

REGIONAL COMMITTEE

Provisional Agenda item 11.3

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SEA/RC75/19

29 July 2022

## **Management and Governance matters: Strengthening country capacity for measurable impact**

This Agenda item brings into consideration regional perspectives to Member States in line with resolution WHA75.6 of the Seventy-fifth World Health Assembly which approved the extension of the tenure of the Thirteenth General Programme of Work (GPW13) from 2023 to 2025. The resolution requested the Director-General to consult Member States on his report on extending GPW13 and to submit the outcome of the consultation to the Executive Board at its 152nd Session in January 2023, for consideration and adoption, through the Programme Budget and Administration Committee of the Board. It also requested the Director-General to develop the Proposed Programme Budget 2024–2025, based on GPW13, as extended, and considering the priorities set out in his report and during the Member States' consultations thereon.<sup>1</sup>

The extension of GPW13 allows the Region to intensify its investments through the five proposed areas for extension, strengthen support to countries in their efforts towards recovery from the impact of the COVID-19 pandemic, accelerate progress towards the Triple Billion target and health-related SDGs, and align WHO's strategic planning cycle with that of the United Nations.

WHO provides tailored support to Member States through robust consultations and meaningful engagement. The first global online consultation of Member States took place on 30 June 2022. Considering the views and recommendations of the Member States on the five focus areas in an extended GPW13 with regional and country priorities, country impact will be bolstered and the achievement of the Triple Billion targets further enabled.

The SE Asia Regional Director's Flagship Priority Programmes are already aligned with the health-related Sustainable Development Goals (SDGs) and GPW13 Triple Billion targets. More work is required at country level to sustain the achievements, accelerate the progress and harness the power of innovation in the Regional Flagship Priority areas and the health-related SDGs.

<sup>1</sup> Programme Budget 2022–2023: Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Doc no. WHA A75/8. Geneva, World Health Organization, 2022. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_8](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_8) – accessed 4 Aug 2022.

This Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations.

**Actions by Member States**

- (1) Participate actively in the ongoing discussions aligned to the proposed five focus areas of GPW13 extension.
- (2) Mobilize resources to match the five focus priority areas for the GPW13 extension.
- (3) Operationalize comprehensive primary health care in line with the SE Asia Regional Strategy for Primary Health Care 2022–2030, as it is the foundation for all efforts to achieve universal health coverage, health security and the health-related SDG targets.

**Actions by WHO**

- (1) Continue to support Member States in developing the Proposed Programme Budget 2024–2025 aligned to the proposed five focus areas set out in the Director-General's report.
- (2) Work collaboratively with Member States and partners to strengthen country capacity, systems and tools for measurable impact.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fifth Session of the WHO Regional Committee for South-East Asia for its consideration.

## Introduction

1. The “Triple Billion” targets<sup>2</sup> of the WHO Thirteenth General Programme of Work (GPW13) provide a unified approach to accelerating progress towards the achievement of the health-related Sustainable Development Goals (SDGs). The COVID-19 pandemic has pushed the world off track in its quest to achieve the GPW13 and SDG targets. WHO’s leadership in the global response to COVID-19 demonstrated the importance of its mission staying focused on achieving the Triple Billion targets anchored in GPW13.

2. The Secretariat, in consultation with Member States, established a Results Framework to report on the GPW13 since 2019. The Framework consists of: (a) an impact measurement system for tracking progress on the Triple Billion targets and 46 Outcome Indicators (39 of which are linked to health-related SDGs); (b) an Output Scorecard to ensure the Secretariat focus on the achievement of the GPW13 targets; and (c) qualitative country case studies.

3. The achievement of the Triple Billion targets projected in GPW13 is off track as enunciated below:

- *Universal health coverage (UHC) “billion”*: Progress is less than one fourth of that required to reach the SDGs by 2030 as estimates suggest that we will fall short by 730 million people in achieving the goal of reaching 1 billion more people with UHC in 2023.<sup>3</sup> Due to a vast majority of countries (92%)<sup>4</sup> experiencing significant disruptions to their essential health services caused by the pandemic, this shortfall will further increase to 840 million by 2023.
- *Health emergencies protection “billion”*: The COVID-19 pandemic has revealed global lack of preparedness at a level that no country can withstand a global health crisis alone. In 2021, the global average for the 15 International Health Regulations (IHR, 2005) capacities was 64%, compared with the 2020 global IHR average of 65% (when 13 capacities were assessed). Measures are required to protect everyone, everywhere, from health emergencies. The Universal Health Preparedness Reviews (UHPR) was established to assess and improve Member States’ pandemic preparedness.
- *Healthier populations “billion”*: Progress is around one fourth of that required to reach the SDGs by 2030. While progress has been made in access to clean household fuels, safe water, sanitation and hygiene (WASH), and tobacco control, other areas such as obesity and malnutrition situation is stagnant or worsening. It been estimated that to achieve the health-related SDGs, the target needs to be almost 4 billion people reached for every five-year period.<sup>5</sup>

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<sup>2</sup> One billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being by 2023. Geneva: World Health Organization. [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1) – accessed 4 Aug 2022.

<sup>3</sup> Triple Billion dashboard. Geneva: World health Organization - <https://www.who.int/data/triple-billion-dashboard>. accessed 4 Aug 2022.

<sup>4</sup> Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic, 2021. Geneva. World Health Organization. 2021. [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1) - accessed 4 Aug 2022.

<sup>5</sup> World Health Statistics 2022. Geneva: World Health Organization. 2022 - <https://www.who.int/news/item/20-05-2022-world-health-statistics-2022> - accessed 4 Aug 2022.

4. The COVID-19 pandemic has also demonstrated the importance of monitoring the priorities that have come to the fore since the outbreak, such as health services capacities and readiness, mental health, primary health care and physical activity. The Secretariat, in consultation with Member States, will propose these and other indicators of public health importance in the monitoring of GPW13.

5. The resolution WHA75.6 of the Seventy-fifth World Health Assembly that approved the extension of GPW13 until 2025 requested the Director-General to consult with Member States on his report on extending the tenure of the Thirteenth General Programme of Work 2019–2023 to 2025,<sup>6</sup> and submit the outcome of the consultation to the Executive Board at its 152nd Session in January 2023, for its consideration and adoption, through the Programme Budget and Administration Committee of the Board. It also requested the Director-General to develop the Proposed Programme Budget 2024–2025, based on GPW13, as extended, and considering the priorities set out in the Director-General's report and Member States' consultations thereon.

6. To enable countries to make an equitable and resilient recovery and have a measurable impact on people's health and achieve the GPW13 targets and health-related SDGs, five areas of focus of the GPW13 are proposed for extension:

- (1) Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
- (2) Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage.
- (3) Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO.
- (4) Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities.
- (5) Urgently strengthen WHO in its capacity to operate as the leading and directing authority on global health that is at the centre of the global health architecture.

7. In line with the resolution WHA75.6, the first global online Member States' Consultation was held on 30 June 2022, in which Member States emphasized the need to align the proposed five focus areas for GPW13 extension with the current GPW13 Strategic Priorities and to keep the WHO Results Framework intact. Further, the Member States stressed the need to resource the implementation of the proposed five focus areas through the Programme Budget 2024–2025.

## **Rationale for GPW13 extension: Regional perspectives**

8. The need for action on the three pillars of GPW13 is particularly prominent in the South-East Asia Region which is home to over a quarter of the world's population, with some of the highest rates of extreme poverty in the world.

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<sup>6</sup> Programme Budget 2022–2023: Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Doc no. WHA A75/8. Geneva, World Health Organization, 2022. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_8-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_8-en.pdf) – accessed 4 Aug 2022.

9. Approximately 200 million of the estimated 730 million people who will comprise the shortfall in the achievement of the “one billion” goal on UHC reside in the SE Asia Region. Prior to the pandemic, the Region had the lowest public spending and the highest out-of-pocket (40% in 2018)<sup>7</sup> spending on health. Significant progress was made to improve the service coverage index from 47 in 2010 to 61 in 2019, driven mainly by improvements in reproductive, maternal, newborn and child services.<sup>5</sup> The catastrophic health expenditure has worsened from 12.6% to 15.25% between 2010 and 2017<sup>5</sup> and is expected to further deteriorate due to the social and financial consequences of COVID-19.

10. Countries in the SE Asia Region are prone to a multiplicity of natural and environmental hazards, including natural disasters. The SE Asia Region is ranked fifth in the IHR (2005) assessment with an average score of 64%, with the highest score held by the European Region (75%) and the lowest by the African Region (48%), indicating the need to strengthen capacities for health emergency preparedness and response.<sup>8</sup>

11. The SE Asia Region is projected to reach 364 million more people enjoying better health and well-being in 2023 compared with the baseline value of 2018.<sup>9</sup> However, accelerated progress is required to meet the SDG targets. The healthier population indicators, such as air quality, nutrition, physical activity, road safety and WASH, are especially critical in the Region and need to be prioritized.

12. Within the GPW13 Triple Billion strategy, the five priority focus areas formed the basis of the resolution for extension of GPW13 (WHA75.6). The regional perspectives for each of these areas are given below.

## **I. Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes**

13. Resolution WHA75.19 on “Well-being and health promotion” confirms a paradigm shift in promoting health and addressing the root causes through whole-of-government, whole-of-society approach, policy actions, good governance and multisectoral collaboration for population-based and societal well-being. Multisectoral action plans to address noncommunicable diseases and nutrition are being implemented by Member States.

14. Estimated tobacco prevalence in the SE Asia Region is 25% compared with 22 % globally.<sup>5</sup> An estimated 198 million people in the Region smoke and about 266 million use smokeless tobacco products, accounting for about 20% and 80% of global prevalence respectively. Over a third of the world’s children aged 13–15 years (34% or 14.8 million), using various forms of tobacco live in the SE Asia Region. An estimated 1.6 million people in the Region die of tobacco-related diseases annually.

<sup>7</sup> South-East Asia for Regional Strategy for Primary Health Care: 2022–2030. New Delhi: World Health Organization, Regional Office for South-East Asia, 2021. <https://apps.who.int/iris/handle/10665/350460> - accessed 4 Aug 2022.

<sup>8</sup> International Health Regulations (2005): State Party Self-assessment annual reporting tool, second edition. Geneva: World Health Organization, 2021. <https://www.who.int/publications/i/item/9789240040120> - accessed 4 Aug 2022.

<sup>9</sup> Triple billion dashboard. Geneva: World Health Organization. <https://www.who.int/data/triple-billion-dashboard> - accessed 4 Aug 2022.

15. The Region has achieved the fastest rate of decline in the use of tobacco by almost 32%, and a steep decline in tobacco use among women by almost 24% in the last two decades. If tobacco control efforts continue at the current level, smoking rates in the Region can reach as low as 11% in 2025.<sup>10</sup>
16. The adult per capita consumption (APC) of alcohol in the Region is rising with 4.3 litres of alcohol being consumed per capita in 2019.<sup>11</sup> The APC is projected to increase to 6.2 litres by 2025.<sup>11</sup>
17. As many as 45.4 million children under 5 years of age were estimated to be wasted in 2020, of whom 13.6 million were severely wasted. Over one half (56.2%) of wasted children live in the Region.
18. Regional rates of overweight and obesity are on the rise. In 2019, 3% of children in the Region under 5 years of age (~5 million) were overweight, compared with the global average of 5.6% (~38.3 million). Approximately 7% of children aged 5–19 years in the Region were overweight, which is equivalent to 38.3 million children.<sup>12</sup> High consumption of food dense in energy and high in free sugars, sodium and saturated fats, coupled with low physical activity are associated with increased risk of obesity and NCDs.<sup>13</sup>
19. The Sixty-ninth session of the Regional Committee for SE Asia endorsed the Resolution (SEA/RC69/16, Rev.3) on the Strategic action plan to reduce the double burden of malnutrition in SE Asia Region 2016-2025. The action plan had influenced the regional agenda on the double burden of malnutrition through advocacy, partnerships and enhancing country capacities.
20. The SE Asia Region is home to 470 million school-aged children. The resolution SEA/RC74/11 on revitalizing school health programmes and health-promoting schools in the SE Asia Region subsequently resulted in the signing of “Call for Action: Making every school health promoting school” by the ministries of health and education of Member States to promote health and well-being of students, teachers and staff.
21. The SE Asia Region has the highest estimated deaths due to climate change. The Male’ Declaration on Building health systems resilience to climate change and the Framework for Action for the Region, 2017–2022, was adopted at the Seventieth session of the Regional Committee vide resolution SEA/RC70/R1. The Regional Plan of Action for the WHO Global Strategy on health, environment, and climate change 2020–2030: healthy environments for healthier populations (resolution SEA/RC72/R4) was endorsed in 2019.
22. Seven cities<sup>14</sup> in the Region are participating in the WHO Urban Governance for Health and Well-being Initiative, which aims to build national capacities to promote health and address health inequities through multisectoral action.

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<sup>10</sup> WHO Global Report on Trends in Prevalence of Tobacco Use 2000–2025. Geneva: World Health Organization. 2018. <https://apps.who.int/iris/bitstream/handle/10665/272694/9789241514170-eng.pdf> - accessed 4 Aug 2022.

<sup>11</sup> Global status report on alcohol and health 2018. Geneva: World Health Organization. 2018. <https://www.who.int/publications/i/item/9789241565639> - accessed 4 Aug 2022.

<sup>12</sup> The double burden of malnutrition: priority actions on ending childhood obesity. Geneva: World Health Organization 2020. <https://www.who.int/publications/i/item/9789290227892> - accessed 4 Aug 2022.

<sup>13</sup> Hall KD, Ayketa A, Brychta R, Chai H, Cassimatis T, Chen KY, et al. Ultra-processed diets cause excess calorie intake and weight gain: an inpatient randomized controlled trial of ad libitum food intake. *Cell metabolism* 30.1 (2019): 67-77.

<sup>14</sup> Khulna city (Bangladesh), Thimphu (Bhutan), Bengaluru (India), Jakarta and Semarang (Indonesia), Jaffna (Sri Lanka), and Bangkok (Thailand).



23. In line with the resolution WHA72.7 2019 on Water, sanitation and hygiene in health care facilities (HCF), the SE Asia Region provides technical support to Member States. Access to basic sanitation in the Region is now close to 70%, while several countries have achieved coverage of more than 90%.<sup>15</sup>

24. In line with the updated WHO Guidance for Climate resilient and environmentally sustainable HCF, a regional assessment was completed in 2021 and the results are awaited. A star rating mechanism for assessing and evaluating HCF in the Region was developed. Capacity building was provided on climate resilient and environmentally sustainable health care facilities and supported development of health national adaptation plans (HNAP). WHO has been approved as a “readiness delivery partner” for the Green Climate Fund (GCF), and the Regional Office will submit a regional readiness proposal to GCF on country support in 2022–2023.

## **II. Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage**

25. The comprehensive mandates of the primary health care (PHC) system to integrate essential health service, essential public health functions and promoting health and wellbeing to populations calls for an evidence-based and multisectoral collaboration in transformation of health systems. The PHC reorientation has been inspired and guided by global movements, including UNGA Political Declaration on Universal Health Coverage (2019), and the Astana Declaration on Primary Health Care (2018).

26. Monitoring, evaluation and review of progress and performance of PHC systems are essential to ensure that priority actions are implemented. Countries need to invest in broad range of data sources and components, including health facility information systems, health management information systems, national health account and financial protection, measurement on preparedness and response capacity, health workforce account and essential population surveys such as service coverage and health-care-seeking behaviours. This requires a comprehensive, coherent and integrated approach of Member States to monitoring and evaluation.

27. Primary health care is a WHO priority across the Triple Billion targets. Based on the WHO and UNICEF Global Operational Framework for Primary Health Care (2020), the SE Asia Regional Strategy for Primary Health Care 2022–2030 was developed to accelerate progress in all countries of the Region towards UHC, health security and the health-related SDGs.

28. Since 2017, the Regional Office for South-East Asia has reported annual progress on UHC and other health-related SDGs. Progress on PHC will improve service coverage, financial protection, and progress against SDG targets. To strengthen performance measurement of PHC systems, the Regional Strategy on PHC identifies key 29 indicators across 12 strategic actions; based on availability and consistency of other information report systems (such as SDG and health facility indicators); as well as alignment with the WHO and UNICEF Primary Health Care Monitoring Framework and Indicators, and in accordance with the Regional Committee resolution SEA/RC74/R1 titled “Declaration by the health ministers of Member States on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs”.

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<sup>15</sup> WASH in health-care facilities: Global Baseline Report 2019. New York: United Nations, 2019.

<https://www.unwater.org/publications/wash-in-health-care-facilities-global-baseline-report-2019/> – accessed 4 Aug 2022.

29. Limitations in availability, accuracy and timeliness of information due to long intervals between surveys, reliance on external sources to conduct health surveys, and ensuring sustainability of information collated from such surveys are some of the key challenges that are being endured.

### **III. Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO**

30. The SE Asia Region continues to face public health threats. The risk and complexity of epidemics and pandemics may continue to increase, with ever-growing international trade and travel, urbanization leading to over-crowding of people, increasing geo-political instability, progressive population aging and escalating climate changes.

31. The COVID-19 pandemic has caused extraordinary health and socioeconomic consequences. As of 22 June 2022, the WHO SE Asia Region had reported over 58.3 million COVID-19 cases and more than 789 000 deaths, while the actual toll could be much higher due to many unreported cases and untested deaths. The Region was severely affected by the pandemic, especially the *Delta* variant, which imposed enormous pressure on the health-care system, claiming more than 5000 deaths per day at its peak. Other infectious diseases of epidemic and pandemic potential, including emerging diseases, continuously pose threats for the Region, such as pandemic influenza, monkeypox, Nipah virus infection, cholera, homorganic fevers, arbovirus infections and vaccine-preventable diseases.

32. Member States have made considerable progress in advancing IHR core capacities for health security. WHO established the Health Emergencies Programme (WHE) to work with countries and partners to prepare for, prevent, detect and respond to health emergencies. However, COVID-19 pandemic and other recent emergencies have shown that the current level of preparedness is not sufficient to effectively manage severe health emergencies.

33. As recommended by the Seventy-fourth session of the WHO Regional Committee for SE Asia in 2021,<sup>16</sup> the Regional Office organized a series of meetings in October 2021 to synthesize the lessons from the COVID-19 response in the Region<sup>17,18</sup>

34. Strengthening health emergency preparedness and response is a priority in the Region, and hence a Regional Flagship Priority Programme to sustain, accelerate and innovate to advance health of billions in the SEA Region. The Delhi Declaration on Emergency Preparedness in the South-East Asia Region was endorsed by the Ministers of Health SEA/RC72/R1 in 2019.

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<sup>16</sup> Strengthening public health emergency preparedness and response in the South-East Asia Region. Doc no. SEA/RC74/10. World Health Organization. Regional Office for South-East Asia. 2021. <https://apps.who.int/iris/handle/10665/344373> - accessed 4 Aug 2022.

<sup>17</sup> Lessons learnt from COVID-19 pandemic: Virtual Regional Consultation with Informal Expert Group. Virtual meeting. New Delhi, India, 19 October 2021. New Delhi: World Health Organization, Regional Office for South-East Asia - [https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-7.pdf?sfvrsn=12000dc8\\_8](https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-7.pdf?sfvrsn=12000dc8_8) - accessed 4 Aug 2022.

<sup>18</sup> Learning from the COVID-19 response to strengthen health security and health systems resilience in South-East Asia Region. Virtual meeting. New Delhi, India, 20-22 October 2021. New Delhi: World Health Organization, Regional Office for South-East Asia - [https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-7.pdf?sfvrsn=12000dc8\\_8](https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sea-whe-7.pdf?sfvrsn=12000dc8_8) - accessed 4 Aug 2022.



35. Seven Member States have developed and implemented their National Action Plan for Health Security (NAPHS). All 11 Member States have reported their annual State Party Self-Assessment Annual Report (SPARs) since 2016, and eight Member States have conducted the voluntary joint external evaluation (JEE) since 2016. To cope with the COVID-19 pandemic, countries in the Region developed and implemented their national response plans aligned with WHO's strategic preparedness and response plan.

36. However, the challenges ahead are profound. COVID-19 showed that national governments, societies, and the global multilateral system are not ready to deal effectively with the scale and complexity of the pandemic. Health systems have been overwhelmed, and many health workers have lost their lives. Widespread misinformation and disinformation have caused confusion and distrust, dividing families, communities, and societies. Coordination at national, sub-national and local levels were often not sufficient, hindering effective preparedness and response actions.

37. At the Seventy-fifth World Health Assembly, the report by the Director-General (document A75/20) on "Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience" presented 10 proposals to build a safer world together. The proposals were developed in consultation with Member States and other stakeholders.<sup>19</sup>

#### **IV. Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities**

38. Research and innovation are key to finding new solutions for old problems, to emerging health conditions and to achieve the goals of health equity. The last two decades have seen remarkable technological change. The COVID-19 pandemic accelerated many technological and digital health innovations and solutions to increase access to health care, build capacity of health-care workers and conduct good quality research.

39. In 2004, the WHO report on e-Health (EB115/39) and the related resolution by the Executive Board (EB115.R20) addressed the need for Member States to formulate e-Health strategies reflecting the principles of transparency, ethics, and equity. The Regional Office had also launched a Regional Strategy for strengthening e-Health in the South-East Asia Region 2014–2020.

40. Resolution WHA71.7 led to development of the WHO Global Strategy on Digital Health which presents a roadmap to link the developments in innovation and digital health with action to improve health outcomes.

41. In line with the SE Asia Regional Strategy on research for health (2018–2022), support to Member States by the Regional Office aims to achieve the health goals of the SDGs and GPW13 goals by focusing on four strategic objectives<sup>20</sup> outlined in the Regional Strategy. However, there are gaps in the health research governance and infrastructure that need to be urgently addressed to ensure probity of the technical and ethical quality of health research and to reduce "research waste". Uptake and scaling up of innovation in the public health sector remains slow.

<sup>19</sup> 10 proposals to build a safer world together Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience. Geneva: World Health Organization, 2022 - [https://cdn.who.int/media/docs/default-source/emergency-preparedness/2022-06-24-who-hepr-june-2022.pdf?sfvrsn=e6117d2c\\_3&download=true](https://cdn.who.int/media/docs/default-source/emergency-preparedness/2022-06-24-who-hepr-june-2022.pdf?sfvrsn=e6117d2c_3&download=true) – accessed 4 Aug 2022.

<sup>20</sup> 1. facilitating strengthening of research capacity and adherence to good practice; 2. catalyze prioritization, conception and conduct research; 3. enable translation of research evidence into policies, products and practices (the 3Ps); and 4. support the conversion of these 3 Ps into goods that benefit public health.

42. The SE Asia Region countries are in different stages of digital health maturity. Most of them have or are finalizing national digital health strategies and action plans. These are important to help countries strategize their national e-health enterprise architecture with the adoption of standards for health data and data exchange, as well as to align health priorities with their national health plans and health-service delivery strategies.

## **V. Urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture**

43. The WHO Constitution gives the Organization a role as a directing and coordinating authority on international health work. A strong WHO prevents fragmentation and improves value for money for Member State investments in WHO and for the entire global health ecosystem.

44. WHO is focused on strengthening the global health architecture for health security. To achieve this, WHO is working on several fronts:

- (1) Through the *Global Action Plan for Healthy Lives and Well-being for All*, WHO incentivizes multilateral global health, development, and humanitarian organizations to coordinate support to COVID-19 recovery and attainment of the health-related SDGs.
- (2) To reinforce political commitment for coordinated action on critical global health matters, WHO is engaging with high-level multilateral forums, such as the G20 and G7.
- (3) WHO's engagement with civil society enhances accountability, community engagement (including faith communities) and meaningful youth engagement.
- (4) Engagement with the private sector help acceleration through research and development, data and digital health, enhancing use of social media, improving health impact of the private sector's activities and developing WHO's potential catalytic role in innovative finance and environmental, social and governance metrics.

45. Increasing flexible funding will enable the Director-General to better manage funds with more focus on impact. WHO's success will depend on Member States' support to the proposals of the Working Group on Sustainable Financing, including on an increase in assessed contributions and establishing a replenishment model.

46. Member States' engagement in the implementation of the recommendations of the Working Group on Sustainable Financing, including its three components: (i) phased increased of Assessed Contributions, (ii) establishment (if feasible) of a replenishment mechanism and (iii) participation in the "Agile Member States Task Group on strengthening WHO budgetary, programmatic and financing governance".

## **The way forward**

47. Focus needs to be directed on identifying and addressing the leading risk factors for premature mortality and morbidity in the Region, such as tobacco use, harmful use of alcohol, nutrition, air quality, road safety, WASH, climate change, mental health and others that will be key levers for increasing healthier lives. Attention to inequalities between and within countries is critical.

48. Member States, WHO and partners should seek to collectively operationalize stronger and more comprehensive PHC across the Region, including as aligned to the guidance provided in the “Declaration by the Health Ministers of Member States on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs” and the South-East Asia Regional Strategy for Primary Health Care 2022–2030.

49. Primary health care, with its focus on integrated health services, community empowerment, strengthening health system functions and capacities to monitor progress, identifying successes and challenges, and promote accountability at sub-national, national, regional, and global levels is another promising avenue towards realizing UHC.

50. Building national and regional health security systems require long-term vision, planning and investment, with clear priorities set to achieve measurable impact. At the same time, dealing effectively with the complex and multidimensional threats of the 21st century requires a strengthened and agile approach to the way we prepare for and respond to epidemics and pandemics.

51. Active participation of Member States in the ongoing discussions on strengthening health security systems in the Region, based on a synthesis of regional lessons and global recommendations, aligned with the WHO Director-General’s 10 proposals that have been enumerated earlier to strengthen health emergency preparedness, response and resilience (HEPR) architecture focusing on strengthening governance, systems and financing.

52. To achieve national, regional and global targets, sustained political commitment and evidence-based policy solutions in priority areas must be produced and implemented to drive rapid progress in countries.

53. Establish and expand targeted partnerships in the Region for evidence generation and uptake, and for the implementation and monitoring of regional priorities and resolutions, through active participation in partners’ forums and meetings at the regional and country levels.

## Conclusions

54. Comprehensive PHC is a foundation for UHC, health security and SDGs. To deliver a measurable impact at the country level, taking data-driven approaches, building robust health information systems, integration of multiple health programmes, meaningful engagement of stakeholders, strengthening research infrastructure and sharing lessons learnt are all essential to accelerate progress towards the Triple Billion and the health-related SDG targets.

55. Capitalizing on the momentum and learnings from COVID-19, there is an urgent need to work collaboratively with Member States and partners to strengthen the systems and tools for pandemic preparedness and response to achieve measurable impact, guided by long-term vision, effective governance and sustainable financing.

56. Strengthening country capacity to implement and monitor the resolutions in the priority areas through sustained technical support, health leadership and strengthened partnerships are essential to achieve the Triple Billion goals and the targets of the health-related SDGs.

57. A coordinated engagement of Member States, the Secretariat and partners in translating the partnership initiatives into concrete action at the country and regional level will be key for the achievement of regional priorities and strategies.