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

This report summarizes the discussions of the Seventy-third Session of the Regional Committee for South-East Asia held virtually, with Thailand in the Chair, on 9–10 September 2020. This was the first full-fledged Regional Committee Session to be held virtually because of the COVID-19 pandemic worldwide.

The Ministerial Roundtable featured a discussion of the honourable health ministers of Member States on key issues related to the COVID-19 pandemic, including country experiences, lessons learnt and the transition to the 'new normal'. The Committee also discussed, through a special procedure of 'Written Silence', several public health issues relevant to the Region such as health workforce strengthening, monitoring progress on universal health coverage, and 'WHO Transformation'. The Committee reviewed reports on progress in the implementation of several past Regional Committee resolutions. The Committee adopted a Regional Declaration on Collective Response to COVID-19.
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1. The Seventy-third Session of the WHO Regional Committee for South-East Asia was held virtually, with Thailand as the host, on 9–10 September 2020. It was attended by representatives of all 11 Member States of the Region, Specialized Agencies of the United Nations, non-State Actors having official relations with WHO, and Special Invitees as well as Observers, through virtual networks. This was the first full-fledged session of the Regional Committee to be held virtually, because of the global restrictions imposed due to the ongoing COVID-19 pandemic. In March 2019, a Special Session of the Regional Committee had been held virtually for a couple of hours to discuss a standalone issue.

2. Dr Supakit Siriuk, Deputy Permanent Secretary, Ministry of Public Health, Royal Thai Government, welcomed the participants on behalf of the host country, Thailand.
3. H.E. Dr Harsh Vardhan, Minister of Health & Family Welfare, Science & Technology and Earth Sciences, Government of India, formally inaugurated the Seventy-third Session of the Regional Committee by virtue of his capacity as outgoing Chair of the Seventy-second session that was held in September 2019 in New Delhi.

4. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, addressed the distinguished delegates through video link.

5. The Regional Committee unanimously elected His Excellency Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Royal Thai Government, as Chairperson of the Seventy-third Session. His Excellency Mr Bhanu Bhakta Dhakal, Minister of Health and Population, Government of the Federal Democratic Republic of Nepal, was elected Vice-Chairperson. Due to the special considerations entailed by the virtual session and the absence of a plenary, the Resolution Drafting Group was not formed to discuss resolutions and decisions at the Seventy-third Session.

6. A Ministerial Roundtable was held with “COVID-19” as the subject of discussion. H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand, chaired the Roundtable. Participating ministers from the Member States presented their interventions and observations on the Roundtable discussion in real time through video telecast.

7. The Committee also decided to adopt Special Procedures that included the provision of considering several of the Agenda items under a “Written Silence” procedure due to the short duration of the Session, with plenary discussions not being held on the said Agenda items.

8. “Special Procedures” covered aspects of attendance, addressing the Regional Committee, submission of credentials, decision-making procedures, and preparation and adoption of the report of the Session. Member States presented their views through written interventions on many of the Agenda items. These Special Procedures were accepted by all Member States ahead of the Session by consensus.

9. Due to the virtual conduct of the Session, the final report of the Seventy-third Session of the Committee was circulated among Member States online and their comments and approval invited. The report was finalized with the consensus of Member States of the WHO South-East Asia Region.
10. During its Seventy-third Session, the Regional Committee adopted and endorsed the following resolutions and decisions:

Resolutions

- WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19 (SEA/RC73/R1).
- Resolution of thanks (SEA/RC73/R2).

Decisions

- Special Procedures to regulate the conduct of the Seventy-third Session of the WHO Regional Committee for South-East Asia (SEA/RC73(1)).
- Draft Global Action Plan on Patient Safety (SEA/RC73(2)).
- Time and place of future Sessions of the Regional Committee (SEA/RC73(3)).

11. The Committee also reviewed and endorsed the Report of the Regional Director on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2019.
12. The Seventy-third Session of the WHO Regional Committee for South-East Asia, the first full session of the Regional Committee to be held virtually, began with a welcome address by Dr Supakit Sirilak, Deputy Permanent Secretary, Ministry of Public Health, Thailand.

13. Dr Supakit Sirilak extended a very warm welcome to all the honourable ministers and distinguished delegates to the Seventy-third Session and called it a privilege for Thailand to host the virtual meeting. “The COVID-19 pandemic prevents us all from meeting in person. With this virtual meeting, we can still maintain our solidarity and the importance of the Regional Committee to provide direction for health-related matters in the Region, particularly on the response to the ongoing pandemic and maintaining essential health services during it,” he said.
14. He expressed his thanks and appreciation to the WHO Regional Office and country offices for their “tireless efforts in ensuring an effective and seamless virtual meeting.” He wished all delegates successful deliberations and “a pleasant experience” of the virtual session.

15. The Chairperson for the Seventy-second session of the Regional Committee in 2019, His Excellency Dr Harsh Vardhan, honourable Minister of Health and Family Welfare, Science & Technology and Earth Sciences of the Government of India, then delivered his speech to delegates through video telecast.

Address by H.E. Dr Harsh Vardhan, Minister of Health and Family Welfare, Science and Technology and Earth Sciences, Government of India

16. H.E. Dr Harsh Vardhan, Minister of Health and Family Welfare, Science and Technology and Earth Sciences, Government of India, welcomed all delegates in his capacity as Chair of the Seventy-second session.

17. This is the first ever full-fledged Regional Committee session being held virtually due to the extraordinary circumstances created by the global COVID-19 pandemic, he said. Dr Harsh Vardhan thanked the Royal Thai Government and
His Excellency Mr Anutin Charnvirakul, honourable Deputy Prime Minister and Minister of Public Health of Thailand, for “their understanding and complete cooperation that made the virtual conduct of this Session possible”.

18. He offered his “deepest condolences for the loss of lives across the Region due to COVID-19, and (extended) heartfelt gratitude to brave frontline health workers, whose collective efforts at the cost of their own safety and well-being have not only helped save lives but have also shown us resoluteness in caring for all in the face of adversity.”

19. “Despite challenging circumstances, our common goal of ‘Health for All’ unites us all, even from thousands of miles away, and this very goal will drive our discourse on regional health today. I genuinely look forward to the day when we can all meet each other physically and safely, possibly sometime in the future, so we can take our agenda forward and share our learnings with each other.”

20. The South-East Asia Region, with its 11 Member States, represents a quarter of the world’s population. Therefore, strengthening the health-care systems of Member States of the Region and monitoring and sustaining the outcomes achieved across all levels, will not only be key to achieving both the Triple Billion targets and Sustainable Development Goals, and but will also have long-term implications for improving the state of global health, he added.

21. H.E. Dr Harsh Vardhan congratulated the Deputy Prime Minister and Minister of Public Health as well as all members of the Ministry of Public Health of the Royal Thai Government for their “extraordinary leadership in not only combating the pandemic but also swiftly adjusting to the ‘new normal’ and arranging the virtual Regional Committee Session to ensure continuity of business and governance in WHO South-East Asia Region”.

[For the full text of the address, see Annex 1]

Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

22. Due to the time difference between the countries of the South-East Asia Region and WHO headquarters at Geneva, the opening address of the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, was pre-recorded.
23. Recalling that 12 months ago, an outbreak of Ebola Virus Disease had “robbed (him) of the opportunity of being with (the delegates) in person (during the Seventy-second session in New Delhi),” Dr Tedros Adhanom Ghebreyesus said that in 2020 COVID-19 has deprived all delegates from meeting.

24. Stating that the South-East Asia (SEA) Region is now the second-most affected by the novel coronavirus globally, with almost 5 million reported cases and more than 220,000 deaths, Dr Tedros offered his deepest condolences to those who have lost someone they love. He also expressed admiration for health workers of the Region who are working tirelessly to save lives, and offered “WHO’s steadfast commitment” to work with all Member States to defeat the outbreak.

25. “Although South-East Asia is home to some of the world’s largest outbreaks, it is also home to some of the world’s greatest success stories,” he said. He congratulated Thailand, which is reaping the rewards of 40 years of investing in public health with their control efforts directed at COVID-19. “It’s important to remember that no matter the situation, it can be turned around. It’s never too late. In the coming months, we hope to have good news about vaccines for COVID-19. WHO is working hard with our partners to ensure that once vaccines are available, they are available to all countries on an equitable basis.”
26. While thanking those countries that have joined the COVAX Facility, the Director-General urged countries to take steps to suppress transmission and save lives. Stay-at-home orders and other restrictions are blunt instruments that have taken a heavy social and economic toll, he declared. WHO is committed to supporting all countries to reopen their societies, economies and borders – and to do it safely.

27. Dr Tedros also listed four priorities for all countries at the current juncture: prevent amplifying events; save lives by protecting the vulnerable; empower and educate people and communities to protect themselves and others; and focus on the public health basics of “find, isolate, test and care for cases, and trace and quarantine”. “Countries that do these four things, and do them well, can reopen safely. Those that reopen without paying attention to these four priorities do so at their peril.”

28. The Director-General highlighted the “painful but valuable lessons” that the pandemic has taught the world. “In our interconnected world, no country is immune. Even the world’s biggest economies and most advanced health systems were caught by surprise. Doubtlessly, the pandemic will also set Member States back in their efforts to achieve the Triple Billion targets of WHO and the Sustainable Development Goals,” he said. He, however, urged countries to not give up but strive to work towards those targets with renewed determination. The ongoing pandemic has more than ever highlighted the importance of universal health coverage, of investing in global health security and of reducing environmental pollution.

29. The Director-General concluded with the words: “History will judge us on the actions we took to end the pandemic. But it will also judge us on the lessons we learned, and the actions we took to build back better.” Thanking all delegates for their commitment, Dr Tedros affirmed that WHO is committed to working with all to “promote health, keep the world safe and serve the vulnerable”. He expressed hope of being able to attend the next Regional Committee session in person.

[For the full text of the address, see Annex 2]

Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, at the inaugural session

30. Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, welcomed all delegates with pleasure to the Seventy-third Session of the Committee, the first-ever Committee session to be held virtually in its entirety.
She expressed her sincere gratitude to the “hosts”, the Royal Thai Government, for their commitment and drive to make this happen.

31. Speaking of the predominant health event the world over, Dr Poonam Singh recalled how for more than nine months WHO and its Member States in the Region “acted with speed, scale and solidarity to respond to the COVID-19 crisis”. This crisis has affected all of humanity, and has impacted social and economic life like no event in living memory. It was only the “sheer hard work and determination” that the health ministers of the Region demonstrated that saved countless lives, and will save many more, she said, while assuring WHO’s “unrelenting support” throughout the response and into the recovery and beyond.

32. Solidarity and cooperation among Member States and WHO has defined public health work in South-East Asia for many years now, and has been central to the pandemic response, Dr Poonam Singh said. She then enumerated some of the pandemic response successes achieved by Thailand, the host of the Seventy-third Session, which she called “a regional and global leader in health security”.

33. Thailand was the first country in the world outside of the People’s Republic of China to detect and report a case of COVID-19, on 13 January 2020. It also demonstrated that a “new normal” in which low or no transmission occurs can be achieved using basic public health measures. “Thailand has shown the benefits of strong health service delivery at all levels, which has been achieved through its
ongoing pursuit of universal health coverage, an observation well noted by the WHO-supported COVID-19 Health System Response Monitor,” she said.

34. The Regional Director recalled the Delhi Declaration on Emergency Preparedness of 2019, which clearly evinced that “no country is safe until all are safe”. Investing in public health not only achieves better health outcomes, but also promotes sustainable development and a more equitable and just society. With 15% of public expenditure being spent on health, Thailand’s health spending is above the global average, she said, congratulating the nation for this achievement.

35. She urged Member States to ensure that allocations for health are secured during the pandemic response and recovery to achieve the Region’s “Sustain. Accelerate. Innovate” vision, contribute to WHO’s Triple Billion targets and advance progress towards Sustainable Development Goal 3.

[For the full text of the address, see Annex 3]

Inaugural address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand

36. Welcoming the distinguished delegates virtually, H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand, expressed regret that the Session could not be held in Chiang Rai, which he called “one of the most beautiful places in Thailand”, as originally planned.
37. The honourable Deputy Prime Minister and Minister of Public Health urged delegates to view the COVID-19 pandemic not as only a crisis but also an opportunity. “We must collectively avoid and fight the dangers while at the same time find opportunities during the crisis. “Never before have we seen such solidarity among all sectors to fight a health challenge, and never before has health been at the top of national priorities,” he said.

38. The pandemic has inevitably strengthened the capacity of countries to prevent, respond to and mitigate the consequence of the pandemic, and presented “great opportunities and assets that must be sustained even when the pandemic ends”. In this context, he said, Thailand’s long-term investment in health systems and universal health coverage has paid dividends. All patients with COVID-19 in that country have universal access to essential health services without financial barrier, he informed.

39. The war against COVID-19 is still far from its conclusion. We must always be on our guard as we gradually and carefully open up the economy for the livelihood of the people, he said. H.E. the Deputy Prime Minister and Minister of Public Health congratulated the World Health Organization for its leadership in initiating the global mechanisms for rapid and equitable access to essential new technologies to save lives, the Access to COVID-19 Tools or ACT Accelerators, which he said has “created strong global solidarity”. he wished the meeting all success.

[For the full text of the address, see Annex 4]

40. The distinguished delegates and all online participants were shown a video presentation of a cultural performance by a song-and-dance troupe from Thailand. Traditional Thai dance performances were showcased against a virtual
kaleidoscopic background of some of Thailand’s most famous and iconic cultural landmarks – including the temple of Wat Arun, the Grand Palace of His Majesty the King in Bangkok, the Statue of the Emerald Buddha, and the temples and landmarks in Chiang Mai, Chiang Rai and Ayutthaya – and added a cheerful note to the start of the august proceedings.

41. An innovative “group photo” session was also arranged of the delegates that transcended the impediments of a virtual setting. A giant screen featuring video imprints of all representatives of all 11 Member States as well as the Secretariat in the Regional Office was photographed as testimony to this Regional Committee Session being conducted in such unique fashion.
Business session

Opening of the Session (Agenda item 1)

42. His Excellency Dr Harsh Vardhan, Minister of Health and Family Welfare, Science and Technology and Earth Sciences, Government of India, formally inaugurated the Seventy-third Session of the Regional Committee by virtue of his capacity as outgoing Chair of the Seventy-second session held in September 2019.

43. In his address, H.E. Dr Harsh Vardhan said it is very important to hold the Regional Committee sessions uninterruptedly since this annual Governing Body forum for the South-East Asia Region helps Member States to bring forward and address important public health issues. It is also a forum that enhances collaboration among Member States of the Region, enabling them to respond to emergent public health challenges in a more effective manner, H.E. Dr Harsh Vardhan reiterated.
44. He thanked the WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, for her “strong leadership and continuous support to Member States from the very beginning of the COVID-19 outbreak”. The emphasis placed by Dr Poonam Singh on the Regional Flagship Priority Programmes and country-level action has enabled the South-East Asia Region to continue providing essential health services and achieve many recent successes despite the strain imposed by the pandemic response, the honourable minister elaborated.

45. “I am sure WHO will continue to strengthen collaborative programmes in countries of the Region and provide necessary technical assistance to improve public health, especially in the Regional Flagship Priority Areas, including emergency risk management. WHO’s technical support to countries of the Region has made an immense contribution towards the pandemic response. I am sure we all appreciate the work of the Regional Director and her team,” the minister added.

46. H.E. Dr Harsh Vardhan informed delegates that the virtual discussions would be held during two half-day sessions and outlined the Provisional Agenda in brief. The Officebearers for the virtual Session were then elected.

Election of Officebearers (Agenda item 2)

47. His Excellency Mr Anutin Charnvirakul, honourable Deputy Prime Minister and Minister of Public Health, Royal Thai Government, was unanimously elected Chairperson of the Seventy-third Session, following a proposal by Her Excellency
Ms Dechen Wangmo, honourable Minister of Health, Royal Government of Bhutan. This proposal was seconded by His Excellency Dr Terawan Agus Putranto, honourable Minister of Health, Government of the Republic of Indonesia.

48. His Excellency Mr Bhanu Bhakta Dhakal, honourable Minister of Health and Population, Government of Federal Democratic Republic of Nepal, was elected Vice-Chairperson following the unanimous acceptance of a proposal to this effect by His Excellency Dr Myint Htwe, Minister of Health and Sports of the Government of the Union of Myanmar, that was seconded by Her Excellency Ms Pavithra Devi Wanniarachchi, honourable Minister of Health, Government of the Democratic Socialist Republic of Sri Lanka.

49. The Chair and Vice-Chair thanked the distinguished delegates for their nominations and appointments to the key positions for the Session.

50. Due to the special considerations entailed by the virtual session and the absence of plenary discussions for several Agenda items, no Resolution Drafting Group was formed to discuss resolutions and decisions at the Seventy-third Session.

Address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Royal Thai Government, as Chairperson of the Seventy-third Session

51. Assuming the position of Chairperson of the Seventy-third Session, H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health of the Royal Thai Government, called it a privilege for him personally and for the Royal Thai Government to host the virtual session, and thanked all Member States for their support and trust.

52. “We were looking forward to hosting all of you with traditional Thai hospitality in the beautiful city of Chiang Rai and all arrangements were being made by the Ministry of Public Health working closely with the provincial and local authorities and the Regional Office Secretariat till the COVID-19 pandemic and related public health restrictions precluded the possibility of a session of the Regional Committee being held in its traditional manner,” he said.

53. He also expressed the hope that the Royal Thai Government will at some time in the future host a similar meeting face-to-face in Thailand. He welcomed all
the distinguished delegates and partners to this virtual Session that would discuss substantive, statutory and reporting items that are important regionally and globally.

54. The Chair expressed the confidence that with support of and cooperation from all delegates, the Committee would be able to transact all business and accomplish the Agenda in a constructive and meaningful manner within the scheduled two half-day sessions.

55. He recalled the High-Level Preparatory (HLP) Meeting for the Seventy-third Session of the Regional Committee and the Thirteenth Meeting of the Subcommittee on Policy Programme Development and Management (SPPDM) that were conducted virtually on 7–9 July 2020. Member States had deliberated in detail at these two meetings each Agenda item of the Seventy-third Session and provided their recommendations, thereby streamlining the Regional Committee's work.

56. These recommendations would now enable a successful Regional Committee Session, he said, adding that because of the virtual format and reduced duration of the Regional Committee, discussions on each Agenda item may not be possible. In this connection, he drew the attention of the delegates to the unanimous agreement of Member States to adopt “Special Procedures” for the conduct of this virtual Session.
57. H.E. Mr Anutin Charnvirakul then presided over the election of the Vice-Chairperson and initiated the adoption of the Credentials of the distinguished delegates.

Credentials of Representatives (Agenda item 3)

58. The Director of Administration and Finance a.i. at the Regional Office, Mr Robert Chelminski, informed the distinguished delegates and participants and partners that an extensive registration process was followed for this virtual session. All the registered delegates and participants had received the weblink to the Regional Committee Session after online verification of their registration.

59. The Chairperson of the Seventy-second session of the Regional Committee, H.E. Dr Harsh Vardhan, together with the Vice-Chairperson for that session, H.E. Ms Dechen Wangmo have examined the validity of the Credentials of Representatives, including alternates and advisers from all Member States in the Region. Mr Chelminski reported to the Regional Committee that the Credentials from all Member States were found to be in order.
60. The Regional Committee then duly recognized the validity of all credentials of all representatives, alternates and advisers presented by Member States of the Region. The Regional Committee accepted the Credentials of Representatives from all Member States as valid.

Special Procedures for the conduct of the virtual Seventy-third Session to supplement the Rules of Procedure of the WHO Regional Committee for South-East Asia

61. On invitation, the Director of Administration and Finance a.i. at the Regional Office, Mr Robert Chelminski, enumerated these “Special Procedures” for the conduct of the virtual Session for the benefit of the delegates.

62. The Secretariat, in consultation with the Office of the WHO Legal Counsel, had drafted and circulated the “Special Procedures” to all Member States ahead of the Session. The Rules of Procedure of the Regional Committee for South-East Asia would continue to apply in full, except to the extent that they are inconsistent with these Special Procedures.

63. According to these Special Procedures, the Agenda items of the Seventy-third Session of the Regional Committee were categorized as follows:

   (i) Provisional Agenda items 7 to 13 would be considered under a so-called “Written Silence” procedure. In this respect, Member States and other participants had been invited to submit written statements ahead of the Regional Committee Session, and these statements would be appropriately and adequately reflected in the report of the Session. This was due to the practical exigency that there would be no live discussion on these items during the virtual session.

   (ii) For Provisional Agenda item 5 (Key addresses and report on the Work of WHO) and item 6 (Ministerial Roundtable on COVID-19), Member States had been invited to submit pre-recorded video statements of a fixed duration in lieu of their live interventions.

64. The Committee was also informed that due to the virtual format and reduced duration, separate break-out meetings were not possible of the Resolutions Drafting Group to finalize the resolutions and decisions for adoption by the Committee. Accordingly, during the HLP and SPPDM Meetings and subsequent Information Sessions, Member States had identified subjects on which they wished to propose resolutions and decisions for the consideration of
the Regional Committee. These proposed draft resolutions and decisions were circulated by the Secretariat to Member States ahead of the Regional Committee Session. Member States mutually agreed on the text of the resolutions and decisions, which the Committee would adopt virtually.

65. The Committee was informed that these Special Procedures also covered aspects of attendance, addressing the Regional Committee, submission of credentials, decision-making procedures and preparation and adoption of the report of the Session. The terms of the Special Procedures were shared with all Member States for review and agreement by the Secretariat. The Committee was informed that all the Member States had conveyed their informal agreement on the proposed Special Procedures. With this concurrence of Member States with the Special Procedures reaffirmed, the Committee decided to adopt the decision (SEA/RC73(1)) on the “Special Procedures to regulate the conduct of the Seventy-third (virtual) Session”.

Adoption of the Agenda (Agenda item 4, SEA/RC73/1 Rev. 1)

66. The Committee unanimously adopted the Agenda for its Seventy-third Session and agreed on its execution to be regulated by the terms of the Special Procedures adopted for the Session.

67. The Chairperson, jointly with the Acting Director of Administration and Finance at the Regional Office, also outlined the physical activity sessions and healthy breaks that had been earmarked during the Committee’s session as part of the Region’s continuing efforts to prioritize and “walk the talk” on promoting physical activity.

68. A morning physical activity session was announced for 8:00 am (Thailand time), and delegates were invited to tune in from their homes to the accompaniment of an exercise music video featuring contributions from India, Myanmar, Thailand and Timor-Leste. This video was broadcast live by the Secretariat on social media platforms such as YouTube and Facebook.

69. Delegates were also informed about the three-minute physical activity breaks in between the discussions on Agenda items under the "Health for All" theme, in a continuation of the practice followed at the past few sessions. Delegates were encouraged to stretch themselves at their desks during these intervals to break the unhealthy monotony of the seated posture. To encourage delegates to stretch and exercise at their seats during these breaks, a promotional video on stretching exercises was played by the Secretariat during these intervals.
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 2019 (Agenda item 5.1, SEA/RC73/2)

70. The Regional Director, Dr Poonam Khetrapal Singh, introduced delegates to her 2019 Annual Report on the Work of WHO in the South-East Asia Region, with the caveat that the report this year is very different from previous years, since it was written six months into a global pandemic that is causing unprecedented damage to countries in the Region.

71. This was a time of continuing uncertainty, with the numbers of people infected and those who have died from COVID-19 still increasing, she said. With important lessons emerging from the response that can help guide recovery efforts, lessons learnt and anticipating future challenges are the main themes of this year’s report, she explained.

72. She then walked the delegates through the progress on and achievements made by the Region in each of the eight Regional Flagships during 2019: the Region celebrated five years of polio-free certification; Sri Lanka eliminated measles; Maldives and Sri Lanka eliminated mother-to-child transmission of HIV and syphilis; Bangladesh, Bhutan, Nepal and Thailand achieved hepatitis B control; Bhutan, DPR Korea, Maldives and Timor-Leste sustained their measles elimination status; Bangladesh, Bhutan, DPR Korea, Maldives, Nepal, Sri Lanka and Timor-Leste sustained rubella control.
73. On noncommunicable diseases, the Region continued to leverage high-impact “best buys”: Five Member States – India, Nepal, Maldives, Thailand and Timor-Leste – are now among the world’s top 10 countries with the largest graphic warnings on tobacco packaging. Seven Member States are pursuing national targets on reducing exposure to household air pollution. Most Member States have developed mental health policies and are integrating these into national health policies.

74. The Region also continued to accelerate reductions in maternal, neonatal and under-five mortality. All countries are now implementing maternal death surveillance and response, in addition to maternal perinatal death surveillance and response, which will help reduce stillbirths. The Region is on track to achieve the WHO General Programme of Work (GPW) target of a 30% reduction in maternal and child mortality by 2023, she informed.
75. The Region’s steady progress towards universal health coverage continued with improved service coverage. The Region continued to build national capacity to prevent and combat antimicrobial resistance.

76. On emergency risk management, timely progress to scale up include the reporting capacity for the International Health Regulations (IHR, 2005) of all countries using the States Parties Annual Reporting (SPAR) tool. The Region’s reported preparedness index rose to 61%, up from 56% in 2018.

77. The Regional Director recalled that in March the Region launched its South-East Asia Regional Knowledge Network of national IHR focal points, a mechanism designed to facilitate peer-to-peer learning and dissemination of best practices. Furthermore, all countries adopted the Delhi Declaration on Emergency Preparedness, reflecting the crucial importance accorded to this area.

78. The momentum continued over eliminating the last of the neglected tropical diseases and other diseases on the verge of elimination, Dr Poonam Singh iterated. Myanmar has been validated for the elimination of trachoma after Nepal achieved this in 2018. India expanded its implementation of triple-drug therapy from four to 19 districts endemic for lymphatic filariasis (LF). Maldives launched an ambitious yet attainable plan to achieve 100 leprosy-free islands by 2023. Maldives and Sri Lanka maintained their malaria-free status, and Bhutan and Timor-Leste are nearing elimination. And the Region continued to accelerate efforts to end tuberculosis (TB).
79. “The Region’s success across all areas of health has indeed been strong and must be recognized as such – not only because of the commitment, determination, effort and capacity that it represents, but also because of what is at stake in the current crisis. We must protect and defend our many gains,” the Regional Director said, before introducing the special section of the Annual Report with an overview of COVID-19-related activities in the Region. These she called the “big picture” issues regarding COVID-19 and the future of public health in our Region.

80. “COVID-19 is first and foremost a health crisis, but its economic consequences are unprecedented. Governments in our Region face an unprecedented and complex set of epidemiological, political and fiscal challenges,” she said.

81. The Regional Director then enumerated several trends that have emerged for the future from the pandemic experience for Member States of the Region: First, the choice between life or livelihood. Lockdowns have been effective in slowing the spread of the disease but, when rigorously enforced, come at a high economic cost. At the same time, easing containment measures while cases and deaths are still rising is a real and present danger. “Life versus livelihood is a false dichotomy. Effectively containing the virus through good public health measures and a vaccine in the future is the only long-term solution to the economic crisis.”

82. Second, the virus is exposing existing deficiencies in our systems of health care, governance and the economy. Where there are inequities and vulnerabilities, the virus makes them worse. “While higher-income countries are projected to experience the greatest decline in economic growth, lower-income economies have the least resilience to shocks.”

83. Third, other health conditions are being exacerbated by the pandemic. Medical care delayed or cancelled; suspended vaccination programmes; absences of staff and closure of facilities; fear of infection; increases in suicide and intimate partner violence; mental health crises and drug and alcohol abuse under lockdown are all consequences of the containment measures imposed amidst scarce resources to fight the pandemic, she explained.

84. Dr Poonam Singh pointed out the “stark choice” faced by the poor – the gamble of infection against the certainty of hunger. At the same time, there emerged an opportunity amid this crisis: “health is now seen by heads of State and government as a central and crucial issue.”
85. Pointing out that responses to the crisis depend on countries individually, but full recovery depends on countries collectively, Dr Singh said the big risk comes with fiscal contraction. With governments across the Region committing to unprecedented levels of expenditure in response to the crisis, the fiscal situation of some of them will become even more precarious. A period of fiscal consolidation or contraction is likely to follow for all countries.

86. Precedents from past crises suggest that whenever fiscal contraction has occurred, health and social spending are the first sectors to be cut. There is no guarantee that just because a health crisis precipitated the situation that health spending will be protected, she said, citing examples from the 2008–2009 global financial crisis after which social care and health services had taken a major hit. To avoid the same fallout, spending priorities that contribute to economic recovery as well as keep UHC on track should be identified.

87. The Regional Director identified the key question that will emerge in the aftermath of the pandemic: how will COVID-19 change financial protection for health and how will governments respond? An opportunity should arise from the crisis to rethink the role of external support and debt relief, she informed.

88. The “new normal” that is emerging will require that difficult choices be made, that deliberate actions be taken. All this will take time and require firm, clear and empathetic political and technical leadership, and a steadfast commitment to not only sustain present health spending, but to also accelerate it, she said. In this context, she said that in this Region the priorities being pursued will require “only limited adjustment”.

89. The Regional Director then outlined some of the challenges to be confronted in the post-pandemic world. “Our first challenge therefore is to sustain and scale up current health spending. We must strengthen the economic and political argument for sustaining health investment as a pre-requisite for recovery. Universality must include everyone: migrants, refugees, slum-dwellers, those in remote areas and all those other groups so clearly at risk of being ‘left behind’. Increasing the strength of the health workforce and enhancing access to safe and affordable medicines, vaccines and all other forms of medical technology must continue to focus our efforts throughout and beyond the pandemic. It is only by doing so can we continue to achieve our ‘Sustain. Accelerate. Innovate’ vision and build a healthier, more health-secure and sustainable Region.”
90. The Regional Director suggested three actions that can hasten the Region's onward momentum in the post-pandemic recovery phase: national leadership linked to local decision-making; effective communications; and learning to manage uncertainty.

91. Emerging from the pandemic will raise difficult questions about recovery that have the potential to influence all aspects of national life and international interaction, and countries must prepare for a wide range of possible futures. In this context, she concluded by saying: “Together we must continue to push ever harder for a future that is not only healthier, but also more health secure. Together we must continue to drive sustained progress towards achieving health for all.”

[For the full text of the address, see Annex 5]

92. In their interventions to the presentation of the Annual Report on the Work of WHO in 2019, the distinguished delegates congratulated the Regional Director for her comprehensive and informative report, which highlighted the remarkable achievements brought about in the domain of public health and well-being of the people of the Region.

93. They described the Regional Director’s leadership as “visionary” and “timely”, as well as “extremely effective” during this time of global crisis due to the COVID-19 pandemic. They noted the exemplary efforts made by WHO in providing support to Member States since the start of the pandemic in the concerted mobilization of resources both regionally and nationally towards prevention and recovery, while at the same time enabling countries to continue to provide their essential health and regular immunization services.

94. The Chairperson expressed appreciation for the support provided by WHO to Member States in strengthening national health policies as well as health systems, all of which resulted in improving the overall quality of health-care services available to the people. He made a special mention of the “purposeful leadership of Dr Poonam Singh”, which he said is reflected in her initiatives to improve public health through measures such as the Flagship Priority Programmes, management reforms and, more lately, the COVID-19 strategic response plans. “These have resulted in remarkable improvement in implementation and several achievements at the regional and country levels. We in the Region look forward to benefiting from her commitment and continued leadership to achieve the regional and country health priorities.”
95. Member States in their interventions on the Annual Report also highlighted their individual national public health achievements and the sustained elimination of several diseases from many countries over the past year as well as the unrelenting efforts invested by all of them in preventing the spread and transmission of COVID-19. They also narrated the lessons learnt, and the challenges faced, especially in the COVID-19 response as well as during 2019,
and reiterated the importance of considering these while framing future biennial workplans. They highlighted the need to continue to make efforts to make WHO support more effective, targeted and direct, which is necessary for making WHO funding for the Region more efficient.

96. The distinguished delegates noted and appreciated the role of the WHO Regional Office in assisting Member States to make possible and tangible their accomplishments in 2019. These included a slew of public health and elimination successes such as measles elimination in Sri Lanka, mother-to-child transmission of HIV and syphilis elimination in Maldives, elimination of trachoma in Myanmar, hepatitis B control in Bangladesh, Bhutan, Nepal and Thailand, and the continuation of malaria-free status in some countries.

97. “Many have been the accomplishments in 2019 across the Region, and WHO’s support and assistance at all levels – global, regional and country – has been real and significant,” said the honourable ministers in unison and with resounding agreement. “However, 2019 has also left us with homework to be done, issues to be solved, and challenges to be addressed.” In this context of the unfinished agenda, Member States recalled the road ahead to collectively achieve the ambitious Triple Billion targets, increase progress towards universal health coverage, and forge ahead towards the Sustainable Development Goals (SDGs), all of which are threatened with disruption by this pernicious pandemic “if we do not come up with more creative, out-of-the-box solutions”. To achieve these goals and targets for the well-being of millions, Member States will need to further strengthen the capacity of their health systems now and in the future, they reiterated with resolve.
98. While countries at their national levels were committed to maximizing efforts towards the achievement of the global targets, and supporting WHO in ensuring their accountability, they concurred that “a dynamic WHO must use its resources where it can most make a catalytic difference”. “We need WHO to expand its leadership role and to fulfil its mandate as the custodian of health worldwide,” said a distinguished delegate, articulating the opinion of all the honourable ministers.
99. In view of the global pandemic that has transcended barriers, some Member States suggested that WHO work even more closely with regional organizations such as the United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), GAVI Alliance (GAVI), the Global Fund and other development partners so that there is no duplication of efforts and the health response beyond
the pandemic will continue to be seamless and well-coordinated and especially in line with specific country needs.

100. Member States reiterated that the report of the Regional Director “truly reflected” the pivotal role played by WHO in giving leadership to countries and in strengthening their nation’s emergency responses. “The Regional Flagships have played a critical role in our hour of need and have helped us in reaching better outcomes in responding to COVID-19 too.”

101. Member States enumerated several successes made across the Region. These included the achievements in reduction of child mortality, preventing mother-to-child transmission of HIV, success with measles elimination, maintaining the elimination status of malaria and lymphatic filariasis in several countries, and implementing tangible noncommunicable disease (NCD) interventions and “best buys”. Essential health services packages launched in 2019 will further strengthen efforts of several Member States in promoting universal health coverage.

102. Countries reiterated their pledge to work in solidarity with the international community and called for intense collaboration to develop effective vaccines, medicines and technologies. Member States joined in an appeal to treat vaccines, medicines and technologies as “public goods” and ensure their equitable distribution in view of the devastating effects of the pandemic on the health and livelihoods of the people.
103. Addressing new and emerging diseases, prevention and control of communicable and noncommunicable diseases, and improving services for maternal and child health remain important priorities for all Member States. The need to improve the service delivery framework, quality of care and strengthen clinical and referral care to meet the challenges and realities of today are equally relevant and must be in tandem.
104. The honourable ministers also enumerated the COVID-19 response efforts and initiatives in their countries. While all countries took decisions on the COVID-19 response with a whole-of-government approach and accorded it the status of a national health security issue, several set up national task forces to fight the pandemic. All countries displayed a high level of government commitment to prompt action from the very initial stages of the pandemic.

105. All Member States expressed “deep gratitude” for the support received from the WHO Regional Office in strengthening their COVID-19 response. Technical and logistical support from the country offices and the Regional Office, such as the supply of personal protective equipment (PPE) and test-kits, have been crucial for a rapid and comprehensive response. In some countries, the first batch of COVID-19 resources made available were through the auspices of WHO.

106. Member States concurred that COVID-19 has emphasized that the best response to this and future pandemic outbreaks is the need for a strong and resilient health system focused on primary health care. While universal health coverage has progressed relentlessly in every country over the past few years, a significant amount of work remains to be done to make health systems reach the desired levels of resilience, they said. “This remains the foremost priority for all countries of the Region.”
107. According people’s safety as the highest national priority has entailed a systematic increase in investments in the health area. Renewed commitment and continued collaboration with Member States and WHO in the Region is the key. To this end, continued technical and programmatic support from WHO will accelerate regional progress towards universal health coverage.

108. The Committee also unanimously congratulated H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health of Thailand, and H.E. Mr Bhanu Bhakta Dhakal, Minister of Health and Population of Nepal, for their nomination as Chairperson and Vice-Chairperson respectively for the Session.

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

109. The Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, in his address expressed regret that for the second year in succession he was joining the meeting not in person but virtually. “Although virtual meetings have enabled us to continue working through the pandemic with a much lower carbon footprint, I must admit that I miss the in-person interaction with all of you. However, holding our meeting virtually is a small price to pay compared with the suffering of so many people around the world and in your Region,” he said.
110. Dr Tedros began by enumerating the effective and timely measures WHO has been able to take since the beginning of the pandemic to support countries at all three levels of the Organization. More than 90% of countries in the SEA Region now have a national preparedness and response plan, and all countries have laboratory capacity for testing for COVID-19, compared with only four countries at the beginning of the pandemic.

111. In addition to technical and normative support for Member States, WHO has also provided huge quantities of PPE, test-kits and other essential items. There have been more than 570,000 enrolments from the SEA Region in WHO’s online courses for COVID-19 through the OpenWHO.org learning platform. And through the Access to COVID-19 Tools Accelerator and the COVAX Global Vaccines Facility, WHO is working to ensure that if and when a vaccine is proven to be safe and effective, it will be accessible equitably for all countries in the Region, he informed.

112. The Director-General also mentioned the other health challenges in the Region and the progress reported by each Member State on the Regional Flagships. He singled out and applauded several of these achievements: Since 2000 there has been a more than 70% decline in measles mortality in the Region, and significant progress against rubella. Sri Lanka has joined four other Member States as having eliminated measles, and that six Member States sustained rubella control during
the year. Maternal, neonatal and under-5 mortality all continue to decline, and the Region is encouragingly on track to achieve the Triple Billion target of a 30% reduction in maternal and child mortality by 2023.

113. On the crucial target of achieving universal health coverage, he said it is very encouraging that the service coverage index in the Region has increased steadily from 46% in 2010 to 61% in 2019. However, more than 800 million people still lack full coverage of essential services, and about 65 million people are pushed into poverty every year because of out-of-pocket health expenses. These are critical issues that all countries need to address, he added.

114. On antimicrobial resistance (AMR), he felt encouraged to note that all Member States have now enrolled in the Global Antimicrobial Resistance Surveillance System, a vital tool for monitoring the spread of AMR globally. Dr Tedros also reiterated the importance of scaling up capacity in emergency risk management that is a key priority for all countries of the Region.

115. “In addition to the pandemic, you are also dealing with the protracted Rohingya crisis, outbreaks, floods and landslides, civil conflicts and, of course, the threat of air pollution and climate change. Eight Member States have achieved compliance with their IHR Core Capacities, compared with just two in 2013. “However, limited investment in disaster risk reduction and emergency preparedness is a persistent problem; the pandemic has demonstrated that we neglect these systems at our peril.”
The Regional Director actively participates in a healthy break accompanied by a promotional health video.
116. Dr Tedros also congratulated the Region in leading the world in efforts to eliminate neglected tropical diseases. On tuberculosis, he said, case reporting is increasing, but so is the treatment success rate, and budgetary allocations have trebled in some Member States.

117. These are all achievements to be proud of, said Dr Tedros. “At the same time, you are all aware of the work that remains to be done in all of these areas. Sometimes, the task may seem insurmountable. But with careful planning, relentless advocacy and unwavering commitment, every mountain can be climbed. Thank you all for your commitment.”

118. The Director-General assured the delegates that as they work together to confront this pandemic, WHO will continue to support them in every way possible to suppress transmission and save lives. “Even as we respond to the pandemic, we are continuing to transform WHO to serve you better,” he said, citing instances of this transformation:

119. Through the Special Programme on primary health care, WHO is seeking to strengthen the foundations of health systems. Through the new division of Emergency Preparedness, WHO is supporting nations to prevent and mitigate the impact of emergencies as well as respond to them. Through the Office of the Chief Scientist and the Division for Data, Analytics and Delivery for Impact at headquarters, WHO will provide the evidence and tools countries need to strengthen information systems to make the best decisions for the biggest impact. And through the new WHO Academy, the Organization will provide in-person and online training to empower health workers to accelerate advancements in medical care and practices to patients and communities, he said.

120. While COVID-19 is causing much pain, sorrow and uncertainty, it is also giving us an opportunity to realize that “health is not an optional extra (but) an essential investment in safer, healthier, fairer and more sustainable societies”.

121. In conclusion, the Director-General said: “This pandemic will end. The challenge all of us face is whether we can take the opportunity to drive the transformative changes in health we need to make progress towards the Sustainable Development Goals.”

122. The Chairperson, in synopsizing the key addresses, said the Director-General’s address provided useful guidance to Member States of the Region to further strengthen their COVID-19 response, bolster their health development
efforts, and better plan on the road to future collaboration with WHO. He expressed support for the steps being taken by WHO to conduct an independent and comprehensive evaluation of the COVID-19 response and said countries looked forward to its result.

[For the full text of the address, see Annex 6]

Ministerial Roundtable on COVID-19 (Agenda item 6)

Country experiences and lessons learnt with future transition to the ‘new normal’ (Agenda item 6.1, SEA/RC73/3)

123. The Ministerial Roundtable was chaired by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health of Thailand, with Dr Roderico Ofrin, Acting Regional Emergencies Director at the Regional Office and WHO Representative to India, as moderator.

124. The Chair welcomed everyone to the Roundtable, and recalled that during the Seventy-second session of the Regional Committee in New Delhi in 2019, the topic of the Ministerial Roundtable was “Emergency Preparedness in the Region”, and it led to the adoption of the Delhi Declaration on Emergency Preparedness in the South-East Asia Region (SEA/RC72/R1).

125. Emergency preparedness has very strong linkages with UHC and the health-related SDGs, he observed. Significantly, barely a year after the adoption of this
regional resolution on emergency preparedness, the Chair said, the entire world has been hit by an unprecedented infectious disease pandemic. This pandemic has made it imperative for all nations to adopt strict public health and social measures to prevent transmission and spread. The pandemic has also paved the way for an incipient but ongoing transition to a new way of living, or a “new normal”, for the world and its 7.5 billion people.

126. The Chair then explained to the distinguished delegates that the Ministerial Roundtable Agenda item 6 has two sub-agendas:

- **Agenda item 6.1**: Country experiences and lessons learnt with future transition to the “new normal”; and
- **Agenda item 6.2**: Maintaining essential health services and public health programmes in the context of COVID-19.

127. He urged the honourable ministers to share their experiences and agree on actions to enhance commitment and investment in building robust and resilient health systems, strengthen laboratory networks, optimize the capacity of the health workforce in their countries, and strengthen procurement and supply chain mechanisms to combat the current and future pandemics in a robust and effective manner. He suggested that this session be used to prepare better roadmaps for the days ahead.

128. At the invitation of the Chair, Dr Roderico Ofrin gave a brief overview of the current pandemic situation while inviting the Regional Director to introduce the subject of ministerial roundtable discussion.

129. Thanking the honourable ministers for their time and attention, the Regional Director, Dr Poonam Khetrapal Singh, through an illustrative and detailed presentation on the subject under discussion to the honourable ministers categorically stated that maintaining essential health services throughout the COVID-19 response is a “core pillar” of WHO’s strategic preparedness and response plan, and has been central to the Region’s efforts thus far into the pandemic. “People’s ordinary health needs do not disappear due to extraordinary events,” she said poignantly.

130. “The crisis we face is a health crisis, but for as long as it continues it will have an egregious impact on all areas of social and economic development. All people, all sectors, all countries and all partners in the Region and the world must come together to strengthen the response and build a recovery and future
that is more health-secure, and in which all people’s health needs are met as a precondition to achieving the sustainable development to which we strive.”

131. While reinforcing the fact that health security is not only about building capacity to prevent, prepare for and respond to acute events, but also about building capacity to maintain essential health services during the response and into recovery, she urged Member States to aggressively apply basic public health
measures that work in their response. The responses from countries now will reinforce the Region's all-hazards approach to emergency risk management, as well as its quest to achieve universal health coverage in the future.

132. She recalled the SEA Region Health Ministers’ Meeting in August 2020 at which the results were reviewed of a WHO rapid assessment aimed at better understanding the extent to which the spread of COVID-19 had disrupted essential health services. A WHO report also showed that globally, countries on average experienced disruptions in 50% of a set of 25 tracer services. Service disruptions in the Region were in many cases significant, and most severely impacted essential services for communicable diseases, NCDs, mental health, reproductive, maternal, newborn, child and adolescent health (RMNCAH), and nutrition. These disruptions have the potential to halt and even reverse progress on each of the eight Flagship Priorities, she said.

133. She then enumerated some of the key response mechanisms that each Member State had successfully initiated to not only respond to halt the spread of the pandemic but also maintain essential health services during COVID-19, and complimented them for these.

134. Bangladesh expanded its health workforce and developed and implemented guidelines to maintain routine immunization, with several indicators suggesting that coverage is back to pre-pandemic levels.
135. Bhutan developed microplans to ensure that health facilities could provide vital sexual and RMNCAH services when strict physical distancing measures were applied in August.

136. The Democratic People's Republic of Korea made special efforts to maintain immunization coverage for all children in the country, with a focus on preventing vaccine stock-outs by ensuring an adequate national vaccine supply and reinforcing the health workforce.
137. India implemented a national 24x7 psychosocial support helpline, and continues to strengthen health worker capacity to screen, refer or treat mental health issues.

138. Indonesia developed a risk mitigation plan with a specific focus on maintaining access to essential medicines and other health supplies.
139. Maldives expanded the provision of telemedicine services, which achieved significant penetration in the first months itself, representing an effective use of the country’s mobile network.

140. Myanmar allocated additional funds to the health sector, some of which were invested in strengthening the primary care services on which all people, of all ages, incomes, ethnicities and genders rely.
141. Nepal resumed and, with great commitment, completed a supplementary immunization activity that covered more than 2.5 million children with measles and rubella-containing vaccine amid strict hygiene and physical distancing measures.

142. Sri Lanka made special efforts to secure people’s access to medicines required to manage NCDs, for example by issuing extended prescriptions and arranging doorstep deliveries.
143. Thailand implemented strict infection control protocols to enhance the safety of patients, professionals and people at all levels of the health system.

144. Timor-Leste made concerted efforts to engage communities to ensure that they are comfortable accessing routine immunization and other key services. It also developed a real-time data portal to identify which sub-districts are performing well, and where further resources are needed.

145. Such “innovative thinking and rapid action” overcame many demand- and supply-side barriers, and helped to quickly revive essential services and prevent a great deal of avoidable morbidity and mortality, she said, lauding the efforts of each Member State.

146. “Over the last eight months WHO has been relentless in helping you meet this once-in-a-generation challenge,” she said, citing some of the landmark achievements in this collaboration. The WHO Regional Office for South-East Asia procured and delivered more than 1.1 million pieces of PPE to Member States. More than 1.78 million diagnostic tests were shipped to ensure all countries in the Region have the laboratory capacity to carry out a real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) testing.
147. The Regional Director urged Member States to consider intra-action review of their national response to COVID-19 for long-term planning to tackle this pandemic. She assured Member States of equitable and affordable access to a vaccine as soon as it is feasible. She also urged Member States to enhance implementation of the “health-centred aspects of the SENDAI Framework for Disaster Risk Reduction (2015–2030)”. 

148. As early as February, a Region-specific preparedness and response plan was developed, in keeping with our focus on driving impact tailored to country needs. And through the Access to COVID-19 Tools (ACT) Accelerator and its COVAX Facility WHO globally is working to secure countries’ access to life-saving goods. WHO will continue to relentlessly support Member States in building resilient health systems that can function effectively under the “new normal”, she assured the delegates.

149. Dr Poonam Singh then underscored three messages that will facilitate joint progress throughout the pandemic response and into the recovery and beyond. First, the need to continue to learn from each other’s experiences and adapt and apply best practices. These include initiatives such as telemedicine, keeping health workers safe from infection and violence, mental health and psychosocial support, better use of data at the subnational level to identify and fill gaps, among others.

150. Second, the need to continue to leverage formal and informal opportunities to pool our collective strengths. The Region has in recent years built formidable
institutions that provide real advantages in responding to crises, such as the South-East Asia Regional Health Emergency Fund, which has supported the COVID-19 response activities of three countries in the Region. The South-East Asia Regulatory Network can facilitate exchange of information on essential medicines and accelerate the implementation of good manufacturing practices. Collaboration among countries can help provide a range of critical resources, from laboratory supplies to personal protective equipment and more.

151. Third, the imperative to continue to make the case for sustained and scaled up investments in health during and in spite of the massive global economic contraction, rising unemployment, poverty and inequality, and falling public revenues, remittances and household incomes. With the SEA Region having some of the highest out-of-pocket spending on health in the world, stakeholders must make a bold, impassioned case for current health spending to not only be sustained but also scaled up.

152. She highlighted the significance of the term “pandemic” from the etymological perspective. “The key to navigating our way through (the pandemic) is in the name – ‘pandemic’: ‘pan’ meaning ‘all’ and ‘demos’ meaning ‘people,’” she explained, stressing the overwhelming and all-encompassing nature of the recent developments.

153. “We must look within and build on the substantial and often innovative efforts we have made in recent years to increase health spending. Emergency preparedness must be enabled to be integrated across all health system components, from human resources to supply chains, and health information systems and policies. The case is ours to make, and the momentum ours to drive,” she said. She also explicitly assured Member States that in focusing on these and other key areas of the response and recovery, WHO assures them of full support.

154. The moderator, Dr Roderico Ofrin, then outlined the modalities of the roundtable discussion among the ministers. Two rounds of discussions would be held within the dedicated time limits, he explained. In the first round, the honourable ministers were invited to highlight the most important interventions to manage COVID-19 from select areas of response such as public health interventions; social measures; clinical services for case management; governance and coordination; risk communication and innovations and best practices; among others. In the second round, the ministers were urged to highlight strategies they may consider to increase investment in health and health emergencies and IHR Core Capacities to prevent future pandemics.
155. The Committee was informed of the status of the ongoing COVID-19 pandemic and how, in an unprecedented way, it has affected and shifted ways of living and working, and how it has overwhelmed the existing capacities of health systems and service delivery, including disruption in the continuity of non-COVID essential health services and public health programmes. The pandemic has also offered a window of opportunities to Member States in the Region to translate their commitments into actions that were expressed in the Delhi Declaration on Emergency Preparedness at the Seventy-second session of the Committee in September 2019.

156. The Committee took note of the “game-changing” strategic interventions implemented by Member States to prevent and curb the transmission of COVID-19. Examples include increased investments of budgetary allocations, screening of passengers at the points-of-entry at international borders, quarantining, testing and isolation, strengthening of contact tracing, mobilization of equipment and the health workforce for responding to the COVID-19 caseload at health facilities, scaling up the network of public health laboratories, risk communication and community engagement, tapping digital technologies and telemedicine services in the context of restricted movement, innovative and good practices relating to indigenous manufacturing of PPE, diagnostic kits and ventilators, etc. Streamlining of patient flow in health facilities to avoid overcrowding while implementing strict infection prevention and control measures further supported access to COVID-19 treatment and care as well as non-COVID essential health services.
157. The Committee acknowledged and appreciated the spirit of solidarity among Member States in supporting each other in the fight against COVID-19, for sharing resources and technical skills, essential logistics supplies and cross-border cooperation through exit and entry screening of passengers.

158. The Committee took serious note of the challenges faced by Member States in mounting a response to COVID-19, particularly on the global shortage of, and access to medicines and vaccines, impaired access to routine essential health services of the marginalized and vulnerable sections of society such as the elderly, people with chronic health conditions, differently-abled people, women and children in some settings.

159. The Committee welcomed the suggestions from Member States on the need to establish a regional warehouse to facilitate and stockpile essential emergency supplies required to respond to health emergencies, conduct risk identification and mapping for preventing any such emergency, and carry out long-term planning at each country level for improving resilience while learning from the current pandemic of COVID-19.

160. The Committee commended the commitment and willingness of Member States to accelerate endeavours at further building core capacities and improving technical areas under the IHR 2005, increase the use of simulation exercises, strengthen health emergency operation centres, and prioritize attention to the areas of antimicrobial resistance, food safety, zoonoses, laboratory systems, and early warning alert and response systems (EWARS). The need to further strengthen capacities in the Region to deal with chemical, biological, radiation and nuclear emergencies was also flagged.

161. The Committee emphasized the importance of increased domestic funding for making communities and health systems resilient as a long-term solution to the COVID-19 pandemic and similar threats in the future. The importance of and crucial need for allocating sufficient resources, funding and engagement of operational partners was highlighted to further strengthen emergency health preparedness and response and to build IHR Core Capacities. The need for accelerating development and/or monitoring the implementation of National Action Plans for Health Security at each country level was stressed.

162. The Director-General commended the regional solidarity in the fight against the pandemic, and reiterated the importance of continuing to learn from the experiences of each Member State. He stated four priorities of key importance for Member States: (i) following a risk-based approach with minimal mass gatherings,
and strict implementation of public health and social measures in gatherings that are unavoidable; (ii) protecting essential health-care workers and vulnerable populations; (iii) empowering individuals and communities through risk communication and health promotion messages; and (iv) focusing on the basics of public health in the campaign against COVID-19 – find, isolate, test and treat cases.

163. Reiterating that the best defence against any outbreak is a strong health system, Dr Tedros declared WHO's commitment to supporting Member States in maintaining and strengthening essential health services, in three key ways: first, making immediate adjustments to ensure the continuity of essential services; second, building medium-term responses across society, based on the “Health First” approach of the Socio-Economic Response Plan; and third, implementing a specialized approach to service delivery for fragile, conflict-affected and vulnerable settings under the Global Humanitarian Response Plan.

164. Noting that the pandemic has put an enormous strain on health workers all over the world – with around 14% of COVID-19 cases reported to WHO being among health workers – Dr Tedros underscored the importance of health workforce strengthening. “…Our health workforce is at the core of everything we do. This is the International Year of the Nurse and Midwife, but we must honour and support all our health workers every day of every year. To mark World Patient Safety Day next week, we are focusing on health worker safety as a pre-requisite for patient safety. WHO will launch a charter for health worker safety, urging Member States and all partners and stakeholders to commit to health worker safety as a priority for patient safety,” he said. In this context he expressed
satisfaction over the fact that a proviso on the safety of health workers and patients is included in the Ministerial Declaration.

165. The Director-General echoed the views of the honourable minister from Myanmar that "our priority must be to vaccinate some people in all countries, not all people in some". In this regard, the COVAX Facility is the agreed international mechanism for ensuring equitable access to vaccines, he said, thanking those countries that have joined COVAX. “COVAX is solidarity in action; this virus thrives on division … together we will defeat it,” he concluded with optimism.

Maintaining essential services and public health programmes in the context of COVID-19 (Agenda item 6.2, SEA/RC73/4)

166. The Committee acknowledged that the COVID-19 pandemic and its rapid spread across the Region made inevitable, at least in the initial phase of the pandemic, the shifting of focus from routine essential health services to effective and timely response to the prevention, control and treatment of cases with COVID-19.

167. In a few instances, in some Member States, there was partial disruption of essential health services and suspension of public health programmes or restricted access to some essential services due to lockdowns and restrictions on movements imposed by local governance mechanisms. However, it is also noteworthy that Member States in the Region recognized the significance of continuity of essential health services and public health programmes and restored easy access to people
as early as possible. In some Member States, the resilience integrated into the health systems paved the way for sustained access to essential health services, and even facilitated supplementary immunization programmes that benefited vulnerable populations such as women and children.

168. The Committee also recognized the challenges faced by Member States, especially in the area of limited health workforce in clinical facilities as well as for public health programmes; the negative impact of misinformation, rumours and stigma associated with COVID-19-specific clinical facilities that discouraged people, especially the elderly, those who were immuno-compromised, and other vulnerable populations, from accessing routine essential health services for continuation of their ongoing treatment for chronic health conditions.

169. The Committee welcomed the suggestions and sharing of knowledge on successful measures from Member States. The notable ones among these were on mapping of vulnerable populations for prioritizing their access to essential health services; putting in place risk communication and community engagement systems; increasing investments in strengthening the health workforce, and the safety and security of health infrastructure. Other notable suggestions were starting new initiatives on establishing infectious disease hospitals and further improving IHR Core Capacities in technical areas of control and prevention of AMR, food safety, zoonoses, laboratory systems; and strengthening the emergency supply chain systems.

170. The Committee stressed the imperative to allocate adequate technical, financial and human resources to the health sector to ensure that disruptions do not occur in the continuity of essential health services and public health programmes during any disaster or emergency in the future. Member States can promote partnerships and collaboration with private sector stakeholders and other operational partners for easing affordable and unhindered access to these services. Accelerated use of digital technologies such as tele-medicine can be tapped to reduce overcrowding in hospitals and streamlining the flow of patients.

171. The Chair thanked the honourable ministers for their active participation in what he called was a “very interactive and informative Roundtable session and discussions”. He also thanked Dr Ofrin for his successful moderation of the event. He appreciated the Regional Director for her insights as well as her leadership in the Region on this Agenda and for enumerating the key strategies ahead for all partners in the Region. “We look forward to implementing our commitments made here today that will drive our actions to produce results,” he said.
172. With the conclusion of the ministerial deliberations at the Roundtable, the Chairperson invited Dr Viroj Tangcharoensathien, Adviser to the Office of the Permanent Secretary of the Ministry of Public Health of Thailand and a member of the Thai delegation to the Session, to formally present the Ministerial Declaration for adoption. It was observed that the Declaration – formally titled WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19 (SEA/RC73/R1) – had been prepared by Member States with support from the WHO Secretariat through an extensive consultative process. The contributions from all Member States were sincerely appreciated on behalf of the Chair, and the motion was carried unanimously.

173. An innovative virtual signing ceremony of the Declaration followed, in which the Chair, after securing assent of all Member States, unveiled the signatures of the honourable Ministers of Health on an electronic copy of the Declaration displayed on the screen.

174. The “WHO South-East Asia Region Member States' Declaration on Collective Response to COVID-19” was formally adopted as a timely call to action by Ministers of Health to:

(a) improve universal health coverage and primary health care as a safety net for people in accessing quality health services;
(b) ensure equitable access by all people to all essential health services, without financial barriers;
(c) allocate adequate health budget to sustain uninterrupted health services during and after the pandemic;
(d) ensure occupational health, safety and wellbeing of health professionals and strengthen safety of patients;
(e) mobilize surge capacity in the society to mitigate the negative consequences of the pandemic;
(f) strengthen core capacities as required by the International Health Regulations (2005), including capacity for preparedness, surveillance and rapid response, field epidemiology training, supply chain management, and stockpiling; and
(g) fully engage in global discussion on equitable allocation of vaccines, medicines and diagnostics. [Full text of the Declaration on page 100]
Programme Budget matters (Agenda item 7)

Programme Budget Performance Assessment: 2018–2019 (Agenda item 7.1, SEA/RC73/5 and SEA/RC73/5 Inf. Doc. 1)

175. The Committee was informed that consistent with WHO’s results and accountability frameworks, the Working Paper (SEA/RC73/5) related to the Agenda item provides information on the programmatic and financial implementation of the Programme Budget 2018–2019 in the South-East Asia Region based on the end-of-biennium assessment. The WHO Results Report of the Programme Budget 2018–2019: Driving impact in every country, that was prepared for the Seventy-third World Health Assembly, serves as an Information Document (SEA/RC73/5 Inf. Doc. 1) to this Agenda item.

176. The Committee appreciated the work of the Secretariat in preparing a comprehensive first-ever Regional Results Report for Programme Budget 2018–2019, which included the key achievements that emerged from the collaboration of WHO and Member States. The challenges, lessons learnt and success stories in countries in each Category of the Programme Budget were also noted. It was observed that besides serving its statutory purpose, the Report also provides useful insights on how results can be achieved and monitored at the country level.

177. The Committee lauded the overall high programmatic and financial implementation, which were the results of shared responsibilities across the three actors in the Region: first, the Regional Director’s Flagship Priority Programmes initiative; second, the contributions by the WHO Country Representatives; and third, commitments by Member States to improve the health of their populations.

178. The Committee welcomed the efforts of the Secretariat to fully fund the approved Programme Budget 2018–2019. It was noted that the SEA Region had the second highest funding and implementation of the Base Budget. The achievement of 97% of all Top Tasks during the 2018–2019 biennium was appreciated. The Committee also noted the uneven funding across programmes and urged the Secretariat to continue efforts to increase resource mobilization and distribution of funds to underfunded programmes.

179. Member States made observations on their collaboration with WHO country offices for implementation of activities under the Biennium Workplan and the regular monitoring meetings held to review results as well as to prepare policies, strategies and actions.
180. The Committee agreed with WHO on the need to ensure the sustainability of best practices and initiatives to continue to improve health outcomes. The Committee expressed satisfaction with the technical support provided by WHO to maintain essential public health interventions, including high-quality vaccine-preventable disease surveillance, which were suitably linked to public health programmes in Member States.

Programme Budget 2020–2021: Implementation (Agenda Item 7.2, SEA/RC73/6 Rev. 1, SEA/RC73/6 Inf. Doc. 1)

181. The Committee was informed that consistent with WHO’s Accountability Framework, the Working Paper (SEA/RC73/6) provided an update on implementation of the Programme Budget 2020–2021 in the South-East Asia Region for the first semester of the current biennium (January–June 2020, with statistical figures updated till 31 August 2020).

182. The Working Paper included progress made on (i) financing and implementing the Programme Budget 2020–2021; (ii) development of the Thirteenth General Programme of Work (GPW13) Results Framework, including the new approach to Programme Budget monitoring using the Output Scorecard; and (iii) ongoing review of the Programme Budget in the context of the COVID-19 pandemic.

183. The Committee appreciated the comprehensive information provided on the implementation status of the Programme Budget 2020–2021 while noting that the COVID-19 situation has indeed delayed implementation of several planned activities.

184. The Committee appreciated the higher funding of the approved Programme Budget compared with that during the same period of the last biennium, and the increased distribution of available resources to country offices – 81% of the total financial resources and 87% of COVID-19 response funds were directed to countries. In the same vein, the Committee also expressed concern over the challenges to implementing Programme Budget 2020–2021 due to the COVID-19 situation, especially regarding maximizing the efficient use of existing resources while mobilizing additional voluntary resources.

185. The Committee expressed its satisfaction over the participation of the Region’s Member States in the pilot-testing of the GPW13 Results Framework, and welcomed the Secretariat’s one-stop database and tracking system for the GPW13
“Triple Billion” targets and the health-related Sustainable Development Goals, and the new Output Scorecard approach to further improve performance and accountability of the Organization. It requested for more information regarding the six dimensions of the Output Scorecard, and emphasized the need to build country capacity on this important initiative to measure results and impact at the country level.

186. The Committee anticipated that the balanced Score Card approach can capture WHO’s contribution more comprehensively and the result can provide valuable inputs for more effective implementation towards achieving the Triple Billion targets.

187. The Committee pointed out the uneven distribution of funding across Strategic Priorities and expressed concern regarding the low financing of Strategic Priority 2 – Health Emergencies. It was clarified that increased funding over the approved Budget under Category 13 was due to influx of funds for the COVID-19 response.

188. The Committee fully endorsed the recommendations of the Thirteenth Meeting of the Subcommittee on Policy Programme Development and Management in July 2020, especially the recommendations on (i) maintaining essential health services and programmes while ensuring an effective response to the COVID-19 pandemic; (ii) strengthening systems to ensure regular monitoring of implementation at the country level; and (iii) continuing participation in the implementation of the GPW13 Results Framework jointly with the WHO Secretariat.

189. The Committee acknowledged the collaborative approach with Member States in the development of the operational plans to implement Programme Budget 2020–2021, and the joint reviews to undertake necessary adjustments and reprogramming of workplans considering the priorities, needs and new ways of working due to the pandemic situation.

190. Moving forward, the Committee stressed the need to regain momentum to implement planned activities in the biennial workplans while at the same time continuing with the response to COVID-19. Increasing the quality of financing to align resources with priorities, and reprogramming and repurposing workplans as necessary in the context of the evolving situation, were also emphasized.

191. The Committee also expressed an interest in being informed about and engaged in the process of developing the Programme Budget 2022–2023.
Policy and technical matters (Agenda item 8)

Decade for health workforce strengthening in the SEA Region 2015–2024: mid-term review of progress, challenges, capacities and opportunities (Agenda item 8.1, SEA/RC73/7)

192. In 2014, Member States of the WHO South-East Asia Region agreed to the “Decade for Strengthening Human Resources for Health in the SEA Region 2015–2024” with a focus on rural retention and transformative education. The WHO Regional Committee for South-East Asia also endorsed resolution SEA/RC67/R6 on “Strengthening Health Workforce Education and Training in the Region” the same year. This resolution requested the Regional Director to report on progress in health workforce development to the Regional Committee every two years, starting from 2016, for a decade.

193. The publication titled Decade for health workforce strengthening in the South-East Asia Region 2015–2024: mid-term review of progress, 2020, highlights the regionwide progress made on human resources for health (HRH) in Member States of the SEA Region at the mid-point of the Decade for health workforce strengthening.

194. The 2020 report, for the first time, includes data on primary health care workers beyond doctors, nurses, midwives, dentists and pharmacists. It also includes a section on the health workforce in the context of COVID-19, and on nursing and midwifery and country profiles with updated HRH data reported by Member States.
195. In addition, the Secretariat in collaboration with Member States has produced a report on *Improving retention of health workers in rural and remote areas: case studies from the WHO South-East Asia Region*. This report presents good practices on successful rural retention policies in six countries of the Region, namely Bhutan, India (state of Chhattisgarh), Indonesia, Myanmar, Sri Lanka and Thailand.

196. The Committee commended the good progress made in implementing the Decade for health workforce strengthening in the South-East Asia Region, as reflected in the mid-term review report 2020 and in the rural retention country case studies.

197. The Committee reiterated the linkages between improving the health workforce, strengthening health systems and achieving UHC and the health-related SDGs. Having sufficient, well-trained and motivated health workers is key to success in ensuring the health and well-being of the people.

198. The Committee noted with satisfaction the overall 21% increase in the availability of doctors, nurses and midwives in the SEA Region since 2014. However, the projected shortage of 1.6 million doctors and nurses remains a concern for Member States and serves as a “call for action” for countries as well as the WHO Secretariat.

199. The Committee noted the status vis-à-vis the health workforce and policies, plans and initiatives underway to accelerate progress in improving health workforce availability and distribution in the Region. Examples include multiple Member States highlighting their recent development of HRH strategies, strengthening and establishment of HRH units, improvement of HRH information systems and HRH data, development of health labour market analysis, implementation of a bundle of rural retention policies, improvement of the accreditation systems of health education institutions and programmes, review of medical and nursing curricula, and improvement in their faculty, among others.

200. Several important concerns and priorities were raised by the Committee in the context of the COVID-19 pandemic, including the unprecedented growing need for health workers and the need to increase the surge capacity of health workers to respond to the pandemic and at the same time maintain essential health services, provide adequate protection of health workers against COVID-19, and the psychosocial support required by them during the pandemic. COVID-19
represents a window of opportunity to increase investment on the health workforce across the Region.

201. The Committee encouraged Member States to support the report of the Expert Advisory Group that reviewed the relevance and effectiveness of the Global Code of Practice on the International Recruitment of Health Personnel in 2020.

202. The Committee requested support from WHO to continue addressing some of the health workforce challenges in the Region during the second half of the Decade, such as improving the availability and distribution of health workers in Member States, improving the quality of pre- and in-service education and training, improving the strategic and planning capacity of HRH units, the development and implementation of HRH strategies and enhancement the HRH information systems.

203. The Committee requested the WHO Secretariat to produce the fourth progress report on the Decade for health workforce strengthening in 2022.

204. The Regional Director in her observations called it encouraging to see the progress being made across all Member States in their health workforce. She reiterated the importance of Member States and WHO to keep on working together during the second half of the Decade to improve the availability, distribution and performance of the health workforce in South-East Asia. She also reiterated the importance of increasing the surge capacity of health workers during COVID-19 and beyond, and of protecting health workers and providing psychosocial support to them during the duration of the pandemic and beyond.

205. In a written statement, Ms Shalina Miah, Regional Manager for Asia and the Pacific, United Nations Volunteers (UNV) Programme, highlighted how actions around the world during the pandemic are a testimony to the commitment of volunteers to ensure the well-being of people and communities. Citing examples, she said that in Thailand, more than 1 040 000 village health volunteers had stepped forward to provide support in responding to the pandemic; while community volunteers were mobilized in 75 000 villages across Indonesia to assist the government in increasing public awareness.

206. The COVID-19 Strategic Preparedness and Response Plan by WHO identifies community volunteers as key stakeholders for risk communication and community engagement. The UNV Programme supported the UN’s immediate response to COVID-19 by mobilizing skilled and qualified UNV on site, as well
as online, to support preparedness, response and longer-term recovery efforts. Complementary partnerships between governments, UN agencies, volunteers and volunteer organizations are crucial for building back better, especially for the most vulnerable and in local communities. Volunteers must be integrated in the health-related and other development plans and given a voice throughout the stages of preparedness, response and recovery.

207. Mr Howard Catton, Chief Executive Officer of the Switzerland-based International Council of Nurses (ICN), presented a written statement highlighting that 2020, as the International Year of the Nurse and the Midwife, commemorates the contributions of nurses to health, even as nurses around the world work tirelessly to combat the COVID-19 pandemic risking, and sometimes losing, their lives. The pandemic has underscored the fact that nurses are the backbone of health systems and are essential to protecting and improving health and well-being. With the first-ever State of the World’s Nursing report published this year, ICN urged governments to implement the recommendations and invest in nursing education, jobs and leadership.

208. Calling the number of COVID-19 infections and deaths among health-care workers “a global emergency”, ICN estimated this to account for 8% of all cases. Nurses must be prioritized to receive a vaccine against COVID-19, once available. Strengthening the nursing workforce is essential to achieve UHC, one of the Region’s Flagship Priorities. The South-East Asia Region needs 1.9 million more nurses and midwives by 2030 and that number will continue to rise unless political commitment is made to support and invest in the nursing workforce.

209. A written statement by Dr Titi Savitri Prihatiningsih, Member of the Executive Council of the World Federation for Medical Education and President of the South-East Asia Regional World Federation for Medical Education (SEARAME), reiterated the importance of robust and holistic medical education worldwide, especially in the context of outbreaks such as COVID-19.

210. During 2018–2020, the South-East Asia Regional World Federation developed and implemented faculty and student exchanges programmes among medical schools in the Region. The programme provides students affordable international medical placements in neighbouring countries. The Federation also recommended education activities to coordinate with national associations of medical schools in Member countries and sought the Regional Office’s financial support to strengthen accreditation systems for health profession education. It
also advocated for more support for the development of e-learning and sharing of learning resources using digital technology in the “new normal”.

211. **Ms Susana Barria**, Coordinator, **Public Services International** (PSI), in a written statement welcomed the attention given to health workforce strengthening in the Region, and the regular review of health workforce-related issues. The COVID-19 pandemic has exposed the tragic consequences of underfunding public health. The current situation calls for an urgent intervention and shift in policy towards health systems that are well funded and provisioned by governments as a prerequisite for health workforce strengthening.

212. PSI also expressed concern that only five categories of health workers, limited to health professionals, are covered by the health workers’ indicators. The health workforce in the Region is not limited to those categories; for example, public health systems in South-East Asia are dependent on the work of community health workers (CHWs). PSI called on WHO to expand the categories to include CHW and other key health workers. The shortage of health workers and difficulty in retaining health staff is now more compelling than ever. Low wages, contractualization, lack of social protection, occupational health and safety risks, and diminished trade union rights all deter workers from joining and remaining in the field, and the pandemic will only exacerbate these problems.

**Annual report on monitoring progress on UHC and health-related SDGs (Agenda item 8.2, SEA/RC73/8)**

213. At the Seventieth session of the Regional Committee in 2017, Member States vide Decision SEA/RC70(1) had requested the Regional Director to “include an annual report on monitoring progress on universal health coverage (UHC) and the health-related SDGs as a substantive Regional Committee Agenda item until 2030”. This Agenda item was taken up by the Committee for noting through the “Written Silence” procedure.

214. The publication – *Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2020* – highlights the regionwide progress made on UHC and the health-related SDGs in Member States based on the available data.

215. According to the report, on UHC, there has been improvement in essential service coverage in all Member States of the Region. On financial protection,
significant and strategic efforts are needed to reduce the proportion of households facing catastrophic spending to meet health-care needs. Progress continues on reproductive, maternal, neonatal and child health, and most communicable diseases.

216. Regarding NCDs, there is a decline in tobacco use, but there is considerably less progress on other risk factors including alcohol, of which consumption is rising. Case detection and treatment for hypertension and diabetes are expanding, but greater coverage is needed. The annual report of 2020 also includes a special section on the quality of health-care services, the Committee was informed.

217. The Committee recognized the unwavering commitment of Member States and WHO to the importance of UHC and towards achieving the health-related SDGs. The Committee commended the annual report of 2020 and reiterated the importance of achieving UHC and making tangible progress towards achieving SDG 3 and the GPW13 Triple Billion targets even during the phase of COVID-19 response and recovery. Several Member States enumerated their recent health reforms, policies and initiatives to accelerate improvement and the mechanisms initiated by them to track progress better using monitoring frameworks, dashboards and results-based performance management systems.

218. Many important health concerns and priorities were discussed by the Committee, including the rising epidemic of NCDs, the importance of minimizing
household out-of-pocket health expenditure, and increasing access to essential health services that continue to be disrupted due to COVID-19. The Committee also noted that the pandemic amplified the importance of adequate health emergency preparedness and response mechanisms and effectively monitoring their performance.

219. The Committee raised concerns regarding the availability and use of national data of sufficient quality in lieu of global health estimates being used for country comparisons. More visibility was requested into the methods used to calculate specific indicators. Several Member States noted the importance of continued support from WHO to assist with achieving the UHC and SDG goals and for increasing institutional capacities to analyse the data and populate the indicators using appropriate methods.

220. Regarding the Global Patient Safety Action Plan (GPSAP), the Committee expressed support for the decision, and requested the Regional Director to convene a Regional Consultation with Member States and other stakeholders to consider the draft Global Patient Safety Action Plan, to prioritize regional actions that are aligned with the Regional Strategy and country-specific contexts.

221. In her written statement, Dr Adriana Blanco Marquizo, Head of the Convention Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), reminded the delegates that though the joint efforts to fight the tobacco epidemic have not been in vain, much more is to be done considering that tobacco is still an ongoing epidemic and a common risk factor among the four main NCDs. Evidence also suggests that smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients. “Noncommunicable diseases are a disaster in slow motion because many people take decades to develop obvious signs of illness. However, exposure to risk factors is known to begin early in life, requiring a lifelong prevention and control approach,” the statement said. The inclusion of strengthening the implementation of the WHO FCTC as Target 3.a of the SDGs recognizes that tobacco control is indispensable to sustainable development.

222. The Convention Secretariat urged countries to relentlessly continue their efforts to curb the tobacco epidemic through targeted policy, legislative and regulatory measures, and called on Member States that are not yet Party to the WHO FCTC to join. It also urged all Parties to the WHO FCTC to adopt the Protocol to Eliminate Illicit Trade in Tobacco Products, which is an international
treaty on eliminating all forms of illicit trade in tobacco products through a package of measures by countries acting in cooperation.

223. On behalf of the International Atomic Energy Agency (IAEA), Head of Delegation Ms Lisa Stevens, and Ms Camila Polo-Florez, Chief of Protocol in the Director-General’s Office, drew attention to cancer as a priority health issue in South-East Asia. To achieve SDG 3, jointly with WHO and the Lyon-based International Agency for Research on Cancer (IARC), IAEA assists countries to develop comprehensive cancer control programmes by assessing their needs and formulating evidence-based policies. In 2020, IAEA completed a needs assessment for Sri Lanka and initiated cancer control assessment in Nepal.

224. IAEA has also been able to respond quickly to the emergency caused by the pandemic, and delivered COVID-19 kits, including diagnostic equipment and personal protective equipment, to Member States. IAEA and WHO are collaborating to enhance a coordinated response to the pandemic through joint webinars for laboratories that have received reverse transcriptase-polymerase chain reaction (RT-PCR) equipment and kits. IAEA reiterated its commitment to partnering WHO in promoting access to universal health care in South-East Asia.

225. Mr Arun Mishra, Regional Director for the Asia-Pacific of the International Civil Aviation Organization (ICAO), in a written statement highlighted how the global public health crisis has hampered global air travel on an unprecedented scale. According to the International Monetary Fund and World Bank assessments, the global economy will endure a projected −4.9% to −5.2% contraction in its gross domestic product in 2020, making it amply clear that the pandemic presents implications far beyond the health sector.

226. ICAO continues to work on various fronts to ensure that its 193 Member States meet their air transport needs during the crisis and as they struggle to embark on a recovery path. Since the beginning of the crisis, ICAO has been collaborating with the UN system and other stakeholders to support States in addressing the challenges and impacts of COVID-19 within the context of civil aviation through action plans and recovery mechanisms. On 6 March 2020, WHO and ICAO published a joint statement providing updated advice on COVID-19 for international civil aviation. The statement reiterated ICAO’s commitment to provide all necessary support to Member States for recovery from the aftermath of the pandemic and for restoring normal air transport operations.
227. **Mr Dechen Tsering**, Regional Director and Representative for Asia and the Pacific, and **Dr Atul Bagai**, Head of the India Country Office, of the United Nations Environment Programme (UNEP), expressed solidarity with the billions of people around the world suffering from the impact of the global pandemic. In the context of Goal 3 of the SDGs, human health and environmental conditions are intrinsically linked. Evidence suggests that loss of biodiversity and ecosystem degradation are key factors in the risk for zoonotic diseases. As 75% of all emerging infectious diseases are zoonotic, the current pandemic is an opportune time to consider "nature for health".

228. Following the Resolutions of the United Nations Environment Assembly and commitments made under multilateral environment agreements, UNEP has prioritized commitment to the COVID-19 response and recovery in an environmental context. Under an initiative titled “Towards a Pollution-Free Planet”, UNEP is re-emphasizing that air pollution, already responsible for more than 4.5 million deaths in the Asia-Pacific annually, exacerbates vulnerability to COVID-19. UNEP has also pivoted towards providing technical expertise and advice on more sustainable management of infectious and hazardous waste, and management of disposable PPE and single-use plastic as they pollute our land, waterways and oceans. UNEP is also accelerating innovation by adopting virtual channels for facilitation.

229. **Dr Michael Brainin**, President, and **Dr Jeyaraj D. Pandian**, Vice-President, World Stroke Organisation (WSO), presented to the delegates a written statement on "sustaining stroke care services amid the COVID-19 pandemic in SEA Region countries" in the context of this Agenda item. Stroke diagnosis and treatment globally has been severely affected due to COVID-19. Surveys by WSO revealed a significant reduction in the number of stroke patients seeking acute treatments such as thrombolysis and mechanical thrombectomies. Patients with minor strokes and transient ischaemic attacks were also compelled to delay evaluation and treatment.

230. Reallocation of neurology and stroke beds, including intensive care unit facilities, to COVID-19 patients necessitated a move of stroke units to less optimal accommodation and the redeployment of stroke physicians, nurses and other related workers to look after COVID-19 patients. This made it difficult for many countries to sustain existing stroke services during these difficult times. It is important to ensure that stroke therapies, which are highly effective, continue despite these service reorganizations, and that country-specific guidelines and
protocols are adhered to for effective service delivery. Telemedicine could be used to monitor treatment at home, including stroke rehabilitation, the statement added.

231. Ms Susana Barria, Coordinator, Public Services International, presented another written statement on this Agenda item in collaboration with trade unions representing community health workers across the Region. CHWs have played a critical role in improving health-related SDG targets and the earlier MDG targets. However, this progress has depended on the exploitation of women's unpaid labour where CHWs are not regarded as public health workers. The pandemic has illustrated that precarious work is a threat to public health and to the achievement of SDG health targets. CHWs are facing a heightened risk of infection and enduring long working hours, psychological distress, fatigue, occupational burnout, discrimination, and physical and psychological harassment.

232. PSI encouraged WHO and governments to recognize CHWs as public service workers entitled to decent work and a living wage, and to recognize COVID-19 as an occupational disease, including for CHWs. CHWs currently face the risk of contracting COVID-19 through their work but are denied health and life insurance as well as pensions. In order to “build back better”, we must ensure that CHWs are recognized and valued as members of a fully-funded universal public health system.

233. Dr Suharya, Regional Director for the Asia-Pacific, Alzheimer's Disease International (ADI), expressed concern regarding the 52 million people living with dementia globally, 5 million of whom are in the SEA Region. Initial data on COVID-19 mortality in people with dementia are sparse and needs addressing with urgency. Stark data are emerging in some countries, showing that people with dementia account for a disproportionately high number of all COVID-19-related deaths. In view of the widespread global shortages of medical resources, it is vital that health-care professionals have clear, non-discriminatory guidelines to make difficult triage decisions about access to treatment for people with dementia. People with dementia, especially in long-term care facilities, have been disproportionately impacted and, in some countries, discharged from hospitals without COVID-19 testing.

234. ADI urged governments to support palliative and end-of-life care for all individuals, especially those living with dementia, who may be distressed and unable to express pain. Conditions such as NCDs, including mental health
conditions, of people with dementia must also be addressed since the prevalence and seriousness of these conditions is likely to increase because of COVID-19.

235. **Dr Chandrakant S. Pandav**, Regional Coordinator for South Asia, **Iodine Global Network (IGN)**, made a statement on sustaining the elimination of iodine deficiency disorders (IDD) in response to World Health Assembly resolution WHA60.21 of 2007. Iodine deficiency is the single most important cause of preventable brain damage globally. Children born in iodine-deficient regions on average have 13.5 IQ points less than children born in iodine-sufficient regions. IDD’s impact cognition and lead to learning disabilities and impaired brain development, thus influencing national development and progress.

236. A total of 10 out of the 17 Sustainable Development Goals are related to IDD, while globally, 1.8 billion people are living in areas at risk of iodine deficiency. Of these, an estimated 350 million people are at risk of IDD as they consume salt with inadequate iodine. Universal salt iodization is the primary strategy at the household level for the prevention, control and sustainable elimination of IDDs. It is essential that optimal iodine nutrition is ensured for every pregnant mother and child, and elimination of IDD should be recognized as an essential reproductive and child health intervention.

237. **Mr Geoff Warne** of the **International Federation of Anti-Leprosy Associations (ILEP)**, based in Meyrin, Geneva, Switzerland, reminded the delegates that persons affected by leprosy are consistently among the most left behind. Leprosy-affected individuals and families, already facing social exclusion, poverty and poor health outcomes, have been deeply impacted by the crisis generated by the COVID-19 pandemic, and such realities threaten the achievement of UHC and SDG3.

238. The Federation urged Member States to support grassroots organizations of persons affected by leprosy and liaise with them to not only share information about COVID-19 solutions and resources but also develop strategies for improving health outcomes and fostering social inclusion for those most left behind. Regarding transition to the “new normal”, ILEP recommended urgent action by WHO and ministries of health to work with national leprosy programme managers on how to safely and effectively deliver the services needed to persons affected by leprosy. These include prompt diagnosis and treatment, contact tracing, active case-finding in hotspot areas, management of complications, surgical
programmes, effective self-care, provision of assistive devices, and referral to community-based rehabilitation programmes.

Progress reports on selected Regional Committee resolutions
(Agenda item 9, SEA/RC73/9, SEA/RC73/9 Add. 1 and SEA/RC73/9 Add. 2)

Promoting physical activity in the South-East Asia Region
(Agenda item 9.1, SEA/RC69/R4)

239. The Committee was informed that the Regional Committee resolution on “Promoting physical activity in the South-East Asia Region” (SEA/RC69/R4) was unanimously adopted at the Sixty-ninth session of the WHO Regional Committee for South-East Asia held in Colombo in 2016.

240. The High-Level Preparatory Meeting for the Seventy-third Session of the WHO Regional Committee for South-East Asia, held virtually on 7–8 July 2020, reviewed the progress report and made recommendations for consideration by the Regional Committee.

241. The Committee was informed that the Global Action Plan on Physical Activity (GAPPA) 2018–2030, which was endorsed by the World Health Assembly, included a call for WHO to update the 2010 Global Recommendations on Physical Activity for Health. The GAPPA recommends Member States to adopt the voluntary global target of 10% relative reduction of physical inactivity by 2025 (resolution WHA66.10) and 15% reduction in prevalence of physical inactivity by 2030.

242. Physical inactivity together with sedentary lifestyles are among the major behavioural risk factors for many NCDs and other diseases, and adversely affect the quality of life and well-being. Therefore, WHO developed the new Guidelines on physical activity and sedentary behaviour for children and adolescents, adults and older adults in 2020 to update the 2010 global recommendations on physical activity for health in light of recent developments and evidence-based information.

243. The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 has envisaged the promotion of physical activity through multisectoral and multi-stakeholder engagement. One of the “best buys” for the prevention and control of NCDs is the implementation of nationwide public education and awareness campaigns on physical activity.
A promotional video on exercising at our desks being played during one of the healthy breaks at the Seventy-third Session of the Regional Committee
244. Monitoring the implementation of progress in promoting physical activity in the Region is critical and the NCD STEP Survey and NCD Country Capacity Survey in 2019, which include physical activity, are providing valuable inputs for the Global Status Report (GSR) on Physical Activity scheduled to be launched in 2021.

245. The Committee was informed that the Regional Office has implemented the Regional Committee resolution SEA/RC69/R4 on physical activity and sedentary behaviours. All SEA Region Member States have a clear national policy to promote physical activity integrated into existing policy frameworks of NCD prevention and control, healthy lifestyle campaigns and health promotion. School health programmes in all countries also include an element of promotion of physical activity.

246. The Committee was also informed that the Regional Office is developing a regional roadmap for implementation of the GAPPA (2021–2025) involving wider consultation with Member States. The Regional Office is also supporting Member States in developing/revising their national strategies, policies and plans of action to promote physical activity (based on the regional roadmap for implementation of GAPPA).

247. In a statement on this Agenda item, Ms Hera Ali, WHO Focal Person with the International Pharmaceutical Students’ Federation (IPSF), noted the conspicuous drop in physical activity during the COVID-19 pandemic due to the policies of restricted movement and lockdown imposed by local governments to limit the spread of the virus. As the situation reverts to the “new normal”, there is a need to promote new methods of maintaining physical activity to avoid habitual, sedentary lifestyles.

248. IPSF called for extended collaboration between policy-makers and health professionals to promote physical activity and a non-sedentary lifestyle. The role of pharmacists has evolved to be more patient-centred and easily accessible. IPSF called for Member States to utilize the key role of pharmacists in the community to advocate for healthier lifestyles by advising exercise regimens most suitable for the patient. It urged extensive multisectoral initiatives to promote physical activity from all stakeholders in the Global Action Plan to increase physical activity.
South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol (2014–2025)  
(Agenda item 9.2, SEA/RC67/R4)

249. The Committee noted with satisfaction the “comprehensive” report on the progress of implementation of the resolution on the SEA Regional Action Plan to implement the Global Strategy to Reduce Harmful Use of Alcohol. It recognized that this Action Plan, prioritizing the five effective policy measures (called “SAFER”), will strengthen the process of achieving the SDG 3 target of strengthening the prevention and treatment of substance abuse and fulfilling the commitments of the Political Declaration of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases.

250. The Committee acknowledged that alcohol use is one of the important modifiable risk factors for NCDs. It also noted that there is no safe level of alcohol use and, therefore, there is no real substantive meaning to the words “reducing the harmful use of alcohol”.

251. Member States outlined the broad range of national-level action taken to control alcohol use and harm thereof, and highlighted several successes, signalling the growing political commitment to alcohol control, including through the development of national policies and laws. The Committee noted these with satisfaction and congratulated Member States for their progress in implementing effective alcohol control measures. It also appreciated technical and financial support provided by the WHO Regional Office for South-East Asia for alcohol control in Member States.

252. The Committee acknowledged the challenges highlighted in the progress report. It noted that addressing harms from alcohol on a national scale requires multisectoral coordination, capability-building, adequate resources and strict enforcement of laws. It highlighted the need for alcohol-specific infrastructure, including institutional arrangements, strong policies and strategies, and appropriate laws and regulations.

253. It suggested that “SAFER” measures – such as advertising restrictions, alcohol taxation, restricting physical availability, drink–driving counter-measures and minimum age – be widely promoted. To do so, the Committee requested WHO to support the establishment of core policy infrastructure for alcohol control in Member States. Some areas that needed special attention included
the rise in underage drinking, informal and illegal production of alcohol, and inadequacy of data, monitoring and surveillance systems.

254. The Committee referred to the WHO Framework Convention on Tobacco Control – which has been instrumental in the success of tobacco control in many countries – and emphasized that there is a strong need for such an overarching international instrument in the field of alcohol for similar results. The Committee also noted that international trade and cross-border marketing of alcohol, including digital marketing, are challenging areas that require global collective actions that go beyond the Region.

255. The Committee also noted that alcohol industry interference in policy-making and policy implementation was a significant barrier to alcohol control in many countries. Concern was also expressed about the possible negative impact of trade policies on alcohol control in some Member States. Therefore, the Committee requested WHO to provide the tools and build capacity of Member States to address these issues for effective alcohol control.

256. It was noted that unless illegal drug use is controlled, successes in alcohol and tobacco control will not be sustainable. Therefore, it was proposed that prevention of illegal drug use be also considered by the Committee in a future session as an independent Agenda item.

257. The Committee recognized the leadership of the Regional Director and the regional solidarity of Member States of the Region in advancing the alcohol agenda at the 146th Session of the WHO Executive Board in February 2020, wherein the Decision EB146(14) on “Accelerating action to reduce the harmful use of alcohol” had been adopted.

258. The Committee concurred with the suggested way forward in the Progress Report and urged WHO and Member States to strengthen and accelerate alcohol control measures before the next progress report is presented to the Seventy-sixth Session of the Regional Committee in 2023 as mandated by resolution SEA/RC67/R4.

259. In a statement, Mr Pubudu Sumanasekara, International Vice-President of the Stockholm-based Movendi International, on behalf of its 26 member organizations from six countries of the Region, welcomed the progress report and fully supported the regional initiative to prevent under-age alcohol consumption, but noted with concern the increasing trend of alcohol use driven by the aggressive
tactics of alcohol industry giants. Policy gaps remain, especially on alcohol taxation and marketing, despite the availability of best practices and evidence-based solutions. Alcohol prevention and control had also been weakened during the pandemic through policy shifts allowing alcohol home delivery and online sales that alarmingly increased its use.

260. Consumption is rapidly rising in the SEA Region, where alcohol harm is of epidemic proportions. Rolling back successful and proven alcohol prevention and control measures jeopardizes the gains achieved in alcohol control in recent years and threatens to put NCD and SDG targets out of reach. Movendi International reiterated its call for a global initiative to advance public health-oriented alcohol taxation regimes, and called on governments to pursue a regional initiative in South-East Asia for a legally binding international instrument for implementing effective alcohol control policies. Tackling alcohol harm is a key strategy to achieve health and development for all.

Access to medicines (Agenda item 9.3, SEA/RC70(3))

261. The Committee was informed that the current report emanates from Decision SEA/RC70(3) on “Access to medicines” of 2017 whereby the Regional Director was requested to report progress on the subject to the Seventy-third Session. Decision SEA/RC70(3) advised the Regional Director to convene technical consultations to develop inter-country cooperation on four regional priorities: (i) sharing information on medicine prices, building on an existing WHO platform; (ii) sharing information on medicine quality, through the South-East Asia Regulatory Network (SEARN); (iii) initiating collaboration on the procurement of antidotes for improved access to limited supplies of medicines for life-threatening conditions; and (iv) supporting bilateral cooperation agreements on improved access to medicines.

262. The Committee noted that significant progress has been made through inter-country technical consultations that led to the adoption of the regional ministerial “Delhi Declaration on improving access to essential medical products in the South-East Asia Region and beyond” at its Seventy-first session in September 2018. The Delhi Declaration was noteworthy as it went beyond medicines alone and included all essential medical products (medicines, vaccines, diagnostics and medical devices) for achieving universal health coverage and the 2030 Agenda for the SDGs.
263. The Committee emphasized that “Access to medicines” is critical to achieve UHC and the SDG 2030 Agenda, which is why certain countries in the Region ensure that medicines are provided free of charge in the public sector. While commending the progress made, the Committee highlighted the need to accelerate implementation of the 2018 Delhi Declaration to ensure access to essential medical products for COVID-19 and non-COVID-19 conditions. It was recognized that joint assessment was needed by Member States for readiness and regulatory approval of COVID-19 vaccines in their countries.

264. The Committee acknowledged that in the light of the “Joint Call to Action for COVID-19” issued by Member States, it is necessary for all relevant stakeholders to come together such as for initiatives for voluntary pooling and licensing of patents consistent with the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and the flexibilities within the Doha Declaration on the TRIPS Agreement and Public Health, for affordable diagnostics, therapeutics, medicines and vaccines.

265. The Committee highlighted the fact that for equitable access to health technologies for COVID-19, it is important to engage through the Access to COVID-19 Tools (ACT) Accelerator based on the recommendations of the Global Strategy and Plan of Action on public health, innovation and intellectual property (adopted through resolution WHA71.13). The Committee noted the importance of continuing to promote innovations in public health and funding mechanisms, particularly regarding stimulating research and development related to type II and type III diseases, and the specific research and development needs of developing countries in relation to type I diseases.

266. The Committee emphasized the importance of accelerating implementation of activities under the South-East Asian Regulatory Network and access to antidotes under the “Initiative for coordinated antidote procurement in the South-East Asia Region”. In SEARN, the Committee reiterated, Member States enhance information sharing, collaboration and convergence of regulatory practices for medical products across the Region and jointly prioritize the five thematic areas selected by the regulatory agencies in the Region: quality assurance and standards of medical products, including laboratories; good regulatory practices (GRP), including GMP, GDP etc.; vigilance for medical products; information-sharing platforms; and medical devices and diagnostics.
267. As national regulatory system strengthening (RSS) is critical to improve the quality of in-country production of medicines and vaccines, several countries have updated their national essential medicines lists in collaboration with WHO.

268. The Committee affirmed the advantage of bilateral engagement and collaboration for equitable access to medicines and vaccines for countries with small procurement systems. Moreover, it was recognized that the SEA Region is home to major manufacturers of essential medical products, especially generic medicines, and generic competition can improve the accessibility, affordability and quality of medical products within and beyond the Region.

269. The Committee took note of the progress report and reiterated that the Regional Director continue to support Member States to register ongoing progress on the 2018 "Delhi Declaration on improving access to essential medical products in the South-East Asia Region and beyond", particularly in the context of the new challenges emerging during the COVID-19 pandemic.

270. Dr Chaitanya Kumar Koduri, Associate Director on International Public Policy with the United States Pharmacopeia Convention, a non-profit organization that sets standards for the identity, strength, quality and purity of medicines worldwide, presented a written statement on this Agenda item. Medicines and medical products that reach patients should have their safety, identity, strength, quality and purity assured. Quality standards for medicines and medical products exist, but adherence to them has not been uniform due to contextual, social, economic and political conditions. This challenge can be addressed with policies, regulations and robust public quality standards, which are generated by pharmacopoeias. Pharmacopoeial documentary and reference standards are based on science and established through rigorous stakeholder engagement.

271. He congratulated Member countries and the WHO Regional Office for the Delhi Declaration on improving access to essential medical products in the South-East Asia Region and beyond, and reiterated their commitment to generate evidence, capability-building, standards and advocacy, and support Member States across the world, in their efforts to ensure access to quality medicines and patient safety.

272. In a joint statement for the International League Against Epilepsy (ILAE) and International Bureau for Epilepsy (IBE), Dr Akio Ikeda, Chair, ILAE Asia
and Oceania, informed that the two organizations had partnered with WHO to produce the 2019 *Global Report on Epilepsy* that recommended epilepsy be considered a public health imperative. It is estimated that over 15 million people suffer from epilepsy in the South-East Asia Region, of whom 70% could live seizure-free with treatment that costs, on average, only US$ 5 per year. However, only around 20% of people across the Region have access to effective medication, stigma is common, and people with epilepsy face needless discrimination and exclusion.

273. Outbreaks such as the COVID-19 pandemic significantly affect epilepsy care and access to medicines. The needs of people with epilepsy are often not been well integrated into the pandemic response. The key components of access to medicines for epilepsy are rational selection, availability, affordability and appropriate use of essential medicines. Calling for a multidisciplinary approach to epilepsy, the statement urged WHO and stakeholders to close the treatment gap across South-East Asia and improve access with creative approaches. For this, ILAE and IBE would be willing to work closely to put in place a structure for better epilepsy care with access for all to affordable and effective treatment. Following the Decision of the WHO Executive Board, the ILAE and IBE are advocating for the development of the “Intersectoral Global Action Plan on epilepsy and its synergies with other neurological disorders”.

274. **Dr Sita Ratna Devi**, Chair of the Board of Trustees of the **International Alliance of Patients Organizations** (IAPO), an international alliance with over 270 patients’ organizations in 70 countries, urged SEA Region Member States, international organizations, philanthropic organizations, civil society and the private sector to develop a plan of action for manufacturing COVID-19 vaccines and therapies at a scale required for universal access, and for distributing these vaccines and therapies globally and equitably, based on need and free at the point of use.

275. To enable regionally equitable and needs-based distribution of medical supplies and resources, IAPO called for clear WHO guidelines and a platform for disseminating real-time information, including on what is available in each country, what is needed, and what is in the pipeline. WHO should also encourage Member States to develop robust monitoring mechanisms to ensure the highest quality of vaccines, and suitable data collection tools that will evaluate adverse events, if any, of these vaccines.
South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC 60/ R7) (Agenda item 9.4) and Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEA/RC69/R6) (Agenda item 9.5)

276. Countries in the South-East Asia Region are vulnerable to a different range of emergencies including natural disasters such as flood, tsunami, earthquake and volcano eruption or the outbreak of pandemic diseases such as COVID-19. Since the South-East Asia Regional Health Emergency Fund (SEARHEF) was established in 2008, it has played a key role in the health emergency responses of 11 Member States by providing immediate financial support within 24 hours of an outbreak or emergency, and has emerged as a symbol of regional solidarity.

277. The Committee expressed appreciation for the timely assistance provided by SEARHEF in times of disaster and acknowledged SEARHEF as a “path-setter” in enhancing the regional capacity for disaster preparedness and response.

278. The Committee observed that the COVID-19 outbreak has clearly demonstrated the vulnerability of the health sector to emergencies and the need for innovative mechanisms to rapidly mobilize resources such as SEARHEF. Recent history has demonstrated the need to be prepared for all hazards including chemical, biological, radiological and nuclear emergencies.

279. The Committee emphasized that it is essential that SEARHEF expands its corpus to cover multiple hazards, both during the preparedness and response phases. The Committee acknowledged that the preparedness stream of SEARHEF, though very small, serves as a catalytic entry point for ministries of health to invest much more from their domestic funding.

280. The Committee encouraged the Secretariat to continue engaging with donors to channel funds for health emergency preparedness through SEARHEF. Bhutan, Nepal and Sri Lanka expressed commitment to contribute to SEARHEF and their health ministries are engaged in discussions with their ministries of finance for approval of such contributions, it was informed.

281. In a statement, Ms Kelcey Armstrong-Walenczak of the World Heart Federation (WHF), supported by the NCD Alliance, South-East Asia Regional NCD Alliance, and the Healthy India Alliance (India NCD Alliance), applauded WHO’s “relentless commitment to science, solutions and solidarity in fighting this viral storm”. COVID-19 has had undoubtedly a most serious impact on patients
with circulatory diseases, such as myocardial infarction, leading to thrombotic events such as pulmonary embolism and strokes. Despite the best efforts, the needs of each patient cannot be responded to equally. The pandemic has exposed deep inequalities in access to health care in practically every country and region.

282. WHF called on Member States to fund research and focus responses on the relationship between COVID-19 and NCDs, and include explicit references to cardiovascular diseases (CVDs) and circulatory health conditions in COVID-19 national plans. It also urged Member States to provide coordinated disease and injury surveillance, research, training, monitoring and evaluation of services and interventions directed towards the people living with CVDs, especially in the context of the pandemic.

**Strengthening emergency medical teams (EMTs) in the South-East Asia Region (Agenda item 9.6, SEA/RC71/R5)**

283. On 7 September 2018, at the Seventy-first Regional Committee session, a resolution on “Strengthening emergency medical teams (EMTs) in the South-East Asia Region” (SEA/RC71/R5) was adopted. This was the first such resolution adopted by any of the six WHO regions. Following the adoption, a dedicated team was established within the Emergency Operations Unit of the WHO Regional Office for South-East Asia.

284. To guide work in strengthening capacities of Member States, the team, comprising one staff member and one consultant, developed an exclusive roadmap for each Member State of the Region in collaboration with the respective WHO country offices. A comprehensive mapping exercise of EMT capacities throughout the Region was conducted. More than 214 national and international emergency medical teams were identified, coming from governments, NGOs, militaries and international organizations throughout the Region.

285. The Committee was informed that during this ongoing response to the COVID-19 pandemic, no EMT from the SEA Region was internationally deployed. However, SLAMAT, an EMT from Sri Lanka, was deployed domestically to support quarantine facilities for repatriated citizens from abroad. EMTs in Indonesia and Thailand were not domestically deployed, instead, their members were supporting provincial and district hospitals by implementing EMT methods. Nepal’s EMDT (emergency medical deployment team), consisting of doctors and nurses from the Ministry of Health and Population, was deployed to strengthen district hospitals.
286. The Committee reiterated that Member States need to support the development of national EMTs for in-country deployment during emergencies. Furthermore, support from Member States on capacity-building of national EMTs to respond to outbreak situations is needed. The Committee called on Member States for their complete support to develop EMT national accreditation/quality assurance systems.

287. The Committee noted the observations from Member States on coordination between EMT and the surveillance and rapid response teams consisting of epidemiologists and public health staff, which is critical for an effective response to COVID-19. The Committee acknowledged that the Secretariat needs to provide opportunities for Member States to share and learn from each others’ best practices to further enhance the national and regional response.

**Intensifying activities towards control of dengue and elimination of malaria in the South-East Asia Region** (*Agenda item 9.7, SEA/RC71/R4*)

288. The Committee recalled that the ministers of health of Member States of the Region had committed to a malaria-free SEA Region by 2030 by signing the “Ministerial Declaration on Accelerating and Sustaining Malaria Elimination” in November 2017, which was followed by the signing of the “Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030” in May 2018.

289. Taking these commitments forward, the Seventy-first session of the WHO Regional Committee discussed malaria and dengue as an Agenda item on policy and technical matters (SEA/RC71/8), and adopted a resolution on “Intensifying activities towards control of dengue and elimination of malaria in the South-East Asia Region” (SEA/RC71/R4). This resolution, among other actions, directed the Regional Office to report on progress achieved in implementing its provisions.

290. The Committee acknowledged that, despite being the second highest contributor to the global malaria burden, the SEA Region in recent years has made remarkable progress, achieving the largest decline among all regions in the number of cases of malaria and dengue, with reported malaria cases reducing by 73% and deaths by 93% between 2010 and 2018.

291. The Committee noted with satisfaction the progress made by Member States: Maldives and Sri Lanka, certified as malaria-free, maintained this status, while Timor-Leste and Bhutan have come very close to elimination. India reported
an impressive decline in cases in recent years while other countries too made substantial progress towards elimination.

292. The Committee noted with concern that, while the prospect of malaria elimination appears to be a reality, dengue has concurrently emerged as a rapidly increasing vector-borne disease. With dengue endemic in 10 of the 11 Member States, South-East Asia is one of the highest-burden regions for dengue in the world. However, dengue cases in the Region increased whereas deaths decreased, representing a reduction in the case-fatality rate.

293. Member States acknowledged that despite the remarkable gains in the Region, technical and operational challenges remain. Member States therefore stressed the importance of a series of steps for prevention and control. These include: ensuring surveillance as a core intervention; real-time reporting and monitoring coupled with efficient and timely redress of programmatic bottlenecks; adopting evidence-based integrated vector control strategies and investing for research to develop newer tools; cross-learning on best practices and capacity-building on disease surveillance at all levels to enhance epidemic preparedness and response; further strengthening regional networking and cooperation targeting vector-borne diseases; implementing regional public procurement mechanisms to secure adequate, quality-assured supplies of diagnostics, treatments and vector control commodities; and ensuring funding to sustain gains.

294. Delegates also acknowledged the role played by WHO in providing technical assistance and guidance and requested for continuation of support. The need for strengthened cross-border collaboration and the key role of WHO in facilitating and strengthening such collaboration was highlighted.

295. Recognizing the heavy toll malaria and dengue exacts on vulnerable populations as well as the fragility of health infrastructures in some parts of the Region, Member States stressed the importance of and reiterated their commitment to sustaining efforts to prevent, detect and treat these diseases while combating the COVID-19 pandemic and beyond.

296. **Ms Caroline Anita Lynch**, Regional Adviser, **Medicines for Malaria Venture** (MMV), a public–private partnership dedicated to eliminating malaria by discovering, developing and facilitating the delivery of next-generation antimalarials, highlighted the two key challenges faced in the Region: antimalarial
drug resistance and the world's highest burden of *Plasmodium vivax* malaria. *P. vivax* elimination means tackling the dormant liver stage that causes relapse requiring 14 days of treatment with primaquine, to which patients rarely adhere.

297. To enable malaria elimination by 2030 Member States must focus on continued investment in research and development of tools to defeat the evolving malaria parasite; make better use of existing tools and promote their access to underserved populations; accelerate policy and procurement processes for the introduction of new tools; and increase domestic financing for malaria to ensure the long-term sustainability of elimination efforts, the statement said.

**Measles and rubella elimination by 2023 (Agenda item 9.8, SEA/RC72/R3)**

298. The Committee was informed that during its Seventy-second session in 2019, vide resolution SEA/RC/R3, the Regional Director was requested to “report annually until 2023 on the status of progress towards measles and rubella elimination targets, synchronized with resolution SEA/RC64/R3 on ‘2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage’”.

299. The Committee acknowledged the progress report and noted the strong commitment expressed by all Member States to achieve the goal of measles and rubella elimination by 2023. It also noted the conspicuous progress made across the Region in this regard. Two Member States have achieved measles and rubella elimination while three other Member States have achieved measles elimination.

300. Furthermore, the coverage of measles and rubella-containing vaccine in routine immunization has increased significantly: coverage of the first dose of measles-containing vaccine (MCV1) in the Region increased to 94% in 2019 compared with 63% in 2000. Similarly, coverage with the second dose of measles-containing vaccine (MCV2) in the Region increased to 83% in 2019 from only 3% in 2000.

301. The Committee noted with appreciation the efforts made by certain Member States to close the immunity gap for measles and rubella in children as well as adult populations by vaccinating over 205 million individuals through supplementary vaccination campaigns across the Region during 2019. It also took note of the fact that in an unprecedented achievement, 501 million children have been vaccinated with measles and rubella vaccine in the Region since January...
2017. Member States were urged to use supplementary vaccination campaigns as an optimal mechanism for bolstering routine immunization.

302. The Committee noted that while significant progress has been made in recent years, challenges in the form of subnational gaps in immunization, especially among migrant populations, suboptimal sensitivity of surveillance, and financial insufficiency remain, which pose a risk to the achievement of the goal.

303. The Committee noted that although the COVID-19 pandemic had caused temporary disruption of immunization services and surveillance activities in several Member States, plans have been set rolling to resume immunization services by all Member States. The Committee commended WHO's initiative of sharing the “guidance principles for immunization activities during the COVID-19 pandemic” and the continuous technical support to all Member States to develop and implement operational and policy guidelines for reviving immunization and surveillance activities during the ongoing COVID-19 pandemic.

304. The Committee reiterated that WHO should continue to provide high-quality, focused technical support to Member States to develop and implement measles and rubella elimination policies and strategies, and support mobilization of the required resources for measles and rubella elimination.

305. The Committee stressed the need for donors and partners to intensify the mobilization of political, societal and financial support for the full implementation of strategies outlined in the “Regional Strategic Plan for measles and rubella elimination 2020–2024”, as well as in the guidelines for reviving immunization and surveillance activities during the ongoing COVID-19 pandemic.

306. The Committee emphasized the central role of respective governments both at the national and subnational levels to ensure political will, programmatic support and domestic resource mobilization to achieve the target of measles and rubella elimination by 2023.

Challenges in polio eradication (Agenda item 9.9, SEA/RC60/R8)

307. The Committee commended the progress report on “Challenges in polio eradication” and while recalling that the SEA Region was certified free of all three types of wild polioviruses (1, 2 and 3) in 2014, noted that it has maintained its polio-free status. However, despite this progress, all Member States in the Region continue to be at risk of importation of wild poliovirus type 1 from currently
infected countries and remain at risk of emergence of outbreaks due to circulating vaccine-derived poliovirus (VDPV) in areas with low routine immunization coverage.

308. The Committee noted the initiatives being taken by Member States to resume polio eradication activities that were disrupted at the onset of the COVID-19 pandemic, while minimizing the risk of COVID-19 transmission among frontline workers. The infection prevention and control measures organized for health workers by all Member States were also brought to the notice of the Committee.

309. The Committee noted the efforts being made by Member States to maintain a polio-free status by achieving high routine immunization coverage with both oral polio vaccine and inactivated poliovirus vaccine, maintaining surveillance for poliovirus detection, strengthening outbreak response capacity, and ensuring poliovirus containment activities as per the Global Action Plan III. The Committee acknowledged the expansion of environmental surveillance for poliovirus detection as a supplement to acute flaccid paralysis (AFP) surveillance in the Region.

310. The Committee noted the measures taken by Indonesia and Myanmar in response to the occurrence of circulating VDPV type 1 (cVDPV1) outbreaks in these two Member States in 2019. The Committee appreciated the manner in which Indonesia controlled the polio outbreak in May 2020 following recommendations made by the virtual outbreak response assessment (OBRA). The
Committee also noted the commitment of Member States to maintain and further strengthen actions required to maintain this polio-free status of the SEA Region until global polio-free certification is achieved and beyond.

311. The Committee noted that polio-funded assets – including human workforce, infrastructure, equipment and systems – have been established in the five Member States of Bangladesh, India, Indonesia, Myanmar and Nepal. The Committee acknowledged that these polio assets had not only contributed to the elimination of polio and the implementation of polio endgame strategies but have also been increasingly involved with other health activities in the Region related to other health goals since 2014.

312. The Committee appreciated that the polio infrastructure is now providing support for control of the COVID-19 pandemic through various activities such as coordination, surveillance, contact-tracing, specimen shipment and testing, capacity-building and logistical aid. The Committee also expressed satisfaction with the country-centric approach being adopted by Member States to develop polio transition plans with these assets.

313. The Committee urged Member States to implement the Global Polio Eradication Initiative (GPEI) Endgame Strategy: 2019–2023 by maintaining essential polio activities until global certification is achieved. It also called upon Member States with significant polio-funded assets to endorse and implement their transition plans in a timely manner. The Committee emphasized the need for Member States to continuously mobilize domestic resources or alternative funding resources for long-term sustainability of polio infrastructure, as well as to maintain essential polio functions while at the same time contributing towards other public health goals.

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

Review of the draft Provisional Agenda of the 148th Session of the WHO Executive Board (Agenda item 10.1, SEA/RC73/10)

314. The Committee was informed that the 148th Session of the WHO Executive Board will be held at WHO headquarters in Geneva on 18–26 January 2021. 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. All proposals should, therefore, reach the Director-General by 11 September 2020.

315. It was noted by the Committee that in accordance with Rule 9 of the Rules of Procedure of the Executive Board, any proposal for inclusion in the Agenda of any item shall be accompanied with an explanatory memorandum.

316. Following its noting by the HLP Meeting, the draft Provisional Agenda of the 148th Session of the WHO Executive Board was placed before the Committee for its review, comments and noting, as appropriate. The Committee noted the draft Provisional Agenda of the 148th Session of the WHO Executive Board.

317. The Committee decided to support the proposals submitted by Member States of the SEA Region that are to reach the Director-General by 11 September 2020 with an explanatory memorandum for the consideration of the Officers of the Executive Board.

Elective posts for Governing Body meetings (WHA, EB and PBAC)  
(Agenda item 10.2)

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

319. For the Seventy-fourth World Health Assembly in May 2021, the posts of 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.

320. The Committee unanimously accepted the proposal that Bhutan be nominated for the post of President of the World Health Assembly; Bangladesh for the post of Vice-Chairperson of Committee B; Sri Lanka for the post of Member of the General Committee; and Thailand for the post of Member of the Committee on Credentials.

321. Three Member States in the Region – Bangladesh, India and Indonesia – are current members of the WHO Executive Board. Indonesia’s three-year term is due to end in May 2021 and the vacated post will become available for other Member States. It was proposed that Timor-Leste be nominated as one of the Member States from the SEA Region in place of Indonesia as member of the Executive Board for a three-year term from May 2021. For the post of Rapporteur
of the 149th Session of the Executive Board, it was proposed that Bangladesh be nominated. The Committee accepted these proposals unanimously.

322. Two Member States of the Region – Bangladesh and India – are currently members of the Programme, Budget and Administration Committee (PBAC), with their terms due to expire in May 2021 and May 2022, respectively. The proposal to nominate Timor-Leste for a two-year term in place of Bangladesh was unanimously accepted by the Committee.

Management and Governance matters (Agenda item 11)

WHO Transformation Agenda (Agenda item 11.1, SEA/RC73/11)

323. The Report of the Regional Committees to the Executive Board during the 146th Session of the Executive Board in February 2020 focused on the implementation of the Director-General’s Transformation Agenda in the Region.

324. The Secretariat provided the Committee with the draft report from WHO headquarters on “Transforming for enhanced country impact”, outlining the ways in which the Secretariat is transforming across the three levels of the Organization to enhance impact at the country level. In addition, the report from the Director-General titled “WHO Transformation: an overview” was also presented.

325. Furthermore, the Secretariat presented the Committee with an overview of the progress made in advancing the Region’s attainment of the priorities of the Transformation Agenda in tandem with those of the Regional Director’s Flagship Programmes. Updates from the SEA Region focused on various initiatives including country support, governance, strengthened transparency and accountability.

326. The Committee congratulated the Regional Director for her continued commitment and strong leadership in furthering the public health agenda in the Region, and for supporting Member States with her efforts to strengthen the capacity of WHO country offices to work with implementing partners to deliver on country and global public health priorities.

327. The Committee observed that Member States of the SEA Region have benefited from the evolving discussions on the Country Cooperation Strategies as well as the funding support to countries during the COVID-19 pandemic and to the health sector at large.
328. Recognizing that the COVID-19 pandemic has reinforced the importance of the WHO Transformation Agenda and its over-reaching goal of a fit-for-purpose Organization to effectively respond to the needs of Member States in a rapidly changing global health environment, the Secretariat has consistently engaged with the ministries of health of Member States and partners, thus keeping the “country needs” and “country impact” at the centrestage of ongoing regional priorities.

329. The Secretariat assured the Committee that country capacity strengthening, and support remain the focus of work in the Region. The strong leadership and commitment of the Regional Director for South-East Asia, particularly expressed through the clear directives of the eight Regional Flagships, has allowed the Region to be in the forefront of the organizational change and WHO Transformation, and to enhance WHO’s policies and technical support to Member States.

330. The Committee noted that the collaboration between Member States and the WHO country offices, especially during the COVID-19 pandemic, reflects the long-term trust leading to faster, innovative and coordinated actions to aid results delivery.

**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 2020 (Agenda item 12.1, SEA/RC73/12)**

331. The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of international technical cooperation based in WHO and co-sponsored by UNICEF, UNDP, the World Bank and WHO; and operates within a broad framework of intergovernmental and interagency cooperation and participation. The two interdependent objectives are developing improved tools for the control of tropical diseases and strengthening the research capability of the affected countries themselves.

332. The Joint Coordinating Board (JCB) of the TDR acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy. It meets annually to review TDR’s activities, evaluate progress and plans, and determine TDR’s budget. The JCB consists of 28 members. Its membership, since 2009, is for a four-year period. Members may be re-appointed.
333. The Committee was informed that currently, Myanmar represents the WHO South-East Asia Region until 2022 under Paragraph 2.2.2 of the Memorandum of Understanding. Sri Lanka represents the WHO SEA Region until 2022 under Paragraph 2.2.3 of the Memorandum of Understanding (members elected by the JCB itself from among the remaining Cooperating Parties), and India and Thailand represent TDR contributors until 2021 under Paragraph 2.2.1 of the Memorandum of Understanding.

334. The Committee was informed that the Forty-third Session of the TDR JCB was held virtually in Geneva on 17–18 June 2020. At its Forty-third Session, JCB confirmed that its Forty-fourth Session will take place on 16–17 June 2021 (with a briefing session on 15 June 2021), and the Forty-fifth Session will take place on 15–16 June 2022 (briefing session on 14 June 2022). Both meetings will be held in Geneva.

335. The Committee was informed that in the SEA Region, TDR has provided support for four small grants on AMR research that have been approved; three of these for Nepal and one for Myanmar. It has also provided postgraduate training support with a focus on implementation research to the James P. Grant School of Public Health, BRAC University, Bangladesh, and the Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.

336. It deliberated on the report of the Forty-third Session of the TDR JCB and noted the recommendations provided in that report for the Secretariat and JCB members to continue to promote TDR’s unique value and role in global health research, particularly in research capacity strengthening and disease surveillance, while looking for gaps in training that it can fill, to help countries’ resilience to health emergencies and ultimately strengthening country health systems.

337. It also noted the recommendations to the Secretariat that it enhances its communications to clearly articulate the demonstrated impact of TDR’s activities in support of the COVID-19 response during the ongoing pandemic; that the Secretariat stays in contact with the Programme’s contributors to assess any impact that the COVID-19 pandemic may have on future funding; and that the Secretariat continues to engage with WHO to address the high risk to TDR, as a specialized programme, of the potential application of WHO’s “mobility policy”.

338. The Committee considered Agenda item 12.2 on the attendance at the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in 2020 and nomination of a member in place of Bhutan whose term is due to expire on 31 December 2020. The PCC acts as the governing body of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

339. The Committee was informed that one Member State was to be elected for the three-year term effective 1 January 2021. The HLP Meeting in July 2020 had recommended that Bangladesh replace Bhutan.

340. The Committee unanimously accepted the proposal for the nomination of Bangladesh as a member of the PCC for three years effective from 1 January 2021, and requested the Regional Director to inform WHO headquarters accordingly.

Time and place of future Sessions of the Regional Committee
(Agenda item 13, SEA/RC73/14)

341. The Regional Committee was informed of the invitation extended by the Chief of the Health Coordination Division, Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, on behalf of the Nepalese Cabinet, vide a formal communication dated 27 January 2020, to host its Seventy-fourth Session in Nepal in September 2021.

342. Accordingly, the Committee decided to hold its Seventy-fourth Session in Nepal from 6 to 10 September 2021 vide Decision SEA/RC73(3).

343. Concurrently, Her Excellency Ms Dechen Wangmo, Minister of Health, Royal Government of Bhutan, also extended an invitation based on the formal communication from her government dated 30 September 2019 to host the Seventy-fifth Session in Bhutan. The Committee noted with appreciation the invitation to hold its Seventy-fifth Session in Bhutan in September 2022.
Adoption of Resolutions and Decisions

344. The Committee was informed that in view of the virtual format and reduced duration of the Session, separate meetings of the Resolutions Drafting Group for finalizing the resolutions and decisions for adoption by the Committee are not possible. During the HLP and SPPDM Meetings and subsequent information sessions, Member States had identified the subjects on which resolutions and decisions are to be proposed for the consideration of the Seventy-third Session of the Regional Committee.

345. The Secretariat had shared the draft Resolutions and Decisions with all Member States for their review and prior agreement in advance of the Session.

346. The Chairperson announced that since Member States had already conveyed their agreement with the resolutions and decisions ahead of the Session, these resolutions and decisions were deemed adopted by the Regional Committee.

347. It was observed that the Decision on Special Procedures to regulate the conduct of the Seventy-third Session of the WHO Regional Committee for South-East Asia (SEA/RC73(1)) had already been unanimously endorsed by the Committee at the start of the Session.

348. During the Ministerial Roundtable, the Committee adopted Resolution SEA/RC73/R1 endorsing the WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19.

349. The Committee also unanimously adopted the Decision on the draft Global Action Plan on Patient Safety (SEA/RC73(2)). [Full text of the Global Action Plan on page 106]

350. Following this, the Committee decided on the time and place of its future Sessions (SEA/RC73(3)), and unanimously adopted the customary resolution of thanks (SEA/RC73/R2) [Full text of the Resolution of thanks on page 102]

Adoption of the report of the Seventy-third Session of the Regional Committee

351. In view of the virtual format of the Session, the Chairperson informed the distinguished delegates about the procedure for the preparation and adoption of the report for the Seventy-third Session. With the consensus of Member States on
the “Special Procedures” that were adopted, the Secretariat would prepare a Draft Summary Report of the Session after its closure. The Draft Summary Report will incorporate the written statements and interventions posted online by delegates of Member States on all the Agenda items, as well as the statements submitted by the participating non-State Actors, intergovernmental organizations and Specialized Agencies of the United Nations.

352. The Draft Report reflecting the discussions on the various Agenda items and containing the resolutions and decisions adopted would be circulated electronically to all Member States of the Region. Comments from Member States sent electronically to the Secretariat through a dedicated email address would be incorporated in the revised report. The Secretariat would, in consultation with the Chairperson, finalize the Report of the Regional Committee. This report is to be considered to have been validly adopted by the Regional Committee.

Side-Events of the Seventy-third Session of the Regional Committee

353. The Chairperson then announced the Side-Event featuring the formal presentation of the South-East Asia Regional Awards for Public Health Achievements, another regular highlight of the Regional Committee sessions since 2014, to acknowledge the public health successes of Member States during the past year. This session was coordinated by Dr Tjandra Yoga Aditama, Acting Director of the Department of Communicable Diseases and Senior Adviser to the Regional Director on Science, Research and Innovation at the Regional Office.

354. Dr Aditama formally announced the Regional Director’s Public Health Awards for Member States for the year 2019. Maldives and Sri Lanka were awarded the South-East Asia Regional Award for Public Health Achievements.
awarded for eliminating rubella. They emerged as the first two countries to eliminate rubella in the WHO South-East Asia Region ahead of the scheduled target year for elimination of 2023.

355. **Myanmar** was awarded for eliminating trachoma, following in quick succession after Nepal’s elimination of the disease in 2018.

356. **Sri Lanka** was awarded for eliminating mother-to-child transmission of HIV and syphilis. Each award carried with it a citation and plaque. As the citations were read out to the accompaniment of a video presentation, the honourable recipient ministers signalled their acceptance from their respective virtual stations.
357. After the awards ceremony, the Chair and the WHO Secretariat formally conducted the video launch of a series of special publications produced by the Regional Office for the Regional Committee Session. It was observed that a record number of special publications had been prepared by the Regional Office for this Session. The following publications were released through a virtual ceremony accompanied by a video presentation that synopsized the contents of each publication and flashed their covers on the screen:

1. Progress towards 0. Malaria-Free South-East Asia 2010–2018
2. Terminating trachoma: How Myanmar eliminated blinding trachoma
3. Pictorial identification key of important disease vectors in the WHO South-East Asia Region 2020
4. Digital training modules on leprosy for health-care providers, doctors, physiotherapists and laboratory technicians (e-learning package)
5. Celebrate life – Vaccination is protection
6. Monitoring regional progress on addressing antimicrobial resistance in the WHO South-East Asia Region
7. Evaluation of implementation of the Regional Flagship Programmes in the WHO South-East Asia Region 2014–2018
8. Regional Strategic Framework for accelerating universal access to sexual and reproductive health in the WHO South-East Asia Region 2020–2024
9. Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region: 2020 update
10. Decade for health workforce strengthening in the South-East Asia Region 2015–2024: Mid-term review of progress 2020
11. Improving retention of health workers in rural and remote areas: Case studies from the WHO South-East Asia Region
12. National capacity for prevention and control of noncommunicable diseases in the WHO South-East Asia Region: Results from NCD Country Capacity Survey 2019
13. Strengthening diagnosis and treatment of diabetic retinopathy in the South-East Asia Region
14. SEA Region Tobacco Atlas: Perspectives
15. Shifts – the COVID-19 pandemic: Shifting the world and shaping its response
Closing session (Agenda item 14)

358. The Chairperson, H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health of Thailand, thanked Member States “for their understanding and cooperation”, which helped in conducting the Seventy-third Session of the Regional Committee virtually. He invited the Regional Director, Dr Poonam Khetrapal Singh, to deliver her closing remarks.

359. The Regional Director thanked the hosts, Thailand, “for their commitment and effort to make the Session a success”. She thanked the honourable ministers “for their keen engagement and participation, and for (their) useful comments and suggestions” on her Annual Report. The Region must collectively continue to vigorously implement the “Sustain. Accelerate. Innovate” vision to protect and defend the many gains that South-East Asia has made across all areas of health, she said.

360. Dr Poonam Singh thanked the Chair for reinforcing the commitment to scale up emergency preparedness and response and accelerate progress towards universal health coverage in the Region. She thanked the Director-General for joining the Ministerial Roundtable and “his commitment to this Region”, and the insight that he and his team brought to the Committee.

361. She reiterated that providing structured support to Member States has always been the focus of WHO’s work in the Region, be it through prioritizing Member State concerns in the Flagship Priority Programmes or being perhaps the only Region that provides maximum resources at the country level. In the last biennium, the Regional Office had distributed 86% of its total resources to countries, she recalled. Furthermore, 93% of the funds received for COVID-19 were also allocated to Member States.

362. The Regional Director called the Ministerial Roundtable “an immense success that will strengthen the Region’s collective response to COVID-19”. The Declaration on the Collective Response to COVID-19 affirms the Region’s resolve to “strengthen the response and build a healthier, more health-secure Region as we move into the recovery phase and beyond,” she informed.

363. “By pursuing UHC with a focus on primary care services; by scaling up emergency risk management to achieve full IHR compliance; and by strengthening investments in health in the weeks, months and years to come; we can together achieve our many objectives and continue the Region’s winning trajectory.”
364. Dr Poonam Singh had a special word of thanks for the Chair, H.E. Mr Anutin Charnvirakul, Minister of Public Health of Thailand, and the Vice-Chair, H.E. Mr Bhanu Bhakta Dhakal, Minister of Health and Population of Nepal, for their efforts and continued support.

365. She also thanked the many nongovernmental and intergovernmental organizations that participated and who continue to partner with WHO. She expressed sincere thanks to the Secretariat for their “hard work to ensure (that) this first-ever virtual Regional Committee was held seamlessly”.

366. Member States thanked the Regional Director for her visionary leadership and deep commitment to strengthening emergency preparedness in the Region, which was accentuated during the ongoing COVID-19 response. The Regional Committee Session, and especially the Ministerial Roundtable, was an unqualified success, they opined.

367. “Despite the limited time available, this virtual Session has certainly been very productive. The decisions and recommendations were adopted in an atmosphere of cordiality and cooperation,” the Chairperson said in his concluding remarks. The WHO SEA Region Member States’ Declaration on COVID-19 will go a long way in further protecting and improving the health of the people, he added.

368. The Chairperson, H.E. Mr Anutin Charnvirakul, once again thanked the distinguished representatives for their active participation and constant support to him in the discharge of his responsibilities during the meeting. He thanked H.E. Mr Bhanu Bhakta Dhakal, Vice-Chair, “for his full cooperation and support”.

369. He also placed on record the Committee’s appreciation for Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, for his “vision and guidance”. He acknowledged the “valuable contributions” of WHO Senior Management from headquarters and the Regional Office to the meeting.

370. He thanked the representatives of UN Agencies, non-State Actors and development partners for their contribution to the work of the Committee. He acknowledged the role of the Ministry of Public Health, Royal Thai Government, and the WHO Secretariat for their hard work and dedication to make the virtual Regional Committee Session successful.

371. The Chairperson had a “special word of collective appreciation and grateful thanks” for Dr Poonam Khetrapal Singh, Regional Director, “for effectively
guiding the work of the Region and paving the way forward through her Flagship Priority Programmes”. “We would like to offer our full support and commitment to the Regional Director personally as well as to the Regional Office and country offices in discharging their role in conformity with the Constitution and principles of WHO. The COVID-19 pandemic has reinforced the importance of the WHO Transformation Agenda and its overall goal of ensuring that WHO is fit-for-purpose to effectively respond to the needs of Member States in a rapidly changing global health environment,” he said.

372. Elaborating further, the Chairperson added: “The strong leadership and commitment of the WHO Regional Director, particularly expressed through clear directives of the eight Regional Flagships, has allowed the Region to enhance its policies and technical support to Member States and strengthen focus on financing and staffing needs. We hope that the WHO Transformation Agenda will result in further strengthening of the Regional Office and mechanisms to offer needed support to Member States in keeping with country priorities and towards the achievement of the Regional Flagships in alignment with the Thirteenth General Programme of Work.”

373. In conclusion, the Chairperson expressed confidence that Member States would utilize the opportunities offered to further the objectives of regional solidarity and collaboration, and reiterated the determination of all stakeholders to improve the health of the people of South-East Asia. With these words, the Chairperson declared the Seventy-third Session of the WHO Regional Committee for South-East Asia closed.
Resolutions and Decisions

Resolutions

SEA/RC73/R1    WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19

The Regional Committee,

Having considered the WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19;

1. ENDORSES the WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19, annexed to this resolution; and

2. REQUESTS the Regional Director to report on progress on the implementation of the Declaration to the Committee every three years until 2026.

Annex: Declaration
We, the Health Ministers of Member States of the WHO South-East Asia Region, participating in the Seventy-third Session of the WHO Regional Committee for South-East Asia,

Concerned by the devastating impact of the COVID-19 pandemic on the physical, mental and social well-being of people, on economies and societies and, in particular, by the consequences of disrupted health services, in particular non-COVID-19 essential health care and public health programmes, in Member States of the Region,

Recognizing the importance of regional solidarity, and of the regional initiatives which bolster the resilience of health systems in responses to the pandemic, namely the South-East Asia Regional Flagship Priority Programmes on Universal Health Coverage and Health Emergencies, which scale up capacity in emergency risk management; the South-East Asia Regional Health Emergencies Fund (SEARHEF), which provides rapid financial resources during public health emergencies; the 2019 Delhi Declaration on Emergency Preparedness (Regional Committee resolution SEA/RC72/R1), which commits to scale up capacities in disaster risk management and emergency preparedness in the Region; and the resolution of the Seventy-third World Health Assembly on COVID-19 response (resolution WHA73.1),

Hereby AGREE to the following:

(a) REAFFIRM the importance of universal health coverage and primary health care as a safety net for people in accessing quality health services – both COVID-19 and non-COVID-19 – emphasizing the need to prioritize investment in universal health coverage and primary health care to ensure equitable access by all people, including vulnerable populations, to all essential health services, without financial barriers, during the pandemic;

(b) STRIVE to sustain essential health services and public health programmes, in particular during public health emergencies, and to use this opportunity to build back better our health systems;

(c) PRIORITIZE the health of the population and saving lives by allocating adequate health budgets to sustain uninterrupted health services during and after the pandemic;

(d) STRENGTHEN health information systems which capture timely reporting of outbreaks by leveraging digital technologies, and sharing information for policy decision;

[Signatures of Health Ministers from various countries]
(e) ENSURE the occupational health, safety and well-being of health professionals and other related workers, strengthen safety of patients and people through adequate public health and social measures, and ensure access to different types of quality personal protective devices;

(f) STRENGTHEN occupational and environmental safety through appropriate medical waste management systems;

(g) STRENGTHEN biomedical, health policy and systems research on COVID-19, which support national policy decisions, and sharing of knowledge across SEA Region Member States;

(h) CONTINUE and expand multisectoral collaboration, through a whole-of-government and society approach, to mobilize surge capacity in the society to mitigate the negative consequences of the pandemic, including effective risk communication, community engagement, and management of the infodemic;

(i) STRENGTHEN regional collaboration to support SEA Region Member States, in particular strengthening capacity for preparedness, surveillance and rapid response, field epidemiology training, supply chain management of medicines and medical supplies, and regional stockpiling of essential health resources;

(j) IDENTIFY gaps and strengthen core capacities as required by the International Health Regulations (2005); and

(k) FULLY ENGAGE in global discussions on equitable allocation of vaccines, medicines and diagnostics.

We, the Health Ministers of the Member States of the WHO South-East Asia Region, welcoming and appreciating the support of the WHO Director-General and Regional Director for South-East Asia to boost regional capacities in managing public health emergencies in South-East Asia Region.

Adopted on the Tenth Day of September, Two Thousand and Twenty.

Republic of Indonesia

Republic of Maldives

Government of Republic of the Union of Myanmar

Democratic Republic of Timor-Leste

Regional Director
WHO Regional Office for South-East Asia

Director-General
World Health Organization
SEA/RC73/R2 Resolution of thanks

The Regional Committee,

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

1. THANKS His Excellency Mr Anutin Charnvirakul, honourable Deputy Prime Minister and Minister of Public Health, Royal Thai Government, for inaugurating the Session and for his inspiring address;

2. THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address delivered through weblink;

3. CONVEYS its gratitude to His Excellency Mr Anutin Charnvirakul, honourable Deputy Prime Minister and Minister of Public Health, Royal Thai Government, and honourable Chairperson of the Seventy-third Session, members of the National Organizing Committee and staff of the Ministry of Public Health of Thailand, and other national authorities for their efforts in ensuring the success of the Session;

4. EXPRESSES its appreciation and thanks to the Vice-Chairperson, His Excellency Mr Bhanu Bhakta Dhakal, honourable Minister of Health and Population, Government of the Federal Democratic Republic of Nepal, for contributing to the efficient conduct of the Regional Committee session; and

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

SEA/RC73(1) Special Procedures to regulate the conduct of the Seventy-third Session of the WHO Regional Committee for South-East Asia

The Regional Committee decided to adopt the Special Procedures to regulate the conduct of the Seventy-third Session of the WHO Regional Committee for South-East Asia, set out in the Annex to this Decision.

Annex 1

Special Procedures to regulate the conduct of the Seventy-third Session of the WHO Regional Committee for South-East Asia

Rules of Procedure

1. The Rules of Procedure of the Regional Committee for South-East Asia will continue to apply in full, except to the extent that they are inconsistent with these Special Procedures, in which case the Regional Committee's decision to adopt these Special Procedures will operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 50 of the Rules of Procedure of the Regional Committee.¹

Attendance

2. Attendance by Member States of the South-East Asia Region, invited representatives of the United Nations, its Specialized Agencies and other regional international organizations as well as nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO, will be through videoconference or other electronic means.

¹ This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for South-East Asia:
- Rule 3 bis (credentials)
- Rules 42 and 46–48 (show of hands and secret ballot);
- Rule 51 (amendments of and additions to the Rules of Procedure).
Addressing the Regional Committee

3. Member States, invited representatives of the United Nations, its specialized agencies and other international organizations as well as nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO are invited to submit written statements on items 7 through 13 of the Provisional Agenda of the Seventy-third Session of the Regional Committee. Written statements may be submitted until the opening of the session and will be reflected in the report of the Regional Committee Session.

4. Member States will also have the opportunity, if they so wish, to submit pre-recorded video statements of no more than seven minutes' duration in advance of the opening of the Session under the Agenda item 5: “Key Addresses and report on the Work of WHO”. Those video statements will be available on the website and will be broadcast at the virtual meeting in lieu of a live intervention.

5. During the virtual Session Member States will be provided with the opportunity to take the floor. Invited representatives of the United Nations, its specialized agencies and other regional international organizations as well as nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO may be given the floor at the invitation of the Chairperson or on her or his acceding to a request from the organization concerned.

6. Any representative wishing to take the floor should signal their wish to speak. Any Member wishing to raise a point of order or exercise a right of reply in relation to a statement made at the virtual session of the Regional Committee should signal their intention to do so. The right of reply shall be exercised at the end of the relevant virtual meeting. Any Member wishing to exercise a right of reply in relation to a written statement or pre-recorded video statement not broadcast at the virtual meeting should do so in writing as soon as possible and, in any case, no later than 10 working days following closure of the Regional Committee Session. A Member wishing to respond to such a reply should do so in writing as soon as possible and, in any case, no later than 10 working days following the posting of the reply.

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2 Modalities for taking the floor will depend on the platform used for the virtual Session and will be communicated in due course.
3 Modalities for raising points of order and exercising the right of reply will depend on the platform used for the virtual Session and will be communicated in due course.
Credentials

7. Member States should communicate to the Regional Director, South-East Asia Region, the names of their representatives, including all alternates and advisers, if possible, no later than 6 August 2020.

8. In addition, the electronic scanned copies of credentials, as per the format, should be sent to the Regional Office in advance of the commencement of the Regional Committee Session, not later than 1 September 2020.

9. The Officers of the Session of the Regional Committee will assess whether credentials of Members are in conformity with the requirements of the Rules of Procedure and will report to the Regional Committee accordingly with a view to the Regional Committee deciding thereon.

Meetings

10. All meetings of the Regional Committee will be held in public.

Decision-making

11. All decisions of the Regional Committee taken in virtual meetings should, as far as possible, be taken by consensus. In any event, given the virtual nature of the meeting, no decision will be taken by show of hands or by secret ballot. In the event of a roll call vote, and in line with normal practice, should any delegate fail to cast a vote for any reason during the roll call, that delegate shall be called upon a second time after the conclusion of the initial roll call. Should the delegate fail to cast a vote on the second roll call, the delegation shall be recorded as absent.

Report of the Regional Committee Session

12. Following the closure of the Session, the Secretariat will prepare a Draft Summary Report of the Session, reflecting the discussions on the various Agenda items and containing the Resolutions and Decisions adopted, if any, and will circulate it electronically to all Members of the Region. Comments will be sent electronically to the Secretariat at a dedicated email address not later than fifteen days from the dispatch of the Draft Summary Report. The Secretariat, following consultation with the Chairperson of the Regional Committee, will finalize the Summary Report, which will be considered to have been validly adopted by the Regional Committee.
The Regional Committee,

Recalling World Health Assembly resolution WHA72.6 that requested the Director-General to formulate a Global Action Plan on Patient Safety in consultation with Member States and all relevant stakeholders, including in the private sector, for submission to the Seventy-fourth World Health Assembly in 2021 through the 148th Session of the Executive Board;

Taking note of the ongoing global process for the development of the Global Action Plan on Patient Safety, in which the Member States had actively participated; and

Considering the specific recommendations of the High-Level Preparatory Meeting in July 2020;

Decided to request the Regional Director to convene a Regional Consultation with Member States and other relevant stakeholders to consider the draft Global Action Plan on Patient Safety with a view to prioritize regional patient safety actions aligned with the draft Global Action Plan, the Regional Patient Safety Strategy, and the country contexts.

The Committee welcomed with appreciation the invitation from the Government of the Federal Democratic Republic of Nepal and decided to hold its Seventy-fourth Session in the Federal Democratic Republic of Nepal on 6–10 September 2021.

The Committee also noted with appreciation the invitation from the Royal Government of Bhutan to hold its Seventy-fifth Session in September 2022 in the Kingdom of Bhutan.
Annex 1

Address by H.E. Dr Harsh Vardhan, Minister of Health & Family Welfare, Science & Technology and Earth Sciences, Government of India, at the inaugural session

At the outset, I would like to take this opportunity to offer my deepest condolences on the loss of lives across the Region due to the COVID-19 pandemic. On behalf of the Member States of the WHO South-East Asia Region, let me extend our heartfelt gratitude to our brave frontline workers whose collective efforts, at the cost of their own safety and well-being, have not only helped save lives but also shown us the resoluteness in caring for all in the face of adversity. I salute them all!

The pandemic has made us redefine the meaning of a meeting or interaction. It would have been a pleasure to meet with all of you in person, in beautiful and hospitable Thailand, for our annual interchange of ideas and insights on regional health issues, and to benefit from the interactions with public health leaders, experts and partners. But we are very thankful for the efforts of the Ministry of Public Health, Royal Thai Government, and the WHO Secretariat in organizing this virtual Session of the Regional Committee.

I take this opportunity to extend a very warm welcome to all of you to the inaugural programme of the Seventy-third Session of the WHO Regional Committee for South-East Asia.

The Regional Committee platform is indeed very useful not only for highlighting the advancements made as a result of all our collective efforts but also for discussing some of the most pressing regional and global public health issues and the way forward with them.

Despite challenging circumstances, our common goal of “Health for All” unites us all even from thousands of miles away, and this very goal will drive our discourse on regional health today. And I genuinely look forward to the day when we can all meet each other physically and safely, possibly sometime in the near future, so that we can take our agenda forward and share our learnings with each other.
The WHO South-East Asia Region, with its 11 Member States, represents a quarter of the world’s population. Therefore, strengthening the health-care systems of Member States of the Region and monitoring and sustaining the outcomes achieved across all levels will not only be key to achieving both the Triple Billion targets and the Sustainable Development Goals, but also have long-term implications for improving the state of global health.

This unprecedented pandemic has significantly impacted our health-care systems as well as the people of our Region. As we continue to lead the war against COVID-19 effectively in the Region, sharing best practices through such important virtual platforms helps us learn from each other and further improve our health-care systems and our response. The challenges faced by the Member States of the Region today, as a result of the ongoing health and economic crisis, demand strong, collaborative partnerships and a collective responsibility to act in order to mitigate the risks posed by the pandemic.

I look forward to the deliberations at the Ministerial Roundtable and the outcomes of this Regional Committee Session. In conclusion, I take this opportunity to express my support to my colleague Health Ministers and Member States of the WHO South-East Asia Region.
Annex 2

Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

Sawasdee khrap! I would like to thank Thailand for hosting this year’s Regional Committee, albeit virtually. Twelve months ago, Ebola robbed me of the opportunity of being with you in person. This year, COVID-19 has deprived all of us of meeting together.

As you know, the virus has taken so much from us. Your Region is now the second-most affected globally, with almost 5 million reported cases and more than 220 000 deaths (till date). I offer my deepest condolences to those who have lost someone they love. I offer my sincere thanks and admiration for your health workers who are working tirelessly to save lives. And I offer WHO’s steadfast commitment to work with you to defeat the outbreak.

Although your Region is home to some of the world’s largest outbreaks, it is also home to some of the world’s greatest success stories. We especially congratulate Thailand, which is reaping the rewards of 40 years of investing in public health.

It is important to remember that no matter what the situation, it can be turned around. It is never too late. In the coming months, we hope to have good news about vaccines for COVID-19. WHO is working hard with our partners to ensure that once vaccines are available, they are available to all countries on an equitable basis. We thank those countries that have joined the COVAX Facility, and we urge those that have not to join by 18 September.

But we do not need to wait for a vaccine. There are steps all countries can take now to suppress transmission and save lives. Stay-at-home orders and other restrictions are blunt instruments that have taken a heavy social and economic toll.

WHO is committed to supporting all countries to reopen their societies, economies and borders – and to do it safely. We urge all countries to focus on four priorities: First, prevent amplifying events. Second, save lives by protecting the vulnerable. Third, empower and educate people and communities to protect
themselves and others. And fourth, focus on the public health basics: find, isolate, test and care for cases, and trace and quarantine their contacts.

Countries that do these four things, and do them well, can reopen safely. Those that reopen without paying attention to these four priorities do so at their peril. The pandemic is teaching all of us some painful but valuable lessons: that in our interconnected world, no country is immune. Even the world’s biggest economies and most advanced health systems were caught by surprise. There’s no question that the pandemic will set us back in our efforts to achieve the Triple Billion targets and the Sustainable Development Goals.

But far from giving up, the pandemic must drive us to work towards those targets with renewed determination. More than ever, we have seen the value of universal health coverage; the value of investing in global health security; and the value of breathing clean air.

History will judge us on the actions we took to end the pandemic. But it will also judge us on the lessons we learned, and the actions we took to build back better. Thank you all for your support and for your commitment. WHO is committed to working with all of you to promote health, keep the world safe and serve the vulnerable. I look forward to seeing you next year – hopefully in person. Thank you
Annex 3

Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, at the inaugural session

It is a pleasure to add my warm welcome to this Seventy-third Session of the WHO Regional Committee for the South-East Asia Region, the first ever Regional Committee to be held online. My sincere gratitude to our hosts, the Royal Thai Government, for their commitment and drive to make this happen.

For more than nine months now, WHO and its Member States in the Region have acted with speed, scale and solidarity to respond to the COVID-19 crisis – a crisis that has affected all of humanity, and which has impacted social and economic life like no event in living memory.

The hard work and determination that Your Excellencies have demonstrated has saved countless lives. Your ongoing commitment will save many more. Throughout the response and into the recovery and beyond, you can be certain of WHO's unrelenting support.

As a Region we must continue to draw on the solidarity and cooperation that has defined our work for many years now, and which has been central to the response thus far. Our host, Thailand, is a regional and global leader in health security. Thailand was the first country in the world outside of the People’s Republic of China to detect and report a case of COVID-19, on 13 January 2020.

Thailand is proof that a new normal in which low or no transmission occurs can be achieved using basic public health measures. Thailand has shown the benefits of strong health service delivery at all levels, which has been achieved through its ongoing pursuit of universal health coverage – an observation well noted by the WHO-supported COVID-19 health system response monitor. Thailand’s sustained efforts to strengthen health security and achieve compliance with the International Health Regulations have demonstrated results.

As expressed in last year’s Delhi Declaration on Emergency Preparedness, no country is safe until we are all safe. Investing in public health not only achieves better health outcomes, but also promotes sustainable development and a more equitable and just society. At 15% of public expenditure, Thailand’s health
spending is above the global average. Our congratulations to the Thai leadership for this far-reaching decision!

Across the Region, recent increases in health spending have facilitated a range of public health achievements and strengthened health systems coverage and resilience. Throughout the response and into the recovery and beyond, we must secure the allocations required to stay on course and achieve our “Sustain. Accelerate. Innovate” vision, which contributes to WHO’s “Triple Billion” targets and advances progress towards Sustainable Development Goal 3.

History is ours to make, and the future is ours to define. Together let us grasp this opportunity.
Annex 4

Address by H.E. Mr Anutin Charnvirakul,
Deputy Prime Minister and Minister of Public Health,
Thailand, at the inaugural session

We in Thailand were expecting to, as host for this year’s Regional Committee, welcome you all in Chiang Rai, one of the most beautiful places in Thailand. Although the COVID-19 pandemic has disappointed us all, we confirm our commitment to host a Regional Committee Session in Thailand in the near future.

The COVID-19 pandemic reminds us of the expression “every crisis is an opportunity”. We must collectively avoid and fight the dangers of the pandemic while at the same time keeping in mind the many opportunities provided by the crisis: Never before have we seen such strong solidarity of all sectors to fight a health challenge. Never before has health been the top national priority. And finally, our capacity to prevent, respond to and mitigate the effects of the pandemic has become stronger and stronger. These are the great opportunities and assets that we must sustain well beyond the COVID-19 pandemic.

We must continue our commitment to put public interest as the first priority in order to sustain public trust on our dedicated health work during this crisis. Thailand’s long-term investment in health systems and universal health coverage has paid off. All COVID-19 patients have universal access to essential health services, including all COVID-19-related services, without any financial barrier.

However, the war against COVID-19 is still far from over. So, we must always be on our guard as we gradually and carefully open up the economy for the sake of the livelihoods of people.

I would like to congratulate the World Health Organization for its leadership in initiating the global mechanisms for rapid and equitable access to essential new technologies to save lives – the Access to COVID-19 Tools or ACT Accelerators. It has created strong global solidarity. Thailand welcomes this and has joined with all the ACT Accelerators.

I wish this Regional Committee Session success and hope to see all of you in Thailand soon.
Annex 5

Text of introductory remarks by the Regional Director on the Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2019

It is my pleasure to introduce you to the 2019 Annual Report on the Work of WHO in the South-East Asia Region. My report this year is different from previous years. It was written six months into a global pandemic that has deeply affected us all and is causing unprecedented damage to countries in the Region. It was written at a time of continuing uncertainty.

In many countries the numbers of people infected and the numbers who have died from COVID-19 are still increasing. The number of those who have lost their livelihoods and the size of the investments being made by governments to help mitigate the economic shock are becoming clear.

Important lessons are already emerging from the response, which can help guide our efforts towards recovery. Looking at what we have learned so far and anticipating future challenges and how they relate to our regional priorities are the main themes of this year’s report.

The other parts of the report remain as in previous years. The country and Flagship reports in Parts 2 and 3 cover the year 2019 and were prepared before the pandemic but serve to remind us of the range of WHO's work. They also underscore the Region's ongoing progress, which I take this opportunity to highlight.

In 2019, the Region celebrated five years of polio-free certification. Sri Lanka eliminated measles. Maldives and Sri Lanka eliminated mother-to-child transmission of HIV and syphilis. Bangladesh, Bhutan, Nepal and Thailand achieved hepatitis B control.

Progress on each of the Region's eight Flagship Priorities continued. By the yearend all countries were administering two doses of measles and rubella-containing vaccine and had at least one proficient national laboratory to support measles and rubella case-based surveillance.
Bhutan, the Democratic People’s Republic of Korea, Maldives and Timor-Leste sustained their measles elimination status. Bangladesh, Bhutan, DPR Korea, Maldives, Nepal, Sri Lanka and Timor-Leste sustained rubella control, which all countries are now striving to eliminate as per the 2023 target.

On preventing and controlling noncommunicable diseases, the Region continued to leverage high-impact “best buys”. Five of the Region’s Member States – India, Nepal, Maldives, Thailand and Timor-Leste – are now among the world’s top ten countries with the largest graphic warnings on tobacco packaging.

Bangladesh, India and Indonesia made substantial increases in tobacco taxation, while Myanmar began developing a new and comprehensive tobacco control law and policy. Seven Member States are pursuing national targets on reducing exposure to household air pollution.

Most Member States have developed mental health policies which they have been integrating into national health policies. The Region continued to accelerate reductions in maternal, neonatal and under-five mortality.

Almost all countries have developed a national quality improvement strategy to ensure maternal and child health services meet expectations and needs. All countries are now implementing maternal death surveillance and response, in addition to maternal perinatal death surveillance and response, which will help reduce stillbirths – a key area of focus. Commendably, the Region is on track to achieve the GPW target of a 30% reduction in maternal and child mortality by 2023.

The Region’s steady progress towards universal health coverage continued. Trend data from this year’s annual progress report shows that service coverage improved throughout 2019. The quality of Member States’ data on UHC is now stronger than before, with data on financial protection becoming a point of focus, in addition to capturing and quantifying forgone care in regular household surveys.

The Region continued to build national capacity to prevent and combat antimicrobial resistance. All countries in the Region actively participated in World Antibiotic Awareness Week, making the South-East Asia Region the world’s only region in which all countries took part. Ten of the Region’s
11 countries are now participating in the Global Antimicrobial Resistance Surveillance System, which is more than two-and-a-half times the proportion of countries taking part globally. The Region continued to be the only WHO region where all Member States carried out the Tripartite AMR self-assessment exercise.

Member States made timely progress in scaling up emergency risk management. All countries reported IHR capacity using the States Parties Annual Reporting tool. The Region’s reported preparedness index rose to 61%, up from 56% in 2018.

In March, the Region launched its South-East Asia Regional Knowledge Network of national IHR focal points. The innovative mechanism is designed to facilitate peer-to-peer learning and the dissemination and uptake of best practices across the Region.

Thailand became the first country in the Region to receive WHO classification for its emergency medical team. All countries adopted the Delhi Declaration on Emergency Preparedness, reflecting the high-level importance that Member States have given to this crucial area of work for many years now.

The Region’s momentum in finishing the task of eliminating neglected tropical diseases and other diseases on the verge of elimination gathered pace. Myanmar has been validated for the elimination of trachoma. Nepal achieved this in 2018.

Timor-Leste became the first country in the Region to successfully implement the first round of the new triple-drug IDA therapy for lymphatic filariasis countrywide and is on track to eliminate the disease by 2024. India expanded its implementation of the triple-drug therapy from four LF-endemic districts to 19. Maldives launched an ambitious yet attainable plan to achieve 100 leprosy-free islands by 2023.

Maldives and Sri Lanka maintained their malaria-free status, and Bhutan and Timor-Leste are nearing elimination. The Region continued to accelerate efforts to end TB. In the Global TB Report, Myanmar was identified as one of a handful of countries globally to be on track to reach the End TB 2020 milestones.

The Region’s success across all areas of health has indeed been strong and must be recognized as such – not only because of the commitment, determination, effort and capacity that it represents, but also because of what is at stake in the
current crisis. We cannot afford to halt or reverse our progress. We must protect and defend our many gains.

In addition to documenting the Region’s achievements in 2019 and WHO’s support to them, the Annual Report contains a special section that provides an overview of all of WHO’s COVID-19-related activities in the Region. WHO will continue to provide its steadfast support across all nine pillars of the strategic preparedness and response plan, and wherever else requested or required.

Today, I also wish to speak on some of the “big picture” issues that the Annual Report addresses regarding COVID-19 and the future of public health and sustainable development in our Region. It is only by candidly addressing such issues that we can mitigate them and continue to effectively respond to the pandemic while sustaining and accelerating progress on the Flagship Priorities, WHO’s Triple Billion targets and Sustainable Development Goal 3.

COVID-19 is first and foremost a health crisis, but its economic consequences are unprecedented. Governments and international organizations are having to respond on a scale few could ever have imagined. Some countries globally have the fiscal firepower to protect employment and livelihoods. Many do not.

Governments in our Region face an unprecedented and complex set of epidemiological, political and fiscal challenges. I see a number of emerging trends. First, the choice between life or livelihood. “Lockdowns” have been effective in slowing the spread of the disease, but when rigorously enforced come at a high economic cost.

In recent months, we have seen pressures to ease restrictions, supported by rhetoric that pits health against short-term economic recovery. Easing containment measures while case numbers and death tolls are still rising is a real and present danger. But in the long term, we do not have a choice. Life versus livelihood is a false dichotomy. Effectively containing the virus through good public health measures and a vaccine in the future is the only long-term solution to the economic crisis.

Second, the virus is exposing existing pathologies in our systems of health care, governance and the economy. Where there are inequities and vulnerabilities, the virus makes them worse. While higher income countries are projected to experience the greatest decline in economic growth, lower-income economies
have the least resilience to shocks. This is particularly true for those countries dependent on tourism and garment production or on exports subject to declining commodity prices.

A particular concern for this Region is dependence on remittances from migrant workers. When unemployment follows lockdown, the result is not just a precipitous loss of income, but a surge in return migration from urban to rural areas, and from migrant-hosting countries to home countries. This spreads the disease further and drives poverty and food insecurity in the communities to which migrants return. It also impacts remittances, which are a major source of national income.

Third, other health conditions are being exacerbated by the pandemic. Medical and surgical care that has been delayed or cancelled; suspended vaccination programmes; absences of staff and closure of facilities; fear of infection; increases in suicide and intimate partner violence; mental health crises and drug and alcohol abuse under lockdown; and exposure to hostile environments when lockdown and physical distancing are not possible.

The poor face a stark choice: the gamble of infection against the certainty of hunger. In many places, we see discrimination and violence against health-care workers by landlords and neighbours, which is totally unacceptable. But there is an opportunity: health is now seen by heads of state and government as a central and crucial issue.

Another positive: the devastating knock-on effects of a pandemic *should* mean that we never again have to argue about the links between health and the economy, or the need for health care and financial protection to be universal.

At a practical level, we have seen an unprecedented willingness to spend on measures to address the impact of the crisis. The challenge going forward is to direct this attention toward the longer-term resilience and sustainability of the health sector.

Responses to the crisis depend on countries individually, but full recovery depends on countries collectively. The big risk comes with fiscal contraction. Governments across the Region have committed to unprecedented levels of expenditure in response to the crisis.
For some, this will make their fiscal situation even more precarious. For all, a period of fiscal consolidation or contraction is likely to follow. Precedents from past crises suggest that whenever fiscal contraction has occurred, health and social spending are the first sectors to be cut. There is no guarantee that just because a health crisis precipitated the situation that health spending will be protected.

The 2008–2009 financial crisis had its greatest impact in high- and upper-middle-income countries. Emerging from the crisis, some chose to implement austerity programmes to rapidly reduce budget deficits. As a result, social care and health services took a major hit. We need to think about how to avoid the same mistakes. This means identifying spending priorities that both contribute to economic recovery and growth and keep UHC on track.

The Asian financial crisis in the late-1990s took place at a time when the choice for many when they were ill was either to forego treatment or to finance it through debt or selling precious assets. For many people in the Region, this remains the case.

In several countries, an expanding middle class sought to mitigate this risk through household savings. But the currency devaluations that followed the crisis meant that much of the value of these savings was lost.

The consequences were serious. But the crisis created a political opportunity and a vocal constituency for social safety nets – including financial protection for health – to which governments had to respond.

The countries in the Region most affected by the crisis started work on different forms of social health insurance in its immediate aftermath. In contrast, in countries relatively untouched by the crisis, health policy remained fundamentally unchanged, and under-funded.

The key question now is how COVID-19 will change financial protection for health and how will governments respond? While overall levels of Official Development Assistance are held up in the immediate aftermath of the global financial crisis, the way in which it is provided has changed, often due to public pressure in donor countries.

Flexible health sector and budget support have been replaced by tightly specified budgets linked to an externally defined results agenda. For bilateral agencies,
one-off transactions to single-purpose global funds deflect risk from the donor and are increasingly attractive in the face of reductions in staff head counts. Support to the UN system has continued to decline. We must ask ourselves: will these trends continue, or will the crisis provide an opportunity to re-think the role of external support and debt relief?

As the present crisis unfolds, we are reading more and more about the “new normal”. But we must be realistic. We cannot assume that the pandemic will transform the world, or national health systems, for the better.

It will require that difficult choices be made, that deliberate actions be taken, and it will take time. Above all it will require firm, clear and empathetic political and technical leadership, and a steadfast commitment to not only sustain present health spending, but to also accelerate it.

The good news is that the priorities we have already decided to pursue in this Region require only limited adjustment. As this crisis unfolds, the way the health sector responds will be critical. Given the depth of the economic crisis, the damage that could ensue as a result of a major contraction of health spending could result in losing many of the hard-fought gains we have achieved in recent decades.

Our first challenge, therefore, is to sustain and scale up current health spending. We must strengthen the economic and political argument for sustaining health investment as a pre-requisite for recovery.

The concept of universality also reminds us of the equity gaps that have been so cruelly exposed by the pandemic. Universality must include everyone: migrants, refugees, slum dwellers, those in remote areas and all those other groups so clearly at risk of being “left behind”.

Increasing the strength of the health workforce and enhancing access to safe and affordable medicines, vaccines and all other forms of medical technology must continue to be the focus of our efforts – yes, throughout the pandemic response, but also beyond it. It is only by doing so we can continue to achieve our “Sustain. Accelerate. Innovate” vision and build a healthier, more health-secure and sustainable Region and world moving forward.

Let me end with three suggestions that can hasten the Region’s onward momentum: First, national leadership linked to local decision-making. National
leadership – by which I mean the readiness to act decisively, and in ways that build trust and compliance – is vital. At the same time, what works for containment in one area may not be applicable elsewhere.

We have seen in our Region that effective national leadership not only sets the overall tone and framework for managing the pandemic but also leaves space for local administrations to apply their experience and detailed knowledge.

The second is effective communications. Leadership, trust and the ability to communicate clearly are indispensable in any crisis – even more so when risks to life and health are at stake. Local and national responses must be owned by people and not just experts.

As and when we start to roll out a COVID-19 vaccine, the ability of health personnel to communicate effectively and sensitively can make the difference between success and failure. Widespread acceptance of a new vaccine is not guaranteed; rejection by a significant proportion of the population is a real danger.

Expectations are high. But we must explain that not all vaccines are 100% effective; that we cannot be sure how long protection will last; but that all precautions have been taken to ensure safety. We must communicate the need for priority setting. Effective engagement of communities requires clarity, empathy and attention to detail. It is a vital component of political leadership but is equally important at all levels of the health system.

Thirdly, we must learn to manage uncertainty. Emerging from the pandemic will raise difficult questions about recovery that have the potential to influence all aspects of national life and international interaction. We must prepare for a wide range of possible futures.

Each country will seek its own answers to the questions they face. But health leaders must be looking ahead for early signals as to what is happening and what the consequences for peoples’ health will be. One thing is certain: we cannot sit back and expect it will all turn out the way we want.

Together we must continue to push ever harder for a future that is not only healthier, but also more health secure. Together we must continue to drive sustained progress towards achieving health for all.
Annex 6

Address by the Director-General

It is a great honour to be with you again, although I regret that for the second year in a row, I have had to join you virtually. Although virtual meetings have enabled us to continuing working through the pandemic with a much lower carbon footprint than flying, I must admit that I miss the in-person interaction with all of you. I look forward to being able to see you again.

Holding our meeting virtually is a small price to pay compared with the suffering of so many people around the world and in your Region. Lives and livelihoods have been lost, the global economy is in recession and social and political fault lines have been exposed.

Since the beginning of the pandemic, WHO has been working to support countries in several ways at all three levels of the Organization. More than 90% of countries in the SEA Region now have a national preparedness and response plan, and all countries have laboratory capacity for testing for COVID-19, compared with only four countries at the beginning of the pandemic.

In addition to our technical and normative support to Member States, WHO has also provided tonnes of PPE, test kits and other essential items. We have had more than 570 000 enrolments from the SEA Region in WHO’s online courses for COVID-19 through the OpenWHO.org learning platform.

And through the Access to COVID-19 Tools Accelerator and the COVAX Global Vaccines Facility, we’re working to ensure that if, and when, a vaccine is proven to be safe and effective, it will be accessible equitably for all countries in your Region.

Of course, COVID-19 is not the only emergency to which you’re responding in the Region, and not the only health challenge. I am encouraged by the progress in each Member State, and against each of the Regional Flagship Programmes reported in this year’s Annual Report of my sister, Dr Poonam (Khetrapal Singh).

Since 2000, there has been a more than 70% decline in measles mortality in the Region, and significant progress made against rubella. I am delighted that Sri Lanka has joined four other Member States as having eliminated measles, and that six Member States have sustained rubella control during the year.
On noncommunicable diseases, I am delighted that Thailand became the first country in Asia to adopt plain packaging, and I encourage other countries to follow Thailand’s example. Still, large gaps remain across the Region in implementing many of the “best buys” to address the risk factors for NCDs, and I encourage countries to take this challenge very seriously.

Maternal, neonatal and under-5 mortality all continue to decline. It’s very encouraging that your Region is on track to achieve the Triple Billion target of a 30% reduction in maternal and child mortality by 2023. Well done and keep it up!

On the crucial target of achieving universal health coverage, it’s very encouraging that the UHC service coverage index in the Region has increased steadily from 46% in 2010 to 61% in 2019. However, more than 800 million people still lack full coverage of essential services, and about 65 million people are pushed into poverty every year because of out-of-pocket health expenses. These are critical issues to address for all countries.

On antimicrobial resistance, I am encouraged that all Member States have now enrolled in the Global Antimicrobial Resistance Surveillance System, a vital tool for monitoring the spread of AMR globally. However, there is still a shortage of national estimates, and we urge those countries who have not yet submitted data to do so.

Scaling up capacity in emergency risk management is obviously a key priority for all countries, including in your Region. In addition to the COVID-19 pandemic, you are also dealing with the protracted Rohingya crisis, outbreaks, floods and landslides, civil conflicts and of course the threat of air pollution and climate change.

Eight Member States have now achieved compliance with their IHR core capacities, compared with just two Member States in 2013. However, limited investment in disaster risk reduction and emergency preparedness is a persistent problem. The pandemic has demonstrated that we neglect these systems at our peril.

The Region continues to lead the world in efforts to eliminate neglected tropical diseases. I am delighted to note that progress in many countries towards eliminating NTDs continues to grow. And finally, on tuberculosis, case reporting
is increasing, but so is the treatment success rate and budgetary allocations have trebled in some Member States.

You should be proud of all of these achievements. At the same time, you are all aware of the work that remains to be done in all of these areas. Sometimes, the task may seem insurmountable. But with careful planning, relentless advocacy and unwavering commitment, every mountain can be climbed.

Thank you all for your commitment. As we work together to confront this pandemic, I give you my assurance that WHO will continue to support you in every way possible to suppress transmission and save lives. Even as we respond to the pandemic, we are continuing to transform WHO to serve you better.

Through our Special Programme on primary health care, we will work with you to strengthen the foundations of health systems. Through our new Division of Emergency Preparedness, we will support you to prevent and mitigate the impact of emergencies, as well as respond to them.

Through the Office of the Chief Scientist and our Division on Data, Analytics and Delivery for Impact, we will provide the evidence and tools you need to strengthen your information systems to make the best decisions for the biggest impact. And through the new WHO Academy, we will provide in-person and online training, to empower health workers to accelerate advancements in medical care and practices to patients and communities.

COVID-19 is causing so much pain, sorrow and uncertainty. But it is also giving us an opportunity. The whole world can now see what we have said for many years, that health is not an optional extra, it’s an essential investment in safer, healthier, fairer and more sustainable societies.

This pandemic will end. The challenge all of us face is whether we can take the opportunity to drive the transformative changes in health we need to make progress towards the Sustainable Development Goals. I wish you a very fruitful discussion.
Concluding remarks by the Regional Director at the closing session

We have come to the close of this Seventy-third Session of the WHO Regional Committee for South-East Asia. I thank our hosts, Thailand, for their commitment and effort to make it a success. I thank Your Excellencies for your keen engagement and participation, and for your useful comments and suggestions on my Annual Report for 2019.

The Report captures the progress we made in 2019, and also reflects on the unprecedented challenges that COVID-19 presents to all countries. We must continue to vigorously implement the Region’s “Sustain. Accelerate. Innovate” vision as together we strive to protect and defend the many gains we have made across all areas of health.

I thank the Chairperson of the Regional Committee Session, His Excellency, Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Health of the Royal Thai Government, for reinforcing our message and commitment to scaling up emergency preparedness and response and accelerating progress towards universal health coverage. His Excellency’s comments on the need to focus on building stronger and more resilient health systems to be better prepared for future pandemics were well received.

I thank the Director-General, Dr Tedros Adhanom Ghebreyesus, for joining the Ministerial Roundtable, and for his commitment to this Region and to the subject of our discussions – maintaining essential health services throughout the pandemic.

I am happy that His Excellency, Dr Myint Htwe, Minister of Health and Sports of Myanmar, appreciated WHO’s support. Providing tailored support to Member States has always been the focus of WHO’s work in the Region, be it through prioritizing Member State concerns in the Flagship Priority Programmes or being perhaps the Region that provides maximum resources at the country level.

For example, in the last biennium, the Regional Office distributed 86% of its total resources to countries. In addition, what the Regional Office implemented was
largely implemented at the country level. Furthermore, 93% of the funds we have received for COVID-19 have again been distributed to countries.

I would also like to address the suggestion of Her Excellency, Ms Pavithra Wanniarachchi, Minister of Health of Sri Lanka, with regard to strengthening the safety of international travel, and inform the honourable ministers that WHO recently released guidance on “Public health considerations while resuming international travel”, which countries can apply to resume safe travel as their economies open up.

The Ministerial Roundtable was an immense success and will strengthen the Region’s collective response to COVID-19. Solidarity and cooperation have been central to the Region’s ethos for many years now, and a feature of its pandemic response.

The Declaration on the Collective Response to COVID-19 affirms the Region’s resolve to strengthen the response and build a healthier and more “health-secure” Region as we move into the recovery phase and beyond.

By pursuing UHC with a focus on primary care services; by scaling up emergency risk management to achieve full IHR compliance; and by strengthening investments in health in the weeks, months and years to come; we can together achieve our many objectives and continue the Region’s winning trajectory. I thank all of you for your appreciative comments on our work together. They will be appropriately reflected in the report of the Regional Committee Session.

In recognizing the success of this Regional Committee, I express my sincere gratitude to His Excellency, Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Health, Royal Thai Government, for the effort he and his team put into hosting it.

I thank the Vice-Chair, His Excellency Mr Bhanu Bhakta Dhakal, Minister of Health and Population of the Government of the Federal Democratic Republic of Nepal, for his continued support.

I thank the Director-General of WHO and the team from WHO headquarters for the energy and insight they brought to the Committee, and for their ongoing support not only to the Region’s response but also across all programmatic areas.
I thank the many nongovernmental and intergovernmental organizations that participated and who continue to partner with us. The challenges we face cannot be solved by Member States and WHO alone, but require whole-of-society buy-in.

Finally, I give my sincere thanks to the Secretariat from the Regional Office, especially the information and technology team, for the hard work they put in to ensure that this first-ever virtual Session was held seamlessly.

Our work to advance regional and global health continues, as it must, for the health, well-being and sustainable development of all people in the Region and across the world.
Annex 8

Agenda

1. Opening of the Session
2. Election of Officebearers
3. Credentials of Representatives
4. Adoption of the Agenda SEA/RC73/1 Rev. 1
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–31 December 2019 SEA/RC73/2
   5.2 Address by the Director-General
6. Ministerial Roundtable on COVID-19
   6.1 Country experiences and lessons learnt with future transition to the ‘new normal’ SEA/RC73/3
   6.2 Maintaining essential health services and public health programmes in the context of COVID-19 SEA/RC73/4
7. Programme Budget matters
   7.1 Programme Budget Performance Assessment: 2018–2019 SEA/RC73/5, SEA/RC73/5 Inf. Doc. 1
   7.2 Programme Budget 2020–2021: Implementation SEA/RC73/6 Rev. 1, SEA/RC73/6 Inf. Doc. 1
8. Policy and technical matters
   8.1 Decade for health workforce strengthening in SEA Region 2015–2024: mid-term review of progress, challenges, capacities and opportunities SEA/RC73/7
   8.2 Annual report on monitoring progress on UHC and health-related SDGs SEA/RC73/8
9  Progress reports on selected Regional Committee resolutions
   9.1 Promoting physical activity in the South-East Asia Region (SEA/RC69/R4)
   9.2 South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol (2014–2025) (SEA/RC67/R4)
   9.3 Access to medicines (SEA/RC70(3))
   9.4 South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7)
   9.5 Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)
   9.6 Strengthening emergency medical teams (EMTs) in the South-East Asia Region (SEA/RC71/R5)
   9.7 Intensifying activities towards control of dengue and elimination of malaria in the South-East Asia Region (SEA/RC71/R4)
   9.8 Measles and rubella elimination by 2023 (SEA/RC72/R3)
      Challenges in polio eradication (SEA/RC60/R8)

10. Governing Body matters
   10.1 Review of the draft Provisional Agenda of the 148th Session of the WHO Executive Board (SEA/RC73/10)
   10.3 Elective posts for Governing Body meetings (WHA, EB and PBAC)

11. Management and Governance matters
   11.1 WHO Transformation Agenda (SEA/RC73/11)

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 2020 (SEA/RC73/12)

13 Time and place of future Sessions of the Regional Committee

14 Closing session
Annex 9

List of participants

1. Representatives, Alternates and Advisers

Bangladesh

Representative

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

Alternates

Kazi Zebunnessa Begum
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Dr Md Mofizul Islam Bulbul
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National Nutrition Service
Institute of Public Health Nutrition
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Government of the People's Republic of Bangladesh
Bhutan

Representative
H.E. Ms Lyonpo Dechen Wangmo
Minister of Health
Ministry of Health
Royal Government of Bhutan

Alternates
Mr Rinchen Dorji
Director General
Department of Medical Supplies and Health Infrastructure
Ministry of Health
Royal Government of Bhutan

Mr Karma Lhazeen
Director
Department of Public Health
Ministry of Health
Royal Government of Bhutan

Adviser
Mr Tashi Penjor
Chief
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

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Dr Sonam Wangchuk
Specialist
Royal Centre for Disease Control
Ministry of Health
Royal Government of Bhutan

Dr Tshokey
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Royal Government of Bhutan

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Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Ugyen Tshering
Programme Officer
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Ministry of Health
Royal Government of Bhutan
Democratic People's Republic of Korea

**Representative**
H.E. Mr Choe Hui Chol
Ambassador of the Democratic People's Republic of Korea to Republic of India
Democratic People's Republic of Korea

**Alternates**
Mr Jong Yong Ryong
Counsellor
Embassy of the Democratic People's Republic of Korea in Republic of India
Democratic People's Republic of Korea

Mr Kim Myong Chol
Third Secretary
Embassy of the Democratic People's Republic of Korea in Republic of India
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India

**Representative**
H.E. Dr Harsh Vardhan
Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

**Alternates**
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Minister of State for Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Mr Rajesh Bhushan
Secretary
Ministry of Health and Family Welfare
Government of India

Ms Arti Ahuja
Additional 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 Lav Agarwal
Joint Secretary
Ministry of Health and Family Welfare
Government of India

Ms Rekha Shukla
Joint Secretary
Ministry of Health and Family Welfare
Government of India

Mr Abhinav Gupta
PS to Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Mr Kuldip Narayan
PS to MoS for Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Dr Sachin Mittal
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Ministry of Health
Republic of Indonesia

Alternates Dr Oscar Primadi
Secretary-General
Ministry of Health
Republic of Indonesia

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Ministry of Health
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Republic of Indonesia
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WHO Regional Committee for South-East Asia
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*Alternates*

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Ms Isabel Maria Gomes  
National Director of Public Health  
Ministry of Health  
Democratic Republic of Timor-Leste

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**2. Representatives of the United Nations and Specialized Agencies**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
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</thead>
</table>
| UNDP Asia and the Pacific        | Ms Valerie Alison Cliff  
Deputy Regional Director for Asia and the Pacific &  
Bangkok Regional Hub  
Bangkok, Thailand               |
| UNAIDS Asia and the Pacific      | Mr Eamonn Murphy  
Regional Director for Asia and the Pacific  
Bangkok, Thailand              |
| World Food Programme             | Mr John Aylieff  
Regional Director for Asia and the Pacific  
Bangkok, Thailand              |
| UNESCO                           | Professor Dr Shahbaz Khan  
Director and Representative  
Bangkok, Thailand               |
| United Nations Environment Programme | Mr Atul Bagai  
Head of Country Office  
UN Environment Programme Country Office  
New Delhi, India               |
| United Nations Volunteers        | Ms Shalina Miah  
Regional Manager  
Regional Office for Asia and the Pacific  
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| UNICEF Regional Office for South Asia | Dr Paul Rutter  
Regional Health Adviser  
Kathmandu, Nepal             |
UN Resident Coordinator's Office
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UN Resident Coordinator in Thailand
Bangkok, Thailand

International Telecommunications Union
Mr Ashish Narayan
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Dr Patrick Duigan
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Ms Katalin Bokor
External Relations Officer
Geneva, Switzerland

Global Health Workforce Alliance
Mr James Campbell
Executive Director
Geneva, Switzerland

RBM Partnership to End Malaria
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Geneva, Switzerland

International Atomic Energy Agency
Ms Lisa Stevens
Director
Vienna, Austria
Ms Anja Nitzsche
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Vienna, Austria
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Division of Human Health
Vienna, Austria
Mr Kamal Akbarov
Division of Human Health
Vienna, Austria
Ms Miriam Mikhail  
Division of Human Health  
Vienna, Austria

World Trade Organization  
Ms Ishita Rony  
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Grand-Saconnex, Geneva, Switzerland

3. Representatives from Intergovernmental Organizations in official relations with WHO

Commonwealth Secretariat  
Ms Tukiya-Kaunda Mutupa  
London, United Kingdom of Great Britain and Northern Ireland

Asian Development Bank  
Dr Eduardo Pedria Banzon  
Principal Health Specialist  
Manila, Philippines

Islamic Development Bank  
Dr Ammar Abdo Ahmed  
Senior Global Health Specialist  
Jeddah, Kingdom of Saudi Arabia

Dr Ima Arit Kashim  
Global Health Specialist  
Jeddah, Kingdom of Saudi Arabia

World Organisation for Animal Health Asia and the Pacific  
Dr Lesa Thompson  
Tokyo, Japan

Dr Kinzang Dupka  
Tokyo, Japan

Ms Asako Endo  
Tokyo, Japan

Dr Pasang Thsering  
Thimphu, Bhutan

Mission of Canada to ASEAN  
Ms Diedrah Alison Kelly  
Ambassador of Canada to ASEAN  
Jakarta, Indonesia

Ms Vicky Singmin  
Head of Cooperation and Counsellor (Development)  
Jakarta, Indonesia
Global Alliance for Vaccine and Immunization (GAVI)

Mr Charlie Whetham
Regional Head
Geneva, Switzerland

Dr Thabani Maphosa
Managing Director, Country Programme
Geneva, Switzerland

Mr Dirk Gehl
Senior Country Manager
Geneva, Switzerland

Mr Luis Homero Hernandez
Senior Country Manager
Geneva, Switzerland

Global Fund to Fight AIDS, Tuberculosis and Malaria

Mr Nicolas Cantau
Regional Manager
Geneva, Switzerland

Dr Himangi Bhadwaj
Senior Health Adviser
British High Commission
New Delhi, India

Mr Ed Rose
Health Adviser
British High Commission
New Delhi, India

The Department for International Development (DFID), United Kingdom

Ms Sarah Ferguson
Assistant Director
Canberra, Australia

Ms Matin Avila Elena
Senior Policy Officer
Canberra, Australia

Ms Sinead Mulders-Jones
Senior Policy Officer
Canberra, Australia

Department of Foreign Affairs and Trade Australia

United States Department of Health and Human Services

Dr Preetha Rajaraman
Health Attaché and Regional Representative
Embassy of the United States of America
New Delhi, India

Centres for Disease Control and Prevention

Dr John MacArthur
Southeast Asia Regional Director
Bangkok, Thailand
4. Representatives from non-State Actors in official relations with WHO

**Iodine Global Network**
Dr Chandrakant Sambhaji Pandav
Regional Coordinator, South Asia
New Delhi, India

**International Water Association**
Dr Kalanithy Vairavamoorthy
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**The International Society for Quality in Health Care**
Dr Subhrojyoti Bhowmick
Representative
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**World Organization of Family Doctors (WONCA)**
Dr Raman Kumar
President, South-East Asia
Ghaziabad, India

**World Heart Federation**
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Geneva, Switzerland

**World Obesity Federation**
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Secretary, All India Association for Advancing Research in Obesity
Mumbai, India

**The Network: Towards Unity For Health (TUFH)**
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**Alzheimer’s Disease International**
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**World Medical Association**
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**World Stroke Organisation**
Professor Jeyaraj Durai Pandian
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Ludhiana, India
<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines for Malaria Venture</td>
<td>Dr Caroline Anita Lynch</td>
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<tr>
<td></td>
<td>Regional Adviser</td>
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<td></td>
<td>Bangkok, Thailand</td>
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<tr>
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<td>Ms Neha Chauhan</td>
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<td></td>
<td>Senior Technical Adviser</td>
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<td></td>
<td>Nakhon, Thailand</td>
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<tr>
<td>International Federation of Anti-Leprosy Associations</td>
<td>Mr Geoffrey Warne</td>
</tr>
<tr>
<td></td>
<td>Chief Executive Officer</td>
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<td></td>
<td>Meyrin, Geneva, Switzerland</td>
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<tr>
<td>International Diabetes Federation</td>
<td>Mr Shashank Rameshchandra Joshi</td>
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<td></td>
<td>Chairman, South-East Asia</td>
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<td>Mumbai, India</td>
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<td>International Federation of Medical Students’ Associations</td>
<td>Mr Po-Chin Li</td>
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<td>Regional Director for the Asia-Pacific</td>
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<td>Copenhagen, Denmark</td>
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<tr>
<td>International Pharmaceutical Students’ Federation</td>
<td>Mr Cheng-Hsuan Tsai</td>
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<td>Chairperson</td>
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<td></td>
<td>The Hague, Netherlands</td>
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<tr>
<td>International Union of Nutritional Sciences</td>
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<tr>
<td></td>
<td>Vice-President</td>
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<td></td>
<td>Mysuru, India</td>
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<td>Board Chair</td>
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<td>World Hypertension League</td>
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<tr>
<td></td>
<td>Beijing, People’s Republic of China</td>
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<tr>
<td>United States Pharmacopeia Convention</td>
<td>Dr Chaitanya Kumar Koduri</td>
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<tr>
<td></td>
<td>Associate Director, International Public Policy</td>
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<tr>
<td></td>
<td>Bengaluru, India</td>
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<tr>
<td>Public Services International</td>
<td>Ms Susana Barria</td>
</tr>
<tr>
<td></td>
<td>Trade Justice Campaigner</td>
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<td></td>
<td>New Delhi, India</td>
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<tr>
<td>International Bureau for Epilepsy</td>
<td>Ms Mary Secco</td>
</tr>
<tr>
<td></td>
<td>Secretary-General</td>
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<tr>
<td></td>
<td>Dublin, Republic of Ireland</td>
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<tr>
<td>Movendi International</td>
<td>Mr Pubudu Sumanasekara</td>
</tr>
<tr>
<td></td>
<td>International Vice-President</td>
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<tr>
<td></td>
<td>Stockholm, Sweden</td>
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WHO Regional Committee for South-East Asia
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
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<tbody>
<tr>
<td>International Society of Pediatric Oncology</td>
<td>Professor Dr Rashmi Dalvi</td>
</tr>
<tr>
<td></td>
<td>Continental President for Asia</td>
</tr>
<tr>
<td></td>
<td>Mumbai, India</td>
</tr>
<tr>
<td>Pasteur International Network Association</td>
<td>Professor Roberto Bruzzone</td>
</tr>
<tr>
<td></td>
<td>Co-Director</td>
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<tr>
<td></td>
<td>Hong Kong SAR, People's Republic of China</td>
</tr>
<tr>
<td>World Federation for Medical Education</td>
<td>Dr Titi Savitri Prihatiningsih</td>
</tr>
<tr>
<td></td>
<td>President</td>
</tr>
<tr>
<td></td>
<td>South-East Asia Regional Association for Medical Education</td>
</tr>
<tr>
<td></td>
<td>Yogyakarta, Indonesia</td>
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<tr>
<td>Handicap International</td>
<td>Ms Chiara Retis</td>
</tr>
<tr>
<td></td>
<td>Phnom Penh, Cambodia</td>
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<tr>
<td>International Federation of Pharmaceutical Manufacturers and Associations</td>
<td>Ms Martina Bilova</td>
</tr>
<tr>
<td></td>
<td>Asia Public Affairs Lead</td>
</tr>
<tr>
<td></td>
<td>Singapore City, Republic of Singapore</td>
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<tr>
<td>Christian Blind Mission</td>
<td>Professor Dominic Misquith</td>
</tr>
<tr>
<td></td>
<td>Adviser</td>
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<tr>
<td></td>
<td>Bengaluru, India</td>
</tr>
<tr>
<td>International League Against Epilepsy</td>
<td>Professor Samuel Wiebe</td>
</tr>
<tr>
<td></td>
<td>President</td>
</tr>
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<td></td>
<td>Alberta, Canada</td>
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5. **Observers**

<table>
<thead>
<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>Voluntary Health Association of India</td>
<td>Mr Alok Nath Mukhopadhyay</td>
</tr>
<tr>
<td></td>
<td>Chairman</td>
</tr>
<tr>
<td></td>
<td>New Delhi, India</td>
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<tr>
<td>Public Health Foundation of India</td>
<td>Professor K. Srinath Reddy</td>
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<tr>
<td></td>
<td>President</td>
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<tr>
<td></td>
<td>Gurgaon, India</td>
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<tr>
<td>Sulabh International</td>
<td>Mr Gaurav Solanki</td>
</tr>
<tr>
<td></td>
<td>Programme Officer</td>
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<tr>
<td></td>
<td>New Delhi, India</td>
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<tr>
<td>International Planned Parenthood Federation</td>
<td>Mr Gessen Rocas</td>
</tr>
<tr>
<td></td>
<td>Director, East, South-East Asia and Oceania</td>
</tr>
<tr>
<td></td>
<td>Kuala Lumpur, Malaysia</td>
</tr>
</tbody>
</table>
| **International Alliance of Patient Organizations** | Dr Neda Milevska Kostova  
Patient Academy for Innovation and Research  
New Delhi, India  
Dr Nidhi Priyam  
DakshamA Health  
New Delhi, India |
| **Asian Medical Students’ Association** | Ms Marjorie Jia Yi Naomi Ong  
Chairperson  
Penang, Malaysia  
Ms Vellia Justian  
Vice-Chairperson (External)  
Jakarta, Indonesia  
Mr Terence Lapenas  
Regional Chairperson, Philippines  
Manila, Philippines  
Mr Priyansh Nathani  
Regional Chairperson, India  
Ulhasnagar, India  
Ms Khushman Kaur Bhullar  
Director of Public Health  
Malout, India |
| **International Organization for Migration** | Dr Suraksha Chandrasekhar  
Emergency Health Support Officer  
Bangkok, Thailand |
| **International Federation of Medical Students’ Associations** | Ms Chirag Mauli Mehta  
Ahmedabad, India  
Mr Rajesh Sharma  
Kathmandu, Nepal  
Ms Salin Amponnavarat  
Bangkok, Thailand  
Dr Kanchana Bali  
Bangkok, Thailand  
Mr Pranav Prashanth  
Mumbai, India  
Mr Kevin Alvaro Handoko  
East Java, Indonesia  
Md Refat Uz-Zaman Sajib  
Dhaka, Bangladesh |
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<tr>
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<tbody>
<tr>
<td><strong>Public Services International</strong></td>
<td>Ms Banaani Deka</td>
<td>Chennai, India</td>
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<tr>
<td><strong>United States Pharmacopoeia Convention</strong></td>
<td>Dr Raashi Gaur</td>
<td>Hyderabad, India</td>
</tr>
<tr>
<td><strong>International Pharmaceutical Students' Federation Asia-Pacific</strong></td>
<td>Ms Florensia Rahati Pujiani</td>
<td>Chairperson, Asia-Pacific Regional Office The Hague, the Netherlands</td>
</tr>
<tr>
<td></td>
<td>Ms Nirmal Malik</td>
<td>Incoming Chairperson of Internal Relations The Hague, Netherlands</td>
</tr>
<tr>
<td></td>
<td>Ms Min Li Wong</td>
<td>The Hague, Netherlands</td>
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<tr>
<td></td>
<td>Ms Akriti Dhakal</td>
<td>The Hague, Netherlands</td>
</tr>
<tr>
<td><strong>World Health Federation</strong></td>
<td>Ms Prachi Kathuria</td>
<td>New Delhi, India</td>
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<td></td>
<td>Ms Tina Rawal</td>
<td>New Delhi, India</td>
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<tr>
<td><strong>World Hypertension League</strong></td>
<td>Ms Rachel Zhang</td>
<td>Beijing, People's Republic of China</td>
</tr>
<tr>
<td><strong>World Medical Association</strong></td>
<td>Dr Dinesh Bhujangrao Thakare</td>
<td>Amravati, India</td>
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<td></td>
<td>Dr Rui Nakamura</td>
<td>Tokyo, Japan</td>
</tr>
<tr>
<td><strong>International Bureau for Epilepsy</strong></td>
<td>Ms Carol Dsouza</td>
<td>Regional Representative Mumbai, India</td>
</tr>
<tr>
<td></td>
<td>Dr Ding Ding</td>
<td>Vice-President, Western Pacific Region Shanghai, People's Republic of China</td>
</tr>
<tr>
<td><strong>World Federation for Medical Education</strong></td>
<td>Dr Mora Claramita</td>
<td>Secretary-General, South Asia Pandega Duta, Indonesia</td>
</tr>
</tbody>
</table>
Professor Thomas Vengail Chacko
Dean Medical Education & Prof Community
Thiruvalla, India

Iodine Global Network
Dr Renuka Jayatissa
Coordinator
Colombo, Sri Lanka

International League
Against Epilepsy
Dr Alla Guekht
Vice-President
Moscow, Russia

Professor Akio Ikeda
Kyoto, Japan

Professor Man Mohan Mehndiratta
New Delhi, India

6. Ambassadors/High Commissioners

Embassy of the Republic of India in Thailand
H.E. Ms Suchitra Durai
Ambassador of India to Kingdom of Thailand
Bangkok, Thailand

Embassy of Canada in Thailand
H.E. Dr Sarah Taylor
Ambassador of Canada to Kingdom of Thailand
Bangkok, Thailand

Mr Jeffrey Senior
Counsellor (Political)
Bangkok, Thailand

Embassy of the Republic of Maldives in Thailand
H.E. Mr Mohamed Jinah
Ambassador Extraordinary and Plenipotentiary of Maldives to Kingdom of Thailand
Bangkok, Thailand

Royal Bhutanese Embassy in Thailand
H.E. Tshewang Chophel Dorji
Ambassador of the Kingdom of Bhutan to Kingdom of Thailand
Bangkok, Thailand

Mr Tashi Pejlor
First Secretary
Bangkok, Thailand
Embassy of the Democratic Socialist Republic of Sri Lanka in Thailand

H.E. Ms Samantha Kumari Jayasuriya
Ambassador of Sri Lanka to Kingdom of Thailand
Bangkok, Thailand

Embassy of the Democratic Republic of Timor-Leste in Thailand

Ms Elisa Maria Da Silva
Counsellor/Charge d’ Affaires a.i.
Bangkok, Thailand

Embassy of the Republic of Indonesia in Thailand

Ms Dini Vita Widjoningtias
Second Secretary
Phetchaburi, Thailand
Mr Ria Cahyaningsih
Staff
Phetchaburi, Thailand

Royal Bhutanese Embassy in India

H.E. Mr V. Namgyel
Ambassador of Bhutan to Republic of India
New Delhi, India
Ms Pema Tshomo
Counsellor
New Delhi, India
Mr Tashi Peljor
First Secretary
New Delhi, India

Embassy of the Republic of the Union of Myanmar in India

H.E. Mr Moe Kyaw Aung
Ambassador of Myanmar to Republic of India
New Delhi, India

Sri Lankan High Commission in India

H.E. Mr Kadurugamuwa Niluka
Acting High Commissioner to Republic of India
New Delhi, India
Ms Pamoda Gooneratne
Counsellor
New Delhi, India
## Annex 10

### List of official documents

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>SEA/RC73/1 Rev. 1</td>
<td>Adoption of the Agenda</td>
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<tr>
<td>SEA/RC73/2</td>
<td>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 2019</td>
</tr>
<tr>
<td>SEA/RC73/3</td>
<td>Country experiences and lessons learnt with future transition to the ‘new normal’</td>
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<tr>
<td>SEA/RC73/4</td>
<td>Maintaining essential health services and public health programmes in the context of COVID-19</td>
</tr>
<tr>
<td>SEA/RC73/5</td>
<td>Programme Budget Performance Assessment: 2018–2019</td>
</tr>
<tr>
<td>SEA/RC73/6 Rev. 1</td>
<td>Programme Budget 2020–2021: Implementation</td>
</tr>
<tr>
<td>SEA/RC73/7</td>
<td>Decade for health workforce strengthening in SEA Region 2015–2024: mid-term review of progress, challenges, capacities and opportunities</td>
</tr>
<tr>
<td>SEA/RC73/8</td>
<td>Annual report on monitoring progress on UHC and health-related SDGs</td>
</tr>
<tr>
<td>SEA/RC73/9 Add. 1 &amp; Add. 2</td>
<td>Progress reports on selected Regional Committee resolutions</td>
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<tr>
<td>SEA/RC73/10</td>
<td>Review of the draft Provisional Agenda of the 148th Session of the WHO Executive Board</td>
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<tr>
<td>SEA/RC73/11</td>
<td>WHO Transformation Agenda</td>
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<tr>
<td>SEA/RC73/12</td>
<td>UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2020</td>
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</table>

SEA/RC73/14  Time and place of future Sessions of the Regional Committee

SEA/RC73/15  Report of the Seventy-third Session of the WHO Regional Committee for South-East Asia
Annex 11

Link to written statements of delegates and Representatives of Member States as per the ‘Written Silence’ procedure

As per the procedure of “Written Silence” adopted by the Committee by consensus for the virtual conduct of the Session of the Regional Committee and in the absence of a plenary, Member States and their Representatives submitted interventions on several Agenda items through an online portal for review and consideration, and finally for incorporation into the report of the Seventy-third Session of the Regional Committee.

These interventions, comments and observations can be accessed at the link: https://seaextranet.searo.who.int/rc73/AdminPages/UserDocuments.aspx

The individual usernames and passwords were sent to the Government nominees through a system-generated email that confirmed their registration.
The WHO Regional Committee for South-East Asia is the World Health Organization’s governing body in the South-East Asia Region. It has representatives from all its 11 Member States in the Region. The Regional Committee meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for Member States and review past resolutions. It also considers the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-third Session of the Regional Committee for South-East Asia held virtually, with Thailand in the Chair, on 9–10 September 2020. This was the first full-fledged Regional Committee Session to be held virtually because of the COVID-19 pandemic worldwide.

The Ministerial Roundtable featured a discussion of the honourable health ministers of Member States on key issues related to the COVID-19 pandemic, including country experiences, lessons learnt and the transition to the ‘new normal’. The Committee also discussed, through a special procedure of ‘Written Silence’, several public health issues relevant to the Region such as health workforce strengthening, monitoring progress on universal health coverage, and ‘WHO Transformation’. The Committee reviewed reports on progress in the implementation of several past Regional Committee resolutions. The Committee adopted a Regional Declaration on Collective Response to COVID-19.