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Programme Budget Performance Assessment: 2010-2011

The Organization-wide report on the 2010-2011 Programme Budget Performance Assessment (PBPA) (SEA/RC65/4 Inf Doc 1) was submitted to the Sixty-fifth World Health Assembly in May 2012 after being initially reviewed at the Sixteenth Meeting of the Programme Budget and Administration Committee (PBAC) of the Executive Board. The PBAC, in its report to the World Health Assembly (SEA/RC65/4 Inf Doc 2 – Document A65/44) welcomed the 2010-2011 PBPA report and recognized the important results achieved by WHO in priority areas, in particular those related to health-related Millenium Development Goals, noncommunicable diseases and immunization. At the same time, the PBAC raised some concerns, especially in relation to the methodology of the assessment, querying whether the means of judging performance had not been too self-critical. The PBAC also raised concerns about variation in funding across regions and across Strategic Objectives.

The attached document (SEA/RC65/4) provides a summary of the findings of the 2010-2011 PBPA exercise as conducted in the WHO South-East Asia Region. The summary document includes an overview of key achievements recorded during the biennium, WHO contributions to these achievements, an assessment of the degree of achievement of expected results in the WHO South-East Asia Region, and an overview of financial implementation for each of the 13 Strategic Objectives that comprise the 2010-2011 Programme Budget.

The Fifth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), held on 6 July 2012, reviewed the working paper and made the following recommendations:

Action by Member States

- (1) To make use of lessons learnt from the Programme Budget Performance Assessment when providing inputs into the preparation of future programme budgets and country plans.

Actions by WHO-SEARO

- (1) To validate the statistics presented in the paper concerning malaria rapid diagnostics tests and the availability of LLINs/ITNs.
- (2) To revise the paper before presenting it to the Sixty-fifth Regional Committee, adding a clarification explaining that the figures showing unutilized voluntary contribution (VC) funds include VC funds to be carried forward to future biennia.
- (3) To add an additional annex to the paper showing the breakdown of SO13 budget implementation by country.

The revised working paper and the SPPDM recommendations are submitted to the Sixty-fifth Session of the Regional Committee for its consideration.

Background

1. The Programme Budget Performance Assessment (PBPA), which is conducted by all WHO offices across the world at the close of each biennium, is an integral part of WHO's Results-based Management Framework. The purpose of the PBPA is to evaluate the Secretariat's contributions to the achievement of the Organization-wide Expected Results (OWERs) set out in the amended Medium-term Strategic Plan 2008–2013 and the 2010-2011 Programme Budget. The PBPA process also requires WHO country offices, headquarters and regional office departments to assess the achievement of the lower-level Office-specific Expected Results (OSERs), products and services, and to review financial implementation in relation to the results. WHO considers the PBPA to be a key instrument for improving its performance globally and to increase its accountability to Member States.
2. The 2010-2011 PBPA exercise is the second to be carried out within the framework of the Medium-term Strategic Plan 2008–2013. The Organization-wide PBPA report (SEA/RC65/4 Inf Doc.1) provides an assessment of the achievement of OWERs. The present summary report focuses instead on the findings of the PBPA process of direct relevance to the WHO South-East Asia Region, in that it documents the key health achievements of SEAR Member States and the achievement of expected results by WHO country offices and Regional Office departments.
3. Evidence to assess the degree of expected results achievement (whether "fully achieved", "partly achieved" or "not achieved") was primarily derived from the consideration of indicator achievement values in relation to pre-established baseline and target values for each indicator. Other assessment criteria included consideration of the extent of delivery of lower-level products and services.

Programme assessment overview (SEA Region)

4. The Regional Director for WHO South-East Asia approved a total of 1235 OSERs for the 2010-2011 biennium. Of this number, 1138 (93%) were systematically assessed as part of the PBPA exercise. The remaining 97 (7%) were not assessed. Of the total of 1138 assessed OSERs, 886 were deemed to be "fully achieved", 199 OSERs were considered "partly achieved" and the remaining 53 OSERs were "not achieved". Annex 1 shows details of the achievement ratings of expected results for each of the 13 Strategic Objectives.
5. Narrative reporting submitted as part of the PBPA exercise points to many significant public health achievements recorded during the biennium in the WHO South-East Asia Region. A summary of the most salient achievements and of WHO's contributions to these is presented below for each of the 13 Strategic Objectives.

Key regional achievements

Strategic Objective 1: To reduce the health, social and economic burden of communicable diseases

6. Some of the most important achievements recorded in this area of work in 2010-2011 include increasing diphtheria, tetanus, pertussis three doses (DTP 3) coverage in the SEA Region from 76% in 2008 to 77% in 2010. This 1 % increase represents an additional 372 282 children vaccinated. A major milestone in polio was also recorded with the last wild poliovirus case being detected in India on 13 January 2011. The period since then is the longest ever polio-free period ever recorded in the SEA Region. All countries also succeeded in eliminating leprosy as a public health problem during the biennium. In addition, all SEA Region. countries now have in place specific units designated for surveillance of public health risks, including a component of “event-based surveillance”.

7. WHO contributions to these achievements included supporting performance assessment surveys and training workshops on immunization and preparation of GAVI applications. WHO also led aggressive mop-up campaigns for polio eradication and provided funding for leprosy scale-up. Other contributions included monitoring of protective chemotherapy and the production of guidelines and the provision of training and technical support to build International Health Regulations (IHR) core capacities.

Overview of financial implementation and results achievement for SO 1 (Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
180.47	164.10	141.85	79.0%	86.0%	166	120	37	9	72%

Strategic Objective 2: To combat HIV/AIDS, tuberculosis and malaria

8. A reduction in HIV prevalence was recorded in 10 of 11 SEA Region countries during the biennium. Furthermore, 717 000 people living with HIV in the Region now receive antiretroviral treatment. This is an additional 140 000 people since 2009. Other salient achievements include a decrease in malaria mortality and case-fertility rates. Increased use of rapid diagnostic tests for malaria was also achieved allowing 15.2 million people to be reached in 2010, up from 1.4 million in 2005. Availability of long lasting insecticide nets/insecticide-treated mosquito nets (LLINs/ITNs) increased to 17 million, up from 4.3 million in 2005. Progress was also made in containment of malaria drug resistance in Myanmar and Thailand. TB case-notification and treatment success rate was recorded at more than 85% for the Region and all SEA Region countries have successfully transitioned from grants to direct procurement for first-line drugs.

9. WHO contributions to these achievements included the conduct of external reviews of health-sector response to HIV/AIDS and the production of various normative documents and

tools for HIV, TB and malaria. Technical assistance was also provided for proposal development, strategy development, programme reviews, training, entomology, microscopy, monitoring, evaluation and drug resistance studies. Support for the development of Global Fund to Fight AIDS, Tuberculosis and Malaria proposals and planning and implementation of related activities was also provided. The participation of Member States in related meetings and workshops was also supported during the biennium.

Overview of financial implementation and results achievement for SO 2

(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
89.67	69.41	61.20	68.0%	88.0%	113	94	18	1	83%

Strategic Objective 3: To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries

10. Nine SEA Region countries had managed to integrate noncommunicable diseases (NCDs) into national policy by the end of the 2010-2011 biennium. National guidelines and plans on NCDs were also updated in 2010-2011 to reflect integrated approaches. Another key achievement was the initiation during the biennium of PHC-based screening and management of NCDs using the WHO Package of Essential NCD interventions (PEN) approach in Bhutan, Sri Lanka and Myanmar. SEA Region Member States were very active in the increasingly important NCD area during the biennium. The commitment of SEA Region Member States was especially apparent at the United Nations high-level meeting on noncommunicable disease prevention and control, for which the SEA Region Health Ministers had agreed on a set of 10 key messages.

11. WHO contributions to these achievements included advocacy and the provision of technical and financial support for conducting STEPS (WHO STEPwise approach to surveillance) surveys and for Member States' participation in Regional consultations and high-level meetings on NCDs, and for incorporation of trauma care into health-care systems. WHO also produced normative manuals, guidelines, handbooks and training materials on tobacco control, mental health, primary health care, violence and injuries, trauma care, and rights of persons with disabilities. National workshops and trainings on injury prevention, surveillance and care, prevention of blindness, epidemiology of ear health and community care were also supported. WHO also conducted situation analyses on prevention of blindness and community-based rehabilitation (CBR) during the biennium and developed a regional framework for CBR.

Overview of financial implementation and results achievement for SO 3
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
15.27	10.24	10.02	66.0%	98.0%	71	57	13	1	80%

Strategic Objective 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

12. Life expectancy continued to rise in all SEA Region countries during the 2010-2011 biennium and child mortality declined in most countries. Other key achievements included reception of United Nations Secretary-General awards by Bangladesh and Nepal in recognition of their achievements in improving child and maternal health and survival. The Millennium Development Goal (MDG) reporting also showed that the MDG 5 targets had already been met by Thailand and Sri Lanka.

13. WHO contributions to these important achievements include advocacy and the provision of technical and financial support for: improving universal access, improving skilled birth attendance, emergency obstetric care, access to safe abortion, care of elderly populations, maternal death review studies, operational research and programme management. WHO also developed normative guidelines, tools and manuals including regional strategic directions on improving adolescent health, factsheets on child health, family planning and on adolescent health and pregnancy, continuum of care guidelines, home-based care guidelines, and quality and coverage assessment tools. Workshops, meetings, joint reviews and trainings were also organized on: child health, early childhood development, birth defects, and scaling up of adolescent health programmes. Reproductive health programme reviews were also conducted by WHO during the biennium and support was provided to WHO collaborating centres.

Overview of financial implementation and results achievement for SO 4
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
36.50	16.41	14.74	40.0%	90.0%	104	79	16	9	76%

Strategic Objective 5: To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact

14. Several emergency response operations were provided with support during the biennium. These included:

- DPR Korea - torrential rains and floods, June 2011;
- Indonesia –
 - Mount Merapi eruption (October 2010) – SEARHEF support provided
 - Continued support to Padang earthquake recovery (September 2009);
- Myanmar – Cyclone Giri;
- Sri Lanka – continued support for the recovery efforts in the post-conflict area in Vavuniya/Menik Farm; floods;
- Thailand – floods, August to December 2011.

15. WHO contributions to emergency response and prevention activities during the biennium included convening of partners, provision of human resources during emergencies and serving as Health Cluster Coordinator. WHO also managed an operational platform to provide surge capacity for funding, logistics, human resources and capacity building. Guidance materials including a framework for primary health care approach in emergencies and packages on community resilience and nursing in emergencies were also developed by WHO and technical, financial, emergency supplies, training and operational support were provided. The South-East Asia Disaster Health Information Network (SEADHIN) was also established.

Overview of financial implementation and results achievement for SO 5
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
54.55	29.46	26.83	49.0%	91.0%	85	77	6	2	91%

Strategic Objective 6: To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

16. Member States’ achievements during the 2010-2011 biennium include completion by 10 SEAR countries of at least one round of a risk factor survey similar to the WHO STEPS survey. Nine of the 11 countries have adopted tobacco control legislation and cessation clinics are operational in four countries. Ten countries completed first and second rounds of the Global

Youth Tobacco Survey and seven countries have multisectoral strategies and plans on healthy diets or physical activity.

17. WHO contributions to these achievements include provision of technical, financial and training support for awareness campaigns, proposals development, conduct of surveys, adaptation and amendment of tobacco control legislation, harmful use of alcohol, and intercountry collaboration. WHO also developed various normative materials, scientific documents and advocacy materials during the biennium.

Overview of financial implementation and results achievement for SO 6

(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
12.74	9.62	9.06	71.0%	94.0%	68	51	13	4	75%

Strategic Objective 7: To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches

18. Changing public policies in Thailand and Indonesia during the biennium illustrate the important efforts being made to tackle social and economic determinants of health in the SEA Region. Furthermore, in most countries of the Region, integrated national health statistics exist and health information is aggregated by age, sex, income and health conditions. Such data allow SEA Region countries clearly to identify disparities.

19. Salient WHO contributions to these achievements include integration of key indicators of social economic determinants of health into surveys, studies and interventions of WHO-SEARO technical units. A regional strategic framework to address social determinants of health was also developed and regional consultations were organized on a framework for public health, innovation and intellectual property, and on the Consultative Expert Working Group on Research and Development financing and Coordination (CEWG). Training materials were also developed and workshops held on intersectoral action in relation to social determinants, intellectual property rights and health and human rights. Country experiences were also collated and disseminated by WHO during the biennium. Normative work was conducted, tools were developed, and technical assistance was provided to analyse health equity and responses.

Overview of financial implementation and results achievement for SO 7
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
4.22	3.11	2.94	70.0%	94.0%	40	29	7	4	73%

Strategic Objective 8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

20. Key achievements recorded during the biennium in this area include implementation of activities for the Global Plan of Action on Workers' Health by nine SEAR countries, and implementation of chemical safety programmes in three countries. The phased banning of asbestos was also agreed in Sri Lanka and Thailand. Analysis and assessment of sanitation and drinking-water were conducted in nine countries and water-safety plans were implemented in six countries. Healthy Settings programmes were also implemented as part of World Health Day activities on Urbanization and Health and primary prevention interventions were implemented.

21. WHO contributions in this area included the production of advocacy documents, normative guidance and tools including: water quality guidelines and standards, chemical profiles and standards and a vulnerability assessment tool on the impacts of climate change. Technical support was also provided for monitoring of water safety, and management of chemicals and occupational health. Training activities on workers' health and chemical safety were also supported by WHO during the biennium.

Overview of financial implementation and results achievement for SO 8
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
10.64	9.12	8.64	81.0%	95.0%	59	47	7	5	80%

Strategic Objective 9: To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development

22. National capacities to assess environment-related contaminants and foodborne disease outbreaks were strengthened during the 2010-2011 biennium. Member States established national programmes in undernutrition, diet-related chronic disease, micronutrient deficiencies and infant and young child nutrition. Increased participation of Member States in Codex

Alimentarius and International Food Safety Authorities Network (INFOSAN) meetings was also achieved during the biennium.

23. WHO contributions to achievements in this area included development of a regional nutritional strategy. The Regional Office also organized a regional consultation on street foods and a bi-regional meeting on scaling up of nutrition and technical consultation on sodium intake, iodine deficiency and cardiovascular problems. Guidelines, standards, protocols, recommendations and communication materials were also disseminated during the biennium, and technical assistance and training were provided on severe childhood malnutrition.

Overview of financial implementation and results achievement for SO 9
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
9.63	4.59	4.65	48.0%	101.0%	57	36	19	2	63%

Strategic Objective 10: To improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research

24. The health workforce in the SEA Region increased during 2010-2011 and the quality and relevance of health personnel education improved. Health personnel educational institutes and teachers were strengthened and quality assurance mechanisms established. Health information systems and MDG monitoring also improved during the biennium and national human resources for health strategic plans were developed.

25. WHO contributions to these achievements included the conduct of health system rapid assessments and training design and delivery including on health information systems (HIS), human resources for health (HRH) and the Global Learning Programme on National Health Policies, Strategies and Plans. Policy, strategic and operational support was also provided by WHO for health information systems. Regional meetings and consultations on quality assurance in medical education and national health planning were also supported during the biennium and efforts were made by WHO to improve health coordination and to convene partners and mobilize resources. Technical support was also provided for HRH, HIS, health financing, and health planning. Tools, norms, standards and guidance materials were also developed during the biennium including guidelines for health workforce planning, health financing policy development, patient safety, hand hygiene and safe surgery. Regional strategies were also developed, such as the Asia-Pacific Health Financing Strategy 2010-15, and the Regional Strategy for Universal Health Coverage.

Overview of financial implementation and results achievement for SO 10
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
41.66	30.59	29.83	72.0%	98.0%	158	102	43	13	65%

Strategic Objective 11: To ensure improved access, quality and use of medical products and technologies

26. Member States updated their essential medicines lists and standard treatment guidelines during 2010-2011 and national drug policies were revised. Ten Member States now have national policy/legal frameworks for blood safety. India, Indonesia and Thailand made significant progress to comply with national regulatory authority (NRA) requirements for a vaccine-producing country, and Thailand's NRA was assessed to be functional. Progress in improving detection and reporting of adverse events following immunization was also recorded during the biennium.

27. WHO contributions to achievements in this area include provision of technical advice and support for updating essential medicines lists, clinical guidelines, rational use of medicines, revision of national drug policy, safe blood, and the strengthening of drug supply and regulation. Regional consultations were also conducted and training programmes delivered during the biennium. A baseline survey on health technologies was also conducted.

Overview of financial implementation and results achievement for SO 11
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
9.39	6.48	6.18	66.0%	95.0%	58	43	14	1	74%

Strategic Objective 12: To provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfil the mandate of WHO in advancing the Global Health Agenda as set out in the 11th General Programme of Work

28. Work in this area aimed to enhance WHO's own capacity to advance the Global Health Agenda as set out in WHO's 11th General Programme of Work. Salient achievements in this regard include the organization of governing bodies' meetings such as sessions of the Regional Committee and the Subcommittee on Policy and Programme Development and Management (SPPDM). Briefings were also organized for Member State representatives prior to Executive

Board and World Health Assembly meetings. Communication and media relations between WHO-SEARO and Member States were also strengthened through utilization of appropriate technologies. WHO country offices were briefed on the United Nations Development Assistance Framework (UNDAF) process and were engaged with Common Country Assessment (CCA) and UNDAF through the Peer Support Group of the UNDG-Asia Pacific. A Conference of Partners for Health in South-East Asia was also organized during the biennium. Furthermore, a memorandum of understanding between SEARO, WPRO and ASEAN was signed in 2010 including modalities for implementation of a shared workplan. Nine communication training programmes and seven media workshops were also conducted during the biennium with the participation of 153 ministry of health officials, 147 media personnel, 31 UN staff and 60 WHO staff.

Overview of financial implementation and results achievement for SO 12
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
16.44	15.13	15.02	91.0%	99.0%	48	46	2	0	96%

Strategic Objective 13: To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively

29. The purpose of this area of work was to provide services that enable WHO to efficiently execute its work. Such work was primarily delivered by WHO itself or through vendors providing administrative services.

30. Operational planning conducted in 2010-2011 for the 2012-2013 biennium saw enhanced involvement of Member States by soliciting their input into the development of programme proposals based on national and regional challenges, Country Cooperation Strategy (CCS) priorities, Regional Committee resolutions and ministerial declarations. Improved income management procedures were also put in place during the biennium to enhance resource mobilization efforts. Training of WHO country office personnel was conducted on sound financial management practices and full reconciliation of financial records was achieved. Selection guidelines were revised during the biennium to make recruitment processes simpler, time-effective and transparent. A staff induction programme was developed and implemented, and staff profiling exercises were conducted in six WHO country offices. The IT infrastructure of the Region was upgraded and new tools were introduced for knowledge sharing. The new Global Management System (GSM) system was fully rolled out and the Regional Information and Communication Technology (ICT) office was restructured to improve services. Finally, security evaluations were conducted in five WHO country offices during the biennium and recommendations were made for actions to improve compliance with UN security standards.

Overview of financial implementation and results achievement for SO 13
(Budget figures are in US\$ million)

Total budget	Total resources	Fund utilization	% fund utilization viz-a-viz budget	% fund utilization viz-a-viz Resources	Total # of OSERs	# of OSERs fully achieved	# of OSERs partially achieved	# of OSERs not achieved	% of OSERs fully achieved
44.145	41.957	41.460	94.0%	99.0%	109	105	3	1	96%

Lessons learnt

31. Many important lessons, which will inform future WHO plans and programmes, have been learnt during the conduct of the PBPA exercise. In the communicable diseases area, for example, the difficulties inherent in increasing and sustaining routine immunization coverage were underscored. Consequently, 2012 has been declared the “Year of Intensification of Routine Immunization in the South-East Asia Region”. It was also recognized that AFP surveillance needs to be intensified to ensure that countries achieve and maintain global certification standards. Furthermore, simplified and timely case-detection, and putting cases on the WHO-prescribed, fixed-duration multidrug therapy treatment have proved very effective in leprosy. It was also recognized that considerable work remains to be done to strengthen adequately the core capacities required for full International Health Regulations implementation, and it is expected that most Member States will request a two-year implementation extension in 2012. It was further recognized that joint monitoring missions proved very useful for revising plans and programmes for malaria prevention.

32. In the area of noncommunicable diseases it was recognized that successful engagement of sectors beyond the health sector is quite challenging and requires high-level political commitment. Impact evaluations of pilot projects in Bangladesh, Bhutan and Timor-Leste showed that empowering existing primary health-care delivery systems can have a significant positive impact in delivery of community-based care for mental health and neurological disorders. It was also recognized that mechanisms to develop health promotion, particularly health in all policies and the healthy settings approach are required.

33. As regards maternal and child health, reproductive health and healthy ageing, sustained advocacy with national and subnational governments has resulted in development of national policies, strategies and plans for reproductive, maternal, newborn, child and adolescent health (RMNCAH). However, the technical and managerial capacity to scale up plans for effective and equitable implementation of evidence-based interventions in Member States needs to be strengthened.

34. In the area of health in emergencies, use of the SEA Region Benchmarks for emergency preparedness and response proved very useful during the biennium. Coordination in the deployment and setting-up of early warning and surveillance systems also worked well in Member States. Building links with partners beyond the health sector, such as the national disaster management authorities and other key sectors such as the private sector (where most health facilities are being developed and managed), has also proved to be highly beneficial.

35. In the area of occupational health, with such a large proportion of workers in South-East Asia employed in the informal sector, it is apparent that strategies focusing on informal sector workers are required. It was also recognized that national stakeholder collaboration, and established collaborative mechanisms between ministries of health and the environment, are key to enabling multisectoral collaboration. It was further recognized that linkages between social and economic development, and between health and human rights also needed to be better integrated into the national health policies of Member States.

36. As core components of a nutritional food and nutrition policy already exist in all Member States, improving the range and quality of such programmes is possible through improvement of managerial skills and competencies. Another key lesson is that competing vertical nutrition programmes introduced by international partner agencies can interfere with the activities of national nutrition programmes.

37. As regards health system strengthening, the importance of working with ministries of finance and national planning commissions to convince higher level policy-makers of better financing options to achieve universal health coverage (UHC) was reiterated during the biennium. Similarly, work with local experts and centres of excellence proved crucial to success. The Global e-health survey in which eight countries from the Region participated showed that e-health including m-health (mobile health) has a great potential to contribute to improving health systems. Another key lesson is that it is crucial to keep knowledge of information workforces up to date so as to make the best use of emerging technologies and new information resources in response to ever-changing information needs. It was also recognized that the linkages between patient safety activities at the hospital level and health systems strengthening based on PHC needed to be strengthened. The patient safety initiatives at national level need to be developed down to the district level to improve effective referral care. Patient safety issues also need to be introduced in pre-service and in-service training.

38. Access to essential medicines is hindered by a lack of human resources with expertise in pharmaceuticals and insufficient funds at country and regional levels. Country visits to undertake situational analyses in this area proved useful, but implementation of recommendations is affected by the limited resources. WHO, it was recognized, must attempt to better align WHO vaccine prequalification requirements and NRA capacity building programmes with priority to prequalified vaccine-producing countries. It is also critical for WHO, in providing support to countries, to improve detection and reporting of adverse events following immunization and that such support is complemented by efforts to conduct rigorous and scientific causality assessment of subquality standard vaccines.

Annex 1

2010-2011 end-of-biennium assessment of OSER achievement

Strategic Objective	# of OSERs	# of OSERs reported	Fully achieved	Partially achieved	Not achieved	% of fully achieved OSERs viz-a-viz total reported
1	172	166	120	37	9	72
2	123	113	94	18	1	83
3	74	71	57	13	1	80
4	107	104	79	16	9	76
5	86	85	77	6	2	91
6	71	68	51	13	4	75
7	46	40	29	7	4	73
8	65	59	47	7	5	80
9	57	57	36	19	2	63
10	187	158	102	43	13	65
11	59	58	43	14	1	74
12	66	48	46	2	0	96
13	122	109	105	3	1	96
SEA Region total	1235	1138	886	199	53	78

Annex 2

Budget implementation by budget centre (as on 31 December 2011)

Budget centre	Budget		Approved budget	Funds available	Funds available (as % of approved budget)	Funds utilization (expenditure plus encumbrances)	Funds* utilization (as % of approved budget)	Funds* utilization (as % of funds available)
	AC	VC						
Bangladesh	10 829 667	28 515 000	39 344 667	25 932 119	66%	23 562 608	60%	91%
Bhutan	2 979 800	3 622 000	6 601 800	3 991 390	60%	3 880 999	59%	97%
India	13 302 504	111 504 000	124 806 504	119 363 397	96%	105 024 580	84%	88%
Indonesia	9 987 094	41 209 000	51 196 094	36 906 672	72%	32 362 889	63%	88%
DPR Korea	4 378 500	31 246 000	35 624 500	20 280 593	57%	19 751 469	55%	97%
Maldives	3 291 539	2 489 000	5 780 539	3 778 700	65%	3 774 227	65%	100%
Myanmar	7 364 500	38 169 000	45 533 500	34 176 028	75%	29 811 028	65%	87%
Nepal	8 571 300	24 022 000	32 593 300	24 825 029	76%	22 719 531	70%	92%
Sri Lanka	5 633 502	7 211 000	12 844 502	8 534 404	66%	8 386 975	65%	98%
Thailand	6 539 300	11 927 000	18 466 300	12 378 137	67%	12 131 825	66%	98%
Timor-Leste	2 131 000	5 861 000	7 992 000	4 791 906	60%	4 663 722	58%	97%
Country total	75 008 706	305 775 000	380 783 706	294 958 375	77%	266 069 853	70%	90%
SE/CDS	3 720 372	32 199 000	35 919 372	26 455 135	74%	23 834 251	66%	90%
SD/DAF	4 879 581	15 939 000	20 818 581	21 086 097	101%	20 521 328	99%	97%
SE/DPM	848 200	2 467 000	3 315 200	3 014 240	91%	2 992 508	90%	99%
SE/DRD	880 900	918 000	1 798 900	1 651 067	92%	1 652 817	92%	100%
SE/EHA	454 200	10 747 000	11 201 200	8 563 409	76%	6 693 277	60%	78%
SE/FHR	3 479 355	13 102 000	16 581 355	8 449 206	51%	8 351 456	50%	99%
SE/HSD	4 588 623	7 579 000	12 167 623	9 435 357	78%	9 084 376	75%	96%
SE/IVD	613 250	16 800 000	17 413 250	15 211 391	87%	13 164 206	76%	87%
SE/NDS	2 232 822	5 984 000	8 216 822	6 891 174	84%	6 471 042	79%	94%
SE/RDO	1 625 700	4 506 000	6 131 700	5 274 831	86%	4 648 018	76%	88%
SE/SDE	3 456 791	7 568 000	11 024 791	9 284 632	84%	9 004 962	82%	97%
Regional Office total	26 779 794	117 809 000	144 588 794	115 316 539	80%	106 418 241	74%	92%
Grand total	101 788 500	423 584 000	525 372 500	410 274 914	78%	372 488 094	71%	91%

*Unutilized VC funds include VC amounts to be carried forward to future biennia.

Annex 3

Budget implementation by Strategic Objective (as on 31 December 2011)

Strategic Objective	Budget		Approved budget	Funds available	Funds available (as % of approved budget)	Funds utilization (expenditure plus encumbrances)	Funds utilization (as % of approved budget)	Funds utilization (as % of funds available)
	AC	VC						
1	7 348 000	173 129 000	180 477 000	164 108 625	91%	141 855 832	79%	86%
2	6 520 250	83 158 000	89 678 250	69 410 496	77%	61 208 455	68%	88%
3	6 611 750	8 667 500	15 279 250	10 243 666	67%	10 026 575	66%	98%
4	7 664 500	28 838 000	36 502 500	16 412 377	45%	14 744 592	40%	90%
5	4 262 000	50 292 000	54 554 000	29 469 524	54%	26 834 722	49%	91%
6	3 627 250	9 114 500	12 741 750	9 621 490	76%	9 063 781	71%	94%
7	1 088 500	3 132 000	4 220 500	3 118 129	74%	2 945 222	70%	94%
8	5 419 250	5 221 000	10 640 250	9 120 924	86%	8 647 149	81%	95%
9	2 073 250	7 557 000	9 630 250	4 598 896	48%	4 658 861	48%	101%
10	21 234 250	20 431 000	41 665 250	30 592 863	73%	29 835 482	72%	98%
11	3 330 250	6 065 000	9 395 250	6 489 743	69%	6 187 167	66%	95%
12	10 255 500	6 187 000	16 442 500	15 130 387	92%	15 020 200	91%	99%
13	22 353 750	21 792 000	44 145 750	41 957 794	95%	41 460 058	94%	99%
Grand total	101 788 500	423 584 000	525 372 500	410 274 914	78%	372 488 094	71%	91%

Annex 4

Budget implementation by budget centre for Strategic Objective 13 (as on 31 December 2011)

Budget centre	Budget		Approved budget	Funds available	Funds available (% of approved budget)	Funds utilization (expenditure plus encumbrances)	Funds utilization (% of approved budget)	Funds utilization (% of funds available)
	AC	VC						
Bangladesh	2 190 660	470 000	2 660 660	2 323 061	87%	2 316 257	87%	100%
Bhutan	590 700	278 000	868,700	641 700	74%	641 560	74%	100%
India	2 746 500	160 000	2 906 500	2 795 180	96%	2 785 349	96%	100%
Indonesia	2 718 309	525 000	3 243 309	2 718 309	84%	2 718 075	84%	100%
DPR Korea	594 000	699 000	1 293 000	912 000	71%	908 595	70%	100%
Maldives	1 006 350	177 000	1 183 350	1 180 685	100%	1 178 357	100%	100%
Myanmar	2 220 500	364 000	2 584 500	2 341 138	91%	2 338 037	90%	100%
Nepal	1 974 000	386 000	2 360 000	1 976 960	84%	1 978 008	84%	100%
Sri Lanka	1 146 250	400 000	1 546 250	1 546 250	100%	1 545 356	100%	100%
Thailand	1 766 000	143 000	1 909 000	1 792 000	94%	1 791 793	94%	100%
Timor-Leste	429 000	356 000	785 000	745 000	95%	746 921	95%	100%
Country total	17 382 269	3 958 000	21 340 269	18 972 283	89%	18 948 308	89%	100%
Regional Office total	4 971 481	17 834 000	22 805 481	22 985 511	101%	22 511 750	99%	98%
Grand total	22 353 750	21 792 000	44 145 750	41 957 794	95%	41 460 058	94%	99%