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Programme Budget Performance Assessment: 2020–2021

Consistent with WHO's results and accountability frameworks, this Working Paper provides information on the programmatic and financial implementation of the Programme Budget 2020–2021 in the South-East Asia Region based on the end-of-biennium assessment. The 'WHO Results Report Programme Budget 2020–2021 – For a safer, healthier and fairer world' was presented at the Seventy-fifth World Health Assembly.

The Thirteenth General Programme of Work, 2019–2023, marked a new strategic direction for WHO. Measurable impact in countries lies at the heart of this strategy. The tenure of the Thirteenth General Programme of Work (GPW13) was extended to 2025 by the Seventy-fifth World Health Assembly in May 2022 to intensify and strengthen the support to countries in recovering from the impact of the pandemic and accelerate progress towards the achievement of the Sustainable Development Goals.

Programme Budget 2020–2021 is the first of the Programme Budgets implemented under the Thirteenth General Programme of Work (GPW13) 2019–2023, which provided a new strategic direction for WHO. With the publishing of the Results Report for Programme Budget 2020–2021, progress towards the 'Triple Billion' targets, outcomes and outputs has been presented to Member States based on the GPW13 Results Framework.

The SDG-based Triple Billion targets for healthier populations, universal health coverage and health emergencies define how WHO would help countries attain these targets through leadership, global public health goods/technical products and country support.

The overall goal is to continuously improve WHO's accountability for results. This generates trust on the part of those the Organization serves and those who support WHO, and creates a virtuous cycle reinforcing WHO's leadership function 'to act as the directing and coordinating authority on international health work'.

Structured methodologies, both quantitative and qualitative, were used for measuring and analysing the achievements and challenges thereto, and these include country and impact case studies to exemplify how the Organization's work is driving health impacts at the country level, where it matters most.

Although battling the COVID-19 pandemic took centrestage in 2021, the Organization's achievements in that year go beyond how WHO responded to the COVID-19 pandemic. The coronavirus disease (COVID-19) pandemic early in 2020 posed unprecedented health and economic challenges worldwide and placed new and urgent demands on the Organization. Nonetheless, the Organization was able to respond and maintain its focus on the effective implementation of programmatic activities with the help of partners and stakeholders.

The achievements of the Secretariat against each of the Outputs are assessed through six dimensions using the Output Scorecard. The Scorecard is refined further with experiences gained from the mid-term review (MTR) of PB 2020-21 and feedback received from various consultations and focus group discussions.

The WHO Results Report complements the Financial Report; both are integral parts of the transparent presentation of the Organization's work in 2020–2021. The Detailed Results Report is available online at https://www.who.int/about/accountability/results/who-results-report-2020-2021. The 'WHO Results Report Programme Budget 2020–2021 – For a safer, healthier and fairer world' was presented to the Seventy-fifth World Health Assembly and noted by it.

On the financial front, the 2020–2021 biennium saw the highest levels of financing (US$ 7916 million) and implementation (US$ 6640 million) across the Organization. The total amount of distributed resources for the biennium for the South-East Asia Region was US$ 515.1 million and implementation (expenditure) was US$ 476.3 million, which amounts to 92% of the distributed resources. The approved Programme Budget was funded at 115% and its implementation was 107%.

This report was presented to the Fifteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), for its review and recommendations. The SPPDM meeting reviewed the paper and made the following recommendations for consideration by the Seventy-fifth Session of the Regional Committee:

Actions by Member States

(1) Continue engaging in and facilitating collaborative approaches for successful implementation of programmes at the country level.

(2) Build on the progress made and lessons learnt from the COVID-19 pandemic to achieve national targets and contribute to global and regional targets, namely the Thirteenth General Programme of Work and the Sustainable Development Goals.

Actions by WHO

(1) Ensure continued focus on effective Programme Budget implementation, country priorities and results, in alignment with the Regional Flagship Priority Programmes and the Thirteenth General Programme of Work.

(2) Continue to monitor technical and financial implementation and strategic resource allocation according to priorities agreed with the Member States.

This Working Paper, along with the SPPDM recommendations, is submitted to the Seventy-fifth Session of the WHO Regional Committee for South-East Asia for its consideration.

Introduction

1. In line with WHO's results and accountability framework, the WHO Secretariat is required to present mid-term review (MTR) and end-of-biennium (EoB) assessment reports on the implementation of the approved biennial Programme Budget to its Governing Bodies. This report covers Programme Budget 2020–2021 EOB assessment with the purpose of accounting for results achieved within the terms of the approved Programme Budget and the resources entrusted by Member States, donors, and partners to WHO.

2. Programme Budget 2020–2021 was approved by the Seventy-second World Health Assembly in May 2019 (Document A72/5) and endorsed by the Regional Committee for South-East Asia in September 2019. Programme Budget 2020–2021 was the first Programme Budget to be implemented during the operational tenure of the WHO Thirteenth General Programme of Work (GPW13) 2019–2023.

3. This report focuses on the implementation of Programme Budget 2020–2021 in the South-East Asia Region. The global "WHO Results Report Programme Budget 2020–2021 – For a safer, healthier and fairer world" was presented at the Seventy-fifth World Health Assembly. In addition to the key achievements, challenges and lessons learned from country offices and major office outputs, the Global Results Report highlights country case studies that showcase public health achievements and success stories of WHO's work at the country level.

4. This Working Paper presents a synopsis of the programmatic and financial implementation, and resource mobilizations efforts, in the South-East Asia Region during 2020–2021. Major extracts relevant to the SE Asia Region from the **WHO Results Report Programme Budget 2020–2021** and regional progress with the Key Performance Indicators (KPIs) is summarized and presented in a compilation of information for each country office and Major Office outcome areas as an info doc.

A. Programmatic implementation

5. The end-of-biennium (EoB) review of the Programme Budget 2020–2021 Output assessment in the SE Asia Region was done using the updated Output Scorecard (OSC) methodology.

6. The South-East Asia Region's Budget Centres assessed all outputs that were planned and approved for Programme Budget 2020–2021 and developed a brief narrative on the achievements, challenges and lessons learnt.

7. WHO representatives and relevant regional technical department directors led the output assessment process at the country offices and regional departments for the approved outputs. The Output Delivery Team Leads at the Major Office level led the assessment for the outputs in the Region and consolidated regional achievements, challenges and lessons learnt.

8. Of the six dimensions under technical and enabling scorecards, the dimension on global public health goods (within the Technical Scorecard) was not assessed at the country level as this was not relevant for WHO country offices as global public health goods were not planned at the country level at the start of the biennium. Output delivery teams associated with relevant regional public health goods assessed the dimension at the regional level and noted the progress therewith.

9. The results dimension was reported for each country office for the consolidated technical and enabling Output Scorecard and the Major Office Output Scorecard for the first time. Regional Key Performance Indicator-based end-of-biennium progress updates from country offices were considered for calculating the Output results dimension score for Major Office outputs and technical and enabling consolidated scorecards for country offices.

10. Of the total of 422 approved outputs, assessments were completed for 394 Output Scorecards in the Region, 317 at country office level and 77 at the Regional Office budget centres.

11. The SE Asia Region also participated in all 42 global Output Delivery Team (ODT) discussions on scorecards at the global level and provided inputs on the overall score for the Organization, and the main achievements, challenges and lessons learnt.

12. For country offices the output assessments and scores are consolidated for technical and enabling Output Scorecards. The Major Office Output Scorecard is available for all 42 outputs and submissions from all budget centres (country office and Regional Office) were reviewed and considered for scoring the dimensions.

13. There was consistency and identical patterns observed vis-à-vis the global scores where the SE Asia Region too had more scores between "satisfactory" and "strong" on most of the outputs in all dimensions except on the gender, equity, human rights and disability (GERD) dimension.

14. In the technical scorecards (*see Table 1*) dimensions on technical support, leadership, global goods and value for money, the scores resulted in 3 or more (between "satisfactory" and "strong") in 79–85% of 33 technical outputs. However, in the gender, equity, human rights and disability dimension most of the outputs have scored below 3 and only 12% outputs have scored 3 or more on a scale of 1 to 4. Further details for each Major Office output score for the Technical and Enabling Scorecard is given in Annexes 1a and 1b.

Table 1. *Number of outputs with scores equal to or more than 3 in the SE Asia Region on six dimensions on the Technical Scorecard*

Technical Outputs count (33)						
Dimension	**Technical support**	**Leadership**	**Global goods**	**Gender equity, human rights and disability**	**Value for money**	**Results**
No. of outputs with score of at least 3 or more out of 4	**28**	**27**	**28**	**04**	**26**	**26**
% of outputs scoring at 3 or more out of 4 in respective dimensions	**85%**	**82%**	**85%**	**12%**	**79%**	**79%**

15. In the scorecards related to enabling functions (*see Table 2*), dimensions on strategy and leadership, accountability, client service delivery and value for money showed scores of 3 or more (between "satisfactory" and "strong") in 67–100% of nine enabling outputs. However, on gender, equity, human rights and disability under the enabling outputs category, 33% of outputs scored 3 or more on a scale of 1 to 4, revealing that enabling functions have accorded more focus on GER aspects in their operations.

Table 2. *Number of outputs with scores equal to or more than 3 in the SE Asia Region on six dimensions in the Enabling Scorecard*

Enabling Outputs count (9)						
Dimension	**Strategy & leadership**	**Accountability**	**Client service delivery**	**Gender, equity and human rights**	**Value for money**	**Results**
No. of outputs with score of at least 3 or more out of 4	**09**	**08**	**06**	**03**	**07**	**07**
% representation out of 10 with score of at least 3 or more out of 4 in respective dimensions	**100%**	**89%**	**67%**	**33%**	**78%**	**78%**

Technical progress by Strategic Priority on Programme Budget 2020–2021

Strategic Priority 1: One billion more people benefiting from universal health coverage

16. WHO supported Member States in the Region in developing health policies, strategies and action plans. Bangladesh, Bhutan and Timor-Leste were supported in aligning, revising and reviewing their national health policies, strategies and plans towards achieving the 2030 Agenda.

17. Technical assistance was provided to Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Timor-Leste to define essential health services guidelines, operationalize essential service packages and maintain key health services to mitigate the adverse impact of the COVID-19 pandemic.

18. WHO supported reviewing of and developing revised human resources for health (HRH) and nursing strategies in Bangladesh, Bhutan, Maldives, Nepal and Sri Lanka. WHO also collaborated in the development of HRH and service standards in Bhutan, establishment of central HRH units in Myanmar, formulation of rural retention strategies in India and Myanmar, and the preparation of analyses of the health labour market in Bangladesh and India.

19. WHO assisted with and provided technical support to improve access to diagnostics and medicines for tuberculosis, malaria, neglected tropical diseases, HIV and hepatitis B and C in Bhutan, Myanmar, Nepal and Sri Lanka, update the national medicines policy in Timor-Leste, and update the national lists of essential medicines and formularies and review systems for procuring medical products from the public sector in Nepal and Timor-Leste.

20. WHO further strengthned the regulatory functions in countries and supported them to improve the quality of imported and locally manufactued pharmachuticals. Bangladesh, Nepal, Thailand and Sri Lanka were assisted in developing institutional development plans for national medicines regulatory authorities (NRAs) using global benchmarking tools. Thailand reached maturity level 3 for vaccine regulation, which allows its locally produced vaccines to contribute to the global supply of good quality, safe and efficacious vaccines.

21. WHO continued supporting Member States in building capacity for local production. The Region organized a series of virtual workshops on the WHO prequalification process and cGMP targeting micro-, small- and medium-scale enterprises in the Indian pharmaceutical industry. WHO also provided support to coordinate the prequalification process for two medicines produced locally in Bangladesh.

22. Nepal was assisted in developing a new Health Financing Strategy 2022–2032 and regulation of health insurance. A review of the national health financing strategy in Bangladesh was supported, including updating and implementing its essential health services package of prioritized primary health care interventions. Bhutan, India, Maldives, Myanmar, Nepal and Sri Lanka were supported to conduct new studies on their national health accounts (NHAs).

23. With regard to the SE Asia regional elimination targets on communciable diseases, Maldives and Sri Lanka continued to be malaria-free, and Thailand, Maldives and Sri Lanka maintained the elimination of mother-to-child transmission of HIV and syphilis.. The elimination target for kala-azar (less than one case per 10 000 population per implementation unit) was achieved in all implementation units in Bangladesh, 99% implementation units in India and 87% in Nepal.

24. Five countries in the Region (Democratic People's Republic of Korea, Maldives, Indonesia, Sri Lanka and Thailand) have already reached a mortality rate among children under 5 that is below the SDG target of 25 per 1000 live births, and a neonatal mortality rate below the SDG target of 12 per 1000 live births.

25. Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste maintained their measles elimination status and Maldives and Sri Lanka their rubella elimination status during the biennium. Hepatitis B control through immunization has been sustained in Bangladesh, Bhutan, Nepal and Thailand. The Region also maintained its polio-free status and maternal and neonatal tetanus elimination status. Bangladesh and Timor-Leste are working towards WHO validation of the elimination of lymphatic filariasis as a public health problem and have passed the transmission assessment survey on lymphatic filariasis.

26. The first COVID-19 vaccine was rolled out in the Region on 13 January 2021 in India, and more than 2 billion doses had been administered in the Region by 31 December 2021. More than 41% of the eligible population of the Region have received the primary series of COVID-19 vaccination by the end of 2021. Fourteen COVID-19 vaccines were granted emergency use authorization by the different national regulatory authorities in 2021.

27. Development of a national mental health policy and related action plans were supported in Sri Lanka. Bhutan, Myanmar and Timor-Leste were supported to establish colposcopy centres with facilities to manage pre-cancers, which included an online training course for 100 trainees in colposcopy and prevention of cervical cancer. WHO also supported the launch of a national campaign against hypertension and diabetes in Thailand.

28. Throughout the biennium WHO introduced several public health goods with capacity-building for use in the Region to guide country-level public health programmes and interventions. The following were developed and disseminated:

- Regional Strategy for Primary Health Care 2022–2030.
- WHO Global Leprosy Strategy 2021–2030 (developed by the Global Leprosy Progarmme SE Asia Region).
- Regional Strategic Framework for accelerating universal access to sexual and reproductive health 2020–2024.
- A regional guidance on continuing essential sexual, reproductive, maternal, neonatal, child and adolescent health services during COVID-19.
- Regional Strategy on Patient Safety aligned with the Global Patient Safety Action Plan.
- Regional Strategic Plan towards ending TB in South-East Asia 2021–2025.
- Regional guidance on eliminating cervical cancer as a public health problem for 2021–2030.
- Regional strategic directions for strengthening midwifery, with a tool for assessing competencies for midwifery educators and midwives.
- First global online training programme on maternal death surveillance and response.
- Review on progress in traditional medicine for the WHO South-East Asia Region and a regional publication on traditional medicine titled *Traditional medicine in the WHO South-East Asia Region: Review of Progress 2014–2019.*
- *Crisis or opportunity? Health financing in times of uncertainty: Country profiles from the SEA Region*, a publication on financing health care in the Region with macro fiscal country profiles, was published in collaboration with partners and other WHO regions.

Strategic Priority 2: One billion more people better protected from health emergencies

29. WHO continued to provide guidance and support to Member States in strengthening health emergency prepardness and respone in the Region. The Regional Office facilitated exchange of information, good practices and lessons learnt from the COVID-19 response with Member States using the South-East Asia Regional Knowledge Network within the ambit of IHR (2005). Further, training, simulations and virtual sessions on emergency preparedness and response for Member States have been held notwithstanding the COVID-19 restrictions.

30. WHO continued to provide support to countries to enhance their COVID-19 surveillance capacities through out the biennium. WHO organized two regional meetings for lessons learnt from the COVID-19 response convening Member States and experts, and published the reports of the meetings.

31. WHO supported regional event-based surveillance and risk assessment by screening more than 1000 signals of potential public events daily. In 2020 and 2021, 57 and 48 signals were confirmed as "events of public health importance" and recorded in the WHO Event Management System.

32. Bangladesh, Bhutan, India and Nepal were supported to conduct situational assessments on the implementation of IHR (2005) at ground crossings and points-of-entry.

33. Bhutan, Maldives and Timor-Leste were assisted technically to conduct virtual simulation to assess the response coordination capacity of public health emergency operations centres, the degree of EMT coordination and readiness for emergency.

34. The first regional health cluster coordinators' virtual training was conducted on providing health services in fragile, conflict-affected and vulnerable (FCV) settings, with participants from the government, United Nations agencies and nongovernmental organizations in Bangladesh and Myanmar.

35. Member States were also supported in sustaining influenza sentinel surveillance and virus sequence data-sharing to maintain their ability to generate alerts for influenza viruses with pandemic potential.

36. Virtual bi-regional meetings were organized to monitor implementation of the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) and IHR (2005).

37. WHO supported Member States during the COVID-19 response with critical supplies and equipment such as noncommunicable disease kits, standard COVID-19 antigen rapid diagnostic test kits, laboratory diagnostic equipment and consumables, personal protective equipment, case management equipment and multipurpose tents.

38. Techncial support was provided in scaling up operational readiness in the Region through conducting the online COVID-19 Safe Hospital webinar series (with Bangladesh, Indonesia and Nepal), adaptation of the WHO/PAHO Hospital Safety Index tool, and rolling out WHO COVID-19 hospital readiness checklists for Cox's Bazar hospitals and Rohingya camps.

39. Country COVID-19 intra-action reviews (IAR) were supported with technical assistance to Bangladesh, Bhutan, India (state of Gujarat), Indonesia and Thailand and conducted bespoke assessments akin to IAR in Nepal.

40. WHO helped to expand the use of predictive modelling, taking the COVID-19 health emergency as an opportunity to impart skills and enhance local capacity for modelling in Sri Lanka, Myanmar, Bangladesh, Indonesia and Bhutan, and provided assistance in modelling projections and analyses to inform policy dialogue and decision-making on key public health measures, including vaccination, and other public health and social measures in Indonesia, Nepal and Sri Lanka.

41. Member States were supported in developing several public health goods including capacity-building for use in the Region to guide country-level public health programmes and interventions in the area of health emergencies.

- A Regional Strategy to guide international contact tracing was developed, including the rolling out of the Go.Data platform across the South-East Asia Region to strengthen contact-tracing as part of the COVID-19 response. Bangladesh adopted it and Bhutan, Maldives, Indonesia and Nepal have partially used it.
- Training modules were developed and a regional training of trainers exercise was conducted on biosafety and risk assessment of infectious hazards using the Laboratory biosafety manual (https://www.who.int/publications/i/item/9789240011311) along with a practical guide and assessment templates.
- A two-pronged Regional Strategy to strengthen genome-sequencing capacity developed and operationalized through various measures to improve in-country sequencing capacities in Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand.
- Regional training manuals on the management of cases of severe acute respiratory infection in non-intensive care unit settings in two volumes (volume 1 - https://apps.who.int/iris/handle/10665/350623 and volume 2 - https://apps.who.int/iris/handle/10665/350624) was developed and Maldives, Myanmar, Nepal and Timor-Leste were supported to develop country-level training modules.
- WHO developed and released a technical brief on enhancing readiness for Omicron (B.1.1.529 variant) in the South-East Asia Region to share the risk assessment and priority actions for Member States to be able to enhance readiness to respond to the variant in the South-East Asia Region.
- WHO released a regional interim framework (https://apps.who.int/iris/handle/10665/336251) to promote risk-based calibration of public health and social measures using multiple sources of information, for decision-making and for the strategic application of mitigation measures for different levels of transmission.

Strategic Priority 3: One billion more people living with better health and well-being

42. In the third billion segment of the Triple Billion targets, WHO continued to provide normative guidance and support to Member States in generating evidence for appropriate policy and multisectoral actions to promote the health and well-being of the people in the Region.

43. WHO provided support to address inequities by conducting visual documentation of vulnerable populations in Bhutan, Bangladesh, India, Nepal, Sri Lanka and Thailand; documentation of actions to address inequities in Maldives, Nepal and Thailand. WHO also supported the documentation of innovations and lessons learnt in addressing issues faced by the vulnerable groups on availability, accessibility, acceptability and quality of water sanitation and hygiene (WASH) services in Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand.

44. The SEA Regional office supported Member States in the implementation of the SHAKE[1] package for population reduction of mean salt/sodium intake. All countries were supported in surveillance of salt intake through development and dissemination of an online sodium reduction toolkit.

45. All elements of the SHAKE package for salt reduction were implemented in Sri Lanka and selected elements of the package were implemented in Bangladesh, India and Nepal.

46. In line with the target for eliminating transfatty acids from national food supplies, WHO supported multisectoral initiatives and setting country targets, surveillance of transfatty acids in the food supply, and the development of legislation and monitoring mechanisms. All Member States in the Region have set a target of eliminating transfats from their food supplies by 2023.

47. Bangladesh and India enacted the WHO recommended best practice regulations on transfat in 2021 leading to the protection of 1.4 billion people from cardiovascular risks emerging from transfat consumption to be effective from 2022. Sri Lanka was supported in drafting best practice regulations to eliminate transfatty acids. Bangladesh, Maldives, Nepal and Sri Lanka were supported to enhance their county-level capacity for the development, monitoring and enforcement of regulations to eliminate industrially produced transfats and provided technical support for capacity-building on surveillance of trans-fat in food supplies in Bhutan and Nepal.

48. WHO assisted Member States to initiate tobacco tax reforms in India and Nepal. Indonesia was supported in developing an online monitoring dashboard for implementation and enforcement of smoke-free laws. Bangladesh, Indonesia, Nepal and Thailand were provided with advocacy and technical support to initiate taxation on unhealthy products as a part of fiscal policy interventions at the country level.

[1] The SHAKE Technical Package for Salt Reduction. Geneva: World Health Organization, 2016. https://apps.who.int/iris/bitstream/handle/10665/250135/9789241511346-eng.pdf?sequence=1&isAllowed=y – accessed 1 Aug 2022.

49. In another unprecedented health initiative, the city of Khulna, Bangladesh, was supported to develop an operational plan across sectors to create an urban governance structure and system that will respond in real time to local factors impacting health issues and inequities. The city of Thimphu in Bhutan was supported to develop an action plan on governance for health and well-being, to be implemented in conjunction with the Ministry of Health. The city of Jaffna in Sri Lanka was supported to establish a Healthy City Coordination Team to work towards assessing the status of health and well-being of its residents.

50. The SE Asia Region continued to provide technical guidance to and assist in capacity-building of Member States by developing several public health goods, including guidance documents, for use in the Region with relevant capacity for its use that enabled country-level public health programmes and interventions on health and well-being. These include:

- The Regional Roadmap for the Implementation of the WHO Global Action Plan on Physical Activity (2021–2025), which was developed to guide countries to identify priority areas and adapt policy actions to reduce sedentary behaviours.
- A White Paper on health care waste management in the Region, proposing effective, low-cost and sustainable measures to manage COVID-19 waste.
- An advocacy toolkit on water, sanitation and hygiene (WASH) developed for use by governments, health-care facilities and health professionals.
- Guidelines to mainstream gender, disability and social inclusion in WASH and in climate change programmes and activities at the country level.
- A web-based advocacy toolkit on climate change and health, which was the first of its kind to be launched by WHO.
- Self-paced e-learning course on climate change and health aiming to build capacity within ministries of health, public health institutions and health-care organizations.

Pillar 4: A more effective and efficient WHO providing better support to countries

51. In the area of strengthened country capacity in data and innovation, several Member States from the Region were supported for improving their data and innovation capacities. Technical assistance was provided to Bangladesh and India in developing a regional data-sharing policy, including building capacity in data analytics focusing on health equity and data visualization. Bangladesh and Indonesia were supported to review digital health technologies and related innovations and Bangladesh, Bhutan, Timor-Leste and Sri Lanka paticipated in a collaboration with WHO to develop digital health strategies.

52. Bangladesh, Bhutan, India, Nepal and Timor-Leste were supported in improving their civil registration and vital statistics systems through the introduction of the Eleventh edition of the International Classification of Diseases (ICD11).

53. Focused support was provided to generate estimates of the prevalence of sexually transmitted infections in selected countries to prepare a roadmap to end these infections by 2030. Bangladesh, India and Indonesia were assisted with conducting cost surveys of patients with tuberculosis.

54. All countries in the Region conducted assessments of their health information systems using the WHO "Survey, Count, Optimize, Review, Enable" (SCORE) tool, which informs the status of the health information systems and supports to identify actions for further strengthening these systems in Member States.

55. WHO encouraged Member States to join the "Solidarity trials" on COVID-19, and India and Indonesia are the largest contributors in terms of patient numbers. WHO also facilitated the adaptation of WHO standardized research protocols for WHO "Unity studies" in Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand for sero-epidemiological investigations on COVID-19.

56. The SE Asia Region continued to provide technical guidance to Member States by developing several public health goods for use in the Region to guide country-level public health programmes and intervention in the area of data research and innovations:

- The tool for assessing research capacity was developed in the SEA Region with 25 indicators, for use in the biennium 2022–2023. The tool was pilot-tested by the Regional Office in Maldives and Timor-Leste and was approved by WHO headquarters for implementation in other regional offices.
- The Region produced publications on monitoring health system responses to COVID-19 through the Asia-Pacific Observatory on Health Systems and Policies to strengthen evidence-based decision-making.

57. The Regional Director led the efforts to ensure a more effective and efficient WHO by providing better support at country level and stregthening leadeship, governance and advocacy for health while managing its resources in a results-oriented and transparent manner. To overcome the global travel restrictions imposed by the COVID-19 pandemic, WHO conducted the Regional Committee sessions virtually during the biennium: the Regional Committee at its Seventy-third session, with Thailand as the host, in 2020, followed by the Seventy-fourth session with Nepal as the host in 2021.

58. The new methodology for Programme Budget Performance Assessment using the Output Scorecard was launched for mid-term and end-of-biennium assessment in the SEA Region with support from all levels of staff. An information session for Member States was also conducted to familarize them on the new methodology. A compendium on the regional results measurement framework was developed and the first report on regional Key Performance Indicators was prepared to increase the degree of focus on results in the Region.

59. Five out of the six evaluation exercises planned under the SEA Region Evaluation Workplan 2020–2021 have been completed (three at the country level and two at the regional level).

60. Support was extended to the WHO country offices in Bhutan, Bangladesh, Nepal and Timor-Leste to develop their new country cooperation strategies (CCS) or prepare their mid- and end-term evaluation of their existng CCSes. The country offices in Indonesia, Myanmar and Thailand have completed their CCS consultations and the strategy documents are under preparation.

61. Effective engagement continued with UN agencies through the Regional Collaboration Platform, regional bodies such as the Association of Southeast Asian Nations (ASEAN), and international financial institutions such as the Asian Development Bank and the World Bank, to address common health issues and enhance collaboration in investing in health in the Region.

62. The Contributor Engagement Management (CEM) system was rolled out in the SE Asia Region to strengthen functional coordination within WHO and improve management of partnerships. Trainings were provided to the various user categories in all budget centres and on-demna CEM troubelshooting and support is avaiable for all staff in the Partnership and Resource Mobilization (PRM) team.

63. Capacity-building on the Framework for Engagement with non-State Actors (FENSA) was provided to interested staff and budget centres to increase understanding of the WHO approach to engagement with non-State Actors and the procedures required for these engagements.

64. Regional partners' meetings were organized in 2020–2021 to strengthen the Regional Health Partnership to fight COVID-19, providing an opportunity to share best practices and lessons learnt, discuss strategic engagement, and identify key areas of collaboration and support to Member States in addressing the current and emerging challenges to the health systems.

65. Health priorities were incorporated into the UN Sustainable Development Cooperation Framework (UNSDCF) that is aligned with the WHO Country Cooperation Strategy in countries. WHO representatives were involved in co-chairing and co-facilitating health components during the "common country analysis" and development of the UNSDCF.

66. As a part of internal communication, budget centres were encouraged to disseminate updated guidance through posters and materials to promote COVID-19-appropriate behaviours at the workplace, as well as the prevention of sexual harassment and abuse. A number of activities were also undertaken as part of the "Respectful Workplace" initiative.

67. Sustained monitoring under the financial compliance areas has given the Region a stronger perspective in terms of key performance – decreased overdue donor reports, monitoring of Direct Financial Cooperation (DFCs), imprest operations, and implementation of internal/ external audits.

68. The Budget and Finance (BFU) team at the Regional Office closed corporate accounts for 2020 and 2021, ensuring full adherence to the closure instructions and full implementation of flexible funds. Further, there were no overdue reports of direct implementation and minimal overdue donor reports at the end of the year 2021. The majority of imprest accounts for December 2021 were closed with the highest reconciliation rating of "A" and compliance measures were enforced in line with corporate policies and guidelines.

69. Effectively implemented the COVID-19 WHO Global Administrative Guidelines to SEA regional duty stations, which included more than 300 requests for teleworking and for exceptional statutory travel, leave and entitlements. The Information and Communication Technology (ICT) team at the SEA Regional Office received the Director-General's Award for Excellence 2021, for exceptional contribution to the Organization, the highest level of recognition.

70. Guidelines were developed on the requirements for management of office premises during COVID-19 coupled with implementation of necessary preventive measures against COVID-19 in the Regional Office and country office premises to ensure business continuity as well as a safe, secure working environment for all staff.

B. Financial implementation

71. The biennium 2020–2021 saw the highest levels of financing (US$ 7916 million) and implementation (US$ 6640 million) across the Organization. This represented an increase of 34% in financing and 25% in implementation compared with 2018–2019 (US$ 5913 million and US$ 5316 million, respectively). Overall financing also exceeded 100% of the approved Budget for all Major Offices. The Country Level received the largest share of funds for implementation (57% of total funds available) in 2020–2021.

Table 3. *Funding and implementation of approved Programme Budget 2020–2021, as of 31 December 2021*

Segments	Approved Programme Budget (US$ million)	Available funds (US$ million)	Implementation (US$ million)	Funding level (%)	Implementation level (%)
Base programmes	3 768.7	3 796.1	3 205.8	101%	85%
Emergency operations and appeals	1 000.0	3 012.6	2 530.6	301%	253%
Polio eradication	863.0	945.4	774.2	110%	90%
Special programmes	208.7	161.9	129.4	78%	62%
Grand total	**5 840.4**	**7 916.1**	**6 640.0**	**136%**	**114%**

72. The large amount of financing achieved in 2020–2021 has only been possible thanks to the generosity of Member States and other donors. Twenty donors, among them 12 Member States, contributed approximately 71% of the total financing in 2020–2021.

73. The largest share of WHO financing remains specified Voluntary Contributions. Flexible funds constituted 20% of total financing in 2020–2021. These funds have been strategically used to address needs throughout the “Base” segment of the Programme Budget, and efforts continue to improve internal allocation of resources.

74. Overall implementation exceeded approved amounts of the total Programme Budget 2020–2021 by 14% because of the emergency operations to respond to the pandemic. The implementation level of the Base Programmes was 85%, the same level as in 2018–2019.

Regional perspective

75. The approved Programme Budget 2020–2021 for the SE Asia Region was US$ 446.6 million, comprising US$ 388.5 million for the Base segment (inclusive of Polio transition), US$ 12.1 million for the Polio eradication segment, and US$ 46 million for the Emergency Operations and Appeals segment.

76. The Base Budget for the SE Asia Region increased by approximately 35% (US$ 99.7 million) vis-à-vis 2018–2019, mostly due to the transition of key polio activities to essential public health functions.

77. The approved Programme Budget was funded at 115% (US$ 515.1 million/US$ 446.6 million) as on 31 December 2021. This was mainly due to receipt of substantial funding under the Emergency Operation and Appeals segment (384% of the Approved Programme Budget for this category). All categories of the Programme Budget except Strategic Priority-2 were funded for 80% or more of the respective approved budget.

78. Table 4 presents the SE Asia Region's Budget, distributed resources and implementation by strategic priorities and segment.

Table 4. *Programme Budget 2020–2021: Budget, distributed resources, implementation and utilization by strategic priorities and segment (as on 31 December 2021, in US$ million)*

GPW13 – Strategic Priorities/Segments	Approved PB	Distributed resources	% Distributed resources versus approved PB	% Utilization versus approved PB	% Utilization versus resources	% Implementation versus approved PB	% Implementation versus resources
1. One billion more people benefiting from universal health coverage	160.7	145.8	91%	83%	91%	81%	90%
2. One billion more people better protected from health emergencies	107.8	73.5	68%	62%	91%	62%	90%
3. One billion more people enjoying better health and well-being	30.8	29.4	95%	89%	94%	88%	92%
4. More effective and efficient WHO providing better support to countries	89.2	71.1	80%	78%	98%	78%	98%
Total Base Programmes	**388.5**	**319.9**	**82%**	**77%**	**93%**	**76%**	**92%**

GPW13 – Strategic Priorities/Segments	Approved PB	Distributed resources	% Distributed resources versus approved PB	% Utilization versus approved PB	% Utilization versus resources	% Implementation versus approved PB	% Implementation versus resources
10. Polio eradication	12.1	10.6	88%	86%	98%	85%	97%
13. Emergency operations and appeals	46.0	176.7	384%	359%	94%	360%	94%
Total approved Programme Budget	**446.6**	**507.2**	**114%**	**106%**	**93%**	**105%**	**93%**
14. Special Programmes	0.0	7.9	N/A	N/A	87%	N/A	86%
Grand total	**446.6**	**515.1**	**115%**	**108%**	**93%**	**107%**	**92%**

79. As shown in the above table, while the total funding exceeded the approved Programme Budget, funding by priorities/segments was uneven. Emergency operations and appeals was over funded due to receipt of substantial funding for the COVID-19 response, while the funding for Pillar 2 was the least. Funding of Programme Areas within each Category also varied (*see Annex 2 for details*).

80. Implementation (expenditure) was 107% against the Approved Budget and 92% against total distributed resources. Implementation against distributed resources was 90% or more for all Categories under the approved Programme Budget. Full implementation of Flexible Funds was ensured.

81. The country priorities and Regional Flagships continued to guide the allocation of resources. In line with the vision of the Regional Director and regional focus on driving impact at the country level, 83% of the Region's total financial resources had been distributed to WHO country offices. This percentage was even higher for COVID-19 resources where 92.5% of the resources were distributed to countries.

82. The implementation (expenditure) of distributed resources was 26% on staff costs and 74% for activities. Annex 3 shows the status of implementation by Budget Centre for Member States of the South-East Asia Region and the Regional Office as a whole.

83. Table 5 shows a comparison of the approved Budget, funding and implementation with the previous biennium. As displayed, more resources were available in 2020–2021 compared with 2018–2019. While implementation against distributed resources was higher by 1 percentage point in 2018–2019, it was much higher in absolute terms in 2020–2021 by almost US$ 128.1 million.

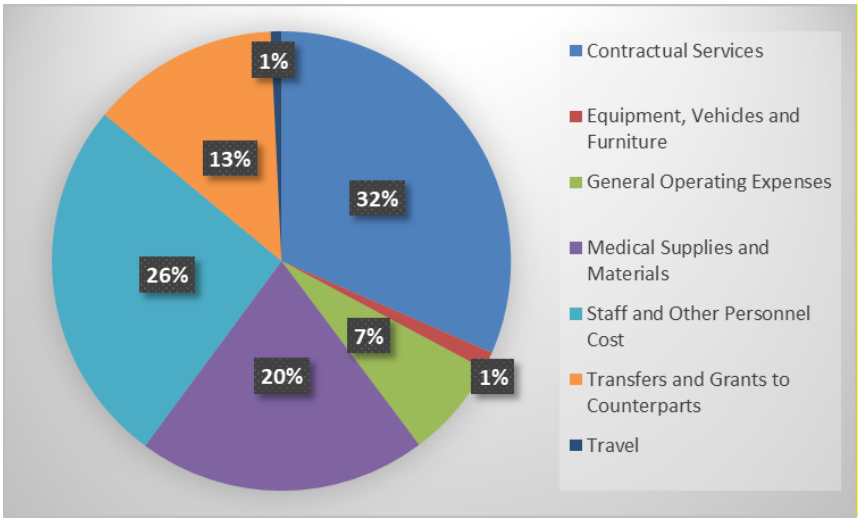
Table 5. *Comparison of funding and implementation status (in US$ million)*

Biennium	Approved PB + OCR *	Distributed resources	Implementation (expenditure)	% Implementation versus approved PB + OCR	% Implementation versus distributed resources
2018–2019	375.4	373.3	348.2	93%	93%
2020–2021	446.6	515.1	476.3	107%	92%
Variation	**19%**	**38%**	**37%**		

** As OCR was not part of the approved PB in 2018–2019, to make figures comparable between the two bienniums, allocated Budget of US$ 31.1 million for OCR has been added to the approved Programme Budget for 2018–2019.*

84. Fig. 1 presents the Programme Budget expenses by "expenditure type". The main components of the total expenditure of US$ 476.3 million are "Contractual services" (32%), "Staff and other personnel costs" (26%), "Medical supplies and materials" (20%), "Transfers and grants to counterparts" (13%), "General operating expenses" (7%), and the balance 2% for "Travel" and other activities.

Fig. 1. ***Programme Budget 2020–2021 expenses by expenditure type***



Programme Budget financing

85. The full funding of the Programme Budget requires a combination of financing from flexible funds (comprising assessed contributions, Programme Support Cost and core voluntary contributions) and voluntary contributions. The current financing model of the Organization succeeded in achieving a fully funded Programme Budget that is realistic and driven by the priorities and expected outputs agreed upon by Member States. The Programme Budget 2020–2021 was better funded when compared with the previous biennium, with overall distributed resources equal to 115% of the approved Programme Budget.

86. The total resources distributed to the Region were US$ 515.1 million, of which US$ 369.0 million (72%) were from voluntary contributions and the remaining from Flexible Funds (*see Table 6*).

Table 6. *Financing of Programme Budget 2020–2021 by source (in US$ million)*

Funding source	Distributed resources
Total voluntary contributions (VC)	**369.0**
Total Flexible Funds	**146.1**
*Assessed contributions	78.3
*Core voluntary contributions	35.3
Programme Support Costs	32.5
Grand total (VC + Flexible Funds)	**515.1**

* Includes WHE AC and WHE CVC funds.

C. Key Programme Budget implementation challenges

87. National and local implementation of planned programmatic activities to achieve results at the country level and their sustainability are often affected by changes in national priorities, insufficient technical capacity, insufficient and non-availability of domestic and international resources when required, and frequent mobility of national counterparts.

88. Securing sustainable and predictable funding for national programmes, including adequate human resources (quantity and quality), and tailored technical assistance are required to sustain achievements and accelerate progress towards regional and global health targets. Special attention is required on the Triple Billion targets of the GPW13 and those health-related SDG targets that have made limited progress or are at risk of not being achieved.

89. Low commitment and limited involvement of non-health sectors in key public health challenges requiring multisectoral actions, especially for NCDs and their risk factors, mental health, environmental health and antimicrobial resistance, preclude the effective development and implementation of policies, regulations and legislation to improve health and well-being.

90. Unexpected administrative and politico-structural changes in countries, and inadequate stakeholder knowledge on the governance, functions and role of WHO, sometimes impedes programme implementation. However, regular dialogue, communication and coordination, including joint planning, monitoring and evaluation, with Member States and other stakeholders has substantially improved the understanding of WHO's role over the years and collaboration to work on agreed public health priorities to achieve results at the country level.

91. Political upheaval, conflict and emergency situations pose an additional challenge to implementation of programmes and activities and the sustainability of the gains achieved in recent years in some Member States.

92. Highly earmarked voluntary contributions and reliance on a limited number of donors to finance WHO's Programme Budget sometimes prevents the strategic allocation of resources to priorities agreed upon with Member States.

The way forward

93. It is imperative to further advance progress in the Region based on country priorities while promoting the Regional Director's Vision of "Sustain gains, accelerate progress and harness Innovation" to achieve the Regional Flagships, the GPW13 and SDG targets.

94. The major challenge will be on refocusing and accelerating towards the Sustainable Development Goals that are lagging on their targets. This will require strengthened and more impactful support from the WHO Secretariat to countries. It is important to continue building on the culture of results-based management, and to increase further accountability and transparency across all levels of the Organization in line with the new approach for results measurement and reporting in GPW13 for 2020–2021. GPW13 has now been extended to 2025.

95. World Health Assembly Decision WHA75(8) is a milestone on the path towards increasing the quality, independence and sustainability of WHO's funding. The implementation of the recommendations of the Working Group on Sustainable Financing will require strong collaboration between Member States and the Secretariat to adopt budgets observing the phased increase of assessed contributions, to establish a replenishment mechanism to expand WHO's sustainable financing base and to adopt the appropriate reforms to strengthen governance, transparency and accountability in the planning and resource allocation mechanisms of the Organization.

96. The recent WHO Investment Case points at the substantial return on investment in WHO which accounts for US$ 35 for every US$ 1 invested. This analysis, together with the lessons learnt during the COVID-19 pandemic, provide a compelling argument for WHO partners and donors. Advocacy for quality funding to fund the GPW13 and Programme Budget priorities agreed upon with Member States must be continued with existing donors, and the donor base must be expanded, exploring possibilities to increase the engagement with non-State Actors and the private sector, in line with FENSA provisions. Opportunities for engagement with international financial institutions, multilateral organizations and UN Agencies (including UN Pool funding) should also be explored.

97. The Secretariat will continue its efforts to strengthen the management of the end-to-end resource mobilization and grants management process by strengthening and sustaining resource mobilization capacity, strengthening functional coordination within WHO and improving partnership management by investing in more professional processes, better donor analytics and a proven Contributor Engagement Management System.

98. Following the launch of the Guidance for Donor Recognition in 2019, focus is required on improved recognition of our partners' contributions and, where requested, higher donor visibility, as an integral part of a bolstered and enhanced resource mobilization effort. This can help the Organization deliver better on its mandate and commitments.

Conclusions

99. Considering the challenges faced in implementation due to the COVID-19 pandemic and the main metrics for assessing Programme Budget implementation, 2020–2021 was a highly successful biennium with an overall well-financed Programme Budget and significant programmatic and financial implementation.

100. Despite challenges faced during the biennium, the Organization was able to respond with reinvigorated commitment to national, regional and global priorities while contributing to improving health outcomes across Member States and progressing towards regional and global public health goals and targets.

101. Focusing on country priorities and results to drive public health impact is essential to continue advancing the national and regional health agendas while contributing to fulfilling global public health commitments.

102. Ongoing efforts to increase the quality and sustainability of WHO's funding will strengthen the Organization, increase its independence and credibility, and provide the capacities to address the health needs of its Member States.

Annex 1a

SE Asia Region Major Office Technical Scorecard average scores by Output

Output	1 - Technical support	2 - Leadership	3 - Global goods/TPs	4 - Gender, equity, human rights and disability	5 - Value for money	6 - Results
1.1.1	3.00	3.31	3.17	2.75	3.00	3.45
1.1.2	3.00	3.42	3.00	2.75	3.00	3.45
1.1.3	3.00	3.11	3.00	2.75	3.25	3.27
1.1.4	3.00	3.00	2.83	2.56	3.08	3.45
1.1.5	3.00	3.00	3.33	2.63	3.00	3.00
1.2.1	3.33	3.00	3.83	2.19	2.75	3.00
1.2.2	3.58	3.11	3.50	2.63	3.33	3.00
1.2.3	3.00	2.92	2.83	2.69	3.00	3.00
1.3.1	3.25	3.19	3.17	2.06	3.00	3.00
1.3.2	2.92	2.92	3.00	2.06	3.00	3.00
1.3.3	3.17	3.22	3.83	2.19	3.00	3.00
1.3.4	3.00	3.00	-	2.63	3.00	3.55
1.3.5	3.00	3.11	-	2.17	3.00	3.64
2.1.1	3.00	3.11	3.17	2.19	3.08	3.45
2.1.2	3.00	3.03	3.50	2.19	3.17	3.00
2.1.3	3.83	3.64	3.33	2.75	3.42	3.45
2.2.1	3.25	3.53	3.33	2.94	3.50	3.45
2.2.2	3.42	3.42	3.50	2.75	3.25	4.00
2.2.3	3.00	3.11	4.00	2.56	3.25	4.00
2.2.4	3.92	3.72	4.00	3.13	3.63	2.55
2.3.1	3.00	3.11	3.67	2.19	3.08	3.27
2.3.2	3.75	3.72	3.50	2.75	3.50	3.45
2.3.3	3.67	3.72	3.33	3.31	3.42	3.45
3.1.1	3.00	3.44	3.00	2.19	2.83	2.60
3.1.2	3.25	3.89	3.83	3.25	3.50	2.89
3.2.1	2.92	3.64	3.00	2.31	3.08	2.53
3.2.2	3.00	2.83	1.83	1.56	2.63	2.36
3.3.1	3.33	3.42	3.00	2.94	3.33	2.59
3.3.2	2.92	2.75	2.67	2.25	2.75	2.64
4.1.1	2.92	2.92	3.50	2.19	2.75	3.45
4.1.2	3.00	3.00	3.17	2.50	2.75	3.45
4.1.3	2.83	2.92	2.83	2.50	2.75	3.45
4.2.6	3.17	3.61	4.00	3.44	3.00	3.45

Annex 1b

SE Asia Region Major Office Enabling Scorecard average scores by Output

Output	1 - Strategy and leadership	2 - Accountability	3 - Client service delivery	4 - Gender, equity, human rights and disability	5 - Value for money	6 - Results
4.2.1	3.59	3.25	3.00	2.67	3.00	3.82
4.2.2	3.84	3.75	3.84	2.75	3.75	4.00
4.2.3	3.34	3.00	2.84	2.75	2.88	3.80
4.2.4	3.34	3.00	2.84	2.67	3.00	3.91
4.2.5	3.42	2.75	2.84	2.46	2.75	3.25
4.3.1	3.84	3.75	3.67	3.00	3.63	3.36
4.3.2	3.67	3.50	3.17	3.00	3.50	2.91
4.3.3	3.84	3.50	3.84	2.63	3.38	3.45
4.3.4	3.84	3.75	3.67	3.00	3.63	2.90

Annex 2

Programme Budget 2020–2021: Approved Budget, distributed resources and implementation by Programme Area (as on 31 December 2021, in US$)

Strategic Priority	Global Outcome	Approved Budget	Distributed resources	Implementation (Expenditure)	Implementation as % of Approved Programme Budget	% of Implementation to resources
01 Universal health coverage	01.001 Improved access to quality essential health services	129 806 136	127 053 309	113 067 399	87%	89%
	01.002 Reduced number of people suffering financial hardship	7 708 260	5 073 650	4 604 697	60%	91%
	01.003 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	23 161 466	13 691 038	12 867 249	56%	94%
01 Total		**160 675 862**	**145 817 997**	**130 539 345**	**81%**	**90%**
02 Health emergencies	02.001 Countries prepared for health emergencies	15 327 954	6 303 817	6 012 804	39%	95%
	02.002 Epidemics and pandemics prevented	80 009 976	51 411 345	46 893 412	59%	91%
	02.003 Health emergencies rapidly detected and responded to	12 447 111	15 798 086	13 564 827	109%	86%
02 Total		**107 785 041**	**73 513 248**	**66 471 043**	**62%**	**90%**
03 Health and well-being	03.001 Determinants of health addressed	11 780 330	12 970 950	11 812 223	100%	91%
	03.002 Risk factors reduced through multisectoral action	15 434 566	13 570 911	12 545 893	81%	92%
	03.003 Healthy settings and Health-in-All policies promoted	3 616 282	2 890 649	2 750 284	76%	95%
03 Total		**30 831 178**	**29 432 510**	**27 108 400**	**88%**	**92%**
04 Effective and efficient WHO	04.001 Strengthened country capacity in data and innovation	21 578 144	16 602 171	15 811 849	73%	95%

Strategic Priority	Global Outcome	Approved Budget	Distributed resources	Implementation (Expenditure)	Implementation as % of Approved Programme Budget	% of Implementation to resources
	04.002 Strengthened leadership, governance and advocacy for health	32 221 168	22 127 328	20 933 540	65%	95%
	04.003 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	35 408 607	32 399 616	32 713 146	92%	101%
04 Total		**89 207 919**	**71 129 115**	**69 458 535**	**78%**	**98%**
10 Polio Eradication	10.001 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	12 070 000	10 622 467	10 312 781	85%	97%
10 Total		**12 070 000**	**10 622 467**	**10 312 781**	**85%**	**97%**
13 Emergency operation and Appeals	13.001 Countries prepared for health emergencies	-	4 017 943	748 726	N.A.	19%
	13.002 Epidemics and pandemics prevented	-	7 829 049	3 299 825	N.A.	42%
	13.003 Health emergencies rapidly detected and responded to	46 000 000	164 867 105	161 556 571	351%	98%
	13.004 Fast tracked delivery of medical products for pandemic-causing pathogens [e.g. ACT-Accelerator]	-	-	-	N.A.	N.A.
13 Total		**46 000 000**	**176 714 097**	**165 605 121**	**360%**	**94%**
14 Special Programmes	14.001 Special Programme for Research and Training in Tropical Diseases (TDR)	-	-	-	N.A.	N.A.
	14.002 Special Programme of Research, Development and Training in Human Reproduction (HRP)	-	5 146 931	4 618 326	N.A.	90%

Strategic Priority	Global Outcome	Approved Budget	Distributed resources	Implementation (Expenditure)	Implementation as % of Approved Programme Budget	% of Implementation to resources
	14.003 Pandemic Influenza Preparedness Programme	-	2 738 381	2 152 523	N.A.	79%
14 Total		**0**	**7 885 312**	**6 770 848**	**N.A.**	**86%**
Grand total		**446 570 000**	**515 114 746**	**476 266 073**	**107%**	**92%**

Annex 3

Programme Budget 2020–2021: Budget, distributed resources, implementation and utilization by country (as on 31 December 2021, in US$ million

Budget Centre	Allocated PB	Distributed resources	% Distributed resources versus allocated PB	% Utilization versus allocated PB	% Utilization versus distributed resources	% Implementation versus allocated PB	% Implementation versus distributed resources
Bangladesh	76.2	74.1	97%	88%	91%	89%	92%
Bhutan	11.2	10.0	90%	87%	97%	84%	94%
India	167.8	149.4	89%	82%	93%	81%	91%
Indonesia	55.1	44.8	81%	76%	94%	76%	93%
DPR Korea	14.8	7.5	51%	40%	80%	43%	86%
Maldives	13.2	11.3	86%	82%	95%	83%	97%
Myanmar	46.3	36.3	78%	75%	96%	72%	92%
Nepal	37.5	30.2	80%	73%	91%	73%	90%
Sri Lanka	18.2	16.8	93%	84%	91%	84%	91%
Thailand	27.4	21.8	79%	77%	98%	78%	98%
Timor-Leste	26.9	23.5	87%	77%	88%	75%	86%
CO reserves	10.4	0	0%	0%	0%	0%	0%
CO total	**505.0**	**425.7**	**84%**	**78%**	**93%**	**77%**	**92%**
RO total	117.0	89.4	76%	74%	97%	74%	97%
Grand total	**622.0**	**515.1**	**83%**	**77%**	**93%**	**77%**	**92%**