

TITLE: Seventy-fifth Session of the WHO Regional Committee for South-East Asia, Paro, Bhutan, 5-9 September 2022

SUBTITLE: A Summary Report by the Chairperson, H.E. Lyonpo Dasho Dechen Wangmo, Minister of Health, Royal Government of Bhutan

The Seventy-fifth Session of the WHO Regional Committee for South-East Asia (SEA), unanimously elected H.E. Lyonpo Dasho Dechen Wangmo, Minister of Health, Royal Government of Bhutan as the Chairperson and H.E. Mr Ahmed Naseem, Minister of Health, Government of Republic of Maldives as the Vice-Chairperson.

PART 1: TOPICS FOR GLOBAL DISCUSSION

- 1. Proposed Programme budget 2024–2025:** The Committee noted that to develop Proposed PB 2024-2025, the WHO Secretariat has introduced data driven and evidence-based prioritization process which will take into account the five focus areas as suggested in the GPW13 extension to maximize impact at country level. One of the implications of this prioritization should be an increase in budgetary allocation for high-priority outcomes. The Committee was informed about WHA75 Resolution to increase the Base Programme Budget 2022-2023 by 14% while retaining the PB 2024-2025 at the same level of funding (USD4968.4 million) as of the Base Programme Budget 2022-2023. The major focus of the PB 2024-2025 will be on a further increase in country allocation. The Member States noted and appreciated the 1.6% increase in the share of country-level Budgets from the previous biennium, allowing countries more flexibility in implementation.

The Committee noted that the draft Proposed Programme Budget 2024–2025 for the South-East Asia Region is US\$ 487.3 million with country allocation at US\$ 365.2 million (an increase of US\$ 10.8 million) and the balance of US\$ 122.2 million for the Regional Office. With this proposed increase, country allocation will reach 74.9% of the total, which is the highest among all the major offices.

Member States mentioned that they have initiated the consultative process at their country levels for the identification of priority areas and outputs for Programme Budget 2024–2025 and congratulated the Regional Director for her guidance on the prioritization exercise that will be initiated in October–November 2022 to identify the regional priorities for the development of the global Programme Budget. The Regional Director reiterated that the major

portion of the increase in Assessed Contributions coming from the Sustainable Financing mechanism will be used by the country offices.

- 2. Strengthening the global architecture for health emergency preparedness, response and resilience:** The Committee noted the progress made by the Region in advancing core capacities mandated by the International Health Regulations (IHR, 2005) for health emergency preparedness and response. The Committee noted that regional consultations of Member States and representatives of partner agencies and experts in October 2021 consolidated the lessons learnt from the COVID-19 response and provided key recommendations to address gaps identified in the IHR core capacities based on which a Regional Strategic Roadmap for health security and health system resilience for emergencies 2023–2027; and a South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance 2023–2027 were drafted in June 2022.

The Committee was informed that the Regional Strategic Roadmap for health security and health system resilience for emergencies focuses on the interventions needed to strengthen the capacity of Member States to detect, contain and mitigate any future health emergency through developing sustainable health security systems and enhancing health system resilience for emergencies through strengthening health system building blocks. Regional initiatives and platforms linked with global initiatives that are critical to augment and support Member State capacity at the regional level were also welcomed. The Committee also appreciated the focus of the Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance (2023-2027) to provide strategic technical guidance to increase political commitment, investments and high-level partnerships to modernize diagnostics, laboratory and surveillance systems with strong early warning functions.

The Regional Committee endorsed these two roadmaps which were officially launched by the Regional Director. The Committee expressed the crucial need for ensuring the availability of a variety of critical emergency response logistics through regional, national and subnational stockpiles managed well by optimal digitalization and support for local manufacturing in the Region. The Committee requested the Regional Office for support in strengthening multi-source surveillance and field epidemiology capacity, as well as for strengthening diagnostic, public health laboratory and genomic surveillance capacity. Another area where support was requested was institutionalization of operational readiness through integration with primary health care through a One Health approach. The Committee also welcomed and endorsed the proposal for the

establishment of the Regional Health Emergency Council in consultation with Member States and in line with the Global Health Council.

The Committee requested WHO's support in strengthening regional and local capacity for manufacturing, stockpiling and distribution of pandemic products such as vaccines, therapeutics and diagnostics, and critical equipment such as ventilators for equitable access.

3. **Standing Committee on Health Emergency Prevention, Preparedness and Response:** The Committee noted that the WHO Executive Board vide its decision EB151(2) has established a Standing Committee on Health Emergency Prevention, Preparedness and Response. The Executive Board Members from the SE Asia Region proposed the nominations of India and Timor-Leste to represent the Region in the Standing Committee. The Regional Committee agreed to the proposal and requested the Regional Director to convey its decision to the WHO Director-General.
4. **Consultations on the Intergovernmental Negotiating Body:** The Committee was informed about the establishment of an Intergovernmental Negotiating Body (INB), open to all Member States and Associate Members and with a mandate to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Ms Precious Matsoso, one of the co-Chairs of the INB and Dr Viroj Tangcharoensathien, one of the Vice-Chairs, briefed the Committee on the timeline of INB and the Working Group on IHR amendment discussions. The Committee was informed of the way forward for the INB process including the need for provision of written comments by Member States by 15 September 2022 for the development of the conceptual zero draft to be considered by INB 3 in December 2022.
5. **Sustainable financing:** The Committee noted how the COVID-19 pandemic has highlighted the mismatch between what the world expects of WHO and what it is able to deliver with the available resources, laying a strong rationale for a sustainable financing model for a strong, credible and independent WHO. The committee appreciated the ongoing efforts to improve WHO's financing model and agreed on the need to enhance independence of the Organization, and to empower it to fulfil its mandate to play a central role in the global health architecture. The Committee agreed on the phased approach to increasing the level of Assessed Contributions in accordance with WHA decision. The Committee also supported the establishment and mandate of a Member State Agile Task Group for budgetary, programmatic and financial governance. The Committee recommended active participation of Member States in the Task Group to ensure that the voice and concerns of

the Regional are taken into consideration. The Committee suggested that the Secretariat to organize periodic regional and national consultations to update Member States on the progress of the Task Group.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

1. **Ministerial Roundtable on Addressing mental health through primary care and community engagement in the WHO South-East Asia Region:** Citing the *World mental health report 2022: transforming health for all*, the Committee acknowledged the need to strengthen data gathering and reporting, implementation research and performance monitoring, to ensure context-sensitive improvement of mental health systems. The Committee endorsed the recommendations to pilot and scale up successful models and innovative interventions, harness digital technologies and telemedicine to improve access to services and counselling, including e-learning in support of health-care workers at the PHC level, and data analysis for programme improvement. The Committee expressed its commitment to lead the multisectoral mental health response by guiding and harmonizing the social, education, development and economic sectors to address determinants of mental health. The resolution (*SEA/RC75/R1*¹) was adopted by the Committee endorsing the “Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services”. It requested the Regional Director to report the progress in implementation of the Paro Declaration to the Regional Committee every two years until 2030.
2. **Annual report on monitoring progress on UHC and health-related SDGs:** The Seventieth session of the Regional Committee for South-East Asia requested the Regional Director to include “Annual report on monitoring progress on UHC and health-related SDGs” as a substantive Regional Committee Agenda item until 2030 (*Decision SEA/RC70(1)*). The latest publication entitled Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2022² update was launched which provides a regional update on UHC, the health-related SDGs and Thirteenth General Programme of Work (GPW13) target indicators. The thematic focus of the 2022 report is on the “Status of financial protection in the SE Asia Region”, which is critical for UHC. Member

¹ <https://apps.who.int/iris/bitstream/handle/10665/363095/sea-rc75-r1-eng.pdf?sequence=1&isAllowed=y>

² https://apps.who.int/iris/bitstream/handle/10665/362046/9789290209881_eng.pdf?sequence=8&isAllowed=y

States underscored the importance of comprehensive PHC as a main driver to achieve UHC.

3. **Monitoring progress and acceleration plan for NCDs, including oral health and integrated eye care, in WHO South-East Asia Region:** The Committee was informed that at its Seventy-fourth session in 2021, vide its Decision SEA/RC74(2), the Regional Director was requested to develop: (i) a Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and in the context of the COVID-19 pandemic; (ii) a Regional Action Plan on oral health with a monitoring framework and measurable targets; and (iii) a Regional Action Plan for integrated patient-centred eye care taking into consideration the 2030 global targets for effective cataract coverage and refractive error coverage that were endorsed by the Seventy-fourth World Health Assembly. The Committee adopted a resolution (SEA/RC75/R2)³ entitled “Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region” endorsing the three above strategic instruments. The Committee was informed that the Seventy-fourth session of the WHO Regional Committee for South-East Asia extended the Regional Action Plan for the prevention and control of NCDs (2013–2020) until 2030⁴, aligned to the targets of the 2030 Sustainable Development Agenda. The Committee requested the Regional Director to report on the progress and achievements of the three strategic instruments to the Regional Committee every two years until 2030.
4. **WHO South-East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones toward ending TB – challenges and opportunities:** The Committee was informed that in pursuance of the resolution at the UN High-Level Meeting (UNHLM) on Tuberculosis (TB) held at New York in September 2018, Member States committed to intensified efforts and investments towards reaching the SDGs and targets for ending TB by the 2030 deadline. Member States would be expected to report on the progress against these commitments during the planned UNHLM on TB in 2023. The Committee noted that Member States have embarked on intensified case finding activities to cover the lost ground in case notification due to the COVID-19 pandemic with some Member States reaching pre-COVID notification levels. The Committee also noted that Member States would need to adopt new tools, technologies and treatment regimen to accelerate progress towards ending TB. The need for multisectoral collaboration in efforts towards ending TB, increased use of technologies such as artificial intelligence in screening and diagnosis, and the

³ <https://apps.who.int/iris/bitstream/handle/10665/363096/sea-rc75-r2-eng.pdf?sequence=1&isAllowed=y>

⁴ <https://apps.who.int/iris/handle/10665/359075>

need for research and innovation was reiterated. WHO support was sought by Member States for adoption of new tools and guidelines, providing platforms for increased experience sharing, South–South collaboration, promoting research including new vaccines, and mobilizing resources to plug the gaps in funding. A publication titled *Act Now: End TB in the South-East Asia Region* was launched⁵. The document provides a snapshot of the current TB situation, progress towards ending TB specifically UNHLM targets, impact of COVID-19, and the way forward for accelerating efforts towards ending TB in the SE Asia Region.

5. **Accelerating the elimination of cervical cancer as a public health problem:** Towards achieving 90-70-90 targets by 2030 – the Committee was updated on the progress in the Region under the overarching Global Strategy to accelerate the elimination of cervical cancer as a public health problem 2020-2030. The Committee highlighted the need to adapt screening programmes to the new HPV test and scale up in a phased manner, integrating screening into other programmes such as HIV/AIDS and sexual and reproductive health services and family planning and delivery through the PHC system. The possibility of integrating HPV testing into existing laboratory networks must also be explored. The need for introducing /sustaining high coverage for HPV vaccination in Member States was reiterated. However, since there are limited manufacturers for the vaccine, it is a global responsibility to ensure its equitable distribution particularly in the context of more vulnerable countries by promoting R&D, and local manufacturing of the same. The Committee urged the Regional Director to prioritize this.
6. **Achieving UHC, SDGs and health security through stronger and more comprehensive PHC:** The Committee was updated on the progress in strengthening of PHC in the Region including the recently released South-East Asia Regional Strategy for Primary Health Care 2022-2030. The Committee emphasized the need for greater focus on social participation processes; community engagement and empowerment; focus on quality services and associated health facilities; strengthening of health system components especially human resources for health and access to essential medical products; integration of vertical programmes; importance of community-based team models including the role of community health workers; urban PHC models; engagement of multisectoral stakeholders including the private sector; and the underlying need to strengthen health information systems for regular monitoring and policy action. The Committee also identified new opportunities and models of PHC services including home care, door-to-door medicine distribution, and community outreach, with digital transformation including tele-medicine as a key

⁵ <https://apps.who.int/iris/handle/10665/361824>

enabling factor. The Committee welcomed WHO's work towards development of a regional knowledge mechanism to support Member States operationalize PHC. The Committee resolved to taking proactive roles at the UN General Assembly's High-Level Meeting on UHC in 2023. A resolution (SEA/RC74/R3)⁶ entitled "Enhancing social participation in support of Primary health Care and Universal Health Coverage" was adopted.

7. **Progress report on Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change 2020-2030:** The Committee was updated on the progress made by the region in implementing the Regional Action Plan and the Framework for Action in building Health Systems resilience to Climate Change in WHO South-East Asia Region 2017-2022. The Committee adopted a decision (SEA/RC75(1))⁷ to extend the Framework for Action till 2027.
8. **Time and place of future Sessions of the Regional Committee:** A decision (SEA/RC75(3))⁷ was adopted by the Committee on this agenda.

During the Regional Committee meeting, physical activity sessions of 3-minute energizers were held on all five days. From 6-9 September 2022, morning exercises for the delegates were organized on each day of the RC session



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⁶ <https://apps.who.int/iris/bitstream/handle/10665/363097/sea-rc75-r3-eng.pdf?sequence=1&isAllowed=y>

⁷ <https://apps.who.int/iris/bitstream/handle/10665/363094/sea-rc75-decisions-eng.pdf?sequence=1&isAllowed=y>