World Health Organization

South-East Asian Region

REGIONAL COMMITTEE

Seventy-fifth Session
Paro, Bhutan
5–9 September 2022

Provisional Agenda item 7.1

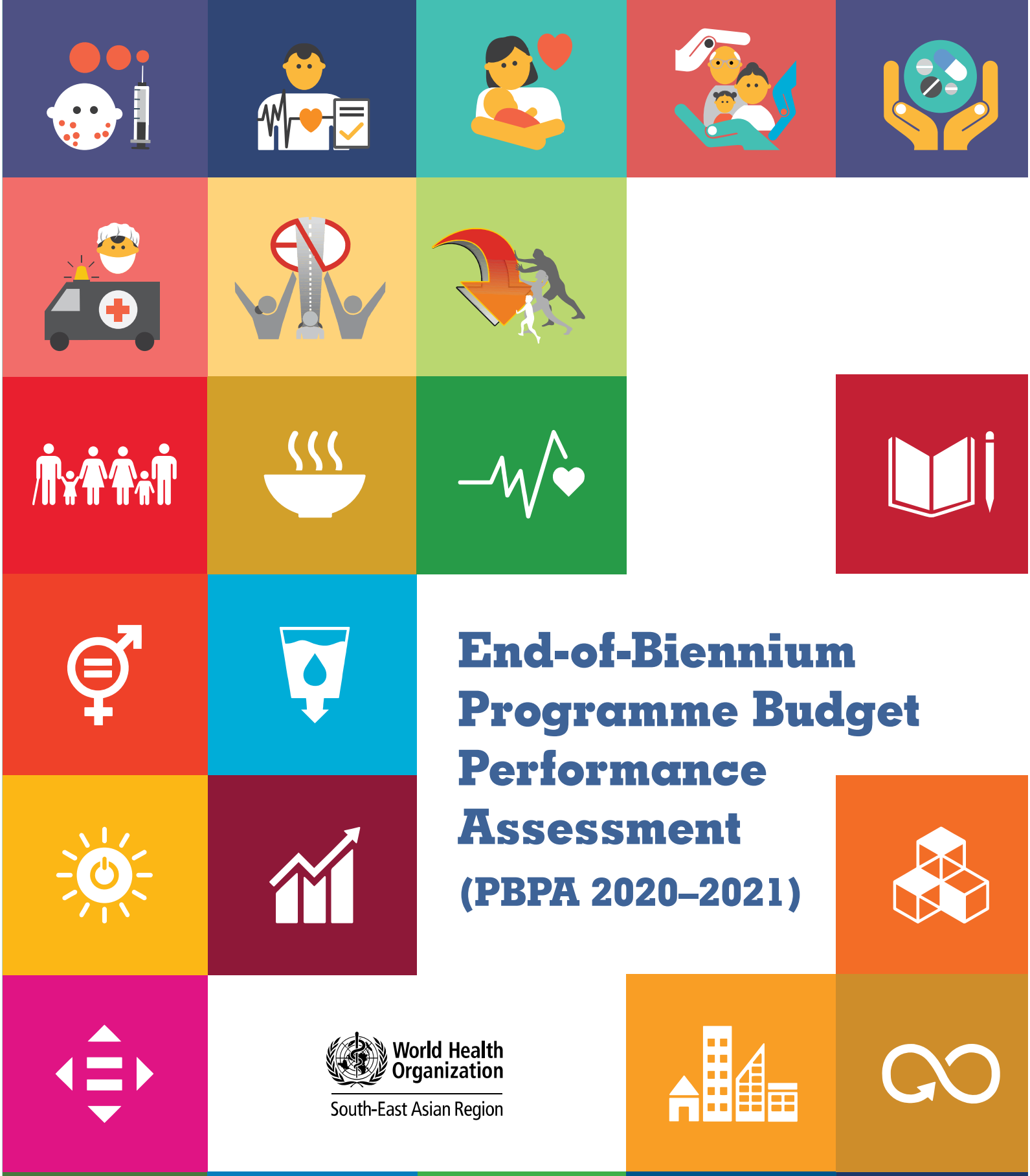
SEA/RC75/4 Inf. Doc. 1

12 August 2022

REGIONAL COMMITTEE DOCUMENT

Programme Budget Performance Assessment 2020–2021

The End-of-Biennium Programme Budget Performance Assessment (PBPA) 2020–2021 for the WHO South-East Asia Region is attached herewith as an Information Document to the Working Paper 'SEA/RC75/4', titled 'Programme Budget Performance Assessment 2020–2021'. The information document contains 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) summarized for each country office and Major Office Outcome areas and related financial information.



End-of-Biennium Programme Budget Performance Assessment

(PBPA 2020–2021)

World Health Organization

South-East Asian Region

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Bangladesh

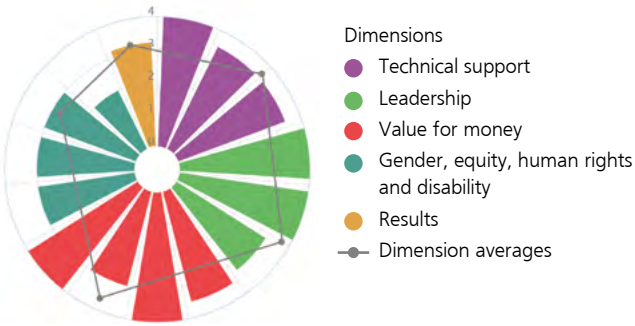
Major contributions by WHO

WHO staff on a measles–rubella immunization drive in Sylhet, Bangladesh

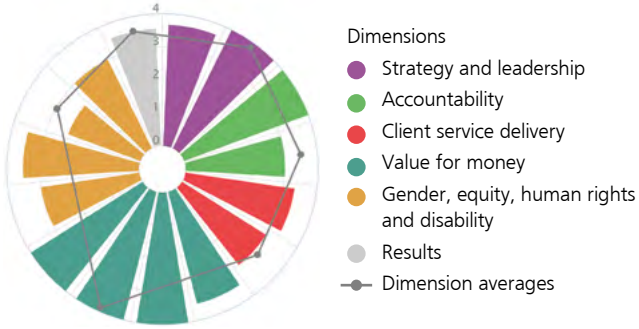
- WHO supported Bangladesh's measles and rubella (MR) elimination campaign from 12 December 2020 to 31 January 2021 to achieve 100% coverage of targeted children aged 9 months to 9 years. More than 36 million children were given MR vaccine, reaching >99% coverage.
- WHO provided support for emergency preparedness and response in disease surveillance, laboratory strengthening and case management, including rapid expansion of ICU capacities; and support to enhance capacity to implement the various relevant provisions of the International Health Regulations (2005), water supply and sanitation, and food safety measures.
- WHO assisted the government to establish 14 severe acute respiratory infection (SARI) isolation and treatment centres. This included setting up referral pathways to enable the transfer of critical COVID-19 patients or patients with other serious pathologies to intensive care at Sadar Hospital, Cox's Bazar.
- As part of the COVID-19 response, WHO supported the formulation of various iterations of the Bangladesh Preparedness and Response Plan (BPRP) in line with the SPRP Strategic Response and Preparedness Plans to provide a coordinated multisectoral response to the pandemic.
- WHO supported the Government of Bangladesh to rapidly scale up COVID-19 testing capacity from a single RTPCR laboratory in the country to 160 (56 government and 104 private) during 2020–2021, and in the use of other platforms such as GeneXpert and RDT rapid diagnostic test capacities. WHO also supported the roll-out of online training on COVID-19 RT-PCR testing for health personnel.
- Surveillance and reporting mechanisms were strengthened during the pandemic to monitor epidemiological data and guide outbreak response for priority communicable diseases.
- An oxygen surge and continuity plan, that led to the delivery of six field oxygen plants, was prepared with WHO assistance.
- WHO continued to support the Rohingya refugee humanitarian crisis response in Cox's Bazar district, including COVID-19 related services.
- WHO assisted the government in its COVID-19 vaccination programme. As of 31 December, more than 125 million doses of COVID-19 vaccine were administered. The country achieved 70% vaccination with the first dose for the eligible population

Consolidated output assessment scores for technical and enabling outputs

Technical



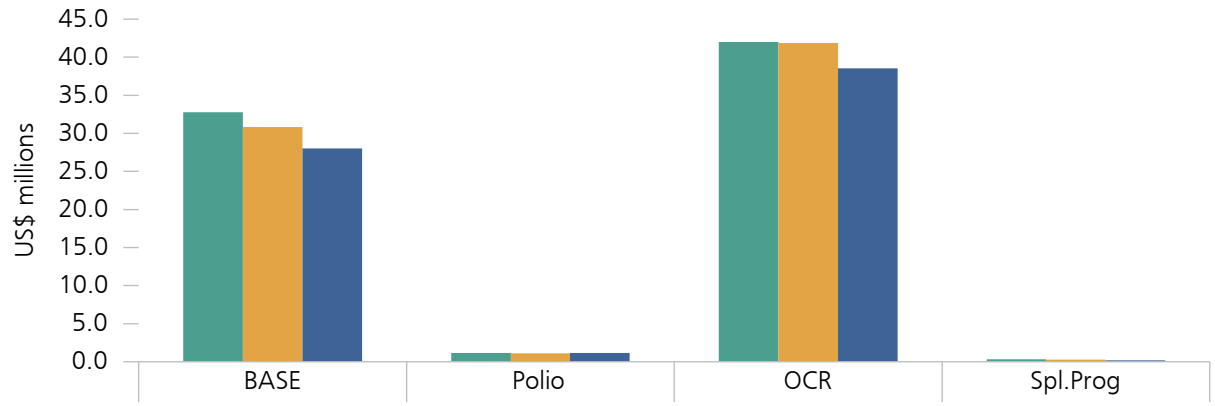
Enabling



Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong
Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/bangladesh

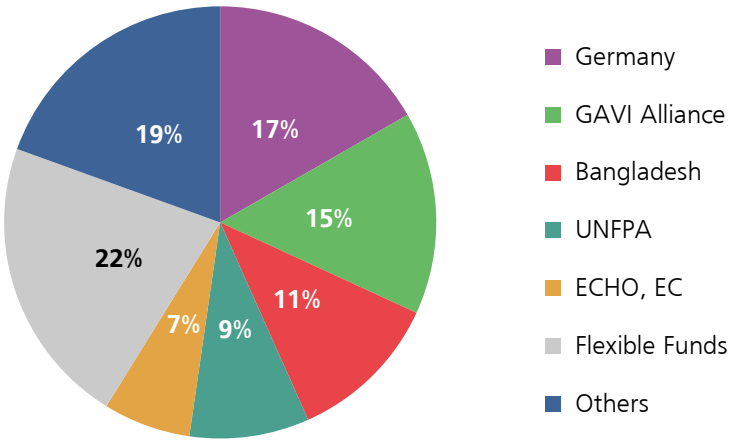
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

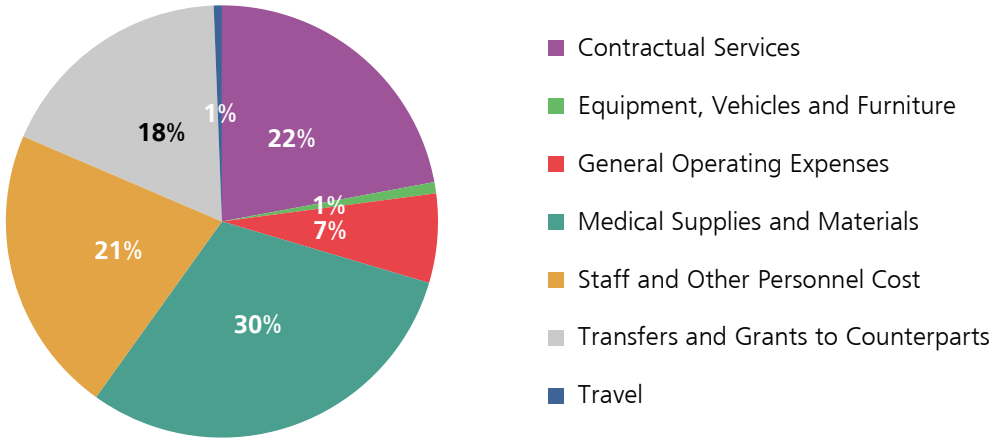


	BASE	Polio	OCR	Spl.Prog
Allocated PB	32.8	1.1	42.0	0.3
Funding	30.8	1.1	41.9	0.3
Implementation	28.0	1.1	38.5	0.2

Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW 13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Red	Green	Green
1.1	1.1.B	1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Red	Yellow	Green
1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Green	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Red	Green	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	Yellow	Green	Green
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	Red	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Red	Green	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	Yellow	Green
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Green	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Red	Red	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Yellow	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Yellow	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Green	Green	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Green	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Green	Yellow	Green
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Green	Yellow
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Yellow	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Red	Green	Green
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Red	Green	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Green	Yellow
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Green	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Red	Green	Green
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Red	Yellow	Green
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow	Green	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Red	Yellow	Green
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Yellow	Green
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Red	Green	Yellow
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Red	Yellow	Red
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Red	Red
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Green	Green
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Green	Green	Green
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Green	Green	Green
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Green	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Green	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Yellow	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Yellow	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Improving access to noncommunicable disease services for Rohingya refugees and immediate host communities in Cox's Bazar, Bangladesh

Noncommunicable diseases (NCDs) account for 67% of all deaths in Bangladesh, with nearly one in five at risk of dying due to NCDs between 30 and 70 years of age. NCDs disproportionately affect the poor, leading to a vicious cycle of disease, poverty, and non-productivity. In August 2017, at the time of mass influx into Bangladesh, Rohingya refugees living with NCDs were vulnerable to deterioration of health due to difficult living conditions and interrupted access to health care services. The WHO Country Office in Bangladesh established a coordination mechanism, supplied medicine kits for NCDs, and supported the establishment of basic services for care and management of NCDs as part of essential health services for Rohingya refugees and immediate host communities (approximately 1.44 million people). As of February 2022, more than 95% of health facilities provide care for people living with NCDs with the support from 908 primary health care workers trained by WHO.

Among WHO PEN training participants in September 2020, Sarmin Nahar, a midwife, is concerned about the impact of NCDs on the health of pregnant women

Read more about impact case story on: Improving access to noncommunicable disease services for Rohingya refugees and immediate host communities in Cox's Bazar, Bangladesh
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/bangladesh

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Bhutan

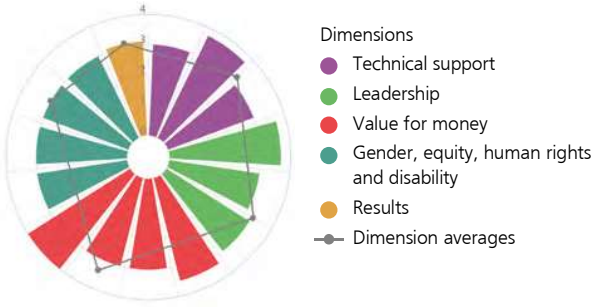
Major contributions by WHO

WHO staff from Bhutan Country Office along with focal points on a PEN monitoring mission in the village.

- WHO provided support in developing Bhutan's COVID-19 national contingency preparedness and response plan, down to the district level. WHO also provided both technical and financial support in developing costed action plans for COVID-19 preparedness and response for the Ministry of Health.
- The Royal Government launched its COVID-19 vaccination programme with WHO support in March 2021. The country drew international acclaim by successfully vaccinating 90% of its adult population in only two weeks through a nationwide campaign.
- The Country Office provided personal protective equipment (PPE), laboratory supplies, COVID-19 testing kits and infection control supplies. Support for the pandemic response was enhanced by timely training of health-care workers, simulation exercises, and strengthening of surveillance and contact tracing.
- WHO's package of essential noncommunicable (PEN) disease interventions has been scaled up by the Ministry of Health to five districts (Gasa, Dagana, Mongar, Bumthang and Lhuntse). The expansion efforts were carried out with WHO support using a 'Tri-partnership' model involving the Khesar Gyalpo University of Medical Sciences of Bhutan, the Ministry of Health, and district health authorities.
- WHO supported the supply and installation of handwashing and drinking water stations in hospitals as a part of the WASH in health-care facilities programme. This initiative was time-sensitive since infection prevention and control (IPC) measures were intensified to prevent and control COVID-19 transmission during periods of pandemic lockdown.
- WHO Bhutan helped develop health service and workforce standards, including traditional medicine treatment guidelines; and align Bhutan's Human Resources for Health (HRH) Strategic Plan with evolving workforce needs. WHO also supported the development and launch of the national directions for nursing and midwifery services in the country.
- WHO helped set up videoconferencing facilities in hospitals to provide training to health workers through online learning

Consolidated output assessment scores for technical and enabling outputs

Technical



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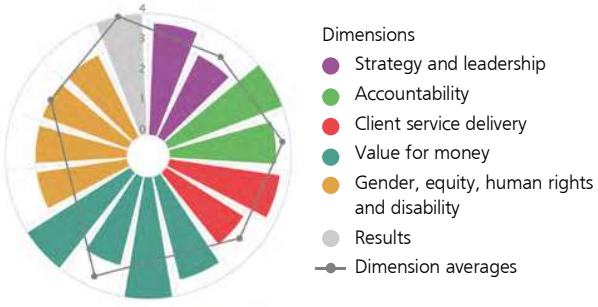

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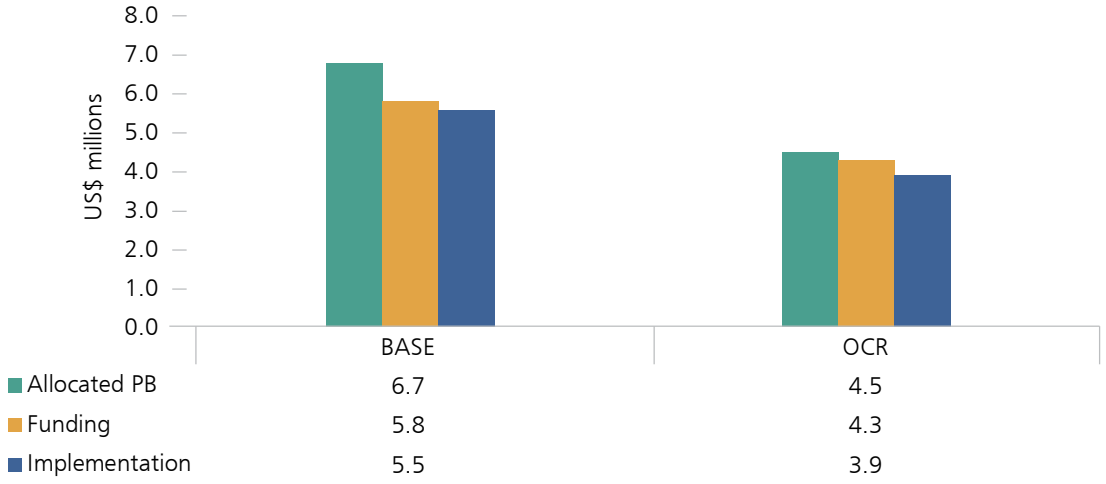
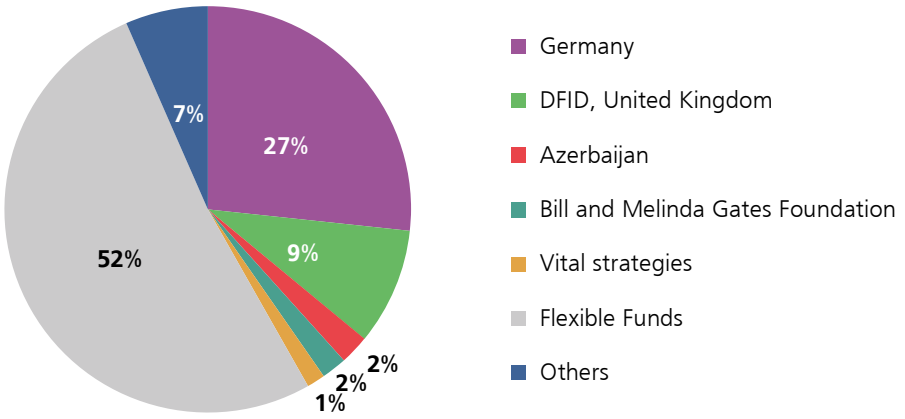


	BASE	OCR
Allocated PB	6.7	4.5
Funding	5.8	4.3
Implementation	5.5	3.9

Source of funding/donors



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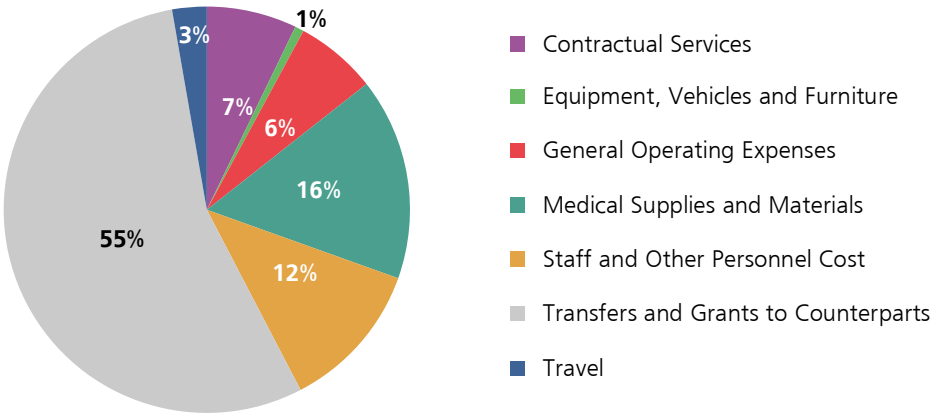

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4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	NA	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Green	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	NA	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

A rapid and coordinated response to COVID-19 in Bhutan

Bhutan's first reported COVID-19 case was imported in March 2020. The government reacted quickly to contain the case but new importations remained a considerable risk. Bhutan shares long land borders with India and China and has a relatively low density of health workers; only 370 medical doctors, 1500 nurses, and 700 community health workers serve a population of 760 000 people. Rapid transmission of COVID-19 in Bhutan would threaten to quickly overwhelm the health system as an inevitable consequence. Fortunately, years of infectious disease preparedness activities conducted by the government with technical and financial support from WHO prepared Bhutan to rapidly detect and respond to COVID-19. Bhutan's rapid, harmonized response prevented thousands of COVID-19 infections and saved hundreds of lives. From 2020-2021, 2660 COVID-19 cases and four deaths occurred in Bhutan, a lower disease burden than many other countries.

Tabletop simulation exercises in Phuntsholing, Bhutan

Read more about impact case story on a Rapid and coordinated response to Covid-19 in Bhutan
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/bhutan

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

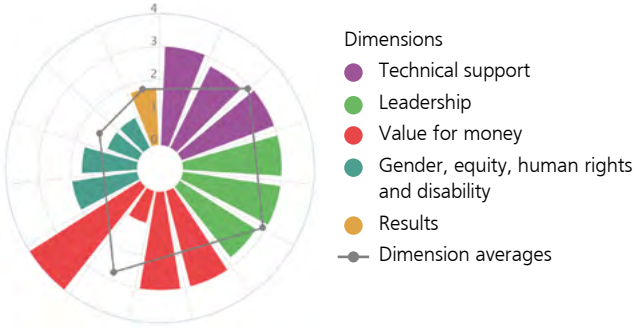
Democratic People's Republic of Korea

Major contributions by WHO

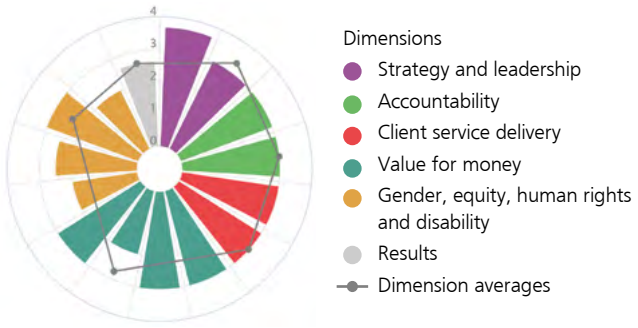
- WHO continued providing technical support and normative guidance remotely to the Ministry of Public Health through digital platforms and telecommunication due to prevailing pandemic and related lockdowns. WHO also continued to lead the collaboration with partners and stakeholders in the health sector to address the immediate and urgent health needs in the country.
- WHO supported finalize the country's multiyear plan for a comprehensive immunization programme and helped develop and submit a new proposal for funding to Gavi, the Vaccine Alliance, on health systems strengthening.
- The National Pandemic Preparedness Plan was finalized in April 2021 with assistance from the WHO Regional Office and Country Office. WHO also supported the Ministry of Public Health in implementing an integrated surveillance and reporting system for influenza and COVID-19 tapping into existing networks on influenza-like illnesses (ILI) and severe acute respiratory infections, and in instituting public health and social measures to control the pandemic.
- Within the limitations imposed by the pandemic lockdown, the Country Office focused on improving data, analytics and health information systems to strengthen the country's health policies and service delivery. This included guidance and support for publishing the annual health report and translation of WHO guidelines on health indicators in the national language.
- WHO helped publish a reference work on environmental health to support the country in addressing the environmental determinants of health, including climate change.
- Workshops were organized to build the country's capacity to comply with the International Health Regulations (2005), support the States Parties' annual self-assessment reporting mechanism, and conduct a joint external evaluation to assess measures to prevent, detect and rapidly respond to public health risks

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling

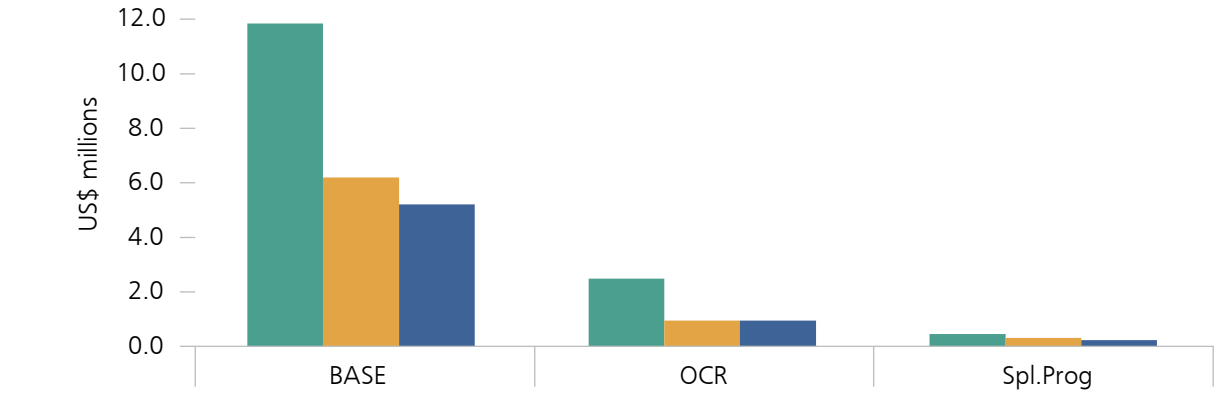


Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong

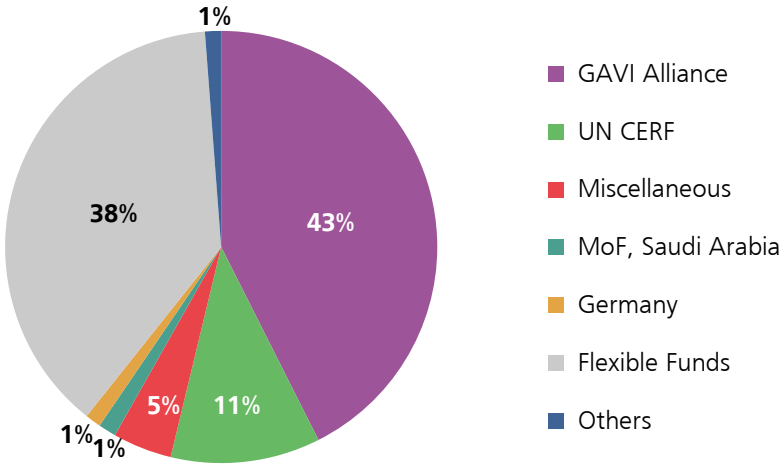
Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/democratic-people-s-republic-of-korea

Financial highlights of Programme Budget 2020–2021

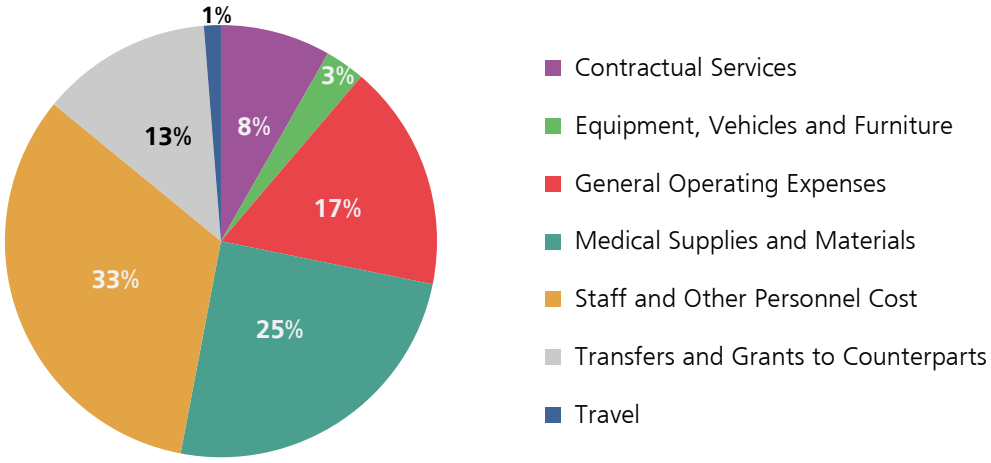
Programme Budget implementation



Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	NA	NA	NA
1.1	1.1.B	1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Red	Green	Green
1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Yellow	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Red	Red	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	Yellow	Yellow	Green
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	NA	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Yellow	Yellow	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	NA	NA
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Yellow	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Red	Red	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	NA	Red	NA
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Yellow	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Red	Red	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	NA	Yellow	Yellow
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Red	Red	Red
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Red	Red	Yellow
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Red	Yellow
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Red	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Yellow	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Red	Yellow	Yellow
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Red	Yellow	Yellow
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow	Yellow	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Green	Green	Green
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Green	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Red	Yellow	Yellow
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Red	NA	Yellow
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Red	NA	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Red	Red	Yellow
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Red	Yellow
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Red	Yellow	Yellow
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Yellow	Red	Yellow
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Red	Red
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Red	Red
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Red	Yellow	Yellow
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	NA	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Yellow	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Red	Yellow	Yellow
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4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Yellow	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Yellow	Red
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Red	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

World Health Organization
South-East Asian Region

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

India

Major contributions by WHO

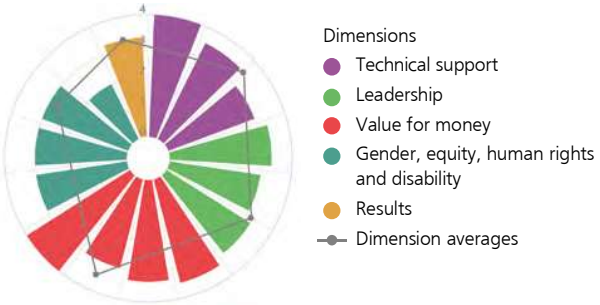
- WHO supported the world's biggest COVID-19 vaccination drive providing timely technical advice, implementation of serosurveys, surveillance and capacity-building on various aspects of COVID-19 immunization.
- WHO supported assessments of 1900 COVID-19 care and treatment facilities across the country and followed up by augmenting intensive risk communication and targeted community engagement initiatives with radio stations and civil society organizations.
- During the second wave, WHO augmented surge capacity by providing 4000 oxygen concentrators, 350 oxygen cylinders, personal protection kits, RT-PCR and 2 million rapid antigen kits, and by setting up auxiliary health facilities in 51 sites in the states of Arunachal Pradesh, Maharashtra, Manipur, Mizoram, Nagaland and Odisha.

ASHA worker conducting a maternal and child health follow-up

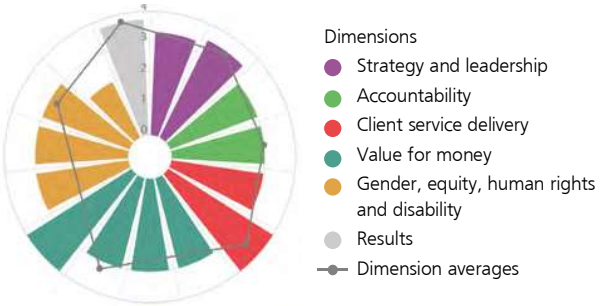
- Technical assistance was provided for operationalization of the health and wellness centres (https://main.mohfw.gov.in/newshighlights-59) operating under the Ayushman Bharat policy, including decentralized implementational support to states and aspirational districts to provide high-quality, people-centred health services.
- The Country Office provided evidence-based recommendations to the national health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PMJAY), such as targeting strategies for eligible populations.
- Technical assistance was provided to develop a health SDG dashboard, conceptualize a framework for mortality audits, and for the assessment of the WHO Family of International Classifications (FIC) Network, all to support the country in improving data and information systems.
- WHO supported the roll-out of the Integrated Diseases Surveillance Programme on the web-enabled, near-real-time electronic information system, called the Integrated Health Information Platform (IHIP), in all 37 states and Union Territories of India. Integration of the Health Management Information System (HMIS) on IHIP was also supported. Support was also provided to the National Malaria Elimination Programme, and VPD surveillance, SARS-CoV-2 whole genomic sequencing surveillance and COVID-19 surveillance.
- Sustained support was provided in maintaining progress towards the elimination of NTDs and other communicable diseases.
- WHO coordinated with the National Institute of Malaria Research and the National Institute of Research in Tribal Health to conduct studies of the therapeutic efficacy of anti-malarial agents.
- Technical support was provided to develop guidelines for HIV care and treatment in collaboration with partners, and prepare factsheets on the seroprevalence of hepatitis B and C.
- Standard operating procedures for public health emergency operations centres (PHEOC) were developed and the PHEOC network was scaled up at all levels – national, state and metropolitan.
- Provided support to 30 national institutes to carry out the 'Unity protocol' studies on COVID-19 and conduct 'Solidarity Trials' on therapeutics for COVID-19.
- Collaborated to develop guidelines for the management and care of chronic respiratory illness and stroke, with packages for palliative care by health-care workers

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



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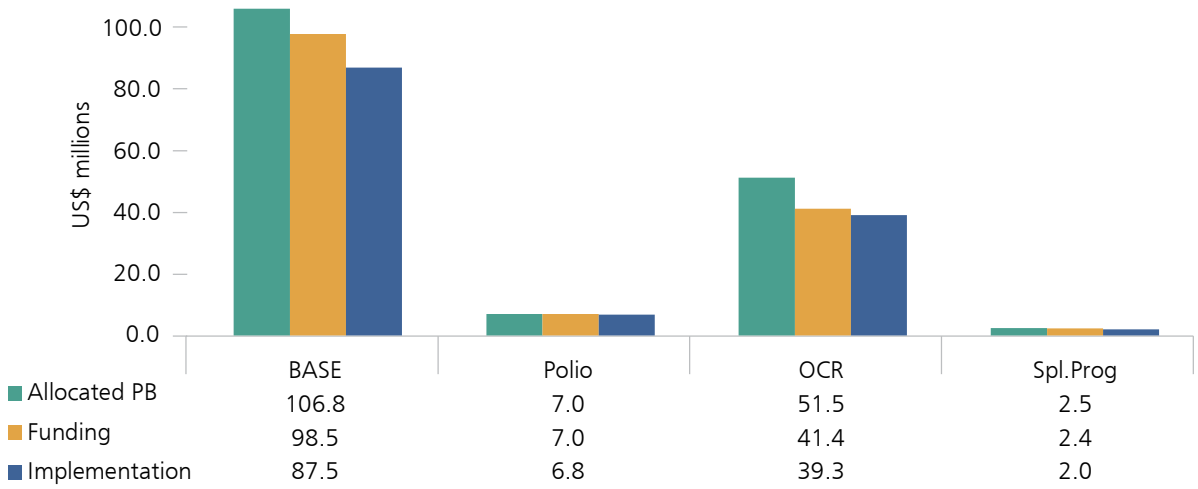
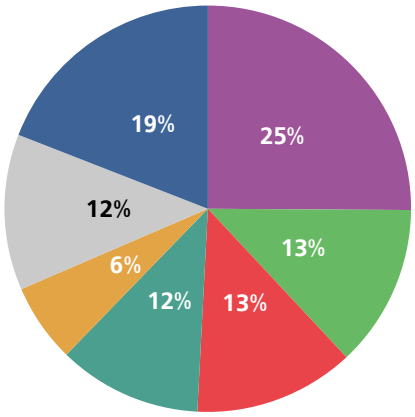
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

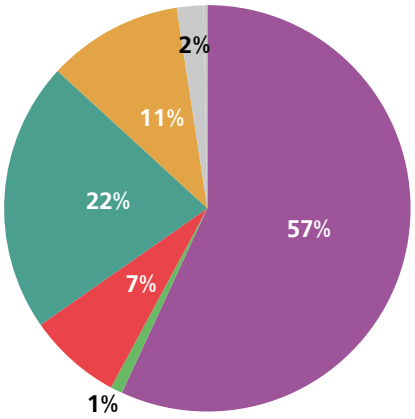


	BASE	Polio	OCR	Spl.Prog
Allocated PB	106.8	7.0	51.5	2.5
Funding	98.5	7.0	41.4	2.4
Implementation	87.5	6.8	39.3	2.0

Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

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1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	NA	Yellow	Green
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1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	NA	NA	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Green	NA	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Red	NA	Yellow
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4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Red	Yellow	Green
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4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Green	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Green	Yellow

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The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium

Country stories featured in Results Report 2020–2021

Assessment of mid-level health workers supports integration in health and wellness centres to deliver primary health care services, India

WHO recognizes primary health care (PHC) as the most cost effective and equitable means to achieving universal health coverage (UHC). In India, the National Health Policy 2017 and the on-going operationalization of Ayushman Bharat – Health and Wellness Centers aims to bring comprehensive PHC closer to India's 1.3 billion population. Fundamental to the success of this initiative is the addition of a cadre of mid-level health care workers in the form of community health officers to lead the PHC team. To date, over 115 000 health and wellness centres are functional and nearly 90 000 community health officers have been added to the health workforce. The WHO Country Office in India provides technical and implementation support in select states and aspirational districts towards achieving the Ministry of Health and Family Welfare's goal of 150 000 functional health and wellness centres by the end of 2022. A recent WHO-led assessment of the role and performance of community health officers in health and wellness centres in two states in India indicates that community health officers make a noticeable addition to the public sector's capacity to manage the noncommunicable disease (NCD) burden, as well as address common ailments, and thereby represent a primary care response to the epidemiological transition in India. The results of the assessment informed recommendations to further strengthen the contribution of community health officers to deliver primary health care services.

COVID-19 vaccination in a health and wellness centre

Read more about impact case story on assessment of mid-level health workers supports integration in health and wellness centres to deliver primary health care services
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/india

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Indonesia

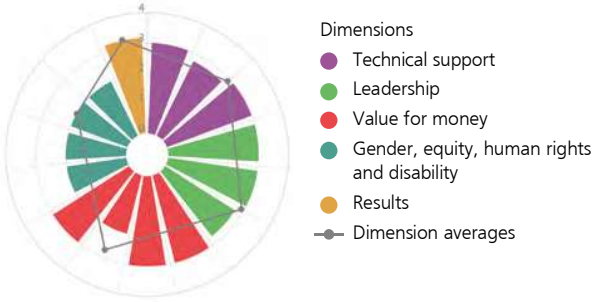
Major contributions by WHO

A COVID-19 vaccination session in progress in Indonesia

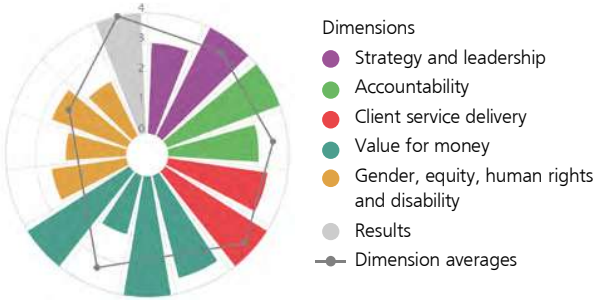
- WHO supported the development of the WHO Multisectoral Accountability Framework for Tuberculosis, as well as national and provincial COVID-19 preparedness and response plans, and an influenza pandemic contingency plan for 34 provinces.
- WHO provided support for the extension of sentinel surveillance for influenza-like illnesses and severe acute respiratory infections, maintaining it throughout the pandemic and using it to cover the COVID-19 outbreak.
- Supported the National Influenza Centre (NIC) as part of GISRS (Global Influenza Surveillance and Response System) to participate in an EQAP (WHO External Quality Assessment Programme) organized by the WHO collaborating centre in Melbourne, which is part of the global network of influenza laboratories. This enabled capacity development of NIC to conduct/organize EQAPs for the influenza laboratory network in the country.
- The country office supported the development of an integrated service delivery model for primary health care, assessed the readiness of the country for health services, conducted situation analyses of minimum service standards and improved the health information system for primary health care infrastructure, facilities and equipment.
- WHO assisted to develop a model for multisectoral collaboration to ensure that the delivery of services is in accordance with minimum service standards.
- WHO supported the bolstering of communications and coordination with health facilities down to the subnational level and electronic feedback mechanisms were established between the technical and administrative teams and the Regional Office.
- WHO supported the monitoring of national tobacco use through the Global Adult Tobacco Survey and Global Youth Tobacco Survey, and helped expand subnational smoke-free policies and the ambit of tobacco taxes to curb tobacco use

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



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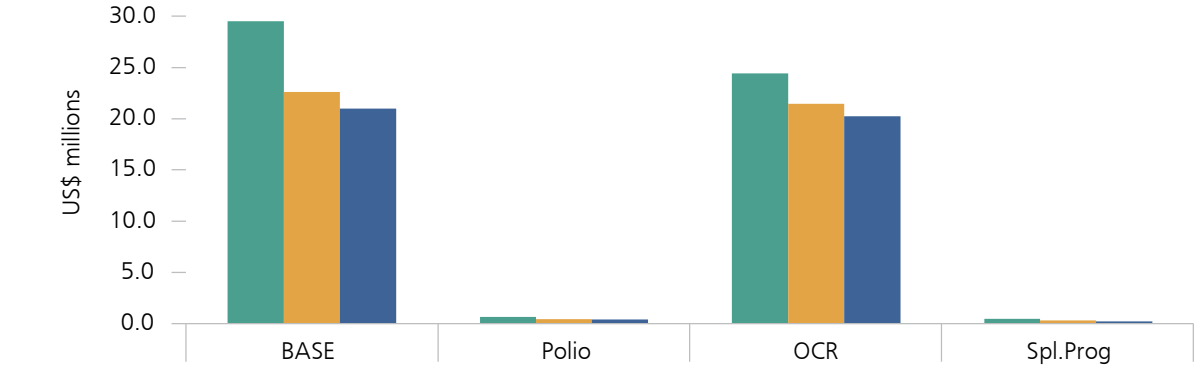
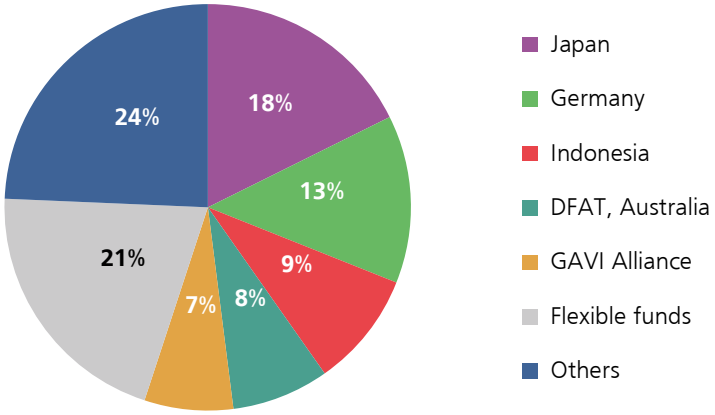
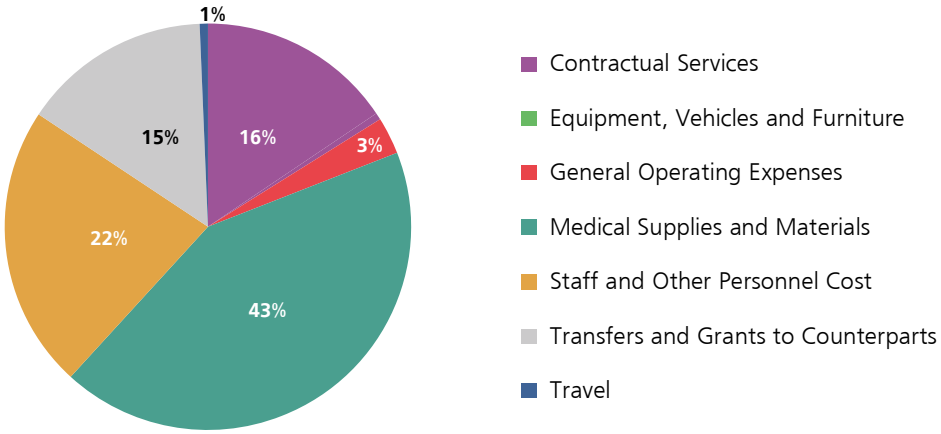


	BASE	Polio	OCR	Spl.Prog
Allocated PB	29.5	0.7	24.4	0.5
Funding	22.6	0.5	21.4	0.3
Implementation	21.0	0.4	20.2	0.2

Source of funding/donors



Expenditure category



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Regional KPIs look into the WHO contribution for the related outcome areas at country level.

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1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Green	Yellow	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Yellow	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Red	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Yellow	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Green	Green	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Green	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Red	Green	Yellow
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Green	Green
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Green	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Yellow	Yellow	Green
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Yellow	Yellow	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Green	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Yellow	Yellow
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3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow	Green	Green
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4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Red	Green	Yellow
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* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Evidence-informed action to eliminate malaria in Indonesia

Indonesia is one of nine malaria-endemic countries in the South-East Asia region and accounts for 15.6% of the regions reported cases and 22% of malaria deaths. WHO provides ongoing technical support to the Indonesian Ministry of Health by generating evidence, formulating national strategic plans and policies, strengthening case management, and improving surveillance and information systems. Malaria cases in Indonesia decreased from 1.1 million to 659 000 between 2015 and 2019, and it is estimated that 75% of Indonesia's population now live in malaria-free communities. Since November 2018, WHO has provided focused subnational support in nine low-performing districts with moderate to low endemicity. Of these nine districts, two have been declared malaria free by the Ministry of Health, and one district has reported no indigenous cases since January 2019.

Microscopy examination of a suspected malaria case using a blood smear at a health facility. The photograph was taken during a malaria situation assessment conducted by WHO and Indonesia's National Malaria Control Programme in November 2021

Read more about impact case story on evidence-informed action to eliminate malaria in Indonesia
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/indonesia

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Maldives

Major contributions by WHO

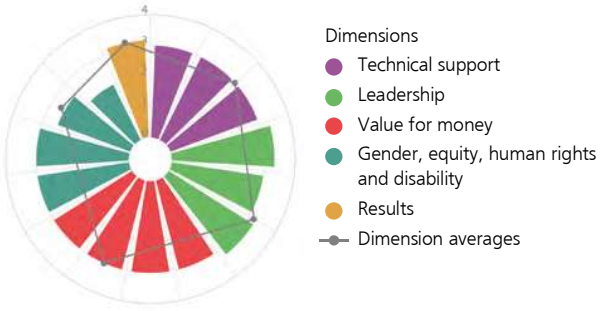
- Maldives eliminated rubella before the 2023 target in a collaboration between the Government and the WHO Country Office – a conspicuous achievement.
- Successful COVID-19 vaccination programme conducted; along with the world's first joint post-introduction evaluation assessment of COVID-19 and HPV (human papillomavirus) vaccine in the country, in collaboration with the Country Office.[1]
- The Country Office guided the finalization of the National Laboratory Policy and supported scaling up of laboratory capacity by establishing two new PCR laboratories in the northernmost and southernmost of the country's 26 atolls.

A laboratory testing facility in Malé, Maldives

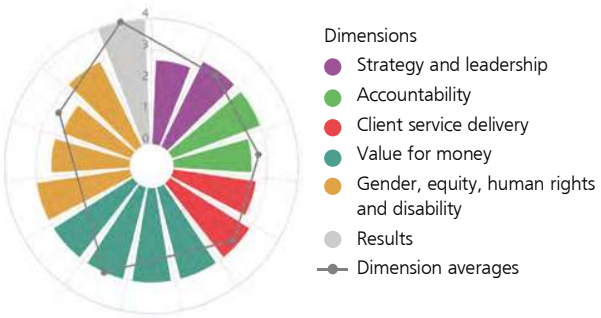
- The Country Office also enabled Maldives to conduct its own gene sequencing, with a comprehensive package that included procurement, setting up a laboratory and capacity development. Continuous gene sequencing was supported through the Institute of Genomics and Integrative Biology under the Council of Scientific and Industrial Research in India, with assistance from the WHO Regional Office.
- Review of the previous 5-year strategic plan for human resources for health was conducted to evaluate its implementation.
- WHO supported the development of a locally adapted training package for the WHO Mental Health Gap Action Programme.
- WHO supported the mapping of drug treatment and rehabilitation facilities in the country

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



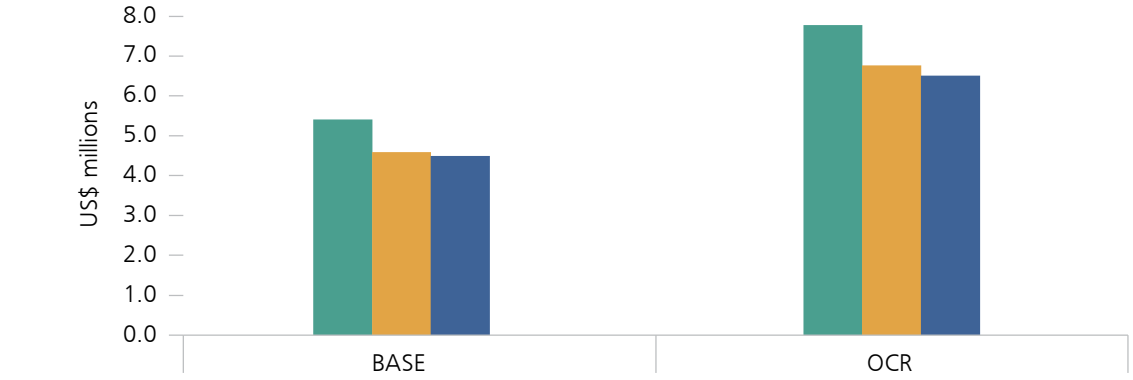
Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong

Colour bars in within above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/maldives

1 https://www.who.int/maldives/news/detail/06-12-2021-who-provides-support-to-maldives-in-conducting-a-joint-covid-19-and-hpv-vaccines-post-introduction-evaluation-(cpie-and-hpv-pie)

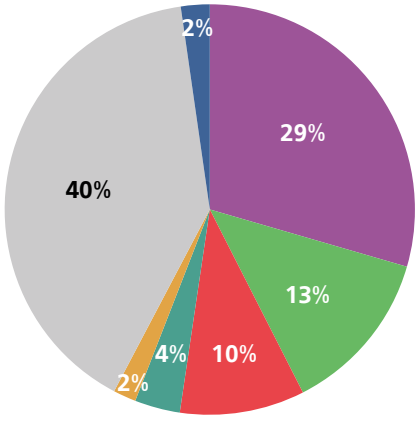
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation



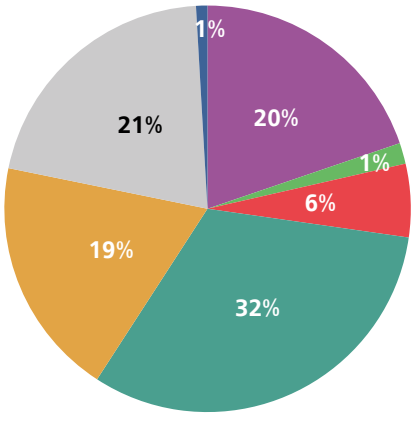
	BASE	OCR
Allocated PB	5.4	7.8
Funding	4.6	6.8
Implementation	4.5	6.5

Source of funding/donors



- Germany
- DFID, United Kingdom
- DEVCO, EC
- DFATD, Canada
- UNDP MPTF
- Flexible Funds
- Others

Expenditure category



- Contractual Services
- Equipment, Vehicles and Furniture
- General Operating Expenses
- Medical Supplies and Materials
- Staff and Other Personnel Cost
- Transfers and Grants to Counterparts
- Travel

Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Red	Green	Green
1.1	1.1.B	1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Red	Green	Green
1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Green	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Green	Green	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	NA	Green	NA
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	Yellow	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Yellow	Green	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	Yellow	Green
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Green	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Green	Green	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Green	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Yellow	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Green	Yellow	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Yellow	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Red	Yellow	Green
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Green	Green
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Green	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Red	Yellow	Green
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Red	Yellow	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Green	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Green	Green
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Yellow	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Yellow	Green	Green
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Yellow	Yellow	Green
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow	Green	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Red	Red	Green
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Yellow	Green
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Red	Yellow	Yellow
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Red	NA	Red
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Yellow	Green
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Green	Green
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Green	Green	Green
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Green	Green	Green
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Green	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Green	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Green	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	NA	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

A first in the world: Maldives joint COVID-19 and HPV vaccines post-introduction evaluation (PIE)

Maldives is one of the most geographically dispersed island nations in the world, consisting of 1192 islands grouped into 20 atolls, of which 187 islands are inhabited, with a total population of 545 847 (2021).

COVID-19 vaccine rollout in Maldives started in February 2021, applying the WHO Strategic Advisory Group of Experts on Immunization (SAGE) prioritization and guidance from the Maldives Technical Advisory Group on Immunization. Eligibility for primary series vaccination for COVID-19 was 12+ years and 18+ years for the booster dose. Maldives achieved more than 80% coverage for primary series COVID-19 vaccination among the eligible population.

In 2019, Maldives had launched a human papilloma virus (HPV) vaccine campaign, introducing the vaccine into the routine vaccination schedule for girls 10 years old. Maldives performed a COVID-19 post-introduction evaluation to evaluate the deployment of COVID-19 vaccines in the country together with a post-introduction evaluation of the HPV vaccine into the national immunization programme.

Using mobile phones for real-time data entry with community engagement

Read more about impact case story on A first in the world: Maldives joint COVID-19 and HPV vaccines post-introduction evaluation (PIE)
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/maldives

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Myanmar

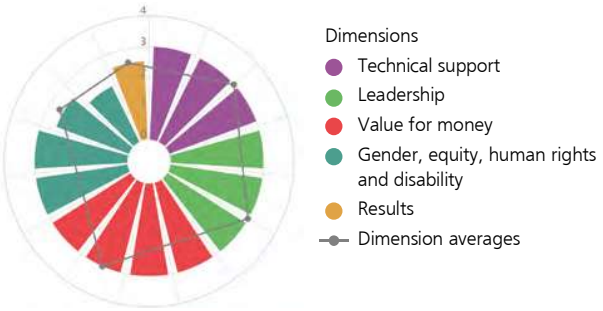
Major contributions by WHO

Receiving antenatal care at a health facility in Myanmar

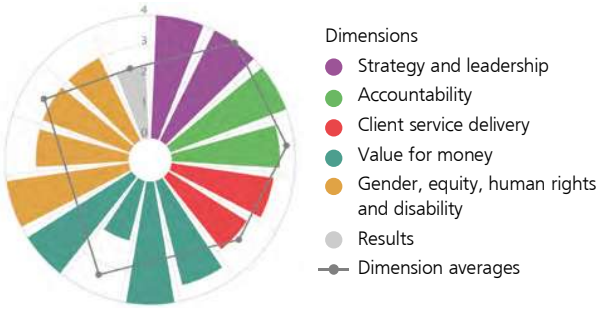
- Myanmar succeeded in eliminating trachoma as a public health problem and included the rotavirus vaccine in its Expanded Programme on Immunization (EPI).
- The WHO Country Office provided substantial support in the development, review and finalization of national policies, strategies and action plans in various areas of health during the first half of the biennium and continued its robust response to sustain health.
- In 2020–2021 the Country Office supported the development of the Strategic Plan for sexual, reproductive, maternal, newborn, child and adolescent health 2021–2025, and the national operational plan and training package for secondary prevention of cervical cancer. It also assisted in conducting a review of maternal death surveillance and response, in finalization of the National Strategic Plan for malaria elimination 2021–2025, the National Strategic Plan to eliminate lymphatic filariasis in Myanmar 2021–2030, Myanmar National Strategic Plan on HIV and AIDS 2021–2025, as well as the national plans for viral hepatitis and tuberculosis (2021–2025), and the development of a rural retention strategy to strengthen the health workforce (Rural and Remote Frontline Health Workers' Retention Strategy 2021–2026).
- Both emergency and life-saving services as well as essential maternal and child-care services and community-based NCD services, including prevention of risk factors, were supported during the pandemic response.
- WHO helped revitalize the National Vaccine Deployment Plan and initiation of the COVID-19 vaccination programme for 24 prioritized groups.
- WHO supported the provisioning of infection prevention and control commodities in hospitals throughout the country; assisted rapid response teams in states and regions for surveillance, contact tracing and early detection of COVID-19; provided logistic support for early diagnosis and identification of new strains, mutations and variants; strengthened the quality of testing with WHO collaborating centres; and assisted in mobilizing the private sector for COVID-19 case management among vulnerable populations.
- Supported capacity-building for cervical cancer screening and management, including support for setting up the Myanmar Childhood Cancer Initiative.
- Supported the development of the first digital 'Quit tobacco' chatbot.
- Maintained delivery of life-saving services for HIV, tuberculosis, dengue and malaria during the pandemic

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



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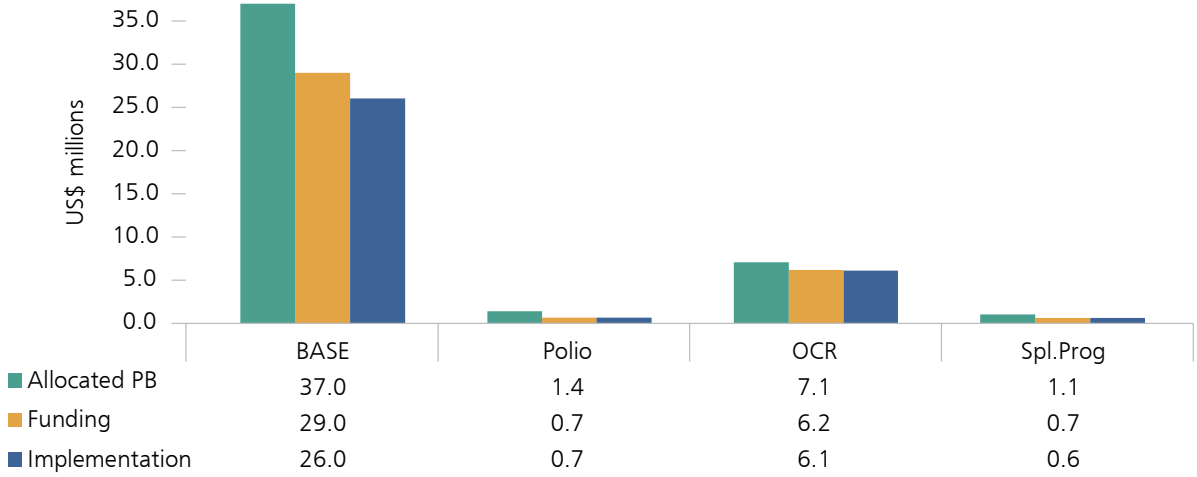
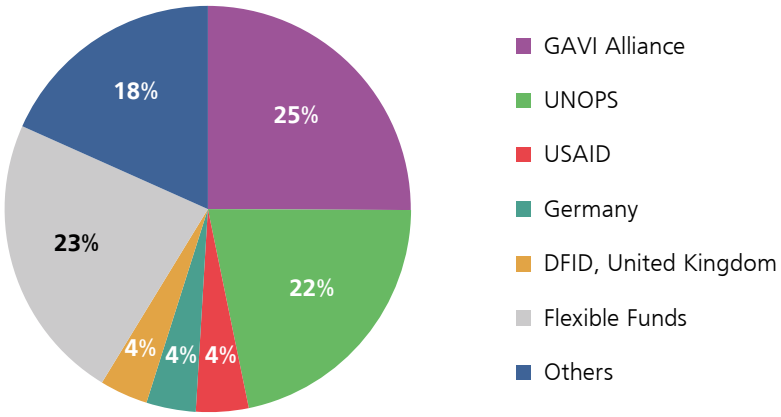
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

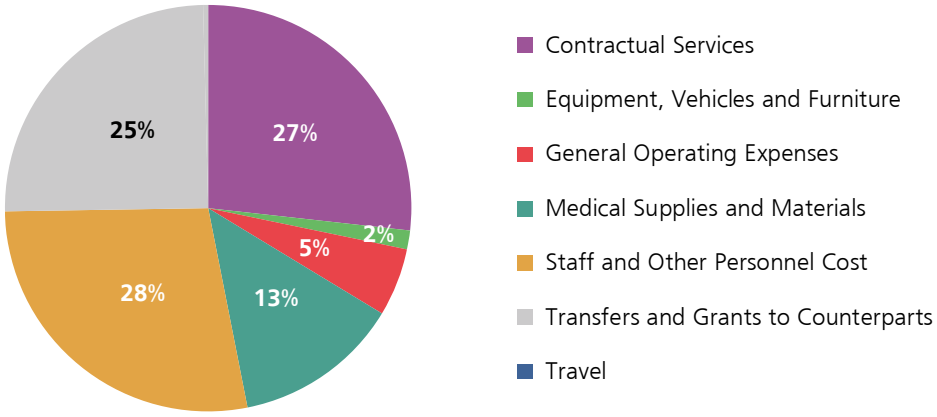


	BASE	Polio	OCR	Spl.Prog
Allocated PB	37.0	1.4	7.1	1.1
Funding	29.0	0.7	6.2	0.7
Implementation	26.0	0.7	6.1	0.6

Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

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1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Red	Red	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Yellow	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Yellow	Green
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1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Red	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Green	Red	Yellow
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Yellow	Green	Green
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2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Red	Green
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3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow	Green	Green
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3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Yellow	Green
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4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Yellow	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Red	Yellow	Yellow
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Red	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Yellow	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Red	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Red	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Providing essential lifesaving services during humanitarian crisis in Myanmar

Following the military takeover of the legislative, judicial and executive powers of Myanmar on 1 February 2021, the situation in Myanmar changed dramatically. Protests against the military regime took place across the country. Security forces cracked down on unarmed people, a curfew was put in place from 20:00 until 04:00 the next morning nationwide, and martial law was imposed in many townships. Considerable disruption was encountered with internet connectivity, electricity, and financial services. Even worse was the disruption of services for essential and emergency services at public health facilities due in part to health care workers participating in the civil disobedience movement and in part by the on-going conflict.

In response to the COVID-19 pandemic, in parallel with the military takeover and subsequent political turmoil, the WHO Country Office in Myanmar designed and developed a strategic purchasing of services model, engaging with three partners (a national professional association, the national red cross, and a private hospital entity) to ensure that lifesaving essential health services were provided for people in dire need.

Myanmar Red Cross Society volunteer helped referral of a patient in labour to hospital around curfew hour

Read more about impact case story on providing essential lifesaving services during humanitarian crisis in Myanmar https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/myanmar

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Nepal

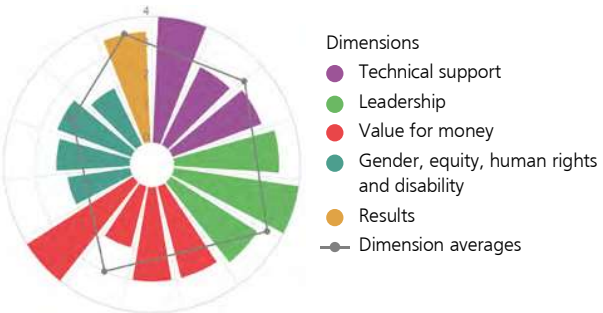
Major contributions by WHO

A medical officer councils a mother during routine Immunization in Karnali, Nepal

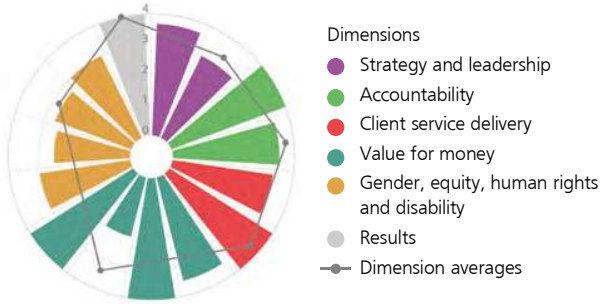
- WHO provided technical support for the development and implementation of the National Deployment and Vaccination Plan (NDVP) as per SAGE guidance on prioritization for COVID-19 vaccines and its implementation at subnational level, helping Nepal to achieve equitable and inclusive vaccine coverage. Nepal reached 65% of the target population with the first dose of the COVID-19 vaccine by 31 December 2021.
- Nepal successfully introduced the vaccine against rotavirus during the pandemic and conducted vaccination campaigns for measles–rubella and polio.
- WHO supported the development of a universal health coverage framework (Universal Health Coverage: Strategic Framework for Nepal) and the formulation of the Public Health Services Regulations 2020 which granted rights to women to safe motherhood and other reproductive health services.
- Standard treatment protocols for emergency health and basic health services were developed and the national guidelines for the implementation of safe abortion services were revised during the period.
- The Human Resource for Health Strategy 2021–2030, the National Mental Health Strategy and Action Plan 2020, National Action Plan for Antimicrobial Resistance, Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (2021–2025) and the roadmap for Integrated Health Information Management (2022–2030) were supported.
- WHO provided support for an assessment of routine health information systems of the use of the International Classification of Diseases in Nepal.
- The Country Office supported the development of the National Strategic Plan for Ending Tuberculosis 2021–2026 and helped develop the 'TB Free Nepal Declaration Initiative 2021'. It also provided support in formulating national strategies, policies and technical guidance on other communicable diseases such as malaria, HIV, hepatitis C and kala azar.
- WHO played a key role in establishing and operationalizing a National Pathogen Genetic Sequencing Consortium, led by the National Public Health Laboratory, by providing technical assistance and portable, real-time DNA and RNA sequencing devices and reagents.
- WHO supported COVID-19 emergency medical deployment teams and updating clinical management pocketbooks for COVID-19 and capacity-building in essential critical care and paediatric essential critical care.
- Rapid assessments were performed in 11 designated level-II COVID-19 hospitals, and action plans were developed with each facility to improve COVID-19 preparedness and response

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling

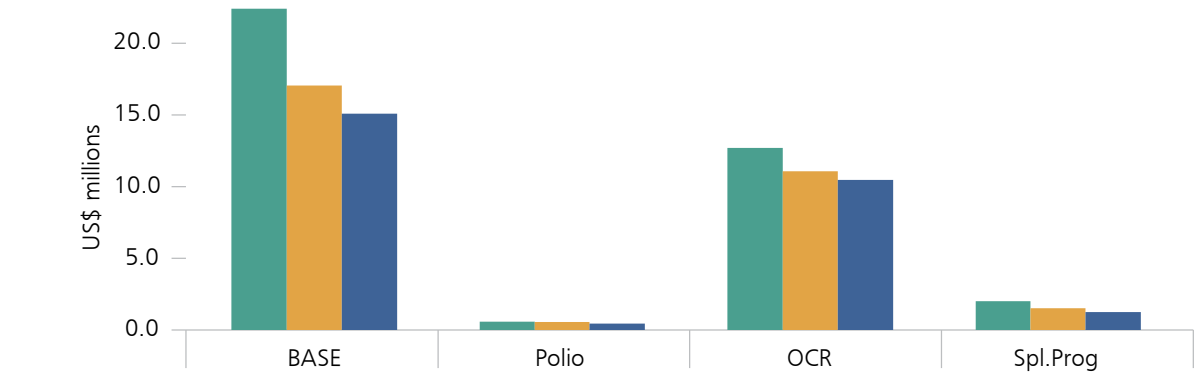


Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong

Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/nepal

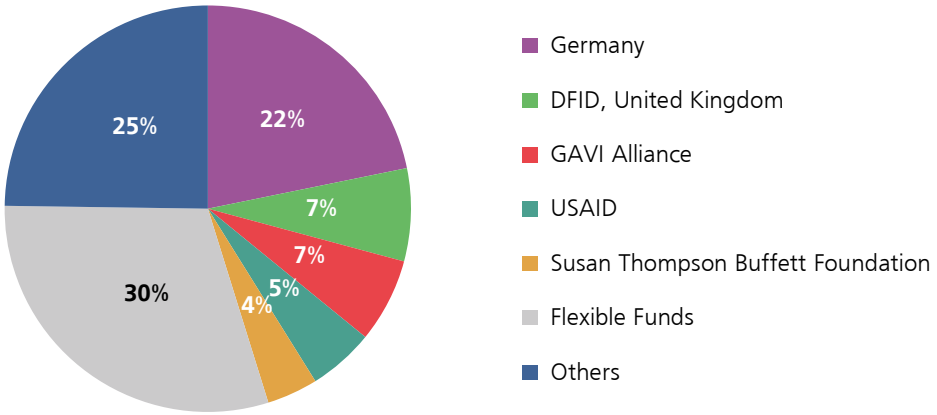
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

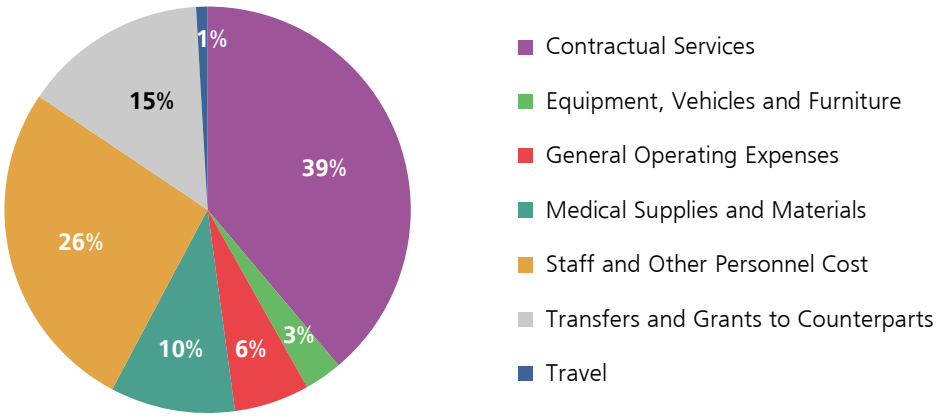


	BASE	Polio	OCR	Spl.Prog
Allocated PB	22.4	0.6	12.7	2.0
Funding	17.0	0.6	11.1	1.5
Implementation	15.1	0.5	10.5	1.3

Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Red	Green	Green
1.1	1.1.B	1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Red	Yellow	Green
1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Green	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Yellow	Green	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	Yellow	Green	Green
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	Green	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Green	Green	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	Green	Green
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Green	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Red	Green	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Green	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Yellow	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Yellow	Green	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Yellow	Yellow
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Green	Green	Yellow
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Yellow	Green	Green
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Yellow	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Yellow	Yellow	Green
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Red	Green	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Green	Yellow
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Green	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Yellow	Green	Green
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Red	Yellow	Yellow
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Red	Green	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Red	Green	Green
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Green	Green
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Yellow	Green	Green
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Red	Yellow	Red
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Yellow	Red
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Yellow	Yellow
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Yellow	Green	Green
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Yellow	Green	Green
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Green	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Green	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Green	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Green	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Building laboratory capacity for diagnostic testing and sequencing of COVID-19 in Nepal

To effectively control coronavirus disease (COVID-19), it is necessary to a) have widespread molecular diagnostic assays to identify SARS-CoV-2 infected individuals and b) have rapid virus genome sequencing to support monitoring of disease spread and activity as well as the evolution of the virus.

In January 2020, the first suspected case of COVID-19 was clinically diagnosed in Nepal. The National Influenza Centre (NIC) at the National Public Health Laboratory (NPHL) was the only public diagnostic respiratory laboratory in Nepal with capacity to conduct molecular diagnostic assays through real-time reverse transcriptase-polymerase chain reaction (rRT-PCR). However, the laboratory did not yet have the capacity to conduct rRT-PCR for SARS-CoV-2 nor was it able to sequence the virus. Recognizing the urgent need for widespread molecular diagnostic assays and genomic sequencing in the face of the pandemic, Nepal launched a collaborative capacity building effort. By March 2022, two years after WHO characterized the COVID-19 outbreak a pandemic, over 5.5 million molecular diagnostic assays for SARS-CoV-2 were conducted by 105 laboratories in Nepal (56% public sector, 44% private sector) and nearly 2000 SARS-CoV-2 genome sequences were shared with the Global Initiative on Sharing All Influenza Data (GISAID).

A technologist preparing for COVID-19 rRT-PCR in the National Influenza Centre at National Public Health Laboratory, Nepal

Read more about impact case story on Building laboratory capacity for diagnostic testing and sequencing of COVID-19 in Nepal
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/nepal

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Sri Lanka

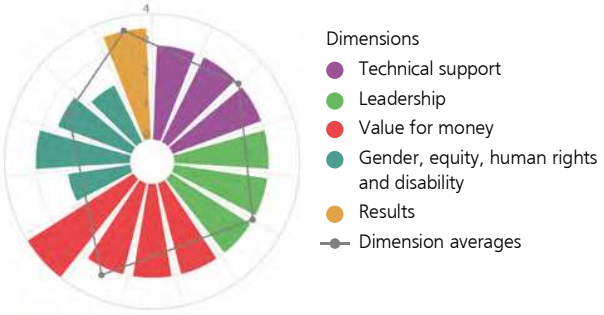
Major contributions by WHO

A search-and-rescue simulation to strengthen disaster preparedness in Sri Lanka

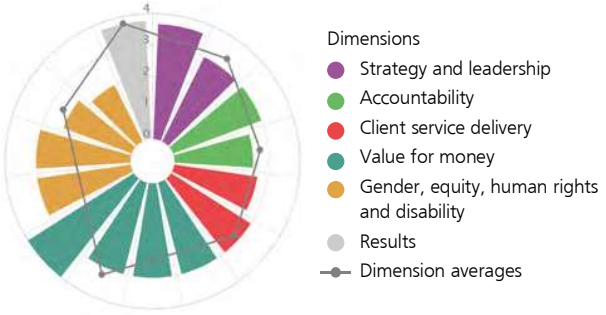
- Sri Lanka succeeded in eliminating measles and rubella before the 2023 target. Sri Lanka has also been certified as having eliminated mother-to-child transmission of HIV and syphilis and sustained its validation for 2020–2021.
- WHO supported a comprehensive assessment of all public secondary and tertiary care facilities to determine their capacity for effective screening, testing, isolation and management of COVID-19 cases and helped with the establishment of an integrated system for management of home isolation for asymptomatic and mildly symptomatic COVID-19 patients.[1]
- WHO supported the strengthening of laboratory capacity for diagnostics, enrolled all state laboratories in the WHO External Quality Assurance Programme, and helped to extend their capacity to conduct real-time polymerase chain reaction.
- Supported the development of the national vaccination deployment plan with other partners such as Gavi and UNICEF, and provided technical support for the seamless issuance of the 'smart vaccination certificate', which allows problem-free international travel based on data from the COVID-19 vaccination information management system that in turn draws on the district health information system (DHIS2). The metadata model of the COVID-19 immunization tracker was shared with other countries and adapted by Timor-Leste. [2]
- Technical support including hardware support was provided to strengthen surveillance throughout the country, develop a mobile application to capture real-time surveillance data on the Google platform, and offer training at the district level on monitoring, data use and web-based surveillance.
- In collaboration with the Ministry of Health and partners, the Country Office developed and adapted more than 600 sets of trilingual risk communication materials on COVID-19 and other public health topics.
- WHO also supported the government in developing national plans, policies and guidelines on mental health, leprosy elimination, medicines policy, patient safety and quality, cancer control, paediatric cancer care and suicide prevention.

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong

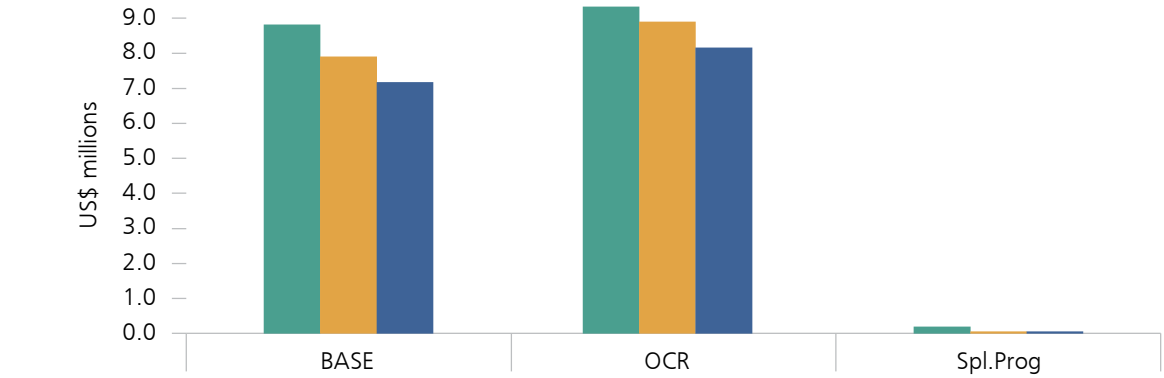
Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/sri-lanka

1 https://www.who.int/srilanka/news/detail/17-09-2021-who-sri-lanka-collaborates-with-ministry-of-health-to-provide-an-integrated-home-based-care-for-asymptomatic-and-mild-covid-19-cases

2 https://www.who.int/srilanka/news/detail/07-12-2021-who-dialogues-sri-lanka-shares-digital-innovations-made-during-pandemic

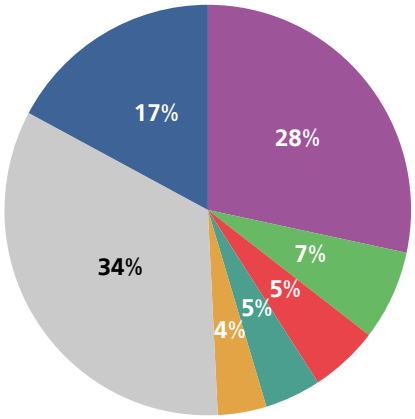
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation



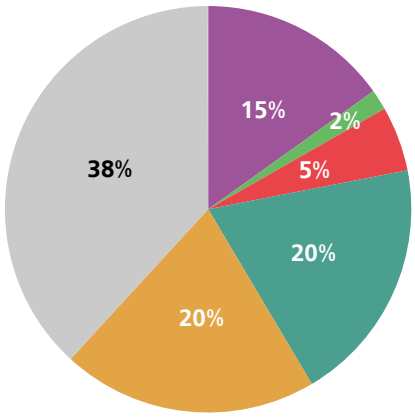
	BASE	OCR	Spl.Prog
Allocated PB	8.8	9.3	0.2
Funding	7.9	8.9	0.1
Implementation	7.2	8.2	0.1

Source of funding/donors



- Germany
- DEVCO
- UNDP MPTF
- DFID, United Kingdom
- USAID
- Flexible Funds
- Others

Expenditure category



- Contractual Services
- Equipment, Vehicles and Furniture
- General Operating Expenses
- Medical Supplies and Materials
- Staff and Other Personnel Cost
- Transfers and Grants to Counterparts
- Travel

Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Red	Green	Green
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1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Green	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Yellow	Green	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	Green	Green	Green
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	Green	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Yellow	Green	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	Green	Green
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Green	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Yellow	Green	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Green	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Yellow	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Yellow	Yellow	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Yellow	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Green	Green	Green
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Green	Green
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Green	Green
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2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Red	Green	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Green	Green
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Yellow	Yellow	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Yellow	Green	Green
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Yellow	Green	Green
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow	Yellow	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Yellow	Green	Green
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Yellow	Green
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Red	Green	Green
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Yellow	Yellow	Yellow
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Green	Green
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Green	Yellow
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Green	Green	Green
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Red	Green	Green
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Red	Green	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Green	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Yellow	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Green	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

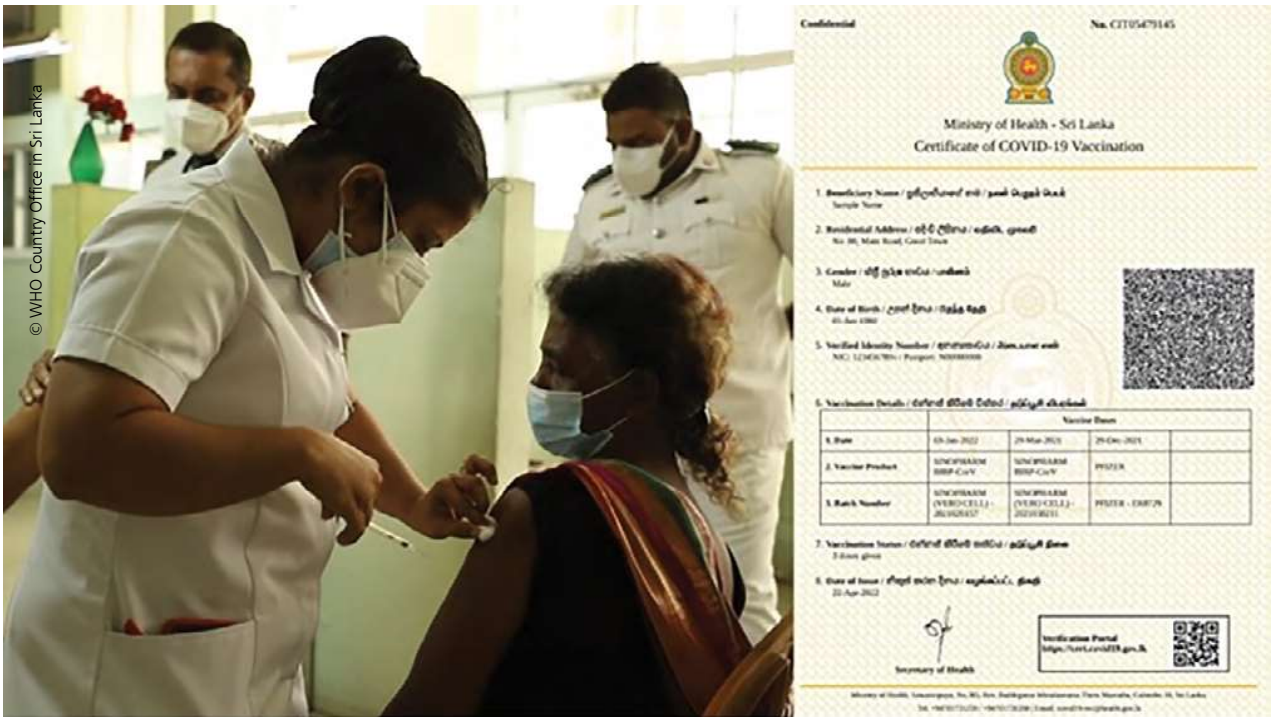
The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Sri Lanka tracks COVID-19 vaccine jabs and vaccination certificate

The national COVID-19 surveillance system of Sri Lanka, based on the DHIS2 platform, was developed soon after the outbreak in Sri Lanka. The information system was critical for epidemiological monitoring and measures to control the outbreak and proved to be a key support to Sri Lankan health authorities' battle against the disease. The system enabled health authorities from local to national level monitor the rate of vaccination in all regions of the country, including remote areas, and to identify areas where more effort was needed to protect the population through vaccination. The information system generated open-source real-time data which facilitated the government's issuance of the digital Smart Vaccination Certificate (SVC). The certificate was required for travel abroad or other activity where presentation of the SVC was obligatory. Ease-of-access to the SVC was made possible by the COVID-19 immunization tracker, which was developed in 2021 by the WHO Country Office in Sri Lanka in partnership with the Health Information Systems Programme Sri Lanka, the core District Health Information Software (DHIS2) developers' community from the University of Oslo, Norway, and the Information and Communication Technology Agency of Sri Lanka.

Sri Lanka was one of the first countries in the world to deploy a DHIS2-based COVID-19 vaccination information management system. This system was shared with other countries in the region as a public good and was adapted by Timor-Leste in developing their own vaccine tracker.



COVID-19 vaccination centre and example of Smart Vaccination Certificate

Read more about impact case story on Sri Lanka tracks COVID-19 vaccine jabs and vaccination certificate
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/srilanka

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Thailand

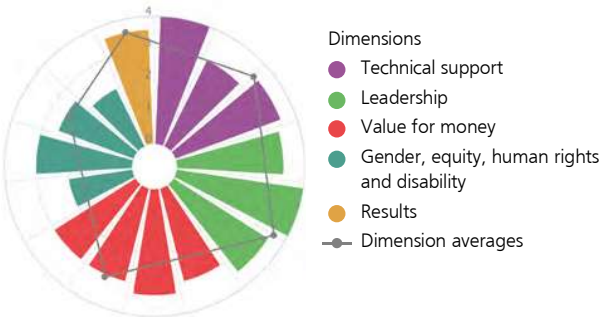
Major contributions by WHO

A WHO team on a medical mission to Samut Sakhon province in Thailand

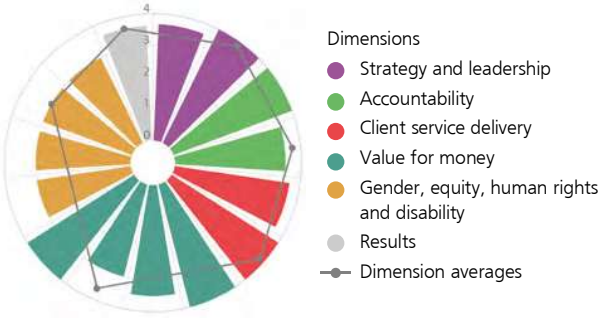
- WHO supported Thailand over a broad spectrum of emergency preparedness and response on COVID-19. Continuous advocacy by the Country Office contributed to inclusion of migrants in national COVID-19 response and vaccination plans.
- Guidance and regular updates on COVID-19 were provided to the government, UN agencies and the Economic and Social Commission for Asia and the Pacific.
- The WHO Country Office and the Ministry of Public Health, Thailand, were constituted as the Secretariat in the UN Thematic Working Group on Noncommunicable Diseases (NCDs) to follow up on the recommendations of the UN Interagency Task Force Mission on the prevention and control of NCDs.
- The Country Office supported the Government to implement an International Trade and Health Programme for knowledge generation, synthesis and management, networking, communication and policy advocacy and capacity-building on the main areas of health services, health-related products, the environment and cross-cutting issues.
- WHO supported the implementation of the National Strategic Plan on Antimicrobial Resistance 2017–2021, including identification of research priorities and strategies to reduce use of antimicrobial agents in humans and animals, and fostering antimicrobial stewardship in health-care facilities.
- Advocated for the establishment of a national committee for infection prevention and control.
- Collaborated with the Ministry of Public Health and partners in a systematic review to assess implementation of the 4th National Road Safety Masterplan as a basis for a subsequent plan

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling

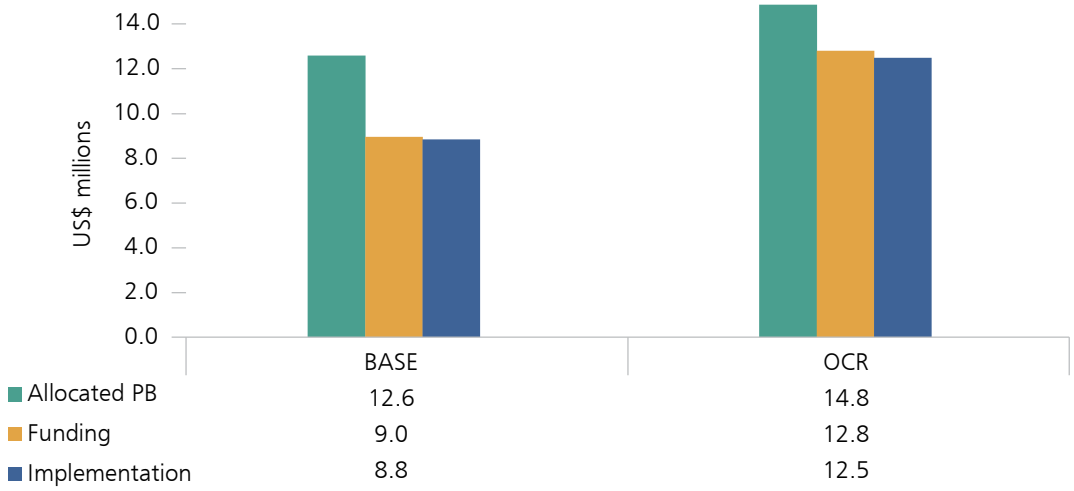


Scoring scale: 1-Emergent 2-Developing 3-Satisfactory 4-Strong

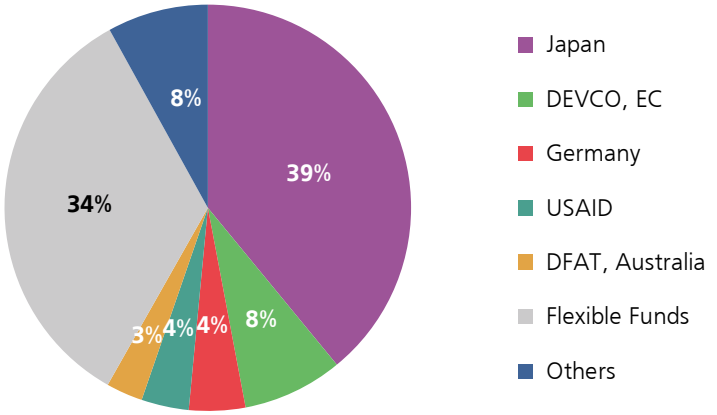
Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-profile/2021/thailand

Financial highlights of Programme Budget 2020–2021

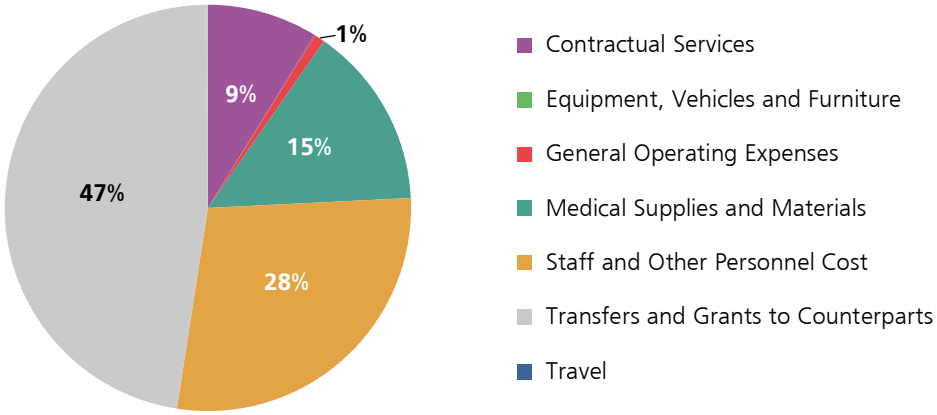
Programme Budget implementation



Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

Regional KPIs look into the WHO contribution for the related outcome areas at country level.

GPW13 Outcome	KPI #	Key performance indicator 2018–2023	Baseline 2018	End-of-biennium 2020–2021	Target 2023
1.1	1.1.A	1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Red	Green	Green
1.1	1.1.B	1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Red	Yellow	Green
1.1	1.1.C	1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Red	Green	Green
1.1	1.1.D	1.1.D CO: The SEA Regional Respose Framework for DR-TB in implementation	Yellow	Green	Green
1.1	1.1.E	1.1.E CO: Independent malaria programme reviews in SEAR countries	Yellow	Yellow	Green
1.1	1.1.F	1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow	Green	Green
1.1	1.1.G	1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Yellow	Green	Green
1.1	1.1.H	1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	Red	Green	Green
1.1	1.1.I	1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	Yellow	Green	Green
1.1	1.1.J	1.1.J CO: A Healthy Ageing Strategy up-to date	Green	Green	Green
1.1	1.1.K	1.1.K CO: Standard operating guidelines on MDSR developed/updated	Red	Yellow	Green
1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Green	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Green	Green	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Green	Green	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Yellow	Green	Green
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Yellow	Green	Green
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Green	Green
2.1	2.1.B	2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Red	Green	Green
2.1	2.1.C	2.1.C CO: The situational analysis country process including the collection of relevant information	Yellow	Green	Green
2.2	2.2.A	2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow	Green	Green
2.2	2.2.B	2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic / pandemic prone diseases in the WHO SEA Region	Red	Green	Green
2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Yellow	Yellow	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Green	Green	Green
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Red	Yellow	Green
3.1	3.1.B	3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Red	Green	Green
3.2	3.2.A	3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Yellow	Green	Green
3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Yellow	Green	Green
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Green	Green	Green
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Green	Yellow	Green
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Yellow	Green
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Green	Green
4.1	4.1.A	4.1.A CO: The national HIS, CRVS systems, and digital health or eHealth investments improved	Green	Green	Green
4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Red	Green	Yellow
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Green	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Green	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	NA	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Red	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

United Nations Thematic Working Group on NCD Prevention and Control in Thailand

Noncommunicable diseases (NCDs) are responsible for 74% of all deaths in Thailand each year. Multisectoral action is central to controlling NCDs; the health sector alone cannot address NCDs and their underlying social determinants and risk factors. To strengthen multisectoral action to reduce NCD risk factors, in 2018, at the invitation of the Government of Thailand, the WHO Country Office in Thailand organized a joint programming mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases. Results of the joint mission included a set of 17 recommendations designed to scale-up Thailand's response to the NCD epidemic. The outcome of some of these recommendations is already evident, for example: plain packaging of tobacco products has been introduced and a law on restricting marketing of unhealthy food and beverages to children is in progress. Following the United Nations Interagency Task Force mission, as suggested by the Task Force, a United Nations Thematic Working Group on NCD Prevention and Control in Thailand was established to follow-up on recommendations of the joint mission. The WHO Country Office facilitated and coordinated partners, prepared terms of reference, organized meetings and acted as the Secretariat to drive the working group. The working group and the WHO Country Office facilitated multisectoral action to implement the recommendations. During its two-year term, 2020-2021, the United Nations Thematic Working Group, the WHO Country Office and the Government of Thailand tackled NCDs using time-bound goals.

© Raiwo Wantaweesub/WHO Country Office in Thailand

Walk the Talk; a group stretch break during the fourth meeting of the United Nations Thematic Working Group on NCD Prevention and Control, 2021

Read more about impact case story on United Nations Thematic Working Group on NCD prevention and control in Thailand
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/thailand

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

Timor-Leste

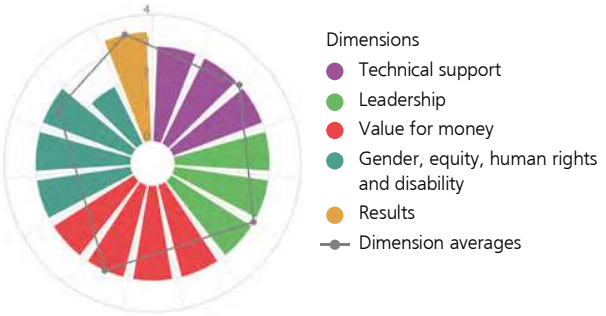
Major contributions by WHO

Emergency supplies for flood relief are flown in by WHO to Timor-Leste

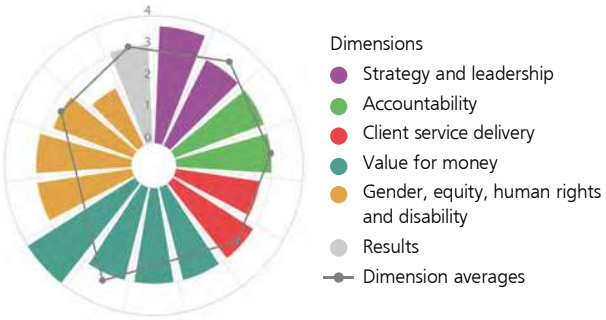
- WHO supported the implementation of Timor-Leste's essential health service package for primary health care.
- Provided technical leadership to craft and launch the National HRH Strategy 2020–2025.
- WHO completed an integrated survey of the prevalence of lymphatic filariasis, soil-transmitted helminthiasis, yaws and scabies in collaboration with the Ministry of Health.
- WHO supported the implementation of the National Action Plan for Health Security 2020–2024, including the Health Emergency Contingency Plan, monitored the functioning of the health emergency operations centre (HEOC) and assisted with procurement and stockpiling of interagency emergency health kits, medical camp kits, diarrhoeal disease kits and emergency medicines and diagnostics.
- Integrated surveillance of influenza (SARI/ILI) and COVID-19 has been developed and implemented in the country as part of the strengthening of health emergency preparedness and response.
- WHO supported the national response to flash floods in April 2021 triggered by the tropical cyclone Seroja, especially on cluster coordination and over health emergency commodities, and helped finalize the health sector's post-disaster needs assessment.
- In coordination with UNICEF and UNFPA, the WHO Country Office helped develop and disseminate guidelines and clinical protocols on COVID-19 for antenatal, intrapartum and immediate postpartum care.
- Supported the revision and finalization of training modules and curriculum on environmental health and climate change. The National Environmental Health Strategic Plan 2021–2026 was revised.
- WHO supported a review of the national medicines policy, which guides the national pharmaceutical sector to ensure accessibility, affordability and rational use of good quality, essential medicines.
- WHO helped support the establishment of 'high-dependency units' in five hospitals, including equipping these with beds, pulse oximeters, oxygen and other supplies, while continuing to provide comprehensive support to the national efforts on the COVID-19 pandemic response, including vaccination and maintenance of routine and essential health services during the outbreak.
- In partnership with the COVAX Facility, UNICEF and other health development partners, the Country Office technically and financially supported the deployment of COVID-19 vaccines to the target population in Timor-Leste.
- A business model, an assessment and a policy brief for the central medical stores were developed, while ensuring free access to medicines at public health facilities

Consolidated output assessment scores for technical and enabling outputs

Technical



Enabling



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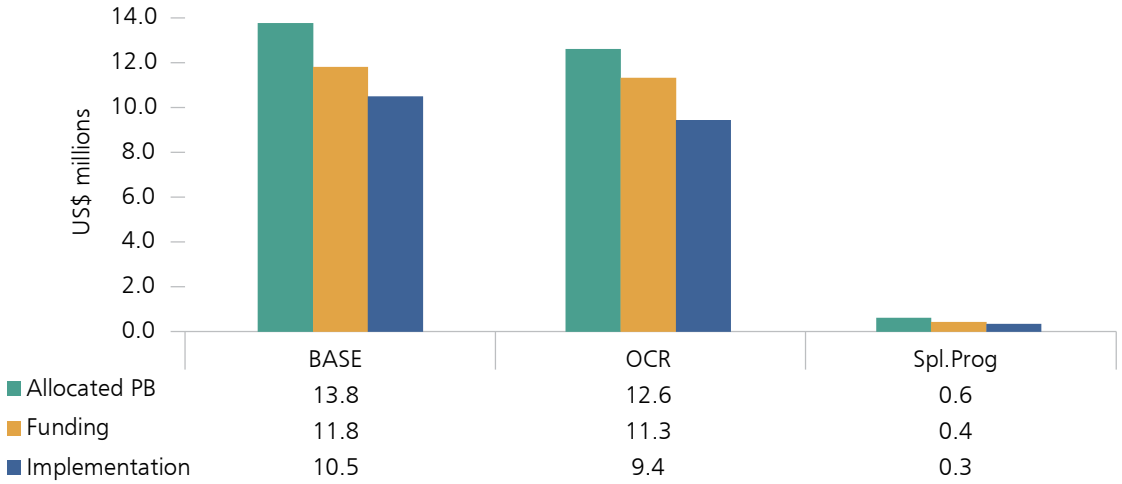
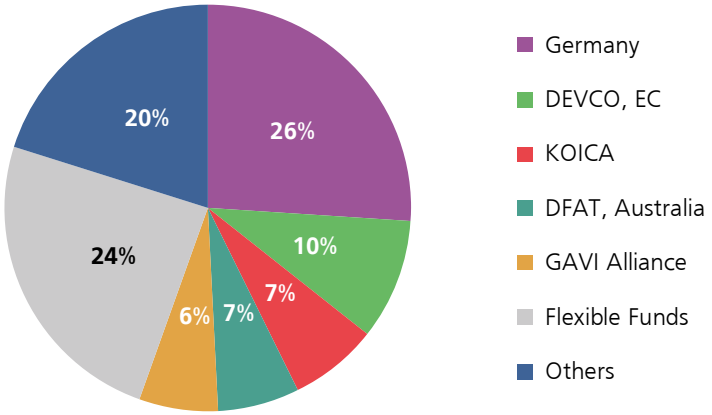
Financial highlights of Programme Budget 2020–2021

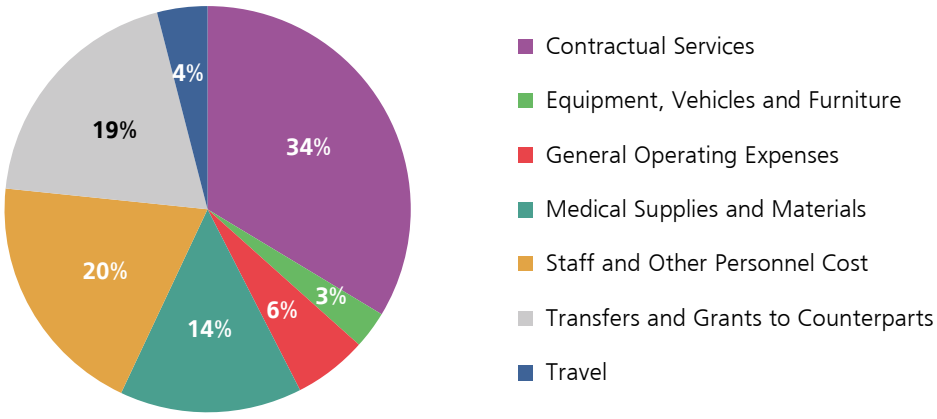
Programme Budget implementation



Source of funding/donors



Expenditure category



Progress on key performance indicators (KPIs)

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1.1	1.1.L	1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow	Green	Green
1.1	1.1.M	1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Red	Green	Green
1.1	1.1.N	1.1.N CO: HRH strategy up-to-date and approved	Yellow	Green	Green
1.2	1.2.A	1.2.A CO: Health financing strategy (or equivalent) that will guide the country towards improved financial protection up-to-date and approved	Yellow	Green	Green
1.3	1.3.A	1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Red	Green	Yellow
1.3	1.3.B	1.3.B CO: Data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS) submitted	Red	Yellow	Yellow
1.3	1.3.C	1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Red	Green	Green
2.1	2.1.A	2.1.A CO: National Action Plans for IHR capacity strengthening	Yellow	Green	Green
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2.2	2.2.C	2.2.C CO: High-quality surveillance for acute flaccid paralysis	Green	Yellow	Green
2.3	2.3.A	2.3.A CO: Functional Health Emergency Operation Centers and surveillance measures implemented	Red	Green	Yellow
3.1	3.1.A	3.1.A CO: Population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	Red	Yellow	Yellow
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3.2	3.2.B	3.2.B CO: National Food Control System strengthened	Red	Yellow	Yellow
3.2	3.2.C	3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented.	Red	Green	Yellow
3.2	3.2.D	3.2.D CO: Three "best buys" for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated / implemented	Red	Yellow	Yellow
3.1	3.3.A	3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Red	Yellow	Red
3.1	3.3.B	3.3.B CO: Road safety legislation and laws, and/or raising public awareness on road safety strengthened	Red	Yellow	Green
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4.2	4.2.A	4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Red	Green	Green
4.2	4.2.B	4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development policies	Red	Green	Green
4.2	4.2.C	4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green	Green	Green
4.2	4.2.D	4.2.D CO: SEAR budget implemented	Yellow	Green	Green
4.2	4.2.E	4.2.E CO: 3+ key communication outputs implemented	Yellow	Green	Green
4.3	4.3.A	4.3.A CO: Overdue reports (DFC, DI, GLOA, Donor reports) reduced	Green	Yellow	Green
4.3	4.3.B	4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	Red	Yellow	Green
4.3	4.3.C	4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Red	Yellow	Green
4.3	4.3.D	4.3.D CO: Female staff members at grades P4 and above increased	Red	Yellow	Yellow

* NA – indicates that indicator was not applicable for the biennium (not planned / not relevant)

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

Country stories featured in Results Report 2020–2021

Renewing the pledge to end tuberculosis in Timor-Leste

Tuberculosis (TB), one of the world's deadliest infectious diseases, is estimated to affect 508 per 100 000 inhabitants of Timor-Leste annually. The country has the second-highest incidence rate of TB in the WHO South-East Asia Region and is among the top 10 highest incidence rates in the world. While the burden of TB in the island country is not unknown or new, it is complex. Malnutrition and smoking, both having historically high prevalence rates in Timor-Leste, are the top two known drivers of the TB epidemic and contribute more than 50% of an estimated 18 new cases of TB each day in Timor-Leste. The COVID-19 pandemic has further impacted TB services leading to more than 20% decline in case notification, that is likely to lead to an increase in cumulative TB cases and an increase in cumulative deaths. Consequently, the immense efforts made in improving outreach of services and providing quality care made over the past two decades are under threat of derailment. To stem the rising tide of TB and ensure fructification of efforts, Timor-Leste, with WHO support, renewed its pledge to end the disease.

© Nalda/WHO Timor-Leste

His Excellency Prime Minister, together with the Minister of Health, WHO Representative and Minister of State Administration, officially launches the National Plan for Accelerated Actions for Ending TB by 2025 during a pledge signing ceremony

Read more about impact case story on Renewing the pledge to end tuberculosis in Timor-Leste
https://www.who.int/about/accountability/results/who-results-report-2020-2021/country-story/2021/renewing-the-pledge-to-end-tuberculosis-in-timor-leste

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 1.1: Improved access to quality essential health services

Major contributions by WHO

WHO staff at a child immunization session in Bangladesh

- Supported Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Timor-Leste to define guidelines for essential health services and operationalize essential service packages through service standards. Also helped to maintain essential health services to mitigate the potential adverse impacts of the COVID-19 pandemic in Bangladesh, India, Myanmar, Nepal and Timor-Leste.
- Developed regional guidance on "Continuing essential sexual, reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services during COVID-19".
- Developed the Regional Strategic Framework for accelerating universal access to sexual and reproductive health 2020–2024 and the Regional Strategy on Patient Safety aligned with the Global Patient Safety Action Plan.
- Developed and helped launch the Regional Strategy for Primary Health Care 2022–2030.
- Developed the Regional Strategic Plan towards ending TB in South-East Asia 2021–2025. It was launched in 2021 during a high-level meeting to renew efforts towards ending TB.
- Assisted Bangladesh to align its Eighth Five-Year Plan (2020–2025) and its Fourth Health, Population and Nutrition Sector Programme 2017–2023 with the 2030 Agenda and Bhutan in revising its National Health Policy.
- Supported major mid-term revision and launch of the National Health Sector Strategic Plan 2021–2030 in Timor-Leste.
- Developed the WHO Global Leprosy Strategy 2021–2030.
- Maldives and Sri Lanka continued to be malaria-free, and Maldives, Sri Lanka and Thailand maintained elimination of mother-to-child transmission of HIV and syphilis.
- Bangladesh and Timor-Leste passed the transmission assessment survey on lymphatic filariasis. Both countries are working towards WHO validation of the elimination of lymphatic filariasis as a public health problem.
- 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, in 99% of units in India and in 87% of units in Nepal.
- The Regional Office developed and disseminated regional guidance on eliminating cervical cancer as a public health problem for 2021–2030.
- The Regional Office supported Bhutan, Myanmar and Timor-Leste to establish colposcopy centres with facilities to manage precancerous conditions. The Regional Office organized an online training course for 100 trainees on colposcopy and the prevention of cervical cancer.

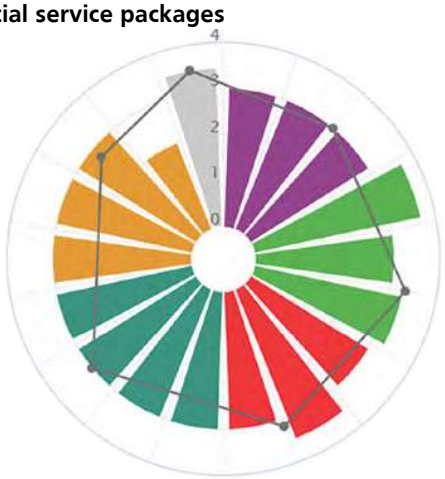
- Sri Lanka developed a national mental health policy and action plans.
- Thailand launched a national campaign against hypertension and diabetes.
- The Regional Office continued to provide technical support and normative guidance to countries on maternal, child, neonatal and reproductive health. Five countries in the Region (Democratic People's Republic of Korea, Maldives, Indonesia, Sri Lanka and Thailand) have already reached a mortality rate that is below the SDG target of 25 per 1000 live births among children under 5 years, and a neonatal mortality rate below the SDG target of 12 per 1000 live births.
- The Region maintained its polio-free status and elimination of maternal and neonatal tetanus status.
- 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. Bangladesh, Bhutan, Nepal and Thailand sustained hepatitis B control through immunization.
- The Regional Office supported mass vaccination campaigns for polio through national and subnational national immunization day (NID) campaigns with bivalent oral polio vaccine in India, and in the high-risk areas of Timor-Leste. Indonesia conducted a preventive campaign with inactivated polio vaccine in high-risk areas. Bangladesh and Nepal also conducted similar vaccination campaigns for measles.
- The first COVID-19 vaccine was rolled out in the Region on 13 January 2021, and more than 2 billion doses had been administered in the Region by 31 December 2021. More than 41% of the eligible population, or two out of every five people, in the Region had received the first dose of COVID-19 vaccines by the end of 2021.
- Fourteen COVID-19 vaccines were granted emergency use authorization by national regulatory authorities in 2021.
- The Regional Office developed the first global online training programme on maternal death surveillance and response, which has been used in other WHO regions.

A WHO field staff monitors neonatal health at an urban slum in India

- The Regional Office for SE Asia supported the review and/or development of human resources for health (HRH) and nursing strategies in Bangladesh, Bhutan, Maldives, Nepal and Sri Lanka.
- Support was provided for the development of HRH and service standards in Bhutan, establishment of central HRH units in Myanmar, rural retention strategies in India and Myanmar, and analyses of the health labour market in Bangladesh and India.
- Bangladesh, India, Nepal and Sri Lanka were supported for assessments based on workload indicators of staffing needs in.
- The Regional Office developed regional strategic directions for strengthening midwifery and offered a midwifery leadership course and a regional tool for assessing the competence of midwifery educators and midwives.

Output assessment scores under outcome 1.1

Output 1.1.1: Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages



Output 1.1.2: Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Output 1.1.3: Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Output 1.1.4: Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Output 1.1.5: Countries enabled to strengthen their health workforce

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

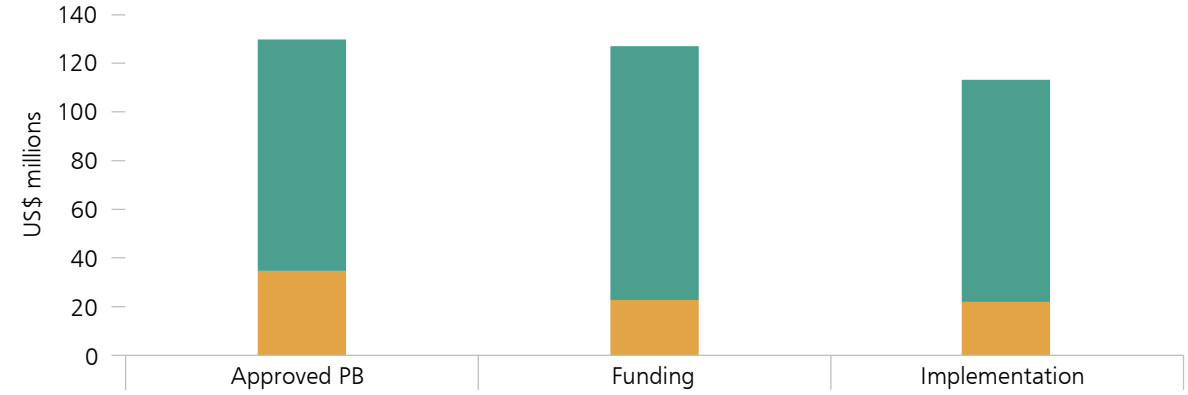
Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021

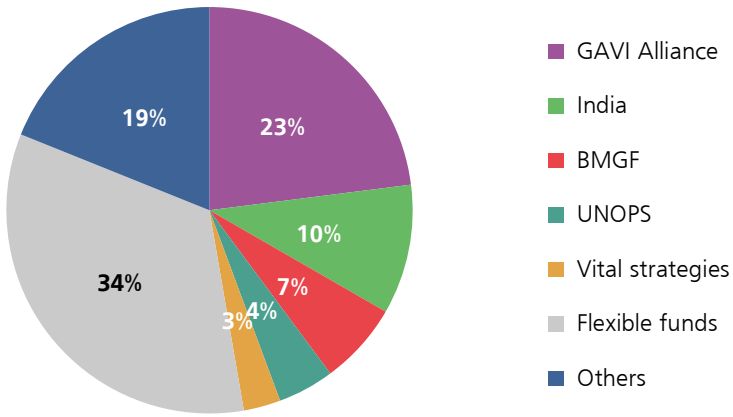
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

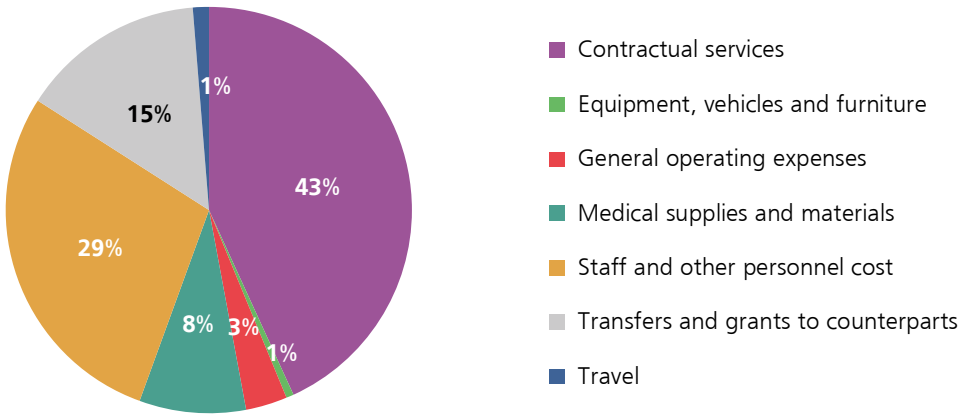


	Approved PB	Funding	Implementation
CO total	95.0	104.4	91.1
RO total	34.8	22.7	22.0

Source of funding/donors



Expenditure category



End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 1.2: Reduced number of people suffering financial hardship

Major contributions by WHO

A field worker conducting a house-to-house survey in Balia, Uttar Pradesh, India

- Provided technical assistance for all countries to effectively implement and monitor policy interventions to improve resource mobilization for the health sector through better pooling and increased use of strategic purchasing mechanisms.
- Published a document titled *Crisis or opportunity? Health financing in times of uncertainty: country profiles from the SEA Region* and a journal article on Financing health care in the Region with macrofiscal country profiles, in collaboration with partners and other WHO regions.
- Supported the development of a new health financing strategy for 2022–2032 and regulations for health insurance in Nepal; review of the health financing strategy in Bangladesh; an organigram for the State Health Authority in Kerala, India; and subnational costing of the essential package of health services and a strategic purchasing scheme in Myanmar.
- Assisted Bangladesh in updating and implementing its essential health services package of prioritized primary health care interventions by designing the study, developing and validating methods, developing data collection tools and validating findings focusing on the package's expenditure.
- Published a series of health financing country profiles that included comprehensive, updated data on health spending throughout the Region.
- Supported all countries in the Region to update and verify their estimates for the Global Health Expenditure Database.
- Supported new studies on national health accounts (NHAs) in Bhutan, India, Maldives, Myanmar, Nepal and Sri Lanka.
- Extended continued commitment to monitoring financial protection among Member States and updated estimates on financial hardship, drawing on the most recent analyses available from India, Indonesia, Maldives, Myanmar, Nepal and Thailand.
- Supported Sri Lanka in conducting a national survey to understand the impact of COVID-19 on universal health coverage, including access to and the quality of health care and financial risk protection. Also assisted Sri Lanka in developing a framework for its immediate socioeconomic response to COVID-19.

Output assessment scores under outcome 1.2

Output 1.2.1: Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage

Output 1.2.2: Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making

Output 1.2.3: Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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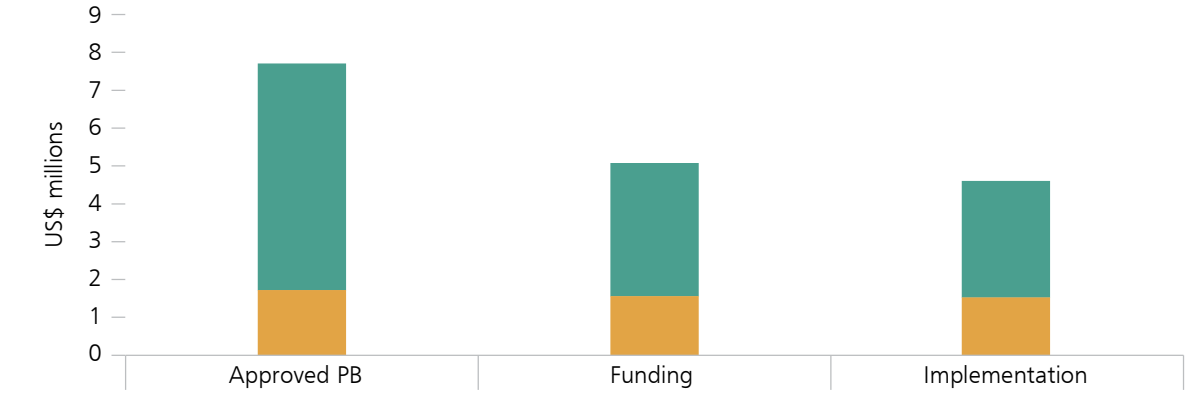
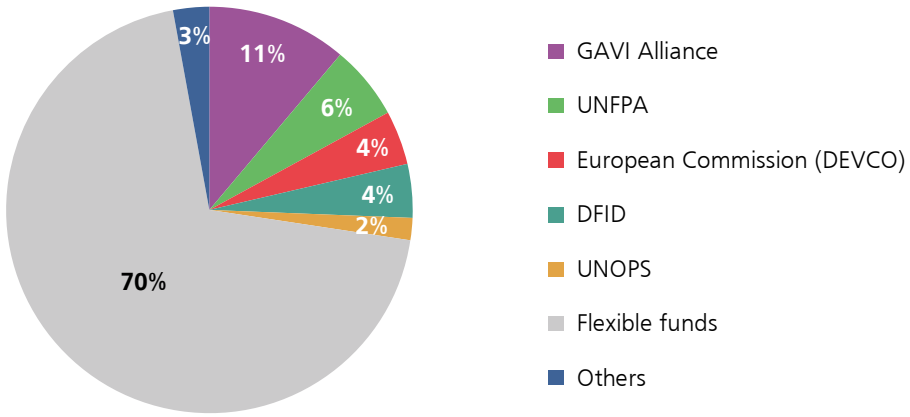
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

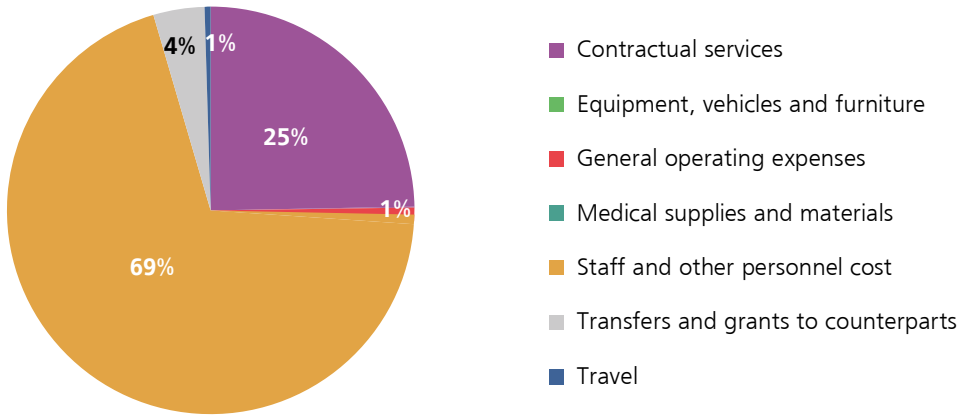


	Approved PB	Funding	Implementation
CO total	6.0	3.5	3.1
RO total	1.7	1.6	1.5

Source of funding/donors



Expenditure category



World Health
Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 1.3: Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Major contributions by WHO

- Extended support to Bhutan, Myanmar, Nepal and Sri Lanka to review and update their national lists of essential medicines and formularies and to Timor-Leste to update its national medicines policy;
- Supported Nepal and Timor-Leste to review systems for procuring medical products in the public sector;
- Provided technical assistance in countries for improving access to diagnostics and medicines for tuberculosis, malaria, neglected tropical diseases, HIV, and hepatitis B and C;
- Supported the process of prequalification of two medicines produced locally in Bangladesh and guided Indian pharmaceutical manufacturers on the WHO prequalification process by organizing a series of workshops under the aegis of the South-East Asia Regulatory Network;
- Continued to provide support in organizing the annual International Trade and Health Conference 2021 virtually. The Conference especially focused on new thinking on revisiting the international trade and health aspects of COVID-19; and on the manufacture of vaccines, medicines and diagnostics related to COVID-19;

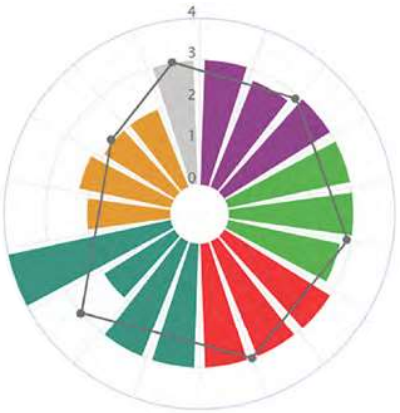
A vaccine storage facility in Indonesia

- Supported Thailand in reaching 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;
- Assisted in developing institutional development plans for national medicines regulatory authorities (NRAs) using global benchmarking tools in Bangladesh, Nepal, Sri Lanka and Thailand;
- Supported to strengthen the use of current good manufacturing practices (cGMP), good storage and distribution practices (GSP and GDP), monitoring of substandard and falsified medical products, and vigilance, including haemovigilance, in Bhutan, India, Indonesia, Maldives, Myanmar and Sri Lanka;
- Conducted capacity-building of vaccine regulators and manufacturers of COVID-19 vaccines in preparing assessments for vaccine introduction with standardized quality management tools, standard operating procedures and simulation exercises, followed by timely corrective actions;
- Strengthened laboratory capacity for the quality control of medical products in India, Indonesia and Maldives with technical assistance through the WHO External Quality Assurance Scheme, provision of laboratory equipment and training of laboratory technicians;
- Supported Member States to join the 'solidarity trial', with India and Indonesia being the largest contributors in terms of patient numbers;
- Facilitated adaptation of WHO-standardized research protocols for WHO "unity studies" in Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand for sero-epidemiological investigations of COVID-19;
- Supported 10 countries to establish national antimicrobial resistance (AMR) surveillance systems and reported to the Global Antimicrobial Resistance and Use Surveillance System (GLASS) in 2020–2021;
- Developed a web-based data collection tool for monitoring the performance of traditional medicine systems with standard core and reference indicators and their metadata, and structured dashboard;
- Conducted a review on progress in traditional medicine for the WHO South-East Asia Region and the first ever comprehensive regional publication on traditional medicine titled *Traditional medicine for the WHO South-East Asia: review of progress 2014–2019* published in 2021.

Output assessment scores under outcome 1.3

Output 1.3.1: Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists

Output 1.3.2: Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems



Output 1.3.3: Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

Output 1.3.4: Research and development agenda defined and research coordinated in line with public health priorities

Output 1.3.5: Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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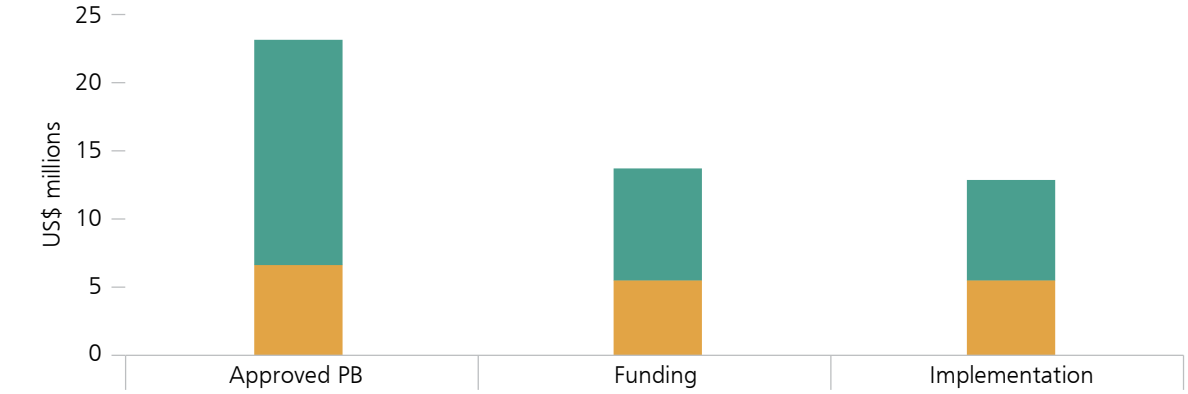
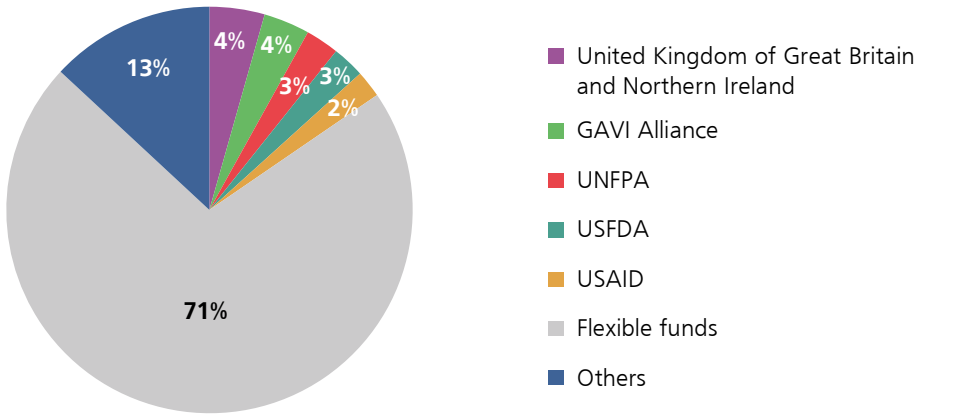
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

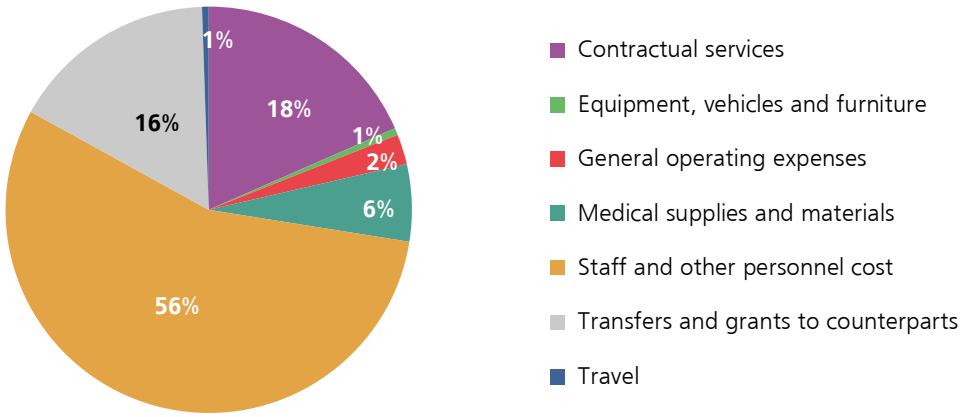


	Approved PB	Funding	Implementation
CO total	16.5	8.2	7.4
RO total	6.6	5.5	5.5

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 2.1: Countries prepared for health emergencies

Major contributions by WHO

Vaccines received by Timor-Leste under the COVAX programme

- Organized two regional meetings on lessons learned from the COVID-19 response in the Region, convening Member States and experts. Two meeting reports were published:
  - virtual meeting on Lessons learned from COVID-19 pandemic, virtual regional consultation with informal expert group, 19 October 2021 (see report here: https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-6---rev1.pdf?sfvrsn=52b66bee_5).
  - virtual meeting on Learning from the COVID-19 response to strengthen health security and health systems resilience in the WHO South-East Asia Region, 20–22 October 2021 (see report here: https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-7.pdf?sfvrsn=12000dc8_8)
- Supported the conduct of country COVID-19 intra-action reviews (IARs) by providing technical assistance to Bangladesh, Bhutan, India (Gujarat state), Indonesia and Thailand and conducted bespoke assessments akin to the IAR in in Nepal.
- Strengthened preparedness for COVID-19 and vaccine roll-out, with various tabletop exercises and drill packages for self-application in the country context.
- Facilitated exchange of information, good practices and lessons learned from the COVID-19 response with Member States using the South-East Asia Regional Knowledge Network of the International Health Regulations (IHR, 2005).
- Conducted a virtual bi-regional meeting to monitor implementation of the Asia Pacific strategy for Emerging Diseases and Public Health Emergencies (APSED) and IHR (2005).
- Supported the conduct of situational assessments on the implementation of IHR (2005) at ground crossings and points of entry in Bangladesh, Bhutan, India and Nepal.
- Developed a regional strategy to guide international contact tracing.
- Scaled up operational readiness in the Region through various mechanisms such as conducting online COVID-19 Safe Hospital webinar series (Bangladesh, Indonesia and Nepal), adaptation of the WHO/Pan American Health Organization Hospital Safety index tool, rolling out the WHO COVID-19 hospital readiness checklist (Cox's Bazar hospitals and Rohingya camps).
- Supported Bhutan, Maldives and Timor-Leste to conduct virtual simulation to assess the response coordination capacity of public health emergency operations centres (PHEOCs), Emergency Medical Team (EMT) coordination and readiness for emergency.
- Supported Bangladesh in planning and facilitation of a strategic risk assessment workshop for infectious hazards using the 'Situation, Tasks, Action and Results (STAR)' methodology, which provides support to inform robust planning and prioritization of efforts to enhance health emergency preparedness and readiness.

Output assessment scores under outcome 2.1

Output 2.1.1: All-hazards emergency preparedness capacities in countries assessed and reported

Output 2.1.2: Capacities for emergency preparedness strengthened in all countries

Output 2.1.3: Countries operationally ready to assess and manage identified risks and vulnerabilities

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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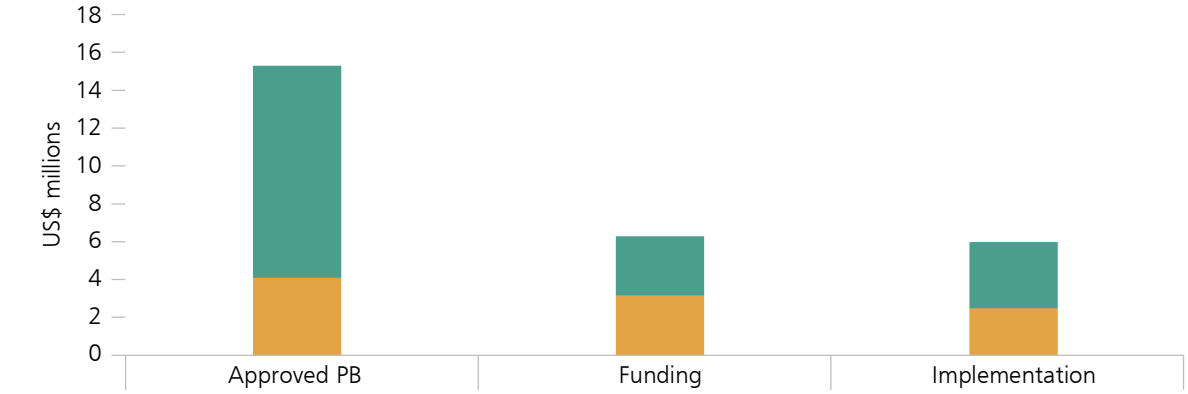
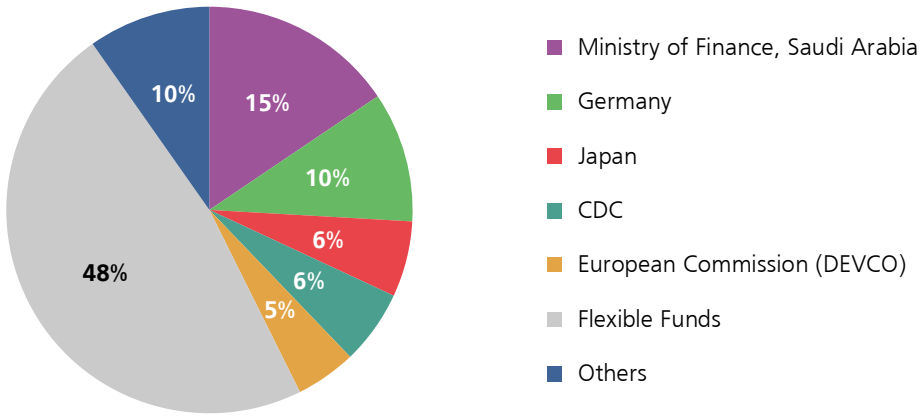
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

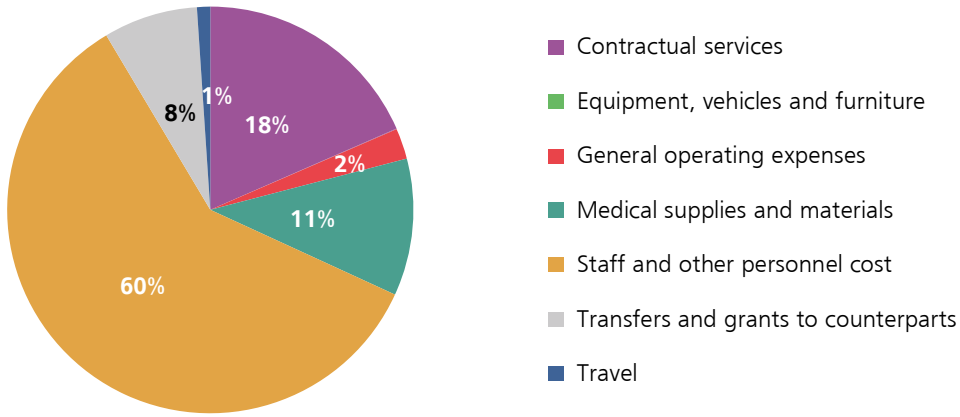


	Approved PB	Funding	Implementation
CO total	11.2	3.1	3.5
RO total	4.1	3.2	2.5

Source of funding/donors



Expenditure category



World Health
Organization
South-East Asian Region

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 2.2: Epidemics and pandemics prevented

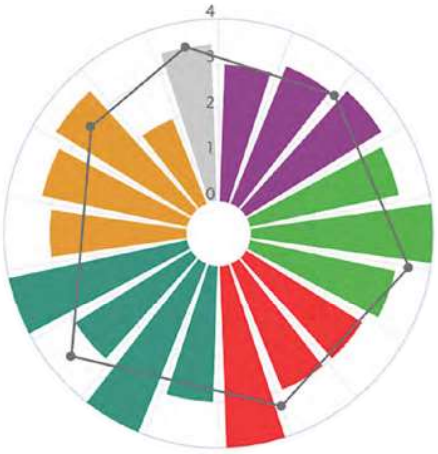
Major contributions by WHO

Polio immunization in Uttarakhand, India

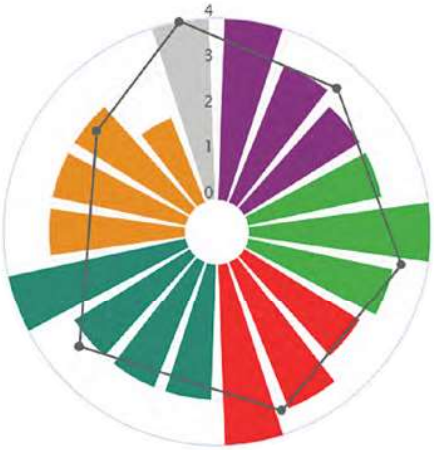
- Maintained the polio-free status of the Region, despite the ongoing COVID-19 pandemic. No cases due to wild poliovirus or circulating vaccine-derived polioviruses (cVDPV) were reported.
- Supported rolling out the Go.Data platform across the South-East Asia Region to strengthen contact tracing as part of the COVID-19 response. Bangladesh has adopted it and Bhutan, Maldives, Indonesia and Nepal have partially used the same.
- An international faculty imparted virtual training on the basics of operational research (OR) and case studies of OR in emergencies to more than 40 participants from Bangladesh, Indonesia, India, Myanmar, Nepal, Sri Lanka and Timor-Leste, in a six-week-long initiative with two to three sessions of 2 hours each per week.
- Expanded the use of predictive modelling, taking the COVID-19 health emergency as an opportunity to impart skills and enhance local capacity for modelling in Bangladesh, Bhutan, Indonesia, Myanmar and Sri Lanka.
- Supported implementation of the standardized generic epidemiological investigation protocols under the WHO UNITY Studies framework, and supported UNITY-aligned seroprevalence studies in Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand.
- Developed training modules and conducted a regional training-of-trainers exercise on biosafety and risk assessment of infectious hazards using the Laboratory biosafety manual , along with a practical guide and assessment templates. It was replicated in Bhutan, Maldives and Nepal on a pilot basis by the Regional Office.
- Developed a two-pronged regional strategy to strengthen genome-sequencing capacity and operationalized this through various measures. These included improving in-country sequencing capacities in Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand.
- Took steps to sustain influenza sentinel surveillance, encouraging virus sequence data-sharing to maintain the ability to generate alerts for influenza viruses with pandemic potential.
- Developed a regional strategy and roadmap for the prevention and control of the Nipah zoonotic virus (NiV).
- Developed regional training manuals on the management of cases of severe acute respiratory infection in non-intensive care unit settings (volume 1 and volume 2). Supported Maldives, Myanmar, Nepal and Timor-Leste to develop country-level training modules for clinicians and training of trainers and established a core group of physicians serving as specialists to train trainers in the Region.

Output assessment scores under outcome 2.2

Output 2.2.1: Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards



Output 2.2.2: Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale



Output 2.2.3: Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Output 2.2.4: Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

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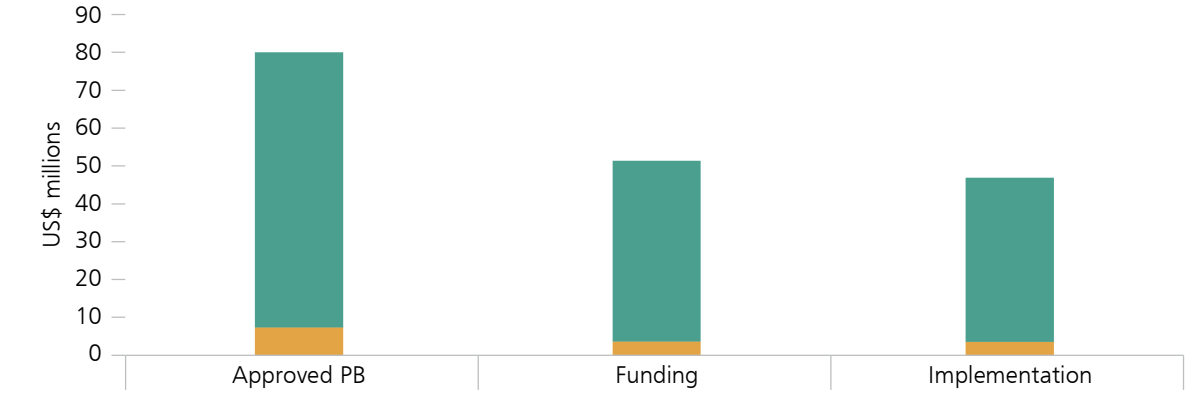
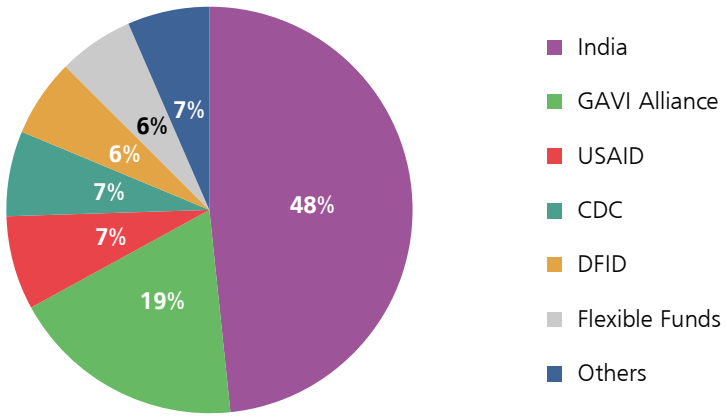
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

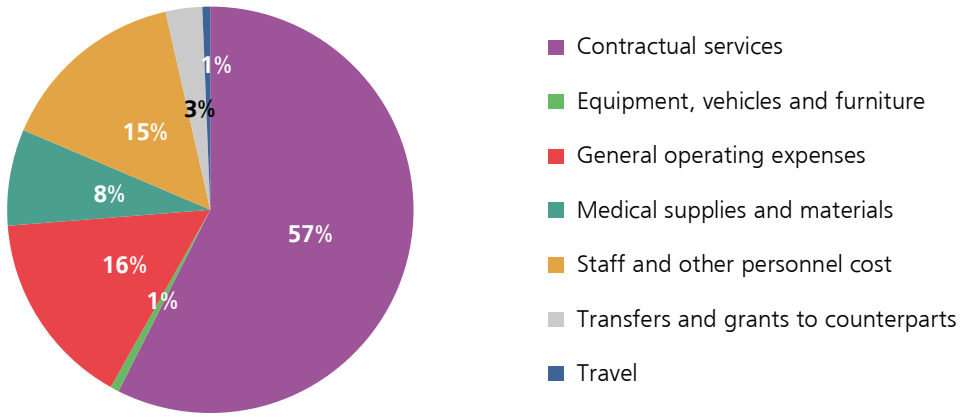


	Approved PB	Funding	Implementation
CO total	72.5	47.7	43.4
RO total	7.5	3.7	3.5

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 2.3: Health emergencies rapidly detected and responded to

Major contributions by WHO

- Supported regional event-based surveillance and risk assessment daily with more than 1000 signals of potential public events screened. In 2020 and 2021, 57 and 48 signals were confirmed as "events of public health importance" and recorded in the WHO Event Management System.
- Conducted rapid risk assessments for key public health events, including events caused by COVID-19, Zika virus disease and Nipah virus disease.
- Supported Bangladesh, Indonesia, Maldives and Nepal in establishing and strengthening surveillance systems and contact tracing for COVID-19 by providing guidance and tools (e.g. Go.Data platform).

A joint WHO and MoH emergency team conducting a post-disaster needs assessment of health facilities in Timor-Leste

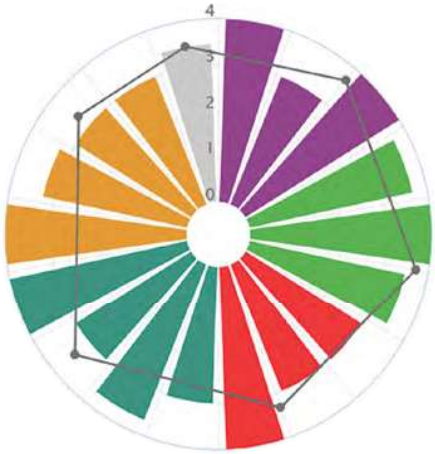
- Developed and released a technical brief on enhancing readiness for Omicron (B.1.1.529) in the WHO South-East Asia Region. Shared the risk assessment and priority actions for Member States to enhance readiness to respond to Omicron in WHO South-East Asia Region.
- Released a regional interim framework (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 the strategic application of mitigation measures for different levels of transmission.
- Assisted Indonesia, Nepal and Sri Lanka in modelling projections and analyses to inform policy dialogue and decision-making on key public health measures, including vaccination, and public health and social measures.
- Provided logistics support in the form of critical supplies and equipment to countries 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 consumables; and multipurpose tents.
- Assisted 10 Member States in developing country preparedness and response plans for the COVID-19 response in line with the global and regional strategic preparedness and response plans.
- Conducted the first regional Health Cluster Coordinator virtual training session on health service provision in fragile, conflict and vulnerable (FCV) settings, with participants from governments, United Nations agencies and nongovernmental organizations (NGOs) in Bangladesh and Myanmar.
- Held discussions with countries, including Bangladesh and Thailand, to initiate the development of migrant country profiles and support the contextual adaptation of global competency standards in migrant health.

Output assessment scores under outcome 2.3

Output 2.3.1: Potential health emergencies rapidly detected, and risks assessed and communicated

Output 2.3.2: Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Output 2.3.3: Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings



Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

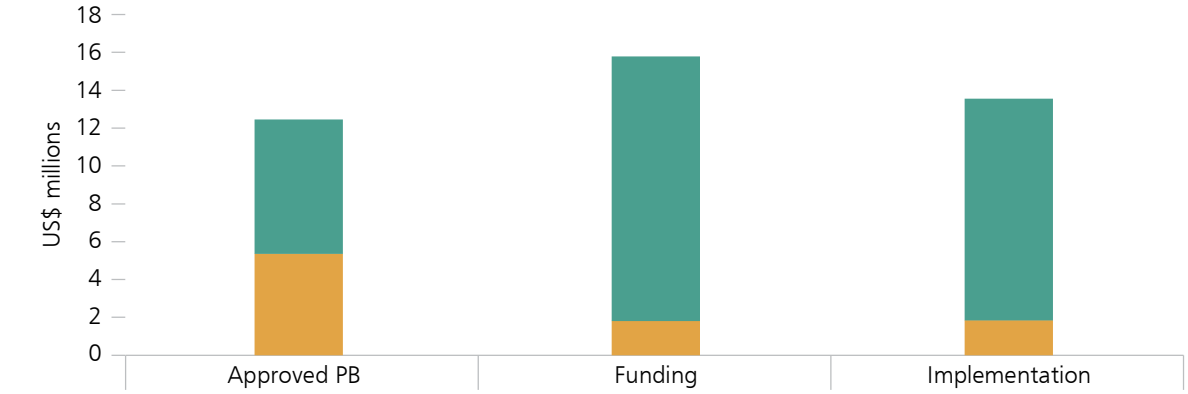
Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021

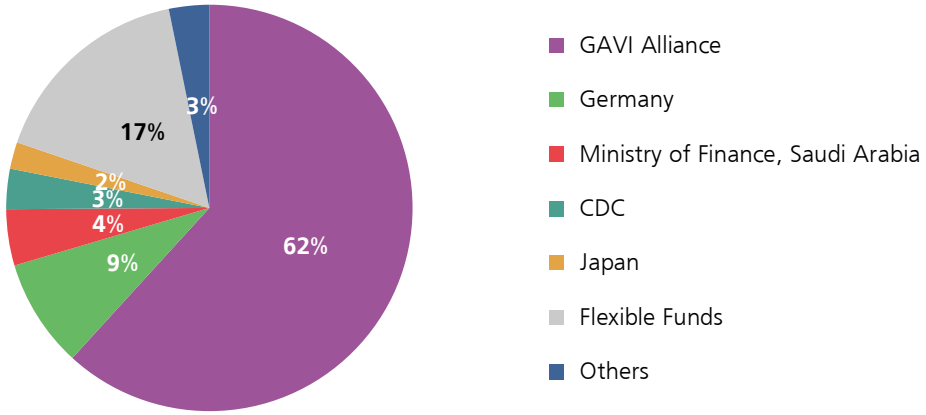
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

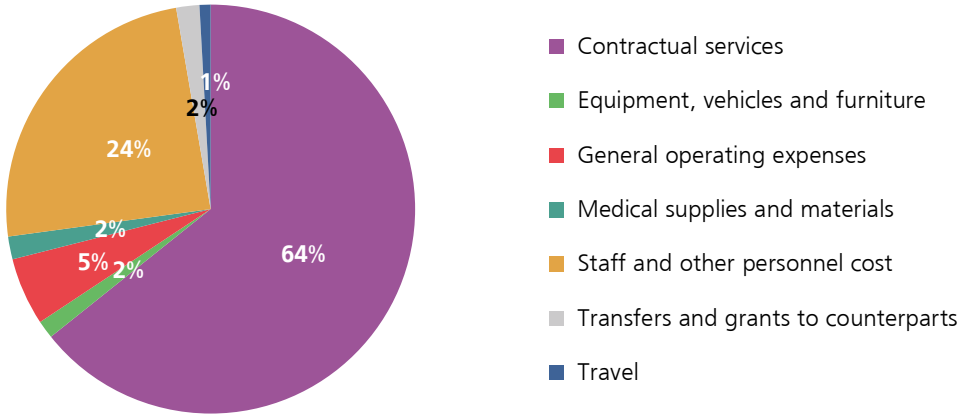


	Approved PB	Funding	Implementation
CO total	7.1	14.0	11.7
RO total	5.4	1.8	1.9

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 3.1: Determinants of health addressed

Major contributions by WHO

- Supported the documentation of innovations and lessons learned in addressing issues faced by 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.
- Supported the conduct of visual documentation of vulnerable populations in Bangladesh, Bhutan, India, Nepal, Sri Lanka and Thailand.
- Supported the documentation of actions to address inequities in Maldives, Nepal and Thailand.
- Developed a white paper on health-care waste management in the Region, proposing effective, low-cost and sustainable measures to manage COVID-19 waste.

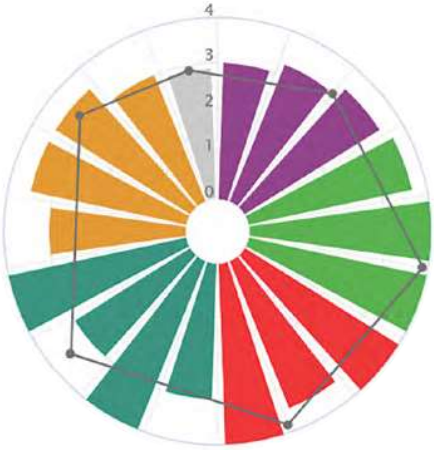
WHO emergency team responds to a suspected diarrhoeal outbreak in Kapilavastu, Nepal

- Developed an advocacy toolkit on WASH for use by governments, health-care facilities and health professionals in the Region.
- Developed guidelines to mainstream gender, disability and social inclusion in WASH and in climate change programmes and activities at the country level.
- Launched a web-based advocacy toolkit on climate change and health, the first of its kind produced by WHO.
- Developed self-paced e-learning courses on climate change and health aiming to build capacity within ministries of health, public health institutions and health-care organizations. These included climate-resilient water safety planning; climate-resilient and environmentally sustainable health-care facilities; integrated disease surveillance and early warning systems; process of developing health national adaptation plans; and climate change and health vulnerability and adaptation assessments.
- Enabled sectoral interventions for clean air in cities through the BreatheLife global campaign that mobilizes action on air pollution.

Output assessment scores under outcome 3.1

Output 3.1.1: Countries enabled to address social determinants of health across the life course

Output 3.1.2: Countries enabled to address environmental determinants of health, including climate change



Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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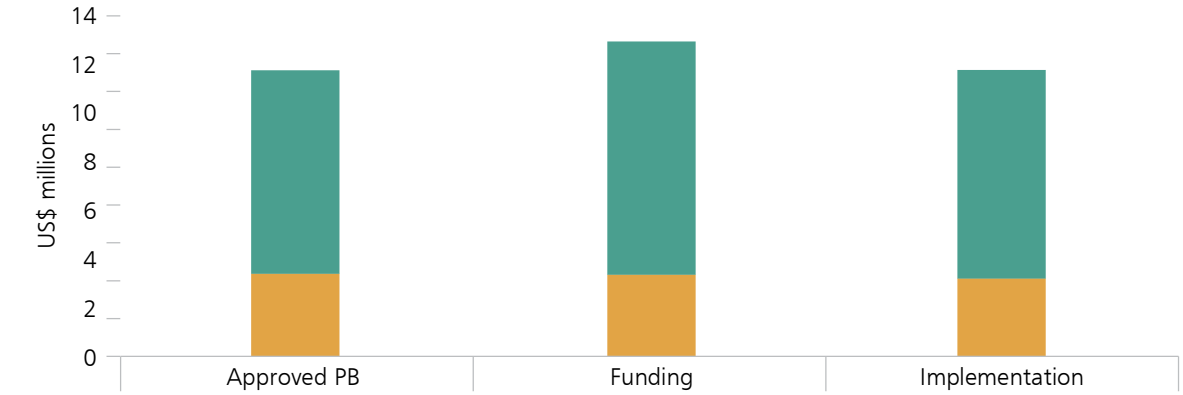
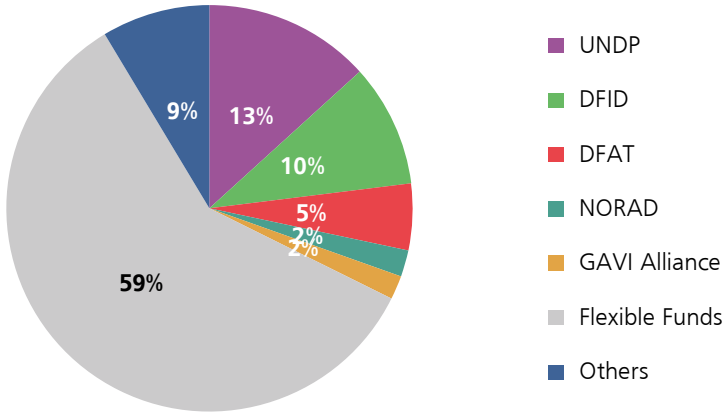
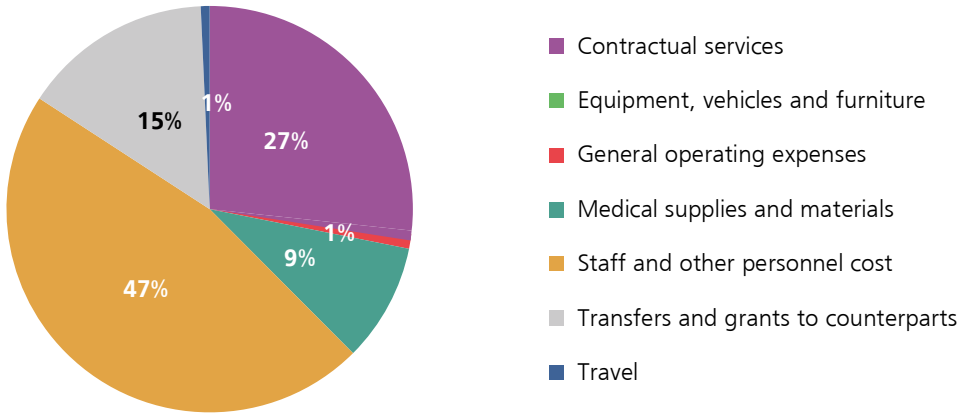


	Approved PB	Funding	Implementation
CO total	8.4	9.6	8.6
RO total	3.4	3.4	3.2

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 3.2: Risk factors reduced through multi-sectoral action

Major contributions by WHO

- Supported the implementation of "best buys" knowledge and evidence-based technical packages for noncommunicable diseases in the Region.
- Supported the implementation of the SHAKE package for population reduction of mean salt/sodium intake in the Region. Supported all countries for surveillance of salt intake through development and dissemination of an online sodium reduction toolkit. All elements of the SHAKE package for salt reduction were implemented in Sri Lanka and selected elements of the SHAKE package for salt reduction were implemented in Bangladesh, India and Nepal.

Health check-up at a primary health care facility in Bhutan

- Supported REPLACE package for implementation of trans-fat elimination. In line with the target for eliminating trans-fatty acids from national food supplies, the Regional Office supported multisectoral initiatives and set country targets, helped with surveillance of trans-fatty acids in the food supply and development of legislation and monitoring mechanisms. All Member States in the Region have set a target for eliminating trans-fats from the food supply by 2023. Bangladesh and India enacted WHO-recommended best practice regulations in 2021 leading to the protection of 1.4 billion people from cardiovascular risk of transfat consumption.
  - Supported Sri Lanka in drafting best practice regulations to eliminate trans-fatty acids.
  - Enhanced the country-level capacity of Bangladesh, Maldives, Nepal, Sri Lanka to address development, monitoring and enforcement of regulations to eliminate industrially produced trans-fats.
  - Trained 32 staff from designated national food regulatory laboratories from Nepal and Sri Lanka in trans-fat surveillance. Also provided technical support for capacity-building of surveillance for trans-fats in the food supply in Bhutan and Nepal.
- Provided advocacy and technical support to Bangladesh, Indonesia, Nepal and Thailand to initiate taxation on unhealthy products.
- Built the Regional Roadmap for Implementation of the WHO Global Action Plan on Physical Activity (2021–2025) was developed, in consultation with Member States, to guide countries to identify priority areas and adapt policy actions to reduce sedentary behaviours.
- Developed a factsheet on raising tobacco taxes in the financial year 2022–2023.
- Supported the initiation of tobacco tax reforms in India and Nepal.
- Supported Indonesia in developing an online monitoring dashboard for implementation and enforcement of its smoke-free laws.

Output assessment scores under outcome 3.2

Output 3.2.1: Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Output 3.2.2: Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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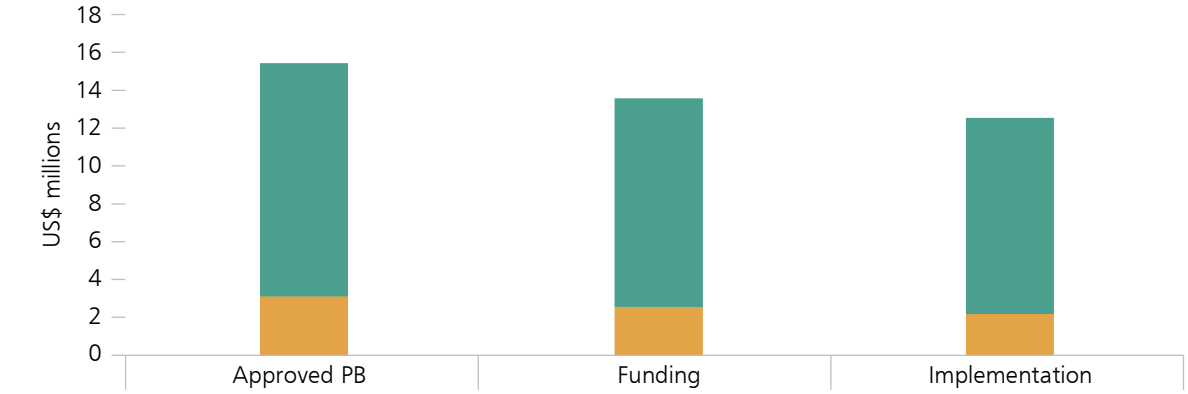
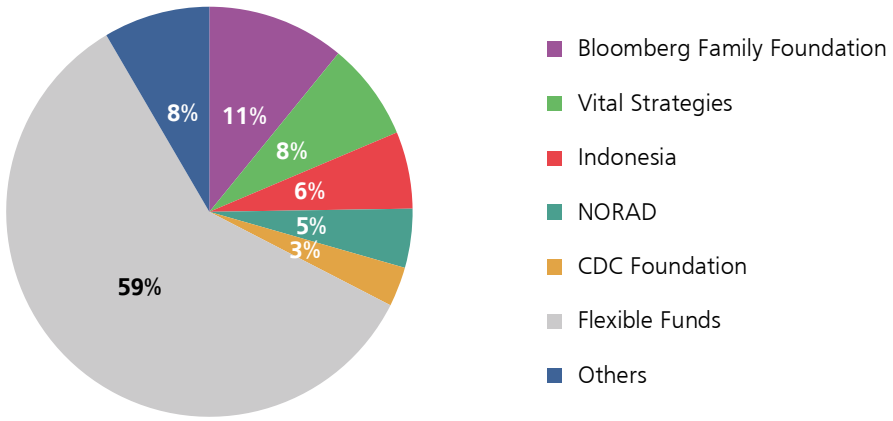
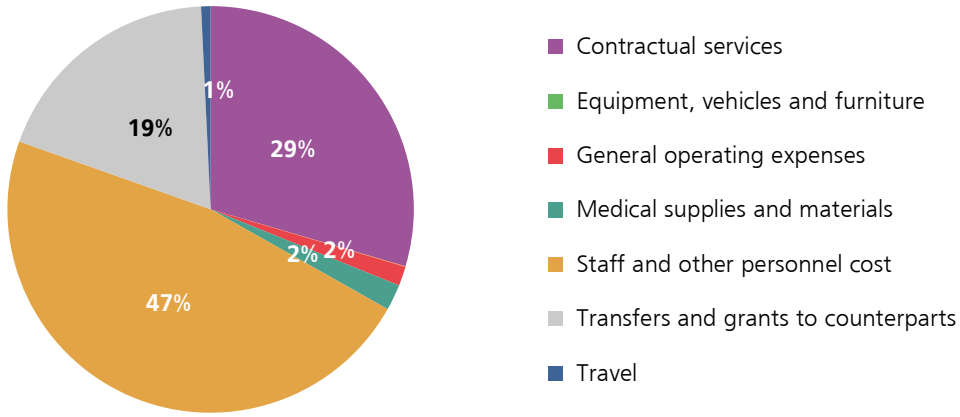


	Approved PB	Funding	Implementation
CO total	12.3	11.0	10.4
RO total	3.1	2.5	2.2

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 3.3: Healthy settings and Health in All policies promoted

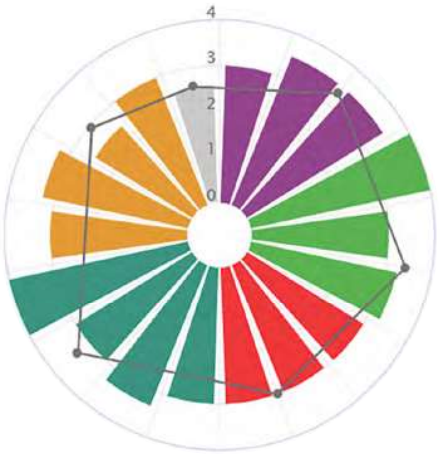
Major contributions by WHO

Schoolchildren at a health promotion information session in Dili, Timor-Leste

- The Seventy-fourth session of the WHO Regional Committee for South-East Asia passed a resolution on school health programmes and health-promoting schools in the Region.
- WHO's guidance for cities' response and preparedness for public health emergencies was launched with support from the Swiss Agency for Development and Cooperation.
- Supported the city of Khulna in Bangladesh to develop an operational plan across sectors for an urban governance structure and system that will respond to local factors impacting health issues and inequities.
- Supported the city of Thimphu in Bhutan to develop an action plan on governance for health and well-being, to be implemented in conjunction with the Ministry of Health.
- Supported the city of Jaffna in Sri Lanka to establish a "Healthy City" coordination team to work towards assessing the status of health and well-being of its residents.
- Established a social laboratory in the SE Asia Region to address health determinants in cities through the urban governance for health and well-being framework.
- Produced advocacy materials for a laboratory platform for accelerating progress on activities. The laboratory will link with regional governance mechanisms to promote urban governance for health and well-being.
- Conducted stakeholder and partner mapping in key institutions and agencies working on health determinants to strengthen and bolster future strategic collaboration.

Output assessment scores under outcome 3.3

Output 3.3.1: Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces



Output 3.3.2: Global and regional governance mechanisms used to address health determinants and multisectoral risks

Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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Financial highlights of Programme Budget 2020–2021

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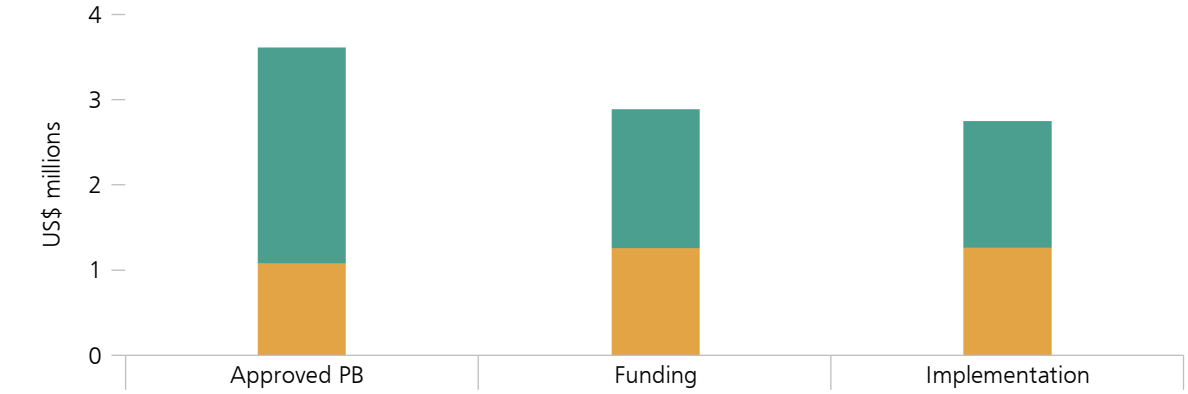
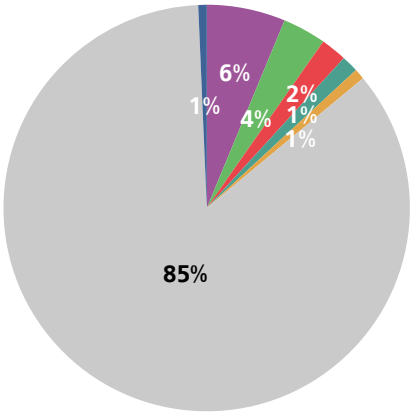


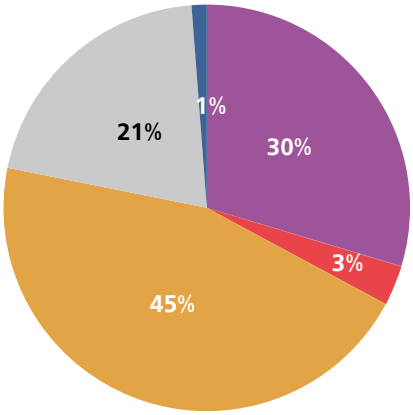
	Approved PB	Funding	Implementation
CO total	2.5	1.6	1.5
RO total	1.1	1.3	1.3

Source of funding/donors



- Swiss Development Cooperation Agency (SDC/DDC)
- Germany
- NORAD
- UNDP Multi-Partner Trust Fund (MPTF)
- Japan
- Flexible Funds
- Others

Expenditure category



- Contractual services
- Equipment, vehicles and furniture
- General operating expenses
- Medical supplies and materials
- Staff and other personnel cost
- Transfers and grants to counterparts
- Travel

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 4.1: Strengthened country capacity in data and innovation

Major contributions by WHO

- Provided technical assistance in developing a regional data-sharing policy, including building capacity in data analytics focusing on health equity and data visualization in Bangladesh and India.
- Provided technical assistance to review digital health technologies and related innovations in Bangladesh and Indonesia. Provided technical assistance to Bangladesh, Bhutan, Sri Lanka and Timor-Leste to further develop their digital health strategies.
- Assisted Bangladesh, Bhutan, India, Nepal and Timor-Leste in improving their civil registration and vital statistics systems by introducing the eleventh edition of the International Classification of Diseases (ICD-11) on morbidity and mortality coding for registering births and deaths and disseminating vital statistics.

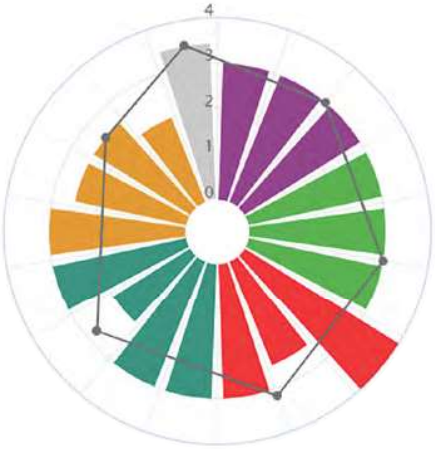
A WHO staff conducts door-to-door health surveillance in a village in Uttar Pradesh, India, during the COVID-19 outbreak

- Supported Bangladesh, India, Nepal, Sri Lanka and Thailand to report on the progress of the SDGs. Some countries also monitored progress at the subnational level. Developed live dashboards to store, manage, visualize, explore, monitor and report on national and subnational progress towards the SDGs.
- Supported revision of the National Monitoring and Evaluation Framework on SDGs and in formulating a national SDG action plan, including upgrading and modifying the online SDG Tracker in Bangladesh.
- Supported generation of estimates of the prevalence of sexually transmitted infections in selected countries for development of a roadmap to end these infections by 2030.
- All countries in the Region conducted assessments of their health information systems using the WHO Survey, Count, Optimize, Review, Enable (SCORE) tool.
- Developed a tool for assessing research capacity, with 25 indicators, for use in the biennium 2022–2023. The Regional Office pilot-tested the tool in Maldives and Timor-Leste and approved it for implementation in coordination with WHO headquarters and other regional offices.
- 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.
- Supported Bangladesh, India and Indonesia in conducting cost surveys of patients with tuberculosis. Conducted an innovative assessment of vulnerability to tuberculosis in Timor-Leste.

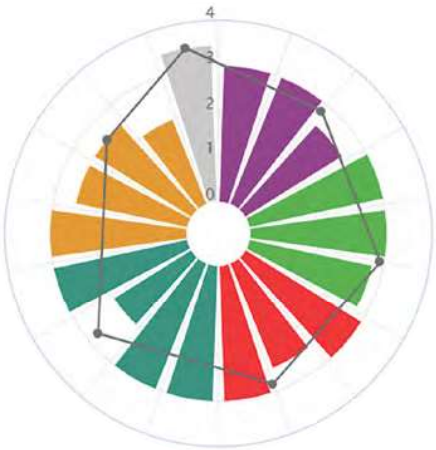
Output assessment scores under outcome 4.1

Output 4.1.1: Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Output 4.1.2: GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored



Output 4.1.3: Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.



Dimensions

- Technical support
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- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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Financial highlights of Programme Budget 2020–2021

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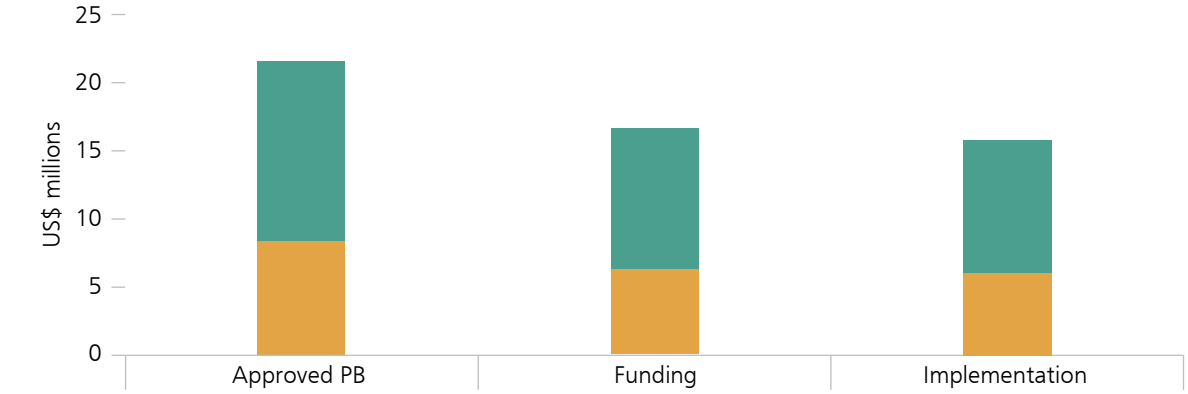
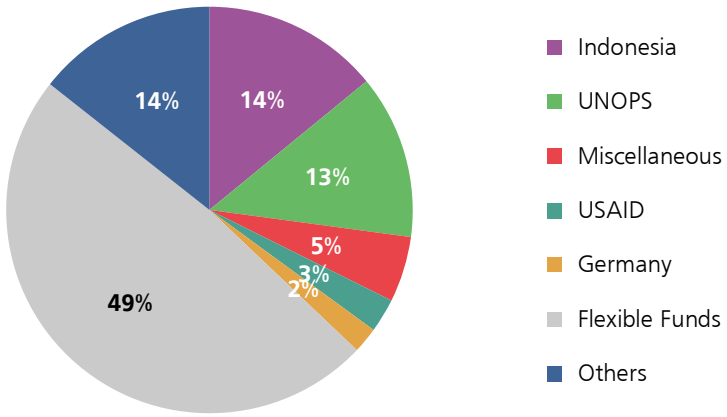
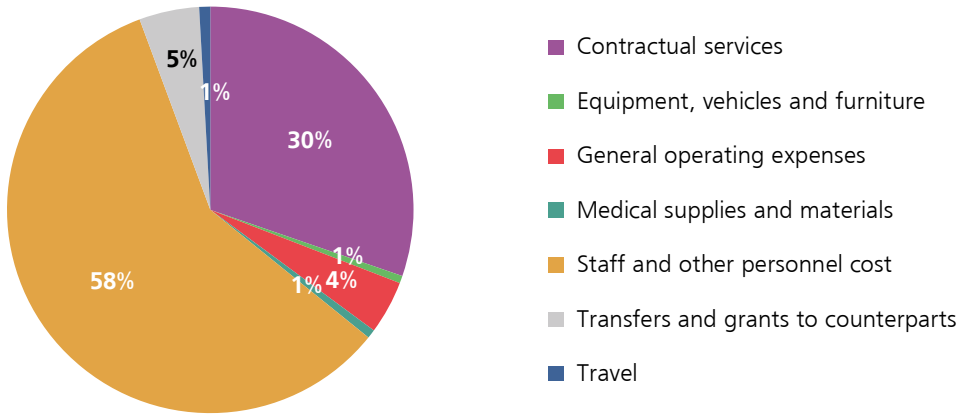


	Approved PB	Funding	Implementation
CO total	13.2	10.3	9.7
RO total	8.4	6.3	6.1

Source of funding/donors



Expenditure category



World Health
Organization
South-East Asian Region

World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 4.2: Strengthened WHO leadership, governance, and advocacy for health

Major contributions by WHO

Briefing of health partners on COVID-19

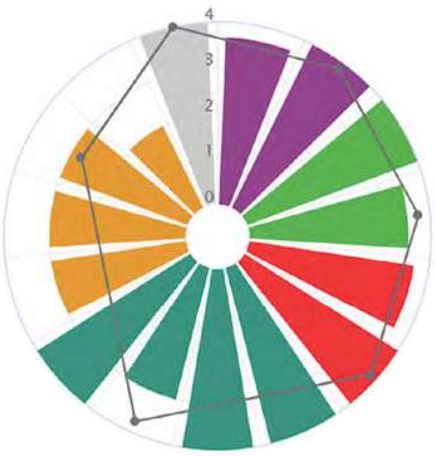
- Organized the first-ever virtual meeting of the Regional Committee for its Seventy-third session, with Thailand as the host, in 2020, followed by the Seventy-fourth session with Nepal as the host in 2021 due to global travel restrictions imposed due to the COVID-19 pandemic.
- Engaged effectively with UN agencies, 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 to enhance interest in investing in health in the Region.
- Incorporated health priorities into the UN Sustainable Development Cooperation Framework (UNSDCF), 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.
- Extended support to the WHO country offices in Bhutan, Bangladesh and Timor-Leste for evaluation of new country strategies and support for country cooperation strategies. The country offices in Indonesia, Myanmar and Thailand completed consultations, and country cooperation strategies are being drafted. Nepal conducted a mid-term review of its country cooperation strategy complemented with a review of the presence of the Country Office at subnational level.
- Published the first-ever Regional Results Report 2018–2019 to document the Programme Budget Performance Assessment (PBPA 2018–2019) as at the end-of-biennium reporting for the SE Asia Region, which was presented to Member States as an information document during the Seventy-third Regional Committee in September 2020.
- Launched a new method for PB performance assessment, with an output scorecard in coordination with all levels and teams in the Region. Completed the development of a compendium of a refined regional results measurement framework. Consequently, drafted and finalized a first report on regional key performance indicators (KPIs) for dissemination in the Region.
- Undertook effective consultative planning meetings, including technical discussions, in countries to develop collaborative workplans for the biennium 2022–2023.
- Established a Review Committee for the Grant Letters of Agreement to enhance the transparency and accountability of engagement of the Regional Office with UN agencies and non-State actors. A total of 28 such agreements were reviewed and approved in the Region, mainly for interventions in the context of the response to the COVID-19 pandemic.
- Encouraged budget centres, as a part of internal communication, to disseminate updated guidance through posters and materials to promote COVID-19-appropriate behaviour at the workplace, prevent sexual harassment, and undertake a number of activities as part of the "respectful workplace" initiative.

- Rolled out the Contributor Engagement Management (CEM) System in the SE Asia Region to strengthen functional coordination within WHO and improve partnership management.
- Organized regional partners' meetings 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 of health systems.
- To strengthen and promote engagement with non-State actors, the Partnership and Resource Mobilization team at the Regional Office conducted two FENSA (WHO Framework of Engagement with non-State Actors) briefing sessions for the staff at the Regional Office in 2020–2021 and provided 15 FENSA clearances in the Region, liaising with WHO headquarters for high-risk engagements.

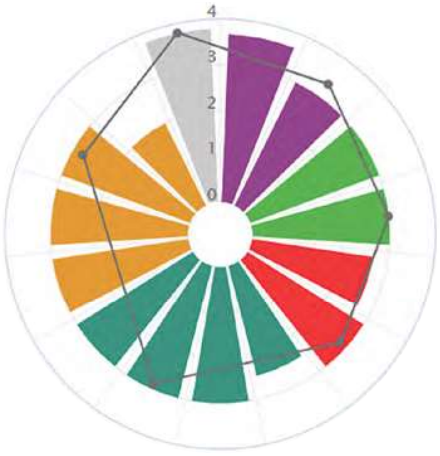
Output assessment scores under outcome 4.2

Output 4.2.1: Leadership, governance and external relations enhanced to implement GPW 13, drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the SDGs in the context of United Nations reform

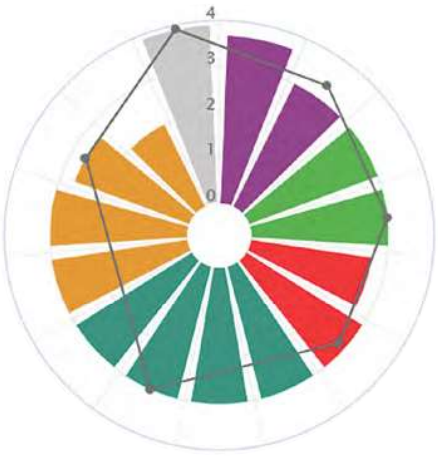
Output 4.2.2: The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation



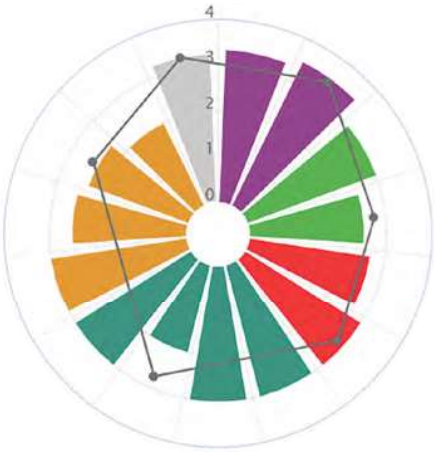
Output 4.2.3: Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships



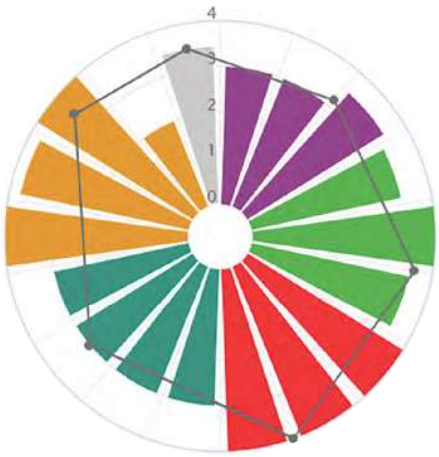
Output 4.2.4: Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13



Output 4.2.5: Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications



Output 4.2.6: "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored



Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

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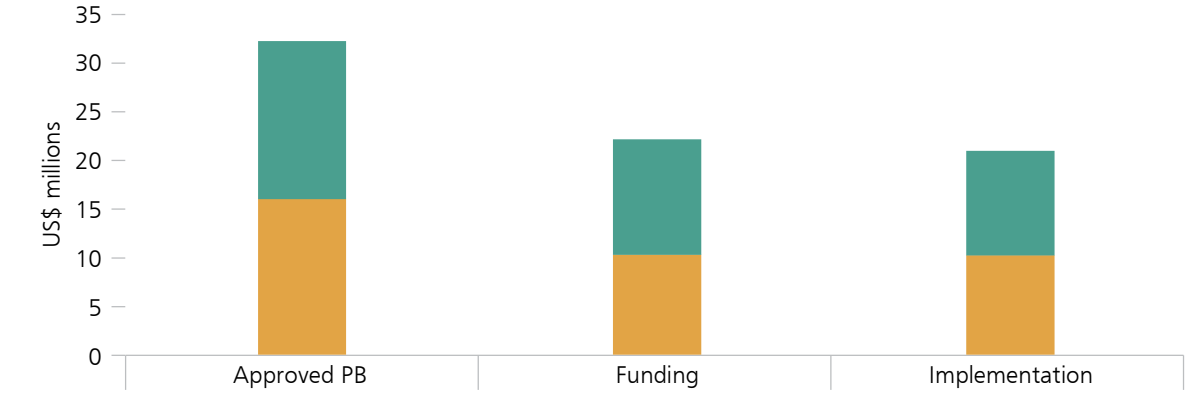
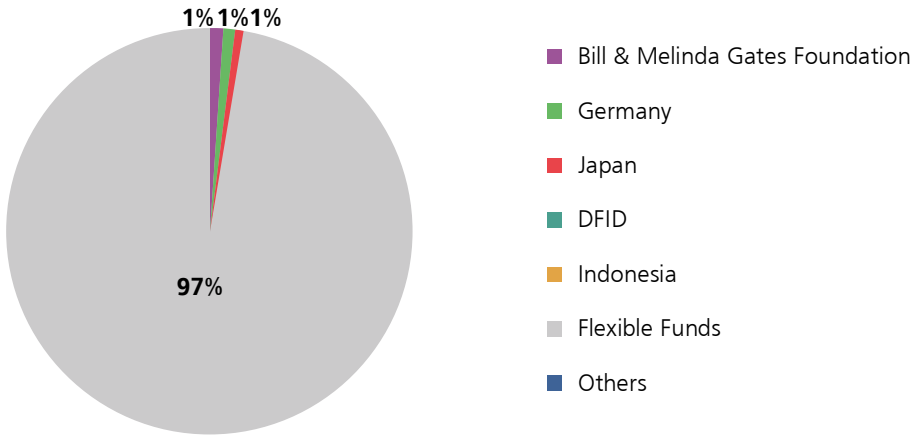
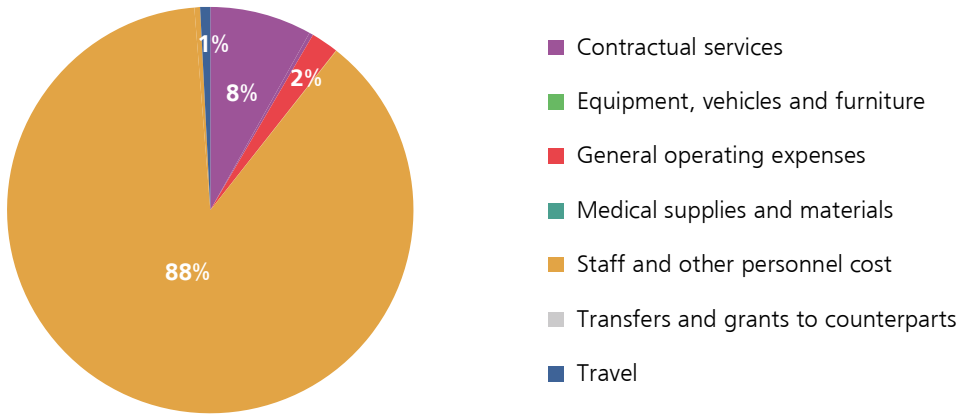


	Approved PB	Funding	Implementation
CO total	16.2	11.9	10.7
RO total	16.0	10.3	10.2

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

End-of-Biennium Programme Budget Performance Assessment (PBPA 2020–2021)

GPW 13 Outcome 4.3: Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

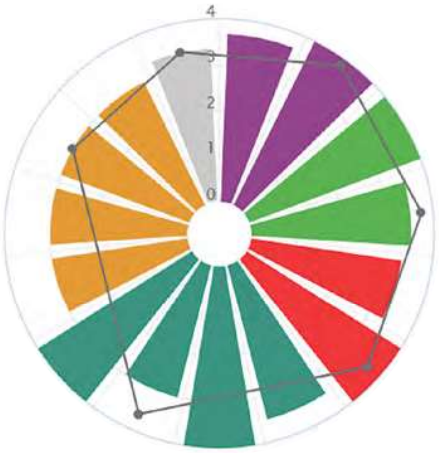
Major contributions by WHO

Medicines and laboratory supplies provided by WHO in Maldives

- 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 2021.
- Closed the majority of imprest accounts for December 2021 with the highest reconciliation rating "A".
- Enforced compliance measures in line with corporate policies and guidelines. The audit for the Democratic People's Republic of Korea has been closed, and the pending audit recommendations for Bangladesh, Indonesia and Nepal are being reviewed for early closure.
- Continued recruitment to new positions throughout the biennium according to the harmonized recruitment guidelines focusing on attracting and retaining talent and fostering an enabling environment.
- Effectively implemented the COVID-19 WHO global administrative guidelines at 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 Regional Office received the Director-General's team award for 2021, the highest level of recognition.
- The Regional Procurement Unit continued to comply closely with WHO policies on local procurement of goods and services, and follow up on urgent procurement and shipping of laboratory and medical supplies for COVID-19.
- Developed guidelines on the requirements for management of office premises during COVID-19 coupled with implementation of necessary preventive measures for COVID-19 in the country offices and the Regional Office premises to ensure a safe, secure working environment for all staff.
- Managed complex travel arrangements during the pandemic (including use of humanitarian flights provided by the World Food Programme), with adherence to constantly evolving travel restrictions.
- Assured efficient management of fixed assets and an inventory through a self-service online tool for staff to verify the physical custody of assets under their responsibility.

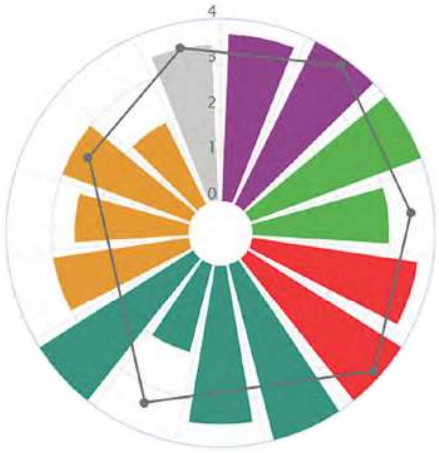
Output assessment scores under outcome 4.3

Output 4.3.1: Sound financial practices and oversight managed through an efficient and effective internal control framework

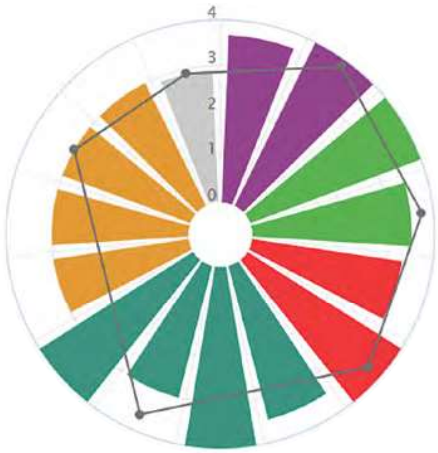


Output 4.3.2: Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

Output 4.3.3: Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations



Output 4.3.4: Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care



Dimensions

- Technical support
- Leadership
- Global public health goods
- Value for money
- Gender, equity, human rights and disability
- Results
- Dimension averages

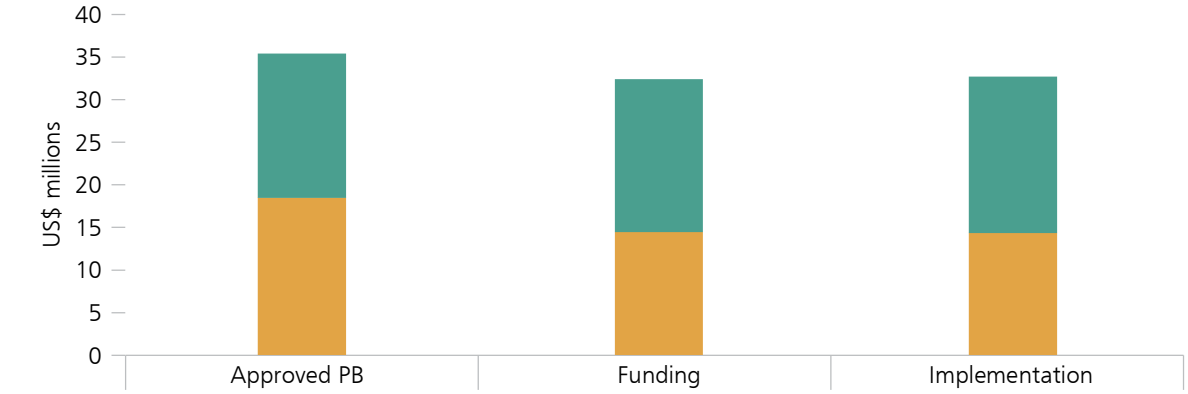
Scoring scale

1-Emergent 2-Developing 3-Satisfactory 4-Strong

Colour bars in the above score card represent attribute scores under each dimension. Details of the scorecard can be accessed using link: https://www.who.int/about/accountability/results/who-results-report-2020-2021

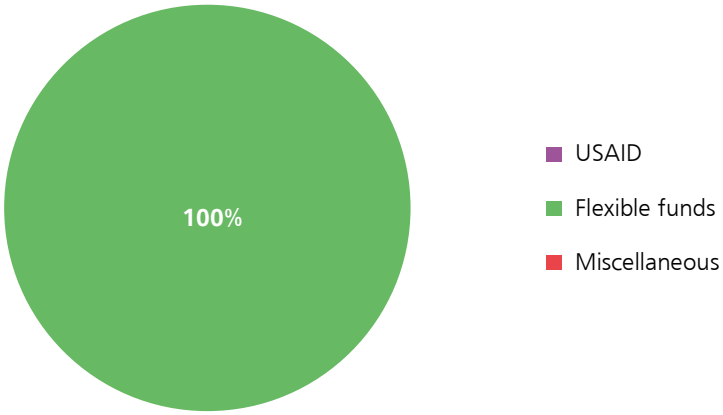
Financial highlights of Programme Budget 2020–2021

Programme Budget implementation

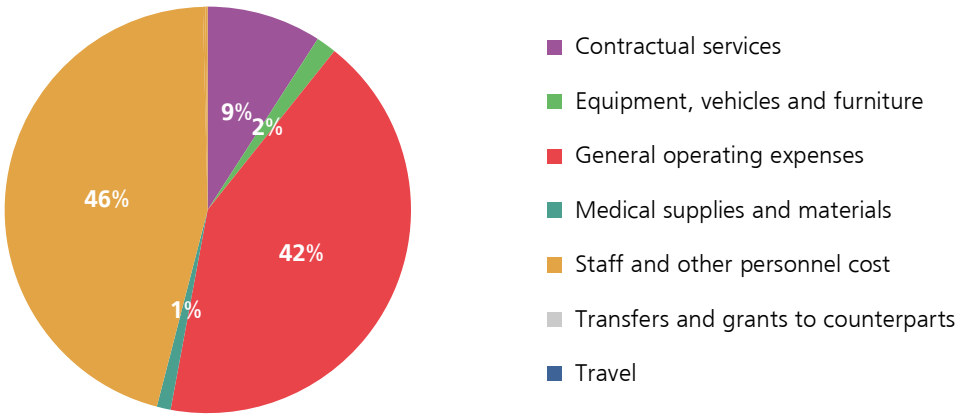


	Approved PB	Funding	Implementation
CO total	17.0	18.0	18.4
RO total	18.4	14.4	14.3

Source of funding/donors



Expenditure category



World Health Organization
South-East Asian Region

Progress on key performance indicators (KPIs)

PB 2020–2021 Outcome	Key performance indicator 2018–2023	Number of countries as per level of achievement of KPI			
		Green	Yellow	Red	N/A
1.1	1.1.A RO: Number of countries that have revised their HIV testing and treatment guidelines in line with WHO guidelines	9	1	0	1
1.1	1.1.B RO: Number of countries that have developed costed national action plan for hepatitis in line with WHO guidelines	4	6	1	0
1.1	1.1.C RO: Number of countries with implementation of costed strategic action plan for ending TB in SEAR	10	1	0	0
1.1	1.1.D RO: Number of countries implementing the SEA Regional Response Framework for DR-TB	10	0	1	0
1.1	1.1.E RO Number of countries per year conducting Malaria Programme Reviews and taking action following-up review's recommendations	6	4	0	1
1.1	1.1.F RO: Number of countries per year conducting national NTD programme reviews with follow-up actions based on the review recommendations	6	2	1	2
1.1	1.1.G RO: Number of countries with National Action Plan or equivalent for measles and rubella elimination	9	2	0	0
1.1	1.1.H RO: Number of countries with written National Strategy and/or Action Plan for prevention of suicide, either stand alone, or integrated with existing mental health national action plan	6	4	0	1
1.1	1.1.I RO: Number of countries with implementing PEN or related service delivery models at PHC facilities	10	1	0	0
1.1	1.1.J RO: Number of countries that have an up to date Healthy ageing strategy	7	1	3	0
1.1	1.1.K RO: Number of countries that have developed / updated standard operating guidelines on MDSR	6	4	1	0
1.1	1.1.L RO: Number of countries with scaling up plan for key interventions for newborns at the time of births in the institutions	8	3	0	0
1.1	1.1.M RO: Number of countries implementing up-date service delivery models that also include improved quality and safety	9	0	2	0
1.1	1.1.N RO: Number of countries with an approved and up to date HRH strategy	5	5	0	1
1.2	1.2.A RO: Number of countries that have up-to-date and approved health financing strategy (or equivalent) that will guide the country towards improved financial protection	4	4	2	1
1.3	1.3.A RO: Number of countries that have assessed their medicines availability using WHO guidelines for national surveys	6	2	2	1
1.3	1.3.B RO: Number of countries that have submitted data on bloodstream infections of selected AMR organisms to Global AMR Surveillance System (GLASS)	9	1	1	0
1.3	1.3.C RO: Number of countries with their national action plan to combat AMR implemented and/or updated, as appropriate	10	0	1	0
2.1	2.1.A RO: Number of countries with national action plans for IHR 2005 capacity strengthening	7	4	0	0
2.1	2.1.B RO: Number of countries that have conducted simulation exercises using WHO tools and guidelines	5	4	2	0
2.1	2.1.C RO: Number of countries with the situational analysis process including the collection of relevant information	8	3	0	0
2.2	2.2.A RO: Number of countries that have developed/updated and tested the national pandemic preparedness plan	8	3	0	0
2.2	2.2.B RO: Number of countries that mobilized competent partners in all sectors for the timely detection, verification, reporting and response to epidemic / pandemic diseases in the WHO SEA Region	9	2	0	0
2.2	2.2.C RO: Number of countries that have maintained sensitive poliovirus surveillance	4	6	1	0
2.3	2.3.A RO: Number of countries that have functional Health Emergency Operation Centers and surveillance measures implemented	7	4	0	0
3.1	3.1.A RO: Number of countries implementing population-based interventions with focus on restricting marketing of foods and non-alcoholic beverages to children	1	9	0	1
3.1	3.1.B RO: Number of countries reporting on basic WASH services in HCFs	8	2	0	1
3.2	3.2.A RO: Number of countries that have implemented four defined interventions to reduce the mean population intake of salt	3	6	2	0
3.2	3.2.B RO: Number of countries that have adopted and implemented activities for strengthening National Food Control System (NFCS)	3	6	1	1
3.2	3.2.C RO: Number of countries that have implemented at least 3 of the 6 measures of the MPOWER package at the highest level of achievement	7	4	0	0
3.2	3.2.D RO: Number of countries with full implementation of 3 “best buys” for reduction of harmful use of alcohol, and initiating/implementing community-based programmes	1	7	2	1
3.1	3.3.A RO: Number of countries implementing WHO air quality guidelines including interim targets	2	7	2	0
3.1	3.3.B RO: Number of countries taking-up strengthening of road safety legislation and laws and/or raising public awareness on road safety	6	4	1	0
4.1	4.1.A RO: Number of countries that have improved the national HIS, CRVS systems, and digital health or eHealth investments	8	3	0	0
4.2	4.2.A RO: Number of Budget Centers that have allocated 80% or more of their allocated budget/resources to implement prioritized GPW13 outcomes	11	0	0	0
4.2	4.2.B RO: Participation of WHO in United Nations coordination mechanisms	11	0	0	0
4.2	4.2.C RO: Number of countries implementing regional /global resource mobilization e-Platform and more than 1 strategic partnership engagements for priority areas for funding	9	1	0	1
4.2	4.2.D RO: Percentage of SEAR budget implementation	10	1	0	0
4.2	4.2.E RO: Number of countries that have implemented 3+ key communication outputs	9	2	0	0
4.3	4.3.A RO: Number of overdue reports (DFC, DI, GLOA, Donor reports)	8	2	1	0
4.3	4.3.B RO: Percentage of selections of Fixed-Term international professional staff completed within the 15-week timeframe	5	3	0	3
4.3	4.3.C RO: Number of Budget Centers with an average time of <52 days taken between receipt of the goods request for price estimate (RPE) and the contract for amounts of $25,000 - $200,000	5	4	1	1
4.3	4.3.D RO: Increase in SEAR of the number of female staff members holding fixed-term and continuing appointments at grades P4 and above from the 2018 baseline	4	2	3	2

The green, yellow and red color bars represent the qualitative thresholds as per the regional KPI compendium.

N/A – indicates that indicator was not applicable for the biennium (not planned / not relevant)

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