FENSA.

At its seventy-fourth session in 2023, the Regional Committee for the Western Pacific amended Rule 2 of its Rules of Procedure to provide a basis for accreditation. Under decision WPR/RC74(1) on governance reform, the Committee also decided that, until such a procedure was adopted, only international, regional and national non-State actors not in official relations with WHO that had already been invited to Regional Committee sessions could continue to be invited.

At its seventy-fifth session in 2024, the Regional Committee adopted a procedure for granting accreditation to regional non-State actors not in official relations with WHO. Under decision WPR/RC75(2), the Committee approved the accreditation procedure (Annex 5 to document WPR/RC75/10), which allows accredited entities to participate in an observing capacity, without the right to vote, in public meetings of the Committee, and to submit written and oral statements. Accreditation is granted for three years, subject to review by the Committee.

Application process

In accordance with the accreditation procedure, non-State actors were invited to submit their applications online by 31 December 2024. The Secretariat reviewed the submissions to ensure compliance with the established eligibility criteria and the requirements of FENSA, including due diligence. These criteria are as follows:

(a) Be a regional nongovernmental organization or a regional business association or a regional philanthropic foundation, it being understood that the entity shall be of a regional character if it has a presence and operates in at least three countries or areas within the

WHO Western Pacific Region. The applicant entity, if it is a membership organization, should have members from the WHO Western Pacific Region.

(b) The aims, activities and purposes of the applicant entity shall be consistent with the WHO Constitution and in conformity with the policies of the Organization and should contribute significantly to the advancement of public health.

(c) The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution.

(d) The applicant entity shall have had sustained and systematic technical engagement with the WHO Regional Office for the Western Pacific for at least two years.

(e) The parent entity of the applicant entity, if any, shall not be in official relations with WHO.

(f) The applicant entity shall have an established structure, a founding document and accountability mechanisms.

(g) The applicant non-State actor is required to provide documents and information on their entity in line with paragraph 39 of FENSA.

(h) The applicant entity, if a membership organization, shall have the authority to speak for its members and have a representative structure.

Following this review, two entities were found to have completed the process and met the requirements as set out in the accreditation procedure:

- Institute of Philanthropy (IoP)
- Southeast Asia Tobacco Control Alliance (SEATCA)

A brief description of these entities is available in Annex 5.

Next steps

The Regional Committee is invited to review and approve the applications of Institute of Philanthropy (IoP) and Southeast Asia Tobacco Control Alliance (SEATCA) for accreditation.

15.6 OTHER ITEMS

15.6(a) WHO REFORM

WHO in the Western Pacific implemented key reforms to enhance its responsiveness, accountability and effectiveness. Under the leadership of the Regional Director, the reforms focused on strengthening country support, fostering agile and multidisciplinary teams, and streamlining operations for faster and more impactful health responses.

Cost containment measures

WHO in the Region intensified cost containment strategies and took several measures to enhance efficiency and sustainability in response to evolving global health dynamics, including the withdrawal of the United States of America from the Organization. Measures included the termination of contracts through early retirements and the expression of voluntary departures, as well as the issuance of only one-year extensions and temporary appointments. The Regional Office worked closely with WHO headquarters to ensure a legally sound process for terminations and the management of reassignment committees.

To strengthen internal coordination and ensure strategic alignment across technical areas, the Regional Office introduced a monthly "No Travel Week". During this designated period, all staff remain on-site, enabling uninterrupted collaboration, focused planning and enhanced cross-divisional engagement. This initiative has proven instrumental in harmonizing priorities, fostering shared accountability and ensuring that regional efforts are well-coordinated and responsive to country-level needs.

An integrated oversight mechanism was established – known as the Control Tower – comprising senior leadership and key advisers. This body guides the implementation of recommendations from eight adaptation task forces and plays a central role in monitoring expenditures, managing exceptions to recruitment and operational policies, and streamlining decision-making processes. This approach underscores the Region's commitment to agile governance, transparent operations and strategic resource allocation in support of essential health programmes.

Furthermore, cost-saving practices were shared with country offices, including travel restrictions, meeting optimization, telework policies, renegotiation of contracts and self-purchasing of tickets. These initiatives underscore WHO's commitment to maintaining robust and resilient health systems amid financial constraints. More specifically, cost containment measures resulted in the following savings:

1. Reduction of travel costs by limiting to only essential travel is projected to result in US$ 8.5 million savings by the end of the year. Of this, US$ 2.2 million is flexibly funded and can be repurposed to cover salary gaps.

2. Reduction of procurement expenses is projected to result in savings amounting to US$ 650 000 by the end of the year.

3. Shifting of meetings from in-person to virtual format is projected to result in savings amounting to US$ 750 000 by the end of the year.

4. Non-filling of 60 existing vacant positions is projected to result in a savings amounting to US$ 2 million.

5. Other measures – such as renegotiation of procurement of contracts, energy savings, limiting the printing of documents, etc. – are expected to result in additional savings at all levels of the Organization, including both regional and country offices.

A global key performance indicator (KPI) dashboard capturing cost containment measures across major offices was launched this year to monitor progress and report to Member States.

Realignment and reprioritization exercise

In alignment with the directive from WHO headquarters and requests from Member States, WHO in the Western Pacific has restructured the Regional Office, including reducing the number of directors. This change is aimed at improving alignment, efficiency and support for country offices. WHO in the Western Pacific now supports 2.3 billion people – the largest total population among all WHO regions. However, the number of WHO staff in the Region represent only 7% of the Organization's total staff. Despite this, continuing efforts are made to adapt to the financial constraints and deliver impact. Significant efforts have been made to rebalance resources, ensuring that they are allocated more effectively on the ground to support Member State priorities.

Accountability compacts have been introduced that integrate resource mobilization and efficiency metrics into performance systems. The sustainability plan for January 2026 envisions a balanced workforce.

In 2025, the Region welcomed Indonesia as the newest Member State, slightly increasing WHO staffing. Leadership has enhanced engagement with staff through various meetings and consultations, ensuring transparency and inclusivity. These changes aim to strengthen impact at the country level while protecting field capacity.

People-centred management

Guided by the Director for Programme Management, the Region adopted a psychosocial recovery approach to strengthen teamwork and cultivate a respectful, inclusive workplace culture. Through the Healing Hearts initiative, WHO in the Region reinforced its zero-tolerance stance on bullying and harassment, promoting empathy, dignity and accountability across all levels.

The Workplace Culture Programme, in collaboration with the Staff Association, formally recognized and supported informal "interest groups" that emerged during the pandemic. These groups – focused on arts, sports and recreational activities – have contributed meaningfully to staff well-being and cohesion.

To address the organizational impact of recent challenges, Healing Hearts launched Trauma-Informed Workplace trainings led by expert Ms Katharine Manning. Between late 2024 and mid-2025, more than 200 staff participated in two in-person workshops and five online sessions. These received high ratings of 4.63 for relevance and 4.66 for clarity on a 5-point scale where 5 was the most positive score, and equipped staff with practical tools for empathetic communication, psychological safety and trauma response.

These initiatives have supported a broader cultural shift towards compassion and resilience, underpinned by inclusive and consultative management practices that ensure staff engagement in shaping organizational development.

Country focus

The WHO Western Pacific Region has reaffirmed its commitment to country-driven priorities by positioning country offices as the operational core of the Secretariat. Through retreats, joint planning and direct engagement with WHO representatives and country liaison officers, the Region refined its strategic vision to ensure that technical support is responsive, context-specific and community-centred. This shift has enabled more agile and impactful delivery of health interventions across Member States.

To uphold financial integrity and ensure optimal resource use, the Regional Office implemented robust mechanisms for budget oversight. The meetings of the Programme Committee now include country office representatives and focus on fund management, donor compliance and performance monitoring. The introduction of the Funds Available for Realignment (FAR) mechanism allows for the reallocation of unspent resources to high-impact country initiatives, such as intensified vaccination efforts in Vanuatu. These measures ensure that country offices maintain budget discipline while remaining responsive to evolving health needs.

In response to financial constraints and the withdrawal of support from key donors, the Regional Office underwent a strategic reprioritization and restructuring. Workstreams were streamlined, programmes merged and budget centres realigned to eliminate duplication and enhance efficiency. The establishment of adaptation task forces and a centralized Control Tower has enabled the Regional Office to maintain operational effectiveness while reducing overhead costs. These reforms reflect a leaner, more responsive Secretariat focused on delivering results where they matter most – on the ground in Member States.

Western Pacific Regional Office Solutions Lab

The Solutions Lab at the Western Pacific Regional Office has initiated several innovative projects aimed at enhancing operational efficiency and fostering a more dynamic and responsive organizational environment. One of the primary focuses is the introduction of AI-powered tools designed to streamline workflows and improve workplace productivity. These tools include chatbots and meeting assistants, which help automate repetitive tasks and facilitate continuous process improvement.

Additionally, the Solutions Lab supported the "Go WHO" coaching workshops to encourage young professionals from under-represented Member States to pursue careers with WHO, ensuring the Organization's workforce benefits from diverse contributions across the Region.

The Solutions Lab has also developed interactive Business Intelligence Dashboards to strengthen data-driven decision-making and accountability mechanisms through tracking KPIs. A Project Management Centre of Excellence has been established to standardize methodologies, develop professional capacities and support project delivery, enhancing the Regional Office's ability to respond to both planned initiatives and urgent demands effectively.

The Regional Committee is invited to note this report.

ANNEX 1

LIST OF TECHNICAL AGENDA ITEMS DISCUSSED AT THE REGIONAL COMMITTEE FROM 2013 TO 2025 WITH INFORMATION ON CATEGORIES FOR INCLUSION

Regional Committee session (Year)	Agenda items	Categories for inclusion for main technical agenda items		
		(a) Regional strategies to be renewed	(b) Adaptation of World Health Assembly resolutions	(c) Issues proposed by Member States or the Secretariat[1]
Seventy-sixth (2025)	Climate change and health system safety		✓	
	Implementing the International Health Regulations (2005) amendments		✓	
	Oral health		✓	
	Alcohol control		✓	
Seventy-fifth (2024)	Health financing for social well-being and sustainable development	✓		
	Digital health	✓		
	Operationalizing the Global Strategy on the Environment, Climate Change and Health in the Region		✓	
	Strengthening international legal instruments on health security (work of the Intergovernmental Negotiating Body [INB] and Working Group on IHR Amendments [WGIHR])			✓
	One Health			✓
Seventy-fourth (2023)	Health security	✓		
	Health workforce			✓
	Communication for Health			✓
	Health innovation			✓
	Investing in health and universal health coverage			✓
Seventy-third (2022)	Noncommunicable disease prevention and control	✓		
	Cervical cancer			✓
	Communication for Health (panel discussion)			✓
	Mental health			✓
	Primary health care			✓
	Reaching the unreached			✓

[1] Items classified under category (c) were newly raised issues or those not recently addressed by the Regional Committee or the World Health Assembly. Proposal by Member States or the Secretariat is also a prerequisite for categories (a) and (b).

Annex 1

Seventy-second (2021)	Primary health care			✓
	School health			✓
	Traditional and complementary medicine	✓		
	Tuberculosis	✓		
Seventy-first (2020)	Ageing and health			✓
	Vaccine-preventable diseases and immunization	✓		
	Safe and affordable surgery			✓
Seventieth (2019)	Ageing and health			✓
	Tobacco control	✓		
	Protecting children from the harmful impact of food marketing			✓
	Antimicrobial resistance	✓		
Sixty-ninth (2018)	Neglected tropical diseases	✓		
	Rehabilitation		✓	
	Strengthening legal frameworks for health in the Sustainable Development Goals			✓
	E-health for integrated service delivery			✓
	Planning and managing hospitals			✓
Sixty-eighth (2017)	Measles and rubella elimination			✓
	Protecting children from the harmful impact of food marketing			✓
	Health promotion in the Sustainable Development Goals			✓
	Triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B		✓	
	Transitioning to integrated financing of priority health services			✓

Annex 1

Sixty-eighth (2017) *(continued)*	Regulatory strengthening and convergence for medicines and health workforce			✓
	Food safety	✓		
Sixty-seventh (2016)	Dengue	✓		
	Malaria	✓	✓	
	Environmental health			✓
	Sustainable Development Goals			✓
	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies	✓	✓	
Sixty-sixth (2015)	Viral hepatitis			✓
	Tuberculosis	✓	✓	
	Universal health coverage	✓		✓
	Violence and injury prevention			✓
	Urban health	✓		
Sixty-fifth (2014)	Mental health		✓	
	Tobacco Free Initiative	✓		
	Antimicrobial resistance		✓	
	Expanded Programme on Immunization		✓	
	Emergencies and disasters		✓	
Sixty-fourth (2013)	Blindness prevention		✓	
	Ageing and health			✓
	Hepatitis B control through vaccination			✓
	Noncommunicable diseases	✓	✓	

ANNEX 2

RESOLUTIONS AND DECISIONS ADOPTED BY THE SEVENTY-EIGHTH WORLD HEALTH ASSEMBLY, 19–27 May 2025

Resolution number	Title of resolution
WHA78.1	WHO Pandemic Agreement
WHA78.2	Programme budget 2026–2027
WHA78.3	Strengthening the evidence-base for public health and social measures
WHA78.4	Health conditions in the occupied Palestinian territory, including east Jerusalem
WHA78.5	Promoting and prioritizing an integrated lung health approach
WHA78.6	Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease
WHA78.7	Primary prevention and integrated care for sensory impairments including vision impairment and hearing loss, across the life course
WHA78.8	World Cervical Cancer Elimination Day
WHA78.9	Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health
WHA78.10	Strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards
WHA78.11	Rare diseases: a global health priority for equity and inclusion
WHA78.12	Strengthening health financing globally
WHA78.13	Strengthening medical imaging capacity
WHA78.14	Accelerating the eradication of dracunculiasis
WHA78.15	Skin diseases as a global public health priority
WHA78.16	Accelerating action on the global health and care workforce by 2030
WHA78.17	Incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants
WHA78.18	Regulating the digital marketing of breast-milk substitutes
WHA78.19	Scale of assessments for 2026–2027
WHA78.20	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
WHA78.21	Special arrangements for settlement of arrears: Lebanon
WHA78.22	Salaries of staff in ungraded positions and of the Director-General
WHA78.23	Facts anterior
WHA78.24	Comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025: extension
WHA78.25	Reassignment of Indonesia from the South-East Asia Region to the Western Pacific Region
WHA78.26	Raising the flags of non-member observer States at the World Health Organization
WHA78.27	Galvanizing global support for a lead-free future
WHA78.28	Effects of nuclear war on public health

Annex 2

Decision number	Title of decision
WHA78(1)	Composition of the Committee on Credentials
WHA78(2)	Election of officers of the Seventy-eighth World Health Assembly
WHA78(3)	Election of officers of the main committees
WHA78(4)	Establishment of the General Committee
WHA78(5)	Adoption of the agenda
WHA78(6)	Verification of credentials
WHA78(7)	Election of Members entitled to designate a person to serve on the Executive Board
WHA78(8)	Process for handling and investigating potential allegations against WHO Directors-General
WHA78(9)	Notifying the International Health Regulations (2005) to Palestine
WHA78(10)	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression
WHA78(11)	A dedicated report on mental health for WHO's governing bodies
WHA78(12)	Substandard and falsified medical products
WHA78(13)	Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel
WHA78(14)	WHO traditional medicine strategy: 2025–2034
WHA78(15)	Antimicrobial resistance
WHA78(16)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
WHA78(17)	Results report 2024 (Programme budget 2024–2025: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2024
WHA78(18)	Partial and temporary suspension of Financial Regulation VIII, 8.2
WHA78(19)	Report of the External Auditor
WHA78(20)	Appointment of representatives to the WHO Staff Pension Committee
WHA78(21)	Global strategic directions for nursing and midwifery 2021–2025: extension
WHA78(22)	Global strategy on digital health 2020–2025: extension
WHA78(23)	Global action plan on the public health response to dementia 2017–2025: extension
WHA78(24)	International Health Regulations (2005): procedure for the correction of errors in the text of the instrument
WHA78(25)	Collaboration within the United Nations system and with other intergovernmental organizations
WHA78(26)	Updated road map for an enhanced global response to the adverse health effects of air pollution
WHA78(27)	Global action plan on climate change and health

ANNEX 3

BACKGROUND INFORMATION ON PROPOSED AGENDA ITEMS FOR THE SEVENTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

1. From Vision to Action: Leveraging immunization to accelerate broader health impacts in the Western Pacific

Immunization remains one of the most powerful public health successes in the Western Pacific Region, saving lives and strengthening health systems by extending surveillance, primary health care and community trust. Member States have achieved remarkable milestones, including achieving polio-free status in 2000 and measles and rubella elimination verification in many countries − demonstrating the impact of sustained commitment to immunization. Yet these gains are increasingly under threat. The Region is off track to achieve the Immunization Agenda 2030 (IA2030) goals, particularly in reducing the number of zero-dose children − a key marker of health equity. Recent measles outbreaks and the re-emergence of polio in some settings highlight not only how quickly past achievements can unravel, but also expose broader health system vulnerabilities, such as fragile supply chains, workforce shortages, inequities in access, declining investments and decreased public confidence. These challenges signal wider risks to system resilience, pandemic preparedness and economic stability.

At the same time, new innovations in immunization offer important opportunities to drive system-wide improvements. The introduction of new vaccines across the life course can expand protection against a wider range of diseases, strengthen surveillance and delivery platforms, and foster innovation in logistics, cold-chain systems and service integration. Coupled with investments in climate-resilient delivery models and digital tools for coverage monitoring and surveillance, these efforts can extend protection to unreached communities while reinforcing broader primary health-care functions. By positioning immunization as both a life-saving intervention and a catalyst for stronger health systems, Member States can accelerate progress towards IA2030, close immunity gaps and ensure a healthier, more resilient future for all people in the Western Pacific Region.

The seventy-seventh session of the Regional Committee provides a critical platform for Member States to reaffirm commitments around shared immunization performance and disease elimination targets, share innovations and drive collective action to strengthen immunization and health systems.

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2. Accelerated efforts in achieving 100 million more people with controlled hypertension in the Western Pacific

Hypertension is the focus of a dedicated technical discussion during this year's session of the Regional Committee, highlighting the growing burden of the disease and the urgent need for improved control across the Western Pacific. The session will emphasize the regional goal of achieving blood pressure control in an additional 100 million people by 2030, using the 80-80-80 strategy − diagnosing 80% of hypertensives, treating 80% of those diagnosed and controlling 80% of those treated. Member States are expected to share practical experiences, including successful community-based interventions, digital health innovations and policy integration efforts.

Looking ahead to the seventy-seventh session of the Regional Committee in 2026, it is proposed that hypertension be elevated to the main agenda, and that Member States share their progress towards the regional targets. These will include updates on expansion of implementation of the HEARTS technical package, community-based screening coverage, access to care and essential medicines at the primary level, digital health integration, and improvements in monitoring and evaluation systems. Countries should also demonstrate how they are addressing equity and workforce development, and how national policies are being aligned with regional goals. These reports will help assess collective progress and guide future strategies to reduce the burden of hypertension and its impact on noncommunicable disease-related mortality and disability in the Western Pacific Region.

3. Tobacco control

Despite strong commitments and ongoing actions by Member States, as highlighted in the midterm review of the *Regional Action Plan for Tobacco Control in the Western Pacific (2020−2030),* the Western Pacific Region has not seen the expected reduction in tobacco use. While many countries have enacted and strengthened implementation of tobacco control laws, significant policy gaps remain, especially in key areas such as taxation and comprehensive advertising bans. Persistent challenges − including industry interference, weak enforcement and the aggressive promotion of emerging tobacco and nicotine products − threaten to reverse gains from decades of efforts.

As Member States enter the second half of the time period covered by the Regional Action Plan, there is a need to recalibrate efforts to accelerate progress towards 2030. While the Regional Action Plan offers a menu of actions, a more focused and strategic approach is needed to concentrate efforts on high-impact yet least-implemented tobacco control measures. This approach should build on existing commitments, target critical gaps and adapt to emerging challenges and latest evidence. It aims to strengthen regional collaboration and optimize available resources to enable reductions in tobacco use across the Region within the limited time remaining.

ANNEX 4

THE WORK OF WHO IN COUNTRIES AND AREAS IN THE WESTERN PACIFIC REGION

American Samoa, Cook Islands, Niue, Samoa and Tokelau

The *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029*, or MCCS, was developed by WHO through a consultative process involving 21 Pacific island countries and areas, including American Samoa, Cook Islands, Niue, Samoa and Tokelau.

To strengthen primary health care (PHC), Samoa's Ministry of Health − with WHO support − initiated the development of a role delineation policy and essential health services package. National data collection and stakeholder consultations were conducted and aim to clarify service delivery responsibilities across health facilities. This work will support the modernization of PHC and ensure equitable access to essential services, particularly in underserved areas, aligning with Samoa's broader health system strengthening agenda.

WHO supported health workforce development across Cook Islands, Niue and Samoa through fellowships and training in medicine, nursing and midwifery. In 2024, one student from Cook Islands graduated with a Bachelor of Medicine and Bachelor of Surgery, one student from Niue completed a Bachelor of Nursing degree and 11 students from Samoa graduated with postgraduate diplomas in surgery, nursing and midwifery. These investments are helping to build a more skilled and sustainable health workforce and are critical to strengthening PHC and achieving universal health coverage (UHC) in the Pacific.

WHO is assisting Samoa's Ministry of Health in developing its National Health Account 2019/2020–2020/2021 report − its first since 2014/2015 − while also supporting routine and timely reporting in the future, through strengthening systems and building staff capacity. The new National Health Account is expected to be published towards the end of 2025.

WHO also supported the countries in further strengthening health security. Cook Islands completed its first Joint External Evaluation (JEE) in May 2025, assessing core capacities under the International Health Regulations (2005) (IHR), with WHO providing technical and financial support. In Samoa, building on its 2023 JEE, the Ministry of Health launched the Pacific's first National Action Plan for Health Security in April 2025. The plan provides a road map for establishing a more resilient health system, drawing lessons from past emergencies such as measles and COVID-19 outbreaks.

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Cook Islands Ministry of Health Te Marae Ora and WHO provided training sessions for the Cook Islands Emergency Medical Assistance Team (KukiMAT), including a simulation exercise on the outer island of Mauke to test emergency protocols and inter-island coordination. In Samoa, the Ministry of Health trained and deployed the Samoa Emergency Medical Assistance Team (SEMAT) during the Commonwealth Heads of Government Meeting in 2024, supported by WHO. These efforts enhanced national capacity for rapid response and demonstrated the growing self-sufficiency of Pacific island countries in managing health emergencies.

American Samoa's Department of Health advanced their efforts in addressing noncommunicable diseases (NCDs) by developing a new NCD strategic plan for 2025–2030, with technical support from WHO and partners such as the Pacific Island Health Officers Association (PIHOA) and the Pacific Community (SPC). Additionally, WHO has supported training and planning on social and behaviour change communication and Communication for Health (C4H).

Cook Islands enacted the Tobacco Products Control Amendment Act 2024, which was developed with WHO support, raising the legal smoking age to 21, increasing tobacco taxes and strengthening e-cigarette regulations. Four Pa Enua (outer islands) were also declared smoke-free. In Tokelau, WHO supported high-level advocacy during the General Fono (assembly) and community outreach on tobacco and alcohol harm. These efforts reflect a strong commitment to reducing NCD risk factors through policy reform and community engagement.

Niue's Department of Health, with support from WHO and SPC, conducted a national STEPwise approach to NCD risk factor surveillance (STEPS) survey in 2025 to assess the current burden of NCDs and compare data with the previous survey completed in 2011. The survey also integrated post-elimination surveillance for lymphatic filariasis, improving operational efficiency and reducing the burden on the health workforce.

Samoa strengthened its focus on health promotion as a core strategy to combating NCDs, with WHO providing technical support to the Ministry of Health, with funding support from the Government and development partners such as Australia's Department of Foreign Affairs and Trade. Efforts included the revival of the National Health Promotion Committee, represented by multiple stakeholders from government and nongovernmental organizations, and reaffirming Health Promoting Schools as a key platform for health promotion among young children in Samoa.

WHO supported the completion of the global SCORE assessment in Cook Islands, Niue and Samoa to understand national health information systems capacities. This assessment provides guidance for strengthening current health information systems, addressing data quality, availability and use, and

enabling more equitable and evidence-based health planning. The initiative also supports countries in monitoring progress towards UHC and health equity, while building capacity for digital health transformation.

Brunei Darussalam

WHO is supporting the development of Brunei Darussalam's first National Strategy for Obesity Prevention and Management, aiming to halt the rise in adult and childhood obesity rates in the country. The strategy development included a collaborative process involving workshops, stakeholder consultations and focus group discussions with health professionals, patients and their families. Aligned with the WHO STOP Obesity framework, the strategy − which adopts a whole-of-society approach that integrates health system strengthening, supportive policy environments and community-based action − is scheduled for launch later in the year.

Tuberculosis (TB) remains a persistent public health issue despite significant progress such as free access to health care, domestically funded TB services and strong government commitment. While the country has seen major reductions in TB incidence since the 1960s, progress has stagnated in the last decade. To address this, a technical review was conducted by WHO at the request of the Ministry of Health in 2024. WHO supported the updating of national TB guidelines aligned with the latest global strategies. Recommendations include systematic screening for high-risk groups, increased use of chest radiographs, introduction of new TB drugs, improving management of latent TB, and strengthened surveillance and operational research to guide future programme improvements.

NCDs are an increasing concern driven by a rapidly ageing population, despite a well-established, government-funded health-care system. The country has implemented several health screening initiatives since 2013, culminating in the National Health Screening Programme (NHSP) launched in 2019 targeting cardiovascular disease risks and major cancers. Recent enhancements include integration with the digital BruHealth app; however, uptake and retention remain low. In response to a request by the Ministry of Health, WHO provided technical support to review and recommend improvements to the NHSP. A joint three-level WHO mission in January 2025 assessed national guidelines, health information systems, service delivery processes and stakeholder perspectives. The team identified key implementation challenges and provided recommendations to strengthen the programme, including developing the monitoring and evaluation framework for the supervisory staff. These are expected to support the increase in uptake for early screening and to contribute to early detection and better management of NCDs.

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In April 2025, Brunei Darussalam held a National Bridging Workshop that convened more than 60 experts from the human, animal and environmental health sectors to strengthen One Health collaboration. Co-organized by the Ministry of Health with support from the Quadripartite (comprising the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, WHO and the World Organisation for Animal Health), the workshop aimed to build integrated systems to better detect and respond to health threats at the human–animal–environment interface. Through scenario-based exercises simulating zoonotic outbreaks and environmental hazards, participants assessed coordination gaps and developed a joint road map outlining clear actions, responsibilities and timelines. This road map supports the National One Health Joint Plan of Action and aligns with regional efforts under the ASEAN One Health Initiative. A key outcome was renewed momentum towards establishing a National One Health Coordination Centre, envisioned as a permanent institutional mechanism to sustain and enhance multisectoral collaboration. The workshop marked a significant step forward in the country's efforts to build a more resilient, proactive health system capable of addressing current and emerging threats.

Cambodia

Cambodia advanced its cancer control agenda with the adoption of the first-ever Cambodia National Cancer Control Plan (NCCP) 2023–2030. WHO provided technical input into the NCCP's development, which aims to strengthen cancer prevention, early detection, diagnosis, treatment and palliative care across the country, with a focus on building capacity at provincial hospitals and integrating cancer services into PHC. The NCCP reflects a multisectoral approach, engaging government, civil society and international partners to reduce the cancer burden and improve outcomes for patients and families.

Cambodia's Smoke-Free Tourism City programme led by the Ministry of Tourism in partnership with the Ministry of Health – with support from WHO and the Southeast Asia Tobacco Control Alliance – has supported seven cities with a total population coverage of nearly 800 000 to achieve more than 80% compliance in having public facilities that enforce the national tobacco control law.

With technical guidance from WHO, the Ministry of Health – in close collaboration with the Ministry of Education, Youth and Sport – trained more than 200 teachers across four provinces to deliver the Operational Guide on Psychological First Aid in Schools and developed an associated training-of-trainers curriculum to further expand reach. Further, the Ministry of Health, in collaboration with local academic partners, engaged representatives of commune women's affairs, village chiefs and

village health support groups from 36 communes across Siem Reap and Banteay Meanchey provinces, to gain knowledge and practical skills in mental health and suicide prevention.

Cambodia is on track to eliminate malaria by the end of 2025, following the successful implementation of the National Strategic Plan for Elimination of Malaria 2011–2025. In 2023, the country achieved a major milestone by eliminating indigenous *Plasmodium (p.) falciparum* malaria and maintaining zero malaria-related deaths for a sixth consecutive year. Strong collaboration between the Ministry of Health and WHO ensured free diagnosis and treatment, widespread distribution of insecticide-treated nets, and rapid "1-3-7" surveillance to interrupt transmission. Looking ahead, Cambodia and WHO are working closely in developing the National Strategic Plan for Prevention of Malaria Re-establishment 2026–2035 and various tools for its implementation. The plan focuses on sustaining hard-won gains, preventing reintroduction and securing WHO malaria-free certification by 2030.

Cambodia is strengthening its health systems capacity and resilience by ensuring a strong, competent and equitably distributed health workforce through a shift in health professional education to competency-based education. WHO has played a significant role in developing the Health Workforce Development Plan for the next 10 years from 2025 to 2034, which focuses on the following: improving access to health workforce information and greater use of data for decision-making; advancing competent health workforce through competency-based education to meet future needs and challenges; ensuring equitably distributed, well-retained and fit-for-purpose health workforce that is responsive to health needs; and building a strong governance system to effectively regulate health workforce for safe and quality-assured health services.

Between October 2024 and February 2025, Cambodia developed a National Action Plan for Health Security (2025–2027) through a multisectoral process informed by recommendations from a JEE and a Strategic Toolkit for Assessing Risks. With WHO's support, a new respiratory pathogen pandemic preparedness and response plan was also drafted using WHO's Preparedness and Resilience for Emerging Threats approach, reinforcing Cambodia's commitment to future health emergency readiness.

China

To address long-term care (LTC) needs for an ageing population, China was supported by WHO in developing a sustainable LTC financing system. Multisectoral policy roundtables took place across the health, insurance and finance sectors at the national level, and training sessions were conducted with

more than 150 medical insurance policy-makers. These contributed to national LTC financing and service policy development for financial protection and service delivery.

Phase 2 of the People-Centred Integrated Care Pilot Programme, covering 59 million people across nine cities, is advancing transformative primary care. Led by the National Health Commission (NHC) with WHO support, the programme focuses on integrated service delivery, workforce with the right mix of skills, sustainable financing, digital health and elder care targeting NCDs. A national leadership training programme launched in 2025 is helping local leaders implement reforms and share lessons globally.

China released its first National Action Plan on Health Adaptation to Climate Change (2024–2030) developed by the National Disease Control and Prevention Administration in collaboration with 12 other ministries and agencies. WHO provided technical support in key research areas such as heatwave adaptation, vulnerability mapping and low-carbon health systems to help build climate-resilient health systems.

China has achieved major milestones in eliminating mother-to-child transmission of HIV, syphilis and hepatitis B. By 2024, HIV transmission rate in newborns had dropped to 1.2%, hepatitis B prevalence among children under 5 fell to 0.3% and congenital syphilis incidence declined to 4.5 per 100 000 live births. Nine provinces received NHC Triple Elimination Certification. In collaboration with the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS, WHO has supported related efforts resulting in refined national strategies, updated policies and guidelines, and strengthened national capacity to accelerate progress towards triple elimination.

To reduce the risk of diet-related NCDs, WHO supported China in promoting healthier diets through policy roundtables and international exchanges. Notable initiatives included front-of-pack labelling, cross-country discussions and engagement with the catering industry to apply behavioural insights for healthier food environments.

Fiji

WHO is working closely with Fiji's Ministry of Health and Medical Services in line with the country-focused plans within the MCCS, outlining key objectives towards achieving UHC, reducing the burden of NCDs, and strengthening health system resilience to health threats including climate change.

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The Ministry of Health and Medical Services is working closely with WHO, partners and civil society organizations to implement the National HIV Surge Strategy 2024–2027, which focuses on prevention, diagnostics, treatment and care by making testing and treatment for HIV more accessible. These include priority areas, such as: (1) introduction of evidence-based interventions like needle and syringe programmes to reduce HIV transmission and viral hepatitis transmission among injecting drug users; (2) policy changes and capacity-building for diagnosing HIV towards decentralization of HIV testing and treatment services; (3) enhanced efforts to strengthen early diagnosis, reduce mother-to-child transmission and reduce levels of loss to follow-up so that more people can quickly learn their status, be rapidly initiated into treatment and remain on treatment; and (4) ensuring a steady supply of critical medicines, including antiretroviral therapy.

WHO support has also included deployment of two experts from the Global Outbreak Alert and Response Network to improve HIV data collection and surveillance to enhance decision-making. The goal is to move towards decentralization to meet the health needs of affected and hard-to-reach communities, as aligned to Fiji's country-focused plan.

In partnership with the Kirby Institute (University of New South Wales), WHO supported a rapid assessment on injecting drug use in Fiji to gather behavioural insights that is helping to better design communication that resonates with the most at-risk audiences – motivating them to get tested for HIV and seek treatment if they test positive.

WHO and the Ministry of Health and Medical Services are also collaborating to actively strengthen TB clinical and public health responses, which is especially critical in high-HIV-prevalence areas.

Beyond the HIV response, WHO has been working with Fiji to build laboratory and surveillance capacity, culminating in the launch of the country's first Pathogen Genomics Laboratory. This is a milestone that allows Fiji to rapidly respond to potential outbreaks – reducing the public health impact – by significantly speeding up diagnosing priority diseases such as dengue, leptospirosis and respiratory infections, without needing to send tests abroad for diagnosis. WHO has also provided support to the Fiji Emergency Medical Assistance Team (FEMAT) to maintain its classification as a WHO-classified Type 1 Fixed Emergency Medical Team (EMT), meaning FEMAT can continue responding to national emergencies and across borders.

WHO continues to support the country in PHC transformation for strengthening health system governance and responding to health emergencies and climate-related issues. Key actions include consultative dialogues with stakeholders, development of a PHC transformation road map, governance

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restructuring for integrated services, development of package of essential health services, health labour market analysis, review of essential medicines list, and actions to address antimicrobial resistance (AMR).

Indonesia

Indonesia still faces high maternal mortality rates, especially in underserved areas, often linked to critical health workforce shortages and uneven quality of care. To address this systemic challenge, WHO supported a series of strategic actions – data analysis, policy briefs, recognition awards and indicator development – that directly shaped the Indonesian Ministry of Health's new workforce regulations, and helped integrate workforce priorities into its National Medium-Term Development Plan (2025–2029). Through policy development and targeted training, WHO also enhanced the human resources for health information system, enabling data-driven planning, deployment and training of health workers across 38 provinces. Partnering with the Ministry of Health's Polytechnic Network (Poltekkes), WHO trained 50 nursing lecturers in clinical and patient safety, and developed 50 international class modules. This partnership resulted in the Poltekkes designation as a WHO Collaborating Centre for Nursing and Midwifery Education and Development, linking 20 midwifery faculties across the country to improve maternal and newborn care in Indonesia and the Region.

Despite progress, Indonesia struggles with limited access to safely managed drinking-water and widespread vulnerabilities to climate-related health risks. WHO and the Indonesian Ministry of Health conducted district-level climate vulnerability assessments across 514 districts, integrating key recommendations into Indonesia's Health National Adaptation Plan (2025–2030). This strengthens early warning systems and climate-resilient health-care infrastructure, and aligns with Indonesia's Nationally Determined Contributions. By establishing a water safety plan audit system and providing technical guidance, WHO helped 76 water providers adopt water safety plans, contributing to an increase in safely managed drinking-water coverage from 11.8% in 2020 to 20.7% in 2024. This directly reduces the risk of waterborne diseases and improves the safety and reliability of water supplies reaching millions of people in the country.

Communicable diseases remain a major public health challenge in Indonesia, with high risk of outbreaks across the country. WHO partnered with the Indonesian Ministry of Health to train more than 3600 health workers and deliver 2.7 million vaccine doses in a national catch-up campaign, reducing the number of under- and unvaccinated children across the country by 25%. With WHO's technical support, Indonesia expanded its measles laboratory capacity from seven to 11 laboratories and established a national inventory of poliovirus materials across 1392 laboratories to strengthen vaccine-

preventable disease surveillance. To accelerate malaria elimination goals, WHO developed and helped implement localized strategies focused on mobile migrant populations, which contribute to a fifth of malaria cases nationwide. A pilot malaria control intervention package in East Kalimantan cut malaria incidence by 80% within six months from 130 to 26 cases, and plans are under way to replicate this success in 15 districts across several provinces.

NCDs, such as cardiovascular disease and cancer, account for over 70% of all deaths in Indonesia, with cancers among the leading causes. To address this growing burden, WHO supported the Indonesian Government in advancing a more strategic and coordinated national response. In 2024, this included finalization of the National Cancer Control Plan (2024–2034), the Cervical Cancer Elimination Plan (2023–2030) and the Childhood Cancer Control Plan (2024–2029). WHO's sustained technical engagement also led to the adoption of a national single-dose human papillomavirus (HPV) vaccine policy, enabling broader protection for girls against cervical cancer through more efficient and scalable immunization strategies. In the same year, WHO's policy and technical support helped Indonesia reach a major milestone through the enactment of Government Regulation No. 28/2024 and development of the National Action Plan on Tobacco Cessation, introducing comprehensive tobacco control measures to reduce smoking-related disease and deaths.

Kiribati

Kiribati's strong advocacy for addressing climate change is reflected in the partnership between its Ministry of Health and Medical Services and WHO in the implementation of two major climate and health adaptation projects supported by the Global Environment Facility (GEF) and the Korea International Cooperation Agency: Strengthening Health Adaptation Project: Responding to Climate Change in Fiji (SHAPE Project) and Making Health Adaptation for the Future Resilient Islands − Kiribati Outer Islands for Climate Health Action: Te Mamauri.

A major achievement has been the installation of reliable high-speed internet on Marakei island, one of Kiribati's many atolls, as part of the Te Mamauri Project. Powered by solar energy 24/7, reliable internet connection is now available so that the health facility on the island can respond to health emergencies such as road accident injuries, as well as illnesses like scabies and ringworm. Internet connectivity is even more crucial for health workers on remote locations such as Marakei island so that they can consult specialists on the main island of South Tarawa, which is a three-hour boat ride or 15-minute plane ride away. Internet connection also means health workers can receive critical updates concerning severe weather events, which will help with preparedness and response efforts for natural disasters, cyclones and other weather-related events. Beyond improvements in infrastructure, health workers also received training on climate-sensitive disease surveillance and response. Internet

installation planned at other outer island health facilities and solarization and resilience renovations will help alleviate challenges of remoteness and build climate resilience. Advocacy and awareness sessions have also been delivered to all mayors and some island councils in preparation for implementing these climate and health adaptation projects.

WHO worked closely with the Ministry of Health and Medical Services to support strengthening of health sector governance, including reviewing the Public Health Ordinance, the Food Safety Act and regulations, and the Tobacco Act.

To further strengthen management of health staff, WHO is at the early stages of developing a human resources for health database management system to better track and forecast staffing challenges in Kiribati. Additionally, a new patient feedback mechanism has been established to identify opportunities to improve health service delivery.

WHO is providing technical support for all the communicable diseases programmes, including hepatitis, leprosy and TB. This work has also involved reviewing and updating the communicable diseases surveillance and outbreak response guidance, training frontline health workers, as well as integrating support for improving vaccine coverage. A major accomplishment has been establishing the surveillance system (EpiNet) for measles and rubella testing.

NCDs continue to be a key focus of WHO work in Kiribati. For instance, strengthening PHC screening and management of NCDs, including supporting the establishment of a tobacco cessation programme. Together with key health development partners, WHO is supporting the Ministry of Health and Medical Services on establishing a Health Promotion Foundation, the concept of which was recently endorsed by Cabinet.

Evolving with changing technology, Kiribati is stepping up towards digital transformation. For instance, WHO is supporting the country in introducing the DHIS2, a web-based software for health information management and analysis. This will strengthen data collection at the PHC level and streamline national reporting, which is critical for understanding health issues and informing decision-making and health planning. A significant feat is also establishing monitoring of climate change and health indicators using the DHIS2. To accomplish this, a multisectoral coordination mechanism has been set up and actions are under way to ensure its success, including training of staff to increase utilization of the system.

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WHO's support to Kiribati continues to be guided by the MCCS, biennium workplan and requests from the Ministry of Health and Medical Services to deliver on the country's key health priorities.

Lao People's Democratic Republic

Strengthening transformative PHC in the Lao People's Democratic Republic remains a key priority for WHO support. With assistance from WHO, the Ministry of Health successfully conducted a nationwide, school-based HPV vaccination campaign, immunizing nearly 80 000 girls against cervical cancer in 2024. This brought the total number of girls vaccinated since 2020 to more than 600 000. In parallel, WHO and the Ministry launched an innovative pilot programme to send text message vaccine reminders to 50 000 parents across the country. This initiative, powered by the Electronic Immunization Registry, aims to boost uptake of measles, rubella and polio vaccines, marking a significant step towards improving routine immunization coverage.

Following the 2023 elimination of lymphatic filariasis in the Lao People's Democratic Republic, WHO and the Ministry of Health have enhanced cross-border efforts to eliminate schistosomiasis in adjoining Lao and neighbouring Cambodian provinces, with support from China and Switzerland. A strategic and targeted combination of mass drug administration, improved sanitation, enhanced surveillance and community education has significantly increased the coverage and quality of interventions. Currently, due to previous and ongoing efforts, less than 1% of people living in high-risk areas in the country are infected with schistosomiasis.

Malaysia

WHO provided technical and analytical support to the Ministry of Health in the development of an investment case for the prevention and control of NCDs, which outlines the health and economic burden of NCDs and the case for scaling up WHO-recommended interventions as cost-effective policy and estimating the potential return on investment. Developed in collaboration with the United Nations Inter-Agency Task Force on NCDs and launched in Parliament in 2024, the investment case is based on local data and economic modelling, demonstrating that investment in WHO-recommended "Best Buy" interventions could generate significant health and economic returns, including 400 000 healthy life-years gained and more than 30 billion Malaysian ringgits in economic benefits. The investment case provides key evidence to accelerate implementation of Malaysia's Health White Paper and accelerate the country's transition to a promotive and preventive, people-centred PHC system.

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WHO support has been instrumental in the development of the National Blueprint for Behavioural Insights in Health, which aims to incorporate behavioural science into health policies and practices. This initiative was facilitated through a comprehensive consultation process, including workshops and collaborations with more than 150 representatives from several ministries, academia and United Nations agencies such as UNICEF, the United Nations Population Fund and United Nations Development Programme (UNDP). It seeks to produce tailored interventions that address psychological, social and environmental factors that influence behaviours for better health. Set for launch in September 2025, the National Blueprint emphasizes a whole-of-country approach, aligning with World Health Assembly resolutions and the National Health Agenda of Malaysia.

As part of the WHO–UNICEF Joint Programme on Mental Health and Psychosocial Well-Being and Development of Children and Adolescents, WHO has provided technical support in the development of a National Strategic Plan for Children and Adolescent Mental Health to be published in the latter half of 2025. This includes co-developing core monitoring and evaluation frameworks and indicators to strengthen the implementation of the National Strategic Plan. An overview of the current available child and adolescent mental health services and referral pathways was developed to guide system strengthening efforts to ultimately improve children's and adolescents' access to appropriate mental health support.

In 2024, WHO supported Sabah State by providing 20 550 doses of the measles-rubella vaccine to address immunity gaps and curb ongoing measles transmission largely concentrated in Sabah. This support is aligned with the goals of the global Immunization Agenda 2030, particularly in reaching unreached and vulnerable populations. The vaccines were distributed across 12 districts, achieving a high utilization rate of 94%. The effective outreach vaccination activities specifically contributed to improving herd immunity among hard-to-reach and underserved communities in Sabah, resulting in containing the outbreak of measles affecting the country.

To strengthen preparedness and health infrastructure safety and resilience, a four-day workshop co-hosted by the Ministry of Health and WHO was held in June 2025 in Putrajaya, bringing together 50 participants to consolidate three major health facility assessment tools – the Hospital Safety Index (HSI), climate-resilient and environmentally sustainable health-care facilities (CRESHCF) and the Water and Sanitation for Health Facility Improvement Tool (WASH-FIT) – into a streamlined, practical instrument. Participants tested the new harmonized tool during site visits across the Klang Valley and Negeri Sembilan, and shared experiences, challenges and innovations in strengthening health facility readiness assessments.

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On 9 April 2025, a Multi-Stakeholder Meeting on Antimicrobial Resistance in Human Health was held in Putrajaya, co-chaired by the Ministry of Health and WHO. The meeting brought together nearly 50 participants from a wide range of sectors − including government agencies, medical associations, academia, private laboratories, pharmacy and pharmaceutical industries, and faith-based groups − to strengthen national efforts in AMR containment. Key discussions emphasized the importance of antimicrobial stewardship in PHC, accurate diagnostics, evidence-based policies, professional education and regulatory alignment. Contributions from ProtectHealth and various professional bodies highlighted public−private collaboration and culturally sensitive approaches. The meeting underscored the need for sustained, multisectoral coordination to promote rational antimicrobial use, strengthen surveillance systems, and equip future health-care professionals with the skills to combat AMR effectively.

A Workshop on Antimicrobial Stewardship for Paediatric Populations was also held in April, bringing together 32 participants, including paediatric infectious disease specialists, paediatric pharmacists, and officers from the Ministry of Health's Pharmacy Practice and Development Division. The workshop focused on enhancing AMR management in children. The event promoted knowledge exchange and strengthened collaboration in advancing antimicrobial stewardship in paediatric care.

The Allied Health Sciences Division of the Ministry of Health, in collaboration with WHO, is developing a 10-year Blueprint for the Allied Health Workforce in Malaysia (2026−2035), scheduled for launch in the fourth quarter of 2025. The Blueprint builds on work undertaken over the past five years in understanding and strengthening allied health workforce in Malaysia, and includes a focus on reorienting the concentration and structure of these allied health professions towards integrated multidisciplinary teams based at primary care centres closer to communities as part of the country's health transformation. Development of the Blueprint includes the use of foresight approaches and recognizes the role of strategic communication in advancing this approach. From the outset the development process has involved representatives from populations particularly likely to use allied health services, such as older people and people with disabilities. This Blueprint will be one mechanism to support wider multidisciplinary integrated care closer to communities to meet their health needs in the future.

Marshall Islands, Federated States of Micronesia and Palau

The Marshall Islands continues to strengthen its public health system in the face of increasing vulnerability from climate change and emerging health risks. Government-led initiatives in emergency preparedness, tobacco control and youth engagement demonstrate a comprehensive, multisectoral

approach to resilience. WHO provides technical support in line with national goals, and complements efforts to enhance health promotion, risk communication and evidence-based planning.

The Federated States of Micronesia, with support from WHO, demonstrated sustained commitment to strengthening its health system to deliver health services to a geographically dispersed population. In 2024–2025, the country finalized a 10-year Framework for Sustainable Health Development for 2024–2034 that was developed through a multisectoral consultative process to guide health sector investment, coordination and policy direction over the next decade. The Federated States of Micronesia also completed its National Immunization Strategy, developed vaccine-preventable disease surveillance and immunization manuals, conducted refresher courses on immunization, launched the Health Promoting Schools campaign in Chuuk State, and nominated seven national fellows for WHO-sponsored training in medical technology, health promotion, oral surgery, dietetics, nutrition and medicine.

Palau continues to invest in long-term health system resilience amid challenges such as workforce shortages and evolving public health threats. The Ministry of Health and Human Services has led targeted efforts to strengthen health emergency preparedness, enhance mental health and suicide prevention responses, and address critical human resource needs through advanced training. WHO provided technical assistance aligned with national priorities, reinforcing the country's drive towards sustainable health system development.

Nauru

In response to the gaps identified in the States Parties Self-Assessment Annual Report (SPAR), WHO has supported the Ministry of Health through several targeted interventions.

Notably, Nauru performed commendably during the WHO-facilitated Exercise Crystal – an annual simulation exercise aimed at strengthening emergency communication systems – demonstrating significant progress in coordination and information flow, one of the key recommendations from the SPAR in 2023.

Additionally, WHO supported the Ministry in convening a multisectoral IHR capacity assessment workshop, which enhanced collaboration and coordination among key sectors, contributing to improved IHR implementation. Further support was provided through a pandemic influenza simulation exercise, which informed the development of a national Pandemic Influenza Response Plan, helping Nauru better prepare for future public health threats.

WHO has been working with the Ministry on reforming a 100-year-old law to better address policy priorities and operational functions that is practical and represents realities on the ground. In addition, a key development in the health workforce strategy has included working with the Ministry to review the nursing workforce and health labour market to identify key actions to train and sustain the nursing workforce in Nauru.

WHO is also supporting the Ministry of Health to develop its first national oral health policy to integrate oral health services into PHC. This initiative follows the expression of interest in this topic demonstrated by Member States at the seventy-fifth session of the Regional Committee in October 2024 and the WHO Global Meeting on Oral Health in Bangkok in November 2024.

For Nauru, mental health is an important focus, especially in children and adolescents, in prisons and in populations with substance use disorders. WHO is working with the Ministry of Health to develop mental health guidelines and strengthen psychosocial support.

Following participation of the Ministry of Health and the Ministry of Education in the Regional Meeting on Health Promoting Schools in November 2024, WHO is supporting the development of a National Policy and preparing a memorandum of understanding with the two ministries.

WHO has supported Nauru in planning and implementing the STEPS survey − a standardized method for collecting, analysing and disseminating data on key NCD risk factors in the country to determine the burden of NCDs.

Papua New Guinea

Papua New Guinea was officially validated for eliminating trachoma as a public health problem during the Seventy-eighth World Health Assembly in May 2025 − a historic achievement in the country's public health journey. This success was made possible through the close collaboration between the National Department of Health and WHO, which provided technical guidance, supported nationwide trachoma mapping and helped implement the SAFE Strategy for Trachoma Control in endemic provinces. WHO's continued support enabled Papua New Guinea to generate robust evidence, address critical gaps and build national capacity, ultimately leading to this significant milestone in eliminating a neglected tropical disease that once posed a major public health threat.

Papua New Guinea developed and launched its National Antimicrobial Guideline at the National Health Conference in November 2024, with support from WHO and partners. The guideline promotes rational antimicrobial use across the country, addressing challenges posed by limited

laboratory capacity. Its rollout is encouraging more structured and responsible prescribing practices to combat AMR.

To address persistent workforce gaps, especially in rural and remote areas, Papua New Guinea conducted a nationwide health labour market analysis, involving central agencies, Provincial Health Authorities and training institutions. This led to the establishment of an intersectoral coordination mechanism, approval of funding for 2799 new positions and the development of a costed 10-year workforce plan. Enhanced workforce data now support targeted recruitment and planning, with attention to gender equity and rural deployment.

Building on the findings of the 2023 digital health maturity assessment, Papua New Guinea's National Department of Health led the development of the National Digital Health Strategy 2025–2030, engaging stakeholders across government, provinces and partners. The Strategy lays the foundation for more integrated and interoperable health information systems and aims to improve disease surveillance and data-driven decision-making nationwide.

Philippines

The Philippines remains the country with the highest burden of leprosy in the Western Pacific Region. The Department of Health, in collaboration with the Philippine Dermatological Society and WHO, launched the Reaching the Unreached initiative to combat this disease. Through advocacy, training, research and outreach, the partnership strengthened national capacity, improved access to care and promoted stigma reduction. Key activities included developing standardized clinical tools, training health-care workers, conducting awareness campaigns and engaging communities and media. These efforts supported the implementation of the Multi-Disease Elimination Plan aiming to interrupt leprosy transmission by 2030 and achieve a leprosy-free Philippines.

To accelerate elimination of lymphatic filariasis, the Department of Health, with WHO support, piloted triple-drug therapy in the only two remaining endemic provinces requiring mass drug administration, achieving high coverage through community engagement, culturally sensitive communication and strong local partnerships. Tailored strategies, including house-to-house treatment and involvement of tribal leaders, ensured effective implementation. These efforts highlight the power of multisectoral collaboration and offer valuable lessons for achieving elimination of lymphatic filariasis nationwide by 2025.

Meanwhile, WHO supported the Department of Health in enhancing coordination among development partners by establishing the Foreign Assisted Projects Monitoring Platform. This digital

tool tracks project implementation, funding and alignment with national health priorities, improving transparency, efficiency and accountability. WHO also helped identify data management gaps and is supporting capacity-building efforts to strengthen data-driven decision-making and ensure sustainable, well-aligned investments in the health sector.

WHO also supported the Department of Health in updating primary care staffing standards under the Universal Health Care Act by introducing the Workload Indicators of Staffing Need (WISN) tool. This evidence-based approach replaces traditional ratio-based planning, enabling more accurate health workforce estimates based on service demand and facility workload. In 2024, WHO conducted a training of trainers using the updated WISN manual and software, making the Philippines the first country to pilot the new version. This initiative strengthens national capacity for data-driven workforce planning and supports the delivery of quality-assured, responsive primary care services.

Republic of Korea

The Republic of Korea, in partnership with WHO, is reinforcing its global health leadership by hosting the WHO Global Training Hub for Biomanufacturing. Addressing workforce gaps in low- and middle-income countries, the hub will train 150 professionals from these countries in Good Manufacturing Practices in late 2025. This initiative, stemming from a memorandum of understanding between WHO and the Ministry of Health and Welfare, helps the Republic of Korea to share its advanced biomanufacturing expertise with other countries to promote global health equity and enhance pandemic preparedness.

WHO is supporting the Republic of Korea's second JEE on IHR core capacities in August 2025, assessing the country's strengthened health security post-COVID-19. This voluntary, multisectoral evaluation involves WHO-led international experts and 12 government bodies, including the Korea Disease Control and Prevention Agency, Ministry of Health and Welfare, Ministry of Environment, and Food and Drug Safety Administration. The evaluation will offer recommendations to further enhance the country's preparedness and coordinated response to future health threats.

The Republic of Korea and WHO co-hosted the 2024 World Bio Summit in Incheon, gathering global leaders to discuss strategies for pandemic preparedness under the theme "Future Investments for a Healthy and Secure Future". Organized by the Ministry of Health and Welfare and WHO, the summit emphasized cooperation in vaccine and biologics development, research and development, and health system resilience, reinforcing the country's critical partnership with WHO in biotechnology and global health security.

Annex 4

WHO supports the Healthy Cities Network in the Republic of Korea, promoting urban health innovation. At the 10th Global Conference of the Alliance for Healthy Cities hosted by Seoul and WHO in September 2024, Seoul's "Healthy Ageing Support" and Songpa District's "Let's Be Active!" were two initiatives that received recognition. Additionally, a Healthy Cities Partnership delegation from the Republic of Korea visited the WHO Academy in April 2025 to exchange knowledge on sustainable urban health, underscoring ongoing collaboration.

Tonga

Since the completion of its JEE to strengthen health security in 2024, the Ministry of Health of Tonga − together with WHO − has been bolstering the country's health emergency preparedness and response.

Putting learnings into action, the Ministry responded promptly to a dengue outbreak and conducted a national intra-action review to identify best practices, challenges and lessons learnt, as well as to propose corrective measures in the outbreak response. With WHO support, it brought together health workers and officials from management, logistics, finance, administration, clinical services, surveillance, environmental health, and risk communication and community engagement (RCCE).

Insights from the intra-action review enabled Tonga to implement several actions to limit the impacts of dengue and protect communities across the country. A key action was to enhance patient care. WHO provided support by deploying a clinical management expert to work with local health teams to focus on identifying early warning signs, effective symptom management and quick referral of severe cases. The training not only improved triage processes and delivery of timely care, but also provided a model where those receiving the training would be able to mentor others in the health system via a "training of trainers", supported by online mentoring.

To strengthen dengue control, the Ministry of Health and WHO collaborated to enhance the reporting and tracking of dengue cases by updating the national surveillance plan. The revised approach emphasizes early detection of hotspots and high-risk areas, enabling the country to more effectively map these zones and implement targeted prevention and control measures.

Another aspect of support has included controlling the breeding of mosquitos and targeting messages through multiple channels to empower communities with knowledge and practical actions, such as conducting village clean-up initiatives to eliminate mosquito breeding sites. Tonga's early activation of emergency systems, strong government leadership and coordination with WHO and

partners are all helping to contain the outbreak. Continued focus on early detection, strong clinical care, community-led action and coordinated efforts are key to bringing dengue under control.

WHO has also been working with Tonga to develop its first National Action Plan for Health Security by bringing together a range of stakeholders − including the National Disaster and Risk Management Office, Attorney General's Office, Ministry of Finance and other partners − demonstrating a strong commitment from these sectors to collaborate and strengthen health security for better health and well-being.

WHO is working with Tonga to submit its single-country Pandemic Fund proposal to support One Health pandemic prevention, preparedness and response.

WHO continues to support efforts to address the growing burden of NCDs in Tonga. This support focuses on: (1) addressing NCD risk factors and (2) strengthening prevention and control at the PHC level.

Over the past year, WHO supported the Ministry of Health in drafting proposed amendments to the Tobacco Control Act and its regulations. Key provisions include expanding smoke-free environments, enforcing tobacco advertising bans, introducing a licensing mechanism, and comprehensively banning new and emerging nicotine products. WHO also supported the rollout of Brief Tobacco Intervention trainings in the outer islands, targeting nurses and health-care workers to strengthen tobacco cessation services at health centres.

In the area of nutrition, a landscape analysis was conducted to identify short-, medium- and long-term priorities to address the double burden of malnutrition. WHO will also support the Ministry of Health in scaling up Best Buy interventions for the protection, promotion and support of optimal breastfeeding practices, such as the First 1000 Days initiative and the Baby Friendly Hospital initiative.

To further improve NCD prevention and control at the PHC level, a training on the WHO HEARTS technical package was conducted focusing on cardiovascular disease risk assessment and management. A more comprehensive training is planned in the coming months informed by a baseline assessment and stakeholder consultation to address remaining capacity gaps among health-care workers in Tonga.

WHO continues to provide support for implementing the Tonga Package of Essential Health Services, such as via the health workforce task analysis to ensure equitable distribution of the available health workforce based on workload and to determine future needs based on population health needs.

Annex 4

Tuvalu

Reducing the burden of NCDs is a critical priority for Tuvalu. With WHO support, the country has made commendable progress in five key policy areas: (1) leadership and governance, (2) tobacco and alcohol enforcement, (3) unhealthy diet and physical inactivity, (4) health system response and (5) NCD monitoring system – as demonstrated by several indicators in the 2024 Pacific Monitoring Alliance for NCD Action (MANA) Dashboard report. This has led to a reduction in the number of NCD defaulters, noncompliance cases and referral cases for complications. Furthermore, WHO worked with Tuvalu on conducting the STEPS survey to further determine NCD risk factors in the country.

As part of health system strengthening, WHO supported Tuvalu in its annual National Health Report, drafting national health strategies, developing national health legislation, reviewing the Tuvalu Overseas Medical Referral Scheme, and providing technical assistance in essential medicines, health information system and human resource development.

WHO is supporting Tuvalu through the UNDP/GEF project, which aims to enhance the capacity of national and local health system institutions, personnel and local communities to manage health risks induced by climate variability and change, improve management of long-term climate-sensitive health risks, as well as enhance South-South cooperation. WHO recruited two in-country positions and procured essential equipment to establish the project office. Given that multiple partners are supporting Tuvalu in building climate resilience, forming the project office is a key breakthrough to ensure coordination and cross-sectoral collaboration.

Similar to other Pacific island countries and areas, strengthening health security is a key priority for Tuvalu. WHO supported coordination and development of the multi-country Pandemic Fund proposal that includes Tuvalu.

Responding to Tuvalu's expressed interest in conducting a JEE in the coming years, WHO invited delegates from Tuvalu to observe conduct of the JEE in Cook Islands as preparation for their JEE.

During the Regional Director's visit to Tuvalu in March, an EMT cache was handed over to the country containing equipment needed to set up a deployable field clinic, such as tents, backpacks, cargo boxes, patient cots, water filtration systems, hand-held radios and medical equipment including portable ultrasounds and defibrillators. The impact of having this EMT cache is significant during crises such as cyclones to enable swift coordination by supporting care in remote areas and enabling reliable communication.

Annex 4

Vanuatu

Vanuatu is highly vulnerable to a wide range of public health threats. In the past decade alone, the country has experienced major events including Tropical Cyclone Pam (2015), Tropical Cyclone Harold (2020), Tropical Cyclones Judy and Kevin (2023), outbreaks of influenza and leptospirosis in 2024, and most recently, a magnitude 7.3 earthquake near Port Vila in December 2024, which caused severe damage and loss of life.

In the wake of the earthquake, WHO quickly mobilized to provide support on assessments of damaged health facilities, activation of the incident management systems, coordination of operations across all levels, and coordinated deployment of international EMTs to fill critical gaps – which brought together 60 professionals from Australia, Fiji, Indonesia, Japan and New Zealand, as well as regional EMT teams such as the Pasifika Medical Association Medical Assistance Team (PACMAT).

The earthquake posed immense challenges, with damaged facilities and disrupted communication initially hindering needs assessments and response coordination. With WHO's rapid support in deploying satellite technology, these issues were quickly resolved.

Mental health and psychosocial support capacities and clear communication became crucial in addressing the urgent needs of communities. With support from WHO, Vanuatu's Ministry of Health crafted public health messages focusing on safe water access, injury prevention during aftershocks, and hygiene in evacuation centres, ensuring that the communities received timely and relevant information.

WHO's support enabled health facilities in and around Port Vila to remain operational soon after the earthquake, ensuring continued access to care and that communities had life-saving information in local languages.

WHO also supported reviewing of Vanuatu's National Health Emergency Operations Centre guidelines and conducted a simulation exercise to further strengthen disaster preparedness and response.

Other areas of support provided by WHO in boosting Vanuatu's health system resilience included assisting the country in conducting its first JEE, strengthening RCCE via modular training to a range of health workers, and drafting the national multi-hazard RCCE strategy, as well as supporting the update to the malaria elimination framework.

Vanuatu reduced yaws cases by 10% between 2023 and 2024 with WHO's support for capacity-building in neglected tropical diseases, development of tailored communication materials and mass drug administration.

Annex 4

Given its vulnerability to climate-induced health threats, a milestone achievement for Vanuatu was collaborative action to develop its Health National Action Plan for climate change. WHO supported the Ministry of Health throughout development of the Plan, which involved coordinated stakeholder consultations and technical advice.

Another key area of WHO's support has been digital innovation by way of updating Vanuatu's health information system and launching of its Digital Health Strategy, including a costed implementation road map, as well as improved routine data collection.

ANNEX 5

BRIEF DESCRIPTION OF NON-STATE ACTORS FOR ACCREDITATION CONSIDERATION AT THE SEVENTY-SIXTH SESSION OF THE REGIONAL COMMITTEE

Institute of Philanthropy (IoP)

- Country/area: Hong Kong SAR, China
- National/regional entity: Regional
- Website: https://www.iop.org.hk/en/

The Institute of Philanthropy (IoP) is a philanthropic foundation established in 2023 by the Hong Kong Jockey Club Charities Trust to provide an Asia-based platform that connects global and regional stakeholders. It focuses on advancing public health and social well-being, with priority areas including noncommunicable diseases, health security and the health impacts of climate change. IoP works with partners across the Western Pacific Region, supporting innovation, capacity-building and policy engagement.

Since its establishment, IoP has collaborated with WHO, including the Regional Office for the Western Pacific, through initiatives on noncommunicable disease management, health security and capacity-building, and has also contributed to WHO's financing efforts and engaged in regional and global policy dialogue to strengthen public health.

Southeast Asia Tobacco Control Alliance (SEATCA)

- Country/area: Thailand
- National/regional entity: Regional
- Website: https://seatca.org

The Southeast Asia Tobacco Control Alliance (SEATCA) is a nongovernmental organization established in 2001 and legally registered in Thailand, with a presence across the Western Pacific Region. Its mandate is to promote health and reduce the burden of tobacco use by supporting governments, academic institutions and civil society organizations in developing and implementing effective tobacco control policies. Its activities include policy research, technical support, advocacy and capacity-building in areas such as tobacco taxation, smoke-free environments, packaging and labelling, advertising bans and sustainable financing for health promotion.

SEATCA has collaborated with WHO, including the Regional Office for the Western Pacific, for over two decades. This collaboration has included joint projects on strengthening smoke-free laws, advancing health promotion and supporting the implementation of the WHO Framework Convention on Tobacco Control. SEATCA also facilitates regional networking and knowledge-sharing to support progress on tobacco control across Member States.

ANNEX 6

Executive Board
158th session

Geneva. 2–7 February 2026 EB158/1(draft)
27 June 2025

Draft provisional agenda

1. Opening of the session and adoption of the agenda

2. Report by the Director-General

3. Report of the regional committees to the Executive Board

4. Report of the Programme, Budget and Administration Committee of the Executive Board

5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response

Provide health

6. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

7. Mental health

- Outcome of the WHO Commission on Social Connection

8. Communicable diseases

- Immunization Agenda 2030
- Road map for neglected tropical diseases 2021–2030
- End TB Strategy

9. Universal health coverage

- Draft global strategy for integrated emergency, critical and operative care, 2026–2035
- Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
- Rare diseases: a global health priority for equity and inclusion

10. Health in the 2030 Agenda for Sustainable Development

11. Substandard and falsified medical products

12. Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel

13. Draft updated global action plan on antimicrobial resistance

Protect health

14. WHO's work in health emergencies

15. Strengthening the evidence-base for public health and social measures

16. Global Health and Peace Initiative

17. Poliomyelitis

18. Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression

19. Health conditions in the occupied Palestinian territory, including east Jerusalem

20. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

Promote health

21. Strengthening rehabilitation in health systems

22. Well-being and health promotion

23. Draft global action plan for the health of Indigenous Peoples

24. Maternal, infant and young child nutrition

25. Economics of health for all

Power and performance

26. Budget and finance matters

26.1. Financing and implementation of the Programme budget 2026–2027

26.2. Amendments to the Financial Regulations and Financial Rules [if any]

27. Management and governance matters

27.1. Prevention of sexual exploitation, abuse and harassment

27.2. Evaluation: update and proposed workplan for 2026–202

27.3. Update on the Infrastructure Fund

- Geneva buildings renovation strategy
- Update on information management and technology

27.4. Governance reform

- Member State-led governance reform
- Secretariat implementation plan on reform
- Template and recommended timeline for proposing resolutions and decisions
- Cost recovery mechanisms for voluntary contributions
- Implementation of the process for handling and investigating potential allegations against WHO Directors-General

27.5. Engagement with non-State actors

28. Collaboration within the United Nations system and with other intergovernmental organizations

29. Governance implications for WHO arising from the reassignment of a Member State from one region to another

30. Provisional agenda of the Seventy-ninth World Health Assembly and date and place of the 159th session of the Executive Board

31. Committees of the Executive Board

31.1. Standing Committee on Health Emergency Prevention, Preparedness and Response

31.2. Foundation committees and selection panels

31.3. Independent Expert Oversight Advisory Committee: membership renewal [if any]

32. Staffing matters

32.1. Statement by the representative of the WHO staff associations

32.2. Report of the Ombudsperson

32.3. Human resources: update

32.4. Amendments to the Staff Regulations and Staff Rules [if any]

32.5. Report of the International Civil Service Commission

33. Report on meetings of expert committees and study groups

34. Closure of the session