The Regional Committee for South-East Asia is the World Health Organization’s governing body in the South-East Asia Region, with representatives from all 11 Member States of the Region. It meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for the Member States, as well as to consider the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-first Session of the WHO Regional Committee for South-East Asia held in New Delhi, India, on 3–7 September 2018. At this session, the Committee reviewed and discussed a number of public health issues relevant and important to the Region, such as malaria, health workforce strengthening and a review of the health of newborns, as well as Programme Budget and Governing Body matters, among others. The Ministerial Roundtable featured a discussion on access to essential medical products in the Region and beyond. The Committee also adopted a number of resolutions and decisions on selected issues, including a resolution on the nomination of the Regional Director, Dr Poonam Khetrapal Singh, for a second term.
WHO
Regional Committee for South-East Asia

Report of the Seventy-First Session
New Delhi, India, 3–7 September 2018
WHO Regional Committee for South-East Asia – Report of the Seventy-first Session

SEA/RC71/22

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Introduction

1. The Seventy-first Session of the WHO Regional Committee for South-East Asia was held at the Hotel Taj Mahal, in New Delhi, India, from 3 to 7 September 2018. It was attended by representatives of all 11 Member States of the Region, United Nations and other agencies, nongovernmental organizations (NGOs) having official relations with WHO, as well as Observers.

2. Ms Preeti Sudan, Secretary, Health & Family Welfare, Union Ministry of Health & Family Welfare, Government of India, welcomed the participants. Mr Amitabh Kant, Chief Executive Officer of the National Institution for Transforming India (NITI Ayog), Government of India, highlighted the recent initiatives by the Indian Government to improve the health and well-being of the people of the country.

3. Ms Jane Elizabeth Ellison, WHO Deputy Director-General for Corporate Operations, addressed the distinguished delegates and informed that the Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, would address them during the plenary session on 5 September.

4. In accordance with Rule 12 of the Rules of Procedure of the WHO Regional Committee for South-East Asia, the Regional Director, Dr Poonam Khetrapal Singh, opened the Regional Committee Session in the absence of the Chairperson, His Excellency Mr Abdulla Nazim Ibrahim, Minister of Health, Government of the Republic of Maldives, as well as the Co-Chairperson, H.E. Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan, of the Seventieth Session of the Committee held in 2017 in Maldives.

5. The Regional Committee elected H.E. Mr J.P. Nadda, Minister of Health and Family Welfare, Government of India, as Chairperson, and H.E. Mr Upendra Yadav, Deputy Prime Minister and Minister of Health and Population, Federal Democratic Republic of Nepal, as Co-Chairperson.
6. A Drafting Group on Resolutions comprising representatives of Member States was established, with Dr Viroj Tangcharoensathien, Adviser to the Office of the Permanent Secretary, Ministry of Public Health, Royal Government of Thailand, as Rapporteur.

7. During the Seventy-first Session, the Regional Committee adopted the following resolutions:
   - Nomination of the Regional Director (SEA/RC71/R1)
   - Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond (SEA/RC71/R2)
   - Proposed Programme Budget 2020–2021 (SEA/RC71/R3)
   - Intensifying Activities Towards Control of Dengue and Elimination of Malaria in the South-East Asia Region (SEA/RC71/R4)
   - Strengthening Emergency Medical Teams (EMTs) in the South-East Asia Region (SEA/RC71/R5)
   - Resolution of Thanks (SEA/RC71/R6).

8. The Committee also reviewed the report of the Regional Director on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2017.
Inaugural session

9. The inaugural session was moderated by international broadcaster and writer Mr James Chau, who has been WHO Goodwill Ambassador for the Sustainable Development Goals and Health since 2016. Mr Chau welcomed all distinguished delegates and participants to the Seventy-first Session of the Regional Committee, mentioning its historic significance as it occurs on the seventieth anniversary of the founding of the Organization in April 1948.

10. Mr Chau elucidated the significance of the role of the South-East Asia Region in the Organization’s history, it being the first of WHO’s regions to be formed as early as October 1948. He also mentioned important public health milestones in the Region over the past few years, notably the eradication of polio, along with the elimination of several communicable and neglected tropical diseases, in almost each of the Member States over the past years.

Welcome address by Ms Preeti Sudan, Secretary, Health & Family Welfare, Government of India

11. Ms Preeti Sudan, Secretary, Health & Family Welfare, Government of India, welcomed the distinguished delegates. She expressed pleasure on behalf of the Government of India on hosting the Ministerial Roundtable for the Seventy-first Session of the WHO Regional Committee for South-East Asia. She also noted that the Regional Committee was being inaugurated on a day considered very auspicious in India – it being the day of the birth of Lord Krishna.

12. The Session also marked 70 years of WHO’s work in the Region. The Regional Office for South-East Asia with its headquarters in New Delhi was the first regional office to be established by WHO in 1948. The tradition of hosting regional committee sessions has perhaps
been followed for the longest period in this Region. India’s involvement in WHO’s regional presence in Delhi extends to its offices, and India has now committed Indian Rupees 228 crore (approximately US$ 35.4 million) for the new Regional Office building to be constructed at its original site – Indraprastha Estate in New Delhi – where it has been located since 1963, she observed.

13. Ms Sudan noted that Member States were parties to the WHO Constitution, which in its seven main principles enunciates that any improvement in the health conditions in one Member State also marks an improvement in the health of all States. She welcomed the Ministerial Roundtable on 4 September, which she said would cover an issue of interest to all in the Region. More generally, the regional solidarity reflected in the “Regional One Voice” has been very visible and effective in shaping the global health agenda.

14. All these collective efforts of Member States, she said, would have an impact on the “triple billion” target set out in WHO’s Thirteenth General Programme of Work 2019–2023: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

15. India has been accelerating progress towards the Sustainable Development Goals (SDGs), to the extent that there has been a paradigm shift in health policy. A move of historic proportions has been made recently to strengthen the reach of the primary health care programme, and its linkages with secondary and tertiary hospital care, she informed.

16. Ms Sudan emphasized the significance of digital health initiatives, including artificial intelligence and remote monitoring of health indices, and urged the Regional Office to take a leading role in developing this further.

[For full text of the address see Annex 1]

Address by Mr Amitabh Kant, Chief Executive Officer of the National Institution for Transforming India (NITI Ayog), Government of India

17. Mr Amitabh Kant, Chief Executive Officer of the National Institution for Transforming India (NITI Ayog), Government of India, said the Indian economy was growing at the fastest rate globally, and that the “revolutionary” structural reforms undertaken by the current government were responsible for this. He believed that the recent gains in the Human Development Index and social development in India were among the country’s most shining achievements in recent years.
Malnutrition remained a problem, and was being tackled in mission mode. The expansion of the immunization programme was also a key development.

18. In a radical approach to curbing out-of-pocket expenses, cash benefits have been introduced for pregnant and lactating mothers. He mentioned the new accelerated programme focusing on 115 “backward” districts of the country – which are termed “aspirational districts” by the Prime Minister of India – and that the progress made in these districts was being measured through 49 indicators, including the key health indicators. A broader effort was the plan to link up all 150 000 primary health centres in the country digitally and transform them into “health and well-being centres”. This would lead to a massive new corpus of comparable data resources, which would vastly enhance the capability to analyse health issues.

19. Mr Kant referred to the health insurance scheme also mentioned by Ms Sudan, “Ayushman Bharat”, which would benefit 500 million people – the largest such programme in the world – and to the enhancement of primary, secondary and tertiary care centres, which would be a fundamental gamechanger. These represent a paradigm shift in India’s social development, he said.

Address by Ms Jane Elizabeth Ellison, WHO Deputy Director-General for Corporate Operations

20. Ms Jane Elizabeth Ellison, WHO Deputy Director-General for Corporate Operations, informed the participants that Dr Tedros Adhanom Ghebreyesus, Director-General, would be addressing the Regional Committee later in the week. She congratulated the Regional Director on the progress of her Flagship Priority Programmes, which foreshadowed global trends and were aligned closely with the WHO’s Thirteenth General Programme of Work (GPW13).

21. Recognizing that the Region was most vulnerable to natural disasters, a focus on emergencies, and specifically, on emergency response capacity-building, was key, she said, while appreciating the South-East Asia Regional Health
Emergency Fund (SEARHEF) and the work of the regional Emergency Response Teams, especially in the recent crisis in Cox’s Bazar in Bangladesh.

22. One of the strategy challenges of GPW13 was to work more closely with countries. In this, the Regional Director’s Flagship Priority Programmes fit well with GPW13. The Region was well poised to support the push for the “triple billion” target, she added. She also commended the Regional Director for the success in improving transparency and accountability. The Region was leading on innovation, particularly in information technology, wherein the Regional Office’s automated workflow platform is a model being replicated in headquarters and other regions. She also said that she looked forward to the Ministerial Roundtable and the discussion on access to medicines, in particular.

[For full text of the address see Annex 2]

Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region

23. Welcoming the representatives of Member States of the South-East Asia Region, Dr Poonam Khetrapal Singh, Regional Director, noted that 2018 represented 40 years since 1978 when the Alma-Ata Declaration on Primary Health Care set out a global agenda that called for “Health for All” by the turn of the millennium. The technical agenda for primary health care (PHC) in the Declaration drew on the experience of many of the Region’s countries. This technical legacy lives on, but in today’s more complex world, frontline services must keep pace with changing needs.

24. This implies learning from our past and no longer seeing frontline services in isolation from the broader health system, she said. Rather, they must be considered the first point of care in a well-coordinated, well-oiled whole. At the same time, efforts must continue to build and maintain strong health systems, including such elements as human resources, financing and access to essential medicines. In doing so, she added, we must be willing to experiment, innovate and document our experiences.

25. The political legacy of the Alma-Ata Declaration was also important. The Declaration made the case for health as a right for all and not a privilege for few. It did so unequivocally. It also asserted that ensuring equitable access to health care
was a responsibility of all States, and that the causes of ill-health went far beyond the biomedical.

26. Universal health coverage (UHC) inherits the political mantle of PHC. It maintains the focus on equitable access, with equity reinforced through financial protection. Of course, UHC faces challenges we cannot ignore – particularly the challenge of ensuring that quality services are readily accessible to all, irrespective of gender, geography or economic status. The Regional Director also noted that financial protection is not just about insurance, but rather a wider, more robust commitment to “leaving no one behind”. As such, it constitutes a genuine new direction.

27. Looking forward, the Regional Director referred to the new GPW13. Endorsed by all Member States at the Seventy-first World Health Assembly, it is to be WHO’s guide and strategic compass for the next five years. Each of its three strategic priorities – to promote health, keep the world safe, and serve the vulnerable – aims to change the lives of one billion more people. She stressed that the Region’s eight Flagship Priority Programmes were synchronized with these outcomes and would contribute greatly to their achievement.

28. The Regional Director expressed her strong conviction that the new GPW13 was part of an even larger sea change in the way we think about global progress: whereas the Millennium Development Goals (MDGs) required a narrow focus on selected targets, the 2030 Sustainable Development Agenda – which speaks of health and well-being for all – is about synergy and linkages across sectors and institutional boundaries. As such, throughout the Region we are seeing growing support for health from the highest levels of government, she said. In particular, seven SEA Region countries made greater allocations to health in their budgets, with one raising its allocation to 16.5% while several others raised allocation to over 11%.
29. Dr Poonam Singh stressed the need to build partnerships and forge alliances – within the UN family, between the broader community of international health organizations and with the private sector and civil society – to enable the health sector to take the lead in tackling multisectoral issues such as noncommunicable diseases (NCDs), promotion of physical activity, and road safety.

30. She concluded by observing that the Regional Committee enables participants to chart the path forward through consensus and cooperation to honour the Alma-Ata legacy while working to fulfil UHC’s promise and to secure the right to the highest attainable standard of health for all.

[For full text of the address see Annex 3]

Address by H.E. Mr J.P. Nadda, Minister of Health and Family Welfare, Government of India

31. In his address, H.E. Mr J.P. Nadda, Minister of Health & Family Welfare, Government of India, congratulated the Regional Director for aligning issues of importance to the Member States as the Regional Flagship Priorities, including the all-encompassing issue of UHC.

32. The honourable minister said that India has fast-tracked many initiatives aimed at achieving all the core tenets of UHC. The Government of India recently launched an ambitious programme that would provide comprehensive PHC services and secondary and tertiary care to 100 million families, covering about 500 million individuals. Under this programme, approximately 40% of the country’s population will be provided insurance to cover secondary and tertiary health care. This is the largest government-funded health protection scheme in the world. Furthermore, 150 000 health and wellness centres would bring health care closer to the people, allowing every Indian to have timely access to health care, including diagnostic services and free essential drugs.

33. Turning to specific health issues, the Minister noted that although WHO had fixed 2030 as the timeline for the elimination of tuberculosis, India sought to achieve this target by 2025. To reduce the burden of NCDs, India has initiated universal screening for the prevention and management of five common NCDs. Nationwide efforts to improve sanitation, hygiene and drinking water supplies as well as housing
and living conditions will all contribute to bringing about substantial improvement in the health indices.

34. H.E. Mr Nadda mentioned yoga and cited the Indian Prime Minister’s statement that “yoga is a free health assurance programme”, noting that yoga has been instrumental in providing promotive and preventive health care to millions around the world.

35. He reiterated India’s support to the regional and global health agenda, and commended the personal commitment of and energy devoted to health by the Regional Director, and thanked all Member States for their support. In closing, he invoked a *mantra* from the ancient Indian scriptures: *Sarve bhavantu sukhinah, sarve santu niramayah* (“May all become happy, May all become healthy”).

[For full text of the address see Annex 4]

36. The honourable minister then launched a special publication commemorating 70 years of WHO’s public health work in the South-East Asia Region. The publication – titled “A healthier South-East Asia: 70 years of WHO in the Region” – encapsulates the public health achievements and challenges in the Region over the past seven decades since the founding of the South-East Asia Region in October 1948.

37. On behalf of the Secretariat, Dr Pem Namgyal, Director, Programme Management, WHO South-East Asia Region, thanked the distinguished speakers for their enlightening and inspiring addresses at the inaugural session.
Business session

Opening of the Session *(Agenda item 1)*

38. In accordance with Rule 12 of the Rules of Procedure of the WHO Regional Committee for South-East Asia, the Regional Director, Dr Poonam Khetrapal Singh, opened the Regional Committee Session. The Regional Director thanked the Government of India for hosting the Ministerial Roundtable and extended a warm welcome to the representatives of Member States of the South-East Asia Region and all other participants.

39. The Regional Director noted that the session was not being held at the familiar and iconic World Health House (the Regional Office since 1963) due to the construction of a new building at the site. She thanked the Government of India for its generous support this project, and expressed appreciation for the contributions made to date by Member States. It is envisaged that the move to the new building will be integral to further strengthening technical and other support provided by WHO to Member States of the Region.

40. The Regional Director welcomed the launch, during the inaugural session, of the commemorative book celebrating 70 years of WHO’s work in the Region. With 25% of the world’s population living in the Region, the efforts made by WHO and countries to improve health were of huge significance not only regionally but also globally. Improving health systems and addressing health issues will not only improve health but also lead to enormous social and economic benefits for the Region.

41. A number of agenda items of the Regional Committee Session were outlined. These included a Ministerial Roundtable on improving access to essential medical products in the Region and beyond, hosted by the Government of India. A broad range of policy and technical matters would also be discussed and progress reports presented on selected Regional Committee resolutions.

42. The Regional Director highlighted the fruitful discussions that had taken place at the Seventy-first World Health Assembly in May, and the strong alignment that now existed across a range of global and regional WHO workplans and initiatives.
43. Dr Poonam Singh concluded by highlighting that substantial health gains continue to be made across the Region. She expressed her thanks for the continuing efforts being made by Member States, and by other WHO partners and stakeholders. Discussing ideas and sharing experiences are important elements in the effort to strengthen health systems and improve health, she said, and looked forward to participating in constructive discussions.

**Credentials of Representatives (Agenda item 2)**

44. The Committee was informed that in line with Rules 3 and 3bis of the Rules of Procedure of the Regional Committee, the Credentials of the Representatives had been examined by the Chairperson and Co-Chairperson, and that the validity of the credentials of all Representatives of all Member States, including of all alternates and advisers, had been found to be in order. Following the proposals by the Officers, the Regional Committee accepted the credentials of all Member States of the Region as valid.

**Election of Officebearers (Agenda item 3)**

45. The Regional Committee elected H.E. Mr J.P. Nadda, honourable Minister of Health and Family Welfare, Government of India, as Chairperson, and H.E. Mr Upendra Yadav, Deputy Prime Minister and Minister of Health and Population, Federal Democratic Republic of Nepal, as Co-Chairperson. The Chairperson expressed his sincere gratitude to Member States for his election. With the support of WHO, all Member States in the Region were determined to take forward the 2030 Sustainable Development Agenda, he said. He looked forward to the opportunity to share ideas, perspectives and approaches on how best to improve health in the Region during the Regional Committee.
46. A Drafting Group on Resolutions was established, comprising a representative from each Member State. The Chairperson indicated that one member of the group should be elected as Rapporteur to present the resolutions produced. Accordingly, Dr Viroj Tangcharoensathien, Adviser to the Office of the Permanent Secretary, Ministry of Public Health, Royal Government of Thailand, was unanimously elected as Rapporteur of the Drafting Group.

Adoption of the Agenda (Agenda item 4, SEA/RC71/1 Rev. 2)

47. The Committee unanimously adopted the Agenda for its Seventy-first Session.

Key addresses and report on the work of WHO (Agenda item 5)

Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2017 (Agenda item 5.1, SEA/RC71/2)

48. The Regional Director, Dr Poonam Khetrapal Singh, presented her report on the work of WHO in the South-East Asia Region for the period 1 January–31 December 2017, highlighting the many public health successes and achievements both by the Organization and by Member States during this period while at the same time keeping a firm eye on the challenges.

49. “We live in challenging and uncertain times,” said Dr Poonam Singh. “Multilateralism is under threat and the value of development aid is being questioned. There is also a record number of humanitarian crises … and the gulf between the wealthy and the dispossessed grows ever wider.” However, she added, as her report envisages, there are still “reasons why we can be optimistic”.

50. The reasons for optimism, she said, stem from the gamut of public health successes that the WHO Regional Office and Member States have achieved over the period of the report through robust mutual collaboration. Worldwide, more children have reached the age of five years than ever before in human history; the threat of hunger for many is receding. While polio has already been banished from the Region (in 2014), it is close to eradication globally. Measles is not far behind. And more national governments are now giving priority to ensuring that all their citizens have access to decent and affordable health care, Dr Poonam Singh explained.
What happens on the health front in this Region impacts health indices globally, she added.

51. The template for these laudable strides made in the advancement of health has been provided by the SDGs. While the MDGss required a narrow focus on selected targets, the Sustainable Development Agenda - that speaks of health and well-being for all - is about synergy and linkages across sectors and institutional boundaries. Furthermore, the recently adopted 2019–2023 GPW13 of WHO reflects a broader conception of health in its vision, she stated. GPW13 sets out strategic priorities that call for:

- one billion more people benefiting from UHC,
- one billion more people to be better protected from health emergencies, to which this Region is particularly prone, and
- one billion more people to enjoy better health and well-being, for which this Region will have to push further than ever before to tackle the determinants of health that lie beyond the reach of traditional health services.

52. In this context, the Regional Director stressed, what Member States of the South-East Asia Region achieve together can make the difference between success and failure as the world strives to reach the SDGs.

53. Dr Poonam Singh then enunciated some recent positive trends in the Region that fuel optimism. She said that there is increasing evidence that health matters at
the highest levels of government. And she cited tangible examples of the same from every Member State of the Region in the course of the year under review:

- The honourable Prime Minister of Bangladesh personally oversaw the humanitarian response in Cox’s Bazar, where large-scale vaccination campaigns averted outbreaks of deadly diseases such as cholera among the refugees.

- In Bhutan, Her Majesty the Queen Mother led nationwide advocacy tours to highlight difficult issues in public health such as HIV/AIDS, teenage pregnancy, reproductive health, suicide prevention and substance abuse.

- The Democratic People’s Republic of Korea is making steady progress against malaria by tweaking its elimination strategy to focus key interventions in high-risk areas.

- The honourable Prime Minister of India launched the Intensified Mission Indradhanush and a significant expansion in financial health protection, Aayushman Bharat, which stands out as the biggest nationwide health insurance scheme in the world, aiming to bring half a billion people under UHC.

- The honourable President of Indonesia launched a mass national catch-up campaign from a school in Yogyakarta on the road to reaching the regional target of eliminating measles and rubella.

- The honourable health minister of Maldives imposed a 58.5% tax on energy drinks, one of the highest ever by any country, to raise revenue to promote good nutrition and physical activity.

- The honourable State Counsellor of Myanmar launched a new National Health Plan based on UHC.

- Nepal launched the Urban Health Initiative to tackle the health effects of air pollution.
- Sri Lanka became the first Member State in the Region to accede to the Protocol to Eliminate illicit Trade in Tobacco Products.
- The honourable Prime Minister of Thailand appointed a multisectoral national committee that launched the campaign called “Thailand marks the spot to stop AMR”.
- Timor-Leste hosted the global conference on implementing the 2030 Sustainable Development Agenda in fragile and conflict-affected states.

54. Furthermore, she added, catalysing and nurturing partnerships has become the hallmark of health work by WHO in the Region. WHO is an active member of all UN country teams, and leads or co-chairs the health partners’ groups in India, Nepal and several other countries.

55. Another positive trend, Dr Poonam Singh stated, is the growing convergence around UHC, which ensures unity of purpose and a more integrated approach to achieving better health for all. Equitable access to quality services, financial protection and “leaving no one behind” have become the driving principles that underpin everything WHO does and is now the most important indicator of progress, she informed.

56. In line with the SDGs and the priorities of GPW13, Dr Poonam Singh said, WHO’s work has focused on eight Regional Flagship Programmes grouped under four big headings, in each of which there has been significant progress in the past year:

57. Aiming to work towards a more equitable, effective, well-financed and results-oriented health sector, the Region’s Flagship Programmes all contribute in their own way to the achievement of UHC.

58. Positive results are being witnessed in the elimination of neglected tropical diseases, which primarily affect the poor. In three of the eight endemic countries in the Region – Maldives, Sri Lanka and Thailand – elimination of lymphatic filariasis was validated in the past year. Nepal and Bangladesh have achieved the elimination threshold for kala-azar and India has reached this milestone in 90% of its administrative blocks. India has also eliminated yaws. “NTDs being essentially diseases of people that are left behind, their elimination is one more step towards a more equitable world,” Dr Poonam Singh said.
59. New HIV infections and deaths from AIDS also continue to decline in the Region. Thailand has eliminated mother-to-child transmission of HIV and congenital syphilis, the first country in Asia to do so, and Myanmar is the first in the Region to introduce a new differentiated approach to service delivery for HIV. Sri Lanka and Maldives have been certified malaria-free.

60. Tuberculosis, in contrast, remains a stubborn challenge with the South-East Asia Region accounting for 45% of global incidence, 50% of global deaths and 35% of the global estimated cases of multidrug resistance. India and Indonesia alone account for 35% of the global burden. Timor-Leste and the Democratic People’s Republic of Korea (DPR Korea) are among the top 10 countries worldwide for TB incidence rates. Keeping this in mind, the Region is firmly committed to combating tuberculosis as the latest Flagship Programme.

61. There are also positive stories to report on the MDG agenda, the Regional Director pointed out. The Region has nearly achieved MDG 4 and recorded the highest reduction in maternal mortality among all WHO Regions. Rates of institutional deliveries have increased, and maternal and neonatal tetanus has been eliminated regionwide.

62. Two health systems priorities stand out in our work on UHC: improving access to quality medicines and strengthening the health workforce.

63. Work on strengthening the health workforce has focused on transformative education and rural retention. The number of health workers trained has increased, but numbers still fall far short of agreed norms, and there are imbalances between rural and urban areas, Dr Singh added. Out-of-pocket (OOP) payment for health care is a major cause of poverty in this Region, and the main component of OOP spending is on medicines. OOP spending still constitutes more than 30% of total health expenditure in seven countries.
64. While economic growth is vigorous, the share of GDP or government expenditure allocated to health too often remains static. Health budgets have increased in Bhutan, Indonesia, India, Maldives, Myanmar and Thailand, the Regional Director said, expressing optimism that this trend will continue.

65. Dr Poonam Singh then elucidated the next big challenge: resilience in the face of emergencies and outbreaks. Having more than its fair share of these, the South-East Asia Region in 2017 saw eight separate health emergencies in six different countries. Over 1.3 million people in Cox’s Bazaar are still in need of essential and life-saving services. The Regional Office and the Bangladesh Country Office have led the health response, working with over 130 partners.

66. On another note, the Regional Director mentioned antimicrobial resistance (AMR) that featured strongly at this year’s Prince Mahidol Award Conference on the theme “Making the world safe from the threats of emerging infectious diseases”. The idea of a safer world hinges on the promise of new science, which the Region needs to take seriously as countries start to implement their national action plans for AMR.

67. There has been much progress in terms of national preparedness based on the template prepared by the International Health Regulations (IHR 2005). Four countries – India, Indonesia, Thailand and Sri Lanka – have declared their compliance with IHR Core Capacities, and seven countries have now completed joint external evaluation exercises.

68. Addressing the social, political, environmental and, indeed, the commercial determinants of ill-health constitutes a key element of promoting health and well-being for all, Dr Poonam Singh reiterated. Strong health systems are necessary, but often not enough.
69. Fanning out from the original bridgehead in tobacco control into sugar, salt and transfats and other areas of nutrition, especially for children, the Region has made robust and tangible progress on NCDs.

70. The fight against tobacco continues across the Region. Bhutan has been recognized for its unique efforts to ban the sale and production of tobacco. Thailand has a new comprehensive legal framework. Maldives, Sri Lanka, Indonesia and Thailand have again raised taxation on tobacco products. Timor-Leste has introduced graphic warnings. Sri Lanka’s Cabinet has approved plain packaging.

71. Mental health services have been boosted by legislation that prevents discrimination and raises awareness of what can be done to reduce the effects of depression and the tragedy of suicide. The governments of Bangladesh and Bhutan have focused international attention on the importance of a whole-of-society response to autism spectrum and neurodevelopmental disorders through the Thimphu Declaration.

72. The Regional Director also drew attention to the issue of equity and rights, backed by good science, evidence and research. “In this Region we have pioneered ways of measuring progress as part of health in the Sustainable Development Goals. Our tools are still limited, but over time WHO will provide Member States with increasingly sophisticated and insightful measures of performance,” she said. She cited the example of the Asia-Pacific Observatory on Health Systems and
Policies (APO). APO is a collaborative partnership – managed at present by the Regional Office – that promotes evidence-informed health systems and policy research with a focus on equity through research on different aspects of UHC.

73. In conclusion, Dr Poonam Khetrapal Singh said: “These are exciting times for public health. WHO has a renewed strategic agenda that supports the priorities and Flagship Programmes we have been pursuing. We can be proud of what we have achieved together this year. The Regional Office is now increasingly responsive to the people it serves, and more accountable to Member States.”

[For full text of the address see Annex 5]

74. The Committee congratulated the Regional Director for her comprehensive and informative report, calling it a “goldmine of health information” and “readers’ delight”. The Committee unanimously acknowledged her visionary leadership and especially lauded the success of the Flagship Programmes that have charted the roadmap for a series of public health achievements by Member States in collaboration with WHO over the past almost five years. Member States acknowledged that the Flagship Programmes were aligned very closely with the national priorities in countries and provided a vital focus for country activities.

75. Member States outlined their national achievements made in the field of health and the promotion of well-being, and the elimination of diseases across the Region over the past year. Efforts made by countries in key areas such as UHC, addressing NCDs, monitoring and evaluation with real-time evidence, and combating the spread of AMR were highlighted. Member States also requested the Regional Director to take a leading role in the area of digital health.

76. Member States complimented WHO for ushering in enhanced transparency and accountability, and
welcomed the broad vision of GPW13. Regular monitoring of the Programme Budget was appreciated by several Member States. The roadmaps to the 2030 Agenda were synchronized with many national health masterplans, it was observed.

77. Member States asked WHO to promote and propagate a health literacy programme. This would be of great help in remote and hard-to-reach areas. This would also especially help in combating communicable diseases, which were still widespread. Myanmar shared its experience with health literacy, stating that it plans to distribute about 20,000 tablet devices to health workers in the first phase. These tablets would contain health literacy information as well as necessary details on various diseases and how to manage them, and would be updated centrally.

78. WHO’s support was also sought by many delegates in expanding implementation research. Sri Lanka suggested that it was time to explore the setting up of a separate body on the lines of the WHO Framework Convention on Tobacco Control (WHO FCTC) to control alcohol use. Several Member States highlighted the continuing challenge of human resources impeding the implementation of many health programmes.

79. Indonesia urged WHO to be more active in sharing the best practices of other countries in the Region, and assisting partners in transferring knowledge, especially on mass gathering management. Maldives reiterated the need for unrelenting collaboration in mitigating the rapidly expanding effects of climate change on the health of populations.
80. The Committee also congratulated H.E. Mr J.P. Nadda, Minister of Health and Family Welfare, Government of India, for his election as Chairperson, and H.E. Mr Upendra Yadav, Deputy Prime Minister and Minister of Health and Population, Federal Democratic Republic of Nepal, for assuming the role of Co-Chairperson of the Session.

**Address by the Director-General (Agenda item 5.2)**

81. Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization, expressed regret for not being able to attend the Regional Committee at the opening session due to other commitments, and thanked the Deputy Director-General, Ms Jane Elizabeth Ellison, for representing him. He reflected on the changes that have taken place in WHO during the previous year. Among the notable
developments was the approval of GPW13 by the World Health Assembly. GPW13 commits WHO to ensuring that, by the end of its five-year span, one billion more people would be benefiting from UHC, one billion more people would be better protected from health emergencies, and one billion more people would enjoy better health and well-being, or the “triple billion” target.

82. Dr Tedros noted that simply having a plan is not enough to succeed. WHO’s first investment case had been developed to ensure that sufficient financial resources were available to achieve GPW13, and he had appointed a strong leadership team to manage it. A transformation project had been initiated so that the correct structures and processes were in place to deliver results. This was not a task for WHO alone, he said, but a task for all – the Member States, the Secretariat, donors, partners, civil society, academia and the private sector.

83. The Director-General commended the Region for endorsing the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond, which was, he said, a “major step forward and a major statement of solidarity”. He noted that many Member countries had been taking bold steps towards UHC. Referring to emergencies, he stressed that national response teams would always be best placed to respond quickly. National capacity should be built to respond to national risks, and WHO was there to assist in this.

84. While there has been considerable progress in the Region in combating malaria, the disease continued to take a heavy toll, with the emergence of antimalarial drug resistance, and weakening of domestic financing for malaria in several countries. Other vector-borne diseases such as dengue were also on the rise. It was essential for countries to strengthen their vector surveillance and control programmes.

85. Dr Tedros spoke of “three keys to success”: political commitment, partnership and a transformed WHO. The WHO Programme Budget for 2020–2021 has been developed based on country priorities. An almost 30% increase in technical capacity has been proposed for country offices. The South-East Asia Region is receiving a very substantial increase in its Base Budget to cope with polio transition. Also, given its large population, progress in this Region is vital for achieving the “triple billion” targets globally.
86. Achieving the ambitious targets of GPW13 will not only take countries a long way towards achieving the health SDG but will also drive progress towards all of the SDGs. UHC will help to lift people out of poverty by eliminating one of its causes. It enables children to learn, gets people back on their feet and back to work, unleashes human creativity and powers economic growth. “That is why WHO works every day to promote health, keep the world safe and serve the vulnerable,” he said. 

[For full text of the address see Annex 6]

87. Following Dr Tedros’s address, several distinguished delegates spoke to emphasize that their countries would align their activities in keeping with the directions given in his speech and also according to GPW13. Human capital was most important, they said, and it was essential to eliminate catastrophic OOP health expenditure on the road to UHC.

88. Dr Tedros accepted the comments and stressed that PHC was very important for the achievement of UHC. It was not expensive, but the returns were large. He invited all representatives to attend the Global Conference on Primary Health Care in Astana, Kazakhstan in October, to commemorate the 40th anniversary of the Alma-Ata Declaration on Primary Health Care of 1978.

Ministerial Roundtable (Agenda item 6)

Ministerial Roundtable on Improving access to essential medical products in the Region and beyond (Agenda item 6.1, SEA/RC71/3)

89. The Ministerial Roundtable on improving access to essential medical products in the Region and beyond was chaired by H.E. Mr J.P. Nadda, Minister of Health & Family Welfare, Government of India, with WHO Goodwill Ambassador for Sustainable Development Goals and Health, Mr James Chau, as moderator. Dr Gro Harlem Brundtland, former WHO Director-General and Acting Chair of The Elders, as the invited keynote speaker.

90. At the invitation of the Chairperson, the Moderator began the session by briefly outlining the steps leading to the
drafting of the Delhi Declaration on “Improving Access to Essential Medical Products in the South-East Asia Region and Beyond”, which involved the participation of all Member States of the Region. This was now ready to be ceremonially signed at the end of the roundtable.

91. A short film entitled *Asha’s story* was shown to the delegates, which encapsulated some of the significant issues surrounding the topic under discussion.

92. Dr Brundtland began by paying tribute to the late Kofi Annan, former Secretary-General of the United Nations. She then noted that improving access to essential medical products was a critical route to achieving UHC, itself a key target of the health-related SDGs. She observed that the South-East Asia Region was in the frontline of the battle for UHC; and some countries had taken big strides towards it while others were not so advanced. To achieve UHC, a transition towards a publicly funded health system was essential. She commended the Regional Director for her focus on access to medical products as these are often the biggest source of impoverishment on account of OOP health expenses.

93. Dr Brundtland also noted the need to get medicines into frontline facilities, especially for NCDs, and palliative medicines and services, the lack of which meant that millions of people still died in agony. She observed that it had been shown that the use of health services, and the confidence of the users in them, was influenced by the availability of medicines. The public health system needed
to be properly funded as there were considerable economic benefits to having a healthy population. Moreover, pooled procurement is done most efficiently by governments. Additional measures would help, such as use of generics, flexibilities available in the Trade Related Agreement on Intellectual Property Rights (TRIPs), and increased public demand for accountability for access to medical products.

94. Member States then described the conditions and issues in their countries. All countries had been making progress in providing affordable access to essential medical products, although the results were distributed over a wide range. The increasing need for medical products for NCDs was frequently mentioned.

95. Other comments related to the capacity of national drug regulatory bodies to assure quality; the shortage of qualified human resources; poor supply chain management systems (leading to excessive wastage of expired medicines); and the rise in AMR (linked to low quality, as well as to the over-the-counter sale of antimicrobials without prescription). While medical products for communicable diseases were becoming increasingly affordable and available, the prices of those needed to combat NCDs remained high in many cases.

96. In terms of strategies to address these challenges, a number of countries now had significant pharmaceutical manufacturing capabilities, and are exporting in the Region and beyond, while other countries without local manufacturing capacity, were obliged to import their essential medical products.

97. Many countries had policies to provide medicines to their populations free at the point of service in public facilities. Even so, affordability was frequently mentioned as a problem, both for individuals and for governments. For individuals, OOP expenditure on health ranged across the spectrum: in a few countries they were relatively low, while in most others they were a major challenge. Pricing was also an issue for governments – obtaining comparator prices and being able to assess and negotiate prices were identified as challenges that could be tackled with WHO assistance. There were logistical problems in the supply chain, which led to stock-outs. Ensuring an uninterrupted supply of quality medicines was often a challenge.
98. When asked for ideas on what to do going forward, many examples of bilateral and multiple country collaboration were provided, with specific offers of assistance in several areas: to facilitate access to low-cost generics; build on new initiatives at pooled procurement; share information and expertise in regulation; exchange experience in the use of TRIPs flexibilities, etc.

99. Regarding WHO’s role, countries expressed satisfaction that the topic was a Regional Flagship Priority. They called on WHO to provide leadership in training on price negotiation and procurement, implementation research needed to identify and eliminate bottlenecks in the drug supply chain, study tours to visit manufacturing countries, and encouraged the South-East Asia Regulatory Network (SEARN) to be proactive and responsive to countries’ needs.

100. Dr Sue Hill, from WHO headquarters in Geneva, noted that work was needed on quality, prices and increased collaboration in regulation, monitoring and procurement. Ms Jane Elizabeth Ellison, Deputy Director-General, WHO, urged the use of the convening power of WHO to bring interested parties together to work on and share best practices, especially in logistics, innovation and expertise. She stressed that there was a clear economic benefit in paying for access to medicines for NCDs, rather than paying for their consequences some years down the road.

101. In her response to the discussion, the Regional Director noted that the Region was extremely diverse, with some of the world’s largest countries and some countries with populations of less than a million. As had been raised several times in the
Regional Committee, countries that have manufacturing capacity can help those that do not – some mechanisms for this were being established. Regarding pricing and procurement, WHO’s role was to facilitate access to price information, and provide the training required to support negotiation.

102. Improving medical product quality was a critical role for the SEARN, which could be expanded to support the requirements of Member States. WHO would also provide support for implementation research. Logistics management also clearly needed improvement. Above all, she said, it was important that countries worked with each other on this, and WHO would be happy to facilitate this.

103. With the discussion complete, the Chair moved to adopt the Delhi Declaration; the motion was carried unanimously. A signing ceremony followed, with all country representatives, the WHO Deputy Director-General (on behalf of WHO headquarters) and the Regional Director adding their e-signatures to the document beamed onto a screen.

104. The Committee adopted resolution SEA/RC71/R2 on “Delhi Declaration on improving access to essential medical products in the Region and beyond”.

Programme Budget matters (Agenda item 7)

Programme Budget Performance Assessment: 2016–2017 (Agenda item 7.1, SEA/RC71/4, Inf. Doc. 1)

105. The Committee noted with appreciation the revamped format of the WHO Results Report 2016–2017, which provides a summary of the Organization’s key programmatic achievements during the biennium alongside the associated financial highlights. By bringing these two important elements together, the report
more effectively integrates the achievement of results with the resources allocated, thus strengthening the accountability of the Organization with respect to the contributions made by Member States and donors. The reporting of results thus seeks to review activities in terms of their outcomes and impact rather than their processes and outputs.

106. The Committee also observed that the Working Paper clearly demonstrates the linkage between regional achievements, financial investment and WHO support. The Committee appreciated the practice of advance planning and thereby availability of funding in time before the biennium workplan commences.

107. The Committee acknowledged the vital support provided by the Secretariat in assisting countries to develop their strategies and plans for achieving the 2030 Sustainable Development Agenda targets. In addition to the programmatic achievements listed in the report, the Committee noted that the Region had made commendable progress in terms of financial compliance. The need to sustain momentum and the importance of joint planning and monitoring by WHO and countries was emphasized.

108. The Committee urged the Secretariat to continue support to and increase dialogue with the national authorities for sustained monitoring and strengthened harmonization. The Secretariat expressed its appreciation for the cooperation extended by countries in ensuring timely and quality implementation of the various health-related programmes, and their strong interest in proper monitoring of agreed results as well as financial compliance.
Programme Budget 2018–2019: Implementation (Agenda item 7.2, SEA/RC71/5)

109. The Programme Budget 2018–2019 is shaped by a dynamic and iterative process, and has been approved by the Seventieth World Health Assembly. The Committee acknowledged the Secretariat’s efforts towards focused technical and financial monitoring, and commended the steady progress in the Regional Director’s eight Flagship Programmes. This has resulted in greater alignment and harmonization of resources for programme implementation.

110. Member States acknowledged the joint planning exercise and early allocation of funds to start implementation. The Committee was also pleased to note that the Region had the highest implementation rate among all regions, and that nearly all Top Tasks were on track.

111. The Committee noted the current funding gap and urged the Secretariat to further step up resource mobilization in the Region and globally. The Secretariat clarified that an additional tranche of flexible funds would be shortly released to the Region. The Secretariat informed that the Region does not have a strong donor base, and that efforts are being made to reach out to new donors and leverage interregional collaboration through technical and strategic meetings.

112. The Committee expressed concern at the decision of the Global Fund to stop grants for tuberculosis, malaria and HIV/AIDS control for select Member States from 2018–2019 as this will have a negative impact on implementation in 2018–2019. The Committee appreciated the move toward the WHO investment case observing value-for-money and transparency principles for strengthening partnerships aimed at transformative public health actions.

113. The Secretariat assured full financial and technical support to Member States and, in this context, cited the existing collaborative mechanisms for programme planning and ongoing monitoring with national counterparts.
114. The Committee was informed that GPW13, approved by the Seventieth World Health Assembly in May 2018, provides the strategic direction for the work of the Organization over the next five years. It outlines a clear vision to achieve the “triple billion” goals through three interconnected strategic priorities by 2023.

115. The Committee was informed that the development of the Proposed Programme Budget 2020–2021 would be guided by the following principles:

- focusing on the SDGs (WHO will provide support to countries to achieve all the health-related SDGs);
- measuring the impact on improving people’s health; and
- prioritizing work to drive public health in every country.

116. It was also noted that during the development process of the Proposed Programme Budget 2020–2021, several important changes were made from previous practices. These included the following:

- a sharpened focus on countries in order to deliver impacts;
- extensive and inclusive consultations with Member States to identify strategic priorities and impact targets;
- bottom-up and sequenced planning starting from countries with an integrated approach at all levels of the Secretariat to better respond to Member States’ priorities; and
- aligning of budgets with priorities and results.
117. The Committee was informed that prioritizing exercises with Member States were conducted – and these involved senior officials of the ministries of health and other relevant stakeholders – to identify the top GPW13 outcomes wherein WHO will focus its work in the coming biennium (2020–2021). In addition, Member States also identified the relevant GPW13 impact framework targets.

118. The Committee noted that the total proposed high-level Programme Budget 2020–2021 is US$ 4687.8 million. Of this, US$ 3987.8 million represents the Base Budget. The additional investment in the Base Budget is an increase of 13.3%.

119. It was further elaborated to the Committee that the new Budget has an increased share for country offices, from 38% to 42.7%. For the South-East Asia Region, the proposed Budget has increased from US$ 288.8 to US$ 393.5 million. This is the biggest increase among regions, mainly due to the polio transition funds being part of the Base Budget.

120. The Committee welcomed the strategic vision and focus on impact and outcomes of GPW13. The Secretariat was commended on the consultative and inclusive process followed for the prioritization of GPW13 outcomes and the impact framework targets. Member States presented their top priorities and expressed their readiness to proceed with GPW13 implementation with the support of the Secretariat.

121. The Committee urged that measurement of GPW13 indicators be aligned with the SDGs and existing frameworks to avoid additional data burden. The Secretariat was asked for additional information on Member States’ contribution towards achievement of GPW13 targets and to take into consideration variations in countries’ capacity for reporting. The Committee asked the Secretariat to optimize the strategic use of available data and information systems, and to provide necessary support to Member States for monitoring and evaluation.

122. The Committee lauded the commitment of the Regional Director in identifying the Flagships Programmes, which are fully aligned with GPW13 priorities, and requested that continued attention be paid to accomplish the unfinished agenda in 2018–2019 and 2020–2021. The Committee noted the importance of enhancing resource mobilization for predictable and flexible funding, including the use of innovative approaches with existing and new partners.

123. The Committee questioned how the Budget would be distributed across the three strategic priorities. The Secretariat informed the Committee that the full Budget would be developed based on country priorities. Budget details by strategic
priorities would be made available at the upcoming Executive Board Session. The increase in allocation for NCDs was appreciated.

124. The Committee adopted resolution SEA/RC71/R3 on “Proposed Programme Budget 2020–2021”.

**Evaluation (Agenda item 7.4)**

125. The Committee was informed that the Executive Board had approved the WHO Evaluation Policy at its 131st Session in May 2012 [decision EB131 (1)] and asked the Secretariat to report annually to the Board on the progress of evaluation activities. After an independent review of the Evaluation Policy and the Framework for Strengthening Evaluation and Organizational Learning in 2017, it was further revised with inputs from Member States during the 142nd Session of the Executive Board in January 2018 and the Independent Expert Oversight Advisory Committee in March 2018.

126. It was further elucidated that South-East Asia has made great progress since the adoption of the WHO Evaluation Policy. A Regional Framework for Evaluation and Plan of Action was developed in 2017. In 2016, two evaluations were carried out; namely, an evaluation of WHO’s contribution to maternal and child health in five countries (Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka), and an evaluation of the Regional Office’s contribution to the implementation of the national immunization programme in Bangladesh.
127. It was further pointed out that, in 2017, as part of the global evaluation workplan, an evaluation was carried out of the Thailand Country Office. Furthermore, an evaluation of tobacco control through MPOWER measures in Member States of the South-East Asia Region and an evaluation of collaboration between WHO and WHO collaborating centres in South-East Asia have been completed, and these reports are in the final stages of preparation.

128. The Global Annual Report on Evaluation presented to the 143rd Session of the Executive Board in May 2018: (i) provided information on the progress made in implementing the WHO Evaluation Policy, including the Organization-wide evaluation workplans for 2016–2017 and 2018–2019; and (ii) presented summaries of the following five recent evaluations for which management responses were available in order to document organizational learning linked to the findings and recommendations:

- Country Office evaluation: Thailand
- Pandemic Influenza Preparedness Framework
- Pandemic Influenza Preparedness Partnership Contribution: high-level implementation plan 2013–2016
- International Coordinating Group on Vaccine Provision.

129. Member States acknowledged the importance given to the evaluation process in the South-East Asia Region for improved performance and accountability. Member States also reiterated their continuous support for evaluation and looked forward
to a comprehensive report on implementation of the Regional Office Evaluation Workplan in 2019, including recommendations.

130. Member States noted the funding challenges for evaluations in the Region, and recommended that the focus be on internal checklists and processes for concurrent evaluation and course correction, given the high cost associated with evaluations.

131. Member States also requested the Secretariat to put in place systematic programme management and evaluation accompanied by training. It was proposed that evaluations could be a part of country office budget allocations.

Policy and technical matters (Agenda item 8)

Malaria: From declaration to action, and intensifying dengue vector control (Agenda item 8.1, SEA/RC71/8)

132. About 1.35 billion people are at risk of malaria, and the WHO SEA Region carries the second-highest malaria burden globally. In the list of 15 countries that contribute 80% of the estimated total global malaria cases, India was the only one from outside the African Region. From 2010 to 2016, the SEA Region showed the largest reduction in malaria morbidity and mortality, with 44% and 60% reduction in estimated morbidity and mortality, respectively, and 46% and 60% decrease in reported confirmed cases and malaria-related deaths, respectively. India and Indonesia accounted for 80% and 16% of the reported cases, and 60% and 30% of malaria deaths, respectively.

133. The SEA Region has achieved all the targets for malaria set under the MDGs. It was the first Region to have two of its Member States certified as malaria-free: Maldives and Sri Lanka. Three other Member States – Bhutan, Nepal and Timor-Leste – have been identified as having the potential to eliminate malaria by 2020. Bhutan reported only 18 indigenous cases in 2016, and is targeting malaria elimination this year. Nepal reported 507 indigenous cases in 2016. There has been a steep decline in Timor-Leste, from 40 250 cases in 2010 to 94 indigenous cases in 2016.

134. In November 2017, the ministers of health of all Member States of the Region met in New Delhi and made a commitment towards a malaria-free SEA Region by
2030 by signing the Ministerial Declaration on Accelerating and Sustaining Malaria Elimination. In parallel, the Regional Action Plan 2017-2030 towards a “0 Malaria-Free South-East Asia Region” was launched, along with a framework for a South Asia subregional cross-border collaboration network to eliminate the disease. All Member States expressed their commitment and support to the Declaration.

135. The Committee noted with concern that dengue is the most widespread and rapidly increasing vector-borne disease in the world. Ten of the 11 Member States in the WHO SEA Region are endemic for dengue, and South-East Asia is among the highest-burden regions. Five countries (India, Indonesia, Myanmar, Sri Lanka and Thailand) are among the 30 most highly endemic countries in the world. In spite of control efforts, the scale and frequency of dengue have increased in the past decade, though the case-fatality rate has remained low, at below 0.5%.

136. Member States reported on their progress in malaria elimination efforts, provided updates on the current situation and outlined the initiatives taken by them. Climate change has also contributed to an increase in incidence and expansion of vector-borne diseases, and so there is a need to be vigilant. Member States that have eliminated malaria reiterated the need to prevent its re-emergence, which is a real threat given the proximity to endemic countries and travel to and from endemic countries. Surveillance is crucial for this.

137. With regard to dengue, some Member States suggested that vector control of malaria and dengue required different approaches, as vector bionomics, habitat and other factors were different for each. They also felt that further emphasis should
be laid on the vector perspective. The lack of operational research on dengue also needed to be addressed.

138. Member States requested the Secretariat for technical support in further strengthening their malaria elimination efforts. Additional resources, both human and financial, were needed, even in Member States that had eliminated malaria. One Member State expressed the need to increase the availability of rapid diagnostic tests for malaria. The need for cross-border collaboration was emphasized by several Member States. Member States urged WHO to help improve vector management for vector-borne diseases, not just dengue and malaria, which would help to control other arboviral diseases such as chikungunya and Zika virus disease.

139. The Secretariat congratulated Member States on their impressive response to both malaria and dengue, and lauded them for their efforts. It assured Member States of technical support and help with resource mobilization, as well as with cross-border collaboration and innovative vector control methods. Operational research was another area where the Secretariat would provide support.

140. Appreciation was also expressed for the efforts of Maldives and Sri Lanka in becoming malaria-free, and the inspiration this provided to other countries. Thailand and Myanmar have shown strong leadership in fighting antimalarial drug resistance in the Greater Mekong Subregion. The Director, Global Malaria Programme of WHO, mentioned a number of commonalities in the prevention and control of malaria and *Aedes*-borne diseases, despite their different bionomics. These included the need for innovative vector control measures such as genetically modified
mosquitoes, use of Wolbachia, and larval source management.

141. Dr Joshua P. Levens, of the RBM Partnership to End Malaria, congratulated the Region for the remarkable progress made in malaria control and elimination over the last few years. However, the last World Malaria Report also revealed gaps in the achievements, and a widening gulf between elimination and high-burden countries. The rate of decline has stalled and even reversed in some regions, including the SEA Region, since 2014. Multidrug resistance has remained a significant concern and domestic funding for malaria prevention and control has declined. Through various means, the political will and domestic resources must be raised to end malaria in the SEA Region and globally.

142. Mr Milkha Singh, WHO Goodwill Ambassador for Physical Activity, graced the occasion and led a three-minute stretching exercise session. He informed the delegates about his personal daily stretching regimen. He also released a publication entitled Regional Status Report on physical activity and health in the South-East Asia Region. This is the first Region to publish such a book.

143. At the end of the session, the Regional Director, Dr Poonam Khetrapal Singh, released another publication titled Launch of an urgent front: cross-border collaboration to secure a malaria-free South-East Asia Region: development of an operational framework.

144. The Committee adopted resolution SEA/RC71/R4 on “Intensifying activities towards control of dengue and elimination of malaria in the South-East Asia Region”.

**The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: Second review of progress, challenges, capacities and opportunities (Agenda item 8.2, SEA/RC71/9)**

145. There is universal recognition among Member States of the Region of the central importance of health workers in the efforts currently under way to ensure progress towards the attainment of UHC. Despite significant improvements in recent years, a number of health workforce challenges persist in the Region. Such
challenges include the shortage and/or unequal distribution of health staff in many countries, the need to improve levels of performance, and difficulties in the retention of staff in rural areas.

146. Member States outlined a broad range of national initiatives that have been taken to address these challenges in recent years, and highlighted a number of significant gains and successes. These include the development of human resources for health (HRH) strategies aligned with service delivery, the creation and strengthening of HRH units, the improvement of HRH information systems, and interventions to improve health worker retention in rural areas. Measures have also been taken to transform the education and training of health professionals in order to better align these with changing population health needs and to improve the quality of such training, including through the improved accreditation of health training institutions and programmes.

147. The Committee acknowledged that health worker density has increased in almost all Member States but still remains below the SDG HRH threshold. The Committee recognized that continued efforts are required: (a) to improve rural retention and transformative education, and document and share experiences and best practices of the impact of such efforts on health worker performance and access to care; (b) to improve the collection and analysis of data on HRH with a focus on frontline health workers; and (c) to improve HRH governance, especially the coordination of HRH functions between different departments within ministries of health as well as with other ministries.
148. The Committee called upon WHO to support the evaluation and sharing of best practices in the Region, particularly in the key areas outlined above. Support was also requested by countries in building national capacity in HRH policy analysis, strategy development and other aspects of HRH governance through regional WHO training courses, strengthening of HRH units, intercountry exchange of experiences and other relevant approaches. WHO support was also requested in efforts to strengthen the collection and analysis of HRH data with a special emphasis on frontline health workers. Member States reaffirmed their commitment to work with WHO in these and other related areas.

149. The Regional Director congratulated Member States on the progress that had clearly been made since the previous review. There is reason to believe that the Region will be in an even better position by the time of the mid-term review in two years. The Director-General echoed the comments of the Regional Director, emphasized the central role of the health workforce in achieving UHC, and highlighted the crucial areas of improving the development and sharing of best practices, and the pressing need to ensure that sufficient numbers of health workers are being trained.

150. Without sufficient numbers of health workers to meet national needs, issues such as rural retention would continue to pose significant challenges. Innovative approaches such as extending the role of existing major health facilities to include the provision of training, and the adoption of greater flexibility in the roles and tasks assigned to individual health workers, would be key to making progress.

151. The Director-General pointed out that open discussions with newly qualified health workers on the difficult issues facing countries would in many cases result in a greater willingness among health workers to reciprocate the investment made by the country in their training, for example, by agreeing to work for an initial fixed period in rural or other underserved settings.

152. Dr Chaitanya Kumar Koduri of the United States Pharmacopeial Convention (USP) acknowledged the leadership of the Regional Office, along with the efforts made by WHO and Member States, in advancing the agenda for strengthening regulatory systems for medical products, in line with World Health Assembly resolution WHA67.20. USP will continue to work with national medicines regulatory authorities and other partners to develop and strengthen national and regional capacities in medicines evaluation, inspection and quality surveillance.

153. Dr Mokshada Sharma of the International Federation of Medical Students’ Associations congratulated Member States on the progress made in strengthening
the health workforce. Dr Sharma highlighted the key importance of improving the quality and accreditation of medical education, and of ensuring comprehensive, timely and adequate health workforce planning.

154. Dr Ratna Devi of the International Alliance of Patients’ Organizations called upon Member States of the Region to commit to the 2018 Tokyo Declaration on Patient Safety, for example, by building leadership and other capacities to support patient-centred care, implementing and strengthening patient-safety systems and processes, creating a culture of safety and transparency, and engaging with patients, their families and carers.

155. At the conclusion of the agenda item, the Regional Director launched the publication, Decade for health workforce strengthening in the South-East Asia Region 2015–2024: second review of progress, 2018.

Regional progress in survival of newborns, children and mothers: Moving towards Global Strategy targets (Agenda item 8.3, SEA/RC71/10)

156. The Committee highlighted the significant progress that had been made in the Region in improving the survival of newborns, children and mothers, and underlined the need to maintain momentum and further accelerate national efforts towards achieving the ambitious 2030 targets of the Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy) and of the SDGs.
157. The Committee noted that the 69% reduction in maternal mortality between 1990 and 2015 in the SEA Region was the highest achieved by any WHO region. The Region has also reduced child mortality by 67% since 1990, thus achieving the MDG4 target (of a two third reduction) in 2016. However, it was also noted that the decline in neonatal mortality has been relatively slow, with only a 57% reduction since 2015. Nevertheless, the strong commitment of Member States along with increased domestic investment is reflected in the achievement of the MDG4/SDG target by 10 countries and of the MDG5 target by three countries of the Region.

158. In 2014, Member States had unanimously identified “The unfinished MDGs agenda: Ending preventable maternal, newborn and child deaths with focus on neonatal deaths,” as a Flagship Priority Programme in line with the SDGs and Global Strategy on Women’s, Children’s and Adolescents’ Health. This has proved to be instrumental in catalysing further action in the Region during the past five years in terms of updating national strategies and plans for increasing quality service coverage and addressing inequities.

159. The Committee also noted that the SEA Regional Technical Advisory Group (SEAR-TAG) on Women’s and Children’s Health was constituted by the Regional Director and has made a number of recommendations on reducing newborn mortality, and on improving child and adolescent health. The Regional Office has also convened a Regional H6 Working Group involving other United Nations agencies to ensure that collaborative efforts are harmonized and support to countries galvanized.
160. Member States expressed their continued commitment to improving the health of women, newborns, children and adolescents as part of achieving the Global Strategy and SDG targets.

161. The Committee noted the support provided by WHO and looked forward to its continued guidance on sustaining survival gains, and on moving towards actions for achieving the “thrive” and “transform” objectives of the Global Strategy intended to improve the lives of women, children and adolescents. Member States also reaffirmed their commitment to continue to allocate adequate resources – including financial, human and material – to ensure accelerated progress in achieving the 2030 targets.

162. The Committee noted the tremendous progress made in this area and called for increased attention to improving the quality of care services and to the rapid and equitable expansion of their coverage. In particular, the need to strengthen the delivery of the continuum of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services – including antenatal care, institutional deliveries and postnatal care – was acknowledged. In addition, the importance of using an integrated approach for RMNCAH services within the UHC framework and of the close monitoring of progress towards achieving the 2030 targets of the Global Strategy and SDGs was highlighted.

163. The technical and operational priorities that need to be addressed to accelerate progress in ending preventable mortality have been identified, with a focus placed on high-priority countries. The Secretariat will continue to work with Member States and ensure the harmonization of support from various partners.

164. Dr Chandrakant S. Pandav of the Iodine Global Network (IGN) highlighted the very serious and widespread health impacts of severe iodine deficiency at all ages. In partnership with national governments, iodized salt producers, civil society organizations, and bilateral and international agencies, IGN has worked to increase the global household coverage of adequately iodized salt. In the SEA Region, the salt-iodization programme has been a public health success story and provides valuable programmatic lessons. The complete elimination of iodine deficiency disorders should be recognized as an essential reproductive and child health intervention and IGN remains committed to working with WHO and other stakeholders.

165. Dr Monika Arora of the World Heart Federation highlighted the high contribution of rheumatic heart disease (RHD) to maternal and perinatal mortality in the Region. In 2013, it was estimated that women accounted for over 6.5 million RHD cases in South Asia alone, with babies born to women with RHD having poorer perinatal health outcomes. Specific actions for tackling this preventable disease
include: (a) integrating RHD screening and management into routine antenatal and maternal care to ensure diagnosis during pregnancy and prompt support; and (b) strengthening data collection to obtain accurate information on the burden of RHD and to appropriately allocate resources.

166. At the conclusion of this agenda item, the Regional Director launched two regional publications: *Strategic guidance on accelerating actions for adolescent health in the South-East Asia Region (2018–2022)*; and *Improving newborn and child health: a strategic framework (2018–2022)*.

**Strengthening SEA Region EMTs for health emergency response**  
(*Agenda item 8.4, SEA/RC71/11*)

167. The Committee noted the important role of emergency medical teams (EMTs) in the immediate aftermath of a health emergency – particularly given the vulnerabilities and risks associated with different types of disasters and emergencies in Member States. Experience from the Region has shown that the deployment and surge of EMTs during emergencies were not based on assessed needs, with wide variations apparent in their capacities, competencies and adherence to the WHO Classification and Minimum Standards. It was also apparent that there was inadequate capacity for coordinating a large influx of EMTs in major emergencies.

168. The Committee noted that the purpose of the WHO EMT strengthening initiative is to improve the timeliness and quality of health services provided by national and international EMTs, and to enhance the capacity of national health systems in leading and coordinating the response in the immediate aftermath of a disaster, outbreak and/or other emergency. The Committee further noted that there is a need to adopt WHO minimum standards, and to implement quality assurance and governance mechanisms for strengthening national, regional and international EMT mechanisms in the Region. The application of these recommendations will lead to increased efficiencies in national systems for EMT deployment.

169. The Committee noted that a regional consultation for EMT strengthening was organized by the Regional Office in New Delhi on 5–6 June 2018. The Committee also thanked the Secretariat for the recommendations on strengthening EMTs in the Region contained in the working paper produced during the 2018 High-Level Preparatory (HLP) Meeting in July–August. These include establishing national EMT focal points and developing plans by Member States, along with the establishment of a Regional EMT Working Group. The Committee noted that the EMTs of Bhutan and Thailand are already in the process of WHO classification. Most recently, Sri Lanka (Army EMT) has applied for WHO accreditation.
170. The Committee expressed its appreciation for this initiative, which recognizes the need for standardization and for coordinated timely deployment of quality-assured EMTs to disaster-affected areas. Appreciation was also expressed for the work conducted to date by the Regional Office in mentoring, verifying and classifying EMTs in Member States of the Region.

171. Member States indicated that they have initiated the establishment of EMT focal points and the development of guidelines based on WHO Standards. Member States also expressed their support for the establishment of the Regional EMT Working Group, for sharing experiences, and for training/joint simulations.

172. A number of potential challenges in the operationalization of global EMTs were identified – such as the mobilization of personnel and equipment, operational sustainability in unfamiliar terrains (including conflict zones) and costs. Such challenges would need to be addressed as part of the proposed strengthening initiative.

173. Dr Ratna Devi of the International Alliance of Patients’ Organizations welcomed the move towards EMT strengthening in the SEA Region. She emphasized that EMTs can contribute much to addressing the health needs of migrants, refugees and populations affected by disasters and in improving their health, while also contributing towards protecting the health of host populations and communities.

174. At the conclusion of the agenda item, the Regional Director launched an e-publication entitled: Building for change: good practice in emergencies in the South-East Asia Region. This e-publication is a compendium of multiple media, which illustrates a number of case stories covering good practices in risk reduction, readiness, response and recovery in the Region.
175. The Committee adopted resolution SEA/RC71/R5 on “Strengthening emergency medical teams (EMTs) in the South-East Asia Region”.

**Annual report on monitoring progress on UHC and health-related SDGs (Agenda item 8.5, SEA/RC71/12)**

176. The Seventieth session of the Regional Committee for South-East Asia in 2017 had requested the Regional Director to “include an 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 annual report from 2018 was commended by a number of speakers, who took note that this time progress on UHC was measured in the report using the two agreed-upon SDG indicators for UHC: essential health service coverage and financial protection.

177. Member States reaffirmed that progress on UHC was central to progress on SDG3, and that progress in the SEA Region was central to achieving the GPW13 triple billion targets. The Region’s progress on essential health service coverage and status of financial protection in the Region were noted, as were the remaining challenges, in terms of improving access to a greater range of services to address today’s health needs, and – in a number of countries – persistently high OOP payments associated with impoverishment, often from medicines.

178. Many examples were provided of steps being taken to advance UHC and the health SDG, with some countries undertaking an ambitious range of reforms. These included updating of national health policies and plans, and setting up of national UHC and SDG targets; developing essential service packages; strengthening, adaptation and upgrading of frontline services (India’s health and wellness centres being one example) to respond to health needs, including NCDs, in a more integrated way in several countries; reskilling health workers or introducing new cadres, with a greater emphasis on team work; integrating traditional systems of medicine; improving the use of new technologies such as point-of-care diagnostics and digitalized information; the extension of pharmacy networks to remote areas to improve access to medicines; increased funding for health and new financing strategies to increase both access to care and protection from catastrophic health spending, especially for the poor, in several countries; and efforts to improve health literacy.

179. Altogether, the Committee recognized the need for a stronger emphasis on holistic PHC, linked to well-functioning secondary health-care services. Member States reconfirmed that achieving the SDGs required collaboration with all sectors/
ministries, and political support was critical, as was wider stakeholder involvement, including NGOs.

180. There has also been much action to improve the monitoring of progress on UHC and the SDGs, with increased attention to disaggregating data to detect inequities. It was noted that to properly monitor trends in financial protection, more frequent surveys were needed: one country described how it had worked with its national statistical office to move to annual surveys and encouraged other Member States to do the same, as this had allowed for much more timely information on trends in financial protection. An important theme was the continuous monitoring of progress towards the SDGs within a defined national framework. Tools were being developed and used for monitoring of equity.

181. The Committee appreciated WHO tools and indicators, and requested WHO to continue to assist with monitoring and using trend data, and building national capacity for UHC and the SDGs. The Secretariat noted that trend data were accumulating, and data for equity monitoring beginning to increase.

182. Dr Poonam Khetrapal Singh, Regional Director, said that it was very encouraging to see that most countries were showing an improvement in essential health service provision. She noted that trend data for financial protection are still lacking, but there was now a baseline. There should be more disaggregated data available next year, which would enable better identification of who is being left
behind. On advancing UHC, the Region would continue its focus on strengthening the health workforce and improving access to medicines. For HRH strengthening, WHO would continue to focus on transformative education and rural retention, plus strengthening HRH governance.

183. Support for strengthening frontline workers needed a push, and WHO would be ready to assist with study tours and other ways to take this agenda forward. On medicines, she noted that paying for medicines was the main driver of impoverishment, and that following the recent signing of the Delhi Declaration there would be a continued focus on improving access to essential medical products, and at fostering country cooperation where needed.

184. Dr Tedros Adhanom Ghebreyesus, Director-General WHO, reported that Germany, Ghana and Norway had asked for a roadmap for the SDGs covering the whole period of the SDGs. This was now being prepared at headquarters. This would cover all goals and all actors, and it was essential to coordinate with all other actors in the health field.

185. Dr Tedros stressed that the path to UHC was through PHC, with attention to the core health system building blocks (HRH, medicines, financing, information) and with essential services packages being adapted to the country situation. He noted that OOP expenditure had been identified as one of the important challenges in the Region. Clearly the cost of medicines was one of the causes, which was strange, considering that this Region had a major generic drugs production capability.

186. Ms Waranyu Lengwiriyakul of the International Pharmaceutical Students’ Federation said that the mobilization of pharmacists and pharmacy students could be the key to ensuring the availability, quality and accessibility of value-added innovative medicines and generic products, improving equity, encouraging rational use and keeping medicines-related expenses affordable. The role of pharmacists and pharmacy students should be maximized towards providing equitable access to quality medicines.

187. Dr Ratna Devi on behalf of the International Alliance of Patient Organisations, Indian Alliance of Patient Groups, Dakshayani and Amaravati Health and Education, Healthy India Alliance and NCD Alliance, called on the Regional Office and Member States: to champion NCD prevention and health promotion as core components of UHC packages; to bring patients and patient groups to the core of policy-making; to leverage existing platforms to provide integrated care; and to ensure that adequate and sustainable financing is available.
188. Ms Sheila Nair of the Indian Cancer Society, speaking on behalf of the Union for International Cancer Control, stressed the need to ensure the inclusion of cancer within national UHC packages, targets and monitoring, and to leverage cancer registries as key sources of data for trends in cancer and to monitor the impacts of risk factors, early detection, treatment and care initiatives.

189. Dr Mokshada Sharma of the International Federation of Medical Students’ Associations emphasized the need for intersectoral action by multiple stakeholders. She felt that, both at the global and national levels, youth is often either left out of conversations or their voices are tokenized. Young people can bring innovative ideas, intellectual capacity, lateral thinking and fresh perspectives, and should be meaningfully engaged at all levels of discussion.

190. Dr Monika Arora of the World Heart Federation urged countries to tax unhealthy commodities such as tobacco and alcohol – as included among WHO “best buys” – and to consider earmarking resources raised from these taxes to invest in NCD interventions to support progress towards UHC. She suggested that Member States could send high-level participants, including ministers of health and environment, to attend the upcoming First Global Conference on Air Pollution and Health, as this meeting offered an opportunity to launch a coordinated response to a preventable risk factor.
191. Mr Suneel Vatsyayan of IOGT International said a focus was needed on prevention and health promotion, which were critical to creating norms and environments that foster the highest attainable standard of physical, mental and social well-being. He encouraged a renewed emphasis on cross-cutting risk factors adversely affecting communicable and noncommunicable diseases, other health-related SDGs such as road traffic injuries and maternal, child and adolescent health, as well as SDGs beyond health. For example, alcohol use is a major and cross-cutting obstacle to UHC and the SDGs. A comprehensive approach to identifying cross-cutting risk factors and tackling them in an integrated manner is essential.

192. At the close of the session, the Chairperson, Regional Director and Director-General launched a new WHO publication on Monitoring health in the Sustainable Development Goals 2018.

Progress reports on selected Regional Committee resolutions (Agenda item 9, SEA/RC71/13 Rev. 1, Add. 1 and Add. 2)

193. The attention of the Committee was drawn to the four progress reports covered in this agenda item: Covering every birth and death: Improving civil registration and vital statistics (SEA/RC67/R2); Promoting physical activity in the South-East Asia Region (SEA/RC69/R4); Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6); and 2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (SEA/RC64/R3).

194. The recommendations of the High-Level Preparatory Meeting in New Delhi in July–August 2018 on each of the progress reports as contained in document number SEA-PDM-38 were considered by the Regional Committee.

Covering every birth and death: Improving civil registration and vital statistics (Agenda item 9.1, SEA/RC67/R2)

195. The Committee acknowledged the importance of strengthening civil registration and vital statistics (CRVS) systems as part of improving the overall availability, analysis and use of reliable health information. This is particularly important for understanding the burden of diseases, evidence-based policy development, monitoring progress towards UHC, and the SDGs.

196. Multiple examples of progress being made in improving CRVS were provided, including strategies developed and those being implemented, multisectoral
engagement and coordination mechanisms, policies for incentivizing citizens to register vital events, as well as innovations in systems and tools to register births and deaths, and capture cause-of-death information.

197. The Committee also noted that birth and death registration coverage is improving, while the most significant challenge remains the quality and availability of cause-of-death data. Several approaches are being implemented to address this, including the use of sample vital registration systems in the absence of or on an interim basis until fully functioning CRVS systems are available in all Member States.

198. The Committee recognized the difficulties in obtaining accurate cause-of-death data in different contexts. Several Member States noted the importance of the International Classification of Diseases (ICD) for coding causes of death, and expressed interest in understanding various options for transitioning from ICD-10 to the latest version, ICD-11, released in June 2018. Many Member States also noted the importance of capturing cause-of-death data from community-based events, and noted that verbal autopsy techniques are widely being used for this.

199. The Committee requested WHO to provide technical support in improving institutional capacity in compiling better-quality cause-of-death data; training on analysis and use of vital statistics; and strengthening regulations and policies for data-sharing between the offices of the health, civil registrar and statistics departments.
Promoting physical activity in the South-East Asia Region (Agenda item 9.2, SEA/RC69/R4)

200. Member States confirmed their commitment to promoting physical activity and several delegates highlighted the progress made at the national level in encouraging populations to take up physical activity. The Committee reiterated that impressive advancements have been made in many Member States in this field, and that these include the development of national policies and targets on physical activity promotion.

201. Several Member States also informed the Committee about their national public campaigns, the open-air gymnasiums that have been established in urban areas, the campaign to promote health through pledges, including physical activity, integration of yoga into promotive and preventive health policies, and other such initiatives taken up in different settings, particularly workplaces and schools.

202. The Committee noted the challenges to promoting physical activity – namely, increasing urbanization, motorization and the growth of sedentary lifestyles – and unanimously welcomed the Global Action Plan for Physical Activity (GAPPA) and the new voluntary target of 15% reduction in insufficient physical activity by 2030 that was adopted by the Seventy-first World Health Assembly.

203. Member States appreciated the progress made by the Secretariat in implementing resolution SEA/RC69/4 on Promoting Physical Activity in the South-East Asia Region, including providing technical support to countries, which made WHO a
role model for physical activity. It congratulated WHO for introducing physical activity sessions at its meetings, making them “healthier”.

204. The Committee also urged WHO to provide further support to countries, including on implementing GAPPA. While the Committee praised the physical activity promotional breaks that have been introduced during the Regional Committee sessions, it requested WHO to institutionalize the “Walk the Talk” initiative at various forums such as governing body meetings and introduce such short physical activity sessions on a regular basis.

205. In continuation of its efforts to promote physical activity at work and during meetings for a healthier workplace, the Secretariat organized a series of basic physical and stretching exercises before the afternoon tea break on each day of the Session. These exercises were conducive to being performed in office environments.

206. The three-minute exercise break during this session was led by differently-abled children from Amar Jyoti School in New Delhi. These included stretching exercises while seated, which are practicable in an office environment, to the accompaniment of drumbeats and cymbals. During another such break, children with cross-disabilities from the same school performed a set of physical exercises. Schoolchildren from New Delhi of different age groups also led the delegates in a series of mild limbering exercises that reiterated the importance of punctuating long spells of deskwork with physical activity.

207. Speaking on behalf of the World Heart Federation, which is supported by the NCD Alliance and the Healthy India Alliance, Dr Monica Arora thanked the Regional Office for its progress report on promoting physical activity. Physical inactivity has an enormous impact on the risk of cardiovascular disease, increasing the relative risk of coronary artery disease, stroke and hypertension by 45%, 60% and 30%, respectively. Given the burden CVD places on Member States, causing 3.8 million deaths in 2008, a collective response to tackle physical inactivity is urgently
needed. She commended Member States for their leadership in helping to secure the adoption of GAPP A, and expressed strong support for the target of a 15% relative reduction in physical inactivity among adults and adolescents.

208. On behalf of the International Federation of Medical Students’ Associations (IFMSA), Dr Mokshada Sharma urged Member States to address physical activity as a priority to prevent NCDs. Rapid urbanization and transportation patterns have accelerated the incidence of physical inactivity, increasing rates of obesity, cancer, diabetes and cardiovascular diseases.

209. Adolescents are a particularly vulnerable group, as 80% of them do not meet international physical activity recommendations. Barriers to physical activity in young people are extensive, including lack of health education and increasing use of technology. The IFMSA emphasizes the importance of recognizing youth as a key target population in the implementation of measures to promote physical activity. It invites education ministries and institutions to promote physical activity in schools and implement sufficient sports periods. She also called all stakeholders for multisectoral investments in sports-adapted infrastructures like cycling and pedestrian roads.
Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (*Agenda item 9.3*, *SEA/RC69/R6*)

210. The Committee reiterated the vulnerability of the Region to emergencies caused by various hazards. Ten years since the establishment of SEARHEF, the Committee reiterated the pivotal role played by the Fund in providing immediate financial support for the first three months following a disaster occurring in a Member State to meet urgent health needs, support emergency field operations and fill in critical funding gaps.

211. The Committee also noted that since its inception, the Fund has facilitated immediate and flexible responses to 37 emergencies in nine Member States of the Region. In the current biennium (2018–2019), SEARHEF has supported two emergency operations: for the establishment of a laboratory in Cox’s Bazar, Bangladesh, to undertake basic diagnostics for the displaced Rohingya population, and for providing support towards the establishment of mobile clinics in Rakhine State, Myanmar to provide essential health services to the conflict-affected population.

212. Till date, SEARHEF has disbursed a total of US$ 5.9 million since its inception in 2008. Member States reaffirmed their active role in the SEARHEF Working Group to support the efficient management of the Fund.

213. The Committee also recalled that during its Sixty-ninth session, several Member States had endorsed resolution *SEA/RC69/R6* on the creation and funding of a “preparedness stream” to strengthen key areas such as disease surveillance, public health emergency operations centres, capacity-building of the health emergency workforce and health emergency teams, IHR Core Capacities and SEA Region Benchmarks for emergency preparedness and response. It expressed satisfaction with the progress made on this. The Committee appreciated the voluntary contribution of US$ 200 000 by Thailand to the SEARHEF preparedness stream established by resolution *SEA/RC69/R6*, and encouraged further contributions from Member States for the preparedness stream.

**2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (Agenda item 9.4, *SEA/RC64/R3*)**

214. The Committee noted the Secretariat’s progress report on intensification of routine immunization in the Region. A strong commitment of Member States had resulted in significant improvements in immunization coverage in countries of the Region. Seven countries had achieved 90% or more coverage with the third dose of
diphtheria, pertussis and tetanus (DPT3) vaccine in 2017. These include Bangladesh, Bhutan, DPR Korea, Maldives, Nepal, Sri Lanka and Thailand.

215. The Committee also noted that improvements in immunization coverage had contributed to the maintenance of a polio-free status and the sustenance of elimination of maternal and neonatal tetanus in the Region, as well as to the progress being made towards measles elimination and rubella and congenital rubella syndrome control in several Member States. The Committee recognized that several Member States in the Region have introduced, or are in the process of introducing, new and underutilized vaccines such as the inactivated poliovirus vaccine (IPV), rotavirus vaccine, rubella vaccine and the human papillomavirus (HPV) vaccine.

216. The Committee noted the technical support being provided by WHO to Member States for improving immunization coverage. It further requested WHO to continue to provide strategic technical support to Member States for improving immunization coverage, including for increased demand generation and to overcome the challenge of vaccine hesitancy. It also requested coordination by WHO to ensure uninterrupted supplies of IPV to Member States of the Region in the context of a globally constrained supply of IPV.

**Governing Body matters (Agenda item 10)**

**Nomination of the Regional Director (Agenda item 10.1)**

217. Considering Article 52 of the Constitution of the World Health Organization and in accordance with Rule 49 of the Rules of Procedure of the Regional Committee,
the Director of Administration and Finance read out the resolution adopted by
the Committee in its private meeting nominating Dr Poonam Khetrapal Singh
as Regional Director of the WHO South-East Asia Region (SEA/RC71/R1) for a
second term commencing 1 February 2019.

218. The Committee also requested the Director-General, Dr Tedros Adhanom
Ghebreyesus, to propose to the Executive Board the re-appointment of Dr Poonam
Khetrapal Singh for a second term starting from 1 February 2019.

219. The Regional Director Re-elect, Dr Poonam Khetrapal Singh, thanked Member
States for the faith reposed in her leadership for a second time. Accepting the renewed
mandate, she highlighted that this was a “critical” time for public health in the
Region as well as globally. In this context, she reiterated the particular relevance
of her Flagship Priority Programmes, the Strategic Priorities of GPW13, and the
Transformation Plan of the Director-General. Calling the GPW13 “results-oriented”,
Dr Poonam Singh said that “there are many commonalities in the GPW13, the
SDGs and the Flagships”.

220. The Regional Director Re-elect also thanked the Director-General for his vision
and support to the Region, and expressed confidence that under his leadership “each
individual of this world has more to look forward to in health”.

221. The Regional Director charted the roadmap for her second term, enunciating
the three focus areas for the SEA Region during the next five years:

- to sustain what has already been achieved in her first term since 2014;
- to accelerate health actions in the Region to reach the Sustainable
  Development Agenda goals; and
- to innovate and seek new science and technology in WHO’s work in public
  health.

With a firm focus on these three areas, Dr Poonam Singh said, the SEA Region
will move forward rapidly in meeting its stated goals and achieving health targets.

222. She concluded by thanking Member States for their confidence in her leadership
and welcomed the opportunity to take forward “our shared vision”.

223. The Director-General expressed his “joy and delight” in the nomination of
Dr Poonam Khetrapal Singh, and congratulated her on her leadership. “I am not
surprised by this,” he said, “since all Member States have great confidence in you
and trust and respect you for good reason.”
224. Dr Tedros said that since assuming office as Director-General in May 2017, he has admired the Regional Director for her “dedication, energy, wisdom and experience in public health”, and thanked her for her “wise advice” and the key role played by her in the Global Policy Group of WHO’s central leadership.

225. Calling the re-election of the first woman Regional Director of South-East Asia “well-deserved”, Dr Tedros said Dr Poonam Singh’s insights are invaluable “as we build WHO for the future”. He congratulated the Regional Director for the extraordinary results she has been able to deliver on many fronts amid the existing challenges in the Region, which is home to a quarter of the world’s population but bears a disproportionate burden of disease. “With the clear vision of the Flagship Priority Areas that you started, you have delivered results,” he said.

226. Dr Tedros then went on to highlight the significant public health achievements by Member States in the Region since Dr Poonam Singh assumed office in 2014: the extraordinary reduction in maternal and under-five mortality; the transformation of the health workforce under the principles of UHC; the elimination of yaws, trachoma and other neglected tropical diseases by many countries of the Region; the freedom from malaria and control of rubella and measles in others; the national action plans on AMR in nine Member States; the better preparedness levels against emergencies; and the strong commitment demonstrated against TB at head-of-government level. He also welcomed the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond as a driver to increased spending on medical products.

[For full text of the Director-General’s remarks see Annex 7]

227. The Committee commended the excellent work and visionary leadership of the Regional Director during her first term and unanimously commended her re-election.

228. The honourable Minister of Health from India thanked all Member States for their unequivocal support to the nomination, and commended Dr Poonam Singh’s excellent leadership, which was evidenced by the fact that the nomination was uncontested and unanimous. India expressed the hope that under the leadership of Dr Poonam Singh, the SEA Region would emerge as the “top performer among all WHO regions globally”, and expressed confidence that she would continue to lead the Region to greater heights.

229. The honourable minister from Bangladesh attributed the nomination to Dr Poonam Singh’s able leadership, lauded her for the Flagships and for her success
in “conquering Flagship target after target”. He, in particular, complimented her for not ignoring the unfinished MDG agenda.

230. Bhutan expressed confidence that South-East Asia will witness another period of “unparalleled gain” in all facets of public health during her second term, and make conspicuous gains in achieving UHC.

231. The Democratic People's Republic of Korea lauded the Regional Director’s “unwavering determination” and thanked her for not failing the expectations of any Member State, which ultimately translated into remarkable health gains for the Region. Under Dr Poonam Singh’s leadership, the SEA Region became a more influential player in the field of global public health.

232. The honourable minister from Indonesia credited Dr Poonam Singh with making WHO “more responsive”, and lauded the Flagship Programmes in particular, which, she said, were an effective tool to achieve the SDG health targets.

233. Maldives unequivocally reiterated that the emergence of a more responsive WHO was significantly due to her “strong leadership”, and expressed confidence about her renewed commitment to secure the health and well-being of the people of the Region.

234. The honourable minister from Myanmar said the vision of the Regional Director “will soon be reality” and is on the right track to propel the Region as the most accomplished of WHO’s regions. He promised full cooperation and collaboration with the Organization.

235. The honourable Deputy Prime Minister of Nepal recalled the “extraordinary support” received by the people of his country from the Regional Office under the stewardship of the Regional Director, particularly during the extenuating circumstances of the earthquake of 2015.

236. The honourable minister from Sri Lanka called Dr Poonam Singh “a lady with a vision” and commended her leadership, especially in handling public health crises and in articulating a strong regional voice in the global health agenda.

237. Thailand commended Dr Poonam Singh for the excellent public health achievements in the Region recorded under her leadership, and said that the successes “also bear testimony to the trust that Member States have reposed in her”, expressing confidence that the Region will accelerate its work with UHC in her second term.
238. Timor-Leste thanked the Regional Director for WHO’s support in the control of malaria and rubella and the elimination of measles, and declared that Member States as well as the Region will “continue to benefit from her vision and leadership”.

239. The Committee adopted resolution SEA/RC71/R1 on “Nomination of the Regional Director”.

**Key issues arising out of the Seventy-first World Health Assembly and the 142nd and 143rd Sessions of the WHO Executive Board (Agenda item 10.2, SEA/RC71/14 Rev.1)**

240. The Committee noted, from the perspective of the SEA Region, the significant and relevant resolutions adopted, decisions endorsed and Agenda items discussed at the Seventy-first World Health Assembly and the 142nd and 143rd sessions of the WHO Executive Board. These resolutions, decisions and Agenda items relate to a range of health matters and to programme, budgetary and other financial matters. These issues are deemed to have important implications for Member States of the WHO SEA Region and merited follow-up action by both Member States as well as the Organization at the regional and country levels.

241. The Committee reviewed the Working Paper (SEA/RC71/14 Rev. 1) and the addendum to this Working Paper (SEA/RC71/13 Add. 1), which provided the summary report of the Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change, held in New Delhi, India on 23–24 August
2018 (SEA/RC71/14 Add1), and agreed with the proposed actions on these Agenda items both on the part of Member States as well as WHO at the regional and country levels. The Committee adopted a decision on this matter (SEA/RC71(1)).

242. It also considered the recommendations made by the HLP Meeting and agreed that WHO could play the role of facilitator in taking forward many of the important Agenda items, while continuing to support Member States in the implementation of the resolutions and strategic plans of action.

243. The Committee acknowledged the collaborative efforts on access to medicines and welcomed the adoption of the Delhi Declaration on Improving Accessibility of Medical Products in the Region and Beyond. The Committee was informed of the discussions in the 143rd Executive Board meeting, which had not made any additional comments on the agenda. Other issues mentioned were active participation by Member States in knowledge management initiatives that WHO may convene and mechanisms for access to drugs such as antidotes. The Committee observed that more focus on the prevention and control of NCDs and on continuous monitoring of multisectoral action plans to address risk factors may be needed. It also welcomed facilitation by the Region on the “Regional One Voice” and considered the approach to be successful.

244. The Committee noted with appreciation the progress cited, by respective Member States, in the successful implementation of measures related to resolutions and other issues deemed to be of importance to the Region. The Committee looked forward to the renewed leadership of the Regional Director in the implementation of resolutions through WHO’s continued support to ministries of health.
245. The Secretariat was encouraged by the way Member countries were pursuing resolutions and decisions of the Executive Board, World Health Assembly and Regional Committee, and reiterated its continued support for facilitating countries’ participation in Governing Body meetings and regional solidarity through the Regional One Voice.

246. The Committee welcomed the development of the draft Global Strategy on Health, Environment and Climate Change and drew attention to the need to phase out the use of mercury-containing medical equipment, and the impact of climate change on waterborne and vector-borne diseases.

247. Noting the draft Decision proposed by Maldives, which was supported by Thailand and other Member States, for consideration, the Regional Committee decided to request the Regional Director to submit the summary report from the WHO SEA Regional Consultation on the draft WHO Global Strategy on Health, Environment and Climate Change, held on 23–24 August 2018 in New Delhi, to the Director-General as required by the Executive Board Decision EB142(5) and further requested the Regional Director to develop a draft regional plan of action for the WHO Global Strategy on Health, Environment and Climate Change in consultation with Member States. It was noted that the final draft report had just been completed and this final revised version is what should be forwarded to WHO headquarters for consideration and incorporation into the draft Global Strategy [see Decision SEA/RC71(1)].

248. The Secretariat informed the Committee that as per Decision EB140(9) and World Health Assembly resolution WHA70.15 on Promoting the Health of Refugees and Migrants, it was requested that a draft Global Action Plan be prepared on promoting the health of refugees and migrants and submitted to the Seventy-second World Health Assembly in May 2019 through the 144th Session of the Executive Board in January 2019. This had also been discussed by the Seventy-first World Health Assembly this year in the form of a progress report on the health of refugees and migrants.

249. The Committee was informed that, accordingly, a draft Global Action Plan has been prepared by WHO headquarters, and this draft is currently receiving comments from Member States and partners. Geneva-based missions were informed of this draft in August 2018 along with a weblink with guidance on online consultation. The deadline for submission of comments through this web consultation process is 15 September 2018.
250. A copy of the draft Global Action Plan and online consultation and related documents were provided to the delegates and they were invited to comment on these for incorporation through web consultation in coordination with their Geneva-based permanent missions to the UN.

**Review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board (Agenda item 10.3, SEA/RC71/15)**

251. The Committee was informed that the 144th Session of the WHO Executive Board will be held at WHO headquarters in Geneva from 24 January to 1 February 2019. Any proposal from a Member State or Associate Member of WHO to include an item on the Agenda should reach the WHO Director-General not later than 12 weeks after the circulation of the Draft Provisional Agenda or 10 weeks before the commencement of the Session of the Executive Board, whichever is earlier. Proposals should, therefore, reach the Director-General by 18 September 2018.

252. Following its noting by the HLP Meeting, the Draft Provisional Agenda of the 144th Session of the WHO Executive Board was placed before the Committee for its review, comment and noting as appropriate. The Committee noted the Draft Provisional Agenda of the 144th Session of the WHO Executive Board.

253. The Committee expressed the need to take concrete actions for effective participation by Member States in the UN General Assembly High-Level Meeting
on Universal Health Coverage to be convened in September 2019. Appreciating the Regional One Voice management as very successful, the Committee observed that it was important to see that WHO and Member States are well prepared to echo the Regional Voice on the global platform.

254. Upon review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board, the Committee decided to endorse the proposal by Member States for inclusion of an item on “Preparation for the High-Level Meeting of the General Assembly on Universal Health Coverage” for inclusion in the Provisional Agenda of the 144th Session of the WHO Executive Board, and requested Member States to support Thailand in submitting a proposal with a Concept Note on behalf of the SEA Region in a timely manner for the consideration of the officers of the Executive Board [see Decision SEA/RC71(2)].

**Elective posts for Governing Body meetings (WHA, EB and PBAC) (Agenda item 10.4)**

255. The Committee was informed that a number of elective posts for Governing Body meetings were due to be filled by Member States of the SEA Region.

256. For the Seventy-second World Health Assembly in May 2019, the posts of Vice-President, Vice-Chairperson of Committee B, Member of the General Committee and Member of the Committee on Credentials are available to be filled on a rotational basis by countries of the Region. The Committee unanimously accepted the proposal that Bhutan be nominated for the post of Vice-President of the World Health
Assembly, Maldives for the post of Vice-Chairperson of Committee B, Myanmar for the post of Member of the General Committee and Indonesia for the post of Member of the Committee on Credentials.

257. For the 145th Executive Board meeting in May 2019, one of the three posts that are allocated for Member States from the SEA Region will become available, along with the post of Vice-Chairperson. It was proposed that Bangladesh be nominated as one of the Member States from the SEA Region in place of Bhutan whose term ends in May 2019, and that Sri Lanka be nominated as Vice-Chairperson. These proposals were unanimously accepted by the Committee.

258. Two Member States of the Region – Sri Lanka and Indonesia – are current members of the Programme, Budget and Administration Committee (PBAC), with their terms due to expire in May 2019 and May 2020, respectively. The proposal to nominate Bangladesh for a term of two years in place of Sri Lanka was unanimously accepted by the Committee.

Management and Governance matters (Agenda item 11, SEA/RC70/16)

Management performance and reform in the South-East Asia Region (Agenda item 11.1, SEA/RC71/16)

259. The Committee was provided with an overview of the initiatives undertaken by the Organization to become more effective and accountable and, in particular, the tangible results achieved by the SEA Region in its efforts to strengthen management and programmatic performance since 2014.

260. The Committee was further informed that the SEA Region has been taking focused measures to continuously improve the level of support it provided to its Member States, strengthen partnerships, lead the global public health agenda, and make WHO a more effective, efficient, transparent and accountable Organization. The Region has made tangible progress in the areas of programmatic compliance, governance initiatives, transparency and accountability, as well as in health emergencies.

261. The Committee appreciated the various initiatives implemented in the Programmatic, Governance and Managerial categories that have greatly improved the overall compliance, accountability and transparency levels in the SEA Region. The Committee recognized the successful efforts made to strengthen the capacity of WHO country offices to work with implementing partners to deliver on the country and global public health priorities.
262. The Committee also observed the enhanced focus on matching financing and staffing to priorities and emerging requirements, thus resulting in the stronger positioning of the SEA Region in its contribution to GPW13 and the Director-General’s Transformation Agenda.

263. Referring to the positive experience with the process carried out to sunset several previous resolutions, the Secretariat stated that the periodic review of Regional Committee resolutions is planned during the course of the year. The Committee acknowledged that this process contributes greatly to improved efficiency and effectiveness of the working of the Regional Committee by enabling it to place greater focus on topical health agendas, and stated that this has also been recognized by WHO headquarters and other regional offices as a best practice that can be replicated elsewhere.

264. In addition, the Secretariat provided an update on the programme for health emergencies preparedness undertaken for Member States, and in this context, noted that capacity-building for readiness is one of the main outputs of GPW13.

265. The Committee commended the leadership of the Regional Director, which has resulted in improved positioning of the Region in both financial accountability and technical health agendas. It reaffirmed that this continued vision, through the Regional Director’s Flagship initiatives, will benefit all Member States and bring in the required transformation envisioned by the Director-General for WHO worldwide.

Status of the SEA Regional Office Building (Agenda item 11.2, SEA/RC71/17)

266. The Committee was updated on the progress of the SEA Regional Office Building project since its Seventieth session, specifically with regard to the relocation to temporary “swing” spaces and the status of the reconstruction project.

267. The Chair expressed appreciation for the generous contribution of US$ 35.4 million (Indian Rupees 228 crore) made by the Government of India towards this effort, and the
financial support of US$ 1.25 million received from Maldives, Sri Lanka, Thailand and Timor-Leste. The additional financial support received from Maldives in 2018 was noted with appreciation. The Chair urged all Member States to contribute towards this important project.

268. The Committee was informed that the Regional Office was relocated to a temporary “swing” space in central Delhi’s business district on 14 May 2018 in a smoothly executed transition and that the Regional Office would be located in this swing space till the new building is ready.

269. The Government of India has appointed the National Buildings Construction Company (NBCC) for management of the reconstruction project. The Committee was informed of the progress already achieved in designing the building, which aims to be an iconic landmark of Delhi and is planned to be built as an energy-efficient, green and healthy workspace. The Regional Office, Government of India and NBCC are working in collaboration to adhere to the agreed timelines and the Committee was informed that the new building is expected to have the highest green ratings for civil construction projects.

270. The Secretariat thanked the Ministry of Health and Family Welfare, Government of India, for engaging WHO in every step of this important project, and ensuring that this will continue through a tripartite agreement between the Ministry, WHO and the designated construction company.
271. The honourable State Minister from Bangladesh also informed the Committee that his Government will contribute funds to the Regional Office building project, and an official announcement to this effect will follow. Bangladesh will also provide office space for the WHO Country Office in the newly constructed building of the Directorate-General of Health Services in Dhaka.

272. The Committee was informed that a coffee-table book is being finalized as a pictorial memoir of the journey of the old office building, World Health House, wherein photographs of all the artwork, artefacts and gifts from Member States will be featured. The book is proposed to be released when the foundation stone of the new building is laid. Additionally, the publication commemorating the seventieth anniversary of the Organization – *A healthier South-East Asia: 70 years of WHO in the Region* – that was released during the inaugural session, also contains a wide selection of photographs of gifts from Member States.

273. The Secretariat informed that the artwork and artefacts are being carefully preserved for repositioning in the new office building, and that specially qualified architects and artists are helping to this effect.

274. The Committee requested the Secretariat to continue to provide regular updates on the status of the Regional Office Building reconstruction project through this forum.

**Special Programmes (Agenda item 12)**

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2018 and nomination of a Member in place of Maldives whose term expires on 31 December 2018

*(Agenda item 12.1, SEA/RC71/18)*

275. The Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases Research (TDR) acts as the governing body of the Special Programme and is responsible for its overall policy and strategy.

276. The Committee was informed that currently Maldives represents the WHO SEA Region until 31 December 2018 under Paragraph 2.2.2 of the memorandum of understanding (MoU).

277. The Committee **unanimously nominated** Myanmar under Paragraph 2.2.2 as a member of the JCB for a four-year period starting from 1 January 2019 to 31 December 2022 to replace Maldives.
278. The Committee also noted the membership of Sri Lanka under Paragraph 2.2.3 for a period of four years from 1 January 2019 to 31 December 2022.

279. The Committee also considered the report on attendance at the JCB in 2018.


280. The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction.

281. The Committee was informed that currently three Member States from the WHO SEA Region (Bhutan, Myanmar and Sri Lanka) are Members of the PCC in Category 2, while India and Thailand continue to be Members of the PCC in Category 1.

282. All PCC members attended the last PCC meeting in Geneva held during 20–21 March 2018 and the report was submitted to the Regional Committee.

283. Since the term of office of Myanmar ends on 31 December 2018, the Regional Committee was requested to consider proposing one of the Member States of the Region to serve on the PCC for a three-year term of office starting 1 January 2019. Sri Lanka proposed Nepal for the post, and Bangladesh seconded it. The Regional Committee **unanimously accepted** the proposal and requested the Regional Director to inform WHO headquarters accordingly.

**Time and place of future sessions of the Regional Committee (Agenda item 13, SEA/RC71/20)**

284. Opening the agenda item for discussion, the Chair invited the Legal Counsel to provide an update on the subject. The Legal Counsel informed the Committee about the various UN sanctions in place in respect of the Democratic People’s Republic of Korea that may have an impact on the proposal to hold the Seventy-second session of the Regional Committee in Democratic People’s Republic of Korea.
285. The Secretariat had written to the relevant Security Council Sanctions Committee to inform them of the earlier invitation by DPR Korea to hold the Regional Committee session in 2019 in that country. The response from the Sanctions Committee had made it clear that exemptions would need to be sought and granted before the proposed session could be planned and held in DPR Korea. The extent of the exemptions required would need to be assessed but would, by way of example, at least include requests for importation of IT equipment and hard currency, and in respect of the participation by some or all participants from outside DPR Korea. Other exemptions may also be required.

286. The Committee was further informed that the Sanctions Committee had made clear that the requested exemptions might not be granted, in which case holding the Regional Committee session in DPR Korea would violate the sanctions obligations and the meeting would not be able to take place. Requesting exemptions would require detailed information on multiple aspects of the proposed session to be provided by DPR Korea and discussed with the Regional Office.

287. Following the update from the Secretariat, the meeting was suspended for some time for internal discussions between the Member States. Thereafter, the Democratic People’s Republic of Korea reaffirmed its invitation to hold the Seventy-second Session of the Regional Committee in Pyongyang in September 2019.

288. Following further discussions within the Committee, and on being informed by the Legal Counsel, it was suggested that the relevant clearances should be sought from the Sanctions Committee. Accordingly, the Seventy-second Session would be held in Pyongyang subject to obtaining such clearances. In the absence of such clearance, a Special Session of the Regional Committee will be held in March 2019 to further discuss the matter.

289. A draft Decision (SEA/RC71(3)) to this effect was finalized and read by the Chair with the agreement of the Committee. The decision of the Committee is appended to this report [see Decision SEA/RC71(3)].

290. At the end of the plenary session, the honourable Chairperson informed the Committee that neither the Chair nor the Co-Chair would be available on the last day of the session, 7 September. He proposed the name of Ms Kinley Yangzom, Interim Adviser to the Ministry of Health, Royal Government of Bhutan, as Chair for the closing plenary session. The proposal met with unanimous approval.
Adoption of resolutions *(Agenda item 14)*

291. The Committee, having already adopted the resolution on Nomination of the Regional Director (SEA/RC71/R1) at its private session, considered and adopted the following five resolutions and three decisions prepared by the Drafting Group on Resolutions.

Resolutions

- Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond (SEA/RC71/R2)
- Proposed Programme Budget 2020-2021 (SEA/RC71/R3)
- Intensifying Activities Towards Control of Dengue and Elimination of Malaria in the South-East Asia Region (SEA/RC71/R4)
- Strengthening Emergency Medical Teams (EMTs) in the South-East Asia Region (SEA/RC71/R5)
- Resolution of Thanks (SEA/RC71/R6)
Decisions

- Draft Global Strategy on Health, Environment and Climate Change (SEA/RC71(1))
- Review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board (SEA/RC71(2))
- Time and Place of future Sessions of The Regional Committee (SEA/RC71(3))

Adoption of the report of the Seventy-first Session of the Regional Committee (*Agenda item 15*)

292. The draft report of the Regional Committee was taken up for consideration and adoption. As suggested by the Chairperson, it was considered item by item by the distinguished delegates, and select changes and amendments were proposed to certain sections, which were accepted by consensus. The report of the Seventy-first Session of the Regional Committee was adopted with minor amendments.

Closing session (*Agenda item 16*)

293. The Chair for the concluding plenary session, Ms Kinley Yangzom, Interim Adviser to the Ministry of Health, Royal Government of Bhutan, invited participants to make statements before the Regional Director, Dr Poonam Khetrapal Singh, delivered her concluding address.

294. In their closing remarks, Member States thanked the Government of India and the WHO Regional Office for South-East Asia for hosting the Ministerial Roundtable and the Seventy-first Session of the Regional Committee, respectively, and deeply appreciated the warm hospitality and excellent arrangements. They also expressed their delight over the renomination of the Regional Director, Dr Poonam Khetrapal Singh, for a second term. They valued her dynamic and far-sighted leadership and clear vision, and her choice of the Flagship Priority Areas, which were extremely relevant for the Region.

295. Member States also lauded the Regional Director for her continued attention to neglected tropical diseases, several of which have been eliminated in the Region, and in individual countries. Many Member States thanked the Regional Office for the technical and other support they had received. Many requested further support for health systems strengthening.
296. Member States appreciated the opportunity provided by the Regional Committee session to exchange ideas in order to continue to work in harmony for the betterment of health of all the people of the Region. They also thanked the Chair and Co-Chair for steering the meeting ably and purposefully.

297. The Regional Director, Dr Poonam Khetrapal Singh, thanked the participants for reposing faith in her leadership and re-electing her as Regional Director. She expressed satisfaction at the immensely successful Seventy-first Session of the Regional Committee. She said that the Region had refined its trajectory and seized the many opportunities that had come its way.

298. Several groundbreaking resolutions were passed, including the Delhi Declaration, which would improve access to essential medical products for almost two billion people regionwide. A number of critical decisions were also made. A series of Side-events were held, including in preparation for the two High-Level meetings at the UN General Assembly later in September. This would ensure that the Region’s voice is amplified on the global stage, she said.

299. Dr Poonam Singh expressed her sincere gratitude to His Excellency Mr Jagat Prakash Nadda, honourable Minister of Health and Family Welfare, Government of India, for the contribution of his team towards the success of the event. She also thanked the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for the energy and ideas he brought to the Committee. She thanked the team from WHO headquarters for their valuable inputs. She thanked the Chair, His Excellency Mr Jagat Prakash Nadda, and the Co-Chair, His Excellency Mr Upendra Yadav, for the excellent manner in which they conducted the meeting.
300. She thanked the ministers and delegations from each Member State for the time and effort they had put into preparing for this event. She also thanked the Regional Office Secretariat for their hard work in ensuring a seamlessly productive meeting, as well as the Taj Hotel for the outstanding effort in ensuring a smooth working environment. She concluded by saying that she was sure that the Region would go from strength to strength in advancing health and well-being for all across South-East Asia.

[For full text of the Regional Director’s concluding remarks, see Annex 8]

301. The Committee was also informed by the Director, Administration and Finance, that this session was even greener than the previous one, which had reduced the use of paper by 75% to 25 reams. This time, less than 12 reams of paper were used, which is equivalent to about half a standard tree. This was achieved by not printing any working papers and Daily Session Journals, and the further improvement was thanks to the efforts of the participants. The mobile app was used by 213 users on 217 devices. The mobile app activity feed kept participants informed of the latest schedules and programmes. The nature walks and daily physical activities were also coordinated via the mobile app.

302. The Chairperson for the Closing session, Ms Kinley Yangzom, Interim Adviser to the Ministry of Health, Royal Government of Bhutan, expressed her appreciation of the useful, in-depth discussions on vital issues, and the fruitful decisions and resolutions adopted in an atmosphere of cordiality. She thanked the Chair, H.E. Mr J.P. Nadda and the Co-Chair, H.E. Mr Upendra Yadav, for their participation. She also appreciated the hard work of the resolution Drafting Group and Secretariat.

303. She expressed her deep appreciation to Dr Tedros Adhanom Ghebreyesus, Director-General, WHO and the senior management from WHO headquarters for their valuable contributions to the Regional Committee. She acknowledged the hard work and dedication of the WHO Secretariat, and conveyed the Regional Committee’s appreciation to the Regional Director, Dr Poonam Khetrapal Singh, for effectively guiding the work of the Region, and congratulated her on her re-election. She wished all delegates a safe journey, and hoped they would return to their countries with greater determination to improve the health of the people. She then declared the Seventy-first Session of the Regional Committee closed.
Resolutions and Decisions

Resolutions

SEA/RC71/R1 Nomination of the Regional Director

The Regional Committee,

    Considering Article 52 of the Constitution of the World Health Organization; and

    In accordance with Rule 49 of the Rules of Procedure of the Regional Committee,

1. NOMINATES Dr Poonam Khetrapal Singh as Regional Director for the South-East Asia Region, and

2. REQUESTS the Director-General to propose to the Executive Board the re-appointment of Dr Poonam Khetrapal Singh from 1 February 2019.

SEA/RC71/R2 Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond

The Regional Committee,

    Having considered the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond;

    ENDORSES the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond, annexed to this Resolution;

1. URGES Member States to implement the Delhi Declaration; and

2. REQUESTS the Regional Director to harmonize the progress report on implementation of this Declaration in line with SEA/RC70(1).
Delhi Declaration

Improving Access to Essential Medical Products in the South-East Asia Region and Beyond

We, the Health Ministers of the Member States of the WHO South-East Asia Region participating in the Seventy-first session of the WHO Regional Committee for South-East Asia in New Delhi, India

Acknowledging access to effective, safe, quality and affordable medical products (medicines, vaccines, diagnostics and medical devices) is vital to achieving Universal Health Coverage (UHC) and the 2030 agenda of Sustainable Development Goals (SDGs).

Concerned that, despite overall progress, challenges remain in providing the right medical products at the right time to those in need, and availability often varies in health-care facilities, and that significant levels of preventable human suffering result from people not receiving the essential healthcare they need, or being impoverished as a result of high out-of-pocket payments.

Acknowledging there are unique strengths in the Region in that several countries are major manufacturers of medical products, especially generic medicines, while certain countries source their entire medical products externally.

Reaffirming commitments by Member States in Regional Committee and World Health Assembly resolutions to improve accessibility and affordability by action on strengthening national policies, regulation, rational use, supply chain management, capacity to leverage intellectual property and trade for public health and building on SEA/RC70(3) decision on access to medicines and WHA71(8) addressing the global shortage of, and access to, medicines and vaccines.

HEREBY agree to the following:

1. Reaffirm our commitment to attain universal accessibility and affordability of essential medical products by 2030 for achieving UHC and the SDG 2030 agenda and in particular health related goals.

2. Leverage the strengths of the Region and its role as a major manufacturer of essential medical products especially generic medicines to improve accessibility and affordability within SEAR Member States and beyond.
3. Allocate sufficient financial resources to ensure universal accessibility and affordability of essential medical products as part of overall health financing strategies to support UHC and reduce out-of-pocket payments.

4. Continue the momentum to strengthen regulatory cooperation and collaboration to improve the availability, quality and safety of essential medical products through the South-East Asia Regulatory Network (SEARN).

5. Encourage regional information sharing on availability, price and quality of the medical products, and best practices in strategic price negotiations for greater value for money for essential medical products.

6. Develop an effective, transparent and participatory mechanism for regional price negotiation and/or pooled procurement with good logistics to ensure accessibility and affordability of essential medical products for life threatening and rare diseases and those that are needed in small quantities including but not limited to antidotes, antitoxins and anti-venoms.

7. Promote development of an essential medical products list, in particular essential diagnostics list, for all levels of health care facilities, towards achieving UHC for improved patient care, affordability of quality tests, regulation, and greater capacity to diagnose diseases during outbreaks and strengthened capabilities of national laboratories.

8. Promote appropriate use of medical products especially antimicrobials in the community and in health facilities, through integrated measures including but not limited to education and training of the health care professionals to reduce irrational use and antimicrobial resistance.

9. Encourage management of intellectual property and trade rules and full use of TRIPS flexibilities for enhanced accessibility and affordability of new medical products, including new therapies, for priority diseases in the Region including tuberculosis, hepatitis and cancer.

10. Promote innovation and investment in R&D including for neglected diseases, encourage use of practically oriented health research, network of clinical sites, testing facilities for affordable medical products.

11. Promote health information and logistics management systems to improve accountability and transparency of data on accessibility and affordability, for greater value for money of pooled and/or general procurement of essential medical products, and track progress towards improved access to essential medical products by the population.
Welcome and appreciate the continued support of the WHO Director-General and the Regional Director for South-East Asia to improve accessibility and affordability of essential medical products within the Region and beyond.

New Delhi, India, 4 September 2018

SEA/RC71/R3 Proposed Programme Budget 2020–2021

The Regional Committee,

HAVING CONSIDERED the high-level Proposed Programme Budget 2020–2021, which translates the bold vision and strategy of the Thirteenth General Programme of Work 2019–2023 into concrete actionable plans that lead to results and impacts,

FURTHER NOTING that the Programme Budget 2020–2021 is being developed subsequent to, and not alongside, the adoption of the Thirteenth General Programme of Work, thereby ensuring that the bottom-up country prioritization is the foundation for its development,

RECOGNIZING the importance of a consultative and iterative process with Member States that builds on prioritization and bottom-up planning taking into account previous experiences related to needs-based and results-driven planning and budgeting, and also reflecting the Regional Flagship Priority Areas, which in effect are a reflection of country priorities, for driving impacts at country level,

ALSO NOTING that the total Base Budget allocation for the Region has increased by US$ 104.7 million, of which about one third is aimed at increasing in-country capacity and data and innovation, while the other two thirds are for the transition of polio functions,

ENDORSing the recommendations of the Eleventh Meeting of the Sub-Committee on Policy and Programme Development and Management in August 2018 on the Draft Proposed Programme Budget 2020–2021,

1. URGES Member States:

   (a) to continue active participation in the discussions related to the Programme Budget at the country, regional and global levels; and
2. REQUESTS the Regional Director:

(a) to continue working with Member States to develop the Programme Budget 2020–2021 and country support plans to implement the Thirteenth General Programme of Work;

(b) to convey the following views of the Regional Committee to the Director-General for his consideration while finalizing the Proposed Programme Budget 2020–2021:

(i) support the overall proposed Budget envelope of US$ 393.5 million in the Base Budget of the SEA Region, acknowledging the emphasis on building country capacity;

(ii) commend the proposed shifts in the high-level Programme Budget to regions and countries and encourage the Secretariat to continue this practice, consistent with the guiding principles and strategic shifts of the Thirteenth General Programme of Work;

(iii) take into account the disease burden and population size of the Region in the development of the full Programme Budget 2020–2021 and future Programme Budgets;

(iv) continue engaging Member States in the finalization of the Thirteenth General Programme of Work impact framework targets and its accountability framework; and

(c) to continue supporting the corporate resource mobilization efforts, particularly to attract un-earmarked funds and other voluntary contributions, to effectively respond to country and regional programmatic priorities.

**SEA/RC71/R4 Intensifying Activities Towards Control of Dengue and Elimination of Malaria in the South-East Asia Region**

The Regional Committee,

RECOGNIZING that malaria and dengue are two diseases that pose a continuing threat to public health in the SEA Region and challenge our Member States in achieving the Sustainable Development Goals,
ACKNOWLEDGING the existing political engagement for malaria elimination efforts, reflected in the commitment of the Ministers of Health to achieve a malaria-free South-East Asia Region by 2030; the launch and roll-out of the National Framework for Malaria Elimination 2016–2030; and the National Strategic Plan 2017–2022 in India; intensified subnational malaria elimination efforts in Indonesia; and the implementation of the cross-border Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030),

ACKNOWLEDGING that maintaining the malaria-free status achieved by some Member States in the Region and supporting the elimination programmes embarked upon by some Member States require effective strategies to be implemented by all Member States,

RECALLING the Dhaka Declaration on Vector-borne Diseases in 2014 and realizing that advocacy should be directed towards adequate resource mobilization and adoption of appropriate and timely vector control measures, with special attention to dengue,

NOTING that the *Aedes* mosquito transmitting dengue is also responsible for transmission of other diseases such as chikungunya and Zika virus disease, and that adopting a holistic and integrated vector control approach in line with the Global Vector Control Response (GVCR) will have benefits on multiple diseases transmitted by the same vector,

1. **URGES Member States:**

   (a) to translate political commitment into action on the ground, elevating the priority given to malaria elimination and dengue control through advocacy efforts, support at the grassroots level, as reflected in advocacy plans and through the empowered national multisectoral task forces or similar bodies;

   (b) to generate strategic malaria- and dengue-related health and non-health data (including case-based data with geo-mapping), and use this data to drive both national and subnational planning and implementation;

   (c) to prioritize local responses, through the adoption of subnational frameworks for the control of dengue and elimination of malaria that are aligned with national strategic plans, recognizing the fact that progress is often achieved with ownership by provinces and districts;
(d) to mobilize essential resources for malaria elimination and dengue control, informed by a needs assessment at both national and subnational levels;

(e) to operationalize cross-border collaboration on malaria elimination, using data visualization platforms, to facilitate complementary action in response to active, cross-border transmission, and through developing an action plan with measurable indicators that includes mapping of population mobility, exchange of data and information on malaria cases, drug and vector resistance, and strengthened district programmes through linking district-to-district plans and country-to-country plans, facilitated by WHO;

(f) to participate, as needed, in regional public procurement, regional stockpiles or regulatory cooperative mechanisms (such as the South-East Asia Regulatory Network) to secure adequate, quality-assured supplies of diagnostics, treatments and vector control commodities for malaria elimination and dengue control; and

2. REQUESTS the Regional Director:

(a) to support building joint efforts among Member States for planning and implementing evidence-based strategies;

(b) to support Member States in providing information on best practices for the elimination of malaria and control of dengue through providing a repository of case studies on what works and also what doesn’t;

(c) to provide support to Member States in adopting evidence-based integrated vector control strategies that will make efficient use of available resources;

(d) to support Member States in creating data-sharing platforms relevant to cases and vectors, mapping of mobility and migration, disease risk assessment and drug resistance, that will enable timely cross-border action to be taken; and

(e) to harmonize reporting on progress in implementing this resolution in line with SEA/RC70(1).
SEA/RC71/R5  Strengthening Emergency Medical Teams (EMTs) in the South-East Asia Region

The Regional Committee,

CONFIRMING that natural hazards, extreme climate, disease outbreaks, conflicts and natural & human-induced disasters cause serious disruptions to the functioning of a community, and widespread human, material, economic losses which exceed the ability of the affected community to cope with its own resources. The 2016 World Disaster Report has shown that over the past decade, the South-East Asia Region shared 26.8% of the global mortality due to disasters,

RECALLING that scaling up capacities in emergency risk management in the South-East Asia Region has been identified as a Flagship Programme by the Regional Director in 2014, and that strengthening partnerships, health systems resilience and readiness for effective emergency response are its important aspects,

RECOGNIZING that emergency medical teams (EMTs) contribute to life-saving critical interventions in emergency situations, with experience from the Region having shown that the deployment and surge of EMTs in emergencies were not based on assessed needs and there were wide variations in capacities, competencies and adherence to the WHO Classification and Minimum Standards,

ACKNOWLEDGING the need to adopt WHO minimum standards, implement quality assurance and governance mechanisms for strengthening national, regional and international EMT mechanisms in the South-East Asia Region,

ALSO ACKNOWLEDGING that strengthening national- and regional-level EMTs is a high-impact investment in reducing morbidity, mortality and disabilities due to disasters, outbreaks and other emergencies,

NOTING that a regional consultation organized by the WHO Health Emergencies Programme in the Regional Office for South-East Asia, in New Delhi during 5–6 June 2018, was attended by more than 60 participants from 11 countries of the Region, including representatives from the ministries of health and defence and civil society partners, confirming that the existing capacities in the Region have high potential for establishing and strengthening national and regional EMTs,

1. URGES Member States:

   (a) to establish or strengthen the national mechanisms which supports effective and high-performing national EMTs in line with the WHO Classification and Minimum Standards,
(b) to develop and implement a national plan for strengthening systems for EMTs in collaboration with all key partners in accordance with country contexts, inter alia, to:

(i) designate national EMT focal points and units which are responsible for multisectoral policy and operations coordination, quality assurance, deployment and capacity building;

(ii) establish a system for quality assurance for EMTs to train and sustain a critical mass of national EMT capacities, and conduct post-operation assessment for learning and continued improvement;

(iii) maintain a national database on EMTs;

(iv) encourage EMTs to engage in the WHO mentorship and classification process which strengthen the global EMTs,

(c) to harmonize, synergize and optimize the partner agencies’ contributions, in terms of expertise, equipment, human and material resources, in strengthening the national EMTs,

2. ESTABLISHES a Regional EMT Working Group, comprising representatives of Member States which may invite relevant partners and stakeholders to participate in its work, as appropriate, to support implementation of the EMT Initiative, and

3. REQUESTS the Regional Director:

(a) to provide support to the establishment and management of the Regional EMT Working Group;

(b) to provide technical assistance and support for training, quality assurance, coordination and other activities for strengthening EMTs in Member States of the SEA Region;

(c) to identify, promote and facilitate areas of research and innovation to strengthen EMTs; and

(d) to report progress, achievements, challenges and solutions in implementing this resolution to the Seventy-third and Seventy-fifth Sessions of the WHO Regional Committee for South-East Asia.
SEA/RC71/R6  Resolution of Thanks

The Regional Committee,

Having brought its Seventy-first Session to a successful conclusion,

4. THANKS His Excellency, Mr Jagat Prakash Nadda, honourable Minister of Health and Family Welfare, Government of India, for inaugurating the session and for his inspiring address;

5. THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address and participation;

6. CONVEYS its gratitude to H.E. Mr Jagat Prakash Nadda, honourable Minister of Health and Family Welfare, Government of India, members of the national organizing committee, staff of the Ministry of Health and Family Welfare of India, and other national authorities for their efforts in ensuring the success of the Session; and

7. CONGRATULATES the Regional Director and her staff for their efforts towards the successful and smooth conduct of the Session.

Decisions

SEA/RC71(1)  Draft Global Strategy on Health, Environment and Climate Change

The Committee having reviewed the Summary Report from the WHO South-East Asia Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change, held on 23–24 August 2018, New Delhi, India, which contains comments and recommendations on the draft Global Strategy on Health, Environment and Climate Change, as well as general recommendations for the WHO Programme of Work on Health, Environment and Climate Change (including workers’ health).

Decides to:

1. Request the Regional Director to submit the summary report from the WHO South-East Asia Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change, held on 23–24 August 2018
in New Delhi, to the Director-General, as required by Executive Board Decision 142(5);

2. Request the Regional Director to develop a draft regional plan of action for the WHO Global Strategy on Health, Environment and Climate Change, in consultation with Member States and in line with the country and regional context, and gaps, for submission to the Seventy-second session of the Regional Committee for South-East Asia in 2019.

**SEA/RC71(2) Review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board**

The Committee, in response to the United Nations General Assembly resolution A/RES/72/139 on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, in which it decided to hold a high-level meeting on universal health coverage (UHC) in 2019, decides to:

1. **ENDORSE** the proposal by Member States for an item on “Preparation for the high-level meeting of the General Assembly on Universal Health Coverage” for inclusion in the Provisional Agenda of the 144th session of the WHO Executive Board, and

2. **REQUEST** Member States to support Thailand in submitting a proposal with a concept note – appended in Annex 1 herewith – on behalf of the South-East Asia Region, in a timely manner for the consideration of the Officers of the Executive Board.

**Annex 1**

**Explanatory Memorandum for the inclusion of the agenda item**

“Preparation for a High-Level Meeting of the General Assembly on Universal Health Coverage” on the Provisional Agenda of the 144th session of the WHO Executive Board

**Justifications**

It has been three years since Member States adopted the Sustainable Development Goals (SDGs) to renew their commitment to promote the health and wellbeing of the population, underpinned by SDG target 3.8 for Universal Health Coverage
(UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship.

UHC was reflected in the WHO GPW13; “one billion more people benefitting from UHC”, as well as further contributing to another “one billion more people enjoying better health and well-being”.

Recent reports and analyses sound the alarm when evidence\(^i\),\(^ii\),\(^iii\),\(^iv\) shows that if governments leave their policy direction and implementation in “business as usual” modes, more countries will be off-track where UHC are not realized by 2030.

### The positive impact of UHC on health outcomes

Evidence suggests that a 10% increase in government health expenditure per head population led to reductions of 2.5-4.2% in mortality for children younger than 5 years and 4.2-5.2% reductions in maternal mortality rates\(^v\) both of which are committed in the SDG3.

Another evidence shows that a 10% increase in government spending on health was associated with an average reduction in under-five mortality by 7.9 deaths per 1000, and adult mortality by 1.6 (women) and 1.3 (men) deaths per 1000\(^vi\). These evidences demonstrate that UHC synergistically contributes to health-related SDGs.

### UHC is a global public health agenda

At least half the world’s population still lacks access to essential health services. Some 800 million people spend more than 10 per cent of their household budget on health care, which is the threshold of catastrophic health expenditure that drives the households into financial difficulties, indebtedness or selling their assets to cover the medical bills. Almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses. On average, about 32% of each country’s health expenditure comes from out-of-pocket payments. More than 18 million additional health workers will be needed by 2030 to meet the health workforce requirements of the Sustainable Development Goals and UHC targets, with gaps concentrated in low- and lower-middle-income countries. These critical challenges are major barriers for adequate access to health services and in turn hamper the achievement of health-related SDG.

### Why this proposal for EB144 agenda?

At the outset, it should be noted that transitioning to UHC had taken considerable time in the history, ranging from a decade to more than a century. A closer look at those
countries would reveal that certain crucial, enabling factors for previous successes are lacking today.

Current overall governmental fiscal space and in particular fiscal space for health, are not favorable for UHC in particular in Low and Middle Income countries. This was reflected by high levels of household health spending and impoverishment from using health servicesvii. Health delivery systems and committed health workforce are the “Foundation” for implementing UHC with favorable outcomesviii, where government needs to invest in health systems strengthening.

All UHC success stories show that a strong and sustained political leadership at the highest level, across consecutive governments in each nation, is needed to break these bottlenecks.

In 2012, Member States already recognized in UNGA Resolution A/RES/67/81 the responsibility of governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services.

In 2017, 71 like-minded Member States co-sponsored UNGA Resolution A/RES/72/139, in which the General Assembly decided by consensus to hold a high-level meeting on UHC in 2019. The Resolution tasked the Director-General of the World Health Organization to collaborate closely with the President of the General Assembly, in consultation with Member States, to prepare for such a meeting with a view to ensuring the most effective and efficient outcomes including potential deliverables.

Now is high time we translate these commitments and inspirations into real actions. To do so, Member States need to discuss ways forward towards clear commitments at the high-level meeting on UHC in September 2019 and beyond. Because UHC cannot be achieved without committed, dedicated well-trained health professionals, we need the social, intellectual, and human capital of the WHO, with its vast network of experts and infrastructure, to support our discussions and implementation.

The 144th session of the Executive Board to be held from 24 January to 1 February 2019, as well as the 72nd session of the World Health Assembly in May 2019, are essential stepping stones which contribute to informed discussion and concrete actions required, and effectively pave the road to substantive decisions at the high-level meeting on UHC in September 2019 to allow all relevant stakeholders to act within this timeline.
The main contents to be covered by the agenda

1. To allow Member States to engage in the discussion and support the process that brings forward a political declaration to achieve UHC at the high-level meeting on UHC in 2019;

2. To translate the political commitments already made into concrete commitments for action, including the improvement of implementation capacities for UHC;

3. To maximize the use of the annual International UHC Day on December 12, to monitor the progress, achievements and challenges in implementing UHC at country level with full engagement by all actors and stakeholders;

4. To call upon all stakeholders to harmonize and synergize their support to Member States to realize UHC progressively;

5. To request WHO’s support to Member States in the aforementioned endeavor in progressive realization of UHC

Conclusion

UHC is committed in the SDG 3.8, an integral component of the triple billions in the GPW13, a mandate of WHO and WHO Member States, as called upon by the UNGA Resolution A/RES/67/81 in 2012, and Resolutions A/RES/72/138 and A/RES/72/139 in 2017 with commitment towards UNGA high-level meeting on UHC in 2019. UHC is a global public health issue as limited access hampers the achievement of health-related SDGs. WHO, WHO Member States and development partners therefore have an undeniable obligation to implement UHC;

This proposal to EB144 agenda addresses UHC, a global public health issue of fundamental importance. Although it is not a new issue, but it falls within the scope of WHO to bring up for discussion possible implementation to break the bottlenecks in implementing various WHA resolutions and three UNGA resolutions mentioned above. Evidence shows a slow progress while indicating that effective interventions to achieve UHC require government’s increased investment in health and effective management, and positive health gains from such investment. It is an urgent proposal as the 144th session of the Executive Board meeting is the only available opportunity to ensure well-informed discussions and decisions at the UNGA high level meeting on UHC in 2019.

References


**SEA/RC71(3) Time and Place of Future Sessions of the Regional Committee**

The Committee noted the invitation from the representative of the Democratic People’s Republic of Korea to hold the Seventy-second Session of the Regional Committee in September 2019 in Pyongyang.

The Committee decided to hold the Seventy-second Session in Pyongyang during the week of September 2 to 6, 2019*.  

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* This is subject to clearance by the relevant Sanctions Committee; in the absence of such clearance, the Committee will hold a special session in March 2019 to consider the matter.
Annex 1

Text of welcome address by the Secretary, Health & Family Welfare, Government of India

It gives me immense pleasure to extend a very warm welcome to you all to the inaugural programme of the Seventy-first Session of the Regional Committee for the South-East Asia.

It is a privilege for India to host all of you for the Ministerial Roundtable at this 71st Regional Committee Meeting in the capital city of Delhi, which is rich in culture, history and heritage.

The occasion becomes all the more special because this year marks the 70th year of WHO since its inception in April 1948. Further, South-East Asia was the first WHO Regional Office to be established in the same year, with India and the historic city of Delhi becoming the host in October–November, 1948.

We are sure that there would be very productive and insightful discussions on the packed agenda related to key health issues and challenges facing the Region, with such rich experience and expertise as is gathered in this room.

As you may be aware, Member States which were parties to the Constitution of WHO when it was established, declared several principles as basic to the happiness, harmonious relations and security of all people. Today, I would like to highlight a principle among them which states that “The achievement of any State in promotion and protection of health is of value to all.”

I have laid emphasis on this principle as the 11 Member States of the South-East Asia Region represent a quarter of the world’s population and carry a heavy triple burden of diseases; persisting communicable diseases, rapidly rising incidence of noncommunicable diseases and emerging infectious diseases. Besides, the Region also suffers from frequent natural disasters; the latest floods in Kerala have caused unfortunate loss of life and property and while the entire nation has responded in a tremendous fashion, such disasters require sustained response and recovery efforts.

Thus, because of both population and disease burden, the progress, achievements, initiatives and innovations in South-East Asia Region countries will have much influence on global health.
I am sure the efforts being made in our individual countries as well as the collaborative regional efforts, will have the maximum impact on WHO’s “triple billion target” that forms the core of the Thirteenth General Programme of Work 2019–2023.

The Committee will have a Ministerial Round-Table discussion on a topic that is significant not only globally but is of utmost importance to all of us in the Region: “Improving access to essential medical products in the Region and beyond”.

This is an issue which affects all Member States in more ways than one. We are committed to stand by your side in preparing, facilitating and implementing plans for improving access to essential medical products in the Region, whether they involve bilateral or multilateral initiatives.

With the Regional Director’s vision and initiative of articulating a strong Regional voice in the global health agenda, the South-East Asia Region has been working together and demonstrating its solidarity in various international forums through presenting a unified Regional One Voice and helping shape the global public health agenda.

It is a matter of satisfaction for us that India is accelerating progress toward achieving health-related sustainable development goals.

In the recent past, India has taken several remarkable initiatives spanning a gamut of public health areas under the visionary leadership of the honourable Prime Minister and decisive action of honourable Health & Family Welfare Minister.

We are happy to see progress in almost all areas, be it immunization coverage, maternal, child and adolescent health, vector control, population based screening for NCDs, effective awareness and behaviour change communication, community participation through social health activists and empowered local bodies, strengthening of primary health care through health and wellness centres, provision of diagnostic, referral and treatment services – including dialysis, health promotion through stress on lifestyle changes and physical activity including yoga, improving accessibility and affordability of medicines, institutionalization of disaster preparedness and response, and very importantly, the stress on sanitation, hygiene and pollution control through innovative nation-wide schemes in mission mode.

The Regional Committee session provides the platform not only to share our experiences, but also to identify areas of mutual cooperation to reinforce our
common goals and objectives of better health for our countries, Region and the world.

I look forward to the deliberations and the outcomes at this Regional Committee session and take this opportunity to express my and my team’s support and its willingness to provide any assistance you may require during this week.

Before I conclude, let me again wish successful deliberations and sincerely hope that your stay in Delhi would be comfortable and productive.
Annex 2

Text of address by the Deputy Director-General, World Health Organization

It is a great honour to be with you in Delhi today and, as one of WHO’s three Deputy Director-General, to convey greetings and good wishes for your Regional Committee meeting from the Director-General Dr Tedros. I am pleased to say that as Dr Tedros will be joining us later in the week. You will hear his formal address directly from him then but on the occasion of this inaugural session I will offer some brief reflections on the health achievements of the last year and the formidable challenges and exciting opportunities ahead of us.

However, I would like to start by recognizing Dr Poonam Khetrapal Singh, Regional Director for the South-East Asia Region of the World Health Organization, for her hard work, dedication and leadership.

Since she took office as WHO South-East Asia Region’s first female Regional Director in 2014, Dr Singh has demonstrated an unwavering commitment to improving WHO’s support to you, the Member States, in order that you can improve the health of the people of this Region.

Under her guidance, the Regional Office has achieved tangible results in improving performance – both in management and programmatic work. Dr Singh has brought a clear focus to guide WHO’s work in the Region by setting eight regional flagships including universal health coverage, building national capacity for combating antimicrobial resistance, accelerating efforts to end TB by 2030 and scaling up capacity for coping with emergencies in countries. All these flagships foreshadowed global trends, and align closely with GPW13, WHO’s Thirteenth General Programme of Work which was adopted, a whole year ahead of schedule, by our Member States at the World Health Assembly in May this year.

Of course colleagues, as you know so well, the South-East Asia Region is one of the world’s most vulnerable Region to natural disasters so that focus on emergency response capacity-building must be one of the Region’s key priorities and I pay tribute to the major progress made.

Based on lessons learnt from past natural disasters (including the 2004 Tsunami and the 2015 Nepal earthquake), SEARO is strengthening emergency risk management
capacity in countries and response to emergencies – part of the triple billion goal of GPW13.

The Region has established and expanded the South-East Asia Regional Health Emergency Fund and developed Regional Emergency Response Teams. WHO welcomes the input of experts and it is notable that the Independent Oversight and Advisory Committee in January 2018 commended SEARO’s management of the Emergencies Programme, in particular, WHO’s response to the Rohingya crisis. One of our strategic challenges of GPW13 is to work with country leaders to strengthen countries’ health systems to make them more resilient and better able to cope with emergencies.

You will hear more from Dr Tedros about his ambitions for a transformed WHO and, again, the programmatic and management reforms that Dr Poonam Singh has been spearheading in this Region fit well into the transformative agenda of the new DG, and the Flagships fit well with the core priorities of WHO’s 13th GPW. Therefore, the SEA Region is well poised to take forward the triple billion agenda with great potential for success.

Here in SEARO you have also made significant progress in improving transparency and accountability – this is vital when there is, rightly, always pressure in the multi-lateral environment to demonstrate that donors are getting value for money and that resources are focused on changing lives. As Deputy Director-General for Corporate Operations you would expect me to highlight the Region’s great work in setting up Risk Registers and Internal Control Framework checklists, initiating restructuring exercises in the country offices to ensure right skills and resources are available to deliver the priorities in the country, and setting up a web-based portal to simplify and streamline work processes and deliver cost efficiencies. During this Regional Committee, you will also hear updates on the new SEARO building donated by the Government of India, with contributions from other Member States.

And SEARO is leading on innovation, particularly in IT where SEARO’s automated workflow platform will be the model for replication in headquarters and other Regions. We are very conscious that headquarters does not have the monopoly of wisdom and has much to learn from regional leadership.

So, building on the Region’s achievements we look to the many challenges ahead and our agenda this week draws our discussions to a wide range of vital subjects; from the need to improving civil registration and vital statistics to increasing action on improved vector management for better control of malaria and dengue;
from progress in child survival to the promotion of physical activity. I expect to see many of you as we walk the talk with early morning exercise this week! And of course I greatly look forward to the Ministerial Roundtable on access to essential medicines tomorrow.

I wish you well in your deliberations and decisions and look forward to speaking with many of you in the days ahead as we work together to improve the health and well-being of the people of this Region.
Annex 3

Text of address by the Regional Director, WHO South-East Asia Region

It is a pleasure to add my warm welcome to the Regional Committee for the WHO South-East Asia Region.

The year 2018 is a landmark year in global health. A year of anniversaries and new beginnings.

Forty years ago, in 1978, the Alma-Ata Declaration on Primary Health Care set out a global agenda that called for Health for All by the turn of the millennium.

The technical agenda for primary care in the Declaration drew from the existing experience of many of our Region’s countries.

I am pleased to say this technical legacy lives on. But in today’s more complex world, frontline services must keep pace with changing needs. As we encounter and strive to overcome new and emerging challenges, we must harness that legacy, even as we move beyond it.

That means learning from our past and no longer seeing frontline services in isolation from the broader health system. Rather, they must be considered the first point-of-care in a well-coordinated, well-oiled whole.

And it also means never losing sight of the basics of building and maintaining strong health systems such as human resources, financing and access to essential medicines to name a few.

Getting frontline services right is not easy. There is no blue print. We must be willing to experiment, innovate and – critically – to document what works, what doesn’t and why.

In essence, we must be willing to be bold.

Nevertheless, beyond Alma-Ata’s technical significance, we must also consider its political legacy.

Alma-Ata was a declaration that made the case for health as a right for all, not a privilege for the few. It did so unequivocally. It also asserted in no uncertain terms
that ensuring equitable access to health care was a responsibility of all states, and that the causes of ill-health go far beyond the biomedical.

For these reasons, the Declaration’s anniversary is very much worth celebrating and reflecting on.

Universal Health Coverage inherits the political mantle of PHC. It maintains the focus on equitable access, with equity reinforced through financial protection.

But as I’m sure you appreciate, UHC faces challenges we cannot ignore.

Challenges like ensuring quality services are readily accessible to all, irrespective of gender, geography or economic status. This is easier said than done. Notably, at times, it may require us to focus on the granular details of who is accessing services rather than overall levels of consumption itself.

Importantly, it also challenges us to understand and fully comprehend that financial protection is not just about insurance. Rather, it is about a wider, more robust commitment to leaving no one behind. It therefore constitutes a real departure from business as usual.

Let me now turn to new beginnings.

WHO now has a new General Programme of Work. Endorsed by all Member States at the World Health Assembly, it is our guide and strategic compass for the next five years.

Each one of its three strategic priorities – to promote health, keep the world safe and serve the vulnerable – aims to change the lives of one billion more people.

In other words, to have one billion more people benefiting from universal coverage; one billion more people protected from disaster, and one billion more people enjoying better health as we tackle the many determinants of ill-health that lie beyond the reach of the health sector as it has been traditionally imagined.

Notably, the priorities we are pursuing in this Region – our eight Flagship Priority Programmes – are synchronized with these outcomes, and will contribute greatly to their achievement.

Though in many ways GPW13 is a new beginning, it is my strong conviction that it is part of an even larger sea-change in the way we think about global progress.

Whereas the MDGs, for example, required a narrow focus on selected targets, the 2030 Sustainable Development Agenda, which speaks of health and well-being for
all, is fundamentally different: it is about synergy and linkages – linkages across sectors and across institutional boundaries.

That is an important point. Throughout the Region we are seeing growing support for health from the highest levels of government.

In the last year alone we have seen heads of state and government in the Region and beyond make new commitments to greater levels of finance and financial protection for health. Seven countries in our Region, for example, are making greater allocations to health in their budgets, with one raising its allocation to 16.5% and several others raising allocations to over 11%. This is to be welcomed, and reflects the growing importance of health sector leadership in tackling multisectoral issues such as NCDs, the promotion of physical activity and road safety.

That said, we must remember that as a sector we cannot succeed alone: we must build partnerships and forge alliances. We cannot address the social, environmental and political determinants of ill health without allies.

To that end, genuine collaboration - within the UN family, between the broader community of international health organizations and with the private sector and civil society - will strengthen our organizations and lead to much better results.

The coming Regional Committee session enables us to reflect together on our achievements and challenges. It is a place where we can learn from each other and where we can discuss the issues that really matter.

More than that, however, it is a place where together we can chart the path forward through consensus and cooperation; where together we can develop and fine-tune the means by which health and well-being will be advanced across our Region; and where together we can honour Alma-Ata’s legacy while working to fulfil UHC’s promise and secure the right to the highest attainable standard of health for all.

I once again welcome you all and very much look forward to the productive deliberations we will have over the coming days, and thank Shri J.P. Nadda, honourable Minister of Health & Family Welfare, Government of India for inaugurating this meeting.
Annex 4

Text of address by the Minister of Health & Family Welfare, Government of India

It is a matter of great privilege for me to welcome you to New Delhi for the Seventy-first Session of the Regional Committee and address this eminent gathering in the 70th year of WHO and 40th anniversary of the Alma-Ata Declaration on behalf of India.

At the outset I wish to congratulate the Regional Director, Dr Poonam Khetrapal Singh, for aligning issues of importance to the Member States as the Regional Flagship Priorities, including the all-encompassing issue of Universal Health Coverage. As you are aware, Universal Health Coverage is at the core of SDG3 and can be a very powerful tool for social, gender and economic equity. The year 2018 is also the 40th anniversary of the historic Alma-Ata Declaration and, due to our collective efforts, I believe that the Region is better prepared and accelerating progress toward the shared global vision of Health for All through Universal Health Coverage.

India on its part firmly believes in the objective of attainment by all peoples of the highest possible level of health, where health is a state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. Moving toward this objective, we have adopted the National Health Policy 2017 with the aim to provide affordable health care for all.

India has fast-tracked many initiatives aimed at achieving all the core tenets of Universal Health Coverage, i.e. strengthening health systems, improving access to free medicines and diagnostics and reducing catastrophic health-care spending.

As mentioned by the Regional Director, under the visionary leadership of the honourable Prime Minister of India H.E. Mr Narendra Modi, the Government of India has recently launched the Pradhan Mantri Jan Arogya Yojana under the ambitious programme called Ayushman Bharat, i.e. Long live India, one of the central pillars of this year’s budget.

Ayushman Bharat rests on the twin pillars of health and wellness centres for the provision of comprehensive primary health care services and the Prime Minister’s National Health Protection Mission for secondary and tertiary care to 100 million families or 500 million individuals. Under the first pillar of Pradhan Mantri Jan Arogya Yojana, we are reaching out to approximately 40% of the country’s
population who will be provided an insurance cover of Indian Rupees 500 000 to cover secondary and tertiary health care. Initially spanning almost 1300 procedures under 20 different specialities, this will be the largest government-funded health protection scheme in the world.

And under the second pillar, 150 000 health and wellness centres would bring health care closer to the people, so that every Indian can have timely access to health care, including diagnostic services and free essential drugs.

Responding to the honourable Prime Minister’s faith and inspired by the teaching of Mahatma Gandhi, which says that the testimony to any good policy lies in its ability to reach the last needy person, my Ministry is working very hard for effective implementation of Ayushman Bharat for a healthy, productive and prosperous India.

Although WHO has fixed 2030 as the timeline for elimination of tuberculosis, our honourable Prime Minister has exhorted us to do it five years ahead of target in 2025. In line with this ambitious plan, India is on track for the implementation of the National Strategic Plan for Tuberculosis and we have recently introduced supplementary nutritional support for the duration of treatment for patients.

To reduce the burden of noncommunicable diseases (NCDs), India has initiated universal screening for prevention and management of five common NCDs including hypertension, diabetes and three common cancers of the oral cavity, breast and cervix at pan-India level.

We have started a unique initiative called AMRIT Deendayal – acronym for “Affordable Medicines and Reliable Implants for Treatment” – centres that provide medicines for cancer and cardiovascular diseases and cardiac implants at significantly reduced prices. The government has also opened Jan Aushadhi (peoples’ medicines) stores to make available quality affordable essential medicines to people in need.

Our commitment to overcome the challenges in providing the right medical products at the right time to those in need, through collaborative action and utilizing the Region’s unique strengths – including generic medicines, is reflected in the topic of this year’s Ministerial Roundtable, which is “Improving Access to Essential Medical Products in the South-East Asia Region and Beyond”. We thank our Member States in the Region for their constructive engagement on the topic and are hopeful of unanimous support in re-affirming our commitment to attain universal accessibility and affordability of essential medical products.

We recognize that improving health and well-being requires multisectoral interventions and are happy that the schemes launched by several other sectors are
positively influencing the socioeconomic determinants of health in the country. The nationwide efforts to improve sanitation, hygiene and drinking water supplies as well as housing and living conditions will all contribute to substantial improvements in health indices.

Programmes such as the Swachh Bharat Mission, Housing for All by 2022, the Nutrition Mission, Skill Development Programmes, Smart Cities project, etc. are making huge inroads in improving the quality of life of people in India. For instance; through the Ujjwala Yojana, we are providing free LPG connections to 80 million poor families across India thus rapidly reducing household indoor air pollution. Our scheme to productively dispose agricultural waste, will also tremendously help in curbing overall air pollution.

We are happy that this Regional Committee session will take up several important policy and technical matters, related to malaria, dengue vector control, health workforce strengthening, progress in survival of newborns, children and mothers, strengthening South-East Asia Regional Emergency Medical Teams, monitoring progress on UHC and health-related SDGs and on promoting physical activity; which will all benefit from multi-sectoral action.

Here, I would particularly like to mention yoga, a discipline renowned globally. In the words of the Hon’ble Prime Minister, yoga is a free health assurance programme, which is accessible to one and since time immemorial has been instrumental in providing promotive and preventive health care to millions around the world.

The several achievements in regional public health during the past couple of years have laid the foundations for a brighter future. I have had occasion to witness the personal commitment and energy devoted by the Regional Director to programmes run by WHO. The constant engagement with Member States and other stakeholders, whether it was in deciding on the Regional Flagship Priorities through consultation or in providing needed assistance, have brought about positive reforms in the Region. And I am more than sure that these will continue to impact how the Organization functions and delivers.

I would like to take this opportunity to thank all our Member States for their support and recognition of the regional efforts led by the Regional Director to improve health services, reach and delivery, whether through immunization, care of pregnant mothers and newborn children, health human resources, combating AIDS, tuberculosis, malaria and neglected tropical diseases, prevention and control of NCDs or health emergency response.
I look forward to strongly continuing our collaboration with the Regional Director and Member States as we move forward on attaining the Sustainable Development Goals through Universal Health Coverage, mounting response to antimicrobial resistance, addressing health impacts of climate change, addressing NCDs, including risk factors, responding to outbreaks and health emergencies as well as engagement with partners.

India has always supported regional and global public health issues whether it be advocacy, technical collaboration, research and development, partnerships or improving the accessibility and affordability of health services and high quality essential medical products.

In the end, I would like to reiterate India’s support to the regional and global health agenda and, renewing its commitment to the Regional Director, stands ready to work with fellow Member States and the international community to achieve our common goal of Health for All.

Before concluding, allow me to invoke the mantra of the ancient Indian scriptures that is guiding our efforts: Sarve bhavantu sukhinah, Sarve santu niramayah. This means: “May all become happy, May all become healthy”.
It is once again my pleasure to speak to you about the work of WHO and the health of the people in our Region.

We live in challenging and uncertain times. We see multilateralism under threat and the value of development aid being questioned. We see a record number of humanitarian crises. And as we understand the vital importance of more equitable access to resources – we see the gulf between the wealthy and the dispossessed grow ever wider.

And yet – as I will show you in my report today – I firmly believe that we have reasons to be optimistic.

Worldwide, more children reach the age of 5 than ever before in human history; the threat of hunger for many is receding. Polio – banished from this Region – is close to eradication globally. Measles is not far behind. And more national governments give priority to ensuring that all their citizens have access to decent and affordable health care.

The Sustainable Development Goals show us the way forward. The MDGs required a narrow focus on selected targets. The Sustainable Development Agenda, which speaks of health and well-being for all is fundamentally different: it is about synergy and linkages – across sectors and institutional boundaries.

A broader conception of health is reflected in the principles that define WHO’s Mission in the 13th General Programme of Work: to promote health, keep the world safe and serve the vulnerable. The GPW sets out strategic priorities. So what happens in this Region matters globally:

- If one billion more people benefit from Universal Health Coverage – a large share of these should be our citizens.
- This Region is especially prone to natural disasters. So our contribution must be made to count if one billion more people are to be better protected from health emergencies.
For one billion more people to enjoy better health and well-being we will need to push further than ever before to tackle the determinants of health that lie beyond the reach of traditional health services.

In sum: what we achieve together can make the difference between success and failure as the world strives to achieve the SDGs.

Let me point to three trends that fuel my feelings of optimism.

First: we are seeing increasing evidence that health matters at the highest levels of government. Just in the course of the last year:

- In Bhutan, the Queen Mother has led a nationwide advocacy tour to highlight some of the most difficult issues in public health – HIV/AIDS, teenage pregnancy, reproductive health, suicide prevention and substance abuse.
- We have seen the announcement by the Prime Minister of India of the Intensified Mission Indradhanush and the recent launch of a significant expansion in financial health protection – Aayushman Bharat.
- The Prime Minister of Thailand appointed a multisectoral national committee and launched the campaign “Thailand marks the spot to stop AMR”.
- The State Counsellor of Myanmar launched a new National Health Plan based on UHC.
- To help reach the regional target of eliminating measles and rubella, President Widodo of Indonesia launched a mass catch-up campaign in a high school in Yogyakarta.
- The President of Sri Lanka has been leading the drive against tobacco; making Sri Lanka the first in the Region to accede to the Protocol to Eliminate illicit Trade in Tobacco Products.
- The Prime Minister of Bangladesh is personally overseeing the humanitarian response in Cox’s Bazar, where large-scale vaccination campaigns have averted outbreaks of deadly diseases such as cholera among the Rohingya refugees.
- Making steady progress against malaria, DPR Korea has tweaked its elimination strategy to focus key interventions in high-risk areas.
• The Health Minister of Maldives led the move to impose 58.5% tax on energy drinks, one of the highest ever by any country. This revenue is planned to be used to promote good nutrition and physical activity.

• Nepal has launched an Urban Health Initiative to tackle health effects of air pollution.

• Timor-Leste hosted the global conference on implementing the 2030 SDG Agenda in fragile and conflict-affected states.

Second, you will see in the individual country briefs in this year’s report that catalysing and nurturing partnerships is a growing aspect of our work across the Region. Partnering is an important expression of solidarity and takes many forms.

• An active member of all UN country teams, WHO leads or co-chairs the health partners groups in India, Nepal and several other countries. WHO’s formal coordinating role for partners is also crucial in times of crisis.

• Working with local organizations, civil society, collaborating centres and academic institutions has drawn attention to neglected issues - such as mental health. In Thailand, building relationships with private sector developers has helped make sure that migrant children on construction sites are fully vaccinated.

• Partnerships are increasingly being forged between countries in the Region: to share information on medicines pricing and quality; through twinning arrangements to share best practices on immunization between Sri Lanka and Timor-Leste; and with the Western Pacific Region of WHO and the six countries of the Greater Mekong Subregion in the fight against malaria.

• I am also encouraged to see alliances emerging that extend their reach beyond the health sector to address the challenges of AMR, NCDs and the health impacts of climate change.

The third trend is the growing convergence around Universal Health Coverage, which ensures unity of purpose and a more integrated approach to achieving better health for all.

Universal Health Coverage is now accepted across the Region as the basis of health policy, reflected in new sector policies and strategies in Bangladesh, India, Indonesia and several other countries.

Equitable access to quality services, financial protection, and “leaving no one behind” have become the driving principles that underpin everything we do and our most
important measure of progress. This does not reduce the importance of individual health programmes, but does require that we start to see the health system as more than the sum of its parts.

Health systems strengthening is a means of ensuring better health outcomes – an essential component of every country’s capacity to protect its people in times of emergency or outbreak.

In line with the SDGs and the priorities of the Thirteenth General Programme of Work our work has focused on eight Flagship Priority Programmes. I find it helpful to group these priorities under four big headings:

The first heading is Universal Health Coverage and the health sector. Working toward a more equitable, effective, well-financed and results-oriented health sector is our core business. Our flagship programmes all contribute in their own way to the achievement of UHC.

Where elimination of neglected tropical diseases (NTDs) is possible – which primarily affect the poor – we are seeing positive results.

In three of the eight endemic countries in the Region – Maldives, Sri Lanka and Thailand – the elimination of lymphatic filariasis has been validated. Nepal and Bangladesh have achieved the elimination threshold for kala-azar and India has reached this milestone in 90% of its administrative blocks. India has also eliminated yaws.

NTDs are essentially diseases of people that are left behind. The elimination of NTDs is one more step towards a more equitable world.

New HIV infections and deaths from AIDS continue to decline. Thailand has eliminated mother-to-child transmission of HIV and congenital syphilis – the first country in Asia to do so – and Myanmar has been the first country in the Region to introduce a new differentiated approach to service delivery for HIV.

Sri Lanka and Maldives have been certified malaria-free and new efforts are under way to tackle malaria in the Greater Mekong Subregion and across the border between Myanmar and the People’s Republic of China.

Tuberculosis, by contrast, remains a stubborn challenge, with South-East Asia accounting for 45% of global incidence, 50% of global deaths and 35% of the global estimated cases of multidrug resistance. Two countries – India and Indonesia – account for 37% of the global burden. Timor-Leste and DPR Korea are in the top
10 countries worldwide for TB incidence rates. It is for these reasons that TB is now one of our Flagship Programmes.

On the unfinished MDG agenda, we have a positive story to tell. The Region has nearly achieved MDG 4 and South-East Asia has achieved the greatest reduction in maternal mortality of all WHO Regions.

Rates of institutional deliveries have increased and maternal and neonatal tetanus has been eliminated regionwide. Four countries – DPR Korea, Maldives, Sri Lanka and Thailand – have already achieved child mortality rates below the global SDG targets for 2030 and three have done the same for maternal mortality.

I draw two conclusions from these numbers.

First, we must focus: aggregate figures disguise serious inequities, within and between countries - despite the positive overall picture many people are still being left behind.

Second, the proportion of deaths occurring in the neonatal period increases. We have the technical tools, we know where progress is needed most, we now need to ensure that our health systems deliver.

The target of measles elimination by 2020 has been achieved already in DPR Korea, Bhutan, Maldives and Timor-Leste.

Over 107 million children were reached through supplementary immunization activities in 2017, the majority in India and Indonesia. In some countries – notably Nepal – the decline in the number of cases – over 97% for measles – has been dramatic. But we have to remember that over four million children in the Region still do not receive the first dose of measles vaccine through routine immunization programmes.

Every country visit teaches me something new. But one thing that seems common to all countries these days is a growing focus on frontline services and primary health care. Re-thinking service delivery in the light of changing health needs is critical if the growing number of people with NCDs are to receive the care they need.

Health facilities must be able to provide continuity of care for those with multiple chronic conditions. Too many do not. As our populations age, the need for new approaches to health service delivery will increase.

Two health systems priorities stand out in our work on UHC: improving access to quality medicines and strengthening the health workforce.
Access to medicines is an area where partnership between countries comes into its own. The South-East Asia Regulatory Network is currently working on quality assurance and standards of medical products, on good regulatory practice, on vigilance for medical products, and on a new platform for sharing information on quality. The medicines agenda is central to financial protection through strategic purchasing.

Work on strengthening the health workforce has focused on transformative education and rural retention. The number of health workers trained has increased, but numbers still fall far short of agreed norms. Imbalances between rural and urban areas are far too common.

Health financing is not a flagship in its own right, but underpins many others. Out-of-pocket payment for health care is a major cause of poverty in this Region, and the main component of OOP spending is on medicines. Yes, we can report a modest downward trend in recent years, but OOP still constitutes more than 30% of total health expenditure in seven countries.

While economic growth is vigorous in many countries, the share of GDP or government expenditure allocated to health too often remains static. But, as I said before, I am optimistic.

Health budgets have increased in Bhutan, India, Indonesia, Maldives, Myanmar and Thailand. With growing political support for health I am hopeful this trend will continue.

In India, not only have we seen ambitious plans for the expansion of health protection, but also commitments to significantly increase health spending as a proportion of GDP.

The next big heading, in line with the General Programme of Work, concerns resilience in the face of emergencies and outbreaks. Our Region gets more than its fair share of emergencies. Over the course of 2017 we were involved in eight separate health emergencies in six different countries.

In one of the most challenging emergencies, over 1.3 million people in Cox’s Bazaar are still in need of essential and life-saving services. These people were vulnerable to epidemics caused by communicable and vaccine-preventable diseases. The crowded conditions and poor sanitation – quite predictably – become dramatically worse with the start of the monsoon.
WHO-SEARO and the Bangladesh Country Office have led the health response, working with over 130 partners. A review by WHO’s Independent Oversight and Advisory Committee speaks positively of the role played by both offices.

We in WHO will rise to the challenge of sustaining technical and financial support – even in the face of competing demands for international attention. But this crisis is a stark reminder: no matter how well our emergency systems function, it is systems of national and international governance that hold the keys to lasting political solutions, and a more stable, secure and equitable future for all.

Governance is key in everything we do to keep the world safe.

Antimicrobial resistance featured strongly at this year’s Prince Mahidol Award Conference “Making the world safe from the threats of emerging infectious diseases”. The conference provided an opportunity to understand the challenge not just from the perspective of health professionals, but from those engaged in livestock, fisheries, fruit growing and environmental sustainability – a real One Health event. A debate at the closing dinner considered the motion that “The world will be a much safer place in 2068”, or 150 years after the Spanish flu pandemic.

What struck me as significant was how much the idea of a safer world hinges on the promise of new science and – by contrast – how much the opposing case is built on the limitations of governance and the weakness of the institutional environments in which science is applied. These are lessons from this debate that we need to take seriously as we start to implement the growing number of AMR national action plans.

The International Health Regulations (2005) remain the basis of national preparedness. Four countries – India, Indonesia, Sri Lanka and Thailand – have declared their compliance with the IHR Core Capacities.

Indonesia conducted a full-scale simulation of an influenza pandemic and response in September to test new guidelines and stress test capacities. The exercise involved over 800 people and 100 institutions with observers from all over the world.

Seven countries have now completed joint external evaluation exercises. These show we have work to do – particularly on risk communications, biosafety and biosecurity, response to chemical and radiation emergencies, and personnel deployment.

The third big heading concerns promoting health and well-being. Addressing the social, political, environmental and, indeed, the commercial determinants of ill-health.
Strong health systems are necessary. But what happens in the health sector is not enough. The 2030 Sustainable Development Agenda advocates a more ambitious approach. Reduction of NCD risk factors needs action on taxation, advertising, food and beverage marketing, and promotion of physical exercise.

With road traffic injuries, the role of the health sector, at best, is just to treat and rehabilitate ... literally, picking up the pieces. The real action to prevent the damage – reducing drink-driving and excess speed, vehicle and road maintenance, driver and passenger safety – takes place elsewhere.

With NCD risk factors we are making solid progress – particularly as our efforts begin to fan out from our original bridgehead in tobacco control – into sugar, salt and transfats and other areas of nutrition especially for children.

Increased taxation and legislation as public health measures are backed by an increasing volume of evidence. Maldives, Sri Lanka and Thailand now have taxes in place for sugar-sweetened beverages. We have been working on new regulations for food and beverage marketing to children in Bangladesh, Indonesia, Nepal and Sri Lanka. Bangladesh, Indonesia and Sri Lanka are also working on salt reduction as is Thailand on transfats.

Mental health services struggle for recognition and funding, but real progress also depends on legislation that prevents discrimination and action across society to raise awareness of what can be done to reduce the effects of depression and the tragedy of suicide.

The governments of Bangladesh and Bhutan have focused international attention on the importance of a whole-of-society response to autism spectrum and neurodevelopmental disorders through the Thimpu Declaration. In Sri Lanka, the focus on mental health started with peace-building, but now extends to alcoholism and domestic violence.

Of course, the fight against tobacco continues. Bhutan has been recognized for its unique efforts to ban the sale and production of tobacco. Thailand has a new comprehensive legal framework. Maldives, Indonesia Sri Lanka and Thailand have again raised tax levels. Timor-Leste has introduced graphic warnings. Sri Lanka’s Cabinet has approved plain packaging.

Overall, I believe we have a positive story to tell in promoting health but we have a long way to go and we are up against tough opposition. We need all the allies we can get.
And of course the list of issues gets longer as we confront the challenges of urbanization and air pollution, and the growing impact on health from a changing climate.

The last big heading underpins the other three. It concerns the values that drive our work: equity and rights backed by good science, evidence and research.

We live in a global environment where science sometimes risks being undermined by ideology and where the basic values that underpinned the founding of WHO and the UN are threatened.

In this Region we have pioneered ways of measuring progress as part of health in the Sustainable Development Goals. Our tools are still limited, but over time WHO will provide Member States with increasingly sophisticated and insightful measures of performance.

Regionally, the Asia-Pacific Observatory on Health Systems and Policies (APO) is a collaborative partnership – managed at present by WHO-SEARO that promotes evidenced-informed health systems and policy research with a focus on equity through research on different aspects of UHC.

Lastly, Universal Health Coverage is “the most powerful concept that public health has to offer” if it gets to grips with the many obstacles that stand in the way of genuinely universal access.

“Leaving no one behind” is just a slogan unless it deals with the controversial issues around equity and rights that countries face: access to safe and affordable medicines, women and young girls in peripheral areas, migrants, long-term care for the elderly, safer cities, inadequate human resources for health and many, many others.

In closing, let me repeat my optimism for the future.

These are exciting times for public health. WHO has a renewed strategic agenda that supports the priorities and Flagship Programmes we have been pursuing. We can be proud of what we have achieved together this year and over the past few years.

I feel confident that WHO is better able to focus. It is increasingly responsive to the people it serves. And more accountable to you – our Member States.

But as we all know, health does not stand still. However, we are on the right track.
Annex 6

Text of address by the Director-General, World Health Organization at the Business Session

It is such a privilege to be with you here in New Delhi. I apologize that I was not able to be here for the opening on Monday, and I’d like to thank my Deputy Director-General Jane Ellison for representing me.

A lot has happened since I stood before you in the Maldives a year ago. For the past year, we have been laying the foundations for the future. At the World Health Assembly in May, you and all the Member States approved the General Programme of Work – our five-year strategic plan.

Let me remind you what we have committed to: 1 billion more people benefiting from Universal Health Coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being. These are the targets we must achieve together by 2023 if we are to stay on track for the Sustainable Development Goals.

They’re ambitious targets, and deliberately so. If we aim for mediocrity, we will certainly achieve it. But if we aim for what seems impossible, we will achieve more than we ever imagined we could.

But a plan on its own is not enough to succeed. That’s why we have developed an investment case – the first ever for WHO – to make sure we have the resources to succeed.

It’s why we have built a strong leadership team, to make sure we have the people to succeed. And it’s why we have begun a transformation project, to ensure we have the structures and processes to succeed.

Now we embark on the task of turning a plan into a reality. Now is the time to show that we are good to our word. This is a task for all of us – the Member States, the Secretariat, donors, partners, civil society, academia and the private sector. As I said earlier, there are many encouraging signs of progress in this region in relation to each of the “triple billion” targets. Once again, I congratulate my sister Poonam and all of you for the hard work you have done.

Earlier this year I had the honour of celebrating WHO’s 70th birthday in Sri Lanka, which was also celebrating its 70th anniversary of Independence. Sri Lanka and
WHO don’t just share the same age; we share the same vision for Universal Health Coverage. Sri Lanka has a long and proud history of providing health care free at the point of delivery.

Thailand’s journey towards Universal Health Coverage started more recently, but now has the highest service coverage and lowest catastrophic spending in the region. For those reasons, it is rightly held up as one of the world’s greatest UHC success stories.

In 2014, Indonesia launched its national insurance programme, and has committed to full coverage of its enormous population by 2019.

Most recently, India has announced its plans for Ayushman Bharat, which could be the world’s single-biggest public health insurance scheme. It aims to provide financial protection to 100 million poor and vulnerable families – about 500 million people. It is not an understatement to say that this scheme could transform India. It could lift millions of people out of poverty, and prevent millions more from falling into it. In a country as large and complex as India, this is an extremely ambitious undertaking. WHO will stand with you to make sure it is a success.

All of these measures are encouraging. Progress towards Universal Health Coverage in this region is critical to reaching the first of the “triple billion” targets.

Globally, almost 100 million people are pushed into extreme poverty by the costs of paying for care out of their own pockets. More than half of them are in this Region.

Access to medicines is a cornerstone of Universal Health Coverage, but it is also a major driver of catastrophic health spending. A study published in the Bulletin of the World Health Organization last week shows that medicines account for more than 75% of out-of-pocket health spending for many countries in this region. This is a tragedy in a region that is the world’s largest producer of generic medicines.

I regret that I was not able to be here yesterday for the endorsement of the Delhi Declaration on access to medicines. This is a major step forward, and a major statement of solidarity. By working together on pooled procurement and regulation, and by sharing information on prices, you can make great progress on one of the major causes of out-of-pocket health spending.

Just as we see progress and challenges on UHC, we also see progress and challenges on our work on emergencies. This region bears a heavy burden of the world’s emergencies. But you are also developing huge capacities to respond. National response teams are always best placed to respond quickly. They speak the local language and understand the culture and context of the local population.
The resolution on emergency medical teams you are considering this week is all about building national capacity to respond to national risks. WHO sets a minimum standard for clinical teams, and coordinates peer review and quality assurance. This means that when a government requests help, teams will arrive better prepared, and work under the coordination of the host government, with the support of WHO.

We encourage all countries to develop their own national emergency medical teams, as required under the International Health Regulations, to respond to their own health threats. WHO can help by strengthening the capacity of your teams to deploy to other countries in the region when your neighbours need you, and also to come and help us fight outbreaks and relieve suffering in emergencies and disasters across the world.

While outbreaks and other health emergencies capture global headlines, individuals and families face their own emergencies every single day. That is the focus of the third “triple billion” target on improving health and well-being. Here also, we also see progress and challenges.

This region has made remarkable gains against malaria, with a 46% reduction in cases and a 60% reduction in deaths between 2010 and 2016. Sri Lanka and the Maldives have been certified as malaria-free, and Bhutan, Nepal and Timor-Leste all have the potential to eliminate malaria by 2020. But despite these gains, malaria continues to take a heavy toll on the region, especially here in India.

The emergence of antimalarial drug resistance continues to pose a threat to elimination efforts in the Greater Mekong Subregion. Domestic financing for malaria has declined in several countries of the region, and international support for malaria is waning. In the past year, you have recognized the urgent need to redouble your efforts in the fight against malaria. You have all agreed to eliminating malaria from this region by 2030.

WHO will stand with you in this fight. Later this year, WHO will support the launch of an aggressive new approach to combating malaria in countries with the heaviest burden – including India.

But even as we make progress towards eliminating malaria, we are battling the emergence of another vector-borne disease: dengue. Although we are now able to successfully manage severe dengue in the vast majority of cases, we must take steps to prevent outbreaks in urban areas and alleviate the suffering caused by this disease.

The Global Vector Control Response adopted by the World Health Assembly last year aims to do exactly that, through effective vector control. Its success depends on your ability as countries to strengthen vector surveillance and sustained control programmes.
The resolution before you this week, with its seven key action points, is an important step forward in the fight against both malaria and dengue. It’s one of many initiatives we have launched at the global level to address the leading causes of death and disease.

We’ve introduced new guidelines to treat multidrug-resistant tuberculosis. We’ve committed to eliminating cervical cancer. We’ve launched an initiative on climate change in Small Island Developing States; and we established a commission on noncommunicable diseases and mental health.

In one sense, it’s easy to make plans and set targets. It’s another to follow through.

As I said at the World Health Assembly just a few months ago, I see three keys to success: political commitment, partnership, and a transformed WHO.

We are already seeing very positive signs of political commitment in many countries. Ultimately, it is not the WHO Secretariat that will achieve the “triple billion” targets or the SDGs – it’s you, the Member States. It’s you as political leaders who are accountable for the decisions you make and the results you achieve.

WHO’s role is to give you the best support we can. That’s why we have developed tools like joint external evaluations and multisectoral action plans for NCDs – to help you exercise that responsibility.

But we know that none of us can achieve anything on our own. To achieve the SDGs, we need innovative and dynamic partnerships – partnerships with a purpose.

As you know, earlier this year President Akufo-Addo of Ghana, Chancellor Merkel of Germany and Prime Minister Solberg of Norway wrote to WHO, asking us to develop a Global Action Plan on health and well-being.

They recognize that achieving SDG 3 will not happen by accident. It will not happen if all of us just do our own thing. It will not happen if fragmentation and duplication continue. But it can happen if we work together. It can happen if the array of actors on the global health stage leverage their collective strength.

This can only happen with a change of mindset. Instead of competing for a bigger slice of the pie, we must all work together to make a bigger pie. WHO is not in competition with any other agency or organization. We are in competition with disease. We’re in competition with insecurity. We’re in competition with inequality.

That is why it is essential that we work with a sense of urgency, and that we work together as one global health community.
In the coming weeks and months, you will be hearing more about how WHO is transforming to put countries at the centre of everything we do. But the clearest example is our Programme Budget for 2020 and 2021.

The budget has been developed based on country priorities. Its focus is on strengthening the capacity of our country offices to deliver impact. As you have heard, we are proposing an almost 30% increase in technical capacity for country offices, while the headquarters budget will stay flat.

Due to the polio transition, the South-East Asia Region is receiving a very substantial increase in its base budget. With its large populations, progress in this region is vital for achieving the “triple billion” targets globally.

This is what it means to put countries first. This is part of our commitment to leaving no one behind.

WHO’s transformation is linked closely with the wider UN reforms. Both the GPW and the new UN Resident Coordinator system will take effect as of the 1st of January next year. This is a great opportunity for us to become more effective – to deliver as one. One UN, with a whole-of-government approach, and a commitment to deliver on the SDGs.

We must all break out of our silos and work together with colleagues from across government and across the UN family. That is exactly what the SDGs demand of us.

Because if we succeed in achieving the ambitious targets of the GPW, if we succeed in achieving SDG 3, we will not only achieve better health and well-being for billions of people, we will drive progress towards ALL of the SDGs.

That’s why the best investments are not in infrastructure, although bridges and roads are of course important. The best investments are in human capital – in people.

Universal Health Coverage helps lift people out of poverty by eliminating one of its causes. It enables children to learn. It gets people back on their feet and back to work. It unleashes human creativity. It powers economic growth. It’s the platform for individuals, families, communities and entire nations and continents to flourish.

With good health, anything is possible. That is what the nations of the world affirmed when they established WHO 70 years ago. It’s why WHO is still here, working every day to promote health, keep the world safe and serve the vulnerable.
Annex 7

Text of address by the Director-General
World Health Organization on re-election of
Dr Poonam Khetrapal Singh as Regional Director
for South-East Asia

Thank you, I’m delighted to be here. And I’d like to thank you for rearranging the
programme so that I could be here for this important moment. I didn’t want to
miss it!

Poonam, my dear sister, congratulations on your successful re-election as WHO
Regional Director for South-East Asia.

Since taking office as Director-General, I have admired your dedication, your energy,
your wisdom and your vast experience in public health. It’s been an honour to
work with you.

Thank you also for your wise advice and for the key role you play in WHO’s Global
Policy Group. Your insights have been invaluable as we have worked together to
build the WHO of the future.

Your election for a second term is well-deserved. You enjoy the confidence and trust
of the Member States, and for good reason. As the first woman to become Regional
Director, you have provided dynamic leadership in a region that accounts for one
quarter of the world’s population, but a disproportionate burden of its diseases.

You have brought a strong focus to delivering results in countries, which is one of
the key themes of the General Programme of Work and of WHO’s transformation
project. I’m a strong believer in the need for clear vision and focus. That’s what
the GPW is all about. And that’s exactly what the eight Regional Flagships have
delivered. The results speak for themselves.

Bhutan, Maldives, DPR Korea and Timor-Leste have all eliminated measles, while
India and Indonesia are completing mass vaccination campaigns. Measles mortality
dropped by 73% between 2000 and 2016.

All Member States now have multisectoral NCD action plans in place, nine of which
have been endorsed at the highest levels of government.
Maternal mortality declined by 69% between 1990 and 2015 – the most of any WHO region, and under-5 mortality dropped by 67%, meeting the MDG goal.

On UHC, you have begun a regional initiative to transform the health workforce, and the Ministerial Declaration on Access to Medicines endorsed yesterday is an important step forward in tackling a major driver of out-of-pocket spending.

Nine of 11 Member States now have national action plans on antimicrobial resistance, and the other two are on the way. You have responded to dozens of emergencies, including the Grade 3 Rohingya crisis in Bangladesh.

Nepal has eliminated trachoma, India has eliminated yaws, Bangladesh has reached the elimination threshold for visceral leishmaniasis and Indonesia has transitioned to an elimination programme for schistosomiasis.

And finally, although major challenges remain on TB, you have demonstrated strong commitment to urgent action by adding TB to the list of Regional Flagships.

Each of these Flagships is reflected in the GPW. As WHO transforms globally, I am confident that together we will produce even better results for this region.

I wish you every success in your second term. You can count on my support.
Annex 8

Text of concluding remarks at the Closing session by the Regional Director

We have come to the close of what has been an immensely satisfying Seventy-first Session of the Regional Committee. Over the past week we have carried our momentum forward. We have refined our trajectory. And we have seized the many opportunities that have come our way.

We have once again demonstrated that the South-East Asia Region is a Region that gets things done. And my congratulations to Your Excellencies for making this happen.

We have passed several groundbreaking resolutions, including the “Delhi Declaration”, which will improve access to essential medical products for almost two billion people regionwide. We have made a number of critical decisions, including on deliberations at the 144th Session of the Executive Board.

We have held a series of Side-events, including in preparation for the two High-Level Meetings at the UN General Assembly later this month. This will ensure the Region’s voice is amplified on the global stage and we return from New York with the outcomes required. And we have also strengthened partnerships between and among us, at the same time as committing ourselves to consolidate gains, accelerate progress, and harness the full power of innovation to drive our agenda forward.

I once again thank you for reposing your confidence in me and re-electing me Regional Director.

As our many achievements demonstrate, the power of our shared vision is indeed formidable. With your continued commitment and WHO’s ongoing support, we simply cannot be stopped.

In noting the success of the Regional Committee, I express my sincere gratitude to His Excellency Mr Jagat Prakash Nadda, honourable Minister of Health and Family Welfare, Government of India, for the effort his team put into organizing and hosting the Ministerial Roundtable and for this event. Even though he had many pressing Cabinet engagements, he spent the maximum time with us.

I thank the Co-Chair, His Excellency Mr Upendra Yadav, Deputy Prime Minister and Minister of Health and Population, Government of the Federal Democratic Republic.
of Nepal, for his participation despite pressing engagements, and for successfully chairing a number of important sessions, as well as Ms Kinley Yangzom, Interim Adviser to the Ministry of Health, Royal Government of Bhutan, for chairing the Closing session.

I thank the WHO Director-General Dr Tedros Adhanom Ghebreyesus, and my colleagues from headquarters, for the energy they brought to the Committee, and for their dedication to drive real change at the country level.

The many productive discussions we had concerning the Thirteenth General Programme of Work are a testament to the way in which Member States really are at the core of WHO’s activities and plans moving forward.

I also thank the many nongovernmental and intergovernmental organizations that participated. The challenges to health we face cannot be solved by Member States and WHO alone, but instead require a whole-of-society, whole-of-government approach. Your input and engagement is much appreciated. I likewise appreciate very much the hard work put in by the Director of Programme Management and Director of Administration and Finance of WHO South-East Asia, Directors, Regional Advisers and all staff towards ensuring our Region’s flag flies high. I also extend my thanks to our Regional Office’s Secretariat for a seamlessly productive week towards which they worked 24x7. My thanks also go to the Taj Hotel for their outstanding effort in hosting us.

Most of all, I thank Your Excellencies and each Member State delegation for the time and effort you put into preparing for this event. It was evident that each Agenda item was prepared for well in advance, making your inputs of critical value. I very much appreciate your thoughtful contributions, and thank you for the excellent cultural performances you put up – an extension of a spirit of sharing and learning.

It is precisely this dedication to excellence, to innovative, out-of-the-box thinking, and to driving real change at the grass roots that leaves me in high spirits at the close of this meeting. I have no doubt that we will achieve the priorities together we have set out to achieve, and that we will go from strength to strength in advancing the health and well-being for all across the South-East Asia Region.

I once again thank you for your participation and wish you a safe journey home. Thank you.
# Annex 9

## Agenda

1. Opening of the Session

2. Credentials of Representatives

3. Election of Officebearers

4. Adoption of the Agenda

5. Key addresses and report on the Work of WHO

5.1 Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January 2017–31 December 2017

5.2 Address by the Director-General

6. Ministerial Roundtable

6.1 Improving access to essential medical products in the Region and beyond

7. Programme Budget matters

7.1 Programme Budget Performance Assessment: 2016–2017

7.2 Programme Budget 2018–2019: Implementation

7.3 Proposed Programme Budget 2020–2021

7.4 Evaluation

8. Policy and technical matters

8.1 Malaria: From declaration to action, and intensifying dengue vector control

8.2 The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: Second review of progress, challenges, capacities and opportunities

8.3 Regional progress in survival of newborns, children and mothers: Moving towards Global Strategy targets

8.4 Strengthening SEA Region EMTs for health emergency response
8.5 Annual report on monitoring progress on UHC and health-related SDGs

9. Progress reports on selected Regional Committee resolutions

9.1 Covering every birth and death: Improving civil registration and vital statistics(SEA/RC67/R2)

9.2 Promoting physical activity in the South-East Asia Region (SEA/RC69/R4)

9.3 Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)

9.4 2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (SEA/RC64/R3)

10. Governing Body matters

10.1 Nomination of the Regional Director

10.2 Key issues arising out of the Seventy-first World Health Assembly and the 142nd and 143rd Sessions of the WHO Executive Board

10.3 Review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board

10.4 Elective posts for Governing Body meetings (WHA, EB and PBAC)

11. Management and Governance matters

11.1 Management performance and Reform in the South-East Asia Region

11.2 Status of the SEA Regional Office Building

12. Special programmes

12.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2018 and nomination of a Member in place of Maldives whose term expires on 31 December 2018

12.2 UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2018 and nomination of a Member in place of Myanmar whose term expires on 31 December 2018
13 Time and place of future Sessions of the Regional Committee

14 Adoption of resolutions

15 Adoption of the report of the Seventy-first Session of the Regional Committee

16 Closing session
Annex 10

List of participants

1. Representatives, Alternates and Advisers

Bangladesh

Representative

H.E. Mr Zahid Maleque
State Minister
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Alternate

H.E. Syed Muazzem Ali
High Commissioner
Bangladesh High Commission in New Delhi

Advisers

Professor Dr Abul Kalam Azad
Director-General
Directorate-General of Health Services
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Dr Mohamad Arifur Rahman Sheikh
Personal Secretary to honourable State Minister
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Md Mofijul Islam Bulbul
Deputy Programme Manager, NNS
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Bhutan

Representative

Ms Kinley Yangzom
Interim Adviser to the Ministry of Health
Ministry of Health
Royal Government of Bhutan

Alternate

Dr Karma Lahzeen
Director, Department of Public Health
Ministry of Health
Royal Government of Bhutan

Advisers

Mr Tshering Dhendup
Deputy Chief, Programme Office
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan
Mr Dechen Choiphel  
Chief, Essential Medicines and Technology Division  
Department of Medical Services  
Ministry of Health  
Royal Government of Bhutan

Mr Sanjay Puwar  
Human Resources Officer, Human Resources Division  
Ministry of Health  
Royal Government of Bhutan

Democratic People's Republic of Korea

Representative: Dr Pak Jong Min  
Director, Department of External Affairs  
Ministry of Public Health  
Democratic People's Republic of Korea

Alternates: Dr Choe Suk Hyon  
Deputy Director, Department of External Affairs  
Ministry of Public Health  
Democratic People's Republic of Korea

Dr Pak Tong Chol  
Senior Official  
Department of External Affairs  
Ministry of Public Health  
Democratic People's Republic of Korea

Mr Ri Jang Gon  
WHO Coordinator  
Ministry of Foreign Affairs  
Democratic People's Republic of Korea

Adviser: Dr Ja Yong Sim  
Officer, Ministry of Public Health  
Democratic People's Republic of Korea

India

Representative: H.E. Mr J.P. Nadda  
Minister of Health and Family Welfare  
Ministry of Health and Family Welfare  
Government of India

Alternates: Ms Preeti Sudan  
Secretary (Health)  
Ministry of Health and Family Welfare  
Government of India
Mr Sanjeeva Kumar  
Additional Secretary (Health)  
Ministry of Health and Family Welfare  
Government of India

Mr R.K. Vats  
Additional Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Arun Singhal  
Additional Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Manoj Jhalani  
Additional Secretary  
Ministry of Health and Family Welfare  
Government of India

Ms Vandana Gurnani  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Vikas Sheel  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Manohar Agnani  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Sudhansh Pant  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Lav Agarwal  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Sudhir Kumar  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India

Mr Nilambuj Sharan  
Economic Adviser  
Ministry of Health and Family Welfare  
Government of India
Mr Ritesh Chauhan
PS to honourable Minister of Health & Family Welfare
Ministry of Health and Family Welfare
Government of India

Indonesia

Representative H.E. Professor Dr dr Nila Farid Moeloek
Minister of Health
Ministry of Health
Republic of Indonesia

Alternates
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Director-General for Pharmaceutical and Medical Devices
Ministry of Health
Republic of Indonesia

Dr Kirana Pritasari
Director-General of Public Health
Ministry of Health
Republic of Indonesia

Advisers
Drg Agus Suprapto
Director, Centre for Research and Development of Biomedical and Basic Health Technology
Ministry of Health
Republic of Indonesia

Drs Bayu Teja Muliawan
Director for Bureau of Planning and Budgeting
Ministry of Health
Republic of Indonesia

Dra Sadiah
Director for Public Medicine and Health Supplies Management
Ministry of Health
Republic of Indonesia

Drg Kartini Rustandi
Director for Sport and Occupational Health
Ministry of Health
Republic of Indonesia

Dr Halimatussa'diah
Bureau of Planning and Budget
Ministry of Health
Republic of Indonesia
Mr Ferdinan S. Tarigan  
Head of Multilateral Health Cooperation Division  
Bureau of International Cooperation  
Ministry of Health  
Republic of Indonesia

Dr Yuli Farianti  
Head, Health Financing  
Centre for Health Financing and Health Insurance  
Ministry of Health  
Republic of Indonesia

Ms Dwi Meilani  
Head for Administration, Management and Protocol  
Ministry of Health  
Republic of Indonesia

Dr Nancy Dian Anggraeni  
Head, Sub-Directorate for Malaria  
Directorate of Vector-Borne and Zoonotic Disease Prevention and Control  
Ministry of Health  
Republic of Indonesia

Dr Rr. Dhian Probhoyekti  
Head of Section, Community Empowerment  
Directorate of Health Promotion and Community Empowerment  
Ministry of Health  
Republic of Indonesia

Dr Ina Agustina Isturini  
Head of Section, Prevention and Mitigation Center for Health Crisis  
Ministry of Health  
Republic of Indonesia

Dr Antony Azarsyah  
Head of Section, Adults’ Mental Health  
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Ministry of Health  
Republic of Indonesia

Dr Nita Mardiah  
Head, Sub-Directorate for Sport and Health  
Directorate of Sport and Occupational Health  
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Ms Isnaniyah Rizky  
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Bureau of International Cooperation  
Ministry of Health  
Republic of Indonesia

Maldives

Representative  
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Permanent Secretary  
Ministry of Health  
Republic of Maldives

Alternates  
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Director-General, Health Protection Agency  
Ministry of Health  
Republic of Maldives

Mr Mohamed Fazeen  
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Maldives Food and Drug Authority  
Ministry of Health  
Republic of Maldives

Mr Ali Ahmed Manik  
Assistant Director  
Ministry of Health  
Republic of Maldives

Myanmar

Representative  
H.E. Dr Myint Htwe  
Minister of Health and Sports  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar

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Professor Dr Thet Khanig Win  
Permanent Secretary  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar

Dr Thuzar Chit Tin  
State Public Health Director, Shan State  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar
Dr Thaung Hlaing  
Deputy Director-General, Public Health  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar

Dr Kyaw Khaing  
Assistant Permanent Secretary  
International Relations Division  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar

Dr Tun Aung Kyi  
State Public Health Director, Mon State  
Ministry of Health and Sports  
Government of the Republic of the Union of Myanmar

Nepal

Representative  
H.E. Mr Upendra Yadav  
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Ministry of Health and Population  
Federal Democratic Republic of Nepal

Alternates  
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Secretary  
Ministry of Health and Population  
Federal Democratic Republic of Nepal

Dr Bikash Devkota  
Chief, Policy, Planning & Monitoring Division  
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Ms Srijana Adhikari  
First Secretary, Embassy of Nepal  
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Sri Lanka

Representative  
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Minister of Health, Nutrition and Indigenous Medicine  
Ministry of Health, Nutrition and Indigenous Medicine  
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Additional Secretary (Medical Services)  
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Thailand

Representative  
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Vice-Minister of Public Health  
Ministry of Public Health  
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Alternates  
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Chief Inspector-General  
Ministry of Public Health  
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Adviser to the Office of the Permanent Secretary  
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Chief, Medical Emergency Response Unit  
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Department of Disease Control  
Ministry of Public Health  
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International Health Policy Programme  
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Royal Thai Government

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Ministry of Public Health  
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Global Health Division  
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Ministry of Public Health  
Royal Thai Government
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Centre for International Cooperation  
Department of Health  
Ministry of Public Health  
Royal Thai Government

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Food and Drug Administration  
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Royal Thai Government

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National Health Security Office  
Ministry of Public Health  
Royal Thai Government

Dr Supreda Adulyanon  
Chief Executive Officer  
Thai Health Promotion Foundation  
Royal Thai Government

Ms Sininard Wangdee  
Senior International Relations Officer  
Thai Health Promotion Foundation  
Royal Thai Government

Timor-Leste  

Representative  
Mr Narciso Fernandes  
National Director, Policy and Cooperation  
Ministry of Health  
Democratic Republic of Timor-Leste

Alternate  
Mr Pedro Canisio da C. Amaral  
National Director, Public Health  
Ministry of Health  
Democratic Republic of Timor-Leste

2. Representatives of the United Nations and Specialized Agencies

Food and Agriculture Organization of the United Nations (FAO)  

Mr Shichiri Tomio  
New Delhi, India
3. Intergovernmental Organizations

**World Bank**
Mr Owen Smith  
Senior Economist  
New Delhi, India

**International Organization for Migration (IOM)**
Dr Patrik Duigan  
Regional Migration Health Adviser  
Regional Office for Asia and the Pacific  
Bangkok, Thailand

4. Representatives from Nongovernmental Organizations in Official Relations with WHO

**IOGT International**
Mr Suneel Vatsyayan  
Regional Representative  
New Delhi, India

**Global Medical Technology Alliance (GMTA)**
Mr Darwin Mariano  
Senior Director, Government Affairs  
Singapore City, Singapore

**International Council for Control of Iodine Deficiency Disorders (ICCIDD)**
Dr Chandrakant S. Pandav  
Regional Coordinator, Iodine Global Network & President, ICCIDD  
New Delhi, India
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Position/Role</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>World Federation for Medical Education (WFME) and South East Asia Regional Association for Medical Education (SEARAME)</td>
<td>Dr Titi Savitri Damardjati</td>
<td>Associate Professor</td>
<td>Faculty of Medicine, Universitas Gadjah Mada</td>
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<td></td>
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<td>Yogyakarta, Indonesia</td>
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<td>PATH</td>
<td>Dr Lal S. Sreemathy</td>
<td>Technical Director, Tuberculosis</td>
<td>Washington DC, United States of America</td>
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<tr>
<td>World Heart Federation (WHF)</td>
<td>Dr Monika Arora</td>
<td>Director, Health Promotion Division &amp; Advocacy Expert Group</td>
<td>Public Health Foundation of India</td>
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<td></td>
<td></td>
<td></td>
<td>Gurgaon, India</td>
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<tr>
<td>Indian Cancer Society (ICS)</td>
<td>Ms Sheila Nair</td>
<td>Director-General</td>
<td>Mumbai, India</td>
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<td>International Epidemiological Association (IEA)</td>
<td>Dr Umesh Kapil</td>
<td>All India Institute of Medical Sciences</td>
<td>New Delhi, India</td>
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<tr>
<td>World Stroke Organisation (WSO)</td>
<td>Professor Jeyaraj Pandian</td>
<td>Principal, Christian Medical College &amp; Hospital</td>
<td>Ludhiana, India</td>
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<tr>
<td>United States Pharmacopeia (USP)</td>
<td>Dr Chaitanya Kumar Koduri</td>
<td>Senior Manager</td>
<td>Hyderabad, India</td>
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<tr>
<td>International Federation of Pharmaceutical Manufacturers &amp; Associations (IFPMA)</td>
<td>Dr Manoj Grover</td>
<td>Public Policy &amp; Health Professional</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>International Society for Quality in Healthcare (ISQua)</td>
<td>Dr Bhupendra Rana</td>
<td></td>
<td>Dublin, Ireland</td>
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<tr>
<td>World Organization of Family Doctors (WONCA)</td>
<td>Professor Kanu Bala</td>
<td>WONCA South Asia President &amp; Professor University of Chittagong</td>
<td>Chittagong, Bangladesh</td>
</tr>
<tr>
<td>International Pharmaceutical Students' Federation (IPSF)</td>
<td>Ms Waranyu Lengwiriyakul</td>
<td>Chairperson, Asia-Pacific Regional Office</td>
<td>The Hague, Netherlands</td>
</tr>
<tr>
<td>International Union Against Tuberculosis and Lung Diseases (The Union)</td>
<td>Dr Jamhoih Tonsing</td>
<td>Regional Director, South-East Asia</td>
<td>New Delhi, India</td>
</tr>
</tbody>
</table>
Medicins Sans Frontieres (MSF) International
Dr Su Myat Han
Regional Representative
Tokyo, Japan

International Federation of Medical Students’ Associations (IFMSA)
Dr Mokshada Sharma
Regional Director for Asia-Pacific
Mumbai, India

International Alliance of Patient Organisations (LAPO)
Dr Ratna Devi
Board Member
Gurgaon, India

International Professional Practices Framework (IPPF)
Dr Jameel Zamir
Director, South Asia Regional Office
New Delhi, India

5. Observers

Public Health Engineering Department (PHED)
Dr Indira Chakravarty
Chief Adviser
Kolkata, India

Roll Back Malaria (RBM) Partnership
Dr Kesete Admasu
Chief Executive Officer
Geneva, Switzerland

The Global Fund to fight AIDS, TB and Malaria
Dr Marijke Wijnroks
Chief of Staff
Geneva, Switzerland

Asian Medical Students’ Association (AMSA) International
Ms Navita Jain
AMSA International
New Delhi, India

CDC, India
Ms Kayla Lasserson
CDC, India Director
India

United States Pharmacopeia (USP)
Ms Sireesha Y
Senior Director
Strategic Marketing and External Affairs
Hyderabad, India

Global Health Strategies (GHS)
Dr Indira Behara Tankha
Senior Director
New Delhi, India

Center for Disease Dynamics, Economic & Policy (CDDEP)
Dr Isable Frost
CDDEP Research Fellow
New Delhi, India

Heritage City Development and Augmentation Yojana (HRIDAY)
Ms Radhika Shrivastav
Director, Health Promotion
New Delhi, India
International Council for Control of Iodine Deficiency Disorders (ICCIDD)  Dr Anamika Wadhera  Programme Coordinator  New Delhi, India

International Alliance for Patient Organisations (IAPO)  Mr Narendhar Ramasamy  Haryana, India

Clinton Health Access Initiative (CHAI)  Mr Harkesh Dabas  Country Director  New Delhi, India

Indian Public Health Association (IPHA)  Dr Sanghamitra Ghosh  Secretary-General  Girikunj, India

National Institute of Mental Health and Neurologist Sciences (Nimhans)  Dr Girish N. Rao  Professor  Bangalore, India

Core Group Polio Project (CGPP)  Dr Roma Solomon  Director  Gurgaon, India

Vital Strategies  Dr Nandita Murukutla  Vice-President  New Delhi, India

Foundation for Innovative New Diagnostics (FIND)  Dr Sanjay Sarin  Country Head  New Delhi, India

All India Institute of Medical Sciences (AIIMS)  Professor Anita Saxena  Department of Cardiology  New Delhi, India

Rotary International  Mr Lokesh Gupta  Manager, India National PolioPlus Committee of Rotary International  New Delhi, India

Community Network for Empowerment (CoNE)  Mr Nalinikanta Rajkumar  President  Manipur, India

Médecins Sans Frontières (MSF) International  Ms Jyotsna Singh  Senior Advocacy Officer  New Delhi, India

Foundation for Medical Research (FMR)  Dr Nerges Mistry  Director  Mumbai, India
Centers for Disease Control and Prevention (CDC)  
Dr Olga Joos  
Technical Adviser  
Atlanta, United States of America

International Federation of Medical Students’ Associations (IFMSA)  
Mr Ashandi Triyoga  
International Secretariat  
The Hague, Netherlands

Dr Tanvir Hayder  
International Secretariat  
The Hague, Netherlands

International Council of Nurses (ICN)  
Mr Dileep Kumar  
President  
New Delhi, India

Center for Disease Dynamics, Economics & Policy (CDDEP)  
Dr Professor Jyot Joshi  
Head, south Asia  
New Delhi, India

Public Health Foundation of India (PHFI)  
Professor K. Srinath Reddy  
President  
Gurgaon, India

Centre for Science and Environment  
Dr Vibha Varshney  
Associate Editor  
New Delhi, India

GCAT  
Mr Dalbir Singh  
President  
New Delhi, India

Ms Nanki Singh  
New Delhi, India

International Pharmaceutical Students’ Federation (IPSF)  
Ms Luh Jenny Wahyuni  
The Hague, Netherlands

Ms Florenzia Rahati Pujiani  
The Hague, Netherlands

Ms Bidhata Khatri  
The Hague, Netherlands

Mr Abhilash Bonu  
The Hague, Netherlands

Mr Yu-Lin Tsai  
The Hague, Netherlands

Mr Erick Rene  
The Hague, Netherlands
6. Ambassadors/High Commissioners

Embassy of the United States of America
Dr Preetha Rajaraman
Health Attache and South Asia Representative
Office of Global Affairs
US Department of Health and Human Services
New Delhi, India

7. Others in attendance (Special Invitees)

Director-General Emeritus
Dr Gro Harlem Brundtland
Acting Chair of The Elders
London, United Kingdom

WHO Goodwill Ambassador
Mr James Chau
Hong Kong SAR, People’s Republic of China

WHO Goodwill Ambassador
Mr Milkha Singh
Chandigarh, India

The Elders
Mr Robert Yates
UHC Consultant
London, United Kingdom

Roll Back Malaria Partnership to End Malaria/UNOPS
Dr Joshua Levens
Advocacy and Resource Mobilization Manager
Geneva, Switzerland

Stop TB Partnership
Dr Lucica Ditiu
Executive Director
Geneva, Switzerland
Annex 11

List of official documents

SEA/RC71/1 Rev. 2 Adoption of the Agenda
SEA/RC71/2 Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January 2017–31 December 2017
SEA/RC71/3 Improving access to essential medical products in the Region and beyond
SEA/RC71/5 Programme Budget 2018–2019: Implementation
SEA/RC71/6 & SEA/RC71/6 Add. 1 Proposed Programme Budget 2020–2021
SEA/RC71/7 Evaluation
SEA/RC71/8 Malaria: From declaration to action, and intensifying dengue vector control
SEA/RC71/9 The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: Second review of progress, challenges, capacities and opportunities
SEA/RC71/10 Regional progress in survival of newborns, children and mothers: Moving towards Global Strategy targets
SEA/RC71/11 Strengthening SEA Region EMTs for health emergency response
SEA/RC71/12 Annual report on monitoring progress on UHC and health-related SDGs
SEA/RC71/13 Rev. 1, SEA/RC71/13 Add. 1 & SEA/RC71/13 Add. 2 Progress reports on selected Regional Committee resolutions
SEA/RC71/14 Rev. 1 & SEA/RC71/14 Add. 1 Key issues arising out of the Seventy-first World Health Assembly and the 142nd and 143rd Sessions of the WHO Executive Board
SEA/RC71/15 Review of the Draft Provisional Agenda of the 144th Session of the WHO Executive Board
SEA/RC71/16  Management performance and Reform in the South-East Asia Region

SEA/RC71/17  Status of the SEA Regional Office Building

SEA/RC71/18  UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) - Report on attendance at JCB in 2018 and nomination of a Member in place of Maldives whose term expires on 31 December 2018

SEA/RC71/19 Rev.1  UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) - Report on attendance at PCC in 2018 and nomination of a Member in place of Myanmar whose term expires on 31 December 2018

SEA/RC71/20  Time and place of future Sessions of the Regional Committee

SEA/RC71/21  Adoption of the report of the Seventy-first Session of the Regional Committee

SEA/RC71/22  Report of the Seventy-first Session of the WHO Regional Committee for South-East Asia
Vignettes
from the Seventy-first Session of the WHO Regional Committee for South-East Asia
Public Health Achievement Awards were presented by the Regional Director, Dr Poonam Khetrapal Singh, to distinguished delegates from seven Member States for outstanding health successes over the past year: Bangladesh (1) for controlling rubella; Bhutan (2) for controlling rubella and eliminating measles; the Democratic People’s Republic of Korea (3) for the eliminating measles; Maldives (4) for controlling rubella and the eliminating measles; Nepal (5) for eliminating trachoma and controlling rubella; Sri Lanka (6) for controlling rubella; and Timor-Leste (7) for eliminating measles and controlling rubella.
Report of the Seventy-First Session
Report of the Seventy-First Session
The Regional Committee for South-East Asia is the World Health Organization’s governing body in the South-East Asia Region, with representatives from all 11 Member States of the Region. It meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for the Member States, as well as to consider the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-first Session of the WHO Regional Committee for South-East Asia held in New Delhi, India, on 3–7 September 2018. At this session, the Committee reviewed and discussed a number of public health issues relevant and important to the Region, such as malaria, health workforce strengthening and a review of the health of newborns, as well as Programme Budget and Governing Body matters, among others. The Ministerial Roundtable featured a discussion on access to essential medical products in the Region and beyond. The Committee also adopted a number of resolutions and decisions on selected issues, including a resolution on the nomination of the Regional Director, Dr Poonam Khetrapal Singh, for a second term.