This Annual Report describes the work of the World Health Organization in the South-East Asia Region from 1 January to 31 December 2021. It highlights the public health achievements in the Region, the challenges faced and WHO’s contribution towards achieving the Organization’s strategic objectives through collaborative activity with Member States, partners and stakeholders. It also details the progress made in the Regional Flagship Priority Programmes and in the quest to achieve the Sustainable Development Goals 2030 in the Region under the leadership of the WHO Regional Director for South-East Asia.

Perhaps the most important of all the endeavours of WHO and Member States was the Regional Office’s efforts at preventing and limiting transmission of COVID-19 during the second year of the pandemic in collaboration with countries. Various and unrelenting waves of infection stretched the health systems of Member States to the extreme. WHO moved swiftly with equipment, drugs and other necessary items to save lives, in collaboration with the ministries of health, other UN Specialized Agencies, stakeholders and partners. WHO also helped Member States with their roll-out of the COVID-19 vaccination programmes. This report will be useful for all those interested in the developments in health and well-being in the Region.
The work of WHO in the South-East Asia Region

Report of the Regional Director

1 January–31 December 2021
Contents

Abbreviations and acronyms iv

PART I
FROM THE REGIONAL DIRECTOR 1

PART II
THE WORK OF WHO IN COUNTRIES 13

Bangladesh 13
Bhutan 23
Democratic People’s Republic of Korea 31
India 37
Indonesia 51
Maldives 63
Myanmar 71
Nepal 81
Sri Lanka 91
Thailand 101
Timor-Leste 109

PART III
DELIVERING ON THE REGIONAL FLAGSHIP PRIORITIES AND BEYOND 119

ANNEX 1
Meetings organized by the Regional Office in 2021 185
### Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAB</td>
<td>Association of Development Agencies in Bangladesh</td>
</tr>
<tr>
<td>ADIC</td>
<td>Alcohol and Drug Information Centre</td>
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<tr>
<td>Ag RDT</td>
<td>antigen rapid diagnostic test</td>
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<td>AHF</td>
<td>auxiliary health facility</td>
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<tr>
<td>AMC</td>
<td>antimicrobial consumption (surveillance)</td>
</tr>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<tr>
<td>AMS</td>
<td>antimicrobial stewardship</td>
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<tr>
<td>ANC</td>
<td>antenatal care</td>
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<tr>
<td>APSED</td>
<td>Asia-Pacific Strategy on Emerging Diseases</td>
</tr>
<tr>
<td>ARR</td>
<td>adjusted risk ratio</td>
</tr>
<tr>
<td>ASHA</td>
<td>accredited social health activist</td>
</tr>
<tr>
<td>AT</td>
<td>assistive technology</td>
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<td>AYUSH</td>
<td>Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy</td>
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<tr>
<td>BCRA</td>
<td>Bangladesh Community Radio Association</td>
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<td>BMHC</td>
<td>Bhutan Medical and Health Council</td>
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<td>BNCA</td>
<td>Bhutan Narcotics Control Agency</td>
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<td>BPKIHS</td>
<td>B.P. Koirala Institute of Health Sciences</td>
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<td>C19RM</td>
<td>COVID-19 Response Mechanism</td>
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<tr>
<td>CBO</td>
<td>community-based organization</td>
</tr>
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<td>CCA</td>
<td>common country analysis</td>
</tr>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategy</td>
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<td>cGMP</td>
<td>current good manufacturing practices</td>
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<td>CHAEI</td>
<td>Central Hygiene Anti-Epidemic Institute</td>
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<td>CHEST</td>
<td>Clean Household Energy Solutions Toolkit</td>
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<td>CIP</td>
<td>Coalition of Interested Partners</td>
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<td>CIT</td>
<td>COVID-19 Immunization Tracker</td>
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<td>CPD</td>
<td>continuing professional development</td>
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<td>CR-SSP</td>
<td>climate-resilient sanitation safety plan</td>
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<td>CRVS</td>
<td>civil registration and vital statistics</td>
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<td>CSDS</td>
<td>climate-sensitive diseases surveillance</td>
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<td>CSO</td>
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<td>CODEX Trust Fund</td>
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<td>CVD</td>
<td>cardiovascular disease</td>
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<td>Dashboard Sisem Kesehatan (Indonesia)</td>
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<td>DFAT</td>
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<td>Directorate General of Health Services</td>
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<td>DHIS-2</td>
<td>District Health Information Software-2</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>DHS</td>
<td>district health society</td>
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<td>DMRC</td>
<td>disability management and rehabilitation centre</td>
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<tr>
<td>DoHS</td>
<td>Department of Health Services</td>
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<td>DPHCG</td>
<td>Development Partners Health Coordination Group</td>
</tr>
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<td>DPR Korea</td>
<td>Democratic People’s Republic of Korea</td>
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<td>DR-TB</td>
<td>drug-resistant tuberculosis</td>
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<td>DWSSM</td>
<td>Department of Water Supply and Sewerage Management</td>
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<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
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<td>EIS</td>
<td>event information site</td>
</tr>
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<td>EMDT</td>
<td>emergency medical deployment team</td>
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<td>EMS</td>
<td>event management system</td>
</tr>
<tr>
<td>ENDS</td>
<td>electronic nicotine delivery systems</td>
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<tr>
<td>ENNDNS</td>
<td>electronic non-nicotine delivery systems</td>
</tr>
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<td>EnLIGHT</td>
<td>Enhancing Leadership in Global Health-Thailand</td>
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<td>Expanded Programme on Immunization</td>
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<td>EPIMS</td>
<td>Electronic Patient Information System</td>
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<td>ESP</td>
<td>essential services package</td>
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<td>EU</td>
<td>European Union</td>
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<td>EWARS</td>
<td>early warning and alert response system</td>
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<td>Food and Agriculture Organization of the United Nations</td>
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<td>FFHP</td>
<td>Foundation for Health Promotion</td>
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<tr>
<td>GBT</td>
<td>Global Benchmarking Tool</td>
</tr>
<tr>
<td>GCTA</td>
<td>Global Coalition of TB Advocates</td>
</tr>
<tr>
<td>GEDSI</td>
<td>gender, disability and social inclusion</td>
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<tr>
<td>GER</td>
<td>gender, equity and human rights</td>
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<td>Global Influenza Programme</td>
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<td>GiSAID</td>
<td>Global Initiative on Sharing All Influenza Data</td>
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<td>GISRS</td>
<td>Global Influenza Surveillance and Response System</td>
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<td>GLASS</td>
<td>Global Antimicrobial Resistance Surveillance System</td>
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<td>GLASS AMC</td>
<td>Global Antimicrobial Resistance Surveillance System – Antimicrobial Consumption</td>
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<td>Global Leprosy Programme</td>
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<td>GoI</td>
<td>Government of India</td>
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<td>Global Polio Eradication Initiative</td>
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<td>Global Patient Safety Action Plan</td>
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<td>WHO Thirteenth General Programme of Work</td>
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<td>Global Youth Tobacco Survey</td>
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<td>HCCM</td>
<td>Health Cluster Coordination meeting</td>
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<td>Health Economic Assessment Tool</td>
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<td>HEOC</td>
<td>health emergency operations centre</td>
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<td>Acronym</td>
<td>Description</td>
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<td>HH4A</td>
<td>hand hygiene for all</td>
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<td>health help centre</td>
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<td>HHFA</td>
<td>harmonized health facility assessment</td>
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<td>HIV, hepatitis and STI</td>
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<td>HIS</td>
<td>health information system</td>
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<td>HMIS</td>
<td>health management information system</td>
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<td>H-NAP</td>
<td>Health National Adaptation Plan</td>
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<td>Hong Kong SAR</td>
<td>China, Hong Kong Special Administrative Region</td>
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<td>HPA</td>
<td>Health Protection Agency</td>
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<td>HRH</td>
<td>human resources for health</td>
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<td>health and wellness centre</td>
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<td>IAEG</td>
<td>Inter-Agency and Expert Group</td>
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<td>IAR</td>
<td>intra-action review</td>
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<td>iCAPS</td>
<td>Initiative for Coordinated Antidotes Procurement in the South-East Asia Region</td>
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<td>ICMR</td>
<td>Indian Council of Medical Research</td>
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<td>Integrated Care for Older People (guidelines)</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>ICU</td>
<td>intensive care unit</td>
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<td>IDP</td>
<td>institutional development plan/internally displaced persons</td>
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<td>IEHK</td>
<td>inter-agency emergency health kit</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross and Red Crescent Societies</td>
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<tr>
<td>IGIB</td>
<td>Institute of Genomic and Integrative Biology</td>
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<td>IGRA</td>
<td>interferon gamma release assay</td>
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<td>IHCI</td>
<td>India Hypertension Control Initiative</td>
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<td>IHIP</td>
<td>Integrated Health Information Platform</td>
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<td>IMSM</td>
<td>Incident Management Support Team</td>
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<td>IncluDe</td>
<td>Inclusive Early Childhood Development Programme</td>
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<td>ILI</td>
<td>influenza-like illness</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>IPC</td>
<td>infection prevention and control</td>
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<td>ITAG</td>
<td>Immunization Technical Advisory Group</td>
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<td>ITH</td>
<td>International Trade and Health</td>
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<td>JDWRH</td>
<td>Jigme Dorji Wangchuck National Referral Hospital, Thimphu</td>
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<tr>
<td>JEMM</td>
<td>Joint External Monitoring Mission</td>
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<tr>
<td>JRA</td>
<td>joint risk assessment</td>
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<tr>
<td>JRA OT</td>
<td>Joint Risk Assessment Operational Tool</td>
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<td>KGUMSB</td>
<td>Khesar Gyalpo University of Medical Sciences of Bhutan</td>
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<tr>
<td>LF</td>
<td>lymphatic filariasis</td>
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<td>LQMS</td>
<td>Laboratory Quality Management System</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>MAF-TB</td>
<td>Multisectoral Accountability Framework for Tuberculosis</td>
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<td>MCGL</td>
<td>Momentum of Country Global Leadership</td>
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<td>MCH</td>
<td>maternal and child health</td>
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<td>MCV2</td>
<td>measles-containing vaccine</td>
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<td>MDR-TB/RR-TB</td>
<td>multidrug-/rifampicin-resistant TB</td>
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<tr>
<td>MDSR</td>
<td>Maternal Death Surveillance and Response</td>
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<tr>
<td>MFDA</td>
<td>Maldives Food and Drug Administration</td>
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<tr>
<td>MHPSS</td>
<td>mental health and psychosocial support</td>
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<td>MHQS</td>
<td>Maldives Healthcare Quality Standards</td>
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<td>Mini-cPIE</td>
<td>Post-Introduction Evaluation</td>
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<td>MMR</td>
<td>maternal mortality ratio</td>
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<td>MNU</td>
<td>Maldives National University</td>
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<td>MoA</td>
<td>Ministry of Agriculture</td>
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<tr>
<td>MoEF</td>
<td>Ministry of Environment and Forestry</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<tr>
<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
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<tr>
<td>MORU</td>
<td>Mahidol-Oxford Research Unit (in Thailand)</td>
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<tr>
<td>MPCDSR</td>
<td>maternal perinatal and child death surveillance and response</td>
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<tr>
<td>MPDSR</td>
<td>maternal and perinatal death surveillance and response</td>
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<td>MPTF</td>
<td>Multi-Partner Trust Fund</td>
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<td>MRLN</td>
<td>measles–rubella laboratory network</td>
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<td>MSAP</td>
<td>multisectoral action plan</td>
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<td>MTAGI</td>
<td>Maldives Technical Advisory Group on Immunization</td>
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<td>MTP</td>
<td>medical termination of pregnancy</td>
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<td>NAP</td>
<td>national action plan</td>
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<td>NBBD</td>
<td>newborn birth defect</td>
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<tr>
<td>NCASC</td>
<td>National Centre for AIDS and STD Control</td>
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<td>NCDIR</td>
<td>National Centre of Disease Informatics and Research</td>
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<td>NCDs</td>
<td>noncommunicable diseases</td>
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<td>NCVBDC</td>
<td>National Centre for Vector Borne Disease Control</td>
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<td>NDVP</td>
<td>National Deployment and Vaccination Plan</td>
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<td>NEAP</td>
<td>National Elderly Action Plan</td>
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<tr>
<td>NEP</td>
<td>National Elderly Policy</td>
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<tr>
<td>NFDN</td>
<td>National Federation of Disabled Nepal</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>NHA</td>
<td>National Health Authority</td>
</tr>
<tr>
<td>NHEI</td>
<td>National Health Education Institute</td>
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</table>
NHSSP 2021–2030 National Health Sector Strategic Plan
NIHRD National Institute of Health Research and Development
NIMH National Institute of Mental Health
NIMHANS National Institute of Mental Health and Neurosciences
NORAD Norwegian Agency for Development Cooperation
NPIL National Public Health Laboratory
NPSP National Polio Support Project
NPTCCD National Programme for Tuberculosis Control and Chest Diseases
NRA National Regulatory Authority
NRT nicotine replacement therapy
NSP National Strategic Plan
NSRS National Salt Reduction Strategy
NTCC National Tuberculosis Control Centre
NTD neglected tropical disease
NTP National TB Programme
NTRL National TB Reference Laboratory
NTWG-ZD National Technical Working Group for Zoonotic Diseases
NVAP New Variant Assessment Platform
NVDP National Deployment and Vaccination Plan
OIE World Organization for Animal Health
OOP out of pocket
PHC primary health care
PHSM public health and social measures
PLHIV people living with HIV
PNC postnatal care
POCQI point-of-care quality improvement
PPE personal protective equipment
PPH postpartum haemorrhage
PWD person with disability
RCCE risk communication and community engagement
RCV rubella-containing vaccine
rGLC Regional Green Light Committee
RMNCAH reproductive, maternal, newborn, child and adolescent health
SARI severe acute respiratory infection
SAVER Safe Abortion Values, Evidence and Rights
SDC Swiss Development Cooperation
SEAR STAG-TB South-East Asia Regional Strategic and Technical Advisory Group for TB
SEARHEF South-East Asia Regional Health Emergency Fund
SEARN South-East Asia Regulatory Network
SMO surveillance medical officer
<table>
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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>SOP</td>
<td>standard operating procedure</td>
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<tr>
<td>SORT-IT</td>
<td>Structured Operational Research and Training Initiative</td>
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<td>SPL</td>
<td>Special Leprosy Project</td>
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<tr>
<td>SPRP</td>
<td>Strategic Preparedness and Response Plan</td>
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<tr>
<td>SPRP</td>
<td>Regional Strategic Preparedness and Response Plan</td>
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<td>SSB</td>
<td>sugar-sweetened beverage</td>
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<td>SSP</td>
<td>Sanitation Safety Plan</td>
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<td>STAR</td>
<td>Strategic Tool for Assessing Risks</td>
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<td>STH</td>
<td>soil-transmitted helminthiases</td>
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<td>STP</td>
<td>standard treatment protocol</td>
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<td>SWEET</td>
<td>Solid Waste Emission Estimation Tool</td>
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<td>transmission assessment survey</td>
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<td>TFA</td>
<td>trans-fatty acid(s)</td>
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<td>TFDA</td>
<td>Thai Food and Drug Administration</td>
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<td>ToT</td>
<td>training of trainers</td>
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<td>TPT</td>
<td>TB preventive treatment</td>
</tr>
<tr>
<td>TQM</td>
<td>total quality management</td>
</tr>
<tr>
<td>TrACSS</td>
<td>Tripartite AMR Country Self-Assessment Survey</td>
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<td>TRM</td>
<td>traditional medicine</td>
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<td>TWG</td>
<td>Thematic Working Group</td>
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<td>UGHW</td>
<td>Urban Governance for Health and Wellbeing</td>
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<td>universal health coverage</td>
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<td>UNEP</td>
<td>UN Environment Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNIATF</td>
<td>UN Interagency Task Force</td>
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<td>UNPRPD</td>
<td>United Nations Partnership for the Rights of Persons with Disabilities</td>
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<td>UNSDCF</td>
<td>United Nations Sustainable Development Cooperation Framework</td>
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<td>UNSDF</td>
<td>United Nations Sustainable Development Framework</td>
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<tr>
<td>UNV</td>
<td>United Nations Volunteers</td>
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<td>UT</td>
<td>Union Territory (in India)</td>
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<tr>
<td>VAA</td>
<td>vulnerability and adaptation assessment</td>
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<td>VAW</td>
<td>violence against women</td>
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<tr>
<td>VIRAT</td>
<td>Vaccine Introduction Readiness Assessment</td>
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<td>WAAW</td>
<td>World Antibiotic Awareness Week</td>
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<td>WASHFIT</td>
<td>Water and Sanitation for Health Facility Improvement Tool</td>
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<tr>
<td>WGS</td>
<td>whole-genome sequencing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WISN</td>
<td>workload indicators of staffing need</td>
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<td>WSP</td>
<td>water safety plan</td>
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The WHO Regional Director, Dr Poonam Khetrapal Singh, as Chief Guest addresses the 47th Annual Convocation of the All India Institute of Medical Sciences, New Delhi. She was felicitated for her enduring contribution to public health in the Region and exemplary leadership of the Organization’s efforts at mitigation and control of the pandemic and vaccination roll-out, in collaboration with Member States, during the second year of the COVID-19 outbreak in 2021.
What does it mean to “build back better”? We have heard this phrase many times before – after financial crises, after natural disasters and now, after the COVID-19 pandemic. In my report this year I want to look beyond the slogan. How has the political and economic context shifted from the world we knew in late 2019? How will the pandemic impact the way people in the South-East Asia Region live and work? What choices will ministries of finance and ministries of health face in this new reality? Are there any positive lessons to be learned from the experience of the past two-and-a-half years?

Our North Star in all this has not changed – building equitable and resilient health systems that provide universal coverage and financial protection, in line with the Region’s Flagship Priorities and the health-related Sustainable Development Goals (SDGs). But there is no disguising the fact that the route has become more difficult. Health is critical to recovery from the pandemic. We have to be strategic, to think in the long term, but equally we have to act quickly if we are to secure peoples’ health and well-being, adapting and building on the Region’s “Sustain. Accelerate. Innovate” vision, which continues to guide all we do.

Let us start with the most important fact about the COVID-19 pandemic: it is not over. We must, therefore, prepare for the future while the present is still with us. Despite reductions in morbidity and mortality, the
emergence of new variants that evade immunity and transmit more easily can still prove to be catastrophic. We must not let our guard down. By now, everyone should have access to tests, treatments and vaccines and every country should have the capacity to carry out laboratory and genomic surveillance. But they do not. There is still much more to do to enhance emergency preparedness and response capacities, and overall health systems resilience.

But let us not forget: we have come a long way. More than 1.48 billion people in the Region have completed the primary COVID-19 vaccination series. More than 3 billion vaccine doses have been administered. Five countries of the Region had already achieved the 70% coverage target for primary vaccination by mid-2022, while the remaining countries continue to do their best to reach the target. Reported cases in the Region from January through May 2022 accounted for 66% of those reported in the same period the previous year, alongside a 69% drop in mortality. Social and economic life has in many areas returned to pre-pandemic norms. Offices and markets are open. Industry is operational. In-person schooling has resumed.

The Regional Director addresses the apex meeting of the WHO South-East Asia Regional Health Partners’ Forum on COVID-19. The meeting was attended by several senior partners and stakeholders in health including (clockwise from top right) Mr Harshvardhan Shringla, Foreign Secretary, Mr Ajay Seth, Secretary, Economic affairs, and Mr Rajesh Bhushan, Union Health Secretary, of the Government of India.
From Day 1 of the pandemic, the Region has focused on maintaining and restoring essential health services. Our collective commitment is set out in the Region’s Declaration on the collective response to COVID-19. We are doing well, but in the latest WHO global pulse survey on continuity of essential health services conducted in November and December 2021, nine countries reported at least some level of disruption to at least one essential health service, most commonly primary, community and emergency services. These are the services that matter the most, and there is much to be done if we are to protect the gains we have made in public health in recent years.

As I have said many times before, after the damage inflicted by the pandemic, nobody can deny the link between health and the economy. But it is important that we recognize the magnitude of the economic challenges facing governments across the Region and around the world. It is our job to argue for increased health spending as a good in its own right and as a priority on the route to recovery. But our colleagues in the ministries of planning and financing face tough choices. We need to make the case for health in the most convincing way possible.

Against a backdrop of war in Europe and heightened food insecurity, food and fuel costs have soared, increasing wholesale and consumer prices, and threatening to exacerbate fiscal and current account deficits. Remittance inflows have reduced but for the most part remain above pre-pandemic levels. Tourism continues to recover, with some countries of the Region reporting an increase in visitor arrivals of up to 90% in the first quarter of 2022 compared to the same period in 2021, but still far below pre-pandemic levels. In 2022, the World Bank predicts that South Asia will grow by 6.6%, revised from the January 2022 projection of 7.6%. It also predicts that the East Asia and Pacific region will grow by 5%, revised from the 5.4% projected in October 2021.

Job recovery rates have been highly uneven – especially for women and those with low levels of education – exacerbating social, economic and gender inequalities. Although poverty rates are expected to improve in 2022 and 2023, in the worst-case scenario, food inflation could stay high well into 2023, requiring the maintenance and/or expansion of targeted support measures such as cash transfers. Delayed recovery and the removal of key social safety nets could exacerbate adverse coping mechanisms such as foregone health care, reduced food consumption, and the uptake of high-interest loans. Even in the best-case scenario, large swathes of the Region’s population will continue to face substantial economic pain, despite improvements from the worst days of the COVID-19 crisis.

What does this all mean for health? In short, it means that peoples’ health will continue to be negatively affected by the economic, political and social fall-out from the pandemic. But in addition, the challenges facing individual countries – particularly in relation to food security and commodity prices – have now been exacerbated by global geopolitical events. Until these trends are reversed, tens of millions more people will join the hundreds of millions of our fellow citizens already facing extreme poverty.
Our challenge is, therefore, twofold: first to anticipate, mitigate and respond to near- and medium-term health threats, with a focus on addressing social and economic determinants, leaving no one behind; and second, to identify and invest in the most cost-effective and efficient means to prepare for and prevent similar crises in the future, while continuing to increase overall health and well-being and accelerate towards our eight Flagship Priority Programmes, the Triple Billion targets and health-related SDGs. In other words, to “build back better” – a phrase that, to be meaningful, must be clearly and comprehensively defined.

Towards that goal, countries of the Region have identified two actionable and interrelated pillars.

First, reorienting health systems towards strong primary health care (PHC), as outlined in the Region’s Declaration on COVID-19 and measures to build back better essential health services to achieve universal health coverage (UHC) and the health-related SDGs, unanimously adopted in September 2021, at the Seventy-fourth session of the Regional Committee. PHC services that are comprehensive, integrated at all levels of care, and which include all essential public health functions, achieve the highest possible level of health and well-being. They empower and engage individuals, families and communities, increasing social participation, self-care and self-reliance in health – outcomes that are essential for achieving UHC. Strong PHC-oriented health systems meet people’s health needs close to where they live and work and provide a high return on investment. Between 2001 and 2011, a quarter of all economic growth in low- and middle-income countries resulted from improvements in health, with an average return on investment in health of 9 to 1.

Strong PHC-oriented health systems promote health equity, help mitigate the social and economic determinants of health, and reduce out-of-pocket spending. Among all WHO Regions, the South-East Asia Region has the highest proportion of out-of-pocket spending on health, in addition to accounting for a disproportionate share of the world’s poor. As highlighted by the COVID-19 pandemic, strong PHC services are critical for preventing, preparing for, responding to, and recovering from a range of health threats, while at the same time maintaining essential health services – a point specifically emphasized by experts and Member State representatives at
a series of WHO-coordinated meetings in October 2021 on lessons learned from the pandemic.

To implement the Declaration, and to operationalize the PHC approach, in December last year the Region launched its new Strategy for Primary Health Care, which prioritizes seven values and 12 strategic actions that are interdependent, overlapping and non-exhaustive. The Strategy is based on the values of universality, equity, solidarity and accountability. It is grounded in the conviction that PHC services must be people-centred, resilient and adaptive, and informed by local knowledge. It is evidence-driven and aligned with the global operational framework for PHC. It recognizes that while the PHC approach is the only approach that can deliver on our goals, the path to building strong PHC-oriented health systems is somewhat more flexible, and must account for differences in socioeconomic development, demographics, history, and political and administrative contexts, among other factors.

But while each country must chart its own course, all countries have rich, context-specific experience to draw on. It was after all the Member States of the South-East Asia Region that pioneered the establishment of “health units” in the 1920s, the push for “social medicine” in the 1930s and hosted the 1937 Bandung Conference on Rural Hygiene. The Conference directly inspired the global PHC movement, embodied in the 1978 Declaration of Alma-Ata, and reiterated in the 2018 Declaration of Astana. Over the past decade, the Region has intensified efforts to strengthen PHC, with a focus on better integrating noncommunicable disease (NCD) services, in line with the 2016 Colombo Declaration, as well as increasing access to essential medical products and strengthening human resources for health, both of which are core priorities within the Region’s Flagship on achieving UHC.

The second major challenge is to prepare for and prevent future health emergencies, for which the Region has developed a Strategic Roadmap on Health Security and Health System Resilience for Emergencies. The Roadmap draws on and reflects the Region’s longstanding focus on strengthening emergency risk management, which since 2014 has been a Flagship Priority. It is informed by extensive Member State and expert consultations;
it is aligned with and builds on the 2019 Delhi Declaration on Emergency Preparedness; and it supports full compliance with the International Health Regulations (2005). The Roadmap incorporates the lessons learnt from the pandemic and links work in this Region with the Asia-Pacific Strategy for Emerging Diseases and the Sendai Framework for Disaster Risk Reduction. It also highlights specific regional challenges such as access to essential emergency medical products and the need to strengthen regional vaccine and medical product manufacturing.

While the Roadmap sets out what needs to be done, if there is one lesson that the world has learned from the pandemic, it is that plans without political support and adequate investment do very little and can in fact help prolong the cycle of panic and neglect. Governments globally and in the Region must, therefore, back high-sounding aspirations with real resources – and the resources that are required are not just financial but also human.

Of critical importance to both pillars of the Region’s “build back better” vision is strengthening human resources for health (HRH), for which countries must not just sustain but accelerate progress made under the Decade for Strengthening HRH. Since 2015, the Region has increased the density of doctors, nurses and midwives by more than one fifth. Almost all countries of the Region have met and surpassed the original WHO threshold of 22.8 doctors, nurses and midwives per 10 000 population. Three countries have also surpassed the threshold density of 44.5 doctors, nurses and midwives per 10 000 population, identified in the 2016 WHO Global Strategy on Human Resources for Health. Member States have, in recent years, enacted a series of major reforms to improve health workforce quality and distribution, and health workforce education that is better aligned with population health needs. Globally, for all countries to achieve SDG3, WHO estimates that an additional 10 million health workers are needed by 2030. At present, the South-East Asia and Africa regions have the largest needs-based shortages of nurses and midwives, who make up nearly 50% of the global health workforce.

Equally important are smarter investments that are aligned with current and future health needs, that account for labour market dynamics, and match health worker education and training with health system and population requirements. Globally, 20–40% of all health spending is wasted, a significant proportion of which is caused by health workforce inefficiencies. By optimizing the existing health workforce – including by strengthening multi-skilled PHC teams – and by increasing accountability through better governance and oversight, countries can significantly increase savings and efficiency, while maximizing the quality and coverage of health services. Concurrent improvements in health worker safety, motivation and satisfaction will also increase health worker retention and performance and promote a series of knock-on social and economic benefits, such as gender equality (SDG5) and decent work and economic growth (SDG8). Given that an estimated 70% of all health workers are women, gender-sensitive attraction and retention policies such as increased
leadership opportunities, enhanced career development pathways, paid sick leave and the provision of safe and accessible menstrual products are especially needed, as are family and lifestyle incentives, hardship allowances and grants, and adequate working tools – including personal protective equipment – more generally.

The Region must continue to lead globally on the ethical management of health worker migration, while at the same time incentivizing health workers in the Region to continue to work here, for example by offering better conditions, pay and allowances. Over the past decade, there has been a 60% rise in the number of migrant doctors and nurses working in Member countries of the Organisation for Economic Co-operation and Development (OECD), with the South-East Asia Region accounting for almost 50% of all health personnel from the top five countries of origin. In both sending and receiving countries, the health sector must actively promote WHO’s “health-in-all-policies” approach, coordinating with ministries of labour, education, trade and other relevant ministries. Diplomatic and legal issues in particular must be thoughtfully managed, leveraging innovative, out-of-the-box solutions such as the Global Skill Partnership for health, a migration model that aims to ensure that workforce mobility contributes to equitable and sustainable development. The WHO Global Code of Practice on the International Recruitment of Health Personnel must continue to ground all ethical considerations.

We are at a defining moment in public health history. Over the past two-and-a-half years, the Region and world have witnessed immense, transformative change – some good, some bad, and some of as-yet-unknown utility. We must now identify and leverage those trends that will accelerate our mission, drive rapid and sustained progress towards UHC, health security and “Health for All” in the months, years and decades ahead.
First, public health and well-being must continue to be a core fiscal and policy priority. The COVID-19 crisis has demonstrated the centrality of health to all areas of social and economic development, highlighting that social and economic security are dependent on health security. Health must therefore be allocated adequate, predictable and sustainable financing. Although nine out of 10 countries in the Region for which data are available increased domestic government expenditure on health by a factor of two or more between 2008 and 2018, in most, private spending per capita remains higher than public spending per capita. Just two countries of the Region for which data are available allocate 10% or more of domestic government expenditure on health as a percentage of general government expenditure, and six provide information to generate expenditure on PHC as a percentage of GDP in their national health accounts. The upshot? Today, ministries of health have the best chance of maintaining health budgets and funds to strengthen health
systems and PHC. At least, a higher proportion of the public resources available for health should be allocated to PHC.

Increased government spending aimed at reducing financial hardship is especially needed. Even before the pandemic, in 2017, around 247 million people in the Region faced catastrophic health spending. An estimated 117 million people were pushed or further pushed below the purchasing power parity poverty line of US$ 1.90 a day. In several countries, the share of out-of-pocket expenditure as a percentage of current health spending is very high. In others, it has increased. Across the Region, countries should fully implement core UHC objectives and strategies aimed at increasing financial protection and coverage of essential health services. Countries that have achieved high levels of financial protection have done so primarily through high levels of public financing, which is itself indicative of a high level of political commitment. At a time when health is at the forefront of political and public consciousness, together we must not only strengthen high-level commitment, but also delivery.

Second, public engagement, participation and community empowerment for health must continue to be actively promoted. Throughout the COVID-19 response, decision-makers and influencers at all levels have worked alongside communities to inform, engage and empower. They have mobilized hitherto unimaginable levels of participation and ownership. We must now harness that momentum to strengthen emergency preparedness and response, ensuring that each country intensifies implementation of its risk communication and community engagement (RCCE) plan. Specific needs are policies and systems on infodemic management, which should be accompanied by the establishment of a regional infodemic alliance, as well as a regional centre for excellence in RCCE.
But across all areas of health, momentum to increase participation and empowerment – especially among disadvantaged groups – must be accelerated. In the battle against NCDs, policy-makers can transfer and reorient power to affected groups and those with lived experience, leveraging their unique insights and knowledge to shape policies and programmes, and to design and deliver health care. Young people in particular should be more effectively targeted, with a focus on promoting healthy lifestyle habits that prevent NCDs and the premature mortality they cause. Inclusive and ongoing engagement and empowerment are especially needed to achieve our Flagship Priority on eliminating neglected tropical diseases and other diseases on the verge of elimination, and to reduce morbidity and mortality from communicable diseases such as HIV, TB, malaria and hepatitis.

Third, action to create healthier environments must be intensified. Throughout the COVID-19 response, inadequate housing and insufficient access to clean and safe water has facilitated viral spread. Exposure to ambient and indoor air pollution has negatively impacted clinical outcomes. This, in a context in which 1 in 4 people globally lack safely managed drinking water in their homes, and just 50% of health-care facilities in least
developed countries provide basic water services. Between 2030 and 2050, climate change is expected to cause an additional 250,000 deaths per year globally from an array of climate-sensitive hazards such as malnutrition, malaria, diarrhoea and heat stress.

Towards a Region and world in which clean air, water and food are available to all, where economies promote physical and mental health and well-being, where cities are liveable, and where people have control over their health and the health of the planet, Member States continue to achieve measurable and sustained progress. Seven cities in the Region are now participating in the WHO Urban Governance for Health and Well-being initiative. All countries of the Region have in place national action plans to prevent and control NCDs, including by increasing access to safe and healthy food, and by addressing household and ambient air pollution. Access to basic sanitation in the Region is now close to 70%, while several Member States have achieved coverage of more than 90%. All countries have identified key health vulnerabilities and continue to “green” the health sector, in line with the 2017 Malé Declaration on Building health systems resilience to climate change.

Fourth, efforts to identify and address pre-existing and new vulnerabilities and health inequities must continue to be strengthened. In the South-East Asia Region and across the world, SARS-CoV-2 – as with other communicable diseases – has proved to be indiscriminate in who it infects based on exposure. However, exposure itself has been mediated by a range of social and economic factors, as have been clinical outcomes and overall social and economic impact. Thus, in the ongoing response and recovery from the crisis, countries must intensify efforts to ensure that all health systems, policies and programmes are equity-enhancing, meaning that they reduce barriers to good health and health service access, especially on the demand side. But at the same time, the health sector more broadly must catalyse and/or sustain multisectoral action to enhance social and economic support for impoverished and marginalized groups – whether through direct cash transfers, nutrition support or other innovative programmes – and also prevent and respond to violence against women, which has increased during the pandemic.

The Regional Director signs a memorandum of understanding with officials of the Ministry of AYUSH at a special event with the Government of India
Through it all, we must continue to not just ask, but also answer a simple question: who is missing out and why? To do this, health information systems must continue to be strengthened, ensuring that data are stratified and analysed by key equity indicators such as sex, income and age; that they prioritize the needs of PHC providers and managers; and that they are shared with communities and civil society to promote accountability and trust – values that are at the core of WHO’s Regional Strategy for PHC. In July 2021, WHO convened a regional conference on strengthening health information systems to support evidence-based policy and decision-making. It continued to update and manage the Regional Health Information Platform, an integrated database of country health indicators from WHO global health estimates and nationally reported values. Across the Region, WHO will continue to support Member States to standardize health information systems using the SCORE for Health Data Technical Package, which empowers and enables governments to address data gaps, invest in scalable solutions, and take informed policy action.

In each of these areas and more, strong, inclusive, sustainable, and well-coordinated partnerships will continue to be critical to WHO’s work, and to the Region’s overall efforts to strengthen the COVID-19 response, build health system resilience, and reorient health systems towards strong PHC. The WHO-led UHC Partnership, a platform for international cooperation on UHC and PHC, shows how this should be done, with a specific focus on reinforcing national leadership and capacity. It is imperative that old patterns of fragmentation and duplication are eliminated in favour of a unified, cohesive approach that is aligned with national priorities and plans, and which provides countries flexible yet predictable support.

A corner has been turned, but our journey continues. When in 2019 the Region launched its “Sustain. Accelerate. Innovate” vision to complement the updated Flagship Priorities, we did not anticipate a crisis of this magnitude. But amid the COVID-19 response, and the first hopeful-yet-uncertain glimmerings of recovery, that vision remains very much central to how we as a Region conceptualize and define our priorities, and has directly inspired our strategic approach to building back better, more equitable and resilient health systems, together. Towards that goal, may our vision be fixed, our partnership true, and our progress swift and sustained, for a healthier, more equitable, sustainable and health-secure South-East Asia Region and world.
Bangladesh

Highlights

- Bangladesh sustains progress towards achieving the Sustainable Development Goals (SDGs).
- Progress maintained on securing better health for smooth transition from the least developed country category.
- COVID-19 vaccination campaign rolled out, including for Rohingya refugees.
- Efforts continue to reduce preventable morbidity and mortality among the Rohingya refugees and the affected host population in Cox’s Bazar.
- Action on tackling noncommunicable diseases (NCDs) accelerated.
- Local communities supported to respond to COVID-19 through behaviour change.

Introduction

As one of the top-performing countries on the Millennium Development Goal (MDG) scorecard, the Government of Bangladesh has reiterated its commitment to achieve the SDGs by 2030. Throughout 2021, WHO continued to work closely with the Government of Bangladesh to strengthen the health sector and improve the health status of the population while simultaneously responding to the COVID-19 pandemic.
By the end of 2021, more than 73 million people, or 43.3% of the eligible population, had received the first dose of the COVID-19 vaccine and just over 51 million people, or 30% of the eligible population, had received both doses. Besides the pandemic-related issues, Bangladesh continued to make impressive progress in other areas of health, including by taking action on the prevention and control of NCDs and their risk factors. These include steps such as regulations promulgated to reduce the amount of trans-fatty acids in foods and oils to 2%, making journalists aware to report responsibly on suicide, and supporting efforts to improve the health of the displaced Rohingya population in Cox’s Bazar.

**Key activities and achievements**

**Sustaining progress towards the SDGs**

Despite the pandemic, Bangladesh has continued to make impressive progress towards meeting the 2030 SDGs with technical support from WHO. For example, Bangladesh has reduced its neonatal mortality rate to below 19 per 1000 live births and under-5 mortality rate to 28 per 1000 live births. Communicable diseases have received exemplary support from the government and the country has maintained HIV infections below 0.1% and hepatitis B incidence below 0.05 per 100 000 people.

Three neglected tropical diseases, namely kala-azar, lymphatic filariasis, and soil-transmitted helminthiasis, have reached elimination levels. Fifty-one of the 64 districts in the country are malaria-free, and innovative technologies and regimens are being implemented and expanded to combat tuberculosis (TB). Snake-bite and rabies programmes are being streamlined in line with recent global guidance. WHO has also provided guidance to prevent and control outbreaks of cholera and dengue.

Overall, Bangladesh has demonstrated gradual improvement in the coverage of essential services by scoring 50% on the health services index. The density of hospital beds per 10 000 population increased from 33 in 2017 to 46 in 2021. The density of health workers per 10 000 population also increased from 17 in 2017 to 21 in 2021, but this remains low against the global threshold. In addition, Bangladesh’s maternal mortality ratio has decreased from 181 per 100 000 live births in 2015 to 163 in 2020. Malnutrition levels, too, have been falling in the past decade.

The incidence of stunting among children decreased from 36.1% in 2014 to 28% in 2019, while during the same period, wasting decreased from 14.3% to 9.8%. The country is now facing the problems related to cases of overweight, which continue to increase. Malnutrition is a multifactorial issue that requires multisectoral and multipronged policies, strategies and plans. Therefore, it is important to review whether existing policies have adequately addressed the direct and underlying causes of nutritional vulnerabilities. In
response, in 2021, WHO supported the Bangladesh National Nutrition Council to conduct a rigorous review of 27 existing policies to identify opportunities to mainstream and operationalize nutrition issues across ministries.

The WHO Country Office also supported the Ministry of Health and Family Welfare (MoHFW) in developing visual and knowledge tools, including the Health SDGs profile of Bangladesh, Annual SDG progress report, and the SDG implementation review, which measure progress against the health-related SDG indicators by gathering relevant evidence and other information from multiple data sources. WHO trained MoHFW focal points on a Triple Billion dashboard that tracks the work of the Organization and countries to meet the Triple Billion targets and health-related SDGs.

In addition, WHO built capacities at the individual and institutional levels through various training programmes, conferences and workshops on SDG components. WHO also provided technical support to develop a country plan towards strengthening health information systems, mechanisms to routinely collect SDG data, health outcomes, and health inequities.

In 2021, the Country Office submitted a story on best practices for the SDGs titled Assessing facility performance to improve health service delivery towards universal health coverage in Bangladesh. This was published on the United Nations Department of Economic and Social Affairs’ website on sustainable development.

The government is continuing to gradually increase its investment in the health sector. To do this, a few targeted approaches have been adopted to address inequity and ensure financial risk protection. These include a pilot social protection scheme for those living below the poverty line, and a review of the current national health-care financing strategy. In addition, the government has implemented demand-side financing in 55 subdistricts (upazilas) to increase the use of maternal services by poor women.
Supporting progress on better health for transition

In 2018, Bangladesh fulfilled the criteria for graduating from the UN’s Least Developed Countries list and is on track to be classified as a middle-income country in 2026. The Country Office continues to provide expansive support to achieve this goal within the target date.

In 2021, this included supporting the MoHFW to conduct a training of trainers (ToT) on antenatal and intrapartum care for 28 health-care providers at the national level and for 144 doctors, nurses and midwives at the district level. To improve the health of newborns, WHO supported the Directorate General of Health Services (DGHS) to finalize and incorporate birth defect indicators into the emergency obstetric and newborn care register and the District Health Information Software (DHIS)-2 to strengthen surveillance activities. DHIS-2 is a software that is used in more than 70 countries around the world. In Bangladesh, DHIS-2 pertains to the National Health Information System.

In addition, WHO has assisted MoHFW in implementing its National Adaptation Plan for the Health Sector, building national capacity on emergency preparedness and disease control through strengthened surveillance, laboratory support and case management, as well as strengthening the country’s early warning system, health emergency operations centres (HEOCs), and the emergency medical team. Importantly, WHO continues to support Bangladesh’s Expanded Programme on Immunization (EPI), which prevents approximately 200,000 deaths per year.

Despite the pandemic, Bangladesh continued to maintain high coverage of the measles and rubella vaccine to meet the goal of elimination by 2023. In late 2020, MoHFW launched a nationwide vaccination campaign that ended in February 2021. WHO surveillance and immunization medical officers supported the campaign, which reached out to more than 36 million children.

Box 1: Supporting Bangladesh’s National Regulatory Authority

The WHO Country Office has been providing technical support to build the capacity of the Directorate General of Drug Administration (DGDA) to strengthen its main regulatory functions. Such support has included the development of standard operating procedures (SOPs), building capacity of staff, enhancing organizational capacity for post-marketing surveillance, and improving collaboration with other regulatory agencies in the Region and beyond. WHO also carried out an external benchmarking mission in July to monitor DGDA progress in achieving “Maturity Level 3” as per the WHO Global Benchmarking Tool for evaluation of national regulatory systems.

National regulatory systems play a key role in assuring the quality, safety and efficacy of medical products in any country and are an essential component of health systems. By achieving Maturity Level 3, Bangladesh will be in the position to regulate vaccines effectively and allow applications for locally produced vaccines to be considered for WHO prequalification. In addition, Bangladesh will be able to procure locally produced vaccines for its routine immunization under the EPI. The use of quality locally produced vaccines will save the country millions of dollars in foreign exchange that can be profitably allocated for other vital health programmes.
The right to Health for All, including for Rohingya refugees

The scale of the humanitarian crisis combined with overburdened health-care services during the COVID-19 pandemic in Cox’s Bazar compounded the risk of poor health outcomes for the Rohingya refugee population. Nevertheless, throughout the year, WHO and other partners continued to support the government to respond to the pandemic and ensure the delivery of essential health services.

As part of the COVID-19 response, 13 isolation and treatment centres for severe acute respiratory infections (SARIs) were established, including a referral pathway to enable the transfer of critical patients with COVID-19 or patients with other serious illnesses to the intensive care unit (ICU) at the District (or Sadar) Hospital in Cox’s Bazar.

Meanwhile, surveillance and reporting mechanisms were strengthened to monitor epidemiological data and guide outbreak response for priority communicable diseases. In 2021, most consultations reported through the Early Warning Alert and Response System (EWARS) were for acute respiratory infections, diarrhoeal diseases, followed by diphtheria and suspected measles cases.

Coinciding with the roll-out of the national COVID-19 vaccination campaign in February, the Government of Bangladesh signed a revised version of its National Deployment and Vaccination Plan (NDVP), which included the Rohingya refugee population as a target group. The first phase of vaccination started in August for Rohingya refugees aged 55 years and above. The second phase targeting refugees aged 18 years and above began in December.
The COVID-19 pandemic has also had a huge impact on the mental health and psychological well-being of the people, as in all countries. Through a series of training sessions, WHO equipped 318 health professionals with training on the Mental Health Gap Action Programme (mhGAP). In addition, WHO provided refresher training to 94 health-care workers on mental health and psychosocial skills in the camps to support those in need.

The number of newborns delivered in health facilities increased from 22% in 2017 to 75% by 2021. Throughout the period, WHO and UNHCR implemented a community engagement strategy that helped increase awareness about facility-based deliveries. As part of this, the community health working group, WHO’s EWARS and the Maternal and Perinatal Mortality Surveillance and Response Subcommittee worked tirelessly to conduct community-based surveillance to reduce the burden of maternal and neonatal deaths.

### Box 2: Promoting urban governance for health
Cities around the world as well as in this Region are facing challenges due to rapid urbanization, high pollution, limited resources and various governance issues. Urban life offers better access to public and social services, greater education and employment opportunities, and advanced health care. Hence, there is always increasing migration from rural to urban areas. However, it also exposes people to health risks emanating from crowded and unhealthy living conditions and air pollution, among others.

### Accelerating action on NCDs
WHO continued to support the WHO Package of Essential NCD Interventions (WHO PEN) and mhGAP initiatives in Bangladesh, increasing access to NCD and mental health services for the community. Suicide is a major public health problem. With support from WHO, the National Institute of Mental Health (NIMH) in Dhaka developed a guideline on *Preventing suicide: a resource for media professionals*, and also conducted workshops on responsible reporting on suicide for media professionals. This is expected to contribute towards suicide prevention, which is one of the major areas of action in the National Mental Health Policy.

Meanwhile, overconsumption of sugar is a dietary risk factor for NCDs and a major contributor to obesity, diabetes and tooth decay. In Bangladesh, the consumption of sugar-sweetened beverages (SSBs) has increased rapidly, particularly among children and adolescents. In 2021, WHO supported the DGHS in its effort to reduce overconsumption of SSBs. A joint technical report by WHO and DGHS titled *Policy options for taxing sugar-sweetened beverages in Bangladesh* in April 2021 proposed introducing a tax on SSBs.

Every year, more than 12 000 people die from excess trans-fat intake in Bangladesh. In an important step to reduce the consumption of trans-fats, Bangladesh’s Food Safety Authority introduced a new regulation to limit the amount of trans-fatty acids in foods and oils to 2%. The Country Office along with the National Heart Foundation of Bangladesh, the
Consumers’ Association, PROGGA-Knowledge for Progress, and the Global Health Advocacy Incubator for the Campaign for Tobacco-Free Kids contributed to the development of the new regulation, which will come into effect on 31 December 2022.

Tackling COVID-19 to prevent deaths and limit morbidity

Bangladesh began its COVID-19 vaccine roll-out in January 2021 with WHO support. The Country Office participated regularly in national-level decision-making parleys as well as in planning and coordination committee meetings and supported the development of the National Deployment and Vaccination Plan. The application documents to be submitted to COVID-19 Vaccines Global Access (COVAX) have been prepared.

In addition, WHO conducted a series of workshops and orientation sessions to improve the skills and knowledge of vaccinators on topics such as infection prevention and control (IPC) and management of adverse events following immunization (AEFI), and developed an application-based COVID-19 vaccination centre monitoring tool for the government and partners to capture real-time gaps for corrective action.

To address the gender gap in vaccination rates, additional female vaccinators were hired at vaccination sites while strategies were also put in place to ensure vaccine equity by targeting urban slums, prisoners, transgender people, persons with disabilities, and those living in rural and hard-to-reach areas.
By the end of the year, more than 73 million people had received the first dose of the COVID-19 vaccine (or 43.3% of the population). Just over 30% also received the second dose. With growing evidence of increasing vaccine effectiveness after boosters, Bangladesh introduced a booster dose for frontline workers and high-risk populations above 50 years of age. Administration of the booster doses began from 29 December 2021.

A major challenge to the pandemic response has been misconceptions and misinformation surrounding the disease. To this end, WHO brought the Association of Development Agencies in Bangladesh (ADAB) on board to engage with a wide range of stakeholders, including the transportation sector, civil society and vulnerable communities in hotspot locations, to encourage behavioural change to reduce the spread of disease.

This involved public awareness campaigns through messages and sermons disseminated in mosques, publicity through designated campaigns on roving three-wheelers, and through social media. These awareness activities were carried out in 90 selected wards of the Dhaka North City Corporation, Dhaka South City Corporation and Chittagong City Corporation, reaching out to more than 2 558 000 inhabitants through 1220 different sets of activities.

The Country Office also engaged with the Bangladesh Community Radio Association (BCRA) to help build awareness for resilience of local communities to respond to the COVID-19 pandemic and any future health emergencies. To this end, BCRA reached out to 2.5 million listeners through more than 12 000 hours of airtime from 18 community radio stations with messages on COVID-19 health precautions and vaccination uptake.
Partnerships

The pandemic has indeed tested WHO’s partnership and collaboration levels with the MoHFW and the government. As the co-Chair of the Health Development Partners’ Consortium, which comprises bilateral and multilateral donors, UN agencies and other partners, WHO continued to provide technical support and guidance on policy and operational issues, such as setting priorities, developing result frameworks, and monitoring and evaluation.

WHO played a critical role in coordinating health development partners to support the government to respond to the COVID-19 pandemic and helped provide leadership with the “seven pillars” of the Preparedness and Response Plan for COVID-19 in coordination with MoHFW and other partners. The Country Office continues to play an active role in the UN Country Crises Management Team for the COVID-19 response.

In 2021, WHO secured a 76 million Swedish krona (US$ 8.5 million) grant from the Embassy of Sweden in Dhaka, Bangladesh, for a four-year collaboration that will focus on achieving multiple objectives. These include accelerating Bangladesh’s progress towards achieving universal health coverage (UHC) through strengthening the country’s health financing functions; preventing, detecting and responding to the emergence of antimicrobial resistance (AMR); and reducing the treatment gap for mental health conditions by strengthening care delivery.

In the context of the Rohingya humanitarian and refugee crisis, the WHO Emergency Sub-Office at Cox’s Bazar continues to support activities in the capacity of the lead coordinator for the health sector response, which brings together more than 100 local and international health partners.

In response to urban health challenges, WHO began its Urban Governance for Health and Well-being Initiative to generate collective solutions to enhance health as part of a whole-of-government and whole-of-society approach. Bangladesh’s third largest city, Khulna, was selected as one of the five cities to join the first phase of this initiative. As such, the Country Office is supporting the Khulna City Corporation and the NCD Control Programme of the DGHS to promote health, well-being and equity through good urban governance, multisectoral collaboration and civic engagement.

Looking ahead

In 2022, WHO will continue to support the Government of Bangladesh to sustain and accelerate its progress in the health sector while simultaneously responding to the Rohingya humanitarian crisis and the ongoing COVID-19 pandemic and other public health emergencies.
In collaboration with the government, WHO will implement the four priorities of the newly approved and endorsed Country Cooperation Strategy (CCS) 2020–2024. This includes health systems strengthening; promoting healthy lifestyles; preventing risk factors and protecting people from emerging and re-emerging diseases; creating an enabling environment for healthy lives and well-being; and strengthening health system resilience to mitigate the effects of climate change and efficiently manage health emergencies, including disease outbreaks. In addition, in collaboration with other UN agencies, WHO will actively participate in the implementation of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026 for Bangladesh.

Along with the MoHFW, WHO will also monitor the implementation of the workplan for the Programme Budget 2022–2023. The Rohingya crisis continues to remain in a protracted stage with both the refugee population and the host community in Cox’s Bazar extremely vulnerable. Beyond COVID-19, Cox’s Bazar is disaster-prone and climate-vulnerable with a high population density – it is the largest single refugee settlement in the world – and there is the potential for outbreaks of communicable diseases such as diphtheria, measles, cholera, chicken pox and dengue.

In 2022, the Country Office will continue to respond to COVID-19 in the refugee camps with key partners. WHO will also continue to invest in ensuring the delivery of essential services to sustain the achievements of 2021 and increase resilience for the future.
Bhutan

Highlights

▫️ The United Nations System in the Kingdom of Bhutan, including WHO, receives the Royal Order of Bhutan (Druk Thuksey or “Son of the Heart of the Thunder Dragon” Medal) from His Majesty King Jigme Khesar Namgyel Wangchuk in recognition of 50 years of exceptional service to the country.

▫️ The COVID-19 vaccination programme is launched with WHO support. By the end of 2021 Bhutan had fully vaccinated more than three quarters of its population with two doses.

▫️ Bhutan maintains a level of zero health worker infections from COVID-19 through 2021.

▫️ WHO’s PEN HEARTS is scaled up to include five districts following its successful implementation in four pilot districts.

▫️ Bhutan strengthens its workforce through the development of the human resources for health (HRH) Strategic Plan and National Strategic Nursing and Midwifery Plan.

▫️ The three-year United Nations Partnership for the Rights of Persons with Disabilities (UNPRPD) project is completed with the coordination of WHO.

Introduction

Like most countries across the world, Bhutan continued to be affected by the COVID-19 pandemic in 2021 and endured numerous
restrictions, disruptions and challenges. The WHO Country Office and the Ministry of Health (MoH) of the Royal Government responded with innovative and strategic interventions to ensure minimal disruptions in the delivery of essential health-care services. The country maintained zero COVID-19 infections among health workers for the second year in a row. The lessons learnt from the past year led to a more resilient health system with renewed commitment and investment in the health sector in 2021.

Aside from responding to COVID-19, Bhutan made important strides in other areas. It developed a National Strategy on Healthy Ageing, an HRH Strategic Plan and a National water, sanitation and hygiene (WASH) plan in Health Care Strategy. The MoH also prioritized the distribution of more than 50 drinking water and handwashing stations in hospitals and public institutions to make safe drinking water accessible to more people and to strengthen IPC measures during the pandemic while WHO procured four speed detectors in response to increasing traffic injuries caused by speeding vehicles.

**Key activities and achievements**

**Addressing neglected tropical diseases and AMR**

Following the success of the deworming programme, which led to a significant reduction in the prevalence of soil-transmitted helminthiasis (STH) from 16.5% to 1.4% in the past
18 years, WHO convened a policy dialogue with the High-Level Committee for the School Health Programme of the ministries of health and education.

The purpose of the dialogue was to share WHO guidelines and recommendations on STH. The government adopted the recommendation from the dialogue to change the frequency of deworming from twice to once a year from 2022. The Country Office also supported a revision of the leprosy management guidelines, which adopted the latest treatment guidelines as per WHO recommendations. Like previous years, WHO continued to provide multidrug therapy (MDT) to treat leprosy cases in the country.

For World Antimicrobial Awareness Week 2021, WHO provided both technical and financial support for the development of a comprehensive awareness programme that included a social media campaign on AMR and a video that was aired on national television and was viewed by at least 10% of the country’s population. In addition, Bhutan enrolled in the Antimicrobial Consumption surveillance (AMC) module through the Global Antimicrobial Resistance and Use Surveillance System (GLASS) with WHO support. GLASS-AMC aims to collect standardized national AMC data on an annual basis.

**Box 3: COVID-19 vaccine rolled out successfully**

In 2021, Bhutan made headlines when it became one of the first countries in the world to achieve significant COVID-19 vaccine coverage within a short span of time. It achieved this feat by rolling out the vaccine in the campaign mode to the entire eligible population with WHO support. By the end of the nationwide two-week vaccination campaign, more than 87% of the adult population had received the first dose. By the end of 2021, 76% of people had received two doses of the vaccine.

WHO provided comprehensive support from the initial stage of planning through to logistic support, training and post-evaluation phases. For example, WHO funded and participated in facilitating the ToT of health workers on vaccine roll-out, including storage requirements. More than 70 officials were trained, who further imparted training to almost 400 health workers across the country. The government’s proactive role in mobilizing vaccine donations was topped up by procurement efforts and ensured that the country secured adequate doses of the vaccine for the entire eligible population. Within two days of the vaccines arriving in Bhutan they were transported to all 20 districts, with WHO supporting their delivery in remote locations by helicopter. Following the first nationwide first-dose campaign, Bhutan became the first country in the Region to conduct an intra-action review (IAR) that led to better planning and execution of the second-dose phase.

**Strengthening health emergency preparedness and response**

WHO supported MoH to carry out an intra-action review (IAR) on COVID-19 preparedness and response, which enabled the government to identify gaps and ways forward – not just for COVID-19 but for other protracted public health challenges. To test the preparedness and response of health-care facilities, WHO supported MoH in carrying out simulation and drills in 13 district hospitals and two regional referral hospitals.
Bhutan’s health help centres (HHC) plays a critical role during emergencies through the provision of ambulance services, health counselling and advice. In response to the pandemic, the number of HHC hotlines grew to meet the demand. WHO supported the development of medical algorithms to strengthen the HHC in providing effective telehealth services during emergencies in the country, including improving the existing medical triage system.

**Accelerating action on maternal, newborn and child health**

To reduce preventable maternal, newborn and child deaths by improving the quality of care, MoH introduced the point-of-care quality improvement (POCQI) package in maternal and child health-care services in 2017 with WHO support. In continuation of the project, and in view of the pandemic, MoH with support from WHO developed a blended course module for total quality management (TQM) using the POCQI module and the Bhutan Healthcare Standards for Quality Assurance.

The module was developed jointly by experts from the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB), Thimphu, and the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), also in Thimphu, involving a multidisciplinary team.

Subsequently, between April and July 2021, the Maternal and Child Health Programme conducted a ToT that trained 56 officials from national referral hospitals and the university. The main objective was to train health workers on quality improvement with a view to further reduce maternal and neonatal deaths. WHO also supported the development of the National Strategic Nursing and Midwifery Plan in line with the WHO Global Strategic Directions for Nursing and Midwifery 2021–2025.

**Addressing risk factors for NCDs**

In 2021, PEN HEARTS was scaled up following a successful pilot in four districts. The technical package was scaled up to five districts through a mentor–mentee approach with partners, including the KGUMSB, MoH and District Health Authority, with WHO support. The university trained more than 40 health workers from primary health care (PHC) settings in five districts. WHO supported videoconference facilities to promote virtual learning environments and peer leadership. More district health workers will be trained on PEN HEARTS to further scale up the package in the coming months.

WHO also collaborated with Bhutan on tobacco control and supported the Bhutan Narcotics Control Agency (BNCA) with the procurement of nicotine replacement therapy (NRT) supplies. A three-day workshop on tobacco dependence treatment with more than 50 school counsellors, clinical counsellors and BNCA officials was held. The BNCA will expand the availability of NRT services in districts and has plans to integrate it into PHC settings.
WHO supported Bhutan to update its policy on the harmful use of alcohol. It has been reviewed by the Gross National Happiness Commission and forwarded to the Cabinet of the Royal Government for endorsement. In addition, mhGAP interventions continued to be scaled up to strengthen health workers’ capacity to deliver mental health services that keep patients at the centre of care.

Since the pandemic began, Bhutan’s Mental Health Response Team has trained more than 20 000 frontline workers and community volunteers across the country to identify risk factors for suicide, provide basic psychosocial support to community members in distress, and to make referrals. WHO psychological First Aid+ modules were adapted and used during the training. The response team also conducted over 200 webinars on suicide prevention, mental health, and substance abuse management, which was not only beneficial for the community but also for the trainers themselves.

In addition to frontline workers and community volunteers, 140 first responders – district doctors, mental health workers and clinical counsellors – were trained to effectively manage self-harm and suicide. Funded by WHO, a ToT programme on suicide prevention and management, with a focus on strengthening the national suicide case registry, was conducted. Awareness-raising activities on the harmful effects of alcohol also continued throughout the year.

WHO supported a review of the country’s multisectoral action plan for the prevention and control of NCDs along with a study on trans-fatty acids (TFA) to stimulate policy decisions and the formulation of regulations to effectively monitor TFA consumption.
Strengthening health systems

In an important step, Bhutan revised its National Health Policy to meet current and future needs through the implementation of innovative strategies and interventions, with WHO support. The policy has been designed to be more progressive, transformative and inclusive, with better health leadership and governance to achieve UHC and the health-related SDGs. In addition, a focused policy-level meeting was held to discuss Bhutan’s current fiscal situation, macrofiscal outlook, and health financing risk against the backdrop of the country’s high debt rate and economic contractions influenced by the COVID-19 pandemic.

The Country Office also provided support to revise and develop innovative and needs-based pre-service health education modules and guidelines, and a system for continued education and development of in-service health professionals with KGUMSB and the Bhutan Medical and Health Council (BMHC). WHO also supported KGUMSB to develop guidelines for an internship programme to address the health system needs of the country. As MBBS graduates are educated abroad, internship guidelines help align the knowledge and skills of new graduates to the national health system. The guidelines have also been designed to garner health leadership towards providing improved service quality and people-centred PHC.

WHO also supported focal capacity development of DHIS-2 at both the national and subnational levels. The training was crucial as DHIS-2 is widely used for data collection, collation and interpretation. In continuation of this, the Civil Registration and Vital Statistics

Box 4: Bringing health-care services to hard-to-reach areas

Challenging geographical terrain, a scattered population, and limited resources along with the COVID-19 pandemic continued to impede Bhutan’s pursuit of a comprehensive approach to PHC services to achieve UHC. About 4.6% of the Bhutanese people walk for more than three hours on average to reach the nearest health facility, while over 2% walk more than three hours just to get onto the nearest roadhead to such a health facility. Bringing essential health care to these communities requires a strategic outreach approach involving different stakeholders, particularly the communities themselves.

The MoH developed guidelines on the planning and implementation of outreach programmes that include delivery of essential health-care services to the population living in the higher altitudes and other hard-to-reach areas. The people of Lingzhi in Thimphu district live at an altitude of more than 4000 metres above sea level and migrate seasonally with their livestock. In late 2021, WHO partnered with MoH to conduct advocacy and awareness activities on public health among the Lingzhi community. This offered a unique opportunity for locals to interact directly with the honourable Minister of Health, H.E. Lyonpo Dechen Wangmo, and learn about critical health topics, such as the prevention of NCDs, sexual and reproductive health and WASH.

The WHO Representative also educated people on ways to prevent COVID-19 infection. In addition, a medical camp was held with professionals providing general to specialized medical care. Over 550 people came for screening, diagnostic and treatment services. Emulating a similar mode of service delivery will be critical to reaching unreached populations and enhancing progress to achieve the health goals.
Strategy was developed to guide stakeholders on how to improve data collection and reporting on births and deaths, with support from the Country Office.

Considering the role that social determinants play in achieving positive health outcomes, WHO supported a gender mainstreaming meeting with MoH programmes at both the national and subnational levels, along with a virtual training on health systems strengthening to ensure survivor-centred response to gender-based violence (GBV) in the Region, in collaboration with the United Nations Population Fund (UNFPA). Following the training, WHO and UNFPA helped develop with stakeholders a national guideline for the management of survivors of intimate partner violence and sexual violence in health facilities to strengthen the health sector’s response to violence.

As Bhutan’s urban population growth rate is the highest in the Region, WHO provided technical support to strengthen urban health governance and healthy city initiatives. A multisectoral cost action plan with a specific focus on urban health governance and healthy cities was developed to foster multisectoral collaboration.

**Partnerships**

The WHO Country Office continues to collaborate with a wide range of partners in Bhutan. These partnerships include:

- collaboration with the MoH, district health authorities and KGUMSB to expand PEN HEARTS to five districts. The mentor–mentee model has enabled the university to develop its knowledge and skills on the prevention and control of NCDs, with plans for it to establish an NCD centre in the next biennium;

- collaboration with the United Nations Children’s Fund (UNICEF) and the Netherlands Development Organization (SNV) on the distribution of washing and drinking water stations to primary health centres to strengthen WASH in health-care facilities;

- collaboration between the Country Office and the Bhutan Food Agriculture Regulatory Authority to hold a three-day advocacy workshop on food safety. The workshop gathered over 50 participants from various institutions such as the Bhutan Chamber of Commerce and Industry, World Food Programme (WFP), Ministry of Economic Affairs and the media. The workshop aimed to promote best fair-trade practices and public health within the framework of Codex;

- advancing the rights of persons with disabilities in Bhutan, through the United Nations Partnership for the Rights of Persons with Disabilities (UNPRPD) Project, which was fully implemented between 2018 and 2021 by multiple UN agencies, including WHO, UNDP and UNICEF in collaboration with the Gross National Happiness Commission, MoH, Ministry of Education, Disabled Persons Organization, and the Taxi Association of Bhutan;
collaboration between WHO and UNFPA to conduct a virtual training on health systems strengthening to ensure a survivor-centred response to GBV in the Region. Following the training, WHO and UNFPA worked with a range of other stakeholders to develop critical guidelines on the management of survivors of violence in health-care facilities.

Looking ahead

The COVID-19 pandemic has highlighted the need for Bhutan to strengthen its health system to effectively respond to disasters, including health emergencies, while ensuring the provision of uninterrupted routine essential health-care services. The gains achieved so far by investing in health through the PHC approach must be sustained through continued investment in global health best buys and interventions.

In view of the above, WHO will ensure continued technical support and coordination with the MoH towards promoting UHC. Policy dialogue and advocacy work will continue to emphasize the importance of investing resources to prevent and control NCDs, communicable diseases and health emergencies, and to build a resilient health system. Concerted efforts will be made to integrate best buy technical packages of various programmes into the curriculum at KGUMSB and in PHC settings.

Taking stock of the disparity in service coverage, WHO will work with MoH, development partners and nongovernmental organizations (NGOs) to bring essential health-care services to the vulnerable and those in hard-to-reach areas. Focus will be placed on adapting service delivery models that will best serve local contexts and needs.

Given the unpredictable nature of the pandemic, the health system will be compelled to adapt to e-health technology and solutions. As part of strengthening the health research and information system, WHO will continue to support MoH in realizing the full potential of information technology, such as m-health and the e-Patient Information System. Greater investment on these fronts will facilitate integrated and patient-centred services to the people and at the same time generate real-time and long-term local evidence to inform policy decisions.
Democratic People’s Republic of Korea

Highlights

- DPR Korea records another year with zero cases of COVID-19 following the continued implementation of stringent public health and social measures for containing its spread.
- Influenza surveillance is sustained throughout the year.
- COVID-19 surveillance is integrated with influenza surveillance.
- Medicines for NCDs are received following sustained advocacy.

Introduction

The Democratic People’s Republic of Korea (DPR Korea) continued to face most of the challenges it had in previous years – international economic sanctions that affected the flow of finances, inability to procure essential health commodities, and the inability to conduct capacity-building activities. The fluidity and unpredictability of the global COVID-19 pandemic situation only aggravated the existing challenges.
Nevertheless, DPR Korea sustained its stringent COVID-19 preventive measures, which remained the country’s top priority throughout the year. As international borders remained shut throughout 2021, there was almost no economic and trade activity, and the importation of medicines and COVID-19-related commodities remained stranded outside of the country with all movement of goods stalled.

In addition, the continued absence of WHO staff from the Country Office due to travel restrictions that followed after Pyongyang closed its international borders as a COVID-19 precaution severely impacted the implementation of activities in 2021. Despite these challenges, WHO continued to provide technical assistance through remote virtual communication platforms in priority programme areas involving all three levels of the Organization.

Key activities and achievements

Sustaining ‘zero COVID-19’

In 2021, WHO continued to work with the Ministry of Public Health (MoPH) to support DPR Korea’s efforts to respond to COVID-19 while continuing to maintain zero cases. The long international border shared with the People’s Republic of China places DPR Korea at increased risk, particularly with sporadic reports of outbreaks of COVID-19 cases from the provinces across the border.

DPR Korea developed its national Strategic Preparedness and Response Plan (SPRP) in 2020 and revised it in 2021 based on new WHO guidelines. Importantly, COVID-19 surveillance was integrated with the influenza surveillance platform, with weekly surveillance reports throughout the year shared with WHO. In addition, weekly COVID-19 information and scientific data were disseminated through the newspaper *Inminbogon* published by the National Health Education Institute (NHEI).

The Country Office continued to help strengthen surveillance, laboratory diagnosis, case management and infection control by procuring equipment, emergency medicines and other commodities. However, due to continued border closures in line with the national COVID-19 measures, WHO was unable to bring into the country several batches of commodities that included reverse transcriptase-polymerase chain reaction (RT-PCR) machines and biomedical equipment.

With international staff being forced to work remotely as well, interactions with the national personnel at the WHO Pyongyang Country Office were limited to virtual platforms and communications. Nevertheless, DPR Korea was able to sustain “zero COVID-19 case” status in 2021.
Sustaining influenza surveillance

Despite the stringent COVID-19 measures being implemented, DPR Korea has sustained regular influenza surveillance. Throughout the year, the country has regularly been reporting to FLUNET and FLU MART through the Regional Office. There has been continuous collection and transportation of samples of cases of influenza-like illnesses (ILI) and SARI from sentinel sites for testing and detection by the national laboratory situated at the Central Hygiene Anti-Epidemic Institute (CHAEI) in Pyongyang. The samples are tested and the results consolidated and sent to the WHO Regional Office every month.

*Fig. 1. Number of specimens positive for influenza by subtype*

There has been a steady decline in the number of ILI/SARI cases as stringent infection control measures have been put in place since the onset of the COVID-19 pandemic. Widespread campaigns on hand hygiene and cough etiquette were rolled out, and this may have also led to a reduction in the number of cases. A training session was held for 50 health workers from different provinces on SARI/ILI surveillance and another training session carried out for 30 health workers on the management of laboratories for pandemic influenza preparedness, sample collection and transportation.
Integrating COVID-19 surveillance with influenza

The Global Influenza Surveillance and Response System (GISRS) has been at the forefront of the concerted global and national response to the COVID-19 pandemic for the detection of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Building on capacities developed over decades of influenza surveillance, GISRS laboratories integrated SARS-CoV-2 into laboratory testing algorithms for surveillance to monitor relative trends in co-circulation of influenza viruses and SARS-CoV-2. This helps inform public health decision-making.

In response, an integrated approach to surveillance – including testing ILI and SARI cases for SARS-CoV-2 – was adopted by DPR Korea. The existing influenza surveillance system was used to sustain and continue COVID-19 surveillance. The ILI/SARI samples were tested by RT-PCR for COVID-19 and reported weekly and sent to the Regional Office.
Addressing NCDs

Thanks to the advocacy from the Office of the WHO Regional Director for South-East Asia to the Government of DPR Korea, WHO was able to bring in essential medicines for NCDs into the country in 2021. Medicines for diabetes and hypertension along with a quantity of medicines for paediatric TB had been stranded in the People’s Republic of China in 2020 when DPR Korea closed its borders. WHO successfully transported these items into DPR Korea in 2021. These medicines will support the efforts of MoPH in strengthening its PHC services.

Partnerships

WHO works closely with the MoPH and other health sector partners in the country, namely, UN agencies such as UNICEF, UNFPA and the Food and Agriculture Organization of the United Nations (FAO). WHO also collaborates with the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and NGOs to implement projects of the European Union (EU). Some examples of these partnerships are:

- the Health Sector Working Group of the Humanitarian Cluster Team comprising UN agencies and international partners, including UNICEF, UNFPA and IFRC, which WHO continues to lead;
- the development of the health component of the DPR Korea Response Plan 2021 and DPR Korea Contingency Plan, which WHO coordinated with the same partners as listed above;
- the development of the health component of the Common Country Analysis (CCA) in 2021, again led by the WHO Country Office in association with UNICEF, UNFPA and IFRC.
Looking ahead

Some of the key activities that the WHO Country Office will support in 2022 include:

- developing the DPR Korea Response Plan 2022;
- strengthening national COVID-19 preparedness and response by the MoPH;
- sustaining surveillance for COVID-19 by continuing to integrate it with influenza surveillance;
- enhancing provincial laboratory capacity for diagnosing COVID-19 and influenza through training sessions and the provision of RT-PCR machines and biosafety equipment;
- re-engaging with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to support TB and malaria programmes. The Global Fund had pulled out of its operations in DPR Korea in 2019 due to technical reasons. In 2020, they re-engaged with UNICEF as its principal recipient in the country, and the Country Office is now a sub-recipient for these programmes;
- exploring the feasibility of DPR Korea undertaking a self-assessment to prepare for malaria elimination by 2025;
- providing technical support for the continued roll-out of the measles–rubella (MR) vaccine; and
- continuing to work with UNICEF and UNFPA to improve the quality of home-based risk pregnancy screening and home delivery by skilled birth attendants to reduce maternal mortality.
India

Highlights

- India launches a highly successful COVID-19 vaccination drive in January 2021, with 1500 sites such as schools, primary health centres or clinics offering vaccines on the first day itself, all under WHO monitoring.
- India develops the COVID-19 dashboard and early warning system to monitor epidemiological trends at the subnational level.
- States and Union Territories receive lifesaving COVID-19 equipment, including 4000 oxygen concentrators and 350 cylinders.
- A solidarity trial for therapeutics and 10 unity protocol studies are conducted on transmission of SARS-CoV-2 in health-care settings and communities.
- India conducts extensive risk communication and community engagement (RCCE) with the production of more than 200 risk communication creatives and 1500 radio shows, and engagement with 400 women’s self-help groups.
- The reporting of COVID-19 and pregnancy outcomes (SCOPE), including maternal and newborn outcomes, is standardized.
- More than 2100 national adolescent health counsellors trained on mental health, reproductive health and COVID-19 across the country.
- The India Hypertension Control Initiative scaled up.
Introduction

The WHO Country Office for India supported the Government of India to plan and implement the world’s largest COVID-19 vaccination drive that was launched on 16 January 2021. By the end of the year, 1.443 billion doses of the COVID-19 vaccine had been administered. More than 838 million people had received the first dose and 605 million the second dose, most of them free of cost offered by the Union government, in one of the largest and most successful vaccination campaigns ever. The 18+ years population of India in 2021 was pegged at approximately 970 million.

WHO provided critical support to the Government of India, and the governments of states and UTs, to respond to the pandemic. The gamut of support included training healthcare and frontline workers; strengthening diagnostic laboratories; improving surveillance and data collection; promoting IPC; accelerating research and development; and promoting public health and social measures. The Country Office’s network of around 2600 field personnel were repurposed to provide on-the-ground support to health authorities at all levels.

Notwithstanding the pandemic, India continued to progress on combating tuberculosis (TB) and neglected tropical diseases (NTDs), strengthening health systems, the prevention and control of NCDs, and sexual, reproductive, maternal, newborn, child and adolescent health (RMNCAH). In addition, state action plans on AMR were developed and implemented in many states while training modules were developed for the National Programme on Climate Change and Human Health on air pollution, climate change and adaptation assessments.

Key activities and achievements

Supporting the pandemic response

The WHO Country Office supported the government to continue to respond to the COVID-19 pandemic, including with a comprehensive and colossal roll-out of the vaccine. WHO assisted the Government of India in developing operational guidelines for COVID-19 vaccination, preparing training materials, training vaccination teams, monitoring vaccination sessions and promoting vaccine uptake. Such guidelines included vaccination for pregnant women and vulnerable populations that did not possess photo identification.

More than 260 000 vaccinators and 475 000 other personnel were trained with support from WHO. The Country Office additionally deployed 29 field medical officers to the north-eastern states to support COVID-19 vaccination preparedness, keeping in mind the level of preparations and the need for support in these seven states.
During the second wave of COVID-19 from April to June 2021, WHO supported the surge response by providing 4000 oxygen concentrators to all states to fill critical gaps in oxygen supply, along with other medical goods such as test kits, oxygen cylinders and masks. In the area of surveillance, the Country Office worked closely with governments and other partners to monitor epidemiological trends using a dashboard and early warning system developed by WHO.

House-to-house surveillance campaigns were supported to identify COVID-19 cases in Uttar Pradesh, India’s largest state with a population of nearly 220 million, by providing microplanning, training, monitoring and feedback at the state, district and subdistrict levels. India rolled out its Integrated Health Information Platform (IHIP) with WHO support across all states in April 2021 to provide near-real-time data to the government and public health officials to detect, monitor and respond to outbreaks of more than 30 diseases. The platform provides critical information on COVID-19 cases and hospitalizations.

For its implementation, WHO supported a ToT with more than 2500 health officers and carried out training at the district level for more than 64 000 participants. Additional training support throughout the year included the Ministry of Health and Family Welfare’s (MoHFW) sessions with more than 2100 national adolescent health counsellors on mental health and care during COVID-19. These counsellors effectively reached out to more than 65 million adolescents.

WHO supported the implementation of the whole-genome sequencing (WGS) surveillance application for MoHFW, which provides a real-time platform to collate and
integrate WGS surveillance information from 40 identified genome-sequencing laboratory networks under the Indian SARS-CoV-2 Genomics Consortium (INSACOG), and 372 sentinel sites across the country. This surveillance was to monitor genomic variations of SARS-CoV-2, understand the dominant variant/s and identify new strains, all of which helps in strengthening interventions.

The Country Office also supported a range of other COVID-19 activities, such as help with monitoring the points of entry and implementation of risk-based travel advice and measures. It also participated in the Government of India's Joint Monitoring Group and technical working groups on surveillance, forecasting and research issues for COVID-19.

There was also collaboration over a range of RCCE activities that included, among others, supporting more than 1500 radio shows to address misinformation, stigma and discrimination associated with COVID-19. These were aired in eight different languages and reached millions of listeners every week for two months.

The WHO Country Office collaborated with India’s biggest FM radio station on a campaign on COVID-19 and violence against women. Under this, the Country Office collaborated with Radio Mirchi for two months on a campaign titled COVID ke khilaf, India ek saath (India stands together against COVID-19), which disseminated advocacy messages on the pandemic as well as on violence against women, particularly when couples were confined to the home during the lockdown. This campaign potentially reached out to an audience of 21 million every week.

Supporting the transition from polio to public health

The National Polio Support Project (NPSP), now named the National Public Health Support Programme, was created in 1997 to support polio eradication and was predominantly funded by the Global Polio Eradication Initiative (GPEI). In 2011, India saw its last case of poliovirus, and in 2014 the South-East Asia Region was declared polio-free. Given the success of these efforts, GPEI funds for NPSP are anticipated to end in 2022.

The transition of the NPSP’s operations “from polio to public health” began in 2016 when the Government of India requested that it broaden its polio eradication focus to strengthen routine immunization delivery and support other priority public health initiatives through the gradual handover of sub-state immunization initiatives, surveillance programme implementation and capacity-building to the government.

In 2021, WHO held a transition workshop to review the transition status of technical, financial and human resources within each of the NPSP’s six regions and map a course for complete transition by the end of 2026. Subsequently, five regional workshops were held to review progress on current NPSP-supported activities and to guide NPSP field medical officers to develop state-specific transition plans.
Standardized indicators to regularly monitor transition progress and a dashboard to track and disseminate the advances are being developed. In addition, national-level NPSP technical staff have been paired with regional transition leads to ensure that state programme implementation plans reflect the financial commitments of the state to transition activities. This pairing will also ensure that state transition plans are completed, and risk mitigation activities implemented, to ensure sustained high-quality programme delivery and the enactment of change management strategies.

![Image: A WHO field officer conducts a house-to-house survey on routine polio immunization of under-5 children in a village affected by floods in Bihar, India.](image_url)

**Braving the raging floods in a village in Dumra block of Sitamarhi district in Bihar, India, a WHO field officer conducts a house-to-house survey on routine polio immunization of under-5 children.**

**Strengthening efforts to eliminate communicable diseases**

WHO continued to support the MoHFW in planning, capacity-building, supervision, monitoring, evaluation and promoting research for policy development for the National Tuberculosis Elimination Programme to accelerate the uptake and implementation of various policies at the field level to end TB in India.

As part of this, the Country Office supported the government by joining in visits to five states to review and accelerate planning and implementation to achieve India’s target of ending TB by 2025. WHO supported the Government of India to develop technical protocols, training materials, data collection software, supervisory monitoring and field planning. WHO conducted a training session on the first round of subnational “TB-free” initiatives for verification for certification. The Country Office also initiated a second round of the verification exercise for subnational TB-free certification. This exercise supported 213 districts in 10 states.
The Country Office also supported the transition to a shorter oral regimen for multidrug-resistant (MDR)-TB and the procurement of almost 300,000 courses of a shorter and safer three-month regimen for TB preventive treatment (TPT). WHO developed a TPT scale-up planning tool and supported Global Fund recipient partners to roll out TPT interventions in 184 districts.

On malaria, the Country Office supported India to strengthen surveillance, monitor quality assurance of malaria microscopy, and build capacity for elimination activities. Five national refresher training sessions and four external competency assessments of malaria microscopists were completed between 2019 and 2021. In addition, 570 district malaria officers and vector-borne consultants were trained virtually in Odisha and Jharkhand states and mass screening and treatment campaigns were supported in hard-to-reach tribal areas in Chhattisgarh state.

WHO also supported the National Institute of Malaria Research in Delhi, and the National Institute of Research in Tribal Health in Jabalpur in central India, both institutions affiliated with the apex Indian Council of Medical Research (ICMR), to conduct malaria therapeutic efficacy studies of artemisinin-based combination therapies for the treatment of uncomplicated *Plasmodium falciparum* malaria.

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**Box 5: Reaching 95% vaccination coverage in two days**

The Bankatwa block in the East Champaran district of the state of Bihar became the first administrative unit in the state to achieve 95% COVID-19 vaccination coverage for people aged 18 years and above. This achievement is remarkable because Bankatwa has historically had low routine immunization coverage – only 64.3% – due to challenges relating to difficult terrain, poor health infrastructure and vaccine hesitancy.

Vaccinating the population in this hard-to-reach block required meticulous planning, monitoring, and community mobilization and participation to address vaccine hesitancy. The district administration collaborated with the District Health Society (DHS) and the WHO field team to undertake an extensive microplanning and monitoring exercise for two days to vaccinate 55,000 registered inhabitants spread across 102 villages and hamlets.

The Pulse Polio and routine immunization plans served as a template to help prepare the COVID-19 vaccination microplan. Additional human resources were deployed from neighbouring blocks and district headquarters to operationalize 102 vaccination sites while local influencers collaborated with civil society organizations (CSOs) and religious institutions to promote and endorse the vaccination and ameliorate doubts.

WHO supported the DHS to train 40 data-entry operators for “on-the-spot registration” and community health workers such as auxiliary nurse midwives and community medical officers on the management of AEFIIs. Post-vaccination monitoring activities were led by a WHO surveillance medical officer and field monitors in all 102 sessions in the block.

As a result, 52,000 people received the first dose of COVID-19 vaccine in just two days. The success of the “Bankatwa Special Activity” model showcased how decentralized planning at the block level can bolster vaccine coverage. The state government is now replicating this model in other blocks of the district and beyond.
WHO provided technical support to the National AIDS Control Organization (NACO) and the National Technical Resource Group for HIV care and treatment to develop national operational guidelines for antiretroviral therapy (ART) services and national technical guidelines for HIV care and treatment. Despite the pandemic, WHO supported a variety of training sessions, including a ToT’s workshop in three north-eastern states for community leaders and government staff along with 58 workshops for people living with HIV.

**Accelerating action on NTDs**

WHO supported the Special Leprosy Project (SPL) through the development of a service-delivery model to provide comprehensive leprosy services in hard-to-reach endemic blocks in Odisha and Chhattisgarh states, along with the provision of anti-leprosy drugs. In Chhattisgarh, the project was implemented in 1099 villages in five high-endemic blocks where 3830 paramedical staff, accredited social health activists (ASHAs) and frontline workers were trained on the delivery of leprosy services and provided education for the promotion of early case detection and reducing stigma and discrimination. Heads of 185 high-endemic villages were trained in community education for leprosy.

In Odisha, 1435 villages and 30 urban wards were reached with WHO supporting the creation of a pool of 56 master trainers through skill-based training in five hard-to-reach blocks. WHO teams also assisted trainers to orient 217 supervisors and 1930 frontline workers to optimize regular leprosy surveillance and service delivery.

The WHO Country Office supported the implementation of mass drug administration (MDA) for lymphatic filariasis in 105 districts in 10 states and community transmission assessment surveys in 24 districts in seven states. More than 120 training sessions were conducted on morbidity management and disability prevention at the state, district and block levels. For this, the capacity of more than 1000 health officials was enhanced on providing care for those with lymphoedema. WHO headquarters and the Regional Office also coordinated a donation of nearly 250 million doses of albendazole from GSK Pharma and 44 million doses of ivermectin from the Mectizan Donation Programme. The donations reached India through the auspices of WHO headquarters in Geneva.

WHO, in coordination with MoHFW and the Directorate of National Centre for Vector Borne Disease Control (NCVBDC) organized the second national situational assessment of the Kala-azar Elimination Programme in Uttar Pradesh and West Bengal and supported the development of 11 standard training modules for the health workforce. Furthermore, WHO supported the donation of liposomal amphotericin B injections to treat mucormycosis associated with COVID-19.
Strengthening health systems

Despite the pandemic, India took important steps towards strengthening its health systems. Between 2020 and 2021, six workshops on current good manufacturing practices (cGMP) for 323 micro, and small- and medium-scale enterprises in the pharmaceutical sector were jointly organized by the Regional Office and Country Office in collaboration with MoHFW, the Ministry of Chemicals and Fertilizers, and the Ministry of Science and Technology.

More than 1110 participants were trained on formulations, active pharmaceutical ingredients, medical devices and diagnostics, which was followed by a mentorship programme on the submission of dossiers and adoption of WHO prequalification standards. The workshops have led to facility and systems upgrades and improved understanding of cGMP and the requirements to meet WHO prequalification and international quality standards. The pilot phase in India will be followed by its roll-out in other countries in the South-East Asia Region.

The Country Office supported the implementation of the WHO Global International Solidarity Trial and the solidarity trials for therapeutics for COVID-19. This included facilitating regulatory approvals, developing training modules, undertaking training at clinical trial sites, and facilitating reporting of serious adverse events, among others. It must be noted that the interim results for the trials of the original cohort of four drugs were published by WHO in the *New England Journal of Medicine*.

The Country Office also provided continuing technical and operational support to the National AIDS Research Institute (NARI) in Pune to conduct the WHO Global International Solidarity Trial Plus for potential therapeutics for COVID-19. NARI is an organization
functioning under the auspices of the ICMR, which is the national coordinating centre for the solidarity trials in the country.

WHO carried out four operational research studies for the National Health Authority (NHA) on its flagship health insurance programme – the health insurance pillar of the Pradhan Mantri Jan Arogya Yojana (PM-JAY), popularly known as Ayushman Bharat – throughout 2020 and 2021. It supported three states in exploring the scope of merging fragmented health coverage schemes, as well as strengthening institutional capacity for the implementation of these schemes.

In addition, work began in the Union Territory of Jammu & Kashmir on assessing public financial management for the health sector along with a baseline assessment of the Union Territory’s health financing architecture. WHO also provided technical support to five states to expand primary health centres and health and wellness centres (HWCs), which included strengthening diagnostics and infrastructure.

In collaboration with the National Centre of Disease Informatics and Research (NCDIR), India’s medical certification process based on the cause of death (CoD) information system was strengthened. This involved developing a mortality audit systems framework for institutional deaths to generate good-quality, reliable mortality information from all causes, including COVID-19. Importantly, WHO worked with MoHFW to build capacity for the certification and recording of COVID-19 deaths.

**Box 6: Expanding health services in underserved areas**

The state of Odisha operationalized auxiliary health facilities (AHF) within a week of the consignment of “high-performance” tents (a new and improved multipurpose tent used to meet various programmatic needs) reaching the state in June. Eleven AHFs serving a population of 250 000 were set up in seven sites. The sites where the AHFs were set up were selected on the basis of their COVID-19-positivity rate of over 10%. More than 250 000 samples have been tested for COVID-19 at these sites, with 13 546 reporting positive. In addition, more than 53 000 vaccine doses have been administered.

In districts where COVID-19 cases declined, AHFs were used as a triage fever clinic, and a sample testing and waiting area, as well as a pharmacy outlet. The AHFs also helped mitigate the impact and aftermath of Cyclone Yaas in May. With the support of the Odisha Disaster Rapid Action Force and other departments, the state government established AHFs in remote coastal areas that were severely affected by the cyclone, where they provided shelter and emergency medical care to displaced at-risk communities. The state now plans to integrate these best practices into its disaster management planning.

**Advancing the research agenda**

WHO coordinated and supported the planning, preparedness and implementation of 10 WHO Unity studies conducted by 30 medical institutions across India on COVID-19. Apart from data collection and evidence gathering, these studies helped to build capacity for conducting research studies in these institutions.
WHO also supported the ICMR on a COVID-19 vaccine effectiveness study that was conducted at 11 medical institutions. It was in tandem with the collaborative study on mucormycosis (a rare fungal infection), which was spearheaded by the Post Graduate Institute of Medical Education and Research, Chandigarh, and conducted at 26 institutes. In addition, WHO supported a study that was implemented in 15 sites on the severity, age distribution, outcomes in emergency settings and other epidemiological aspects of COVID-19 infection in the country in collaboration with the Society of Emergency Medicine.

COVID-19 aside, WHO collaborated with the ICMR on a study on the long-term excretion of poliovirus among people affected with primary immunodeficiency, which was carried out at six institutes. The second phase will begin in early 2022. The Country Office also assisted in the finalization of a study protocol of a trial on a fractional dose of the inactivated poliovirus vaccine. The trial will begin in 2022.

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Box 7: Ensuring uninterrupted essential health services during the pandemic

A six-member all-women WHO field team supported health-care workers and frontline workers in Arunachal Pradesh to provide COVID-19 services and other essential health services such as routine immunization, blood pressure monitoring, delivery of life-saving drugs, and antenatal care, during the pandemic. This is the largest state in north-east India with a population of 1.6 million spread across 26 hard-to-reach districts on the Himalayan slopes.

A customized routine immunization strengthening plan was also developed in Arunachal Pradesh with support from the Country Office team. This led to a 40% increase in outreach sessions in the community and a 22% reduction in vaccinations done at clinics and hospitals.

House-to-house outreach and monitoring in remote villages resulted in full routine immunization increasing from 69% to 73% despite the pandemic. The WHO team provided intensive support to strengthen routine immunization by preparing microplans and planning session sites to ensure quality immunization services, including for COVID-19.

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Advancing SRMNCAH

In the area of sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH), an important step was taken to ensure the availability of comprehensive abortion care and its access with dignity and confidentiality by users. WHO supported the Medical Termination of Pregnancy (MTP) Amendment Act 2021, which was passed by the Parliament of India in March and the formulation of rules were published in the Gazette of India in September.

India adapted the WHO global Safe Abortion Values, Evidence and Rights (SAVER) toolkit into an online training module. This module was piloted with inputs from 30 experts and more than 12 000 nurses to further refine it for adaptation at the national level. In addition, WHO supported the MoHFW in developing a national guideline on counselling
for RMNCAH+N (reproductive, maternal, neonatal, child and adolescent health + nutrition) services.

To strengthen the health sector’s response to GBV during the pandemic, more than 500 health-care providers in six institutions were trained to improve health system readiness to respond to all forms of violence against women (VAW). In a related endeavour, WHO and the University of Delhi documented the efforts of more than 2000 centres offering vital services for women.

Following the launch of the Guidelines on Midwifery Services in India in December 2018, WHO supported the first batch of training of 35 nurse–midwife practitioner educators, which was completed in 2021. In consultation with the MoHFW and experts, WHO on International Women’s Day (8 March 2021) launched a 12-week “leadership programme development pilot course” for midwives. The pilot course included 21 participants from seven states and helped develop state-specific action plans for bolstering midwifery.

To continue supporting MoHFW to strengthen maternal, perinatal and child death surveillance and response (MPCDSR), the Country Office helped with the development of an integrated information system to improve the reporting, recording, review and monitoring of death audits for maternal, perinatal and child deaths. The system, which was launched on World Patient Safety Day, is expected to be operational in all states and UTs in 2022.

The Country Office for India also supported the preparation of several documents to promote breastfeeding in collaboration with MoHFW and UNICEF based on updated guidance from WHO in the context of COVID-19. This included guidance on breastfeeding and complementary feeding during the pandemic for COVID-19-positive mothers and health-care providers, including frontline functionaries involved in the care of COVID-19-positive mothers and infants as well. A booklet on frequently asked questions on breastfeeding for caregivers and health workers in the context of COVID-19, videos to promote breastfeeding among COVID-19-positive mothers, and information, education and communication (IEC) materials promoting breastfeeding were part of the repertoire.

**Accelerating action on NCDs**

India’s MoHFW estimated that 267 million adults use tobacco in some form in the country and every year about 1.35 million deaths can be directly attributed to tobacco use. WHO launched a series of awareness campaigns on the harmful effects of tobacco use aligned with the theme of World No Tobacco Day 2021 – “Commit to Quit”. In addition, WHO designed a series of radio campaigns to create awareness about the negative impacts of tobacco use and ensure top-of-the-mind recall for India’s national toll-free quitline number (1800 11 2356) that provides counselling services to those who wish to quit tobacco.

More than 60 million people tuned in during the first four weeks of the radio campaign, which specifically targeted the youth across 169 districts in 15 high-burden states. A second
A four-week campaign at the end of the year was broadcast in 234 cities and registered 99 million listeners. Both these campaigns were developed in multiple Indian languages. A social media campaign also reached out to millions of people with facts from evidence generated by WHO studies on tobacco economics and taxation and also with clips from films on tobacco cessation.

In late 2021, the #BeatDiabetes campaign was launched, reaching nearly 25 million people across 93 cities. The online campaign had messages on healthy diets, physical activity, health-seeking behaviour, and self-care for people living with diabetes amid the COVID-19 pandemic. Meanwhile, the India Hypertension Control Initiative (IHCI) was scaled up from monitoring 600,000 hypertension patients in January 2020 to 2 million by the end of 2021. Overall, the proportion of patients with their blood pressure under control increased from 38% in 2020 to 47% in 2021. The initiative aims to contribute to India’s target of reducing the prevalence of hypertension by 25% by 2025.

In an important step towards strengthening the continuum of care for NCDs across primary and secondary health-care levels, the Country Office is collaborating with MoHFW, state governments and other stakeholders to implement interventions adapted from regional and global packages. These include health promotion interventions and a referral mechanism for the screening and management of diabetes, hypertension and cancers.

It was essential to ensure that mental health and psychosocial support was available during the pandemic, particularly for frontline workers. In response, WHO supported the
Government of India and partners to create a pool of almost 3000 national-level master trainers to roll out a series of training sessions at the subnational level on the promotion of mental health for health-care providers. WHO also collaborated with HelpAge India, a leading NGO, to implement a package to address loneliness and mental health issues for 1500 older persons living in Delhi. The package, adapted from the WHO mhGAP community toolkit, ushered positive mental health and lifestyle changes.

**Partnerships**

Throughout 2021, WHO continued to work with MoHFW, states and UTs and agencies such as NITI Aayog, the National Disaster Management Authority, ICMR and other institutions, to respond to the COVID-19 pandemic. WHO led the initiative to update and implement the COVID-19 Joint Response Plan in coordination with other UN agencies, for which it also mobilized funds through partners such as the Asian Development Bank (ADB), United States Agency for International Development (USAID), the Department for International Development (DFID), and the Royal Norwegian Embassy.

WHO continued to work with other agencies on a variety of health programmes. The agencies including the Ministry of Jal Shakti (Water Resources), Ministry of Environment, Forests and Climate Change, WHO collaborating centres, the Gates Foundation, the US Centres for Disease Control (US CDC) Atlanta, the Global Fund, GAVI, Susan Buffet Foundation and the Bloomberg Foundation, among others.

As convener of the United Nations Sustainable Development Framework (UNSDF) Results Group II on health, water and sanitation, WHO coordinated the group’s planning, monitoring and reporting and convened several of its meetings.

**Looking ahead**

As the pandemic is still ongoing in 2022, WHO will continue to work with the Government of India to strengthen its pandemic response. The Country Office will continue to support India on routine immunization, the prevention of NCDs through addressing the risk factors, progress on the road to the elimination of diseases such as TB and NTDs, and bolstering reproductive, maternal and child health services.

Taking lessons from COVID-19 on board, WHO will work with MoHFW, agencies and states and UTs to build health systems to respond to future pandemics and emergencies by strengthening key areas such as surveillance, contact tracing, testing, case management and vaccination. WHO will also aim to facilitate operational and clinical research such as the global Solidarity Trial on pharmaceuticals, and support government efforts to promote health and social measures through risk communication and community engagement.
Indonesia

Highlights

- Indonesia rolls out COVID-19 vaccine with WHO support.
- One Health approach for optimal health for people, animals and the environment advanced.
- Access to safe drinking water improved through the implementation of water safety plans (WSPs) and WASH services.
- NCD risk factors are tackled with high-level advocacy about increased taxes on tobacco and SSBs.
- Indonesia inches closer to malaria elimination with 347 districts achieving their target.
- TB Recovery Plan developed to address the negative impacts of COVID-19 on TB control.

Introduction

Indonesia rolled out its vaccination programme at the beginning of the year and developed and implemented its national strategy for SARS-CoV-2 genomic surveillance, which was critical in the early detection of the Omicron variant. Indonesia recognized the importance of
providing accessible mental health services to the population. Free online telecounselling with mental health professionals via a mobile application was offered during the year.

Besides the pandemic response, impressive progress was made in tackling communicable diseases and reducing NCD risk factors. This included high-level advocacy to increase the tobacco excise tax by 12% and introduce taxes on SSBs; successful elimination of malaria in Purworejo district in the Central Java Province; and accelerating action on TB prevention and cure. In addition, significant progress was made in improving drinking water quality through the implementation of WSPs and strengthening capacity for water quality surveillance.

**Key activities and achievements**

**Indonesia tackles COVID-19**

Indonesia began its COVID-19 vaccination campaign at the beginning of the year with WHO support from planning to execution. The Country Office provided technical assistance at the subnational level through the deployment of 13 national consultants and three data managers, who continue to assist with the vaccination programme along with routine immunization services.

WHO, along with partners, assisted the MoH to review its vaccination preparedness using the readiness assessment tool – VIRAT/VRAF 2.0 – which has been incorporated into the National Deployment and Vaccination Plan (NDVP). Importantly, by the end of the year, more than 900 sessions of supportive supervision of the COVID-19 vaccine had been carried out across 22 provinces using the organization network analysis (ONA) online tool that was co-developed by WHO and the MoH. A supportive supervision session involved a process of monitoring and improving performance continuously.

The supervisions found that while almost three quarters of health facilities observed proper management of vaccination sessions and protocol, only 35% practised proper vaccine administration processes, the most problematic practices being “prefilling” and “recapping”. In response, WHO supported the MoH to carry out health worker training sessions on both. Prefilling refers to filling the syringes with vaccines in advance, and these are often kept outside the cold chain for some time before being injected. Prefilling vaccine into syringes is discouraged, because of the increased possibility of administration and dosing errors and because some vaccines have a very limited shelf-life after reconstitution. Recapping refers to putting the needle cap back on. Recapping needles is extremely dangerous because it can result in accidental punctures of the fingers leading to potential exposure to infectious biological agents.
The Country Office also provided inputs on a variety of other pressing vaccination issues throughout the year. These include child and adolescent vaccination, boosters, prioritization of vaccination for the elderly, communication strategies, technical guidelines, and the implementation of the National Genomic Surveillance Strategy that supports the early detection of COVID-19 cases.

WHO also supported the training of almost 200 vaccinators on the safe delivery of COVID-19 vaccines. The training is expected to be replicated by the local chapters of the Indonesian Medical Association to ensure wider reach among medical professionals to make them competent vaccinators.

Importantly, Indonesia implemented its national strategy for SARS-CoV-2 genomic surveillance with 12 laboratories involved in the implementation of surveillance activities. This was supported by WHO and other partners, including the US CDC, and it helped with the early detection of the Omicron variant. By the end of the year, the country had submitted 11,474 SARS-CoV-2 sequences to GISAID.

Recognizing the importance of access to mental health services, WHO assisted the MoH in revitalizing the “Sehat Jiwa” mobile application. “Sehat Jiwa” in Bahasa Indonesia can be translated as “mentally sound” or “healthy soul”. The application provides easily accessible general information on mental health and self-care and free online telecounselling with mental health professionals. In addition, progress on integrating mental health and psychosocial support into health programmes was achieved with protocols established at the PHC level for those living with diabetes and cancer. These were also integrated into
the “Healthy School Programme” (“Program Sekolah Sehat”) and “Adolescent Well-Being Programme” (Program peningkatan Kesejahteraan anak usia sekolah dan Remaja, literally meaning “adolescent and school-age children’s well-being”).

In an important step to provide improved care for the elderly, WHO collaborated with the Institute for Demography at the Faculty of Economics and Business of the University of Indonesia to conduct a risk and impact assessment of COVID-19 in long-term care facilities (LTCFs). In response to and in consultation with stakeholders, recommendations were developed; these included, among others, increasing the budget for services and facilities for older persons.

Box 8: Expanding research outcomes

From the onset of the pandemic, WHO has brought together scientists from around the world to accelerate research and development on diagnostics, vaccines and therapeutics for COVID-19, and to develop norms and standards to tackle the pandemic. WHO continues to gather the latest international multilingual scientific findings and knowledge on COVID-19 in the WHO COVID-19 Research Database, which provides free access to all information.

By the end of the year, more than 6000 COVID-19 publications from Indonesia had been uploaded into the WHO COVID-19 database. WHO retrieved these articles from two major national databases, Garuda and SINTA, indexed and curated them, and then uploaded the articles into the WHO COVID-19 database. This has enabled the consolidation and systematic utilization of local and global research evidence, which can facilitate the formulation of public health decisions, evidence-based pandemic responses, and the implementation of best practices.

Advancing the ‘One Health’ approach and addressing climate change

WHO supported Indonesia to take important steps towards expanding its ability to respond to climate change and zoonotic diseases. As part of these efforts, the Country Office supported the MoH to build the capacity for sentinel surveillance of influenza-like illness (ILI) and severe acute respiratory infection (SARI) and use it to monitor COVID-19. To strengthen pandemic preparedness, WHO supported a pandemic preparedness assessment in 15 provinces and the development of an influenza pandemic contingency plan.

In 2020, the MoH developed a zoonosis information system using DHIS-2, covering a range of priority zoonotic diseases including leptospirosis and rabies. In 2021, WHO supported the MoH for the trial of the DHIS-2 platform, which has an interactive dashboard for the visualization of zoonosis cases and deaths along with graphs, trends and mapping to inform programme planning.
To bolster core capacities for International Health Regulations (IHR [2005]) in the country, WHO supported a review of the central public HEOC at the MoH in Jakarta, and an evaluation of the EWARS. Following the review, WHO supported an EWARS refresher training and an enhancement of EWARS to include province- and district-level hospitals and laboratories and PHC centres. This “enhancement” also included embedding event-based surveillance into the system for the rapid detection of infectious diseases and outbreaks.

In 2020, WHO supported the MoH to develop the curriculums and training module for zoonosis prevention and control under the One Health approach. In 2021, WHO supported the MoH to conduct a national ToT for joint risk assessment (JRA) and a further cascaded training for 10 provinces. These efforts will build the capacity of health-care workers at the grassroots level for early detection and prompt response to zoonotic diseases.

In addition, WHO and FAO jointly supported the MoH to conduct a JRA on COVID-19 transmission from humans to dogs and cats in Indonesia; develop Nipah prevention and control guidelines and a risk mapping tool for the virus; and conduct a workshop on One Health Zoonosis Prioritization (OHZDP) that agreed on six zoonotic priority diseases in Indonesia. The Country Office also supported the MoH to further initiate *Legionella* sentinel surveillance in Bali and is developing a surveillance guideline.

Climate change has become a pressing concern in the country. WHO supported the finalization of the national implementation guideline for “Desa Desi” (healthy climate-resilient village) and the recommended adaptation actions at community level. The *Desa Desi* initiative uses a participatory approach that encourages communities to propose local solutions and climate change adaptation and mitigation activities that are relevant to the local context. The guideline is targeted towards the community and local government staff and includes basic preparedness measures for dealing with climate-related health emergencies. It will be implemented in five pilot programmes in 2022.

**Improving access to safe drinking water**

Two of the most important interventions to improve drinking water quality are implementing WSPs and strengthening the capacity for water quality surveillance. In 2021, an important milestone was reached with the development of the National Roadmap of Water Safety Plans 2021–2025. To support its implementation, WHO collaborated with the Ministry of Public Works and Housing (MoPWH) to conduct a five-day training on WSPs for 130 participants from 47 drinking water providers (called *Perumdam*). Five of these *Perumdams* were also selected as pilot sites for providing intensive technical support for WSP implementation.

In addition, WHO worked with national drinking water experts and respective *Perumdam* directors to develop and implement WSPs following an initial situation assessment to establish a baseline understanding of the water treatment system.
assessments were conducted five months following implementation, which found improvements in the chlorination process and operational monitoring. It is estimated that more than 1 million people benefited from WSPs piloted in 2021. The MoPWH will replicate the approach in 267 districts and cities between 2022 and 2024 to ensure the provision of safe drinking water throughout Indonesia.

The success of WSP implementation relies on competence training and a skilled water provider workforce. To this end, WHO, in collaboration with the MoPWH, MoH, Ministry of Planning and Development (Bappenas), and USAID Indonesia Urban Water, Sanitation and Hygiene (IUWASH Plus), provided technical assistance to produce the first batch of master trainers on WSPs in Indonesia.

Efforts to improve access to WASH in health-care facilities were also made in 2021, with the drafting of a national roadmap for WASH in community health-care centres with WHO support. As part of the development of a roadmap, WHO led a series of focus group discussions (FGDs) with key stakeholders, including women and people with disability, held virtually, to gather perspectives on the specific WASH needs of select populations and develop inclusive key recommendations. The national costed roadmap that followed integrated gender equality and social inclusion aspects to address the specific WASH needs of women and vulnerable populations, prevent stigma and discrimination, and ensure that no one is left behind in the quest for access to WASH in health-care facilities.

Accelerating action on communicable diseases

In 2021, WHO supported the development, dissemination and resource mobilization of the TB Recovery Plan to address the negative impacts of the COVID-19 pandemic on the TB Control Programme. The main objective of the Plan is to implement active case-finding and surveillance activities. In addition, following the President’s decree No. 67/2021 on TB control – which mandated the aggressive tracking of TB cases and availability of TB drugs and prevention efforts to reach the End TB goal by 2030 – WHO worked closely with the MoH and the Coordinating Minister of Human Development and Culture to establish a National Partnership Network for TB Control. The forum consists of a range of partners from ministries, NGOs, patient networks, universities and development partners, and is an important step for the national Multisectoral Accountability Framework (MAF-TB).
WHO supported Indonesia’s first nationwide TB patient cost survey during the year. The survey found that catastrophic costs due to TB are still evident and that the largest component of costs are non-medical, such as nutritional supplements and income loss. Several policy recommendations were made based on the findings. Some of these were for the government to provide social security measures to all TB patients and provide employment security to TB patients throughout the course of their illness.

Indonesia’s Malaria Control Programme is one of the longest-running health programmes in the country and has been continuously supported by the WHO Country Office. Malaria cases decreased from 1.1 million in 2015 to 658 000 in 2019. The number of districts having achieved elimination were 312 as per data from October 2020. This is against 285 districts in 2018, which is the baseline for malaria surveillance data. As of December 2021, 347 districts had achieved elimination according to unpublished MoH data. The honourable Minister of Health is scheduled to award a certificate to each of these districts in 2022.

Despite the ongoing COVID-19 pandemic, WHO supported malaria elimination in Purworejo district in the Central Java Province, one of the most malaria-receptive areas on Java island, receptivity being an indicator of the ecosystem’s capacity to allow malaria transmission. In 2015, the district had recorded about 1400 malaria cases; by 2020, that figure had dropped to a mere seven, according to SISMAL, the malaria surveillance system.

This was made possible with various strategies, including ramping up migration surveillance to prevent malaria reintroduction from endemic areas through the
administration of rapid malaria tests, along with the deployment of village malaria workers who conduct surveillance and active case-finding and help with treatment. A whole-of-society approach was adopted to eliminate the disease, which included the health office working in tandem to intensify malaria control efforts with other departments, such as social affairs and public works, and also neighbouring districts.

**Addressing NCD risk factors**

The WHO Country Office supported high-level advocacy on the taxation of SSBs as a strategy to control risk factors for NCDs in 2021. As part of this, WHO organized a roundtable discussion on SSB taxation involving members of the House of Representatives and key officials from the MoH, Ministry of Finance (MoF) and the Ministry of National Development Planning (MoNDP), along with representatives from the World Bank and the University of Indonesia.

The roundtable noted that taxation of SSBs would lead to a decrease in consumption, while generating more revenues for the government. This is viewed as critical to push taxation from the health perspective. It also observed that a review is needed of policy regulation, distribution, pricing tiers, marketing and the views of the industry to consolidate perspectives on this score. The Country Office with support from WHO headquarters will continue to provide technical assistance to the MoF to develop an SSB tax simulation model and to generate evidence to support the development of national regulations that mandate excise tax on SSBs.

In line with the Global Action Plan on Physical Activity (GAPPA) 2018–2030 and the South-East Asia Regional Roadmap for Implementing GAPPA 2022–2030, WHO supported the MoH to finalize the National Action Plan on Physical Activity (NAPPA) 2022–2030. The Plan provides a framework with specific targets for multisectoral actions to improve physical activity.

Prior to the finalization of the plan, WHO supported the MoH to conduct a situational analysis using the WHO Situational Assessment Tool on Physical Activity (SATPA). The assessment aimed to map existing potential and gaps in achieving the four objectives of GAPPA: “active community”, “active environment”, “active people”, and “active systems”. The assessment found, among others, that local initiatives and best practices that foster active communities and environments have the potential for replication and that a lack of public understanding and awareness about the benefits of physical activity remain a key challenge.

**Partnerships**

Throughout the year, the Country Office worked with a wide range of partners within UN agencies, across ministries and beyond the government to build better health systems and address health challenges. Some of these key partnerships are enumerated below.
WHO and FAO jointly supported the Government of Indonesia to build a tripartite international guidance tool for the national implementation of the One Health Surveillance and Information Sharing Operational Tool (SISOT).

WHO partnered with the MoH and UNICEF to develop the VIRAT 2.0 dashboard, which is being used to deliver COVID-19 vaccinations according to the stipulated quality norms. This includes the use of affordable, quality-assured vaccines following standard techniques and procedures administered by well-trained staff in the vaccination programme. WHO chairs the biweekly COVID-19 coordination meetings with a host of international development partners, such as ADB, the World Bank, UNICEF, WFP, DFAT, USAID, JICA, USAID, CDC and the European Union. WHO also attended specific, ad-hoc meetings on the vaccination roll-out. The Country Office collaborated with UNICEF and other key partners to support the MoH in developing training modules and IEC materials on the handling of COVID-19 vaccines in line with the Organization’s guidelines and keeping in mind the local context.

As part of the HIV Self-Testing Africa (STAR) 3 Project, WHO supported the MoH to develop technical guidance on community-based surveillance. This was done in collaboration with PATH International and Family Health International 360 (FHI360) through the Linkages across the Continuum of HIV Services for Key Populations Affected

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1. STAR is a UNITAID-funded initiative to generate evidence for decision-making and create an enabling environment for scaling up HIV self-testing.
by HIV Project (LINKAGES). WHO also facilitated HIV partner notification training sessions in North Kalimantan and East Java provinces in collaboration with LINKAGES and UNFPA and also partnered with Avenir Health\(^2\) to estimate the burden of sexually transmitted infections (STIs) in the country.

WHO continues to convene meetings with key development partners to discuss and coordinate the COVID-19 response in Indonesia. Key participants include the ADB, the Embassy of the United Kingdom of Great Britain and Northern Ireland, the Australian Government’s DFAT, European Union, Japan International Cooperation Agency (JICA), UNICEF, USAID, US CDC, World Bank and WFP.

WHO collaborated with the National Malaria Programme, the Indonesian Association of Researchers on Parasitic Diseases, the Indonesian Public Health Entomologists’ Association and UNICEF to organize the Annual Malaria Research in Indonesia seminar to exchange insights on the future of malaria surveillance, diagnosis and treatment in the country.

\(^2\) Avenir Health is a global health organization that works to enhance social and economic development by providing tools and technical assistance in policy, planning, resource allocation and evaluation. They assist in both developing and implementing programmes in HIV/AIDS, reproductive health, maternal health and other programme areas.
Looking ahead

The WHO Country Office will support various health projects and programmes in 2022. These include:

- supporting the development and implementation of equitable health financing strategies and reforms to sustain progress towards UHC;
- strengthening regulatory capacity and providing high-quality, people-centred services for essential medicines and vaccines;
- addressing AMR through strengthened surveillance systems, laboratory capacity, IPC, awareness-raising and evidence-based policies and practices;
- maximizing equitable and equal access to HIV services and solutions, including prevention, testing, treatment and adherence;
- strengthening Indonesia’s health system to deliver coverage results on specific services for communicable diseases, NCDs and mental health; and
- strengthening public health emergency preparedness capacities and mitigating the risk of emergence and re-emergence of high-threat pathogens.
Maldives

**Highlights**

- Maldives becomes the first country of the Region to complete a post-introduction evaluation of the COVID-19 vaccine jointly with the human papillomavirus (HPV) vaccine.
- Maldives establishes capacity for in-country gene sequencing.
- COVID-19 vaccine coverage reaches more than 70% of the population with a focus on leaving no one behind.
- Maldives prepares the National Water and Sanitation Sector Master Plan 2021–2035.
- Essential health-care services maintained despite the pandemic.

**Introduction**

In recent years, Maldives has made impressive progress towards UHC by ensuring that everyone has access to health care without enduring financial hardship. Maldives has been steadily increasing its UHC service coverage index and reducing out-of-pocket spending on health care. Since the onset of the pandemic, WHO has supported Maldives’ efforts in controlling COVID-19 as well as efforts to bring about economic revival through sustained technical support.

Maldives achieved more than 80% coverage for both doses of the COVID-19 vaccine (based on the eligible population) by the end
of 2021. In another important step towards tackling the crisis, Maldives also strengthened in-country diagnostics and gene sequencing.

Beyond COVID-19, the WHO Country Office continued to support the government to improve health through the templates provided by the CCS 2018–2023 and the WHO Thirteenth General Programme of Work (GPW13), and along the roadmap charted by the Regional Director’s Flagship Priorities.

Key activities and achievements

Supporting the COVID-19 response

Since the beginning of the pandemic, WHO has been working with the Government of Maldives and partners to support the COVID-19 response. Throughout the year, WHO continued to support strengthening of the laboratory network, clinical management of patients in both isolation facilities and the ICU, and roll-out of the COVID-19 vaccine. WHO also supported the procurement of essential medicines and consumables to ensure that the country could maintain essential health services, which was one of the Region’s key areas of focus throughout the response.

The Country Office, with financial support from the European Union, increased emergency response capacities to mitigate the impact of COVID-19. Support focused on improving the management of COVID-19 cases through the provision of medicines, supplies and reagents to the Hulhumalé isolation facility and regional ICU facilities. Capacity was also bolstered of teams dealing with critical care, case management and rapid response. This enabled Maldives to establish additional ICU units at the Hulhumalé medical facility, which is part of the Greater Male’ Region, the most populated region of the country. Support from the European Union also contributed to establishing health-care waste management systems that are now functional in five atolls.

The Country Office also supported the roll-out of the COVID-19 vaccine, supplying cold chain and laboratory equipment to the MoH, which helped to build a modern cold chain system, strengthen quality of care and sustain quality testing not just for COVID-19 but other diseases as well.

In addition, WHO supported the development of the COVID-19 National Deployment and Vaccination Plan (NDVP); provided guidance to the Maldives technical advisory committees on immunization; facilitated training to build the capacity of vaccinators, cold chain handlers and health professionals; conducted risk communication and awareness-raising activities; and is conducting a post-introduction evaluation of the COVID-19 vaccine roll-out (see Box 10).
Accelerating action on communicable diseases

In 2021, Maldives developed its National Combined Strategic Action Plan on HIV, Hepatitis and STIs 2021–2025. The Plan provides key actions to be implemented by the country to achieve the public health targets of the three national programmes through a combined harmonized approach.

Meanwhile, following achievement of the targets set out in the Global Leprosy Strategy 2016–2020, a “Leprosy-free Maldives” document was developed as a next step. The document has four key pillars, which include: (i) strengthening ownership by the Health Protection Agency (HPA) and coordinating with State and non-State actors; (ii) developing effective leprosy surveillance on all islands; (iii) preventing leprosy using single-dose rifampicin prophylaxis; and (iv) screening the at-risk population for active signs of leprosy.

With the support of WHO and the Global Leprosy Programme (GLP), the MoH developed and finalized the National Guidelines for the Management of Leprosy along with several SOPs to implement the Zero Leprosy Framework 2019–2030. A communication plan and IEC materials on leprosy prevention, management and treatment have also been prepared. Across Maldives, 83% of the islands have not reported a single case of leprosy for more than a decade while 32 islands have reported only sporadic cases. The Zero Leprosy Framework has a target of 100 leprosy-free islands by 2023.

Box 10: COVID-19 vaccine evaluation

Vaccination against COVID-19 was introduced in Maldives on 1 February 2021. By the end of the year, 72% of the population had been vaccinated with the first dose and 67% had received two doses. HPV vaccine was introduced in Maldives in campaign mode in 2019, targeting girls aged 10–14 years, followed by its inclusion in the country’s routine vaccination schedule for girls aged 10 years.

In 2021, the Country Office supported the MoH to conduct a post-introduction evaluation of both vaccines, which was carried out with financial support from GAVI and COVAX. It was carried out with experts from all three levels of WHO (headquarters, Regional Office and the country offices for Maldives and Bangladesh, India and Indonesia), as well as UNICEF, US CDC and MM Global Health Consulting, along with members of MTAGI and the national AEFI Committee. A real-time web portal was used for data collection, which is available as a “global good” for any country to use.

The assessment helped Maldives to identify the factors that led to its high vaccine coverage. It also highlighted the challenges that need to be addressed to further improve COVID-19 vaccination and routine immunization across the country. The findings were presented by the evaluation team led by WHO to MoH officials in the presence of the honourable Minister of Health, H.E. Mr Ahmed Naseem, who committed to support the implementation of the recommendations made.
**Box 11: In-house gene sequencing capacity**

At the start of the COVID-19 pandemic, the WHO Country Office was quick to assist with assessing the country’s existing health system capacities and identifying areas that could be further strengthened and enhanced. At the onset of the pandemic, Maldives did not have the capacity to detect COVID-19.

WHO supported the establishment of in-country diagnostics as early as April 2020. This was further supported by setting up GeneXpert machines in all 20 atolls, and procurement of more than 31,000 GeneXpert cartridges. In September 2020, the Country Office supported the dispatch of specimens for genomic sequencing to Thailand for three rounds of sequencing and, from August 2021 onwards, COVID-19 specimens are shipped to India on a regular weekly basis for genomic sequencing.

By mid-2021, however, the importance of timely and accurate knowledge of the variants circulating in the country became a bigger priority. In response, WHO began discussions with the MoH on the possibility of establishing gene sequencing capacity within Maldives. Before the end of the year, WHO, with the help of the Regional Office, had procured a gene-sequencing machine, its power source, power generator and the reagents and consumables required to launch the service.

Taking into consideration the need to develop human resource capacity, the Country Office conducted a 10-day training at the Institute of Genomic and Integrative Biology (IGIB) in New Delhi, India, with support from the Regional Office, for five experts from Maldives. The training covered the gamut from extracting and sequencing samples to data management and uploading the data to GISAID.

**Improving WASH for health**

Safe water, adequate sanitation and personal hygiene are critical elements of PHC. At the request of the government, WHO supported the development of the Water and Sanitation Sector Master Plan 2021–2035, which offers guidance and methodology to safeguard and further develop services and enhance community resilience against climate change in Maldives. In addition, WHO provided support to develop climate-resilient water and sanitation safety plans to help secure drinking water and sanitation provisions now and in the future. As part of this, a ToT was held to engage master trainers to build capacity to pilot the WSP and Sanitation Safety Plan (SSP) on a selected island. Recommendations were also made to improve drinking water quality standards and National Standards for Sewage and Wastewater disposal.
Building on the strategic support provided for COVID-19 treatment facilities during the early phase of the pandemic, WHO mobilized resources from the Canadian Government to expand a health-care waste management project to 40 additional islands, in line with the National Health Care Waste Management Policy and Strategic Action Plan.

**Addressing ageing and disability**

In 2018, Maldives ratified its National Elderly Policy (NEP). In accordance with this, in 2019, the National Elderly Action Plan (NEAP) was published. The NEAP identifies four key policy areas for the well-being of senior citizens. With WHO’s technical support, another important step towards realizing the rights and health of the elderly was taken with the drafting of the “Elderly Bill”. The aim of the Bill is to protect the rights of the elderly population, address the risk of long-term loneliness and social isolation, and ensure a better overall quality of life.

To achieve the targets of the NEP and NEAP, in-depth research is needed on gender-specific healthy ageing and rights-based issues. In response, WHO collaborated with the Ministry of Gender, Family and Social Services and Villa College of Maldives to conduct a nationwide assessment of the situation. This was initiated in 2021 and is expected to continue till mid-2022.

It will undertake geographical mapping, identifying the number of bedridden patients and their conditions, along with identifying people over 65 years who are under State care, the number of service providers trained in elderly care, and discrimination, abuse and exploitation in both formal and informal care systems. The research tool was developed in 2021, with data collection and analysis expected to be completed by the second quarter of 2022.

There is also high demand for disability management and rehabilitation services across Maldives as many services are unavailable in the country. Patients who can afford it go overseas for care, which has resulted in significant out-of-pocket spending. The Government of Maldives envisions setting up a Disability Management and Rehabilitation Centre (DMRC), which would provide multidisciplinary services within a single building.

In 2021, WHO provided technical expertise through an international consultant to support the government in designing the concept, including infrastructure and human resource requirements. Following this, WHO assisted in the engagement of a local firm to develop the architectural blueprint for the DMRC. Work on this will continue in 2022.

**Addressing substance use**

Addressing substance use is high on the political agenda of the government and the Country Office has extended its support to establish effective drug treatment, rehabilitation and prevention services. The first step towards this was a rapid assessment of the drug situation
in the country conducted by a team of local consultants. Following this, a mapping of the different sectors involved in addressing substance use in the country was executed, and memorandums of understanding (MoUs) were signed to bring the sectors together. These included the social, health and judicial sectors.

One of the major gaps identified was a lack of clinical supervision for staff providing counselling and psychosocial support for patients with substance use disorders. In response, WHO supported the provision of clinical supervision sessions virtually. The Country Office will build local capacity to provide clinical supervision on a regular basis in 2022.

Another area where capacity-building was essential was the prevention and early identification of substance use and substance use disorders. In collaboration with the WHO Collaborating Centre at the University of Adelaide, Australia, the Country Office conducted a ToT on the WHO “ASSIST-BI” (Alcohol, Smoking and Substance Involvement Screening Test) package – a manual on how to best manage problems of substance use in non-specialist health-care settings. Trained local experts will roll out this training to health-care workers, social workers and teachers across the country in 2022. In addition, WHO undertook a mapping of existing treatment facilities in the country, which highlighted several gaps in the system.

Based on the work that was done in 2021, WHO plans to support the government by developing the requirements, SOPs and guidelines for an efficiently functioning drug treatment and rehabilitation facility in 2022. WHO will pilot one facility in the country and, based on the results, the government is committed to expanding the services to other existing facilities. In 2022, the Country Office will also work with the government to incorporate mental health and substance use disorder services into the PHC services corpus.

Moving the digital health agenda forward and improving quality of care

The COVID-19 pandemic has demonstrated the critical need for an integrated health information system for timely decision-making and monitoring. DHIS-2 was introduced in Maldives as the national health management information system (HMIS) in 2017 through a collaborative effort between the MoH and WHO. The introduction of DHIS-2 in Maldives was carried out through a phased approach; since mid-2019, it has been rolled out at the national level in all public health facilities and private hospitals.

With support from the Regional Office, the Country Office continued to provide technical assistance to the MoH in 2021 to expand the use of DHIS-2 in public health programmes, including immunization and mental health. Moreover, the MoH is integrating the DHIS-2 platform with other digital information systems that have been set up for various purposes such as electronic medical records, disease registries, licensing and medicine supply and
distribution. The archipelago has one of the highest levels of Internet coverage in the Region and this enables digital health transformation.

In addition, in 2021, WHO developed an online training package for routine immunization in collaboration with the Empower School of Health and with inputs from the Maldives Technical Advisory Group on Immunization (MTAGI) and the National Immunization Programme. The 13-module training package is aimed at vaccinators, health workers, nurses and doctors who work in immunization.

Several initiatives were undertaken in 2021 to ensure quality and safety in health care. This included training of quality focal points on Maldives Healthcare Quality Standards (MHQS) and assessing 13 peripheral hospitals using the MHQS. Moreover, WHO supported the development of a National Complaints Management System to centrally manage health-related complaints from the public that will help to further build trust and accountability.

In 2021, Maldives was the first country of the Region to complete the health research benchmarking assessment and, with WHO support, the MoH developed its national health research priorities for 2022–2023.

**Partnerships**

Throughout the year, the WHO Country Office worked with multiple partners and stakeholders in assisting the government to respond to the pandemic. This included, among others, ministries such as Ministry of Gender, Family and Social Services and Ministry of
Education, various UN agencies, NGOs, and bilateral agencies such as the World Bank, ADB, USAID, the Government of Canada and the European Union.

WHO is the lead technical agency guiding the COVID-19 vaccine roll-out. The campaign involves multisectoral collaboration, including technical advisory committees, focal points from all sectors and multiple UN agencies. In 2022, WHO will forge a new collaboration with the proposed National Health Laboratory project with support from the European Union.

The Maldives National University (MNU) in the capital city is the main research partner of WHO. Several research projects have been conducted in collaboration with MNU, including the national STEPS survey that is ongoing. In addition, WHO worked with Villa College to undertake an assessment of the situation among the elderly in the country. This included the health, social and economic aspects of the elderly population.

**Looking ahead**

The WHO Country Office will continue to extend technical assistance and support to Maldives in 2022 in key areas, such as:

- reducing COVID-19 transmission by ensuring the continuity of essential health services and supporting the continued roll-out of vaccines, especially for vaccination for COVID-19 of the child population;
- enhancing country support for the development of a climate-resilient health system that can withstand emergencies and sustain services;
- working with the Maldives Food and Drug Authority (MFDA) to ensure that the National Health Laboratory is prepared for the smooth installation of the genomic sequencing machine to enhance the country’s ability to identify variants not just of COVID-19 but seasonal influenza and measles, among other diseases;
- supporting the development of an integrated health information system;
- undertaking a health facilities assessment using the WHO Harmonized Health Facility Assessment (HHFA) tool and a health systems review supported by the Asia Pacific Observatory;
- accelerating action on communicable diseases, including leprosy and hepatitis B, and ending TB by 2025;
- rolling out mental health training and ASSIST-BI training throughout the country; and
- piloting an effective and efficient drug treatment and rehabilitation service centre.
Myanmar

Highlights

- Myanmar continues to respond to the COVID-19 pandemic in the changing geopolitical situation and rolls out the vaccine despite challenges.
- Multisectoral action on NCDs is accelerated with the implementation of the PEN package and interventions on dietary risk factors.
- Myanmar rolls out National TB Strategic Plan 2021–2025 and introduces an all-oral regimen to treat drug-resistant TB (DR-TB).
- National Strategic Plan on viral hepatitis 2016–2020 reviewed.
- Myanmar initiates digital Quit Tobacco chatbot.

Introduction

Despite the ongoing challenges posed by the COVID-19 pandemic along with geopolitical changes, WHO continued to support health development efforts for the people of Myanmar in 2021. Throughout the year, WHO and other partners supported the country to respond to the COVID-19 pandemic by focusing on epidemiology, laboratory surveillance, risk communication and community engagement, case management and IPC.
The challenges of 2021 required drawing a fine balance between responding to COVID-19, maintaining the delivery of essential health services, especially RMNCAH, alleviating the double burden of communicable and noncommunicable diseases, and addressing dietary risk factors for NCDs.

The political situation that emerged following the developments of February 2021 introduced new challenges within the health system and increased the level of need for humanitarian assistance due to the number of people internally displaced by conflict and civilian unrest. Moreover, restrictions over cash withdrawals from the Central Government banks for the implementation of projects, along with complicated bureaucratic procedures for the approval of activities at the field level compounded the existing challenges to the implementation of planned health programmes and services. Nevertheless, WHO aims to continue to stride towards UHC and to focus on the needs of the people by providing technical support to a range of stakeholders to ensure the delivery of emergency and essential health services.

Key activities and achievements

Responding to COVID-19 and other crises

Prior to February 2021, protracted conflict was being reported from only three states in the country. Since the military takeover, several other states and regions have become vulnerable to strife. In response, the Health Cluster, which is one of the clusters activated at country level in response to protracted and acute emergencies, was extended to the entire country while WHO activated the surveillance system to monitor and report attacks on and other risks to health-care facilities. The Health Cluster operates under the Inter-Agency Standing Committee (IASC) with an agreed set of procedures and with the endorsement of the Undersecretary-General for Humanitarian Affairs and the Emergency Relief Coordinator.

The Country Office is continuing to repurpose its workforce to meet the evolving needs of the population facing health emergencies. Internally displaced persons (IDPs) and the vulnerable population in Rakhine State continued to receive essential health services from government mobile clinics while WHO supported the procurement of medical supplies there and in several other states. Approximately 300 000 people received life-saving care through WHO’s supplies to the Ministry of Health and Sports (MoHS) and partners, while essential humanitarian supplies were prepositioned in the cities of Lashio, Myitkyina, Sittwe and Yangon.

The COVID-19 pandemic and political upheaval impacted the implementation of regular programme activities. Restrictions on movement and gatherings to reduce COVID-19 transmission impeded physical meetings and training with and of health
workers. This further delayed several routine yet key activities. To address such barriers, WHO and partners took to digital platforms throughout the year and continued to support Myanmar’s response to the pandemic. WHO collaborated with the UN Country Team and the UN Operational Management Team to respond collectively.

WHO served as the coordinating agency for the UN COVID-19 response call centre established in Myanmar for UN staff and dependants and deputed 23 volunteer doctors for its operation. In addition, the Country Office provided case management supplies and equipment, including oxygen concentrators and consumables, to the UN pool, together with operational costs for their maintenance. Importantly, WHO served as the coordinator for the UN COVID-19 Vaccination Programme to keep UN personnel and NGO partners safe from COVID-19.

The Incident Management Team of the WHO Country Office for Myanmar facilitated regular coordination meetings on COVID-19 thematic areas while the Country Office also organized regular Health Cluster meetings at the national and subnational levels. To build the capacity of health-care workers, WHO, in collaboration with a group of Myanmarese doctors practising abroad called “Practice-focused MEdical Education for MyanmaR (PEER)”, supported a series of virtual training sessions on COVID-19 management that were attended by more than 500 participants. WHO also provided laboratory reagents and consumables for early diagnosis. In collaboration with the National Health Laboratory, the Country Office trained rapid response teams on surveillance, contact-tracing and early detection of COVID-19 in states and regions across the country.
Other forms of support included building the capacity of health workers at the district level to clinically manage patients; strengthening IPC through the dissemination of guidelines and commodities; building the capacity of laboratory personnel; adapting WHO’s guideline on home-based care to Myanmar’s context; and disseminating IEC material on influenza to more than 3000 doctors along with a range of IEC materials on COVID-19 to the public, including via social media.

The Country Office also modelled possible COVID-19 surges and forecasting needs for effective preparedness and response. An oxygen tracker was established to monitor the treatment of patients and a mapping of public hospital capacities such as beds and ICUs was carried out. In another initiative, WHO also supported an external quality assessment of COVID-19 specimens for quality assurance and to identify new strains, mutations and variants, in collaboration with laboratory collaborating centres.

**Monitoring immunization coverage amid COVID-19**

The pandemic and the sudden changes in Myanmar’s political situation disrupted the national routine immunization programme as well as the roll-out of the COVID-19 vaccine. However, continuous monitoring of vaccination coverage carried on throughout the year, which showed that services previously severely disrupted were gradually scaled up later in the year. Low coverage of routine immunization against diseases, including measles, diphtheria, pertussis, tetanus and hepatitis B, could lead to a reversal of the health gains that the country had achieved while at the same time posing a serious risk of disease outbreaks.

While the Engagement Framework of the UN in Myanmar redrew the boundaries of the engagement of UN agencies in the country with the Government of Myanmar following the military takeover, life-saving health interventions and COVID-19 control was prioritized.

Despite the challenging environment, COVID-19 vaccination began from 27 January 2021. However, it was challenging to coordinate and negotiate with all the stakeholders for equitable access to the vaccine supply for all communities across the country. While this interfered with the roll-out of the vaccine, the MoHS was able to continue the programme with bilateral procurement and donations. Myanmar has vaccinated 54% of its total eligible population with the first dose of the vaccine and 42% with the second dose at the time of compilation of this report in early 2022.

**Strengthening maternal and child health**

Life-saving essential RMNCAH and emergency health-care services were provided in partnership with professional associations and through a vast network of charitable and private clinics and hospitals. Emergency care, referral and essential sexual and reproductive
health and rights services were provided through these partnerships and catered to more than 4000 people.

WHO also supported selected health facilities to procure and distribute supplies and equipment for the screening and treatment of precancerous cervical lesions. On World Contraception Day in September, WHO collaborated with partners to disseminate key health messages to bring into focus the rights of individuals and couples to decide freely on the number and spacing of their children.

Addressing nutrition needs

In an important step, work began in 2021 on Myanmar’s subnational level Multisectoral Plan of Action for Nutrition Promotion 2019–2023, with special emphasis on promoting healthy diet and nutrition. WHO supported the UN-led process to adapt the Plan into an Interim Multisectoral Nutrition Plan in the emergency context.

WHO also provided technical and funding support through the Grant Letter of Agreement to the SUN UN (Scaling Up Nutrition) Network under the aegis of UN Nutrition, which is a platform for coherence, coordination and convergence of joint activities on nutrition by UN agencies, enabling countries to employ a holistic, integrated approach to address all forms of malnutrition. WHO also developed and disseminated crisp, brief nutrition messages on healthy diets and reducing dietary risk factors, which led to an increase in domestic resources allocated for the promotion of healthy diets.

Box 12: Ensuring life-saving health services

One of the top priorities of WHO in 2021 was to mitigate the disruption of essential health services impacted by the COVID-19 pandemic and political challenges. In response, the Country Office designed a strategic service purchasing model to engage with the private sector and professional associations to improve access to life-saving health services throughout the year.

In affected townships in the Yangon Region, essential RMNCAH and emergency health services were provided through a network of charity organizations, private clinics and hospitals as well as through their trained health volunteers and ambulatory services. Meanwhile, for the community in Sagaing Region and people in nearby townships, COVID-19 and essential RMNCAH services were provided through a partnership with a secondary-level private hospital.

More than 4000 people benefited from these two partnerships, which contributed to reducing preventable deaths and morbidities, particularly among mothers and children. This was a significant achievement given the scenario in Myanmar and opened the door to future innovative engagements with other partners to bring life-saving services to those in need.
Moving ahead on communicable diseases

In 2021, the National Strategic Plan for HIV 2021–2025 was developed and resources mobilized primarily from the Global Fund for the tenure 2021–2023. In addition, ad-hoc HIV operational plans were developed and implemented according to the needs of the pandemic.

Updated WHO recommendations were also adopted at the national level for communicable diseases. These include: using dolutegravir as a first-line ART regimen, multi-month dispensing of ART, and initiating innovative prevention approaches such as the use of pre-exposure prophylaxis (PrEP). Despite the complex situation, life-saving HIV care services were maintained throughout the year, thanks to resilient and coordinated partner efforts.

A review of the National Strategic Plan for Viral Hepatitis 2016–2020 was carried out and resources for hepatitis C treatment were mobilized, primarily from Access to Health and the Global Fund tranche for 2021–2023. WHO continued to build the capacity of prison health staff on viral hepatitis in collaboration with the National Hepatitis Control Programme. As part of these efforts, 25 prison health staff from six prisons were trained on the provision of hepatitis services. In addition, inmates were educated on HIV, TB, hepatitis and COVID-19 with IEC materials provided to 48 prisons along with emergency health kits supplied by different agencies.

The Country Office also supported the development of the National Strategic Plan for Malaria 2021–2025 and mobilized US$ 90 million to implement it between 2021 and 2023. Amidst all the attention diverted towards controlling COVID-19, WHO developed a
tailored malaria guideline and mobilized an additional US$ 7 million to mitigate disruptions in malaria interventions.

In Myanmar, 291 endemic townships report data to the WHO-supported web-based Malaria Surveillance System (MSS). Overall cases are tracked through the complementary malaria case-based surveillance application that was integrated in 2021 into the MSS for transition to real-time reporting. In addition, WHO with partners continued to support malaria outbreak investigations despite the pandemic and political upheaval.

To accelerate the elimination of lymphatic filariasis, WHO supported the development of the Lymphatic Filariasis Strategic Plan 2021–2030 with the aim of introducing triple mass drug administration in 15 districts.

Myanmar is one of the 20 highest-burden countries in the world for TB, TB–HIV and drug-resistant TB. As per the Global TB report 2021, an estimated 167 000 new TB infections and nearly 20 900 deaths were reported in the country in 2020. In an important step that sought to address Myanmar’s TB burden, the National TB Strategic Plan 2021–2025 was rolled out during the year. To support TB control and plug key gaps in implementing the plan, WHO facilitated the mobilization of a US$ 99.1 million grant from the Global Fund. To further assist in its implementation amid the COVID-19 pandemic and the political crisis, a national TB catch-up operational plan was developed.

The Country Office was instrumental in training more than 900 TB health workers across the spectrum of care and an all-oral regimen to treat MDR-TB was introduced. The National DR-TB Guideline (developed with WHO support) is being used as a reference.
In addition, research on a bedaquiline, pretomanid, linezolid (BPaL) regimen to treat pre-extremely drug-resistant (XDR) cases was also initiated. Twelve cases have been enrolled in the study and progress will be reported in 2022.

**Addressing NCDs through multisectoral action**

In 2021, WHO worked with the Norwegian Agency for Development Cooperation (NORAD) to implement the PEN package and address NCD dietary risk factors. Under the initiative, the WHO PEN package was implemented at the PHC level through the People's Health Foundation in two townships. Health promotion for behavioural change was also carried out through a health education sticker campaign in villages.

Monthly health education forums were held to address NCD risk factors, including quitting tobacco, reducing alcohol consumption, adhering to a healthy diet, and indulging in physical activity. To reduce dietary risk factors, health messages were shared in the form of factsheets and face mask kits to almost 6000 households. Such messages included reducing consumption of sugary drinks and sweets to help prevent chronic diseases and reducing the intake of oily foods to prevent cases of overweight and heart disease.

In an important step towards addressing tobacco use, WHO developed the first-ever digital Quit Tobacco chatbot, a messenger platform that provides advice on practical action that can be taken to help people quit tobacco successfully. The chatbot also provides interactive tobacco control health education materials. It has reported almost 500 users.

The Myanmar Childhood Cancer Initiative (CCI) was launched in 2018 under WHO’s Global Initiative for Childhood Cancer (GICC), which aims to raise awareness and expand the capacity of countries to deliver childhood cancer care. In 2021, work continued on the procurement of cancer medicines, translation of medication information sheets and introduction of a continuing medical education programme on childhood cancers in 30 townships across the country.

As part of efforts to integrate epilepsy care into the PHC system, the Myanmar Epilepsy Initiative has been expanded to 26 townships in the Bago Region. WHO supported the capacity-building of staff for the delivery of epilepsy treatment with people-centred care while neurology and programme management training is ongoing. Services will be scaled up to 85 townships.

In 2021, Myanmar also became a member of the International Regulatory Cooperation for Herbal Medicines (IRCH), with completion of groundwork for laboratory accreditation and quality management for the regulation of drug registration and licensing.
Addressing climate change

In 2021, WHO, in collaboration with UNICEF, supported the development of the national guideline on minimum requirements of WASH in health-care facilities and a costed Rural Sanitation and Hygiene Policy to guide the scale up of "open defecation-free" campaigns to achieve sanitation targets by 2030. The Country Office also supported the development of health-specific national adaptation plans (NAPs), which integrate the health risks of climate variability and climate change into national health planning processes.

In addition, WHO worked closely with the MoH to identify a township hospital to become a model climate-resilient health-care facility. With funds from the Global Environment Facility, the model will focus on four interventions: optimum health workforce; water, sanitation and health-care waste; energy use and access; and infrastructure and technology.

In another important step towards addressing climate change, WHO supported a Green Climate Fund proposal to build the capacity of relevant stakeholders for implementing climate change initiatives in Myanmar.

Partnerships

As part of the efforts to respond to the COVID-19 pandemic and improve access to essential and life-saving health services, WHO coordinated and collaborated with a range of strategic partners within the health sector and beyond. These included UN agencies, the World Bank, multilateral and bilateral agencies, professional associations, the private sector, local NGOs, civil society, and faith-based hospitals and clinics.

Among the innovative partnerships were three projects on purchasing of health services in collaboration with the Myanmar Medical Association, the Myanmar Red Cross Society and Wesley Hospital in Sagaing. The lessons learnt from these projects will be used by partners and WHO for future interventions and to inform health financing policies and initiatives in emergency settings in Myanmar.

WHO led the process of drafting the Myanmar Health Response Contingency Plan (HRCP) 2021 and brought together key UN partners to finalize it. WHO also leads the multipartner technical coordination forum on COVID-19, which includes various working groups.

As the lead agency for the Health Cluster, WHO continued to engage with Health Cluster partners and inter-cluster coordination groups for a range of activities. These include updating the humanitarian response plan and coordinating the health aspects of humanitarian work. Considering the political and security situation, the country’s humanitarian needs have increased and consequently the need for innovative services and their coordination has necessitated intense focus and greater allocation of human resources.
Looking ahead

Key activities that the WHO Country Office will focus on in 2022 and beyond include the following:

- Support the continuity of essential, life-saving health interventions to ensure equitable access to medical emergencies and RMNCAH.
- Scale up Health Cluster coordination in additional conflict-affected areas.
- Respond to the growing health needs arising from emergencies and disasters, while continuing to advocate for safe working spaces for health-care workers.
- Provide strategic guidance and assistance in managing the COVID-19 pandemic, including the roll-out of the COVID-19 vaccination programme across the country.
- Build national surveillance and testing capacity for emerging and re-emerging infectious diseases.
- Address risk factors for NCDs through multisectoral action.
- Increase the number of people quitting tobacco through the chatbot.
Nepal

Highlights

- Nepal develops UHC Framework, Human Resources for Health (HRH) Strategy and Health Financing Strategy to accelerate progress towards UHC and the health-related SDGs.
- A Multisectoral Action Plan (MSAP) for the prevention and control of NCDs 2021–2025 is developed.
- Pandemic preparedness and response capacity in the context of COVID-19 bolstered with the establishment of a SARS-CoV-2 genetic sequencing consortium.
- National Strategic Plan for TB 2021–2026 was endorsed by the Ministry of Health and Population (MoHP) and guidelines for the TB-Free Nepal Declaration Initiative launched.
- Vulnerability and adaptation assessment (VAA) of climate-sensitive diseases and health risks carried out.
- COVID-19 vaccination continued to save lives, specifically among the most vulnerable, migrants and refugee population, and protect the highest-risk groups.
- Significant reduction has been achieved in the coverage gap between first and second doses of measles and rubella vaccine.
Introduction

Nepal was one of the first countries of the Region to launch its nationwide COVID-19 vaccination programme at the beginning of 2021. More than 24.4 million doses had been administered by the end of the year, achieving 46% coverage of the eligible population with the first dose and 34% with the second dose.

Throughout 2021, WHO supported the Government of Nepal to develop and revise several strategy documents, guidelines, protocols and standards on emergency response and public health surveillance under the theme of advancing UHC. Efforts continued to be made to ensure the uninterrupted delivery of essential health services.

Despite the pandemic, Nepal made significant progress towards reaching elimination goals for measles, rubella and malaria and enhanced surveillance through a strengthened laboratory system. In addition, the country’s first free tele-health consultation centre was set up in Kathmandu to support the provision of accessible, affordable and equitable diagnosis for those living in remote areas and far-flung villages and towns.

Key activities and achievements

COVID-19 vaccination

Nepal launched its nationwide COVID-19 vaccination programme in January with vaccines provided by the Government of India as a grant. Shipments from COVAX that were fully subsidized were also subsequently received through the cost-sharing mechanism. WHO serves as the technical secretariat for the National Immunization Advisory Committee, which guides the overall COVID-19 vaccination programme.

In an impressive feat, WHO’s central and field network provided capacity-building and technical support to more than 11,000 health-care workers, volunteers and subnational-level immunization committee members within six weeks of the launch of the vaccination campaign. This support continued throughout the year. WHO’s subnational-level network of surveillance medical officers (SMOs) and COVAX technical assistants jointly monitored and supported more than 2,500 session sites throughout the country. SMOs also supported field investigations of all reported serious AEFI cases, while technical support was provided at the Central level to the National AEFI Investigation Committee to monitor vaccine efficacy and safety.

Although global supply limitations affected the campaign’s progress, improvement in supply towards the end of the year led to Nepal injecting more than 6 million vaccine doses in December alone. The country is on track to reach the WHO target of fully vaccinating 70% of its population by the end of June 2022.
Efforts to eliminate communicable diseases

Nepal continued to implement its routine immunization programme across the country throughout 2021. With WHO technical support, the National Immunization Programme monitored the performance of routine immunization and took necessary corrective action to ensure that coverage remained high. As part of this, the Country Office supported subnational-level training to improve vaccination coverage and ensure that immunization services continued despite the pandemic restrictions. Importantly, the policy barrier of the age ceiling of two years for routine immunization was removed and the limit raised to five years of age. Measles–rubella second-dose vaccination was also included in the guidelines for full childhood immunization.

There was an impressive increase in almost all routine immunization coverage, which had plummeted in 2020 due to the pandemic. Second-year-of-life vaccination coverage was higher than even pre-pandemic levels. As a result, the previously wide gap between receipt of the first and second doses of the measles–rubella vaccine narrowed significantly from 9% in 2020 to 1.4% in 2021, moving the country a step closer towards achieving the South-East Asia Region’s goal of eliminating measles and rubella by 2023. In addition, the immunization programme reporting rate reached its highest level in the five years since DHIS-2 has been implemented, to 90.4%.

Nepal is a member of the “WHO E-2025 initiative“ and aims to eliminate malaria by 2025. WHO supported an assessment of the malaria programme, which highlighted the need to strengthen malaria surveillance, vector control interventions and microplanning at
The community level. In collaboration with the Epidemiology and Disease Control Division (EDCD), WHO conducted a ToT programme on indoor residual spraying (IRS) for vector control officers from all provinces.

The IRS training is expected to support authorities in planning, implementing and monitoring indoor spraying for the control of malaria and leishmaniasis at the local level. EDCD is a division responsible for epidemic and outbreak preparedness, infectious disease control, surveillance and disease research programmes, under the Department of Health Services of the MoHP.

The MoHP of Nepal endorsed its National Strategic Plan for TB 2021–2026. This charts new strategies to aid the country in achieving its goal of ending TB by 2050. WHO supported the development of guidelines for the TB-free Nepal Declaration Initiative, a ministerial commitment to end TB and accelerate interventions at the local level.

As part of this, the Country Office collaborated with the National TB Programme to facilitate a two-day workshop for 22 TB focal points from local areas, districts and provinces, wherein they were briefed on the TB-free Nepal Declaration Initiative and the role of local governments. The Country Office also facilitated the regional Green Light Committee (rGLC) mission’s field visits to DR-TB treatment centres in each province. The mission identified key challenges and provided recommendations to improve DR-TB interventions.

Box 13: Access to life-saving drugs during COVID-19

The COVID-19 pandemic and its associated restrictions on movement led to an unexpected increase in the use of bedaquiline for the treatment of DR-TB. With the treatment only requiring oral pills – as opposed to injectables – it needed few visits to health facilities, and thus became the preferred treatment option for patients and service providers alike. However, this led to overconsumption, with Nepal facing a possible stock-out situation.

On a request from the government, the Country Office in collaboration with the National Tuberculosis Control Centre (NTCC) and the WHO Regional Office tried to secure support for procuring bedaquiline from the Royal Government of Bhutan and the Government of India. WHO’s prompt support helped the NTCC to maintain DR-TB interventions and ensure that such patients continued to receive their treatment without any interruption during COVID-19. This also set a good example of cross-country collaboration.

Similarly, WHO supported the National Centre for AIDS and STDs Control (NCASC) and the National Neglected Tropical Diseases (NTDs) programmes to maintain an uninterrupted supply of drugs and diagnostics during the pandemic. WHO also supported the acquisition of rapid diagnostic test kits for dengue when the national programme was facing challenges in procuring them. These were procured from the WHO catalogue by WHO headquarters through the formal Organizational bidding process.

Safeguarding the continuity of essential health services during the COVID-19 pandemic has been a challenge globally. WHO’s support to facilitate continued access to life-saving drugs for patients in need is part of its worldwide coordination efforts at supporting countries to reorganize supplies and stocks and maintain access to safe and quality health services.
A series of orientation and training sessions aimed at strengthening the capacity of health-care workers on rabies prophylaxis and management of snake bite envenoming were also conducted in collaboration with the EDCD, under the Department of Health Services (DoHS) in the MoHP, at government hospitals with the support of WHO.

Addressing zoonotic diseases and climate change

Nepal has prioritized 10 zoonotic diseases using a systematic, multisectoral, “One Health” approach. The prioritized diseases are influenza (seasonal and avian), rabies, COVID-19, leptospirosis, brucellosis, salmonellosis, leishmaniasis, zoonotic TB, cystode infestation (cysticercosis/hydatidosis) and toxoplasmosis, in descending order of significance.

The process of prioritization of zoonotic diseases started with the formation of a National Technical Working Group for zoonotic diseases (NTWG-ZD) with representation from different sectors, including human health, animal health and the environment in late 2019 to serve as a platform for multisectoral coordination. In 2021, a national workshop on zoonotic disease prioritization was held with 33 participants from different sectors. With prioritization, Nepal has now taken one of the preliminary steps towards collaborative actions to fight against zoonotic diseases using the One Health approach.

Nepal is highly vulnerable to the effects of climate change and its impact on health. Nepal actively participated in the 2021 United Nations Climate Change Conference, more commonly referred to as COP26 (the 26th United Nations Climate Change conference), held in Glasgow, Scotland, United Kingdom, in October–November 2021. At COP26, the MoHP made a commitment to update vulnerability and adaptation assessments (VAAs) and its Health National Adaptation Plan (H-NAP) along with developing a sustainable low-carbon health system. Subsequently, a VAA of climate-sensitive diseases and health risks was carried out by the country with WHO support.

With technical support from WHO and other partners, national standards for WASH in health-care facilities were disseminated in three provinces, along with national water quality surveillance guidelines. The Department of Water Supply and Sewerage Management (DWSSM) trained technicians from water utilities, municipalities and health offices on how to operate water testing field kits with WHO support. All water quality testing data are expected to be reported in the water quality management system, which has been integrated into the national WASH geo-referenced management information system called NWASH. Importantly, a climate-resilient sanitation safety plan (CR-SSP) was implemented in 10 water supply projects across Nepal. The plan considers how climate change can increase the risk of poor sanitation and offers solutions to properly manage hazards.

At the same time, training sessions on climate change and health for health professionals were held in six provinces, while advocacy programmes on addressing the health impacts
of climate change at the subnational level were carried out in all seven provinces. In addition, the climate-sensitive diseases surveillance (CSDS) system was strengthened in four pilot sites to help integrate climate data with disease surveillance to create an enabling environment that supports disease forecasting.

Strengthening pandemic preparedness and response

Building country capacity for pandemic preparedness and response was a key priority in 2021. COVID-19 testing capacity expanded to 104 laboratories by the end of 2021. A SARS-CoV-2 genetic sequencing facility was also set up at the National Public Health Laboratory (NPHL) in Kathmandu, which enabled the country to detect the presence of the Omicron variant later in the year (see Box 14).

With WHO support, more than 13 000 health-care workers were trained on critical care and case management of COVID-19 in the paediatric population. Additional staff were trained to roll it out at the provincial level. Importantly, SOPs were finalized for the National Health Emergency Operation Centre (HEOC) at Kathmandu at the Federal level. SOPs for the seven provincial HEOCs (one PHEOC in each province) and emergency medical deployment teams (EMDTs) were also constituted.

With support from the Country Office, the National Health Training Centre at Kathmandu developed a training module titled “Users’ training on biomedical equipment: reference manual and trainer’s guide” aimed at providing frontline health-care workers serving in ICUs and similar settings with the knowledge on how to use and manage biomedical equipment. Such training was essential since a lack of skilled human resources on this leads to donated

*Testing of potable water by WHO field staff in the Kathmandu Valley under the Water Quality Surveillance Programme*
equipment remaining underutilized. After the development of the module, health workers and biomedical engineers were trained as trainers for future programmes on handling medical equipment.

**Improving maternal and neonatal health**

To improve the quality of care for maternal and neonatal health, the Country Office supported maternal and perinatal death surveillance and response (MPDSR) during the COVID-19 pandemic. As part of this, national MPDSR guidelines and tools were revised while WHO collaborated with partners to ensure that data were collected and analysed on maternal deaths.

Postpartum haemorrhage (PPH) was found to be the leading cause of maternal deaths during the first wave of COVID-19. In response, a refresher package on PPH management was developed. Service providers from 64 major health facilities, which included hundreds of obstetricians and gynaecologists along with medical officers and nursing staff, were oriented about the package. In addition, WHO supported an orientation of 344 service providers throughout the country on MPDSR to improve the reporting of maternal and perinatal deaths as well as implement action plans on better quality of care.

In addition, Nepal carried out its census during the year. This included a maternal mortality study that identified pregnancy-related deaths at the household level. The results of the study, of which WHO is part of the steering and technical working committee, are expected in 2022. The Country Office also supported an orientation programme on the need to incorporate sexual and reproductive health rights (SRHR)-related competencies into the preservice, medical, nursing and midwifery education curriculum for the faculties of eight institutions. These are: the Institute of Medicine, National Academy of Medical Science, Patan Academy of Health Science, Kathmandu University, Purbanchal University, B.P. Koirala Institute of Health Sciences (BPKIHS), Pokhara University and Karnali Academy of Health Sciences, located in four of the seven provinces of Nepal.

**Strengthening health systems for UHC**

In 2021, the MoHP developed the HRH Strategy (2021–2030) with inputs from key stakeholders, including WHO. The Strategy aims to ensure equitable distribution and availability of quality health workforce to ensure UHC. The National Health Financing Strategy 2021–2030 was also developed with the aim of reducing the financial burden of health care for citizens, and a UHC Framework was developed to strengthen PHC services.

Throughout the year, the MoHP piloted workload indicators of staffing need (WISN) in nine health facilities in three provinces to customize WISN tools and define workload requirements for PHC centres. WHO supported the preparation of continuing professional development (CPD) modules and guidelines for nurses in collaboration with stakeholders.
WHO assisted the MoHP in developing standard treatment protocols (STP) for emergency health services, which support frontline health-care providers in diagnosing and managing emergency services.

**Accelerating action on NCDs**

Nepal was one of the first countries of the Region to develop a Multisectoral Action Plan (MSAP) 2014–2020 for the prevention and control of NCDs, notwithstanding the pandemic. The MSAP 2021–2025 was developed under the guidance of the MoHP in collaboration with WHO. Lessons learnt from the first MSAP and findings from the latest NCD STEPS survey in 2019 helped with the drafting of the new plan, which takes a whole-of-government and whole-of-society approach. The Government of Nepal has costed the action plan. Its estimated budget provision accounts for fund mobilization, innovative financing, and earmarked funding for NCDs from the government.

A NORAD–WHO project was launched as an important step towards strengthening the delivery of NCD services at the PHC level. The project builds on existing PEN initiatives and mental health interventions to develop comprehensive service delivery – including early detection, management and long-term care – for NCDs. It will be implemented in six districts by the MoHP with technical support from WHO and financial support from NORAD.

In 2021, Nepal also became the second country of the Region to be enrolled in the WHO Special Initiative on Mental Health. This offers a timely and long-term opportunity for Nepal’s mental health system to grow and strengthen beyond small-scale project-based interventions and provides the MoHP the opportunity to undertake significant reforms.
The goal of the Initiative is to ensure that 100 million more people have access to quality and affordable mental health care by 2023. The Initiative will support systems reform in all seven provinces with focused support to 14 districts at the start. As part of this, an investment case for mental health is being prepared to support the government in identifying high-impact areas for funding of mental health initiatives.

Box 14: Building in-country capacity for pathogen genetic sequencing

As part of efforts to build in-country capacity for pathogen genetic sequencing, in 2021 the National Public Health Laboratory (NPHL), Kathmandu, led the establishment of a National Pathogen Genetic Sequencing Consortium with support from WHO. It was set up in March and became operational in October.

This helped Nepal to sequence SARS-CoV-2 in-country and thus enabled it to detect and confirm the presence of the Omicron variant. Genetic sequencing data are now being regularly shared with the Global Initiative on Sharing All Influenza Data (GISAID) initiative.

As Nepal did not have in-country capacity for genetic sequencing early in the pandemic, the Country Office in coordination with the Regional Office and WHO headquarters facilitated the provision of genetic sequencing through the WHO laboratory at the School of Public Health, China Hong Kong Special Administrative Region (Hong Kong SAR), under the Global Influenza Surveillance and Response System (GISRS).

To further increase the number of genomes sequenced and reduce the turnaround time, WHO also facilitated a collaboration between the NPHL and the New Delhi-based IGIB, which resulted in Nepal being able to sequence around 50 genomes per month. A second collaboration between the NPHL and the New Variant Assessment Platform (NVAP) at the United Kingdom’s Health Security Agency enabled the country to sequence around 150 genomes per month.

Genetic sequencing remains the most reliable way to detect variants and implement appropriate public health responses. The new facility in Nepal will enable the country to conduct genomic surveillance of other pathogens, including influenza, antimicrobial drug-resistant bacteria, Mycobacterium tuberculosis, Plasmodium species, and zoonotic, high-threat and emerging pathogens. Furthermore, it will help the country to rapidly identify and confirm high-threat pathogens of public health concern.

Partnerships

Throughout 2021, the WHO Country Office continued to collaborate with existing development partners to not just respond to the COVID-19 pandemic but also advance health and well-being in Nepal. Some examples of partnerships include the following:

- collaborating with UNDP to support a pilot project on digitization of vaccination records, which was implemented in seven municipalities across seven provinces and was led by the Department of Health Services.
- partnering with the National Federation of Disabled, Nepal (NFDN), an umbrella organization of persons with disabilities (PWD), to advance disability-inclusive
preparedness for and response to the COVID-19 pandemic. “Yes We Can!”\(^3\) started as a pilot initiative in one district and has been scaled up to all 77 districts in the country. The programme aims to empower PWDs by improving their ability to protect themselves from COVID-19.

- supporting the MoHP as the Health Cluster Co-lead for coordinated activities on health sector preparedness, readiness and response to the pandemic. Health Cluster coordination meetings (HCCM) are held on a regular basis, and provide a platform for sharing experiences and challenges, identifying gaps, and discussing solutions.
- collaboration with UNICEF in coordination with the Ministry of Water Supply to draft the National Roadmap for Hand Hygiene for All (HH4A).

**Looking ahead**

Some of the key activities in which the WHO Country Office will be involved in 2022 include the following:

- nationwide introduction of typhoid conjugate vaccine initially through a campaign targeting 750,000 children aged under 15 years, followed up with the introduction in routine immunization;
- strengthening COVID-19 vaccination in children and adolescents and providing the required booster doses to the eligible adult population to reach the WHO global target of >70% coverage by mid-2022;
- supporting the drafting of the Nepal Health Sector Strategy and the implementation of the HRH Strategy, Health Financing Strategy and the Multisectoral Action Plan for the prevention and control of NCDs (2021–2025);
- rolling out the “TB-Free” initiative using the multisectoral accountability framework (MAF-TB);
- introducing and implementing the triple-drug regimen for accelerating lymphatic filariasis (LF) elimination;
- providing technical support for emergency preparedness and response, including strengthening IHR core capacities and enhancing the readiness of health-care workers in this sector;
- drafting a new five-year comprehensive Multi-year Immunization Plan 2023–2027.

\(^3\) Since there are limited or no structures and processes for engaging persons with disabilities (PWD) at the provincial and local government levels in the COVID-19 response, an innovative initiative to “engage, enable and empower” PWDs in the pandemic response was piloted in one of the provinces of Nepal in the first phase as part of the One Stop Rehabilitation Services Centre’s activities. This was supported by the UN Partnership for Rights of Persons with Disabilities (UNPRPD). Following the first phase review, it was proposed to scale up this approach, and structures and processes in all seven provinces and 77 districts of Nepal. The National Federation of Disabled Nepal, the national umbrella organization of PWDs, was engaged to carry out this project in coordination with disability and rehabilitation stakeholders at the three levels of administration and with WHO Country Office support.
Sri Lanka

Highlights

- Sri Lanka accelerates its national COVID-19 vaccination drive with contribution from COVAX and the development of a vaccine tracker for monitoring and certification.
- COVID-19 case management capacity was strengthened through the establishment of a home-based care management system for mild and asymptomatic cases.
- Over 600 items of evidence-based risk communication materials for COVID-19 are produced in three languages, and partnerships with civil society organizations strengthened for community outreach.
- The National Strategic Plan to reach the global target for cervical cancer elimination by 2030 developed.
- A study on the prevalence of latent TB among health-care workers conducted with WHO support.
- Additional resources are mobilized by WHO for the COVID-19 response.

Introduction

In 2021, Sri Lanka continued to respond swiftly to the COVID-19 pandemic with a coordinated whole-of-government and whole-of-
society approach, based on their robust public health system. This was evident in the country’s successful vaccination drive backed by public health and social measures and successful treatment programmes for COVID-19 over the past two years.

In the second year of the pandemic, Sri Lanka continued to deliver essential services with minimal disruption while simultaneously addressing other pressing health issues. These included undertaking a national study to assess the salt content of popular out-of-home food items, developing guidelines on the management of latent TB, and supporting the MoH to organize care for children with disabilities. By 31 December 2021, more than 63% of Sri Lanka’s population had received two doses of the COVID-19 vaccine.

Key activities and achievements

Accelerating the COVID-19 vaccination drive

The MoH partnered with WHO in the development and implementation of the National Deployment and Vaccination Plan (NVDP). The document serves as an essential tool to prioritize the vaccination of target groups and provide overall guidance for the campaign. As part of the COVAX facility, Sri Lanka received 4.3 million doses of COVID-19 vaccines to augment supplies.

The vaccination programme was backed by a web-based information system called the “COVID-19 Immunization Tracker” that was used to capture, analyse and monitor the

A joint WHO-Unicef mission to supply COVID-19 vaccines and essential medical equipment to Sri Lanka
progress of vaccination. WHO partnered with the MoH to support plugging in the gaps in information technology (IT) equipment, improving Internet connectivity in the districts, and training regional health administrators in implementing the immunization tracker across the island.

WHO further supported the vaccination campaign by providing 25 freezers to health facilities for cold chain management and 2 million auto-disable syringes. A vaccine e-learning module was developed for training health workers and a learning management system was established within the MoH for the Epidemiology Unit.

Sri Lanka is one of three countries of the WHO South-East Asia Region to have completed a post-introduction evaluation of COVID-19 vaccines, with the support of WHO. The evaluation assessed the impact of vaccine introduction on the country’s immunization programme and identified problems that needed correction.

**Enhancing health system case management capacity for COVID-19**

At the beginning of the pandemic, the Country Office conducted a comprehensive assessment of all public secondary- and tertiary-care facilities to determine their capacities to effectively screen, test, isolate and manage COVID-19 patients. The results of the assessment were used for surge planning and to address equipment gaps for hospital management of moderate-to-severe cases.

With the rapid escalation of cases during the third wave in April 2021, this expanded capacity contributed to the effective management of cases. Emergency procurement of rapid antigen test kits was also conducted to strengthen surveillance and effectively manage cases. Importantly, in late 2021, WHO played an integral role in establishing an integrated home-based isolation system for the management of asymptomatic and mildly symptomatic COVID-19 patients (see Box 15).

WHO also helped in the provision of personal protective equipment (PPE) for frontline health-care workers during the third wave, which contributed to the protection of workers. In addition, mental health well-being packages were offered to more than 2000 frontline health-care workers and their families.

To mark the International Year of Health and Care Workers 2021, WHO and the MoH in collaboration with the Ministry of Mass Media released a commemorative postage stamp and a first day cover on the theme on 30 December 2021. This was to acknowledge and pay tribute to the untiring efforts and continuous dedication of health and care workers in Sri Lanka in the fight against COVID-19. The release of the postage stamp marks the beginning of a series of felicitations of health and care workers at the provincial level, which will be carried out in 2022. The campaign aims to highlight the importance of protecting and investing in the health-care workforce to achieve UHC.
Improving risk communication and community engagement

In 2021, it was essential to address the infodemic related to COVID-19, as the need for accurate information is vital and acute. As a trusted source of information for the government and the public, WHO continued to disseminate evidence-based information to communities in a simple and accessible way through the media. Regular situation reports on COVID-19 in Sri Lanka and the Region were made available on the WHO website.

Since the pandemic began, WHO has developed and adapted over 600 risk communication materials, including infographics, videos, animations, leaflets and guidelines in three languages (English, Sinhala and Tamil) with support from the MoH and other partners.

WHO reached out to civil society organizations (CSOs) such as “Sarvodaya”, which coordinates a nationwide network of community-based organizations (CBOs), to effectively disseminate information and engage communities in preventing and controlling the pandemic. Throughout the year, more than 320 grassroots organizations along with 241 community and religious leaders across 11 districts were trained to address stigma and discrimination as well as prevention measures for COVID-19.

A truck-based mobile unit (named “Suwodaya”; literally, “awakening of health consciousness”) was also used to educate communities on public health and social measures when restrictions on movement were in place. The mobile unit travelled through communities spreading messages using loudspeakers and videoscreens and distributing leaflets. It has reached out to more than 2 million people.

To engage more and more young people in the response, “youth leader” groups and networks were also established countrywide. Forty youth leaders were trained on COVID-19.
prevention and control activities by the Country Office. They in turn mobilized 400 young people through virtual and small group meetings. A Facebook campaign, a publicity video released on YouTube and a series of webinars to dispel myths and misconceptions among youth on COVID-19 and vaccines also contributed to awareness.

With funding from the COVID-19 Solidarity Response Fund, WHO jointly implemented several activities, with two CSOs reaching out to more than 276 000 residents of 78 villages. The health promotion methods used by the CSOs have been consolidated into a manual for community leaders and field facilitators, with a video guide on how to work with communities. In addition, the Country Office has initiated a mapping of all CSOs in the country to build a comprehensive database of non-State partners in health.

![Community engagement played an essential role in COVID-19 prevention and response](image)

**Addressing the needs of children with developmental delay**

Estimates show that there are approximately 300 000 children aged 0–14 years living with a disability in Sri Lanka. In response, WHO supported the MoH in organizing care for children with disabilities using a multidisciplinary team approach with multisectoral involvement. A service delivery model was designed along with guidelines for screening and management, which were used to train health staff to effectively deliver services to children with developmental delays.

Importantly, three national guidelines were prepared on autism spectrum disorders, cerebral palsy, and other neurodevelopmental disorders, which provided clear guidance on streamlining care for such children throughout the country. In addition, WHO supported the MoH to pilot the Inclusive Early Childhood Development Programme (IncluDe), which aims to initiate children with developmental disabilities into care services through enhanced screening and early interventions. More than 400 health staff have completed the skills-based training and are now conducting field screening of children.
Prevention of childhood drowning

Drowning is one of the leading causes of death among children aged 1–14 years globally and it is the third leading cause of unintentional injury deaths in the WHO South-East Asia Region. Improving children’s swimming skills is crucial for preventing deaths due to drowning and other related injuries.

In 2021, WHO in partnership with “Sri Lanka Life Saving” conducted 24 “Swim for Safety” programmes in three provinces and trained more than 675 students on water safety and drowning prevention. It is estimated that the training messages reached more than 2000 people, including family members of children who were taught how to swim. All the programmes were completed while adhering to strict COVID-19 safety protocols.

Addressing noncommunicable diseases

Promoting salt reduction for prevention of CVD

In 2018, the MoH had developed the National Salt Reduction Strategy (NSRS) 2018–2022 to reduce population salt consumption. In 2021, a national study was carried out to assess the salt content of frequently consumed out-of-home foods in restaurants and shops across the country. Bread and bakery products were identified as containing high amounts of salt beyond the WHO global benchmark. The study was used to develop policy briefs and advocacy materials to reduce salt in bread and bakery products that were aimed at policy-makers, restaurant owners, bakeries and chefs.

A “National Low Salt Cooking Challenge” was organized with WHO support across all districts to increase public awareness on the importance of reducing salt intake, and on how...
to cook popular meals with less salt. Participating teams comprised chefs, culinary experts, nutritionists, food technologists, home science teachers and culinary science students.

The top five teams showcased their innovative approaches through a live cooking demonstration in a Colombo hotel, which received wide publicity. The low salt recipes were compiled into an e-booklet that will be made available to the public. The Chef’s Guild of Sri Lanka – one of the sponsors of the event – has also committed to include a new category for “low salt cooking” in its annual South-East Asian Chef’s Guild culinary competition.

Eliminating cervical cancer by 2030

In 2020, the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a public health problem was adopted. In 2021, Sri Lanka became the first country in the Region to develop a national strategic plan to reach the global targets for cervical cancer elimination by 2030. The plan aims for 90% of girls to be fully vaccinated with the HPV vaccine by the age of 15 years; 70% of women to be screened using a high-performance test by the age of 35 years and again at 45 years; 90% of women with precancer treated; and 90% of women with invasive cancer managed by 2030. In addition, WHO supported the MoH to formulate national guidelines on cervical cancer management and equipped 19 colposcopy centres across the country.

In 2019, Sri Lanka rolled out HPV vaccination with WHO support, achieving 82% coverage with two doses and 99% with one dose, among Grade 6 schoolgirls. Data for 2020–2021 showed lower coverage due to school closures because of COVID-19.

Box 15: Home-based isolation system for asymptomatic and mildly symptomatic COVID-19 cases

With the exponential rise of COVID-19 cases during the third wave in April 2021, Sri Lanka’s health-care system was overwhelmed, as was the case with almost all other Member States of the Region. As a quick but sustainable solution, the MoH, in collaboration with WHO and other stakeholders, established a home-based care system for asymptomatic and mildly symptomatic COVID-19 patients.

The system is managed centrally through a call centre and digitally connects field health services and curative care services, including ambulance services. Registered patients are assigned to trained medical officers who call them daily, monitor their progress and provide guidance on preventive measures for their family members. Enrolled patients are followed up until they are discharged or declared COVID-19-free and, if necessary, linked to the ambulance service and COVID-19 treatment centres. At the peak of the third wave, the system served more than 165,000 patients. The home-based care system contributed substantially to reducing the burden on health-care settings and provided some relief to patients and their families who were able to manage cases at home under the supervision of a qualified medical professional.
Forging ahead on latent TB

The Country Office supported the implementation of programme guidelines on the management of latent TB infection and assisted in training health-care workers. To effectively implement and monitor the programme, a latent TB screening and management information system that is linked with the MoH Electronic Patient Information System (EPIMS) was established. This enables the effective monitoring of the programme using key indicators as outlined in the guidelines.

In addition, with WHO support, the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) conducted a study on the prevalence of latent TB among health-care workers. The study found a prevalence of 15% in 811 participants who were screened. The findings highlighted the need to increase case-finding capacity and support the National TB Reference Laboratory (NTRL). WHO was also requested to assist in establishing testing for TB facilities using the interferon gamma release assay (IGRA) blood test.

Partnerships

WHO continued to closely work with the MoH and a multitude of partners, including other ministries, academic institutions, professional colleges, UN agencies, development organizations, missions and CBOs. For example, WHO collaborated with the Sri Lankan branch of the United Nations Office for Project Services (UNOPS) to implement a grant from the UN Multi-Partner Trust Fund/DFAT to set up three oxygen plants and strengthen the genomic sequencing capacity of the country. Another example includes WHO partnering with the MoH, the Ministry of Rural Development, UNICEF and Rotary International to develop advocacy materials to address potential vaccine hesitancy and encourage plantation communities to get vaccinated.

The UN Health Cluster under WHO’s leadership has played a key role in evidence-based information dissemination, partner coordination and resource mobilization to support Sri Lanka’s COVID-19 Strategic Preparedness and Response Plan (SPRP). By December 2021, the UN Health Cluster, which is co-Chaired by the MoH, had met 25 times to discuss topical issues, including vaccination, essential service management, case management and community engagement.

The Country Office also mobilized in-country resources from various donor agencies such as the European Union, European Civil Protection and Humanitarian Aid Operations (ECHO), DFAT and the Government of Germany, among others.

WHO’s collaboration with Sarvodaya, the CSO Collective, the Alcohol and Drug Information Centre (ADIC Sri Lanka) and the Foundation for Health Promotion (FFHP) further allowed the bolstering of COVID-19 response services at the grassroots level. The
network of community-based leaders proactively disseminated COVID-19 information and supported the delivery of social and psychological support.

WHO Sri Lanka received an award from the United Nations Volunteers (UNV) to mark their golden jubilee, in recognition of the contributions of the Country Office to the promotion of volunteerism and close engagement with UNV over the years. WHO had partnered in programmes that promoted well-being through community action during COVID-19 and worked together to empower young leaders to promote healthy settings.

Through the many well-established partnerships, WHO mobilized additional resources for COVID-19, which more than doubled the allocated budget in the last biennium. WHO will continue to support the government and foster more strategic partnerships to assist Sri Lanka in achieving its health goals.

Looking ahead

In 2022, WHO will continue to work with the Government of Sri Lanka to strengthen the resilience of its PHC system and to effectively deliver essential services in line with the goal of achieving UHC for all. In 2021, an integrated, patient-centred service delivery model for essential services, particularly NCDs, was piloted in selected districts and is poised to be scaled up in other provinces. At both the 2021 Regional Committee Session in Nepal (virtual) and the UN General Assembly in New York, Sri Lanka had communicated its interest in establishing a PHC Knowledge Hub with the support of WHO.

The pandemic highlighted the need for adequate, good-quality human resources equitably distributed across the island to deliver the required services, including emergency

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**Box 16: Sri Lanka adopts the COVID-19 Immunization Tracker**

Vaccination was deemed a top priority for the prevention and control of COVID-19. The National Deployment and Vaccination Plan, a specific operational plan for vaccination, was developed and it identified the need to collect individual information for planning and monitoring of the vaccination programme. Therefore, it was essential to develop a simple, yet robust online data management and monitoring system.

The COVID-19 Immunization Tracker (CIT) was developed by the WHO Country Office with the MoH and other partners, making Sri Lanka one of the first countries in the world to deploy a DHIS-2-based COVID-19 information management system. The tracker records individual data of vaccine recipients, vaccination events related to the first and subsequent doses and AEFI. It analyses and visualizes data at different user levels, from vaccination centres to district, provincial and national levels, allowing health officials to monitor the vaccine uptake trends and to implement targeted interventions where required.

Since its deployment, the system has become the primary data source for COVID-19 vaccination in the country. The CIT was further upgraded to issue a “smart vaccine certificate” that is mutually recognized by other countries. The metadata model of the CIT was shared with other countries and has since been adapted by Timor-Leste.
services. To this end, technical support to finalize the HRH Master Plan 2022–2030 as a basis for strategic interventions is a priority.

The importance of fair financing as a health system goal and the fundamental role of health economics in policy-making has been recognized by the MoH. WHO will support the Planning Unit of the MoH to establish a Health Economics Cell and build its capacity to execute functions related to the National Health Accounts, economic evaluation, training, health technology assessments and research.

The recently concluded Country Cooperation Strategy Mid-term Review indicated that the work of WHO has enhanced capacity in Sri Lanka to meet its mandate and adequately respond to national health priorities. The review recommended that WHO sustain its support for health systems, NCDs and mental health, nutrition, and health emergencies, as well as emergent programmes such as elderly health and health promotion.

More focus on mainstreaming gender, equity and human rights (GER) in programmes and leveraging digital technology and information systems for policies and decision-making will also be prioritized. WHO will expand its partners beyond the health sector and will proactively engage CSOs and other non-State actors in the year ahead.
Thailand

Highlights

- The vaccine regulatory system reaches WHO’s second-highest classification level.
- Thailand becomes the first country in the Region to successfully complete its fifth Country Cooperation Strategy (CCS) 2017–2021. The CCS collaborates with partners and uses an innovative mechanism to implement joint Thailand–WHO priorities.
- The Member State becomes a founding member of the new UN Multi-Partner Trust Fund to catalyse country action for NCDs and mental health.
- The UN Inter-Agency Task Force Award on the Prevention and Control of NCDs is presented to Thailand for outstanding contribution in reducing sugar consumption.
- The Kingdom inches closer to malaria elimination and is on track to reach its 2024 elimination goal.
- COVID-19 vaccination coverage reaches 64%, ahead of the global target of 40% by December 2021.

Introduction

WHO continued its strong partnership with the Royal Thai Government through the implementation of the final phase of its current CCS
2017–2021 and the development of its new strategy for 2022–2026. The importance of migrant health as a priority issue in CCS 2017–2021 was highlighted this year with the roll-out of the COVID-19 vaccine among Thailand’s large migrant population, adhering to the principle of “leaving no one behind”.

COVID-19 aside, the country made important gains in other areas of health, including a 21% decrease in malaria cases compared with 2020, carrying out an investment case study on NCDs to facilitate investment in interventions to reduce exposure to risk factors, and conducting a global School-based Student Health Survey to determine the prevalence of overweight.

Key activities and achievements

Effective response to COVID-19

In 2020, Thailand’s success in controlling COVID-19 was widely acknowledged, with just 4331 confirmed cases during the year till 19 December. The year 2021 brought renewed challenges with an upsurge in cases that placed a conspicuous burden on the health-care system.

Throughout the year, WHO continued to work with a range of partners to support Thailand’s COVID-19 response. This included, among other critical areas, supporting the update of both biosafety level 2 and biosafety level 3 laboratories and equipping them with new workspaces and ventilation systems with financial support from the Government of Japan; supporting the Ministry of Public Health (MoPH) and the World Vision Foundation of Thailand to continue running a COVID-19 hotline established in 2020 to provide critical information to the public in six languages, thanks to funding from the European Union; facilitating the organization of a technical briefing to the media on COVID-19 and pregnancy in a bid to increase vaccination uptake among pregnant women; and supporting Thailand to build capacity for the domestic production of a COVID-19 vaccine and assisting in procuring vaccines. By the end of 2021, coverage with both doses of the vaccine stood at 64%.

Successful completion of CCS

The CCS is a strategic five-year plan that is the basis of cooperation between WHO and the Royal Government of Thailand. Throughout 2017–2021, the tenure of the CCS, WHO worked closely with the MoPH and partners to implement six priority public health programmes in the country: (i) antimicrobial resistance (AMR); (ii) global health diplomacy; (iii) international trade and health; (iv) migrant health; (v) NCDs; and (vi) road safety.
The distinctive characteristics of this collaboration included a governance structure designed to facilitate the participation of all stakeholders and a pooled funding mechanism. Its implementation has led to country ownership based on the CCS governance structure; alignment with national priorities; harmonization with Thailand’s UN Partnership Framework (UNPAF 2017–2021), national partners, civil society, and NGOs; and cooperation on and contribution towards the global health agenda.

The implementation of the CCS 2017–2021 has also contributed to many tangible programmatic achievements. Some of these are a 15.2% reduction in antimicrobial consumption in humans and a 36.1% reduction in antimicrobial consumption in animals; and the organization of a UN Inter-Agency Task Force Mission, which developed 17 policy recommendations on NCDs that helped Thailand expand, intensify and scale up the health sector’s response to the epidemic.

Advocacy under the CCS umbrella helped with the enactment of a demerit point system for road safety, support to the Ministry of Transport to adopt tools to improve the road safety infrastructure nationwide, and the adoption of the 12 voluntary Global Road Safety performance targets. The Royal Government, with WHO playing a supportive and facilitative role, also developed the next generation CCS for 2022–2026.

Accelerating action on NCDs

NCDs are the number one killer in Thailand, claiming 400 000 lives annually. In collaboration with the MoPH, WHO, the United Nations Development Programme (UNDP) and the United
In August 2021, WHO announced that Thailand’s National Regulatory Authority (NRA) for vaccines reached Maturity Level 3, on a scale of one to four, of the WHO classification of national regulatory systems. WHO classification is carried out by employing WHO’s Global Benchmarking Tool (GBT) to ensure the quality, safety and effectiveness of vaccines. The tool assesses the overarching regulatory framework through nine cross-cutting functions with a series of subindicators. Maturity Level 3 for vaccines indicates a stable, well-functioning and integrated regulatory system for vaccines in the country.

In June, a WHO team of three experts re-assessed Thailand’s NRA using an updated and more comprehensive GBT that had new functions and benchmarking criteria. Maturity Level 3 confirms that a stable, well-functioning and integrated regulatory system is in place.

In recent years, Thailand as a vaccine-producing country has enhanced its NRA for vaccines to meet the increasing domestic demands, especially for the set of 12 vaccines provided to children under the EPI. The improvement also reflects Thailand’s aspiration to be a trusted authorization platform so that vaccines produced in the country can be exported, contributing to regional and global vaccine supply.

Accelerated efforts are continuing to expand NRA maturity to medicines and other medical products. This remarkable achievement can be attributed to the strong leadership of the Royal Thai Government and the resolute commitment of the Thai Food and Drug Administration (TFDA). It reaffirms the continuous collaboration between the Royal Thai Government and WHO in achieving universal access to safe, effective and affordable vaccines.

Box 17: Vaccine regulatory system

Nations-Inter Agency Task Force’s (UNIATF) Secretariat Office conducted an investment case study on NCDs in Thailand.

The study found that NCDs cost the Thai economy 1.6 trillion Thai Baht (approximately US$ 50 billion) annually, equivalent to almost 10% of its GDP in 2019. It also found that investment is urgently needed in four policy interventions to reduce exposure to NCD risk factors – tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity – as well as in key clinical interventions. An investment of 211 billion Thai Baht (US$ 6.6 billion) in the suggested intervention packages will save 310,000 lives and generate 430 billion Thai Baht in benefits for the economy in the next 15 years.

Overweight is a key risk factor driving Thailand’s increasing NCD burden. According to the Thailand Global School-based Student Health Survey, the prevalence of overweight amongst school students increased from 4% in 2008 to 20.2% in 2021. Evidence shows...
that dietary risk factors drive excess weight gain, leading to overweight and obesity and increased risk of NCDs.

In response, the WHO Country Office together with UNICEF encouraged the Department of Health to lead the process in developing the draft law on Controls on the Marketing of Food and Non-alcoholic Beverages to Children. WHO provided technical support in preparing documents, legislative options and regulatory design, and mobilizing scientific evidence and support from the Regional Office and headquarters.

Inching closer to malaria elimination

There were 3,177 malaria cases in Thailand in 2021, a 21% decrease over 2020. Of these, 796 were imported and only 70 were due to *P. falciparum* and mixed infections, which is a reduction of 67% from 2020. With steady reductions in cases and areas of active transmission, however, testing rates declined by 20%.

In 2021, 42 out of 77 provinces were assessed and 37 were validated as malaria-free. Epidemiological data indicate that five more provinces will be eligible for national malaria-free validation in 2022. This places Thailand, as part of the WHO’s E-2025 initiative, on track for its 2024 malaria elimination goal.

Throughout the year, WHO, in collaboration with partners, continued to support efforts to mainstream malaria into the general health system. This included supporting local governments to continue to increase their annual budgets for malaria, which is an essential step in building sustainable subnational financing models.

WHO also supported the development of a risk matrix that included operational measures for the prevention of re-establishment of malaria transmission, which was piloted
in two provinces in December 2021. The Country Office is also committed to strengthening the national reference laboratory and expanding the use of “m-health” to guide and track malaria elimination.

**Box 18: An inclusive COVID-19 vaccine roll-out**

Building on its strong national immunization programme, Thailand committed to a policy that stipulates that “all people living in the country have access to high-quality, safe and efficacious COVID-19 vaccines”. The policy is based on the human rights-based principle of “leaving no one behind” and is in line with the public health perspective that “till everyone is protected, everyone remains vulnerable”.

Thailand has almost 2 million (1 971 946 to be exact) people who have been registered as migrant workers from Myanmar, Cambodia and the Lao People’s Democratic Republic, as per statistics released by the Ministry of Labour in January 2021. This figure does not include an unknown number of undocumented migrants nor the estimated 97 000 refugees and displaced persons from Myanmar living in and around the nine temporary shelters in the country. In total, it is estimated that more than 4 898 000 foreigners are living in Thailand (according to the *Thailand UN Migration Report 2019*), or about 7% of the total population of 70 million people living in the country.

In line with WHO’s Vaccine Prioritization Framework, Thailand launched its COVID-19 vaccination roll-out in February 2021 with WHO support. Although a clear policy enabled the vaccination of non-nationals and migrant workers, implementing complete vaccination among foreign-origin populations posed several challenges. Language barriers impede migrants’ access to information and services, while reaching out to undocumented migrants can be difficult as they tend to be highly mobile and are sometimes reluctant to access services, given that they are not legal residents in the country.

Despite these challenges, more than 4.32 million COVID-19 vaccine doses were administered to a total of 2 154 800 foreigners in 2021. Of these, 40% received the first dose and 23.9% received the second dose. Almost 90% of these vaccines were received by nationals from Myanmar, Cambodia and Lao People’s Democratic Republic.

To support Thailand in rolling out the vaccine among migrant populations, the Country Office worked closely with national and local health authorities to oversee implementation. NGOs as well as the International Organization for Migration (IOM) were involved. More specifically, WHO supported NGOs to recruit and train migrant health workers and volunteers who, in turn, helped with the dissemination of vaccine information and translation at vaccination sites.

WHO also supported the MoPH to make the national COVID-19 vaccination app, “Mor Prompt”, more accessible to migrants. The app provides up-to-date, digital immunization records through a person’s smartphone. Having access to this app allows migrants to confirm their compliance with the government policy on COVID-19, provides documentation of their vaccination status both within and outside Thailand, and helps with scheduling follow-up doses as required.

**Partnerships**

WHO continues to engage with multiple partners across different sectors to support public health in the country. Much of this engagement occurs through the implementation of the six priority areas of the CCS 2017–2021, which is being replaced in 2022. Some examples of these partnerships are listed in the subsequent paragraphs.
Effectively identifying, assessing, managing and reducing risks from zoonotic diseases at the human–animal–environment interface requires coordination and collaboration. To facilitate and guide this process, WHO, FAO and OIE developed a Tripartite Joint Risk Assessment (JRA) tool to establish a regular platform at the national level to strengthen country capacities to provide science-based information on risks associated with high-impact zoonotic diseases. A workshop was held in 2021 to familiarize relevant technical and policy individuals with the Tripartite JRA tool and process. The four-day workshop was supported by technical staff from UN agencies, including WHO, FAO and OIE, along with the US CDC and USAID. An important outcome of the training was a decision to adapt and simplify the JRA tool to roll it out at the subnational level.

The health sector alone cannot curb risk factors for NCDs, or the challenges posed by the epidemic. Policy, tangible action and strong law enforcement in non-health sectors are necessary to tackle the gamut of NCD determinants. To further strengthen advocacy for multisectoral action, the UN Thematic Working Group (TWG) on NCDs in Thailand was established in April 2019 to follow up on the recommendations of the UNIATF Mission on NCDs conducted in the country in 2018. The UN TWG on NCDs is co-chaired by the UN Resident Coordinator and the Director-General of the Department of Disease Control, with the WHO Thailand Office and MoPH functioning as co-Secretariat. The members comprise representatives from government ministries, CSOs and UN agencies. The UN TWG on NCDs in Thailand has been gaining resonance as an example of best practice for multisectoral collaboration on NCDs globally. It was highlighted in the 2021 report of the WHO Director-General to the UN Economic and Social Council as a catalyst for policy advocacy and an example of UN reform.

*Monitoring the status of in-patients at a COVID-19 facility in Thailand*
In 2021, the UN Multi-Partner Trust Fund (MPTF), a UN-wide and multipartner initiative to support countries in tackling NCDs and mental health, was set up to catalyse whole-of-government and whole-of-society policy changes as well to increase domestic resource mobilization. WHO and the UN Resident Coordinator’s Office approached the Royal Thai Government to be a core partner of the MPTF. Thailand joined Kenya and Uruguay as a founding strategic partner. This is an opportunity for Thailand to demonstrate global leadership, mobilize funds and share domestic expertise with other countries.

WHO collaborated with the MoPH and the Royal Thai Government through the CCS for 2017–2021, as well as with multiple UN agencies and academia worldwide, to undertake a systematic review of the implementation of the 4th National Road Safety Master Plan using the “safe system approach” to inform the development of a subsequent masterplan.

Looking ahead

As the tenure of the CCS 2017–2021 ended, WHO supported the Royal Thai Government to develop a new CCS for 2022–2026 with active engagement and participation from all relevant stakeholders. The development process was country-driven for country ownership. In 2022 and beyond, WHO will support the implementation of the six priorities identified for the CCS 2022–2026.

These include public health emergences; health in all public policies for the prevention and control of NCDs; road safety; migrant and non-national population health programme; Convergence of Digital Health Platforms and Health Information Systems (HIS) Implementation in Thailand [ConvergeDH]; and Enhancing Leadership in Global Health-Thailand [EnLIGHT].

Each priority has specific goals and objectives, which include, among others, that all 77 provinces in Thailand can conduct self-assessments of provincial capacities to respond to public health emergencies, improve existing agency functions regarding the social and behavioural determinants of NCDs, and reach the national road safety target of 12 traffic deaths per 100 000 by 2027.

According to the Global status report on road safety 2018, Thailand has a road traffic toll of 32.7 deaths per 100 000 people. However, according to the national integrated data, the figure was 30.47 per 100 000 in 2018 and 13.45 per 100 000 in 2021. The comparatively low figures for 2021 can be attributed to the restrictions on movement due to the COVID-19-related lockdowns.
Timor-Leste

**Highlights**

- The Accelerated Action Plan to End TB by 2025 was launched by H.E. the Prime Minister at a high-level advocacy event organized by WHO.
- The first-ever tobacco cessation clinic and tobacco "quitline" is established in the country.
- Timor-Leste manages COVID-19 with a low case-facility rate of 0.4% and achieves the 40% COVID-19 vaccination threshold before the December target date.
- Relief materials were delivered by the first-ever WHO chartered flight in the Region in response to Cyclone Seroja.
- The National Health Sector Strategic Plan (NHSSP) 2021–2030 is updated and the Essential Services Package (ESP) for primary care finalized.
- A nationwide transmission assessment survey (TAS) is conducted to determine prevalence of LF, soil-transmitted helminthiasis (STH), yaws and scabies.
Introduction

The continuing COVID-19 pandemic and Cyclone Seroja that struck the nation in April 2021 leading to unprecedented loss of life and displacement of populations required concerted, year-long response efforts. According to Timor-Leste’s Post-Disaster Needs Assessment Report 2021, the cyclone killed 44 people and led to the immediate evacuation of 15 000 with another 6000 people displaced or having lost their homes. Despite the challenges, with extensive support from WHO as the lead technical agency on health, the MoH responded promptly and effectively to COVID-19 while also maintaining delivery of essential care through the implementation of innovative strategies.

Timor-Leste received COVID-19 vaccines through COVAX and subsequently through bilateral agreements. With extensive support from WHO, UNICEF and other partners, more than 80% of the eligible target population received at least one dose and 68% were fully vaccinated by the end of 2021.

Timor-Leste made great strides in other areas of health. This included setting up a colposcopy centre for cervical cancer screening, expansion of the PEN package for PHC and the establishment of the country’s first-ever national tobacco cessation centre and quitline.

Key activities and achievements

Strengthening emergency response

At the onset of the pandemic, the MoH established surveillance and rapid response teams at both the national and municipality levels along with scaling up testing capacities (from zero capacity to 2000 tests per day) across the country with support from WHO and partners. The Country Office provided ongoing technical support across various areas of the COVID-19 response, including training of health workers, case management, critical care, IPC, developing and adapting guidance and protocols, procuring medicines and equipment, and maintaining essential health-care services. Importantly, WHO support was instrumental in all COVID-19 vaccine procurement deals through COVAX and bilateral agreements.

Along with the high vaccination coverage rates for COVID-19, measles elimination was maintained despite pandemic-related disruptions. The Country Office also supported the integration of online and real-time COVID-19 surveillance, contact tracing and vaccine coverage within the parameters of the national DHIS-2.

While the country was responding to the COVID-19 pandemic, Cyclone Seroja struck in April, triggering the worst floods in 50 years in Timor-Leste. With support from the Regional Office, WHO funded a chartered flight to bring relief materials consisting of medical
equipment, medical camp kits, medicines, consumables and IPC material. A rapid health assessment was carried out in flood-affected areas while WHO helped set up a national HEOC in Dili.

Timor-Leste also adapted to a more cost-effective HEOC at the municipality level, establishing one in Oecusse, a special autonomous region. Moreover, drawing from the corpus of the South-East Asia Regional Health Emergency Fund (SEARHEF), inter-agency emergency health kits (IEHKs) were also procured. These will be assigned to three regions as part of the Health Emergency Preparedness and Response Plan.

**Building resilient health systems**

WHO assisted the MoH in developing an essential services package (ESP) for primary care along with a roadmap to pave the way for implementation in 2022. The Country Office led a technical appraisal for business options of the National Medical Store as a public enterprise, which could go in for restructuring.

With potentially decreasing revenues and health sector budgets in the post-pandemic era, the need to raise domestic revenues is critical. “Pro-health taxes” provide a mechanism to do just that while also addressing NCD risk factors such as tobacco and alcohol consumption. In response, WHO carried out a data search and modelled estimates for taxes on these products, facilitating advocacy efforts leading to an increase in tobacco taxation from US$ 19 per kilogram of tobacco product to US$ 50 per kilogram.
Steps to integrate online and real-time COVID-19 surveillance, contact tracing and vaccine coverage with the national DHIS-2 system along with strengthening of the CRVS system are under way.

With the impact of climate change already being felt in the island nation, programming is increasingly focused on reducing the impact of climate change on local populations and human health as well as seeking ways to foster adaptation to such change and promote health resilience.

To understand Timor-Leste’s vulnerability and adaptive capacity to respond to climate change, a vulnerability and adaptation assessment was carried out. Based on this, the Health National Adaptation Plan for Climate Change 2021–2025 was drafted to help the country address its impacts on health. In addition, WHO continued to support the development of greener health facilities that use renewable energy, roof rainwater harvesting infrastructure and appropriate management of health-care waste.

Addressing maternal and child health

To improve maternal and neonatal care, in 2021, the WHO Country Office supported the orientation of the maternal and perinatal death surveillance and response (MPDSR) system in five municipalities, in collaboration with UNFPA and UNICEF. This included orientation...
on MPDSR formats, maternal and perinatal death review in health facilities, and a verbal autopsy conducted within the community. In addition, WHO supported the development of national guidelines and protocols on antenatal care and postnatal care. A facilitator’s and user’s manual on essential newborn care has been introduced and an online birth defect database initiated in six hospitals.

The Country Office supported family planning training for 90 health-care workers in five municipalities. An obstetric skills laboratory was established at the Guido Valadares National Hospital (HNGV) in Dili to refresh the competencies of existing health workers and build the skills of a new workforce. In addition, the curriculum for various courses was revised at the School of Nursing and Midwifery of the Universidade Nacional Timor Lorosa’e (UNTL) in Dili.

As part of initiating cervical cancer screening and treatment services, WHO supported the establishment of a colposcopy centre at the national hospital or HNGV in Dili. This included infrastructure support to equip it with a colposcopy and heat ablation unit. And as part of WHO’s ongoing support to tackle gender-based violence, the Country Office supported the refurbishment of a safe house for survivors in one municipality.

Maintenance of measles elimination status in 2020 and 2021 has been a significant achievement in spite of COVID-19-related disruptions. EPI and vaccine-preventable disease (VPD) surveillance staff are regularly monitoring immunization and VPD surveillance indicators very closely at the subnational level, and taking early action to prevent any outbreak.

Accelerating action to eliminate NTDs

The transmission assessment survey (TAS) to evaluate the impact of the ongoing mass drug administration (MDA) (during the planned tenure of 2015–2020) under the Integrated Neglected Tropical Diseases Elimination and Control programme for LF, STH and yaws was conducted throughout 2020–2021. The survey also captured national data on scabies.

In line with WHO guidelines, TAS combined the 13 municipalities of Timor-Leste, including Dili (one evaluation unit generally consists of three municipalities and survey is administered accordingly in evaluation units), for geographical convenience. More than 250 people were trained on the NTD programme, including field surveyors, health workers and school inspectors. The survey covered 275 primary schools with 12 000 children provided health education, 11 000 tested for LF, 8400 examined for STH and 206 treated for scabies. No LF or yaws cases were detected. In addition, zero yaws cases were found from case-based surveillance in 2021. With one more year of zero reporting, this paves the way for yaws elimination in 2023. With extremely low prevalence of LF, MDA will be stopped until the next TAS in 2024. The survey found STH prevalence ranging from 0% to
43%. The findings will provide guidance to the MoH to plan deworming for school-aged children as part of the school health project that is being implemented from 2021 to 2025.

Combating communicable diseases

The COVID-19 pandemic adversely affected service delivery for communicable disease control programmes, which resulted in a sharp drop in TB diagnosis and HIV testing. In addition, the disruption in vector control activities resulted in a dengue outbreak. Leprosy case-detection rates also dropped and so did the proportion of patients on treatment, leading to an increase in cases. In response, the Country Office carried out numerous initiatives to accelerate programme trajectories. Some of these are given below:

- An MoU was signed between WHO and the MoH, as the recipient of support from the Global Fund to Fight AIDS, Tuberculosis and malaria. Funding for the COVID-19 Response Mechanism (C19RM) was secured from the Global Fund to mitigate the impact of COVID-19 on programmes to fight HIV, TB and Malaria.
- The first TB vulnerability assessment was kick-started with real-time data entry from the field and a national taskforce to end TB was endorsed.
- About 200 medical doctors, national TB programme team members and partners were trained on the revised TB and DR-TB guidelines and training modules.
- A vector control needs assessment was carried out and Dengue Clinical Management Guidelines developed.
- A malaria elimination audit, using WHO MEAT (Malaria Elimination Assessment Tool), was conducted with WHO support. Recommendations from the audit will help Timor-Leste in achieving malaria-free certification.

- Additional funds were mobilized from UNAIDS for the PrEP project. HIV estimates were also revised and ART guidelines updated.

- A fully costed National Strategic Plan 2021–2025 towards “Zero Leprosy” was developed during the year.

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**Box 19: Timor-Leste commits to ending TB by 2025**

In a first-of-its-kind initiative in the fight against TB, the MoH held a pledge signing ceremony with support from the Country Office. The honourable Prime Minister H.E. Mr Taur Matan Ruak signed a pledge that envisions comprehensive support and action to end the TB epidemic in the island nation. At the same time, the National Plan for Accelerated Actions for Ending TB by 2025 was launched.

Timor-Leste has the second-highest TB incidence rate in the WHO South-East Asia Region, with 508 cases recorded per 100 000 population, as per the *Global TB report 2021*. To combat the scourge of TB in the country, the National Strategic Plan was developed with support from WHO to close the gaps in prevention and care. In addition, a “Prevent TB” mobile application using the DHIS-2 platform was launched. The application is part of the country’s efforts to transition from a paper-based system to a case-based electronic system for TB, HIV and malaria, and it was supported by the Global Fund.

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**Strengthening multisectoral action for NCDs**

Eight of Timor-Leste’s 13 municipalities have introduced the PEN package for PHC. In 2021, the MoH with support from WHO conducted a national ToT to expand PEN implementation to two additional municipalities, and 43 health professionals were trained.

The Country Office supported the establishment of the country’s first-ever national tobacco cessation centre and quitline. The tobacco cessation centre is equipped with trained health-care providers, including counsellors, and offers nicotine replacement therapy. Based on its early success, there is now demand for the expansion of such centres to other municipalities. In another important step towards reducing tobacco use, the Parliament of Timor-Leste approved a substantial increase in the excise tax on tobacco aided by sustained advocacy and technical assistance.

To address mental health concerns, a mental health and psychosocial support (MHPSS) guidebook was developed for frontline and hospital health workers, while IEC materials on the subject were adapted to the local context and used extensively for education and counselling at health-care facilities. The national School Health Strategic Plan 2021–2023 was also launched during the year.
Partnerships

WHO partners with MoH and works in coordination with other related ministries and government departments, UN agencies, development partners, multilateral and bilateral organizations, NGOs and CSOs in the country. Such partnerships include the initiatives outlined below.

WHO, as the COVID-19 coordinator and focal point of the Health Cluster during emergencies, worked in partnership with all UN agencies during the COVID-19 pandemic and flood response. WHO assisted in vaccine procurement details through COVAX and bilateral agreements with Australia, the People’s Republic of China, Japan and Portugal.

WHO continues to serve as the co-Chair of the Development Partners Health Coordination Group (DPHCG) meetings. The Group features UN agencies, the World Bank, Global Fund and other international and bilateral organizations. DFAT is currently the rotating Chair following the conclusion of the tenure of the European Union in 2020. WHO coordinated with partners to undertake a mid-term review, revision and update of Timor-Leste’s National Health Sector Strategic Plan 2011–2030.

The Country Office also collaborated with professional organizations, including the Timor-Leste Medical Association to develop materials on COVID-19 and with NGOs and CSOs on a variety of health issues such as tobacco cessation.

Looking ahead

Some of the initiatives the WHO Country Office will be involved in in 2022 are given below:

Box 20: One jab and one click at a time: COVID-19 Immunization Tracker

When the youngest country of the Region set out on its COVID-19 vaccination drive, it had many challenges to overcome, one of which was posed by manual data collection and entry. The solution to this had to be economically viable, efficient and simple enough to be made universally operational within the country’s health system. To support this, the MoH launched the COVID-19 Immunization Tracker (CIT), which was integrated into the existing health information system with technical support from WHO. It was launched alongside the start of the COVID-19 vaccination drive on 7 April to coincide with World Health Day.

The CIT captures both individual and aggregated data from the COVID-19 vaccination campaign against the pre-registered population data, enabling real-time data updates and tracking. In addition to recording AEFI, it can be used as a monitoring and evaluation tool to assess the progress and efficacy of vaccine deployment. It can also compile daily and cumulative vaccine coverage reports for review and monitoring so that key stakeholders can decide on future action. The CIT is a successful example of how digital innovation can be deployed during such a crisis.
- rolling out an ESP for PHC and developing such a package for secondary and tertiary care;
- strengthening emergency and critical care services at regional hospitals;
- establishing skills learning centres to support competency-based and continuing professional development at hospitals;
- advocating with stakeholders to hike pro-health taxes;
- strengthening surveillance and testing, including genome sequencing capabilities for COVID-19;
- continuing efforts to expand COVID-19 immunization coverage to 100% of the population in 2022;
- supporting the implementation of the new “Say NO to 5 S” programme (starvation, STH, smoking, sweet and sugary beverages, and skin conditions);
- developing the Integrated HIV, Hepatitis and STI (HHS) National Strategic Plan (NSP) 2022–2026 with a focus on integrating service delivery at PHC level as well as health systems strengthening;
- implementing the Codex Trust Fund on Food Safety and;
- expanding the PEN package for NCD control to cover all municipalities.

*Immunization officers share notes during a field visit*
Flagship 1: Eliminate measles and rubella by 2023

Introduction

The Sixty-sixth session of the WHO Regional Committee for South-East Asia in 2013 adopted the regional goal of measles elimination and rubella control by 2020. To provide impetus to progress towards this goal, in 2014 the Regional Director declared measles elimination and rubella control as one of the Regional Flagship Priorities. In 2019, the target date of the goal was revised to 2023 due to perceived challenges in its acceleration.

An independent review commissioned to assess progress towards measles and rubella elimination by 2023, however, has cautioned that the Region is off track to achieve the 2023 milestone, and that there is a need to revise the dates again in consultation with global and regional experts, partners and Member States.

Nevertheless, coverage with the first dose of measles-containing vaccine (MCV1) in 2020 was 88% compared with 63% in 2000. Five Member States (Bangladesh, DPR Korea, Maldives, Sri Lanka and Thailand) reported more than 95% coverage with MCV1 in 2020.
Similarly, the coverage of the second dose of measles-containing vaccine (MCV2) was reported at 78% in 2020 compared with 3% in 2000. Three Member States (DPR Korea, Maldives and Sri Lanka) reported more than 95% coverage with MCV2 in 2020. In 2020, the Region reported a 5% decline in both MCV1 and MCV2 coverage compared with 2019 due to the COVID-19 pandemic.

Surveillance for acute fever and maculopapular rash has been initiated in all countries in alignment with regional guidelines. Steady progress has also been made to enhance the sensitivity of surveillance for measles and rubella. Surveillance for congenital rubella syndrome is conducted in all Member States either as sentinel surveillance or as part of the case-based surveillance system.

All Member countries have at least one proficient national laboratory to support measles and rubella case-based surveillance. The measles–rubella (MR) laboratory network expanded from 23 laboratories in 2013 to 49 in 2021 with at least 26 MR laboratories conducting both serology and RT-PCR for measles and rubella and four laboratories also conducting sequencing.

Progress and results in 2021

Major achievements

Despite the challenges brought on by the COVID-19 pandemic, five countries (Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste) sustained their measles elimination status in 2021 while Maldives and Sri Lanka sustained their rubella elimination status. Notwithstanding this, the COVID-19 pandemic has had a significant impact on immunization.

Coverage of MCV1 declined from 94% in 2019 to 88% in 2020 and coverage of MCV2 declined from 83% in 2019 to 78% in 2020. Similarly, coverage of the rubella-containing vaccine (RCV) declined from 93% in 2019 to 87% in 2020. Challenges aside, it is estimated that there has been a 98% reduction in mortality from measles and an 82% reduction in cases in the Region between 2000 and 2020. All Member States are administering two doses of MCV and at least one dose of RCV in their respective routine immunization programmes.

Technical leadership and evidence-based policy

At its Twelfth Meeting, held virtually in 2021, the Regional Immunization Technical Advisory Group (ITAG) carefully examined progress reports submitted by countries to accelerate measles and rubella elimination activities. Country-specific recommendations were provided for 2021–2022. With support from the Regional Office and respective country offices, all Member States took action to revive and resume immunization and surveillance activities following an initial decline due to the COVID-19 pandemic, with a focus on measles and rubella.
Setting norms and standards and promoting their implementation

The South-East Asia Regional Verification Commission for measles and rubella elimination met virtually in 2021 and verified that Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste have sustained measles elimination and Maldives and Sri Lanka have sustained rubella elimination.

The Commission also monitored the implementation of norms and standards in countries through the annual progress reports submitted by the national verification committees of Member States. It provided recommendations to accelerate implementation of these norms and standards to achieve the goals of measles and rubella elimination. In addition, desk reviews were conducted for all laboratories that are part of the South-East Asia Region measles and rubella laboratory network to ensure that their proficiency status for conducting serology and virology for measles and rubella is maintained.

Technical support for institutional capacity

Provision of technical support is a critical part of WHO’s work. Such support provided in 2021 to Member States extended to the following:

- training of key WHO and Ministry of Health staff on outbreak preparedness and response for measles and rubella in Indonesia;
- developing an immunity profile for measles and rubella at the national level in all 11 Member States and at the subnational level in India and Indonesia;
carrying out a programmatic risk assessment for measles and rubella in all countries and developing risk mitigation plans accordingly;

- supporting the investigation of suspected measles cases in countries that have eliminated measles and conducting additional tests to identify false-positive cases;

- sustaining the standards of the MR laboratory network through remote assistance. Quality assurance activities were carried out that included global proficiency test panels, internal audits and desk reviews by international experts. An e-learning module was developed to build capacity for conducting onsite assessments of both the serology and molecular facility of MR laboratories. This is an important step for institutionalizing the quality assurance mechanism by strengthening the Laboratory Quality Management System (LQMS) in all laboratories and for a re-organized accreditation review process in countries that have multiple laboratories.

**Monitoring and assessing transmission trends**

The regular monitoring of trends in measles and rubella transmission was another important action in 2021. A weekly bulletin on laboratory and surveillance performance based on the weekly surveillance reports of countries was prepared and disseminated. These bulletins were followed by feedback to Member States on identified key issues. In addition, a quarterly, detailed regional epidemiological bulletin on measles and rubella was prepared and feedback provided to the six most populous countries in the South-East Asia Region.

Similarly, annual factsheets for each country and the Region as a whole were prepared to aid in the monitoring of data trends, while annual progress reports developed by national technical advisory groups and national verification committees, with technical support from WHO country offices, provided the foundation for assessing measles and rubella transmission trends. A careful review of these reports and other available immunization and surveillance data enabled the development of country-specific strategic actions.

In addition, a virtual review of the progress towards measles and rubella elimination in the WHO South-East Asia Region was conducted in 2021. Numerous data sources were triangulated and a virtual brainstorming session with country teams was conducted in all Member States. The sessions were attended by national EPI programme managers and in-country partners, including WHO and UNICEF. The review developed specific and overall general recommendations for all countries.

**Knowledge generation, translation and dissemination**

Several webinars and virtual sessions were conducted with countries to cross-share experiences on dealing with immunization, particularly with measles and rubella, during
the COVID-19 pandemic. A gap analysis to develop a regional framework for cross-border vaccine-preventable disease (VPD) surveillance with a focus on measles and rubella was conducted jointly with the Mekong Basin Disease Surveillance Programme and the International Clinical Epidemiology Network, India.

An e-learning module on measles and rubella outbreak preparedness and response is in the process of being finalized to support countries to build capacity on outbreak preparedness and response, which will be applicable to other outbreaks of infectious diseases as well. An online repository of measles and rubella reports from countries of the Region with trend analysis of key programme variables is being developed. This is expected to stimulate countries to review programmatic trends in others and gain insights for their country programming.

**Box 21: Institutional capacity on measles and rubella virus sequencing amid COVID-19**

The COVID-19 pandemic highlighted the importance of laboratory services as one of the critical components for disease surveillance, outbreak identification and assessing the impact of public health interventions. As such, the measles–rubella laboratory network (MRLN) was supported to maintain its services and quality throughout 2021. As countries move closer to the elimination goal, generating evidence on the origins of transmission of the measles and rubella viruses through sequence analysis is critical for understanding if they are endemic or imported.

Considering that capacity of the Region is limited, a virtual training on sequence analysis and genotype determination of measles and rubella viruses was rolled out across the Region in collaboration with experts from the US CDC, WHO headquarters and the regional reference laboratory at the National Institute of Health, Bangkok, Thailand.

Unlike laboratory test experiments that require dedicated bench work, sequence analysis is solely a computer-based skill that can be imparted virtually. A total of 49 participants from seven Member countries were trained. These countries now have the capacity to conduct sequencing and molecular epidemiology for transmission of the measles and rubella viruses. The sequence analysis workshop also helped participants to execute their responsibilities in areas beyond measles and rubella. It is an example of sustainable institutional capacity-building for a broader public health cause.

**Shaping the research agenda**

A set of research priorities were identified during regional meetings conducted in previous years, which will be carried forward. Several planned research studies to guide strategic interventions in the measles and rubella programme were severely impeded in 2021 and will require more attention in 2022.

Bilateral discussions on key research agendas that are ongoing with partners include research on developing locally available point-of-care diagnostic kits for measles and rubella.
Challenges, opportunities and next steps

The impact of the COVID-19 pandemic on progress towards measles and rubella elimination cannot be underestimated. The decline in coverage of the measles vaccine is likely to result in increased mortality and morbidity. Similarly, surveillance for all VPDs, including measles, was affected by the pandemic but it gradually picked up towards the end of the year. A total of 38 553 suspected measles cases were reported in 2021 compared with 31 091 cases in 2020. The pandemic also delayed the implementation of mass vaccination campaigns for measles and rubella in the Region and delayed various monitoring and evaluation activities.

Irrespective of the pandemic, significant challenges remain to achieving measles and rubella elimination in the Region, the biggest of which is to improve routine immunization programmes to 95% or more with two doses of an MR-containing vaccine in all districts in all countries. A significant number of children in the Region do not receive MCV1 through the routine immunization programme. Sensitivity of the surveillance for measles and rubella remains suboptimal in endemic countries, resulting in underreporting and underestimation of the disease burden. Additional funding will have to be committed over and above the current funding levels to achieve the 2023 goal.

An independent review has cautioned that the Region is off track to achieve the 2023 milestone and that there is a need to revise the dates in consultation with global and regional experts, partners and Member States. The SE Asia Regional ITAG, the SE Asia Regional Verification Commission for measles and rubella elimination and Member States will be consulted over the next year on this. Findings from the consultation will be presented to the Regional Committee to discuss a possible revision of the elimination target.
Nevertheless, Member States have developed strategic, operational and policy guidelines for reviving immunization and surveillance activities after the pandemic broke out and indicators are showing an upward trend. It is critical to continue to identify gaps in performance at the national and subnational levels and develop tailored strategies to bridge these gaps.

Moving forward, WHO will continue to provide high-quality technical assistance to Member States to support accelerated implementation of the recommendations made by the Twelfth Meeting of the ITAG, the Sixth Meeting of the Regional Verification Commission for measles and rubella, and from the independent regional review of the measles and rubella programme so that Member States can achieve measles and rubella elimination.
**Flagship 2: Prevent and control of noncommunicable diseases through multisectoral policies and plans, with a focus on ‘best buys’**

**Introduction**

The challenges brought on by the COVID-19 pandemic continued throughout 2021, testing the resilience of health systems, individuals, families and societies. The indirect health impacts of the pandemic continued, in particular, the disruption of essential health services. Across the Region, NCDs such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancer have been exacerbated, and so have mental health issues. Supply chains have been compromised, patients have been lost to follow up and people have struggled to access their medications.

The pandemic has also revealed and exposed the vulnerabilities and shortfalls of health-care systems and services across the Region. Initial and emerging estimates point towards setbacks in some of the critical gains in tackling NCDs and mental health, which are at risk of being reversed. At the same time, the pandemic has afforded great opportunity.

The crisis has presented an opportunity to address NCDs in new and innovative ways; it has allowed conversations around mental health to flourish; and it has enabled the strengthening of pandemic response capacity, not just to combat COVID-19, but also to prepare for future crises. It has given momentum to change, to innovation and acceleration, and to bettering people’s health now and into the future.

**Progress and results in 2021**

**Strengthening action on NCDs**

Following the conclusion of the Regional Strategic Action Plan to prevent and control NCDs 2013–2020 and guided by the World Health Assembly resolution WHA72(11) (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf) to extend the NCD Global Action Plan until 2030, a progress report on the 10 Voluntary Targets of the Plan was presented to the Seventy-fourth session of the WHO Regional Committee in September 2021. The Regional Committee requested WHO, vide resolution SEA/RC74(2), to develop a Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and in the context of the COVID-19 pandemic. This roadmap is scheduled to be presented to the Regional Committee at its Seventy-fifth Session in Thimphu in September 2022.

One of the key mechanisms for accelerating progress on the prevention and control of NCDs at the country level is the multisectoral action plan (MSAP). In 2021, the Regional Office
supported Member States to update their national MSAPs while a regional training manual was developed to guide the functioning of the newly established multisectoral coordination mechanisms (https://apps.who.int/iris/handle/10665/312110) to operationalize MSAPs.

To mobilize the highest level of political support and advocate for sustained national investments for the prevention and control of NCDs, an investment case for NCDs was prepared and published in Thailand. In addition to supporting countries to carry out STEPs surveys, a regional NCD dashboard was developed to serve as a repository for data and information. Similarly, national NCD dashboards for Bhutan and Nepal were published.

The control and management of NCDs require affordable services to be available closer to where people live, and PHC is one of the best ways of ensuring universal access to such services. In 2021, the WHO PEN mechanism was adopted for expanding access to essential NCD management at the PHC level. Training modules for PEN and healthy lifestyle interventions were developed and adapted as online courses for wider dissemination and use for training health-care workers on the delivery of people-centred NCD services.

To facilitate knowledge-sharing and mentoring in areas of palliative care, stroke care, childhood cancer management and cancer information systems, WHO worked with multiple institutions to develop regional platforms, primarily consisting of WHO collaborating centres. The stroke care platform supported the expansion of stroke care management in Bhutan, Maldives, Myanmar, Nepal, Sri Lanka and Timor-Leste. The childhood cancer management platform was used in Nepal, Myanmar and Sri Lanka. Bhutan, India, Myanmar, Nepal, Sri Lanka and Timor-Leste continue to receive real-time support on cancer registries. The platform for palliative care supported community-based palliative care services in Bhutan, India, Maldives, Myanmar and Timor-Leste.
Addressing mental health and substance use disorders

The COVID-19 pandemic has widely exacerbated mental stress across a vast spectrum of the population in every Member country. Prolonged restrictions on movement, social isolation, fear, or the actual loss of loved ones tested the mental health and equanimity and poise of even the most resilient.

In collaboration with partners, the Regional Office facilitated the provision of guidance and advice to health workers, managers of health facilities, people looking after children, older adults, people in isolation and members of the public on protecting and preserving their mental health through WHO’s website and social media.

A mental health and well-being portal with detailed information on management and coping skills was launched on the Regional Office intranet for use by WHO staff. In addition, the Regional Office supported Member States to implement the mental health and psychosocial support (MHPSS) framework developed by WHO for addressing mental health issues during emergencies.

With support from NORAD, the “Special Initiative on Mental Health” project was started in Bangladesh and Nepal as part of the global initiative to increase access to comprehensive mental health services for at least 100 million people between 2019 and 2023.

Tele-health and online resources for mental health and addictive disorders not only became a necessity but their use flourished during the pandemic. The Regional Office played a key role in providing resources to strengthen country capacities in launching digital technology platforms through which health-care workers received training and remote supervision and mentoring.

Tackling NCD risk factors

Promoting healthy diets

Work continued in 2021 on addressing the twin issues of overweight and obesity. This included holding a virtual Regional Stakeholder Consultation on addressing overweight and obesity among young children that brought together eight Member States in November 2021. The consultation identified double duty actions to be implemented on overweight prevention, identification and management, and enumerated the technical support required from WHO.

As a first step, the food environment regarding commercial food products for infants and young children was characterized in Bangladesh, India, Nepal, Sri Lanka and Thailand. This resulted in increased awareness on unhealthy diets of children under the age of five. An Expert Group Consultation was also organized to prioritize innovative actions to be taken by WHO to improve feeding practices and the food environment in Member States.
In an important step towards reducing the consumption of transfats, the national legislation promulgated in Bangladesh and India on transfatty acid elimination will be implemented in 2022. This will result in 1.5 billion people being protected from the harmful effects of transfatty acids on cardiovascular health. The Regional Office also provided technical support to Sri Lanka to draft its transfat regulation, and 34 laboratory personnel from Nepal and Sri Lanka were trained in monitoring the level of transfats in diets.

**Tobacco**

Every year, 1.6 million deaths are attributable to tobacco in the SE Asia Region. Despite the pandemic, the Regional Office has been at the forefront of implementing tobacco control activities in Member States, but challenges remain. The primary challenge is the growing use of new and emerging products, such as electronic nicotine delivery systems (ENDS).

Nevertheless, work on pro-health taxation for tobacco was supported in five countries and all Member States were supported to accelerate and strengthen their efforts to help tobacco users to quit as part of the World No Tobacco Day “Commit to Quit” campaign that was observed yearlong. All three levels of WHO supported Timor-Leste to develop its National Action Plan for tobacco cessation and to establish a quitline and tobacco cessation clinic.

To better regulate tobacco products, it is important to have access to their laboratory testing. To enhance regional capacity and support countries, the drug toxicology laboratory at the National Institute of Mental Health and Neurosciences (NIMHANS) in Bengaluru, India, was provided with the latest, state-of-the-art equipment, including a smoking machine by the WHO Regional Office. The Regional Office also supported its participation in global testing and validation projects for smokeless tobacco, e-liquids used in e-cigarettes and heated tobacco products. A special issue of the *Asia Pacific Journal of Cancer Prevention* was published on progress in tobacco control in South-East Asia.

**Harmful use of alcohol**

Alcohol accounts for one in every 20 deaths in the Region. With increased use of alcohol reported during the pandemic, the Regional Action Plan to implement the Global Strategy to reduce the harmful use of alcohol in the SE Asia Region 2014–2025 was further intensified. A communication campaign on the harmful use of alcohol was launched in 2021 involving audio and video stories disseminated through multiple channels.

**Physical inactivity**

Physical inactivity is an important modifiable risk factor for NCDs. All countries of the Region report insufficient physical activity among both adults and adolescents. In an important step towards addressing this, the Regional Roadmap for implementing the Global Action Plan for Physical Activity 2018–2030 in the South-East Asia Region was launched. In addition,
Indonesia, Sri Lanka and Thailand were supported to implement the situation assessment tool on physical activity.

**Addressing air pollution**

The SE Asia Region accounts for 34%, or 2.4 million, of the 7 million premature deaths globally caused by household and ambient air pollution together every year. Air pollution accounts for the largest combined burden of disease among all environmental risks and is a leading contributor to the NCD epidemic. For people living in cities of the Region, 99% breathe air in which the level of pollutants is much higher than that prescribed in WHO guidelines.

WHO released an updated version of the Global Air Quality Guidelines (AQGs) after 15 years. They recommend stringent mechanisms to control major air pollutants based on the latest scientific evidence from across the world. The aim of the guidelines is to help decision-makers set legally binding standards and goals for air quality management.

As part of this, a regional workshop with key stakeholders from the health and environment sectors across countries was convened virtually in December 2021 to support the implementation of the new standards. Participants also learnt about various air quality management tools, such as the solid waste emission estimation tool (SWEET), health economic assessment tool (HEAT), and the clean household energy solutions toolkit (CHEST).

**Enhancing food safety**

In collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE), WHO organized a tripartite webinar on the One Health approach to AMR mitigation and safer food in the Asia-Pacific region. In addition, a regional situation analysis of chemical contaminants in food and antibiotic use in animal husbandry and food production and the agriculture sector and its impact on food safety and AMR was carried out.

Food safety impacts intercountry trade. To share experiences, the CODEX Trust Fund (CTF) coordinators from three countries sharing land borders – Bhutan, India and Nepal – discussed opportunities and challenges in the implementation of a CTF group project for sustainable collaboration and meaningful engagement in the CODEX standard-setting process through bilateral and multilateral platforms.

**Addressing disability and injury prevention and rehabilitation**

Various initiatives were taken during 2021 on injury prevention and rehabilitation, including the launch of the Regional Status Report on Drowning in South-East Asia. Drowning is the third leading cause of injuries in the Region, especially among children.
One of the key interventions for the prevention of disability is the availability of emergency trauma services. As a demonstration project, satellite emergency centres were established through the integration of emergency care services in two primary health-care centres in the state of Arunachal Pradesh in India in partnership with a WHO collaborating centre (CC). Impressed by the results, the State Health Department increased financial and human resource allocations to revamp emergency services across the state.

To uphold the rights of people living with disabilities, a rapid assistive technology (AT) assessment was conducted in seven countries to understand unmet needs and plan interventions.

In addition, as a follow up to the World Health Assembly endorsement on global targets for effective coverage of refractive errors and cataract surgery by 2030, a situation analysis was presented at the Seventy-fourth session of the Regional Committee. It will be used to develop the Regional Action Plan on people-centred integrated eye care to be presented to the Regional Committee in 2022.

**Taking action on WASH and climate change**

The COVID-19 pandemic brought into focus the WASH and climate change agenda. People and planetary health are intertwined. Health-care waste management, already an issue in most countries, was under great stress during the pandemic. To address the challenge of proper management of health-care waste, WHO developed a white paper on health-care management in the SE Asia Region, which proposes effective, low-cost and sustainable measures to manage COVID-19 waste.
A web-based advocacy toolkit on climate change and health, a first from WHO, was developed and launched by the Regional Director at the 26th session of the Conference of Parties (COP26) to the United Nations Framework Convention on Climate Change (UNFCCC), or the Glasgow Climate Change Conference. The toolkit allows users to explore the impact of climate change and provides them with necessary tools and guidance to advocate for health–climate resilience and to act appropriately at the individual, community and state levels.

To harness the potential of digital technologies, e-learning courses on climate change and health were developed by the Regional Office to facilitate self-paced training on key topics for staff in the ministries of health and other health-care organizations. Such courses include “climate-resilient water safety planning”, “climate-resilient and environmentally sustainable health-care facilities”, “integrated disease surveillance and early warning systems”, “health national adaptation plans development processes”, and “climate change and health vulnerability and adaptation assessments”.

For better data capture and use, the Regional Office supported the integration of climate/weather information into surveillance systems for mapping health datasets into existing national health information systems. In addition, a standard operating procedure (SOP) framework was developed to help build core capacities within Member States for aggregating climate and disease surveillance data, integrating climate models and hydrometeorological data into disease surveillance systems, mounting a response to outbreaks, and monitoring the effectiveness and efficiency of the entire system.

Guidelines on mainstreaming gender, disability and social inclusion (GEDSI) in WASH and climate change programmes and activities at the country level were developed and an assessment on the status of health-care facilities in the Region was completed, along with the identification of interventions to integrate climate resilience into the operations of such facilities.

A ready reckoner for climate-resilient and environmentally sustainable health-care facilities was developed to enable countries make informed decisions about building climate-smart health-care facilities. Importantly, a “Star rating of green and clean health-care facilities” mechanism was developed to enable facilities to evolve into model facilities, with improvements made according to the Water and Sanitation for Health Facility Improvement Tool (WASHFIT) and the standard guidance for climate-resilient and environmentally sustainable health-care facilities.

**Addressing social determinants of health**

Home to around 627 million children under the age of 18 years, nearly 184 million students were impacted by prolonged school closures in the SE Asia Region in 2021. To ensure safe return to school and support the implementation of new global standards and guidelines
for health-promoting schools launched by WHO and UNESCO in 2021, the Regional Office convened a ministerial meeting for both the health and education sectors.

This led to the Ministerial Call for Action on “Making every school a health-promoting school: scaling up implementation of comprehensive school health programmes for promoting health and well-being of students and staff”. To lend UN support, the regional leadership of WHO, WFP, UNFPA, UNICEF and UNESCO held a summit meeting and signed a “Joint UN statement on strengthening education, school health, nutrition and well-being” to collectively advocate for a healthier generation and provide harmonized joint technical support to countries.

Urban governance for health and well-being can respond to the urgent need to support vulnerable populations and improve health equity, while at the same time building a sustainable platform to promote health and well-being. In 2021, the Regional Office started work on the Regional Laboratory on Urban Governance for Health and Well-being (UGHW) in collaboration with Chulalongkorn University and the Thai Health Promotion Foundation. Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Thailand are taking part in the initiative.

Work began in Khulna city, Bangladesh, and this included developing multisectoral technical and advisory committees to draft an operation plan and memorandum of understanding (MoU) between partners with support from WHO and the Swiss Development Cooperation (SDC). In India, an inventory on different cities’ health-related initiatives was carried out and a draft framework for healthy cities and urban governance was developed. In addition, Jaffna city in Sri Lanka established a healthy city coordination team to technically assess the status of health and well-being among residents.

Challenges, opportunities and next steps

The Regional Office will continue to provide strategic guidance to Member States to track and accelerate progress towards achieving the GPW13 and SDG3 targets on prevention and control of NCDs, including the development of the Regional Implementation Roadmap. Work will also continue on strengthening the delivery of NCD services through WHO PEN and PEN-plus interventions within PHC approaches.

With COVID-19 still raging due to the emergence of new variants, the mental health fallout from the pandemic will continue. WHO continues to advocate, advise and support countries to respond now and in the pandemic’s aftermath.

The Regional Office will continue to strengthen the climate resilience and environmental sustainability of health-care facilities, accelerating efforts towards integrated disease surveillance of climate-sensitive diseases, improving water quality surveillance, and promoting water and sanitation safety planning. Addressing the environmental determinants of health such as air pollution will continue to be a priority for the Region.
WHO will continue to advocate for healthier lifestyles, diet and physical activity, including addressing the double burden of nutrition. Tobacco control initiatives with a focus on “best buys”, specifically raising taxes, strengthening smoke-free policies, and enforcing bans on TAPS (tobacco advertising, promotion and sponsorship), along with expanding support for interventions on quitting tobacco use, will also be a priority.

COVID-19 provides an opportune time to build on the momentum to develop national AT policies and programmes in the Region to honour the commitment to the rights of people living with disabilities. WHO will expand training programmes for the AT skills laboratory and advocacy initiatives to strengthen demand, bolster referral pathways and increase access to appropriate technology and services, particularly in remote areas.
Flagship 3: Accelerate reduction of maternal, neonatal and under-five mortality

Introduction

Reducing maternal, newborn and child mortality is a key priority of the Regional Director. Prior to the pandemic, the SE Asia Region had made significant progress in reducing maternal, newborn and child mortality. The second and third waves of the COVID-19 pandemic in 2021 severely interrupted plans to sustain the gains and accelerate progress in ending preventable maternal, newborn and child deaths across the Region.

In 2021, routinely monitored SRMNCAH indicators showed decreased coverage compared with 2019 but an improvement over the 2020 figures. According to the 2020 Child mortality report of the UN Interagency Group for Mortality Estimation, the under-five mortality rate in the Region has continued to decline: it reduced from 32 per 1000 live births in 2019 to 30 per 1000 live births in 2020.

While overall child mortality decreased by 75% between 1990 and 2019, approximately 1 million children died in the Region in 2020 due to several causes. These causes of death include preterm birth complications (26.3%), acute lower respiratory tract infection (14.4%), birth asphyxia and trauma (12.3%), congenital anomalies (9.5%) and diarrhoeal diseases (8.7%).

Similarly, neonatal mortality reduced from 20 per 1000 live births in 2019 to 18 per 1000 live births in 2020, though its overall reduction is 66% since 1990. However, it is heartening to note that the mortality reduction continued despite projections of stagnation or even an increase in neonatal and child deaths owing to the direct and indirect effects of the COVID-19 pandemic.

DPR Korea, Maldives, Indonesia, Sri Lanka and Thailand have reached an under-five mortality rate below the 2030 SDG target of 25 per 1000 live births. The neonatal mortality rate in these countries has also fallen below the 2030 SDG target of 12 per 1000 live births. Between 2000 and 2017, the SE Asia Region recorded the most significant decline in maternal deaths among all regions: a 57.3% reduction in mortality compared with the global level of 38%.

Such progress indicates that Nepal and Timor-Leste are on track to achieve the SDG country target of a two third reduction in the maternal mortality ratio (MMR) with 2010 as the baseline. New maternal mortality data will be released in 2022. As per the current stillbirth data, six Member States (Bhutan, DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) have already achieved the 2030 national target of less than 12 stillbirths per 1000 total births. The next stillbirth estimation is expected to be in 2023.
### Table 1. Reduction and projection of maternal, newborn child mortality and stillbirths in the SE Asia Region

<table>
<thead>
<tr>
<th>Country</th>
<th>MMR in 2017 (per 100,000 LB)</th>
<th>MMR 2030 projection* (per 10000 LB)</th>
<th>Stillbirth rate in 2019 (per 1000 total births)</th>
<th>NMR 2020 (per 1000 LB)</th>
<th>NMR 2030 projection (per 1000 LB)</th>
<th>U5MR 2020 (per 1000 LB)</th>
<th>U5MR 2030 projection (per 1000 LB)</th>
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<td>Sri Lanka</td>
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<td>Timor-Leste</td>
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<td>19</td>
<td>16</td>
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<td>SE Asia Region</td>
<td>152</td>
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<td>14</td>
<td>18</td>
<td>11</td>
<td>30</td>
<td>16</td>
</tr>
</tbody>
</table>

- **Have achieved SDG/Every Newborn Action Plan (ENAP) country target**
- **Likely to achieve the SDG target for maternal mortality ratio (MMR), neonatal mortality rate (NMR) or under-5 mortality rate (U5MR) by 2030**
- **Unlikely to achieve SDG target by 2030 at current annual rates of reduction (ARR) unless accelerated action is taken**
- **Countries below the upper limit of Ending Preventable Maternal Mortality (EPMM) target (140/100,000 live births [LB])**

*The projections for 2030 have been calculated using the annual rate of reduction (ARR) for 2010–2017 for MMR and the ARR for 2010–2020 for NMR and U5MR, assuming these would hold for 2017–2030 and 2020–2030, respectively. Projections for 2030 have not been calculated for stillbirths.*

### Progress and results in 2021

#### Accelerating reduction of newborn and child mortality

In 2021, the seventh meeting of the SEAR-TAG was held virtually to consider strategies for accelerating the reduction of newborn and child mortality in the Region. The Regional Office prepared a country-wise analysis of the situation of newborn and child health programmes and the mortality status to guide TAG members to further deliberate and provide specific recommendations to Member States. In addition, country profiles for RMNCAH were prepared, which highlighted progress in such programmes. The TAG recommendations were shared with countries to take necessary action to further accelerate reduction in newborn and child mortality.

#### Point-of-care quality improvement

The regional community of practice for point-of-care quality improvement (POCQI) was sustained, and multiple technical sessions were organized on the virtual platform for practitioners of quality improvement from SE Asia Region countries and beyond to increase...
knowledge- and experience-sharing. The digital version of POCQI training was used to train health-care workers in India and Maldives. Bhutan was supported to strengthen pre-service and in-service training in quality improvement approaches for nurses and doctors.

In India, the POCQI module has been prepared for introduction in pre-service education of nurses. A guide has been prepared to train district programme managers in implementing quality improvement programme in the country. Quality improvement has been adopted in India in the national initiative for strengthening child health in 2021.

**Strengthening maternal health**

In 2021, the Maternal Death Surveillance and Response (MDSR) capacity-building training programme that was developed by the Regional Office in partnership with the Momentum of Country Global Leadership (MCGL) continued for national programme managers and other stakeholders from 10 Member States.

The MDSR training package has been expanded to maternal, perinatal death surveillance and response (MPDSR) by incorporating a review and response of stillbirths and early neonatal deaths. The combined MPDSR training package has been used to train national programme managers, UN staff and other stakeholders in several Member States. The MPDSR capacity-building programmes will be scaled up in 2022.

The pandemic has revealed that virtual training programmes are as effective as face-to-face programmes in some thematic areas. Therefore, the virtual training platform can be continued in the post-pandemic phase with some modifications.

The Regional Office supported Member States to implement stillbirth-preventive activities and supported stillbirth surveillance and response activities within the Region’s newborn birth defects (NBBD) surveillance network of hospitals in a few settings. WHO also helped Timor-Leste develop its national antenatal care (ANC) services and postnatal care (PNC) guidelines, incorporating WHO recommendations. The Regional Office also supported a review of Thailand’s ANC services, which led to a policy change from a scheduled five ANC visits to eight.

The Regional Office also developed standard treatment protocols (STPs) for the clinical management of COVID-19 complicating pregnancy, which was reviewed by experts from Member States and coordinated by the All India Institute of Medical Sciences (AIIMS), New Delhi.
Delhi, India, a WHO collaborating centre. The Department of Family Health in the WHO Regional Office facilitated a webinar on vaccination during pregnancy in collaboration with the Office’s Immunization and Vaccine Development Unit.

Challenges, opportunities and next steps

The major challenge has been the direct and indirect impact of the COVID-19 pandemic on programme implementation. RMNCAH services were disrupted due to several demand- and supply-side factors such as movement restrictions. Face-to-face regional meetings and training sessions were suspended, which led to the postponement of some planned activities. In addition, the repurposing of staff for the COVID-19 response, along with staff who were incapacitated by COVID-19 infection, further compromised routine RMNCAH activities.

Sessions at clinics and at the community level were delayed, cancelled or limited in various countries, which created a pool of unprotected women and children posing a risk for poor RMNCAH outcomes in the future. Some Member States also experienced inadequate HR and limited technical capacity at the country level for programme implementation.

Nevertheless, moving into the digital realm for data collection, monitoring and feedback is an important opportunity. Innovative approaches to strengthening country capacity and disseminating guidelines via digital platforms are less expensive and can be used successfully. The use and application of tele-health for service provision, especially teleconsultations and telecounselling, is also an important opportunity that can be leveraged.

Catalysing on government partnerships and sustained coordination and collaboration with UN partners, such as the H6 partnership, has helped improve country support mechanisms and programme implementation; all this can continue to be harnessed and bolstered.

The Regional Office will continue to support countries to keep RMNCAH at the centre of the UHC spectrum to sustain the gains and accelerate progress towards achieving the SDGs and programme targets. For this, Member States will need to increase domestic financing and scale up coverage of quality life-saving interventions that ensure that “no one is left behind”.

Sustained technical support through country support plans primarily focused on Bangladesh, India, Indonesia, Myanmar, Nepal and Timor-Leste. Context-specific support for other Member States will continue. Improving RMNCAH programme governance by establishing technical advisory groups at the country level is a high-impact strategy to accelerate progress. In addition, addressing HR issues such as strengthening midwifery services and supporting countries to monitor RMNCAH services will also catalyse other efforts.

WHO will continue to support Member States to mitigate the disruption to services caused by the pandemic along with new programmatic areas such as early childhood development, nurturing care, cervical cancer elimination and adolescent health.
Flagship 4: Continue progressing towards universal health coverage with a focus on human resources for health and essential medicines

Introduction

Universal health coverage or UHC is about all people getting the health care they need, of sufficient quality to be effective, and without suffering financial hardship. UHC is monitored by examining service coverage and financial protection using the indicators and methodologies agreed upon by the United Nations Inter-Agency and Expert Group (IAEG). Service coverage varies between 51 and 83 across Member States of the Region.

While service coverage for the Region has been increasing (from an index of 30 in 2000 to 62 in 2019), it is not fast-paced enough to achieve the minimum service coverage index of 80 by 2030. In addition, there is low financial protection across Member States, with the Region experiencing the highest share of out-of-pocket (OOP) health expenditure at 40% of total health expenditure (THE) as per the last available figures of 2018. In fact, the financial protection scenario worsened with catastrophic health spending climbing from 12.6% in 2005 to 15.2% in 2017.

To add to this, the COVID-19 pandemic has not only caused disruptions in the delivery of essential health services; but has also led to the greatest global economic downturn since the Great Depression across Europe and the United States of America of 1929–1930. This carries the potential to wipe out the impressive health gains made over the past decades due to the decline in government revenues, an increase in government spending and debt, and reversal in poverty reduction trends of the past 20 years.

According to the Asian Development Bank, in 2021 alone, 4.7 million people living in South-East Asia fell below the extreme poverty threshold (those who live on less than US$ 1.90 per day) in comparison with 2020. The prospects for improvement in access to services and financial protection, in this context, are very worrisome, particularly in countries of the Region where government spending on health prior to the pandemic was already low. Domestic government spending as a share of current health spending comprised less than 50% in six countries of the SE Asia Region as of 2018.

It is, therefore, imperative to adapt to the changes brought about by the COVID-19 crisis and take bold measures to accelerate progress to achieve the Regional Flagship Priority targets on universal health coverage. This includes increasing government spending on health, in spite of the macro-fiscal challenges that countries are facing, while stepping up efforts to improve the efficiency of health financing systems across the Region. This includes a stronger focus on orienting health systems towards primary health care.
Progress and results

As the COVID-19 pandemic continued to affect the economies of SE Asia Region Member countries in 2021, several of them struggled with reduced revenues, increased expenditure and higher debt levels. But with the availability of effective vaccines over the course of the year, countries mobilized substantial resources to roll out large-scale COVID-19 immunization programmes. This was a recognition of the fact that the COVID-19 vaccines may represent be the highest return on public investment ever, with a US$ 9 trillion yield against an investment of US$ 50 billion (Agarwal and Gopinath, IMF 2021).

The successive PULSE surveys point to the disruption of essential health services in most of the countries of the Region. Member States were off track to achieve UHC before COVID-19 and they are further off the mean now two years after the onset of the pandemic.

Supporting PHC-oriented health system transformation

Successive waves of COVID-19 during the year disrupted essential health services, exposed longstanding gaps in health systems, and exacerbated inequities across the Region. The pandemic has also made evident the importance of investing in PHC-oriented health systems. A robust PHC system will enable countries to make faster progress towards achieving UHC, health security and overall healthier populations, with increased equity and efficiency. As a result, the Regional Office intensified its focus on PHC in 2021.

The second and third round of national PULSE surveys on the continuity of essential health services was conducted in 2021 with nine countries from the Region reporting in both rounds. Two years into the pandemic, survey analysis pointed to continued disruptions to essential health services across all reporting countries, due to both supply and demand factors.

Following requests from Member States, the Regional Office placed an Agenda item on “COVID-19 and measures to build back better essential health services to achieve UHC and health-related SDGs” for deliberations by the honourable health ministers at the Seventy-fourth session of the Regional Committee in Nepal in September.

The Ministerial Roundtable deliberations at the Seventy-fourth session of the Regional Committee for South-East Asia saw all Member States reflect on the lessons and share key priorities to “build back better”. Discussions were based on the latest information on the COVID-19 pandemic, essential health service coverage and disruption, and lessons learnt from the pandemic. Two recommendations for WHO and Member States emerged on this subject: (i) to develop a Regional Strategy on Primary Health Care that builds on lessons learnt from the ongoing pandemic to guide, support and monitor the transformation to PHC-oriented health systems in Member States; and (ii) to continue to support countries to respond to the pandemic while strengthening the delivery of essential health services
through accelerating progress on the Regional Flagship Priorities related to UHC and health emergencies.

The Regional Committee endorsed a resolution on the “Declaration by the Health Ministers on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs [resolution SEA/RC 74/R1]”. The Ministerial Declaration identifies the opportunity to advance PHC-oriented transformation in the Region, while ministers of health also committed to reorient health systems towards comprehensive PHC through increased public investment.

In a related step, the South-East Asia Regional Strategy for Primary Health Care 2022–2030 (‘SEAR PHC Strategy’) was developed and launched by the Regional Director and Ministers of Health on UHC Day in December 2021. The SE Asia Region PHC Strategy seeks to guide, support and monitor PHC-oriented transformation of health systems in the Region.

The Regional Director speaks on implementation research in NCDs in the context of SDG3 during the virtual Foundation Day celebrations of the Indian Council of Medical Research in association with the National Institute for Implementation Research on Noncommunicable Diseases

It was adapted from the WHO and UNICEF Operational Framework for Primary Health Care to the regional context through the consolidation of technical information, with an expert group process that involved inputs from Member States and partners. It prioritizes seven values and 12 inter-related strategic actions to guide PHC-oriented transformation in the Region. It also contains 29 monitoring indicators that are mapped to the 12 Strategic Actions to assess, track and drive PHC-related progress.
The intensified focus on PHC in the Region has strengthened linkages across health system foundational elements and disease programmes, and this has included robust collaboration between different departments in the Regional Office. The PHC Strategy will help guide the Regional Office’s support for health systems in a manner that is integrated with other Flagship Priorities now and into the future.

**Strengthening the health workforce pandemic and beyond**

The Decade for Health Workforce Strengthening in the South-East Asia Region 2015–2024 completed its seventh year in 2021. The initiative remains at the heart of progress on UHC, health security, and other health-related SDGs. According to data reported through the National Health Workforce Accounts (NHWA) platform, the density of doctors, midwives and nurses in the Region continued to grow steadily throughout the period.

There has been an increase of over a fifth in the average density of doctors, nurses and midwives between 2014 and 2020, but significant gaps in health workforce information as well as challenges in respect to workforce distribution, quality and performance, remain. The figure for 2015 for the regional averages was 21.5 doctors, nurses and midwives per 10 000 population. In 2019 the figure rose to 26 and remained at this level as per 2020 figures which are being finalized.

The ongoing COVID-19 pandemic brought renewed attention to the importance of health workers to achieve national health and development goals across the Region. At the Ministerial Roundtable of the Seventy-fourth session of the Regional Committee, Member States shared innovations on how to make the most of the array of available health workers in the Region, with a focus on PHC workforce teams. PHC workforce-related lessons from COVID-19 were also captured in the special edition of the *South-East Asia Journal of Public Health* on “Recalibrating PHC-centred systems for UHC in the new normal: lessons from COVID-19”.

The period also saw intensified focus on rural retention, the global migration of health workers, and nursing education. The Regional Office held a workshop to launch WHO guidelines on health workforce development, attraction, recruitment and retention in rural and remote areas and to disseminate findings on case studies undertaken across the Region.

The SE Asia Regional Office in collaboration with the regional offices for the Eastern Mediterranean Office (EMRO) and Europe (EURO) convened the first Tri-regional Meeting on International Health Worker Mobility (see Box 22). A virtual regional meeting on Strengthening Nursing Education in the SE Asia Region was held in December 2021, with focus on sharing the SE Asia Region Nursing Educator Competencies Self-Assessment tool and enabling exchange on recent developments in nursing education across WHO collaborating centres.
Box 22. Triregional high-level policy dialogue on mobility of health professionals

Member States of the WHO regions of South-East Asia, Europe and the Eastern Mediterranean convened in June to discuss international health professional mobility. The WHO Global Code of Practice on the International Recruitment of Health Personnel formed the basis of the discussion, with participants from development, education, finance, health, labour, migration, trade and the private sector joining the dialogue.

The movement of health professionals in the three WHO regions is substantial and increasing, and is expected to accelerate further. The meeting confirmed that while international health professional mobility resonates across multiple state and stakeholder interests, it is a core health systems issue that requires effective multisectoral engagement and action. The voice and perspectives of health systems actors must reside at the centre of wider dialogue and cooperation on this topic. International recruitment can only be ethical when it strengthens the health systems of both the sending and receiving countries.

Recognizing the deep economic, geographical, historic, political and social ties and interdependence among Member States of the three WHO regions, as well as the urgency for collective action by health system stakeholders, participants commended the utility of first Tri-Regional Policy Dialogue on international health professional mobility. Participants encouraged the three WHO regions to strengthen their collaboration in this area, with a focus on further advancing the principles of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The Regional Office together with respective country offices in South-East Asia provided technical support, including the development or review of health workforce-related strategies and policies, and engagement with various stakeholders, to support Member States prioritize PHC-oriented health system transformation.

Improving access to essential medicines

Improving access to essential medicines is another priority under the Regional Flagship on UHC as spending on medicines constitutes the largest proportion of OOP costs in the SE Asia Region. Some key activities carried out in 2021 in this context include the following:

- WHO supported Member States, in an attempt to improve equitable access to medical products, to develop national medicines policies, medicines pricing policies, strengthen procurement and supply chain management, and promoted the rational use of medicines to combat AMR.

- An assessment of the WHO Model Quality Assurance System for Procurement Agencies (MQAS) in the Region was initiated. Quality standards and specifications for medical product procurement by government agencies are often not well defined and compliance to quality assurance principles for procurement vary greatly across the Region. Such gaps pose health risks and lead to wastage. The assessment aims to identify strengths and weaknesses and to develop institutional plans to strengthen procurement and supply chain systems.

- A user manual and video for the Initiative for Coordinated Antidotes Procurement in the South-East Asia Region (iCAPS) was published. The Initiative was launched in 2018 to support collaborative procurement of essential antidotes for
several common causes of poisoning. A systematic approach towards antidote procurement is expected to improve procurement efficiency by aggregating demand, reducing costs and coordinating quality assurance.

- WHO initiated an assessment in the Region on the available medicinal price information that can be shared across Member States to promote fair pricing and transparency. This was based on the fact that medicine prices are a significant barrier to access effective, safe and quality medicines in developing countries. A paucity of data exists on what governments and patients pay for medicines and how prices vary across sectors and facilities over time.

### Regulating medical products

WHO continues to support countries to strengthen their regulatory systems to promote access to quality, safe, and efficacious health-care products. The Global Benchmarking Tool (GBT) has been applied to provide evidence of regulatory systems performance and facilitate the formulation of institutional development plans (IDPs).

As part of these efforts, Thailand’s National Regulatory Authority (NRA) reached Maturity Level 3 in 2021, confirming that a stable, well-functioning and integrated regulatory system is in place for vaccines. In Bangladesh, WHO is supporting the Directorate General of Drug Administration in its efforts to implement IDPs in collaboration with the Coalition of Interested Partners (CIP). Further technical support was provided to NRAs in the Region. This included supporting the development and carrying out of an onboarding programme for new recruits in Sri Lanka’s National Medicines Regulatory Authority and a desk review of the Maldives Food and Drug Administration.

### Advancing International Trade and Health

Since its inception, the International Trade and Health (ITH) Conference in Thailand has provided knowledge communication and policy advocacy as well as capacity-building and networking on trade and health issues to support UHC. The conference in 2021, on “Future international trade and health: post-COVID-19 pandemic”, explored the impact of COVID-19 on international trade and health aspects. It discussed future international trade and health issues, specifically issues of global public goods and global governance in preparation for better responses in the future.

The pandemic has highlighted the importance of local pharmaceutical production in addressing health needs in developing countries. To work together for quality medicine production in the SE Asia Region, six online workshops on current good manufacturing practices (cGMP) were organized. More than 38 technical subjects focusing on quality production were covered in each of the workshops.
Table 2. WHO current good manufacturing practices (cGMP) online workshops to promote quality medicine production

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Category</th>
<th>Dates 2020–2021</th>
<th>Number of participating units</th>
<th>Number of participants</th>
<th>Duration (in days)</th>
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<tr>
<td>Pilot</td>
<td>Formulation</td>
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<td>33</td>
<td>101</td>
<td>12</td>
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<tr>
<td>1.</td>
<td>Formulation</td>
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<td>40</td>
<td>143</td>
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<td>2.</td>
<td>APIs</td>
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<td>35</td>
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<td>166</td>
<td>12</td>
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<td>4.</td>
<td>Medical Devices</td>
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<td>51</td>
<td>165</td>
<td>05</td>
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<tr>
<td>5.</td>
<td>APIs</td>
<td>19 July–30 July</td>
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<td>310</td>
<td>12</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td>323</td>
<td>1115</td>
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<tr>
<td>Pilot Mentorship programme</td>
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<td>August 2021–December 2021</td>
<td>33 units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentorship programme</td>
<td>All</td>
<td>March to August 2022</td>
<td>In progress</td>
<td></td>
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</table>

The story of current good manufacturing practices (cGMP) online workshops for pharmaceutical units is published on South-East Asia Region and WHO headquarters websites: South-East Asia Region website: http://www.who.int/southeastasia/health-topics/universal-health-coverage

WHO HQ: https://www.who.int/southeastasia/news/detail/10-12-2021-current-good-manufacturing-practices-cgmp-online-workshops-for-pharmaceutical-units

The workshops are being followed by a mentorship programme designed to assist in the adoption of WHO prequalification to promote access to quality medical products. The Regional Office is also exploring the possibility of rolling out the workshop in other countries that are part of the South-East Asia Regulating Network (SEARN) countries.

Advancing traditional medicine

Traditional medicine (TRM) is used in most countries of the Region and offers significant potential to contribute to UHC through its appropriate integration into national healthcare delivery systems. In 2021, the Regional Office’s work in this area focused on system performance monitoring, safety monitoring, research evidence and capacity-building.

WHO organized a regional consultation on TRM data for the monitoring of TRM system performance. A training of trainers on pharmacovigilance for TRM products was also carried out, which contributed to building national capacity in line with the Regional Action Plan for enhancing pharmacovigilance for TRM products.

The Regional Office also supported Member States’ efforts to conduct research on use of traditional medicine for combating COVID-19. This included a nationwide multicentric
Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) implementation study for assessing the level of integration of AYUSH into the health-care delivery system, and a systematic review on AYUSH interventions for preventing and managing COVID-19 cases, both in India.

**Increasing health financing and financial protection**

As a result of the COVID-19 pandemic, Member States’ focus changed from broader health financing strategies and reforms to health financing policy responses to and adjustments made on account of the pandemic. In this context, the Regional Office’s support also changed accordingly to provide the required technical assistance and guidance. This happened through policy dialogue, which helped unveil the likely economic impact and best possible avenues to mitigate the negative consequences of the crisis.

Member States are now better equipped to respond to and adjust their health financing systems to the crisis because of the policy dialogues and advocacy to mobilize additional revenue for the health sector, including financing for COVID-19 vaccines.

The Fifth biregional health financing policy workshop, “Health Financing for Universal Health Coverage in Asia and the Pacific beyond COVID-19”, was held online for the first time. It discussed how health, finance and insurance officials can best work together towards high-performing health systems for health security and UHC.

The Regional Office produced an updated report (and related video) titled *Crisis or opportunity? Health financing in times of uncertainty: Country profiles from the SE Asia Region*. In this report, a series of pre-COVID health expenditure data for 10 years for 10 Member States were analysed, six aspects of health financing arrangements of governments in response to the COVID-19 pandemic were compiled, and quantitative and qualitative assessment of progress towards UHC by countries were provided. WHO also continued to monitor catastrophic and impoverishing health expenditure of households with the latest data from India, Indonesia and Maldives. The results will be compiled in a new regional report on financial protection status analysis.

The Region has advanced its tracking of pharmaceutical expenditure through additional data and methodological understanding. Better estimates of pharmaceutical spending will help to answer critical policy questions and design tailored policy interventions to reduce OOP spending.

Considerable improvement has been seen among countries in systematically tracking health expenditure, with 10 Member States now regularly reporting health spending data through the Global Health Expenditure Database. Ten Member States have produced at least one health expenditure study and have all transitioned to the global standard accounting framework, the System of Health Accounts (SHA) of 2011, six have produced
at least one estimate on their primary health care expenditures and four have produced disease-specific health expenditures.

While the COVID-19 pandemic shifted the focus of health financing technical support planned for the Region, the achievements of 2020–2021 pave the way for institutionalization of policy adjustments adopted during the pandemic and for broader reforms that will be able to capitalize on the renewed understanding of health being an important investment.

**Strengthening UHC monitoring and accountability**

In 2021, systematic monitoring of UHC and health-related SDGs continued, including projected achievements by 2025 and 2030, which is an important advocacy tool. To understand and address gaps, an assessment of countries’ health information systems (HIS) using the SCORE tool was carried out while the Regional Office held a training course on HIS strengthening. The training will contribute to monitoring the quality of routinely collected health data and using it to inform policy at the national and subnational levels. In addition, WHO published a progress report on the status of civil registration and vital statistics (CRVS) in the SE Asia Region, which includes recommendations for improvement.

**Improving patient safety, blood safety and infection prevention and control**

Patient safety and IPC are critical to achieve UHC, as health care has to be safe, effective and people-centred. In 2021, a regional consultation on patient safety was convened to align the Regional Strategy on Patient Safety 2016–2025 with the Global Patient Safety Action Plan (GPSAP).

A regional desk review on haemoglobinopathies with an emphasis on the accessibility and availability of safe blood and blood products for thalassaemia patients’ requirements in South-East Asia under UHC was published. The publication is an important step towards the implementation of the WHO Action Framework for Blood and Blood Products 2020–2023. In addition, guidelines on patient safety, IPC and blood safety during the COVID-19 pandemic were disseminated to all countries of the Region along with advocacy material for World Blood Donor Day (observed on 14 June every year), World Patient Safety Day (17 September) and Hand Hygiene Day (5 May).

**Controlling AMR**

AMR is a significant threat to health and human development, affecting the ability to treat a range of infections. Consumption and use of antimicrobials are the main drivers for the development of AMR. To obtain a thorough and comprehensive picture of AMR and to be able to identify areas in which actions are needed, data from surveillance of antimicrobial consumption (AMC) are essential. In 2021, WHO supported AMC monitoring in Bangladesh, Maldives and Nepal.
Antimicrobial stewardship (AMS) programmes that optimize the use of antimicrobials, improve patient outcomes, and reduce AMR and health-care-associated infections have been established in Member States. The Regional Office developed a systematic assessment tool which was used in Bhutan to develop an AMS implementation strategy.

Challenges, opportunities and next steps

The COVID-19 pandemic is not only a colossal public health crisis but an economic one as well, and has disrupted economic growth in the SE Asia Region and reversed decades-long progress on reducing poverty and improving health and well-being. Without increased government spending on health, and the implementation of effective health financing and service delivery policies, resource and systems constraints will continue to bring further financial burden to households when seeking health care or increase the levels of foregone care. Worse still, this would fall disproportionally on the poor, exacerbating inequality and halting the Region’s progress towards UHC.

Governments need to better support disadvantaged population groups and pay attention to unmet needs. This is an area that WHO will also support. Moreover, WHO will continue to support ministries of health to better engage with other stakeholders such as ministries of finance to protect and increase health budgets in economic recovery policies and improve efficiencies within health systems.

In this context, WHO will encourage discussions and provide technical guidance to better integrate COVID-19 vaccinations with health system and routine immunization programmes so that countries are more efficient and effective along with preparing sustainable financing for large-scale interventions. Ongoing efforts to improve efficiency of health spending will continue, including PHC financing, public financial management and strategic purchasing arrangements for health services.

In the medium term, resource mobilization for the health sector to integrate COVID-19 vaccination into national immunization plans could face challenges as many countries have been set back by a few years in terms of economic growth. Routine health services disrupted during the pandemic may also lead to increased demand for health services, which require greater health investments. The pandemic has also provided a unique opportunity to galvanize political commitment and resources to strengthen health systems to achieve health security, UHC and inclusive economic growth.

As the Region recovers from the impact of COVID-19 in 2022, it is more imperative than ever to increase public investment in PHC-oriented health systems including human resources for health and access to essential medical products at the primary care level. A strong and robust PHC-oriented health system that retains a focus on the unreached and the vulnerable will enable countries to make faster and more equitable progress towards
achieving UHC with both service coverage and financial protection, health security and healthier populations.

A central focus during the period ahead, as emphasized in the Declaration by the Ministers of Health at the Seventy-fourth session of the Regional Committee in 2021, will be to guide, support and monitor ongoing PHC-oriented health system transformation in the Region, including through operationalization of the South-East Asia Regional Strategy for Primary Health Care.

While production capacity has increased over the course of the COVID-19 pandemic, equitable access to essential diagnostics and therapeutics could remain a challenge. Many therapeutics, especially monoclonal antibodies, are expensive and unaffordable for both patients and governments. A global discussion on fair pricing of medicines has been ongoing but more active engagement with the private sector and effective price control mechanisms are needed to improve accessibility and affordability.

While significant progress has been made in the list of essential medicines, similar efforts are required for diagnostics, medical devices and assistive products lists. Adequate public financing is essential to ensure universal access to quality essential diagnostics. Other actions include adequate post-market safety monitoring, reliable medical device equipment maintenance protocols, training of users and technicians in maintenance of diagnostic equipment and expanding the range and use of point-of-care diagnostics, especially for NCD screening.

While strong regulatory systems are essential to support UHC with good quality, safe and effective health-care products, most progress has only been made for vaccines. As the WHO-listed Authorities (WLA) Framework (https://www.who.int/initiatives/who-listed-authority-reg-authorities) is coming into force, replacing the historical concept of a stringent regulatory authority by an expanded, updated and assessed pool of trusted regulatory authorities, more and more countries are expressing interest in developing local production. Hence, WHO will continue supporting all NRAs in the Region to strengthen their regulatory systems for all health-care products using the Global Benchmarking Tool. The revitalization of the South-East Asia Regulatory Network, impacted by the COVID-19 pandemic during which there was no annual meeting and the previous workplan had to be held in abeyance, will contribute to this goal.

Although traditional medicine has significantly contributed to the provision of health-care services at the community level, there is still a lack of a standard monitoring framework and indicators for measuring its contribution towards achieving UHC. WHO will continue to explore a standard monitoring framework for UHC and help generate more evidence and data towards TRM’s contribution to health promotion, disease prevention and management.

Strengthening routine HIS, improving analysis and monitoring health inequalities is essential to identify and track disadvantaged populations. This will provide decision-makers
with evidence to formulate more equity-oriented policies, programmes and practices so that no one is left behind.

Strategic use of digital technologies in health has the potential to transform health care. These digital technologies are an enabler for sustainable health systems and promote universal health coverage. A wide array of digital technologies is being contemplated for use. These include the use of the Internet for virtual care, remote monitoring, artificial intelligence, big data analytics, blockchain, smart wearables, platforms, data exchange and storage tools as well as tools enabling sharing of relevant information across the health ecosystem to create a continuum of care.

These have proven potential to significantly enhance health outcomes by improving medical diagnosis, data-based treatment decisions, digital therapeutics, teleconsultation, self-management of care and person-centred care as well as creating more evidence-based knowledge, skills and competence for professionals to support health care. Countries need to develop their digital health action plan as appropriate to their context.

WHO will continue to provide technical support to implement the Global Strategy on digital health 2020–2025 to facilitate the development of an interoperable digital health ecosystem in Member States that is effectively utilized by patients, health-care and health service providers, public health authorities and research institutions and will help accelerate progress towards UHC while safeguarding privacy and ensuring data security.
Flagship 5: Further strengthen national capacity for preventing and combating antimicrobial resistance

Introduction

Antimicrobial resistance (AMR) is a growing global crisis that poses a major barrier to achieving UHC and the health-related SDGs. It has the potential to render antimicrobials ineffective, as a result of which many treatable infections become untreatable. Recognizing this, the Sixty-eighth World Health Assembly in Geneva in 2015 endorsed a Global Action Plan to tackle AMR.

The Region has been a pioneer in identifying and responding to the threat posed by AMR. Since 2014, when AMR became a Regional Flagship Priority, WHO has been providing guidance on improved implementation of AMR national action plans (NAPs), leading to a multisectoral One Health approach that covers human health, animal health, plant and food chains, food safety and the environment.

The Region continued to strengthen high-level political commitment of Member States to implement and evaluate different aspects of AMR. The Regional Office provides technical support for surveillance, laboratory capacity, IPC, human resources, research and development, and improving AMR awareness and antimicrobial stewardship.

Several meetings in recent years of the Asia-Pacific Strategy on Emerging Diseases (APSED) highlighted the need for a One Health approach to AMR. In 2020, regional representatives from FAO, OIE and WHO signed a “Joint Statement of Intent” to coordinate, manage and prevent health threats at the animal–human–ecosystems interface. In response, a Regional Tripartite Coordination, embodied by participating UN agencies FAO, OIE and WHO to reflect the multisectoral nature of AMR, was expanded to include the UN Environment Programme (UNEP) in 2021 to lead the incorporation of additional environmental aspects of AMR. This will henceforth evolve into quadripartite coordination (FAO, OIE, UNEP and WHO) from 2022.

In this context, WHO and partners in 2021 supported countries to implement One Health activities, together with national authorities and AMR multisectoral committees, to promote evaluation, stewardship and optimal use of antimicrobials.

However, the COVID-19 pandemic interrupted work on AMR as well, with several planned projects either postponed or carried out virtually. Worryingly, there is a real and tangible risk that COVID-19 treatment may have contributed to further antimicrobial overuse or misuse.
Progress and results

Implementing and monitoring NAPs

All Member States have developed NAPs on AMR, which are aligned with the Global Action Plan to tackle AMR. In 2021, to monitor countries’ progress on implementation, an annual Tripartite AMR Country Self-Assessment Survey (TrACSS) was jointly administered by WHO, FAO and OIE. Almost all Member States have multisectoral AMR working groups, the majority of which are functional. To further implement NAPs, some countries have used an integrated approach, incorporating relevant data and lessons learnt from different sectors. Countries with multisectoral and One Health working groups have more advanced systems for action on AMR that increasingly encompass plant and food production and the environment in both the human and non-human sectors.

Improving AMR awareness

Improving awareness and understanding of AMR is critical not only for health professionals and veterinarians but also students and the public. Every November since 2015, WHO has observed World Antibiotic Awareness Week (WAAW) with active participation from the Regional Office and country offices. In 2021, activities throughout the week expanded across sectors and included a “Go Blue Campaign” to “Spread Awareness, Stop Resistance”. There is a need to continue scaling up awareness and providing education and training to encourage behaviour change and assess impact.

Despite the pandemic, advocacy work on reducing the spread of AMR continued, and this included raising awareness on the subject in tandem on global thematic health days, including World Hand Hygiene Day (in May) and World Toilet Day (in November). Importantly, the subject of AMR has been included, or is in the process of being included, in medical, nursing and pharmacy curriculums in several countries in the SE Asia Region. This has been achieved by engaging universities as well as the ministries of education (in addition to ministries of health). Furthermore, AMR is part of continuous professional development initiatives in the majority of countries in the Region.

Scaling up antimicrobial stewardship

Advocacy on antimicrobial stewardship, which encompasses interventions designed to promote the optimal use of antibiotic agents, including drug choice, dosing, route and duration of administration, continued throughout 2021. This included technical support to include the AWaRe, i.e. Access, Watch or Reserve, categorization in national essential medicines lists, national formularies and standard treatment guidelines.

This categorization includes the details of 180 antibiotics classified under “Access, Watch or Reserve”, their pharmacological classes, anatomical therapeutic chemical (ATC) codes and WHO essential medicines list status. The AWaRE classification was developed
for step-wise selection of antimicrobials for use in patient treatments based on defined diagnostic pathways. It is intended to be an interactive tool for countries to better support antibiotic monitoring and optimal use. In 2021, Bangladesh, Bhutan, Indonesia, Maldives, Nepal and DPR Korea reported to have either adopted, or are in the final stages of adopting, the AWaRe categorization into their respective national essential medicines lists.

Meanwhile, to garner widespread support for AMR prevention and control, the Regional Office institutionalized AMR as a core agenda for meetings of the Steering Group of the South-East Asia Regulatory Network (SEARN) of regulators for drugs and medical devices.

**Improving infection prevention and control**

Poor IPC practices and sanitation are important drivers of AMR across the Region. As such, WHO continued to provide technical support to Member States through regional workshops and technical briefs on core components of IPC at the national and facility levels. Importantly, policy dialogue and technical assistance on adapting IPC guidelines in the context of COVID-19 prevention and treatment continued through webinars and one-on-one virtual sessions.

While all SE Asia Region countries have IPC programmes, disruptions in immunization services due to the pandemic had to be closely monitored. In addition, fit-for-service dashboards depicting the national status on and improvements to safety and cleanliness levels of health-care facilities as well as safe services were developed to strengthen policy advocacy. The Regional Office also provided technical support to adapt IPC guidelines to promote WASH programmes in the context of COVID-19 and carried out a regional situation analysis of WASH and IPC in health facilities in the SE Asia Region.

**Strengthening surveillance and research**

To strengthen AMR surveillance, the Regional Office in partnership with WHO headquarters provided technical support to Member States to implement WHO’s Global Antimicrobial Surveillance System, or GLASS, to monitor resistance and use of selected antimicrobials and further standardize AMR surveillance. By the end of 2021, 10 of 11 Member States had enrolled in GLASS and updated information from their national surveillance systems. In addition, in 2021, Indonesia, Maldives, Nepal, Thailand and Timor-Leste enrolled in GLASS-AMR to monitor antimicrobial consumption (AMC).

AMC surveillance needs to be scaled up to encompass all 11 Member States. A group of consultants have been made available to support national AMC surveillance. Innovative models of the “Integrated One Health AMR surveillance” were piloted, for example in Indonesia. Furthermore, the Regional Office supported, at different stages of inception or implementation, a form of integrated surveillance encompassing human and animal health sectors, namely surveillance of ESBL (extended spectrum beta lactamase) producing *E. coli*,
an important marker for antimicrobial resistance, into national AMR surveillance in India, Indonesia and Nepal.

The Regional Office also extended support for TDR, the Special Programme for Research and Training in Tropical Diseases at WHO headquarters. It offers grants for research studies on the drivers and determinants of AMR in the Region to generate more evidence to inform policy. The SORT-IT, or “Structured Operational Research and Training Initiative”, a pioneering approach supported by TDR to boost AMR implementation research to publication standards, was rolled out in 2021 in Nepal and, to the extent feasible in the circumstances, in Myanmar.

Challenges, opportunities and next steps

Numerous challenges remain in controlling AMR in the Region, including the ongoing COVID-19 pandemic. Some of the challenges, opportunities and next steps for combating AMR are enumerated below:

- Surveillance, detection and regulatory action on substandard and falsified antimicrobials need to be strengthened across Member States. SEARN is poised to play a more active role in this.
- Over-the-counter availability of reserve classes of antimicrobials continues to pose a grave challenge in the Region. This requires policy change in some countries and the strict implementation of existing regulations on the sale of antimicrobials in both the human and non-human sectors.
- AMR programmes continue to face disruptions due to the pandemic. While many activities have shifted to virtual platforms, they may not be as effective as physical presence in communities. Furthermore, the risk remains that the pandemic could push irrational use of antimicrobials.
- Investing in AMR is essential to understand the exact extent of resistance and to be able to generate valid baselines against which the effectiveness of interventions can be measured. As such, the estimated burden of disease attributable to, and associated with, AMR should be delineated on a regional and country level.
- A practical package of essential AMR interventions should be developed by WHO headquarters, which can be adapted to country-specific needs as necessary.
- Relevant findings of independent AMR evaluations conducted centrally and regionally should be incorporated when developing further interventions.
Flagship 6: Scaling up capacity development in emergency risk management in Member States

Introduction

Member States of the WHO South-East Asia Region continued to respond to the COVID-19 pandemic, seasonal hazards and outbreaks of common diseases throughout 2021. The pandemic has, on the one hand, exposed the gaps in health security and exacerbated inequalities and vulnerabilities among populations; on the other hand, it has also compelled reformative investments towards strengthening emergency preparedness and response systems.

Highlights of progress achieved in 2021

- Member States of the South-East Asia Region prioritized strengthening operational readiness of health facilities to cope with COVID-19 surges.
- Over 340 tonnes of essential supplies were provided to countries in the Region to support an emergency response in cases of a rapid surge of COVID-19.
- Regional public health intelligence was strengthened, with more than 1000 signals on potential public events screened daily and verified, and public health risks of the events assessed.
- COVID-19 information from the Region was monitored daily, analysed and disseminated through dashboards and situation reports to support countries’ risk assessment and response.
- Regular online consultation meetings with national IHR focal points were organized to facilitate exchange of information, experiences and lessons learnt in response to COVID-19.
- Technical briefs and guiding documents were developed and provided on time, such as for international contact tracing and priority actions to address Omicron variants.
- Increased investments were made by Member States in enhancing genomic sequencing capacity at national levels and strengthening the laboratory networks for early detection of COVID-19.
- A declaration was passed by the Health Ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on “COVID-19 and measures to build back better essential health services to achieve universal health coverage (UHC) and the health-related SDGs (SEA/RC74/R1)”.
- A regional publication titled Towards a safer future: learnings from a decade of public health emergencies in the South-East Asia Region was published.

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4 Declaration by the health ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs. New Delhi: World Health Organization Regional Office for South-East Asia; 2021 (https://apps.who.int/iris/handle/10665/345266, accessed 16 June 2022)

5 Towards a safer future: learnings from a decade of public health emergencies in the South-East Asia Region. New Delhi: World Health Organization Regional Office for South-East Asia; 2021 (https://apps.who.int/iris/handle/10665/344735, accessed 16 June 2022)
The second year of the pandemic saw greater attention focused towards whole-of-society and whole-of-government approaches. Over the past two years, countries have invested in equipping health systems with the needed pandemic products (such as personal protective wear, masks, diagnostic kits, ventilators, etc.) some of which have been indigenously manufactured. India set an example for the Region with its indigenous production of diagnostic kits and COVID-19 vaccines (Covishield and Covaxin) in colossal quantities. India made available over 200 million doses of vaccines and considerable quantities of other COVID-19 prevention equipment to more than 95 countries, including the Member States of the Region.

The COVID-19-specific Regional Strategic Preparedness and Response Plan (SPRP) 2021 acted as a prototype for Member States to develop, adapt, budget and implement their own SPRPs. Throughout 2021, the WHO Health Emergencies (WHE) Programme responded to COVID-19 in addition to other health emergencies that occurred in the year or were continuing as protracted emergencies.

Table 3. Major public health events that occurred or continued in 2021 in the WHO South-East Asia Region

<table>
<thead>
<tr>
<th>Event/emergency</th>
<th>Country</th>
<th>Status/grade</th>
<th>Morbidity or number of affected</th>
<th>Response from WHO Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rohingya crisis</td>
<td>Cox’s Bazar, Bangladesh</td>
<td>Protracted stage 2</td>
<td>926 561 Rohingya refugees (194 766 households) across 33 camps [7]</td>
<td>1.3 million people targeted for health assistance</td>
</tr>
<tr>
<td>Rakhine conflict</td>
<td>Myanmar</td>
<td>Protracted stage 2</td>
<td>A total of 91 836 internally displaced persons (IDPs) are currently hosted at 173 sites and 27 host communities in 10 townships</td>
<td>806 000 people targeted for health assistance</td>
</tr>
<tr>
<td>Humanitarian crisis</td>
<td>Myanmar</td>
<td>Protracted stage 2</td>
<td>An estimated 223 300 people have been displaced since 1 February 2021</td>
<td>Support, surveillance and coordination to sustain the COVID-19 response</td>
</tr>
<tr>
<td>Tropical Cyclone Seroja</td>
<td>Timor-Leste</td>
<td>Ungraded</td>
<td>More than 30 000 households were affected across all 13 municipalities in the country, and 48 deaths reported</td>
<td>Disease surveillance, infection prevention and control (IPC), and medical supplies</td>
</tr>
<tr>
<td>Zika virus disease outbreak</td>
<td>India (states of Kerala, Maharashtra and Uttar Pradesh)</td>
<td>Ungraded</td>
<td>90 cases in Kerala, 1 case in Maharashtra and 147 cases in Uttar Pradesh</td>
<td>Rapid risk assessment and laboratory support</td>
</tr>
<tr>
<td>Nipah virus disease outbreak</td>
<td>India (state of Kerala)</td>
<td>Ungraded</td>
<td>One death</td>
<td>Rapid risk assessment</td>
</tr>
<tr>
<td>Human infection with avian influenza (H5N1)</td>
<td>India (state of Haryana)</td>
<td>Ungraded</td>
<td>First and a single case of human infection with avian influenza (H5N1) in India</td>
<td>Rapid risk assessment</td>
</tr>
</tbody>
</table>


7 UNHCR Operational Data Portal [online database]. Situation Refugee Response in Bangladesh (unhcr.org; accessed 16 June 2022)
Progress and results in 2021

Regional coordination and operational support for COVID-19

Throughout the year, the Regional Office continued to coordinate the COVID-19 response and assist Member States in adapting their response interventions to cope with a surge in cases. The Incident Management Support Team (IMST) continued to provide operational support across 11 pillars of response, covering every technical aspect of each function. The focus remained on maintaining the delivery of essential health services and uninterrupted supply of medicines, diagnostic reagents and kits, and other pandemic products (see Table 4). Regional stockpiling of emergency health logistics for operational readiness ahead of any likely surge in COVID-19 cases was further bolstered in 2021.

Table 4. Health emergency logistics support provided to Member States in 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Logistics support provided</th>
<th>Approx. value in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>• 500 000 respirator masks and personal protective equipment (PPE) items</td>
<td>800 000</td>
</tr>
<tr>
<td>India</td>
<td>• 4041 oxygen concentrators</td>
<td>10 million</td>
</tr>
<tr>
<td></td>
<td>• 1.25 million respirator masks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 650 000 disposable sampling kits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 400 000 reverse transcriptase-polymerase chain reaction (RT-PCR) test kits and consumables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 124 high-performance, multipurpose tents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 424 medical beds</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>• 1.62 million rapid antigen diagnostics kits</td>
<td>1 million</td>
</tr>
<tr>
<td></td>
<td>• 700 oxygen concentrators</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>• 300 oxygen concentrators</td>
<td>280 000</td>
</tr>
<tr>
<td>Nepal</td>
<td>• 2000 oxygen concentrators</td>
<td>5 million</td>
</tr>
<tr>
<td></td>
<td>• 26 000 RT-PCR kits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 250 000 vials of dexamethasone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3 water treatment facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 96-bed severe acute respiratory syndrome (SARI) treatment facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 700 000 respirator masks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 500 000 pairs of gloves</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Logistics supply for flash floods and landslides: 100 000 PPE kits, multipurpose tents, 10 interagency emergency health kits (IEHKs) and 5 cholera kits</td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>• 200 infrared thermometers</td>
<td>1.5 million</td>
</tr>
<tr>
<td></td>
<td>• 200 oximeters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 80 multipurpose tents</td>
<td></td>
</tr>
</tbody>
</table>
WHO headquarters in collaboration with the regional offices and other partners organized an online webinar series on “COVID-19-safe hospitals” from January to April 2022 that focused on operational readiness of key hospitals and preparing long-term care facilities for COVID-19 patients. Nepal’s experience with coordination between national and subnational health emergency operations centres (HEOCs) and its use of the Hospital Safety Index mobile application for hospital disaster management and emergency preparedness in 25 sub-hospital networks was shared among participants from Bangladesh, Bhutan, India, Indonesia and Sri Lanka.

To deliver life-saving care, hospital safety and functionality must remain uninterrupted. To ensure this, a functional safety assessment of eight identified health facilities in Cox’s Bazar, Bangladesh, was conceptualized, and a tool based on the WHO/Pan American Health Organization Hospital Safety Index adapted to local settings to undertake safety assessments will be rolled out in 2022. In addition, the hospital readiness checklist in the context of COVID-19 was scaled up across 1100 hospitals in 34 provinces in Indonesia with technical support from the Country Office.
An operational review of WHO’s response in Cox’s Bazar that critically evaluated the response across key pillars was carried out with all three levels of the Organization.

Timely activation and optimal utilization of HEOCs at the national and subnational levels is crucial for the effective implementation of the Incident Management System in response to emergencies. The Regional Office has been facilitating the strengthening of HEOCs through technical guidance documents, SOPs and necessary equipment.

Simulation exercises (SimEx) are one of the ways to assess the operational capability of HEOCs before actual engagement in real emergency situations. A SimEx for a national response to a concomitant disaster/emergency (flood scenario) during the COVID-19 pandemic was conducted virtually on 28–29 September 2021 involving participants from three countries: Bhutan, Maldives and Timor-Leste. Participants from Nepal acted as observers and shared their experiences. The SimEx focused on emergency coordination, operational support and logistics management, and mobilization and deployment of emergency medical teams (EMTs).

A regional virtual meeting of partners of the Global Outbreak Alert and Response Network (GOARN) was held in early 2021, with 46 institutions from 10 countries attending. The purpose of the meeting was to present the Region’s GOARN Plan of Work for 2021. The aim was to increase the number of GOARN partners in the SE Asia Region along with their degree of engagement and exposure to international outbreak response efforts as well as to accentuate the quality of outbreak responses. By August, 15 experts had been deployed in Bangladesh, Nepal and Timor-Leste to strengthen epidemiology and case management of COVID-19.

The Regional Office also continued to provide mentorship to the four EMTs enrolled in the WHO verification programme from Bhutan, Indonesia, Sri Lanka and Thailand. None of the teams were internationally deployed in 2021, and they focused on assisting their domestic COVID-19 response, especially facility-level quarantining and case management.

Significantly, the WHO Regional Committee for South-East Asia adopted a resolution in September 2021 in the form of a “Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs”.

Despite the focus on responding to the pandemic, the Regional Office continued to coordinate with country offices to provide additional operational support as required. Some of the emergencies that were closely monitored included the Zika outbreak in India (July–December 2021), earthquakes in the southwest Maluku province of Indonesia and the volcanic eruption (both in December 2021) also in that country.
Health emergency information and risk assessment

1. Regional surveillance for early detection and alert

Throughout 2021, more than 1000 signals on potential public events were screened daily. A total of 105 signals from Member States were investigated, with 48 of them confirmed as “events of public health importance” and recorded in WHO’s Event Management System (EMS). In addition, 16 events recorded in the EMS from previous years were monitored. Of the 64 events monitored in 2021, 26 (41%) were due to natural disasters, 23 (36%) were on account of infectious hazards, six (9%) were societal events, five (8%) were related to animal outbreaks, three (5%) were food safety events, and one (1%) was a chemical event (see Fig. 5 and Fig. 6).

Fig. 5. Acute public health events in the SE Asia Region in 2021

The WHE Programme also conducted rapid risk assessments on key public health events in the Region with all three levels of WHO. Besides six rapid risk assessments related to COVID-19, rapid risk assessments were also conducted on events of Zika virus disease and Nipah virus disease, both of which occurred in India.

The Regional Office also facilitated the dissemination of information on acute public health events and made efforts to facilitate the timely notification and assessment of such
events. The outbreaks of Zika virus, Nipah virus and human infection with avian influenza (H5N1), all of which occurred in India, were posted on the event information site for National IHR Focal Points (EIS) (https://extranet.who.int/hslp/training/course/view.php?id=334).

Fig. 6. Key public health events in the SE Asia Region in 2021

2. COVID-19 information and planning

As part of the Regional Office’s IMST for the COVID-19 pandemic response, its information and planning pillar has worked to synthesize information and assess risks to inform readiness planning and response operations. To obtain better situational awareness, various sets of epidemiological parameters of each Member State were routinely monitored, including cases, deaths, test-positivity proportion, and their trends, with disaggregation of data across age groups, gender and subnational levels. Indicators on system response capacities, especially those related to the strain on health-care systems such as the occupancy status of acute and critical care beds, were also followed where data were available.

To further inform risk assessment and response decisions, an additional three areas of information were also monitored and analysed. First, variants of concern and variants of interest circulating in each country and their relative prevalence, as they have a critical impact on the trajectory of the pandemic. Second, the level of population immunity was assessed by monitoring the results of seroprevalence surveys and vaccination coverage. Third, public health and social measures (PHSM) implemented by the government and the level of mobility as an index of “social mixing” were monitored. The stringency of PHSM was
routinely assessed using standardized scales, which provided a visual presentation of how the government was adjusting the PHSM in response to the evolving pandemic.

In addition, a rapid assessment of COVID-19 for the Region was updated on a quarterly basis along with the dissemination of key COVID-19 information through the Regional Office's dashboard (see Fig. 7) and weekly situation reports.

Fig. 7. Weekly COVID-19 case incidence (per 100 000) at the subnational level, as shown in the Regional Office dashboard on 27 January 2022

3. Enhancing readiness planning and policy decisions

The Regional Office worked in tandem with countries to enhance readiness planning and policy decisions. In collaboration with academic institutions, WHO supported modelling analysis and projections to inform planning and response decisions and provide a foundation for policy dialogue for several countries, including Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka.

For example, the modelling efforts estimated and examined the potential impact of different policy options such as reopening of schools, relaxation of movement restrictions, and sequencing of different populations for vaccination. It also examined different vaccination strategies that provided the foundation for policy dialogue with government
officials in India and Indonesia. In the context of the Omicron variant, the Regional Office also supported the forecasting of a surge in new cases and need for acute and critical care to inform resource planning in Bangladesh, Myanmar and Sri Lanka.

WHO also collaborated with countries to strengthen risk-based calibration of PHSM. Based on WHO’s regional and global guidance on PHSM, the process must involve identifying appropriate indicators and system response capacities in the country context and conducting regular risk assessments using selected indicators to inform timely calibration. Some countries have effectively incorporated the risk-based approach in calibrating PHSM. These include Indonesia, which has established its own system for risk-based calibration with indicator values at the national level and for each subnational area, and these are routinely updated and made public. The indicators cover level of transmission, response capacity and vaccination.

Fig. 8. Indonesia’s public website showing indicator values as a basis for risk-based calibration of PHSM, a pioneering and transparent system that incorporated WHO guidance

On 26 November 2021, WHO designated B.1.1.529 as a COVID-19 “variant of concern” (VoC) and named it the Omicron variant. On the following day, 27 November, the Regional Office released a technical brief on Enhancing Readiness for Omicron (B.1.1.529) in the WHO South-East Asia Region, which provided available knowledge on the Omicron variant, risk assessment for the Region, and priority actions for consideration by Member States to enhance readiness for a potential case surge. In conjunction, the Regional Office organized briefing sessions on Omicron in November 2021 and January 2022. These were attended by national IHR focal points of all Member States.
Pandemic influenza preparedness

The repurposing of staff for COVID-19 negatively affected influenza surveillance, laboratory diagnosis and sharing of virus isolates and biological specimens for influenza virus characterization with WHO collaborating centres in the Global Influenza Surveillance and Response System (GISRS). This was reflected globally, with a 62% decrease in the number of biological specimens that were shipped to WHO CCs and a 94% decrease in the number of influenza viruses with genetic sequence data that have been uploaded onto the Global Initiative on Sharing Avian Influenza Data (GISAID) database.

To stimulate the restoration of influenza surveillance to pre-COVID-19 levels, the Regional Office organized a virtual regional meeting on implementation of WHO guidance on maintaining influenza surveillance and monitoring of SARS-CoV-2 through national sentinel surveillance systems in the Region.

The meeting was attended by participants from the national influenza programmes of Member States, the WHO CC at the Victorian Infectious Diseases Reference Laboratory (VIDRL), Melbourne, Australia, representatives from the Global Influenza Programme (GIP), and the Thailand and India offices of the US CDC. Participants formulated a set of recommendations on surveillance, data-sharing and laboratory diagnosis for Member States, WHO and partners.

In addition, the regional offices for South-East Asia and the Western Pacific conducted the 14th Biregional Meeting of national influenza centres and influenza surveillance on 17–19 August 2021. The meeting was called to understand the challenges faced while restoring and sustaining influenza surveillance in Member States, identify key priority areas for integrating sentinel surveillance with SARS-CoV-2, and identify ways to accelerate strengthening of laboratory systems.

To support countries to effectively implement the recommendations of these policy and strategic meetings using the Pandemic Influenza Preparedness Partnership Contribution (PIP PC) funds, the Regional Office facilitated a Regional Meeting with PIP PC fund-recipient countries on 20 August 2021. The meeting participants brainstormed to identify key priority areas and activities for strengthening pandemic influenza preparedness using PIP PC funds, building on the lessons learnt from the COVID-19 pandemic response.

In addition, the Regional Office facilitated several activities related to the laboratory diagnosis component of influenza surveillance. They included the following:

- Member States that reported influenza-positive specimens shared viruses at least once with WHO CCs to inform WHO’s biannual seasonal influenza vaccine composition meetings.
Ten Member States participated in the Global Programme of External Quality Assurance (EQA) for PCR for diagnosis of influenza. Eight countries received maximum possible scores.

The Regional Office, together with the Mahidol-Oxford Research Unit (MORU), drafted the regional biosafety manual. Under the same initiative for laboratory biosafety, the Regional Office facilitated a training for “infectious substance shippers” from six Member States.

To reduce the testing load on national influenza centres, the Regional Office with the Global Influenza Programme facilitated the implementation of multiplex PCR testing that covers the diagnosis of both influenza virus and SARS-CoV-2 simultaneously. This was done in 10 countries to support integrated surveillance.

As a part of PIP and the regional implementation of the Global Influenza Strategy 2019–2030, regional virtual training sessions were carried out for a core group of physicians from January to June 2021. The objective of this training of trainers’ (ToT) programme was to equip a core group of physicians in the clinical management of severe acute respiratory infections (SARI), including those due to COVID-19, in non-intensive care units using WHO regional training modules. This regional team of trainers could be used for conducting training in their respective countries.

The number of specimens tested in countries of the Region increased fourfold in 2021 compared with 2020 (see Fig. 9 and Fig. 10), which translated to a 299% increase. The WHO recommendation on the minimum number of samples to be tested in Member States per month as well as the introduction of multiplex PCR contributed to this increase.

Fig. 9. Number of specimens tested for influenza by month and year in the SE Asia Region, 2018–2021

Source: Flunet, GISRS, WHO
While the circulation of influenza occurred in low intensity throughout the year, a surge was observed in the latter part of 2021. The influenza A virus type accounted for 83% of the positive specimens while 17% were influenza B. To support influenza surveillance and pandemic influenza preparedness for response, the Regional Office secured a five-year (2021–2026) grant from the US CDC. Approved total funding on this account to improve influenza surveillance and bolstering pandemic preparedness across most Member States of the Region exceeds US$ 1 million. PIP-PC funds will continue to support seven eligible Member States in 2022–2023.

**Strengthening public health laboratories**

Member States continued to utilize pandemic preparedness and response activities to improve laboratory networking and detection capacities. As part of these efforts, the Regional Office supported all Member States to strengthen and scale up their capacity to detect SARS-CoV-2. Testing capacity expanded to more than 5000 laboratories that performed RT-PCR for COVID-19 at various locations, including hospitals, medical colleges, private laboratories and research institutes.

As testing strategies evolved, antigen rapid diagnostic tests (Ag RDTs) were introduced in 10 countries to increase access at the national and subnational levels. Through the global diagnostic supply portal, more than US$ 75 million has been invested in distributing over 10 million diagnostic tests throughout the Region.

With the prioritization of genomic sequencing to detect and monitor SARS-CoV-2 variants, the Regional Office supported Member States to develop sampling strategies and
enhance laboratory capacity for sequencing. While seven countries had existing in-country sequencing capacity, WHO established a mechanism for international specimen referrals to regional and global expert laboratories for countries with limited or no capacity.

Only a limited number of representative samples are sent to the sequencing laboratories based on a selection criterion used for countries with limited or no national sequencing capacity. In this context, over 2500 samples from Bhutan, Maldives, Myanmar, Nepal and Timor-Leste have been sent to the regional expert laboratories for sequencing.

In addition, WHO supported Maldives with sequencing equipment and the training of five laboratory staff. In partnership with the United Kingdom Health Security Agency, additional training and technical support was provided to Nepal, with such support to follow in 2022 for other countries. Nine countries have reported genomic sequence data to global platforms on a timely basis. Importantly, a regional genome consortium is currently under development with the objective of setting up a robust regional system to detect and monitor epidemic and pandemic threats.

To address the challenges faced by countries to scale up testing, the Regional Office in collaboration with the diagnostic pillar of Access to COVID-19 Tools (ACT)-Accelerator hosted a virtual regional roundtable meeting with Member States on 24 August 2021. The meeting identified diagnostic barriers and challenges and provided recommendations for strengthening laboratory capacities through the support of the ACT-Accelerator and its partners. To build a community of practice throughout the Region, several webinars were held, along with the setting up of a knowledge-sharing platform. Topics included enhancing diagnostics, implementation of Ag RDTs, genomic sequencing and bioinformatics, and biosafety.

To enhance quality testing for SARS-CoV2 at the national and subnational levels, external quality assurance programmes (EQAPs) were organized during late 2020 and early 2021. National laboratories from all Member States with reported cases and over 1800 subnational laboratories from nine countries participated in EQAPs.

In 2021, 80% of the national laboratories and over 70% of the participating laboratories from the subnational level achieved all correct results. Technical support was provided to countries to further strengthen diagnostic capacities. Several countries have implemented national quality assurance programmes, including the utilization of domestic capacity for producing proficiency testing panels.

**Strengthening IHR (2005) implementation**

Successive waves of the COVID-19 pandemic have exposed longstanding gaps and underinvestment in strengthening IHR capacities. As such, in 2021, several steps were taken to strengthen IHR capacities and systems for health emergencies. The Regional Office is committed to supporting the Delhi Declaration on Emergency Preparedness in the South-
East Asia Region that was endorsed by the Regional Committee in 2019 and has been strengthening IHR capacity through the five-year Regional Strategic Plan to strengthen public health preparedness and response (2019–2023).

Strengthening IHR national focal point capacities remains a high-priority goal for the Region. Five virtual meetings of IHR national focal points were held to share best practices in response to the pandemic as well as to disseminate epidemiological information and the latest guidelines. In addition, a Biregional Meeting on the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) was convened to monitor the implementation of APSED and IHR (2005) and provide technical advice.

It is critical that lessons from the ongoing pandemic response be used to inform further efforts to strengthen health security systems in the Region. Importantly, following recommendations from various IHR review panels and committees, the States Party self-assessment Annual Reporting (SPAR) and joint external evaluation (JEE) tools underwent revision. Meanwhile, Member States were encouraged to regularly update their disaster and health emergencies risk profile with the WHO Strategic Tool for Assessing Risks (STAR). At the request of Bangladesh, WHO provided technical support to update the country’s pandemic preparedness plan and national influenza preparedness plan.

**Intra-action reviews:** the COVID-19 pandemic has brought unprecedented social and economic disruptions globally. Due to the protracted pattern of the pandemic, the COVID-19 intra-action review (IAR) mechanism was introduced based on the after-action review process of the existing IHR Monitoring and Evaluation Framework. An IAR offers the opportunity for Member States to conduct a periodic review of the ongoing national and subnational COVID-19 response to identify challenges, best practices and improvements to be made.

Member States, including Indonesia, periodically conducted an IAR as a comprehensive multisectoral review to identify gaps and opportunities. Some countries, including Bhutan, Maldives and Sri Lanka, have conducted a post-introduction evaluation of COVID-19 vaccination implementation using the IAR methods.

**Risk-based travel advisories:** the COVID-19 pandemic has demonstrated the importance of using a risk-based approach for international travel measures. Member States’ experiences have shown that international travel measures, such as restrictions, testing and quarantine, have resulted in preventing or delaying the importation of new viruses or VoCs, and subsequent onward transmission. While excessive and unnecessary interference with international traffic must be avoided, continuing uncertainty and a lack of evidence posed major challenges for national authorities in making decisions on international travel measures while keeping the negative socioeconomic consequences to a minimum.
The Regional Office continues to advocate for national authorities to conduct thorough, systematic and regular risk assessments as new information emerges to inform the introduction, adjustment and discontinuation of risk mitigation measures in the context of international travel and provide technical assistance for conducting risk assessments.

Several regional meetings on the resumption of safe international travel in the context of COVID-19 were convened jointly with partner agencies to inform Member States on the risk-based approach for international travel measures, the advantage of digital certificates for COVID-19 vaccination and the modalities of resumption of safe tourism.

A summary of key considerations for countries when sharing personal information for international contact-tracing was developed by the Regional Office for better collaboration among Member States over timely sharing of information on detected cases among international travellers while ensuring data protection and privacy. In addition, the South-East Asia Regional Knowledge Network of IHR NFP+ facilitated frequent exchange of information, good practices and lessons learnt from the COVID-19 response among the IHR national focal points (NFPs).

The WHO Regional Office organized virtual meetings with the Experts’ Group, partners and the Member States on 19–22 October 2021, capturing lessons learnt from the COVID-19 pandemic. The major learnings, as expressed by experts, representatives from the ministries of health and partner agencies, were to facilitate implementation of horizontal sharing of data and information and improving coordination and collaboration mechanisms within and across sectors. All this was done while engaging multiple agencies, keeping health at the centre of all development planning. It was observed that there is also a strong need for continued commitment from the highest echelons of national governments.\(^8\)

**Strengthening risk communication and community engagement:** in August 2021, a regional meeting was organized to take stock of the implementation of the Regional Risk Communication Strategy for Public Health Emergencies in the WHO South-East Asia Region 2019–2023. Member States and partners provided various recommendations, which included continuing to strengthen risk communication systems in-country with a core risk communication and community engagement (RCCE) unit or coordinating mechanism integrated into the public health emergency response structure. Other recommendations included continuing to strengthen infodemic management and response through the detection of rumours through an integrated network and addressing them through methods such as anticipatory debunking through the mass media, social media and community influencers.

\(^8\) Resolution of the WHO Regional Committee for South-East Asia, SEA/RC72/R1, on “Delhi Declaration on Emergency Preparedness in the South-East Asia Region”, 6 September 2019. New Delhi: WHO Regional Office for South-East Asia; 2019 https://apps.who.int/iris/bitstream/handle/10665/327921/sea-rc72-r1-eng.pdf?sequence=1&isAllowed=y (accessed 16 June 2022)
Regional research agenda

The Regional Office recognized the need for conducting research, both clinical and operational, in the context of responding to COVID-19. As part of this, WHO made significant efforts in enrolling countries in clinical trials of investigational therapeutic products and treatment regimens, and effectiveness studies of COVID-19 vaccines. Member States are encouraged to invest more in research and development for innovative emergency products such as prophylactic drug formulations and vaccines for COVID-19 through alternative routes such as nasal spray or intradermally.

Regarding operational research (OR) in the Region, the first Structured Operational Research and Training Initiative (SORT-IT) course with a focus on public health emergencies was launched in September with eight candidates from Bhutan, India, Nepal and Timor-Leste. The candidates will work closely with their mentors from the SORT-IT faculty, paired with colleagues from WHO country offices, to deliver on their research questions by mid-2022.

Another OR initiative targeted the optimization of COVID-19 laboratory performance in Nepal. The work provides a multipronged solution by mapping out within-laboratory processes to identify bottlenecks, benchmarks and alternative approaches to improve performance, along with characterizing the current network of laboratories and sample flows between facilities to model alternative solutions.

The Regional Office coordinated the implementation of the Unity studies and other studies related to COVID-19. The Unity and Unity-aligned studies focused on seroprevalence of COVID-19; the first few X cases and contacts (FFX) studies; and household transmission investigation studies. These studies were conducted in India, Indonesia, Sri Lanka and Thailand. WHO also technically supported two WHO Unity protocol-aligned studies in Myanmar and Sri Lanka. WHO also collaborated with MORU to conduct a descriptive study on preparedness of public health laboratories for responding to epidemics and pandemics of influenza and other high-threat pathogens in the Region.

In addition, the WHE team worked with WHO headquarters to implement the Solidarity Plus trial in the Region. Bangladesh, India and Indonesia obtained national approval to participate and enrol patients. The Regional Office also supported Bangladesh and Nepal on an observational (cohort) study to examine baseline practices and resources for respiratory care for patients with COVID-19, called “Oxygen requirements and approaches to respiratory support in patients with COVID-19”, with WHO’s Respiratory Support Working Group. The Regional Office also supported a vaccine effectiveness study on COVID-19 vaccines in Bangladesh and initiated an evaluation of the Unity studies conducted in India and Indonesia.
Challenges, opportunities and next steps

Some of the challenges, opportunities and next steps for the WHE Programme include the following:

- With inequitable access to COVID-19 vaccines, variable compliance with PHSM across countries and at subnational levels within countries, immune-escapes, and instances of reinfection with emerging variants, the uncertainty around the ongoing COVID-19 pandemic and its negative impacts on the socioeconomic health of Member States remain.

- Limited financial resource allocation for the WHE Programme continues to be a constraint.

- The resilience of populations and health systems among countries in the Region will be increased if the focus is shifted from responding to emergencies to disaster risk reduction, preparedness and operational readiness measures.

- The lessons learnt from the COVID-19 response provide new opportunities to engage with various partners to further strengthen health-care service delivery, expand access to care through telemedicine, scale up manufacturing of pandemic products and other emergency logistics, and attract investment in innovation, research and development.

- Strengthening genomic sequencing capacity and improving laboratory-base surveillance of the Region for the early detection of risks and threats to public health are crucial.

- The Regional Office will consolidate existing partnerships with GOARN, EMTs, WHO CCs, the Global Health Cluster and others, and will expand regional-level operational partners in health emergencies and disaster risk management with national disaster management authorities, the UNDRR Regional Office for Asia and the Pacific (ROAP), the United Nations’ Office for the Coordination of Humanitarian Affairs (UNOCHA), UNICEF’s Regional Office for South Asia (ROSA), and the Association of Southeast Asian Nations (ASEAN), among others.

- WHO will continue to strengthen IHR (2005) capacities and emergency preparedness and response.
Flagship 7: Finishing the task of eliminating NTDs and other diseases on the verge of elimination

Introduction

Neglected tropical diseases (NTDs) are a diverse group of disease conditions that are most common in tropical and subtropical regions. The WHO South-East Asia Region is endemic for 12 NTDs and bears the highest burden of these diseases among all WHO regions with at least one NTD endemic in each of the 11 Member States. In 2019, 1.74 billion people required interventions against NTDs globally, of which 53% lived in the Region. Not only do NTDs cause long-term morbidity and disability, they also lead to a heavy burden on the social and economic development of affected countries.

Since 2014, eliminating NTDs on the verge of elimination has been one of the Region’s Flagship Priorities and this has led to increased commitments from Member States along with remarkable achievements in this regard.

Since 2016, six countries have eliminated at least one NTD. In the past seven years, new cases of kala-azar have been reduced by 95% across the Region. Bhutan, DPR Korea and Maldives continue to report less than 25 new leprosy cases per 1 million population annually since 2013.

Despite the initial setback suffered due to the COVID-19 pandemic, which forced many community-based activities for NTDs to be suspended or postponed, countries again began prioritizing the resumption of essential health services and community-based interventions from 2021. As such, six countries implemented preventive chemotherapy against NTDs in the Region in 2021. A Regional Consultation was also held virtually in November 2021 to identify the priority operational research agenda for select NTDs and to advance research and innovation for the elimination and control of these neglected diseases.

Moving forward, the WHO South-East Asia Region now has a unique opportunity to demonstrate continued success in the control and elimination of NTDs, which would fundamentally change the global NTD landscape.
Endemicity for NTDs in Member States of the SE Asia Region

**Bangladesh:** Lymphatic filariasis, soil-transmitted helminthiases, visceral leishmaniasis, leprosy, rabies, snake-bite envenoming, dengue and scabies.

**Bhutan:** Soil-transmitted helminthiases, visceral leishmaniasis, leprosy, rabies, neglected parasitic zoonoses, dengue and scabies.

**DPR Korea:** Soil-transmitted helminthiases, dengue and scabies.

**India:** Lymphatic filariasis, soil-transmitted helminthiases, visceral leishmaniasis, leprosy, yaws, trachoma, rabies, neglected parasitic zoonoses, snake-bite envenoming, dengue and scabies.

**Indonesia:** Lymphatic filariasis, soil-transmitted helminthiases, schistosomiasis, leprosy, yaws, rabies, neglected parasitic zoonoses, snake-bite envenoming, dengue and scabies.

**Maldives:** Lymphatic filariasis (elimination as a public health problem), leprosy, dengue and scabies.

**Myanmar:** Lymphatic filariasis, soil-transmitted helminthiases, visceral leishmaniasis, trachoma (elimination as a public health problem), leprosy, rabies, neglected parasitic zoonoses, snake-bite envenoming, dengue and scabies.

**Nepal:** Lymphatic filariasis, soil-transmitted helminthiases, visceral leishmaniasis, leprosy, rabies, trachoma (elimination as a public health problem), neglected parasitic zoonoses, snake-bite envenoming, dengue and scabies.

**Sri Lanka:** Lymphatic filariasis (elimination as a public health problem), soil-transmitted helminthiases, visceral and cutaneous leishmaniasis, leprosy, rabies, snake-bite envenoming, dengue and scabies.

**Thailand:** Lymphatic filariasis (elimination as a public health problem), visceral leishmaniasis, leprosy, rabies, neglected parasitic zoonoses, snake-bite envenoming, dengue and scabies.

**Timor-Leste:** Lymphatic filariasis, soil-transmitted helminthiases, leprosy, rabies, neglected parasitic zoonoses, dengue and scabies.

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**Progress and results in 2021**

**Lymphatic filariasis (LF)**

In an impressive feat, Timor-Leste in 2021 passed the transmission assessment survey (TAS), proving that transmission of LF has been reduced to the level where mass drug administration (MDA) is no longer warranted. The LF transmission assessment survey as per WHO protocol has a critical cut-off point for qualifying based on the number of positives detected by filarial test strip (FTS). Timor-Leste passed TAS at the national level and stopped nationwide MDA, moved into the post-MDA surveillance phase. Bangladesh also passed the final transmission assessment survey (TAS3) and is currently preparing a national dossier for WHO validation of elimination of LF as a public health problem as per the eligibility secured. As a result, the Region continued to scale down MDA with 68% of
endemic districts across nine endemic countries meeting the criteria and stopping MDA by the end of 2021 (Fig. 11).

*Fig. 11. The status of LF endemic districts/implementation units in the Region at the end of 2021*

Nevertheless, throughout the year, MDA continued in the four remaining countries where the disease is endemic: India, Indonesia, Myanmar and Nepal. India and Indonesia continued to scale up the triple drug therapy strategy for accelerating the elimination of LF, while Myanmar and Nepal are preparing to initiate it in 2022. Furthermore, work continued on the development of e-learning modules on LF morbidity management and disability prevention to be launched in 2022.

**Visceral leishmaniasis (kala-azar)**

By the end of 2021, the elimination target for kala-azar was achieved in all endemic *upazilas* of Bangladesh, 99% of all endemic blocks in India and 87% of endemic districts in Nepal. Bangladesh has sustained the target of less than one kala-azar case per 10 000 population in all implementing units since 2017.
Fig. 12. Elimination of kala-azar as a public health problem in South-East Asia

![Graph showing the number of implementation units (IU) below and above the elimination threshold for South-East Asia, India, Bangladesh, and Nepal.]

**Source:** WHO; **IU:** Implementing unit

Overall, the Region continues to sustain the decreasing trends for both cases and deaths from kala-azar. Data show that there were 2,335 cases and 45 deaths in the Region in 2020. To further accelerate progress, the Regional Office convened a multilateral meeting virtually in September 2021 to enhance cross-border collaboration for the regional elimination of kala-azar. A new Global Strategy for the elimination of kala-azar is being developed by WHO headquarters in consultation with Member States, experts and partners, and will be released in 2022.

Fig. 13. Trends in kala-azar cases and deaths in the SE Asia Region reported to WHO

![Graph showing trends in kala-azar cases and deaths from 2005 to 2021.]

**Source:** WHO. *Provisional data*
Leprosy

In 2020, a total of 84,818 new cases of leprosy were reported across the WHO South-East Asia Region, which represented 66.6% of all new global cases. This indicates a 41% decrease compared with 2019, which could be attributed to the impact of COVID-19 on active case-finding. Six countries in the Region are among the 23 “global priority” countries: Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka. At the same time, Bhutan, DRR Korea and Maldives continue to report fewer than 25 new leprosy cases per 1 million population annually.

This diversity was taken into consideration during the planning and implementation of regional efforts to ensure that appropriate support is provided to both high- and low-burden countries in line with the overarching philosophy of “leaving no one behind”. Importantly, to strengthen and sustain health system capacity for the elimination of leprosy, e-learning modules on leprosy for health workers were launched in 2021 by the Regional Office and disseminated to all 10 endemic countries in the Region and beyond. There are eight such e-learning modules, including the management of disabilities in leprosy, self-care and laboratory diagnosis. These have been developed by the Regional Office together with the Global Leprosy Programme (headquartered in the Regional Office), Schieffelin Institute of Health – Research & Leprosy Centre, and other stakeholders. The modules aim to build capacity of health-care workers on case detection, diagnosis, referral, treatment, disability management and self-care of leprosy.

Fig. 14. Trends in new leprosy case detection in the SE Asia Region reported to WHO, 2010–2020

Source: WHO
Yaws

India has sustained its yaws-free status since 2016. In 2021, a regional consultation on yaws eradication was organized in May 2021 virtually to accelerate progress in other endemic countries, namely, Indonesia and Timor-Leste. Subsequently, Timor-Leste integrated community-based screening and serological confirmation of yaws in the LF TAS in 2021, detecting zero seropositive cases. A plan for post-zero case surveillance towards verification of elimination of yaws will be developed in 2022.

Challenges, opportunities and next steps

While substantial efforts have been made to resume community-based activities for the elimination and control of NTDs in the wake of the ongoing COVID-19 pandemic, there has been a decline in the number of reported disease cases. This is largely due to the pandemic’s impact on case-finding activities and patients’ access to health care. Restricted movement and limited freight options continued to disrupt the supply chain in 2021.

The availability of trained human resources and health infrastructure at all levels has been a long-lasting issue in most countries of the Region. A substantial decrease in donor funding for NTDs in 2021, along with the repurposing of human resources and domestic funds for the COVID-19 response, posed additional impediments to WHO’s work in this sector.

Some of the next steps to address the remaining challenges and accelerate progress towards the elimination and control of NTDs are given below:

- **Sustaining political commitment**: interventions to prevent and control NTDs are considered one of the “best buys” in global public health. In all countries of the Region, continued advocacy and communication efforts are essential to sustain high-level buy-in, support and country ownership at all levels.

- **Innovative delivery of programmatic actions**: countries should be encouraged to review programme delivery, analyse programmatic areas with suboptimal delivery of interventions, and innovate to enhance programme reach and efficiency. Strengthening information and data systems on NTDs are essential for strategic and timely use of data for action. Health-care workers involved in NTD interventions such as active case-finding, MDA and vector control must be motivated with creative incentives. The integration of NTD activities with other programmes delivering similar interventions should be explored to improve cost–effectiveness, efficiency and community acceptance.

- **Catalysing multisectoral partnerships**: the elimination and control of NTDs require the delivery of interventions by other programmes or sectors,
encompassing vector control, water and sanitation, animal health, health education, disability and psychosocial care. Intensified efforts are needed to engage the relevant sectors and partners and catalyse strong and sustained multisectoral partnership.

- **Engaging and empowering communities:** NTDs remain prevalent due to persistent risk factors such as open defecation, poor housing and environmental hygiene. Access to appropriate treatment remains limited due to lack of knowledge or health-seeking behaviours among patients. Effective health risk communication and community empowerment should be considered a cost-effective and sustainable solution to improve access to health services and address the social determinants of health that contribute to the proliferation of NTDs.
Flagship 8: Accelerating efforts to end TB by 2030

Introduction

It was estimated that in 2020, nearly 4.3 million people fell ill with TB in the WHO South-East Asia Region and 700 000 people died of the disease. The mortality figure is more than half of the 1.3 million global TB deaths recorded in 2020. The COVID-19 pandemic has impeded progress to achieve the End TB goals by the 2030 target, with TB deaths showing an upward trend for the first time in more than a decade. Deaths are now at a level close to the numbers seen in 2015, while case notification declined by 20% in 2020 compared with 2019.

In addition, the SE Asia Region accounted for 37% of the estimated global incidence of drug-resistant TB (DR-TB) cases, with 170 000 cases emerging in 2021. Six of the 30 global high-TB burden countries are in the SE Asia Region: Bangladesh, DPR Korea, India, Indonesia, Myanmar and Thailand. For multidrug/rifampicin-resistant TB (MDR-TB/RR-TB), Nepal has replaced Thailand on the high-burden list.

Progress and results in 2021

The South-East Asia Region showed steady progress towards ending TB, with improved coverage and treatment success rates till 2020, when setbacks to progress were evident due to the COVID-19 outbreak. In 2020, TB mortality in the Region increased by nearly 10% and case notification dropped to only 2.6 million from 3.6 million in 2019.

Despite the COVID-19-related challenges, the Region continues to show great resilience with sustained political will towards ending the TB epidemic. Throughout 2021, WHO in collaboration with partners, stakeholders and communities continued to provide technical support to Member States through virtual platforms and the use of digital technologies.

Table 5. SE Asia Region performance against six of the top 10 priority performance indicators for monitoring implementation of the End TB Strategy

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<tr>
<td>TB treatment coverage</td>
<td>54%</td>
<td>60%</td>
<td>≥90%</td>
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<tr>
<td>TB treatment success rate among new and relapse cases</td>
<td>79% (2014)</td>
<td>85% (2019)</td>
<td>≥90%</td>
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<tr>
<td>Percentage of TB-affected households that experience catastrophic costs due to TB</td>
<td>No data</td>
<td>42%*</td>
<td>0%</td>
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### Indicator

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<tr>
<td>Treatment coverage of latent TB infection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children aged &lt;5 years who are household contacts</td>
<td>2%</td>
<td>38%</td>
<td>≥90%</td>
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<tr>
<td>People living with HIV (PLHIV) newly enrolled in HIV care</td>
<td>9%</td>
<td>39%</td>
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<tr>
<td>Drug-susceptibility testing (DST) coverage of TB patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New cases</td>
<td>5%</td>
<td>65%</td>
<td>100%</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>57%</td>
<td>82%</td>
<td></td>
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<tr>
<td>Documentation of HIV status among TB patients</td>
<td>52%</td>
<td>68%</td>
<td>100%</td>
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*Data available from four countries in the SE Asia Region, range 30%–80%*

The budget for TB programmes in the Region for 2021 was US$ 1394 million, with 40% coming from domestic sources. This is nearly two-and-a-half times the budget for TB programmes in 2016, when less than one third had come from domestic sources.

### Reinvigorated political commitment towards ending TB

In October 2021, a virtual High-Level Meeting for a renewed response to End TB was co-hosted by India, Indonesia and Nepal. Health ministers from nine Member States and the Ambassador of the Democratic People’s Republic of Korea to India participated. Participants committed to a series of actions to accelerate efforts towards ending TB. These included, among others, multisectoral collaboration as part of an accountability framework; reaching out to people affected by TB with high-quality and equity-based preventive, diagnostic and treatment services that are people-centred; mobilizing appropriate resources; mainstreaming social protection and addressing undernutrition; and operationalizing empowered country initiatives.

An ambitious Regional Strategic Plan towards ending TB in the WHO South-East Asia Region 2021–2025 was launched during the meeting, which called for investment in TB programmes rising to at least US$ 3 billion annually over the next three years. The Plan was developed through an extensive consultative process with ministries, technical partners, communities, donors and all three levels of WHO.

The South-East Asia Regional Strategic and Technical Advisory Group for TB (SEAR STAG-TB) was established and held its first meeting in April. Priority strategies relevant to the Region and their incorporation in the Regional Strategic Plan were discussed.
Technical support and capacity-building

Throughout the year, the Regional Office continued to provide strategic information, technical assistance and capacity-building to Member States. It also published a report on Optimizing active case finding for tuberculosis: Implementation lessons from South-East Asia, which brought together key lessons learnt from across the Region and supported high-burden Member States in monthly and quarterly reporting of case notifications to help monitor the impact of the COVID-19 pandemic on TB services.

In a related development, the Regional Office harnessed the use of virtual platforms to provide technical support and capacity-building. This included hosting a virtual regional workshop on strengthening the capacity of laboratory staff for second-line drug-susceptibility testing and carrying out 10 DR-TB technical assistance missions.

In addition, WHO enhanced community engagement and empowerment through the development and digitization of training modules in regional languages to increase their uptake. The Regional Office also collated and synthesized evidence on the impact of diabetes on TB, the relationship between nutrition and TB, and the use of active case-finding for improving case notifications.

Mobilizing resources

In 2021, WHO provided technical and coordination support to Member States to access funding through the Global Fund’s COVID-19 Response Mechanism (C19RM) grant. Around US$ 440 million was mobilized to support countries to mitigate the impact of COVID-19 on programmes to fight HIV, TB and malaria.
Enhancing partner coordination

A series of activities took place in 2021 to enhance partner coordination. These included the following:

- Five virtual MDR-TB Advisory Committee meetings, also called the Regional Green Light Committee (rGLC), were held in 2021. The meetings reviewed the status of DR-TB services, discussed the latest WHO guideline updates and planned follow-up recommendations.

- For enhanced community engagement on TB preventive treatment (TPT), brochures aimed at increasing the awareness among communities were updated and translated into regional languages with support from the Global Coalition of TB Advocates (GCTA). Subsequently a meeting was held for various community-based groups to develop an advocacy roadmap for the roll-out of TPT in the Region.

- WHO collaborating centres supporting TB programmes continued to be actively engaged in providing training and technical support to Member States.

- The Regional Office continued to coordinate with the Global Fund on various initiatives, including work to find the “missing” TB patients.

Challenges, opportunities and next steps

Major challenges to end TB persist in the Region. Some of these have been exacerbated by the COVID-19 pandemic. For example, in 2020, the Region witnessed increased TB mortality, which could be attributed to lower TB case notifications and worsening of social determinants such as undernutrition due to the impact of the pandemic. Undernutrition is a key driver of TB morbidity and mortality in the Region.

The drop in case notifications is anticipated to increase TB incidence in the coming year, which will pose a further challenge to achieving the targets laid out in the UN High-Level Meeting Political Declaration on TB and the subsequent attainment of the SDGs unless urgent action is taken. Moreover, the geopolitical situation in two Member States has adversely impacted the delivery of technical and commodity support for their respective national TB programmes, leading to reversal of gains made so far.

Nevertheless, the High-Level Meeting in 2021 galvanized renewed political commitment to combat the disease. The Regional Office will support Member States to translate commitments into action on the ground. As follow up, WHO will support Member States in operationalizing empowered country-level initiatives based on the principles of the Multisectoral Accountability Framework for TB.
To improve the quality of care, WHO will provide technical support for the adoption and roll-out of updated WHO guidelines, which includes a shorter, all-oral regimen that is less toxic and more patient-friendly. In addition, nutrition support for TB patients will be promoted among Member States while increased community engagement in planning, monitoring and implementing national TB programmes will be encouraged.

Member States in 2021 scaled up their diagnostic facilities with molecular tests such as GeneXpert/TrueNat for COVID-19 testing. These platforms can also be used for TB, including for drug-resistant forms. However, stronger networking among laboratories will be required for efficient use of these machines. The next funding cycle of the Global Fund begins in 2023 and eligible Member States will need to start preparing, including updating their national strategic plans. WHO will continue to provide support to all Member States for implementing a comprehensive set of people-centred interventions aimed at ending TB and the mobilization of commensurate resources.
Beyond the Flagships

Global Leprosy Programme

The COVID-19 pandemic has an ongoing impact on the leprosy programmes in most parts of the world. The unprecedented decrease in programmatic performance is presumed to be due to operational factors rather than an epidemiological trend. Early diagnosis and continuous surveillance were the two significant aspects of leprosy control, which were disrupted due to mobility and screening restrictions during the pandemic. According to the Global Leprosy Programme (GLP) headquartered in the Regional Office, it is likely that a large number of leprosy cases remained undetected. This may fuel the transmission of infection and further affect data on disability. An in-depth study is required to strengthen post-pandemic surveillance.

In 2020, there was a reduction in the number of countries that reported on leprosy, down from 166 in 2019 to 139. However, reports were received from all 23 global priority countries, which account for 96% of leprosy cases worldwide. Of these 23 countries, 18 reported a decrease in new cases in 2020. The decrease in new case detection was more than 25% in 13 countries. The data showed that the highest decrease was in Comoros Islands (50.6%) followed by the Philippines (45.8%) and India (43.1%). Globally, there was a 37% reduction in new leprosy cases and a 27.7% reduction in registered prevalence. New cases detected fell from 202,498 in 2019 to 127,564 in 2020.9

Fig. 15. Change in major indicators of leprosy, 2018–2019 and 2019–2020

Analysis of new case-detection data indicates a significant decrease in the number of new cases with visible deformities or grade 2 disabilities (G2D). Cases with G2D have reduced from over 100,000 in 2000 to 7168 in 2020.

Fig. 16. Global trends in numbers and G2D rate, 2000–2020

This indicator indirectly reflects multiple factors such as awareness in the community about leprosy, ability of health staff to correctly detect leprosy, and the availability of multidrug therapy (MDT) services. The increased focus on active case-finding and prompt treatment with MDT also resulted in a decrease in the number of cases among children.

In 2020, 5% of new cases (7168) were detected with G2D, of which 308 were among children, indicating delayed detection. This suggests the need to improve active case-finding. A delay in detection could be due to declining expertise in leprosy and deep-rooted stigma and discrimination that is still prevalent in several leprosy-endemic countries.

In addition, limited access to health care due to the COVID-19 pandemic restrictions and repurposing of staff and resources continue to pose challenges. The pandemic has also disrupted other critical activities, including case-finding and drug production and supply, with travel restrictions affecting the delivery of quality services and outreach activities.

In spite of all this, important strides were made in 2021. These included the launch of the Global Leprosy Strategy 2021–2030: Towards Zero Leprosy that was disseminated for adaptation by Member States. WHO worked in collaboration with the International Federations of Anti-leprosy Associations and International Leprosy Associations to develop strong national strategic plans to reach the goal of zero leprosy. Importantly, a framework was developed, which defines criteria such as epidemiological cut-offs for verification of “interruption of transmission” and “elimination of leprosy”.

Source: Data published in WHO Weekly Epidemiological Record over the past 20 years. See Global Leprosy Programme database: https://dhis.searo.who.int/lep/dhis-web-commons/security/login.action?failed=true
As part of this, a verification process to ascertain whether countries have reached the elimination milestone was discussed among stakeholders. In addition, a leprosy programme and transmission assessment (LPTA) tool was developed to pilot the verification of interruption of transmission.

While AMR is not a major threat to antileprosy drugs, it nevertheless requires strong surveillance to monitor drug resistance patterns. As such, in 2021, templates for rolling out AMR surveillance were designed and disseminated for adaptation by national programmes. WHO also fostered a partnership with the Sasakawa Health Foundation and Novartis to support Member States to improve leprosy services and the availability of MDT at health facilities.

**Fig. 17. Trends in global leprosy child case rate, 2000–2020**

![Graph showing trends in global leprosy child case rate from 2000 to 2020](image)

*Source: Global Leprosy Programme database*

Looking ahead, it is critical that integrated care for disabilities be developed for the more than 100 000 people living with disabilities due to leprosy who need lifelong care. While the COVID-19 challenge remains, it has created opportunities that should continue to be leveraged: such as the development of digital solutions for data management, skill enhancement and monitoring of programmes, and telecounselling for patients.

**Addressing RMNCAH beyond the Flagships**

**Early childhood development**

In 2021, WHO organized a regional meeting in collaboration with UNICEF to orient Member States on nurturing care for early childhood development along with strategic actions to strengthen national RMNCAH (reproductive, maternal, neonatal, child and adolescent health) programmes and implement evidence-based interventions. Country teams of
representatives from different government sectors and partner agencies were supported to prepare action plans. Meeting reports and recommendations were disseminated to Member States of the Region.

After the regional meeting, follow up was pursued in the countries to identify key actions for implementation in Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka. Further support will be provided to countries to strengthen national plans for early childhood development and to learn from district implementation models.

**School and adolescent health programme**

The Regional Office organized a regional consultation on the Adolescent Wellbeing Framework, with inputs from multiple stakeholders, including ministries of health. The inputs will contribute to the global consultation to prepare the Adolescent Wellbeing Framework along with a revision of the Global Framework for Accelerated Action for Health of Adolescents (AA-HA! Version 02).

WHO supported capacity-building for adolescent and youth leaders from the Regional Youth Health Action Network (SYAN) on communication and advocacy to enhance meaningful engagement with national adolescent health programmes. In addition, the Regional Office co-organized a virtual Global Youth Meet with multiple partners to advocate for the participation of adolescents and youth in health programmes and to contribute towards achieving the SDG targets and addressing the COVID-19 pandemic. WHO also provided technical guidance to India, Nepal and Sri Lanka to strengthen capacity to implement multidimensional adolescent health programmes in the districts through a multisectoral approach.

WHO converted “adolescent job aid”, a published desktop reference aid into a mobile application valid for the Region to manage common adolescent health conditions by primary care health workers.

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**Box 23: Training health workers on “skin NTDs”**

More than 125 countries around the world report one or more leprosy cases annually. Since the advent of MDT in the early 1980s, prevalence has decreased but new cases continue. If leprosy is left untreated, it can lead to deformities, which have a socioeconomic impact on a person, and it also exposes them to the risk of facing unrelenting stigma and discrimination, both still very common.

Given that clinical skills are dwindling due to leprosy becoming rarer, sustaining leprosy expertise among different health staff was one of the key challenges identified in leprosy programme monitoring missions. In response, in 2021, an online course on “Leprosy: training of health workers on skin-NTDs” was designed and uploaded to the “OpenWHO” learning portal of the Organization’s website: https://openwho.org/courses/NTDs-leprosy. The course aims to provide information about leprosy, including the group of NTDs showing skin manifestation, or “skin NTDs”, to increase the knowledge and skills of health workers in national programmes to enable them to manage the disease and its complications.
care health professionals. This will build the capacity of doctors to provide evidence-based care at the primary level. Meanwhile, India developed learning resources on adolescent health for integrated education of medical students with WHO support, while the WHO CC for Adolescent Health in India was supported to prepare a guide for parents to support the healthy development of adolescents.

A Regional Summit of Regional Directors of UN H6+ Agencies, which brings together six international organizations, was organized virtually in October 2021. Following the summit, a joint statement was released to support national efforts in making every school a health promoting school. As part of these efforts, WHO organized a Ministerial Meeting on Health Promoting Schools in which a joint call to action was released to undertake strengthening of school health programmes and to implement the framework for health-promoting schools.

The Regional Office also contributed to the Technical Working Group on School Health, Nutrition and Wellbeing under the Asia-Pacific Learning 2030+ network and held a series of webinars to support national governments to safely open schools after the COVID-19 lockdown.

**Birth defects initiative**

In 2014, the Regional Office created an online integrated newborn birth defects (SEARNBBD) database to support data management for birth defects among stillbirths and newborns in hospital settings. In 2021, WHO provided support to sustain surveillance for births defects using the SEAR-NBBD database. Data quality was the focus, and capacity was further strengthened to analyse such surveillance data.

Select hospitals in Nepal piloted the birth defects module on the DHIS-2 platform, which is also being made available on WHO’s server. Moreover, technical support was provided to Bangladesh and India to compile the experience of surveillance of birth defects in hospitals. WHO also continued to support countries to strengthen the prevention of birth defects and the immediate and long-term management of children born with birth defects.

**Sexual and reproductive health (SRH)**

The Regional Office conducted policy dialogue training to strengthen the capacity of government officials, professional bodies and stakeholders from seven countries to identify policy-level interventions in SRH, analyse evidence and develop a policy brief.

A rapid assessment for country preparedness in adopting WHO’s self-care guidelines to improve access to essential SRH services was conducted in six countries with the aim of developing action points as a Region as well as for individual countries. The Regional Office also prepared a comprehensive abortion care (CAC) module for health facility assessment on service availability and quality of care. A standardized pre-service training package for
CAC was also developed and piloted in medical colleges in Bangladesh, India, Nepal and Thailand.

**Ensuring access to family planning (FP)**

The Regional Office facilitated a virtual South-to-South collaboration with the ministries of health from Nepal and Sri Lanka on specific FP topics as part of WHO’s Family Planning Accelerator Project that aims to improve access to quality and rights-based FP services.

The collaboration provided a unique opportunity to overcome the challenges imposed by mobility restrictions that were in place due to the COVID-19 pandemic. In addition, an online evidence-based FP training programme organized by WHO headquarters and the Geneva Foundation for Medical Education and Research trained 80 FP programme managers from 10 Member States along with staff from country offices.

**Cervical cancer prevention**

Cervical cancer is a significant public health problem in the SE Asia Region, with 190,874 new cases and 116,015 deaths estimated due to the disease in 2020. Thus, the Region contributed 32% of the global cervical cancer burden and 34% of deaths worldwide. The *Regional Implementation Framework for cervical cancer elimination as a public health problem (2021–2030)* was developed to provide strategic and implementation directions to achieve the 2030 targets. It was launched at the Seventy-fourth session of Regional Committee and has been widely disseminated since.

In addition, a regional virtual meeting on eliminating cervical cancer as a public health problem in the Region was held to update Member States and other partners on new WHO recommendations on cervical cancer elimination, successful country examples of the elimination process and chart the preparation of a country roadmap to achieve the 2030 targets based on the Regional Implementation Framework.

The Regional Office also held webinars with stakeholders, which primarily focused on elimination strategies and WHO’s recommendation on the transition to human papillomavirus (HPV) DNA tests as the primary screening test for cervical cancer elimination. WHO also provided sustained country support, which included facilitating the development of national cervical cancer elimination plans for Maldives and Sri Lanka and the establishment of new centres for managing precancerous lesions with colposcopy and thermal ablation units in Bhutan, Myanmar and Timor-Leste. Advocacy and education videos were also developed to promote the elimination of cervical cancer in the Region and are already being used in many advocacy forums and outside the Region.
The Regional Office in collaboration with the International Federation for Cervical Pathology and Colposcopy (IFCPC) in Maryland, United States of America, and the International Agency for Research on Cancer (IARC) in Lyons, France, organized an online training course on colposcopy and the prevention of cervical cancer for 100 participants from the Member States.

In spite of these efforts, the impact of the COVID-19 pandemic on cervical cancer was conspicuous. It brought cervical cancer screening programmes, which had gained momentum in previous years, to a virtual standstill. Most countries did not prioritize cervical cancer in their essential services delivery package. This is an area that requires attention in 2022.

RMNCAH monitoring framework

In coordination with the Health Information System (HIS) and with membership consultation, the Regional Office developed a harmonized monitoring framework for the Region, which is inclusive of sexual, reproductive, maternal, newborn, adolescent health (SRMNCAH) and healthy ageing indicators.

The document aims to provide countries with a comprehensive set of SRMNCAH and healthy ageing indicators aligned with key global health goals, which can be utilized by countries based on collective and unique needs and priorities. The Regional Monitoring Framework on SRMNCAH, gender and healthy ageing was drafted in consultation with all 11 Member States and in collaboration with WHO headquarters and Regional Office HIS technical experts. It is in the process of being finalized.

Recognizing the role of midwives

The year 2021 was designated as the “Year of Health and Care Workers” for their tremendous dedication to the communities they serve. Midwives and nurses make up more than 53% of all health workers in the South-East Asia Region. Major nursing and midwifery activities during the year under the ambit of the policy priorities listed in the Decade of Strengthening Human Resources for Health in the South-East Asia Region (2015–2024) are listed below.

- A Regional Competency Assessment Tool was developed for midwifery educators and midwives based on International Federation of Midwives (ICM) competencies to guide Member States to assess, enhance and strengthen the capacity of midwifery educators and midwives.

- A survey was conducted on the challenges in midwifery education in South-East Asia during the COVID-19 pandemic. The aim of the short survey was to explore the government-level measures taken to maintain the quality of midwifery education during the pandemic. The exercise helped to identify strategies to enable the continuity of pre-service education and practice.
- A renewed commitment was made at the end of 2021 with the WHO CCs for nursing and midwifery development in the Region to support the Organization by aligning activities to the Global Strategic Directions for Nursing and Midwifery.

- A virtual consultation meeting for Member States on the Strategic Directions for Nursing and Midwifery (SDNM) was held in early 2021. The meeting was an essential step in gathering technical inputs from Member States as the SDNM will guide countries to ensure that midwives and nurses contribute to achieving population health goals. This SDNM was the first strategy related to global nursing and midwifery to be adopted as a World Health Assembly resolution by the Health Assembly in May.

- An evaluation of India’s Midwifery Leadership Programme – that was executed by the WHO Country Office for India in collaboration with the Ministry of Health and Family Welfare of India – was carried out by the Regional Office. A regional midwifery leadership course was developed, piloted and evaluated based on its findings.

- The *State of the world’s midwifery 2021* report was released. The Regional Office supported national HRH units, focal points in the National Health Workforce Accounts (NHWA) and government chief nursing and midwifery officers to provide the most recent data to the NHWA platform.

**Healthy ageing**

Throughout 2021, the Regional Office carried out several activities to support healthy ageing in Member States. An assessment of the COVID-19 situation and its impact on the health of older people was carried out in India and Nepal. It reviewed the burden of infection and case fatality among older people and disruptions in health service, provided policy guidance for home-based care and old age home care and/or long-term care, assessed knowledge, attitudes and practices of COVID-19-related care for older people, reviewed vaccination strategies, and prepared recommendations for future actions.

The WHO Regional Office in collaboration with UNFPA’s Asia and the Pacific Regional Office and HelpAge International conducted a survey to map the impact of the COVID-19 pandemic on the health and well-being of older people along with the provision of health care and mitigation measures put in place by Member States.

The survey instrument covered every aspect of “healthy ageing services” in the health systems of Member States and was circulated to all stakeholders for suggestions and comments. A mapping questionnaire was also completed by Healthy Ageing focal persons from WHO country offices in the Region in collaboration with Healthy Ageing focal persons of UNFPA, HelpAge International members and ministry of health officials.
Importantly, training packages on WHO’s Guidelines on Integrated Care For Older People (ICOPE) were developed; these included facilitator and trainee manuals for nurses and PHC physicians, frontline health workers and volunteers. They were released during the Seventy-fourth session of the Regional Committee.

The Regional Office also supported the adaptation of ICOPE and capacity-building for its implementation in Member States. With the participation of Member States, a Master Trainer Programme was conducted for PHC physicians on the implementation of ICOPE. A total of 135 master trainers were trained. These master trainers will conduct capacity-building programmes for PHC physicians on the implementation of ICOPE at the national level.

In 2021, Bhutan and Indonesia completed the development of a health and well-being handbook and manual for integrated community-based health screening for older persons. The Regional Expert Panel for Healthy Ageing also met in August 2021 and recommended that the Region launch programmes and initiatives to align with and achieve the goals laid out in the Decade of Healthy Ageing (2015–2024) and the SDGs.

The Panel took cognizance of the Region’s initiatives on person-centred care for ageing populations by promoting ICOPE and establishing the foundations for providing long-term care. The Panel also recognized the important role of NGOs and civil society in achieving healthy ageing for the population and creating an age-friendly environment.
Progress towards elimination of malaria

The South-East Asia Region is the only WHO region to achieve the Global Technical Strategy (GTS) milestone of a 40% reduction in malaria case incidence and mortality compared with the 2015 baseline. While global progress against malaria remains uneven, the Region continues to move in a steadfast manner towards the goal of malaria elimination by 2030.

In 2020, the Region recorded an estimated 5 million cases and 8900 deaths, a reduction of 80% and 77%, respectively, from the 2010 baseline, the largest reduction among all WHO regions. Bhutan, DPR Korea, Nepal and Timor-Leste reported zero indigenous deaths, and Maldives and Sri Lanka maintained their malaria-free status. The Region has thus far averted worst-case scenarios of the potential impact of the COVID-19 pandemic and has for the most part maintained its trajectory. Three countries of the Region continue to account for more than 99% of its cases – India accounts for 82.5% followed by Indonesia at 15.6% and Myanmar at 1.6%.

As per the availability of data for 2021 from the national malaria programmes of respective countries, five Member States have the potential to eliminate malaria before or by 2025. These are Timor-Leste, which achieved zero malaria cases again in 2021; Bhutan and Nepal, each of which had less than 100 cases locally in 2021; and DPR Korea and Thailand, which are also rapidly progressing towards elimination.

Throughout 2021, the Regional Office, in collaboration with all levels of WHO and partners, continued to provide technical assistance for the continuation of malaria services despite challenges encountered due to the COVID-19 pandemic. Some of the activities carried out in 2021 to accelerate action towards malaria elimination are described below:

- All countries have demonstrated resilience in responding to the unprecedented challenge of COVID-19 with innovative strategies and commitment, minimizing the risk of severe disruptions in malaria services. Guidance was provided to all countries to tailor malaria interventions amid the COVID-19 pandemic to enable the continuity of malaria services as part of essential health services.

- Achievements in malaria elimination must still be considered fragile unless efforts are reinforced, especially in the presence of an evolving pandemic. A high-level roundtable on rethinking malaria involving global, regional and national stakeholders was held virtually on World Malaria Day in April 2021 (High-Level Roundtable on re-thinking malaria: innovation in service delivery for acceleration of malaria elimination in WHO South-East Asia Region).

- Technical assistance was provided to review DPR Korea’s malaria programme. In addition, WHO provided technical support to effectively manage small outbreaks of local transmission in Bhutan and Timor-Leste.
Data processing for the *World malaria report 2021* was accomplished through collection, review and validation of data. Monitoring and analysis were also carried out for countries under the “E2025 initiative” for those nations having the potential to eliminate malaria by 2025. This included carrying out assessments using the Malaria Elimination Assessment Tool (MEAT) in Bhutan, Nepal, Thailand and Timor-Leste.

WHO supported two capacity-building training sessions for Bangladesh and India. Bangladesh, Bhutan and Nepal were also supported on the DHIS-2-based malaria module for malaria surveillance.

Countries were guided to strengthen and further expand cross-border collaboration as a priority for their malaria elimination efforts. A virtual meeting was organized on cross-border collaboration for the elimination of kala-azar and malaria along India’s border with Bangladesh, Bhutan and Nepal.
Activities for the quality assurance of microscopy continued, with two external competency assessments of malaria microscopists (ECAMM) conducted in India and Sri Lanka. Nine microscopists qualified as Level 1 and 10 as Level 2 in these assessments. A meeting was also held on ECAMM and national competency assessment for malaria microscopists (NCAMM) involving all countries. A WHO external quality assurance scheme (EQAS) for malaria was conducted in six Member States.

The innovative use of an e-learning module (called Worldwide E-learning course on malaria microscopy or WELCOMM) was continued, shared on pen drives to assist trainees to learn offline the self-instructional microscopy learning programme, with 62 devices provided to Member States till 2021. Two orientation meetings were held to resolve the technical glitches.

For monitoring of drug resistance, the approval of malaria therapeutic efficacy study protocols for India and Indonesia was facilitated through the SE Asia Regional Review Committee (RRC). The therapeutic efficacy studies were completed throughout 2020–2021. Thailand is implementing a nationwide integrated drug efficacy surveillance (iDES) for malaria.

The SE Asia Region was represented in a range of global forums for technical expert networks, guideline development and dissemination, malaria policy advisory groups and others.

WHO reviewed the annual reports of WHO CCs, namely, the Faculty of Tropical Medicine at Mahidol University, a WHO CC for case management, training and research on malaria; the Department of Medical Research in Myanmar; and the WHO CC for the health of indigenous populations in India.

The COVID-19 pandemic has impeded the optimal delivery of malaria support to Member States of the Region. More specifically, restrictions on travel and movement have impacted opportunities to technically support countries on malaria outbreak management and response at the field level.

Given that three countries make up 99% of the Region’s malaria burden, there is a need for subnational elimination to further accelerate action towards elimination. Limited capacity at the national and subnational levels is a hindrance to progress in malaria elimination. All over the Region, low-burden countries very near elimination are being affected by cross-border importations and limited interventions tailored to high-risk populations.

There is a critical need to ensure that malaria elimination remains high on the political agenda, and that adequate resources are mobilized and allocated to malaria programmes to sustain the gains achieved. Countries should develop context-specific, cross-border roadmaps for elimination; strengthen key capacities that enhance coverage and surveillance
in border areas; and increase district-to-district coordination and collaboration across international borders.

As highlighted in the updated GTS, national programmes should take increased ownership of implementation across programme areas as elimination approaches. This will ensure that capacities are maintained, and elimination is permanent.

**Strengthening research capacity and promoting research**

**COVID-19-related research**

**Solidarity therapeutics trials**

The WHO Solidarity Trial – an international, collaborative, global randomized trials platform involving more than 500 hospitals in more than 50 countries to identify and evaluate life-saving treatments for COVID-19 – started in May 2020. Bangladesh, India, Indonesia, Nepal and Thailand joined the Solidarity Trial from the SE Asia Region.

The Solidarity Trial evaluated four drugs (remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon) for the potential treatment of COVID-19. As the interim report on the Solidarity Trial did not show significant results for these initial four drugs, the Solidarity Trial Plus was initiated in August 2021 with three new drugs (artesunate, imatinib and infliximab regimens) chosen carefully by an independent panel of experts. From the Region, Bangladesh, India and Nepal have joined the Solidarity Plus trial and started recruiting patients. Indonesia has also expressed interest to join the Solidarity Plus trial but has not yet started patient recruitment.

**Unity studies for sero-epidemiological investigations**

The Unity studies – a global sero-epidemiological standardization initiative – aims at increasing evidence-based knowledge for action with the development of several standardized generic epidemiological investigation protocols. WHO has so far published eight protocols that regions and countries can adapt to the local context.

These include: (i) population-based, age-stratified sero-epidemiological investigation protocol for COVID-19 infection; (ii) measuring the effectiveness of COVID-19 vaccines; (iii) the First Few X (FFX) cases and contact investigation protocol for COVID-19 infection; (iv) household transmission investigation for COVID-19 infection; (v) assessment of risk factors for COVID-19 in health workers; (vi) transmission investigation protocols for COVID-19 in

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schools and other educational institutions; (vii) a prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2; and (viii) surface sampling of the SARS-CoV-2 coronavirus.

Table 6. Unity studies (ongoing and completed) in the WHO South-East Asia Region, 2021

<table>
<thead>
<tr>
<th>Countries</th>
<th>Unity studies</th>
<th>Implementor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Health-care workers’ case–control study (completed)</td>
<td>Institute of Epidemiology, Disease Control and Research (IEDCR), MoHFW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International Center for Diarrhoeal Disease Research, Bangladesh (icddr,b)</td>
</tr>
<tr>
<td></td>
<td>Sero-epidemiological study of SARS-CoV-2 in Rohingya camps (completed)</td>
<td>IEDCR, MoHFW</td>
</tr>
<tr>
<td>India</td>
<td>Household transmission of COVID-19 infection (completed)</td>
<td>Amrita Institute of Medical Sciences and Research Centre (AIMS), Kerala, India</td>
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<tr>
<td></td>
<td></td>
<td>Maulana Azad Medical College, Delhi</td>
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<tr>
<td></td>
<td></td>
<td>Hamdard Institute of Medical Sciences and Research (HIMSR), Delhi</td>
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<tr>
<td></td>
<td></td>
<td>AIIMS, New Delhi</td>
</tr>
<tr>
<td></td>
<td>Health-care workers’ case–control study (completed)</td>
<td>AIIMS, Kochi</td>
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<tr>
<td></td>
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<td>AIIMS, Rishikesh</td>
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<tr>
<td></td>
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<td>HIMSR, New Delhi</td>
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<tr>
<td></td>
<td></td>
<td>AIIMS, New Delhi</td>
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<tr>
<td></td>
<td>Health-care workers’ cohort study (completed)</td>
<td>Maulana Azad Medical College, New Delhi</td>
</tr>
<tr>
<td></td>
<td>Multisite cohort sero-epidemiological study of SARS-CoV-2 (phase 1 completed with 3 rounds of follow up and approval sought for phase 2)</td>
<td>AIIMS, New Delhi</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Population-based age-stratified sero-epidemiological investigation for COVID-19 infection in Indonesia (completed)</td>
<td>Ministry of Health, in collaboration with Dept of Epidemiology, Faculty of Public Health, University of Indonesia</td>
</tr>
<tr>
<td>Nepal</td>
<td>Second round of age-stratified population sero-epidemiological study of SARS-CoV-2 (completed)</td>
<td>Nepal Health Research Council (NHRC) and Epidemiology and Disease Control Division (EDCD)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Serosurveillance survey among Navy personnel infected with COVID-19 and their close contacts in the outbreak at Welisara Naval Base (First Few X cases and contact investigation [FFX study design]) (completed)</td>
<td>University of Sri Jayewardenepura and Sri Lanka Navy</td>
</tr>
</tbody>
</table>
To ensure that Member States use the standard research methodology for seroprevalence studies and that the results can be used for estimating global and regional seroprevalence, WHO supported Unity protocol-aligned studies in countries. In the Region, WHO supported Myanmar and Sri Lanka on this.

In addition to the Solidarity Trial Plus (for evaluation of treatment), and Unity studies (for generating sero-epidemiological data), a global observation cohort study – titled “Oxygen requirements and approaches to respiratory support in patients with COVID-19 in low- and middle-income countries: an observational study” (WHO O2Cov2, in short) – was initiated by WHO headquarters under an International Study Steering Committee. The Regional Office was represented in the International Steering Committee and supported it where relevant. It also facilitated the studies in Bangladesh and Nepal. Both studies were centrally coordinated.

Research prioritization for COVID-19

Following a research prioritization exercise for COVID-19 that was conducted in 2020 with the objective of identifying the current research priorities for Member States, the results were submitted to the Journal of Health Systems and Policy Research as an open-access publication.

Research capacity-building

a. Developing a research capacity assessment tool

A research capacity assessment tool was developed for the Region in 2019. The tool had approximately 100 indicators that Member States were required to address in a consultative manner with different stakeholders. Given the pandemic, the process for completing the tool was undertaken virtually for two countries – Maldives and Timor-Leste. Considering lessons learned from the pilot, along with discussions with WHO headquarters, the final assessment tool has been simplified to 25 indicators.

b. Capacity-building for implementation research

The Special Programme for Research and Training in Tropical Diseases (TDR) supported four small grants on AMR in Myanmar and Nepal. WHO is providing a mentor for each principal investigator to assist with research study implementation, data analysis and manuscript writing. Nepal has implemented and published its studies. However, work in Myanmar was postponed until 2022.
c. Enhancing capacities on research ethics

The Regional Office continues to work with the Regional Office for the Western Pacific on the Asia-Pacific Network of National Ethics and Bioethics committees (APNEC). In 2021, work began on developing a framework to establish a SE Asia Region Research Ethics Committee, which is under finalization. Such a committee is critical to expedite the research proposal review process.

Research Review Committee Secretariat activities

The Research Policy and Cooperation Programme (RPC) is the Secretariat for the Research Review Committee (RRC) at the Regional Office. The year 2020 witnessed the largest number of proposals reviewed by the RRC at 23, which declined in 2021 to 17.

*Fig. 19. Number of proposals reviewed by RRC from 2017 to 2021*

![Graph showing number of proposals reviewed by RRC from 2017 to 2021.]

Source: RPC, WHO Regional Office for South-East Asia

WHO collaborating centres

At the end of 2021, there were 105 active WHO collaborating centres in the Region. India had the highest number with 60, followed by Thailand with 32. Among the active WHO CCs, approximately half are providing support directly to the Flagship Priority Programmes. The rest provide support in areas such as training and building capacity for research, ethics and programme implementation. In an important step, a global network of WHO CCs on ethics has been formed by different units at WHO headquarters.

Responding to HIV, STIs and viral hepatitis collectively

The South-East Asia Region is home to 26% of the world’s population and accounts for nearly 10% of the global burden of HIV/AIDS, 16% of all cases of sexually transmitted
infections (STIs) and 20% of the global viral hepatitis caseload. More than 300 000 people die of causes attributable to HIV and viral hepatitis every year in the Region.

The year 2021 marked the beginning of a new decade of action towards meeting the SDGs, including ending the epidemics of viral hepatitis, HIV and STIs as public health threats by 2030. The Seventy-fourth session of the WHO Regional Committee for South-East Asia in 2021 adopted a decision to develop an Integrated Regional Action Plan on viral hepatitis, HIV and STIs for 2022–2026. It will be presented to the Seventy-fifth Session of the Regional Committee, scheduled to be held in Bhutan in September 2022, for its consideration and endorsement.

To support this activity, the Regional Director constituted a Technical Working Group (TWG) to identify issues that need to be addressed in the RAP along with opportunities, good practices and implementation considerations. The latter include composite service-delivery models and the process of integration for broader Regionwide recommendations.

**Forging progress on HIV**

At the UN General Assembly’s High-Level Meeting on AIDS in June 2021, a political declaration was adopted, which expressed deep concern and profound regret over the fact that the international community did not meet the 2020 targets on prevention and control of the HIV epidemic. The resolution called for urgent and transformative action to end social, economic, racial and gender inequality; abolish restrictive and discriminatory laws, policies and practices; and end stigma and multiple and intersecting forms of discrimination, including based on HIV status; and human rights violations related thereto.

At the end of 2020, an estimated 3.7 million people were living with HIV in the SE Asia Region. Epidemiological trends show that both new HIV infections and HIV-related deaths are continuing to decline. New HIV infections in the Region reduced from 190 000 in 2010 to 100 000 in 2020, a reduction of 46% compared with 31% globally. AIDS-related deaths in the Region also reduced from 230 000 in 2010 to 82 000 in 2020, a reduction of 64% compared with 47% globally.

Both these rates of reduction are steep, but the fact remains that an additional 37 000 deaths should have been averted in 2020 to meet the 2020 targets. TB is the leading cause of deaths among people living with HIV (PLHIV) in the Region and while TB deaths decreased by 72% between 2010 and 2020, one in four deaths among PLHIV in 2020 was due to TB. Importantly, coverage with antiretroviral therapy (ART) in the Region has increased from 37% in 2015 to 61% in 2020. In 2020, of the estimated 3.7 million PLHIV, 2.8 million (75%) knew their status, 2.2 million (61%) were on ART and 2.1 million (58%) were virally suppressed.
Thailand is the only country in the Region that has achieved the target of 73% viral suppression among PLHIV. Thailand is slightly short of achieving 81% ART coverage, with its progress on the 90–90–90 goals pegged at 94–79–77. WHO had previously developed a Regional Action Plan for HIV in South-East Asia 2017–2021, and a progress report was

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12 Since the second 90 target is 90% of the first, it is effectively 81% ART coverage. Similarly, the third 90 target is 90% of the second target. Hence, 90–90–90 effectively becomes 90–81–73. Editor.

13 These are targets advocated by UNAIDS and the Political Declaration on HIV and AIDS at the United Nations High-Level Meeting on AIDS in 2016: By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.

**Fig. 22.** Testing and treatment cascade in the SE Asia Region, 2020

![Diagram showing testing and treatment cascade in the SE Asia Region, 2020](source: UNAIDS/WHO Estimates 2021)

**Fig. 23.** HIV testing and treatment cascade in Thailand, 2020

![Diagram showing testing and treatment cascade in Thailand, 2020](source: UNAIDS Data Book 2021)

### Sustaining commitment to combat HIV

As the Region continues to tackle its HIV/AIDS epidemic, the Regional Director appointed Dr JVR Prasada Rao as her Special Adviser on HIV. Dr Prasada Rao is a former Special Envoy to the United Nations Secretary-General on HIV in Asia and has also served as former Regional Director of UNAIDS in the Asia-Pacific Region.
Dr Rao undertook high-level virtual missions with Member States to examine gaps and challenges faced by HIV/AIDS programmes, and provided recommendations on evidence-based action to bridge those gaps. Based on these interactions and recommendations, the Regional Director suggested the following key action points to Member States:

- Enhance prevention interventions with early detection and management at the PHC level.
- Institutionalize community involvement in service delivery, including task-sharing and community-led service delivery.
- Strengthen interventions for key populations.
- Improve national-level mechanisms for reporting and utilization of data on key indicators.
- Sustain commitment and increase funding to implement Global Health Sector Strategies (GHSS) through the Integrated Regional Action Plan 2022–2026.

Community engagement on AIDS

The Regional Office organized a community and civil society event on World AIDS Day with the theme “End inequalities, end AIDS”. The event highlighted the importance of ending inequalities in the context of combating the AIDS epidemic as a public health threat. During the event, participants shared experiences and good practices in enhancing community engagement, especially during the COVID-19 pandemic, along with stories of resilience. Addressing the participants on the occasion, the Regional Director emphasized the need to close the remaining gaps towards achieving the revised 95–95–95 targets by 2025, and ending stigma and discrimination faced by people living with, and vulnerable to, HIV.

Addressing policy needs for AIDS

The Seventy-fourth World Health Assembly in May 2021 requested WHO to undertake a broad consultative process to develop a new Global Health Sector Strategy (GHSS) on HIV, viral hepatitis and STIs for 2022–2030. In this regard, the WHO regional offices for South-East Asia and the Western Pacific organized a joint consultation to seek inputs from Member States, communities and other stakeholders to develop strategies for 2022–2030.

Participants stressed the need to leverage UHC, PHC and health systems by strengthening national public health platforms, referral mechanisms, public–private partnerships, and multisectoral action across the health sector and beyond. They also recommended the conduct of situational analyses to optimize the delivery of HIV, viral

14 To accelerate action towards ending AIDS by 2030, UNAIDS has revised 90–90–90 targets as 95–95–95. While the 90–90–90 target was to be attained by 2020, the target date for achieving 95–95–95 is 2025.
hepatitis and STI services as part of UHC and to promote the integration of HIV, viral hepatitis and STI services under one umbrella as part of the essential health services package.

**Continuity of essential HIV services during COVID-19**

The COVID-19 pandemic impeded the delivery of some core HIV services across the Region in 2020, but in 2021, some turnaround was achieved, and recovery made. The WHO pulse survey on the continuity of essential health services during COVID-19 obtained data on the disruption of HIV prevention, testing and ART services from seven countries of the Region in round 1 in early 2021. It found that the level of disruption varied among countries for key HIV services. Of the seven countries who reported in both rounds, three had reported more than 5% disruption in the continuity of ART services in round 1, while this was reduced to just one country in round 2.

*Fig. 24. Level of disruption in HIV services in seven countries according to the WHO pulse survey round 2 data*

![Graph showing level of disruption in HIV services](source:WHO pulse survey)

WHO guidance on differentiated service-delivery models (DSDM) – such as multi-month dispensation (MMD) of ART, take-home dosages of opioid substitution therapy (OST) drugs and task-shifting – which were adopted widely in the Region in response to the pandemic, are now being institutionalized as part of preparedness for future crises.

All countries in the Region have adopted a policy on the transition to dolutegravir as the preferred first-line regimen in national ART programmes. Transition to this regimen has been progressing with WHO support. The Regional Office continued to support pilot initiatives and demonstration projects on the adoption of newer testing approaches such as HIV self-testing, and newer prevention interventions such as pre-exposure prophylaxis (PrEP).

In addition, WHO continued to support Maldives and Thailand to maintain their validation of elimination of mother-to-child transmission (EMTCT) of HIV and syphilis. WHO supported a joint HIV external review in Sri Lanka that informed the country’s new National
Action Plan on HIV and STIs 2021–2025. Similarly, with Regional Office support, India, Nepal and Timor-Leste updated their treatment guidelines for HIV, which are now aligned with WHO’s global guidance.

In addition to COVID-19, some key challenges in the HIV response include waning of political commitment and donor funding, lack of adequate domestic resource allocation, and declining support for the engagement of communities. Access to prevention and testing services for key populations remains low and needs to be accelerated as the epidemic is concentrated among these groups.

The changing nature of sex work and drug use highlights the need to move away from traditional approaches and expand coverage of services through innovative means, including in the virtual space. The legal environment surrounding interventions for key populations is also a big challenge in realizing prevention and treatment goals.

The 2021 UN Political Declaration calls on countries to “commit to accelerating integration of HIV services into universal health coverage and strong and resilient health and social protection systems, (thereby) building back better in a more equitable and inclusive manner from COVID-19”. It also calls for an end to all inequalities and for a community-led response and has defined targets on social enablers. The key features of the response include strong political leadership, adequate funding, genuine community engagement, rights-based and multisectoral approaches, and the use of scientific evidence to guide focused strategies.
The spectre of viral hepatitis

The SE Asia Region has an estimated 60 million (range 29–77 million) people living with chronic hepatitis B and around 10.5 million (8–19 million) with chronic hepatitis C. However, there is wide variation between countries of the Region in terms of prevalence.

There were an estimated 260 000 incident cases of hepatitis B in 2019 and 230 000 cases of hepatitis C in the Region. Around 180 000 people died of hepatitis B and 38 000 of hepatitis C in 2019 in the Region.

Of the estimated 218 000 deaths due to viral hepatitis in 2019 in the Region, 81% are attributable to the chronic complications of hepatitis B and C. Mortality due to viral hepatitis continues to be significant, even as deaths due to other communicable diseases are on the decline.

The Regional Action Plan on viral hepatitis in South-East Asia 2016–2021 is aligned to the GHSS on viral hepatitis 2016–2021, which defined elimination of viral hepatitis as a 65% reduction in mortality and 90% reduction in incidence by 2030 compared with the 2015 baseline. It also set interim 2020 targets of a 10% reduction in deaths and 30% reduction in new infections.

In 2021, the Regional Office published a progress report on the RAP with an update on the progress on various targets set for 2020, and highlights areas where progress has been challenging. It also makes recommendations for accelerated action. The report titled Accelerating action towards a hepatitis-free future: progress report on the Regional Action Plan for viral hepatitis in the WHO South-East Asia Region (2016–2021) was launched at the Seventy-fourth session of the Regional Committee.

Table 7: Progress on key indicators of the RAP on viral hepatitis 2016–2021

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Indicator</th>
<th>Baseline estimates (2015)</th>
<th>Targets in RAP (for 2020)</th>
<th>Progress on RAP targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccination</td>
<td>HepB3 coverage</td>
<td>87%</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>HBV PMTCT*</td>
<td>Hep B birth dose coverage</td>
<td>34%</td>
<td>90%</td>
<td>54%</td>
</tr>
<tr>
<td>Blood safety</td>
<td>Proportion of non-remunerated voluntary blood donations</td>
<td>77%</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Injection safety

**Indicator**: Proportion of unsafe injections

- **Baseline estimates (2015)**: 5.2%
- **Targets in RAP (for 2020)**: 0%
- **Progress on RAP targets**: 5.2–6.6%

### Harm reduction**

**Indicator**: Number of syringes and needles distributed/PWID/year

- **Baseline estimates (2015)**: 29
- **Targets in RAP (for 2020)**: 200
- **Progress on RAP targets**: 157 [range 3–366]

### Testing services

**Indicator 1**: Proportion of HBV-infected diagnosed

- **Baseline estimates (2015)**: 3%
- **Targets in RAP (for 2020)**: 50%
- **Progress on RAP targets**: 10.5%

**Indicator 2**: Proportion of HCV-infected diagnosed

- **Baseline estimates (2015)**: 9%
- **Targets in RAP (for 2020)**: 50%
- **Progress on RAP targets**: 6.9%

### Treatment***

**Indicator 1**: Proportion of HBV-diagnosed persons initiated on treatment

- **Baseline estimates (2015)**: NA
- **Targets in RAP (for 2020)**: 75%
- **Progress on RAP targets**: 4.5%

**Indicator 2**: Proportion of HCV-diagnosed persons initiated on treatment

- **Baseline estimates (2015)**: 7%
- **Targets in RAP (for 2020)**: 75%
- **Progress on RAP targets**: 23.8%

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*Birth dose coverage increased from 34% in 2016 to 54% in 2019. Nine countries achieved the regional coverage target of 90%.

**The 2020 targets on harm reduction activities for people who inject drugs (PWID), such as supply of clean needles and syringes and coverage of opioid substitution therapy (OST), have been largely missed due to the pandemic.

***Progress on diagnosis and treatment is inadequate. The RAP outlined that 50% of all those living with HBV and HCV should be aware of their status by 2020. Of those eligible for treatment of hepatitis B, 75% should be put on treatment and retained in care. Against these targets, only 10.5% of the estimated number of people who are eligible for antiviral treatment for hepatitis B know their status and, of them, 4.5% are on treatment. Similarly, for hepatitis C, 6.9% know their status and, of them, 23% have received treatment.

### Achieving hepatitis B control

Four countries – Bangladesh, Bhutan, Nepal and Thailand – have been verified by an independent Regional Expert Panel to have achieved the 2020 hepatitis B control goal of less than 1% hepatitis B surface antigen (HBsAg) positivity among 5-year-old children. Along with support to strengthen hepatitis B immunization coverage in all Member States, the Regional Office continues to provide technical support to undertake serological surveys and prevalence estimates for assessing progress towards the hepatitis B control target.

### Capacity-building to tackle hepatitis

The Regional Office partnered with Project ECHO in early 2021 to support virtual capacity-strengthening initiatives on priority topics relevant to public health in the Region. Leveraging
this partnership and the technical expertise of WHO CCs and other experts, the Regional Office organized a training of trainers on clinical management of hepatitis B and C.

The training brought together more than 60 participants from 10 Member States, including programme managers and clinicians, along with related WHO country office focal points, and community and civil society organizations. Responding to the need expressed by participants in conducting education sessions regularly, the Regional Office initiated a monthly case-based discussion series through its partnership with Project ECHO. Six such sessions were completed in 2021 with more than 150 professionals attending.

Celebrating World Hepatitis Day

The Regional Office organized a virtual event on World Hepatitis Day – with the theme of “Hepatitis can’t wait” – with representatives from national hepatitis programmes, communities, civil society and other partner organizations. As part of the event there was a panel discussion that shared experiences from Member States on strengthening community engagement. The Regional Director emphasized that action to eliminate viral hepatitis cannot and must not wait, and appealed to all stakeholders to come together with speed and scale to extend maximum coverage.

Strategic and Technical Advisory Group (STAG)

The second meeting of the STAG on viral hepatitis in the WHO South-East Asia Region was held virtually in November 2021. The primary focus of the meeting was the development of the Regional Action Plan for viral hepatitis, HIV and STIs 2022–2026. The Group also reviewed commissioned work that looked at the landscape of access to diagnostics and therapeutics for hepatitis B and C in the Region and offered recommendations towards identifying bottlenecks in access, as well as good practices in addressing them. Similarly, the STAG reviewed and offered recommendations on the protocol for undertaking a systematic review to estimate the prevalence of hepatitis B in the Region.

Working with WHO collaborating centres

Following a systematic review that estimated the burden of hepatitis C in the Region in 2020, the Regional Office, in partnership with the WHO CC at the Sanjay Gandhi Postgraduate Institute (SGPGI) of Medical Sciences in India, is undertaking a systematic review to estimate the prevalence of hepatitis B. In addition, work began with the WHO CC at the Institute of Liver and Biliary Sciences (ILBS) in New Delhi, India, to undertake estimates of the attributable fraction of liver cancer and cirrhosis to viral hepatitis, as well as simplified protocols for diagnosing hepatitis B and C and linking to treatment.
**Operational guidance on strategic information**

Recognizing the importance of strategic information to guide programme design, implementation and monitoring, in 2021 the Regional Office stepped up support to Member States. In partnership with the Victorian Infectious Diseases Reference Laboratory, a WHO CC in Melbourne, Australia, the WHO regional offices for South-East Asia and the Western Pacific are supporting pilot initiatives in Member States to develop relevant operational guidance on strategic information for viral hepatitis.

**Access to drugs and diagnostics for hepatitis**

The Regional Office, in partnership with TreatAsia, commissioned an analysis of the landscape of diagnostics and therapeutics for hepatitis B and C, along with a rapid assessment of bottlenecks in access to these health products in Member States. The findings are being discussed with national programmes and other stakeholders and will lead to specific recommendations in the new RAP, as well as activities to address identified bottlenecks.

Viral hepatitis is not accorded high priority in most countries, though it affects more people than HIV and TB combined. With curative treatment available for hepatitis C, and safer long-term treatment for hepatitis B, a lack of prioritization will result in preventable long-term morbidity and mortality due to cirrhosis and liver cancer.

One of the key challenges in addressing hepatitis B and C is lack of awareness, with only 10% or fewer people living with the infection being aware of their status. Other major challenges include insufficient data for advocacy and programmatic actions; long registration process for newer medicines for treating hepatitis C in countries; limited donor funds; and limited or no dedicated funds for hepatitis in the health budgets of countries. In addition, the elimination of viral hepatitis needs multisectoral interventions and coordination between departments such as water and sanitation (for hepatitis A and E), immunization, universal work precautions, and blood safety, among others.

There is a need to sustain the gains made in treatment, accelerate testing, strengthen linkages to treatment and prevention services and reach the unreached. By including essential services pertaining to viral hepatitis, HIV and STIs within the purview of UHC and strengthening PHC-based approaches, the Region can be on course to achieve the 2030 target of ending these epidemics as a public health threat.
Annex 1

Meetings organized by the Regional Office in 2021

The WHO Regional Office for South-East Asia maximized impactful collaboration with Member States and a gamut of partners and stakeholders in 2021. Pandemic-induced restrictions and constraints notwithstanding, the Regional Office achieved this through policy-making and normative guidelines on the COVID-19 response provided across a series of meetings, mainly online. The Regional Director, Dr Poonam Khetrapal Singh, led this process from planning to the execution and personally inaugurated and attended these sessions. Listed below are salient meetings, workshops and consultations held in the Region in 2021.

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
<th>Meeting subject</th>
<th>Date</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Department of Communicable Diseases (CDS)</strong></td>
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<tr>
<td>1</td>
<td>IVD</td>
<td>Workshop on safety surveillance for COVID-19 vaccines in SE Asia Region countries:</td>
<td>3–14 January</td>
<td>Virtual</td>
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<tr>
<td></td>
<td></td>
<td>* Bhutan, Maldives and Myanmar</td>
<td>27–28 January</td>
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<td></td>
<td></td>
<td>* Bangladesh, Nepal and Sri Lanka</td>
<td>8 February</td>
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<td></td>
<td></td>
<td>* Indonesia</td>
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<tr>
<td>2</td>
<td>IVD</td>
<td>Workshop on expediting regulatory pathways for emergency use authorization of COVID-19 vaccines in SE Asia Region countries</td>
<td>22 January</td>
<td>Virtual</td>
</tr>
<tr>
<td>3</td>
<td>TUB</td>
<td>Annual Meeting of Regional Green Light Committee</td>
<td>2–4 February</td>
<td>Virtual</td>
</tr>
<tr>
<td>4</td>
<td>HHS</td>
<td>Training of trainers on clinical management of hepatitis B and C</td>
<td>23–25 March</td>
<td>Virtual</td>
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<tr>
<td>5</td>
<td>MAL</td>
<td>High-Level Roundtable on rethinking malaria: Innovation in service delivery for acceleration of malaria elimination in the SE Asia Region</td>
<td>19 April</td>
<td>Virtual</td>
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<tr>
<td>6</td>
<td>NTD</td>
<td>Regional Consultation on yaws eradication</td>
<td>18–20 May</td>
<td>Virtual</td>
</tr>
<tr>
<td>7</td>
<td>IVD</td>
<td>Measles–rubella sequence analysis for determination of virus genotypes and transmission chains</td>
<td>24–28 May</td>
<td>Virtual</td>
</tr>
<tr>
<td>8</td>
<td>TUB</td>
<td>Meeting of STAG–TB</td>
<td>8–9 June</td>
<td>Virtual</td>
</tr>
<tr>
<td>9</td>
<td>IVD</td>
<td>Regional workshop on human-centred design for tailoring immunization programmes</td>
<td>8–10 June</td>
<td>Virtual</td>
</tr>
<tr>
<td>10</td>
<td>NTD</td>
<td>Meetings of national programme managers and Regional Programme Review Group on lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis</td>
<td>14–17 June</td>
<td>Virtual</td>
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<tr>
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<td>Meeting subject</td>
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<tr>
<td>11</td>
<td>HHS</td>
<td>Joint Consultation on Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and STIs by WHO HQ with South-East Asia &amp; Western Pacific regions</td>
<td>15–16 June</td>
<td>Virtual</td>
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<tr>
<td>12</td>
<td>MAL</td>
<td>Workshop on external competency assessment (ECAMM) and national competency assessment for malaria microscopists (NCAMM)</td>
<td>24–25 June</td>
<td>Virtual</td>
</tr>
<tr>
<td>13</td>
<td>IVD</td>
<td>Twelfth Meeting of the South-East Asia regional Immunization Technical Advisory Group (ITAG)</td>
<td>9–11 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>14</td>
<td>IVD</td>
<td>Sixth Meeting of the South-East Asia regional Verification Commission for Measles and Rubella Elimination</td>
<td>27–29 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>15</td>
<td>MAL &amp; NTD</td>
<td>Meeting on cross-border collaboration for elimination of kala-azar and malaria along India’s border with Bangladesh, Bhutan and Nepal</td>
<td>28–30 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>16</td>
<td>IVD</td>
<td>Regional workshop on vaccination intra-action review for Strategic Preparedness and Response Plan for COVID-19 (Pillar 10)</td>
<td>30 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>17</td>
<td>NTD</td>
<td>Meeting of Regional Technical Advisory Group for dengue and other arbovirus diseases</td>
<td>4–6 October</td>
<td>Virtual</td>
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<tr>
<td>18</td>
<td>IVD</td>
<td>Fourteenth Meeting of the WHO South-East Asia Regional Certification Commission for Polio Eradication</td>
<td>20–22 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>19</td>
<td>TUB</td>
<td>High-Level Meeting for renewed TB response in the WHO SE Asia Region</td>
<td>26 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>20</td>
<td>NTD</td>
<td>Consultative Meeting on identification of regional operational research priorities to support elimination of NTDs in SE Asia Region</td>
<td>16–18 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>21</td>
<td>IVD</td>
<td>Regional workshop on safety surveillance for COVID-19 vaccines in the Region</td>
<td>29–30 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>22</td>
<td>PPC</td>
<td>South-East Asia Region Member States’ Briefing on WHO Output Scorecard</td>
<td>3 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>23</td>
<td>MCA-MRH</td>
<td>MDSR capacity-building workshop for facilitators</td>
<td>17–18 March</td>
<td>Virtual</td>
</tr>
<tr>
<td>24</td>
<td>MCA-MRH</td>
<td>MDSR capacity-building workshop</td>
<td>23–26 March</td>
<td>Virtual</td>
</tr>
<tr>
<td>No.</td>
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<tr>
<td>25</td>
<td>MCA-CAH</td>
<td>Fourth Global Youth Meeting</td>
<td>20–21 April</td>
<td>Virtual</td>
</tr>
<tr>
<td>26</td>
<td>MCA-CAH</td>
<td>Regional Multisectoral Meeting to promote nurturing care for early childhood development</td>
<td>27–29 April</td>
<td>Virtual</td>
</tr>
<tr>
<td>27</td>
<td>MCA-SRH</td>
<td>Virtual Expert Group Meeting to review competency-based pre-service curriculum and training resources for safe abortion</td>
<td>19–21 May</td>
<td>Virtual</td>
</tr>
<tr>
<td>28</td>
<td>MCA-SRH</td>
<td>Regional capacity-building for policy training on sexual and reproductive health and rights</td>
<td>1 June–30 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>29</td>
<td>MCA-CAH</td>
<td>Intercountry Multistakeholder Consultation on programming to promote adolescent well-being in SE Asia Region</td>
<td>27–28 July</td>
<td>Virtual</td>
</tr>
<tr>
<td>30</td>
<td>MCA-HA</td>
<td>First SE Asia Expert Panel Meeting on healthy ageing</td>
<td>10–11 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>31</td>
<td>MCA-MRH</td>
<td>Maternal, perinatal death surveillance and response (MPDSR) capacity-building workshop</td>
<td>17 August and 24–27 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>32</td>
<td>MCA-MRH</td>
<td>Regional facilitators’ training on MPDSR to accelerate reduction in maternal mortality</td>
<td>27–28 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>33</td>
<td>MCA-MRH</td>
<td>Regional Meeting on eliminating cervical cancer as a public health problem</td>
<td>9–11 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>34</td>
<td>MCA-CAH</td>
<td>Seventh SEAR-TAG Meeting on reduction of newborn and child mortality</td>
<td>16–19 November</td>
<td>Virtual</td>
</tr>
</tbody>
</table>

**Global Leprosy Programme (GLP)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
<th>Meeting subject</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>GLP</td>
<td>Final meeting of the Task Force on definitions, criteria and indicators for transmission and elimination of leprosy</td>
<td>24–26 March</td>
<td>Chengalpattu, India</td>
</tr>
<tr>
<td>36</td>
<td>GLP</td>
<td>Review of antimicrobial resistance surveillance in leprosy</td>
<td>14–17 June</td>
<td>Virtual</td>
</tr>
<tr>
<td>37</td>
<td>GLP</td>
<td>Consultation on management of adverse drug events in the treatment of leprosy/Hansen disease</td>
<td>22–24 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>38</td>
<td>GLP</td>
<td>17th Meeting of the Technical Advisory Group for Leprosy</td>
<td>29 November–1 December</td>
<td>Virtual</td>
</tr>
<tr>
<td>39</td>
<td>GLP</td>
<td>Virtual training on DHIS-2 for national programme managers and focal points for leprosy/NTDs for WHO country and Regional offices</td>
<td>13–14 December</td>
<td>Virtual</td>
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**Department of Healthier Populations and Noncommunicable Diseases (HPN)**

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<th>Unit</th>
<th>Meeting subject</th>
<th>Date</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>MHS</td>
<td>Regional Technical Consultation with Member States on Development of Action Plan 2022–2030 to implement Global Strategy to reduce harmful use of alcohol</td>
<td>10–11 March</td>
<td>Virtual</td>
</tr>
<tr>
<td>No.</td>
<td>Unit</td>
<td>Meeting subject</td>
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<tr>
<td>41</td>
<td>NCD (M)</td>
<td>Regional workshop to improve palliative care in the context of COVID-19 in the SE Asia Region</td>
<td>8–9 April</td>
<td>Virtual</td>
</tr>
<tr>
<td>42</td>
<td>MHS</td>
<td>Townhall on mental health and psychosocial support for WHO colleagues</td>
<td>5 May</td>
<td>Virtual</td>
</tr>
<tr>
<td>43</td>
<td>NCDP</td>
<td>Regional Consultation on Draft Intersectoral Global Action Plan on epilepsy and other neurological disorders 2022–2031</td>
<td>26 July</td>
<td>Virtual</td>
</tr>
<tr>
<td>44</td>
<td>WSC</td>
<td>Regional training on advancing health-climate action through improved vulnerability and adaptation assessment and planning</td>
<td>17–19 August and 25 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>45</td>
<td>NCDP</td>
<td>Regional consultations with experts on development of an Implementation Roadmap 2023–2030 for prevention and control of NCDs</td>
<td>3 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>46</td>
<td>WSC</td>
<td>Regional training on climate resilient water safety planning</td>
<td>13–16 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>47</td>
<td>SDH</td>
<td>Expert Meeting to advance actions on social determinants of health in the SE Asia Region</td>
<td>14–15 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>48</td>
<td>DPR</td>
<td>Regional Consultation on the Global Report on effective access to assistive technology (GReAT)</td>
<td>23 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>49</td>
<td>FOS</td>
<td>Consultation on FAO-OIE-WHO One Health approach on AMR mitigation and safer food in the Asia-Pacific Region</td>
<td>29–30 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>50</td>
<td>NCD (M)</td>
<td>Regional training of network of institutions to deliver people-centred integrated NCD care</td>
<td>4–8 October</td>
<td>Virtual</td>
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<tr>
<td>51</td>
<td>TFI</td>
<td>Regional Pre-Conference of Parties (COP9) to the WHO FCTC and Pre-Meeting of Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (MOP2)</td>
<td>11–12 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>52</td>
<td>SDH</td>
<td>Interministerial Meeting to revitalize health promoting schools in the SE Asia Region</td>
<td>12–14 October</td>
<td>Virtual</td>
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<tr>
<td>53</td>
<td>NHD</td>
<td>Expert Group Consultation on supporting infant and young child nutrition through improving feeding practices and the food environment in the SE Asia Region</td>
<td>20–21 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>54</td>
<td>FOS</td>
<td>Regional Roundtable to advance implementation of the Framework for Action on Food Safety</td>
<td>25–28 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>55</td>
<td>NHD</td>
<td>Intercountry laboratory capacity-building training workshop on transfatty acids analysis</td>
<td>26–27 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>56</td>
<td>NHD</td>
<td>Regional Consultation on addressing obesity in young children in South-East Asia</td>
<td>16–17 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>No.</td>
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<tr>
<td>57</td>
<td>FOS</td>
<td>Regional Meeting on physical activity</td>
<td>22–23 November</td>
<td>Virtual</td>
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<tr>
<td>58</td>
<td>AEC</td>
<td>Regional Workshop on enabling sectoral interventions for clean air in cities through BreatheLife Initiative</td>
<td>8–9 December</td>
<td>Virtual</td>
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<td><strong>Department of Health Systems Development (HSD)</strong></td>
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<tr>
<td>59</td>
<td>APO</td>
<td>12th Meeting of the Strategic Technical Advisory Group</td>
<td>8 February</td>
<td>Virtual</td>
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<tr>
<td>60</td>
<td>APO</td>
<td>9th Meeting of the Asia Pacific Observatory Board on Health Systems and Policies</td>
<td>10 February</td>
<td>Virtual</td>
</tr>
<tr>
<td>61</td>
<td>HFG</td>
<td>5th Bi-regional Meeting on health financing policy</td>
<td>22, 24 and 26 February</td>
<td>Virtual</td>
</tr>
<tr>
<td>62</td>
<td>EDM</td>
<td>Expert Consultation on regional information sharing on best practices in pricing policies to ensure access to essential medical products</td>
<td>24–25 February</td>
<td>Virtual</td>
</tr>
<tr>
<td>63</td>
<td>HIS</td>
<td>Regional Conference on strengthening health information systems to support evidence-based policy and decision-making</td>
<td>21–23 April</td>
<td>Virtual</td>
</tr>
<tr>
<td>64</td>
<td>BLT</td>
<td>Orientation Meeting on WHO Action Framework to advance universal access to safe, effective, and quality assured blood products 2020–2023</td>
<td>27–29 April</td>
<td>Virtual</td>
</tr>
<tr>
<td>65</td>
<td>IPT</td>
<td>Workshops on current good manufacturing practices (cGMP) for access to quality-assured medical products (medicines, vaccines, diagnostics and devices)</td>
<td>5–17 May, 24 May–5 June, 14–26 June, 5–17 July, 26–31 July</td>
<td>Virtual</td>
</tr>
<tr>
<td>66</td>
<td>HRH</td>
<td>Tri-Regional High-Level Policy Dialogue on international mobility of health professionals: new challenges, shared solutions</td>
<td>8–9 June</td>
<td>Virtual</td>
</tr>
<tr>
<td>67</td>
<td>HFG</td>
<td>16th WHO-OECD Annual Meeting of Asia-Pacific health accounts experts</td>
<td>8–9 July</td>
<td>Virtual</td>
</tr>
<tr>
<td>68</td>
<td>TRM</td>
<td>Regional Consultation on indicators for monitoring traditional and complementary medicine system performance in the Region</td>
<td>26–28 July</td>
<td>Virtual</td>
</tr>
<tr>
<td>69</td>
<td>PHC</td>
<td>Expert Group and Working Group meetings to develop Regional PHC Strategy</td>
<td>25 October and 24 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>70</td>
<td>TRM</td>
<td>Regional ToT on pharmacovigilance for TRM products in the South-East Asia Region</td>
<td>26–28 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>No.</td>
<td>Unit</td>
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<tr>
<td>71</td>
<td>BLT</td>
<td>Orientation of SE Asia Region Member State NBTS on component separation, rational use and WHO White Paper on production of plasma-derived medicinal products</td>
<td>10–12 November</td>
<td>Virtual</td>
</tr>
<tr>
<td>72</td>
<td>HRH</td>
<td>Strengthening nursing education in the SE Asia Region</td>
<td>15 December</td>
<td>Virtual</td>
</tr>
</tbody>
</table>

**WHO Health Emergencies Programme (WHE)**

<table>
<thead>
<tr>
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<th>Unit</th>
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</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>IHM</td>
<td>Regional Meeting on implementation of WHO guidance on maintaining influenza surveillance and monitoring SARS-CoV2 through national sentinel surveillance systems during COVID-19 in Member States</td>
<td>13–14 January</td>
<td>Virtual</td>
</tr>
<tr>
<td>74</td>
<td>EMO</td>
<td>Regional Meeting of GOARN partners in the SE Asia Region</td>
<td>24 February</td>
<td>Virtual</td>
</tr>
<tr>
<td>76</td>
<td>CPI</td>
<td>Regional Meeting to strengthen implementation of the Risk Communication Strategy for Public Health Emergencies in the WHO SE Asia Region: Learning from best practices and lessons from COVID-19 response</td>
<td>3–5 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>77</td>
<td>IHM</td>
<td>14th Bi-regional Meeting of national Influenza centres and influenza surveillance in SE Asia and Western Pacific regions</td>
<td>16 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>78</td>
<td>IHM</td>
<td>Bi-regional annual Performance Review Meeting of PIP-PC eligible Member States</td>
<td>17–19 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>79</td>
<td>IHM</td>
<td>Consultative meeting on SE Asia Region informal laboratory network</td>
<td>20 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>80</td>
<td>IHM</td>
<td>Country Roundtable on ACT-A diagnostics in the SE Asia Region</td>
<td>24 August</td>
<td>Virtual</td>
</tr>
<tr>
<td>81</td>
<td>EMO</td>
<td>Simulation exercise linking establishment of HEOCs, emergency medical team coordination cells and operations support and logistics for emergency response in the Region</td>
<td>28–29 September</td>
<td>Virtual</td>
</tr>
<tr>
<td>82</td>
<td>CPI</td>
<td>Regional Consultation of Informal Expert Group on lessons learnt from the COVID-19 pandemic</td>
<td>19 October</td>
<td>Virtual</td>
</tr>
<tr>
<td>83</td>
<td>CPI</td>
<td>Regional Meeting on learning from the COVID-19 response to strengthen health security and health systems resilience in SE Asia</td>
<td>20–22 October</td>
<td>Virtual</td>
</tr>
</tbody>
</table>
## List of webinars organized by the Regional Office in 2021

<table>
<thead>
<tr>
<th>No.</th>
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<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HHS</td>
<td>Training session for physicians in Maldives on updated guidelines for HIV testing strategies and antiretroviral therapy</td>
<td>28 January</td>
</tr>
<tr>
<td>2</td>
<td>TUB</td>
<td>Session on guidelines update and development of training modules on TB</td>
<td>1 February–15 March</td>
</tr>
<tr>
<td>3</td>
<td>TUB</td>
<td>Session on aDSM review and capacity-building plan on TB</td>
<td>1 March–30 April</td>
</tr>
<tr>
<td>4</td>
<td>AMR</td>
<td>GLASS Global Consultation: Technical discussions on One Health Surveillance models</td>
<td>2 March</td>
</tr>
<tr>
<td>5</td>
<td>TUB</td>
<td>Social protection in tuberculosis</td>
<td>7 April</td>
</tr>
<tr>
<td>6</td>
<td>TUB</td>
<td>Community, rights and gender issues relevant in DR-TB and paediatric DR-TB</td>
<td>15 April</td>
</tr>
<tr>
<td>7</td>
<td>TUB</td>
<td>WHO updated guidelines and initiation of BPaL operational research</td>
<td>2–4 May</td>
</tr>
<tr>
<td>8</td>
<td>AMR</td>
<td>Introductory webinar on antimicrobial consumption surveillance methods and technical assistance for Sri Lanka</td>
<td>28 June</td>
</tr>
<tr>
<td>9</td>
<td>TUB</td>
<td>Review of PMDT services and plans for BPaL operational research</td>
<td>29 June–15 July</td>
</tr>
<tr>
<td>10</td>
<td>TUB</td>
<td>Update of PMDT guidelines</td>
<td>1 July–10 August</td>
</tr>
<tr>
<td>11</td>
<td>TUB</td>
<td>Formation of medical concilium in the SE Asia Region and updates on rGLC Mission to Indonesia</td>
<td>6 July</td>
</tr>
<tr>
<td>12</td>
<td>TUB</td>
<td>Advances in treating highly drug-resistant TB</td>
<td>28 July</td>
</tr>
<tr>
<td>13</td>
<td>HHS</td>
<td>Strengthening community engagement in viral hepatitis (on World Hepatitis Day)</td>
<td>28 July</td>
</tr>
<tr>
<td>14</td>
<td>HHS</td>
<td>SEARO case discussion series on management of hepatitis B and C, in partnership with Project ECHO (six sessions in 2021)</td>
<td>29 July, 26 August, 30 September, 28 October, 25 November, 30 December</td>
</tr>
<tr>
<td>15</td>
<td>TUB</td>
<td>Informal consultations with NTPs, communities and partners on the Regional Strategic Plan 2021–2025</td>
<td>12 August</td>
</tr>
<tr>
<td>16</td>
<td>HHS</td>
<td>Session on updated WHO guidelines on symptomatic STIs, in collaboration with Project ECHO and WHO HQ</td>
<td>27 September</td>
</tr>
<tr>
<td>17</td>
<td>TUB</td>
<td>aDSM review and capacity development in clinical management of TB</td>
<td>15 October–6 November</td>
</tr>
<tr>
<td>18</td>
<td>TUB</td>
<td>Adoption of updated guidelines on TB</td>
<td>18–30 October</td>
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<tr>
<td>No.</td>
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<tr>
<td>19</td>
<td>AMR</td>
<td>SEARO Focus Event of the Global Evidence to Policy Summit: Regional webinar on knowledge translation lessons from COVID-19 research to policy</td>
<td>16 November</td>
</tr>
<tr>
<td>20</td>
<td>HHS</td>
<td>HCV models of care: moving towards elimination (co-organized with DNDi)</td>
<td>18 November</td>
</tr>
<tr>
<td>21</td>
<td>HHS</td>
<td>Updates from WHO guidelines on clinical management of HIV</td>
<td>22 November</td>
</tr>
<tr>
<td>22</td>
<td>AMR</td>
<td>Regional Consultation on TB and AMR</td>
<td>23 November</td>
</tr>
<tr>
<td>23</td>
<td>HHS</td>
<td>World AIDS Day civil society event</td>
<td>1 December</td>
</tr>
<tr>
<td>24</td>
<td>IVD</td>
<td>Ad hoc webinar on measles and rubella outbreak preparedness and response</td>
<td>13–14 December</td>
</tr>
<tr>
<td>25</td>
<td>TUB</td>
<td>Capacity-building for genome sequencing</td>
<td>14–17 December</td>
</tr>
<tr>
<td>26</td>
<td>TUB</td>
<td>aDSM review and capacity development – recording and reporting</td>
<td>1–15 December</td>
</tr>
<tr>
<td>27</td>
<td>MRH</td>
<td>Regional webinar on mitigating the indirect impact of COVID-19 on the delivery and use of health services for maternal, newborn, children, adolescents and ageing populations in five project countries</td>
<td>22–23 February</td>
</tr>
<tr>
<td>28</td>
<td>HA</td>
<td>COVID-19 pandemic: Disruption of essential healthy ageing services, mitigation measures for restoration and emerging challenges</td>
<td>4 June</td>
</tr>
<tr>
<td>29</td>
<td>MRH</td>
<td>Accelerate progress towards the elimination of cervical cancer as a public health problem</td>
<td>15 September</td>
</tr>
<tr>
<td>30</td>
<td>MRH</td>
<td>Transition to HPV-DNA test as primary screening test for cervical cancer elimination to achieve the 2030 interim targets</td>
<td>29 October</td>
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**Department of Family Health**

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<tbody>
<tr>
<td>27</td>
<td>MRH</td>
<td>Regional webinar on mitigating the indirect impact of COVID-19 on the delivery and use of health services for maternal, newborn, children, adolescents and ageing populations in five project countries</td>
<td>22–23 February</td>
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<tr>
<td>28</td>
<td>HA</td>
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<td>MRH</td>
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<tr>
<td>30</td>
<td>MRH</td>
<td>Transition to HPV-DNA test as primary screening test for cervical cancer elimination to achieve the 2030 interim targets</td>
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**Department of Healthier Populations and Noncommunicable Diseases**

<table>
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<tr>
<th>No.</th>
<th>Unit</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>NHD</td>
<td>Scaling up population salt reduction in South-East-Asia</td>
<td>11 March</td>
</tr>
<tr>
<td>32</td>
<td>NHD</td>
<td>'Make wasting history in Asia and the Pacific': WHO-UNICEF collaboration</td>
<td>14 July</td>
</tr>
<tr>
<td>33</td>
<td>NHD</td>
<td>Nutrition for Growth: Joint UNICEF/WHO webinar on improving the quality of complementary feeding</td>
<td>12 October</td>
</tr>
<tr>
<td>34</td>
<td>TFI</td>
<td>Regional webinar on tobacco questions for surveys (TQS) and tobacco questions for surveys for youth (TQS-Youth)</td>
<td>19–20 October</td>
</tr>
<tr>
<td>35</td>
<td>SDH</td>
<td>'Count me Too Campaign': Health equity and empowering stories from voices of people during the COVID-19 pandemic. First series on empowering communities for better society Second Series on lives of people in difficult circumstances</td>
<td>10 November, 17 November</td>
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<tr>
<td>No.</td>
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<td>Title</td>
<td>Date</td>
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<tr>
<td>36</td>
<td>NHD</td>
<td>Delivering for nutrition 2021: Implementation research on maternal and young child nutrition in the context of COVID-19</td>
<td>1–2 December</td>
</tr>
<tr>
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<td><strong>Department of Health Systems Development</strong></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>HRH</td>
<td>Webinar of HSS focal points on HWF planning and forecasting</td>
<td>4 February</td>
</tr>
<tr>
<td>38</td>
<td>EDO</td>
<td>Expert Consultation on regional information sharing on best practices in pricing policies to ensure access to essential medical products</td>
<td>24–25 February</td>
</tr>
<tr>
<td>39</td>
<td>HIS</td>
<td>Intercountry workshop on Bizagi Business Improvement Tool</td>
<td>16–18 March</td>
</tr>
<tr>
<td>40</td>
<td>HSD</td>
<td>World Health Day event</td>
<td>7 April</td>
</tr>
<tr>
<td>41</td>
<td>HRD</td>
<td>Approaches to strengthen rural health workforce: development, attraction, recruitment and retention</td>
<td>27 April 27</td>
</tr>
<tr>
<td>42</td>
<td>BLT</td>
<td>Pilot web training on quality assurance in transfusion transmissible infections (TTIs) testing</td>
<td>27–29 April</td>
</tr>
<tr>
<td>43</td>
<td>IPT</td>
<td>Online web training series for access to affordable medical products of assured quality, safety and efficacy in all countries through cGMP</td>
<td>5–17 May, 24 May–5 June, 14–26 June, 5–17 July and 26–31 July</td>
</tr>
<tr>
<td>44</td>
<td>TRM</td>
<td>Regional Consultation on indicators for monitoring traditional and complementary medicine systems performance for the Region</td>
<td>26–28 July</td>
</tr>
<tr>
<td>45</td>
<td>HIS</td>
<td>Early learning from use of business process improvement methodology in strengthening of CRVS systems</td>
<td>12 August</td>
</tr>
<tr>
<td>46</td>
<td>APO</td>
<td>Asia’s Health Sector: Vital Strategies to Build Stronger Health Systems</td>
<td>6 October</td>
</tr>
<tr>
<td>47</td>
<td>BLT</td>
<td>Pilot web training series for Nepal, Indonesia, Bangladesh, Maldives and Timor-Leste: Towards 100% voluntary blood donation</td>
<td>7–9 October</td>
</tr>
<tr>
<td>48</td>
<td>APO</td>
<td>Sustainable health care in APAC: Financing and delivery models</td>
<td>14 October</td>
</tr>
<tr>
<td>49</td>
<td>APO</td>
<td>Systems thinking for health systems and pandemic recovery</td>
<td>20 October</td>
</tr>
<tr>
<td>50</td>
<td>TRM</td>
<td>Regional training of trainers on pharmacovigilance for traditional medicine products</td>
<td>26–28 October</td>
</tr>
<tr>
<td>51</td>
<td>APO</td>
<td>Department of Health of The Philippines and APO: Research forum</td>
<td>28 October</td>
</tr>
<tr>
<td>52</td>
<td>HFG</td>
<td>COVID-19 vaccination financing in the SE Asia Region</td>
<td>10 November</td>
</tr>
<tr>
<td>53</td>
<td>BLT</td>
<td>Web training series on blood components separation and plasma fractionation for SE Asia Region countries</td>
<td>10–12 November</td>
</tr>
<tr>
<td>54</td>
<td>BLT</td>
<td>Pilot training on EQAS in immunohematology laboratories for blood establishments in countries in the SE Asia Region</td>
<td>18–20 November</td>
</tr>
<tr>
<td>No.</td>
<td>Unit</td>
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<td>Date</td>
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<td>56</td>
<td>HIS</td>
<td>WHO COVID-19 excess mortality estimates and methods</td>
<td>3 December</td>
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<td>57</td>
<td>HIS</td>
<td>Webinar on WHO COVID-19 excess mortality estimates and methods</td>
<td>3 December</td>
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<td>58</td>
<td>PHC</td>
<td>Commemoration of UHC Coverage Day 2021 and Launch of SE Asia Regional PHC Strategy</td>
<td>13 December</td>
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</table>

### WHO Health Emergencies Programme

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
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<th>Date</th>
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<tbody>
<tr>
<td>59</td>
<td></td>
<td>COVID–19 supply chain preparedness &amp; response in 2021</td>
<td>20 January</td>
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<tr>
<td>60</td>
<td></td>
<td>Orientation of training packages and implementation guide for the use of SARS-CoV-2 antigen-detecting rapid diagnostic tests</td>
<td>4 February</td>
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<td>61</td>
<td></td>
<td>Disaster risk reduction and health in the COVID-19 pandemic</td>
<td>24 February</td>
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<td>62</td>
<td></td>
<td>SARS-CoV-2 diagnostic laboratories</td>
<td>4 March</td>
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<td>63</td>
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<td>Waste management of COVID-19 commodities</td>
<td>11 March</td>
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<td>64</td>
<td></td>
<td>Briefing on genomic sequencing capacity-building activities in SEARO</td>
<td>16 March</td>
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<td>65</td>
<td></td>
<td>Basic biosafety and biosecurity in SARS-CoV-2 diagnostic laboratories</td>
<td>18 March</td>
</tr>
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<td>66</td>
<td></td>
<td>Use of information for decision-making</td>
<td>30 March</td>
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<td>67</td>
<td></td>
<td>Sustainable management of diagnostic laboratory networks</td>
<td>31 March</td>
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<td>68</td>
<td></td>
<td>Convincing communities to wear masks, what works, what does not: Lessons from a cluster randomized trial in rural Bangladesh</td>
<td>22 April</td>
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<td>69</td>
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<td>COVID-19 series of webinars: Deciding on interventions in the regional context; Respiratory support in COVID-19; Oxygen supply and oxygen conservation strategies</td>
<td>26 May</td>
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<td>70</td>
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<td>Post-COVID-19 mucormycosis: realities and uncertainties</td>
<td>4 June</td>
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<td>71</td>
<td></td>
<td>WHO Laboratory Biosafety Manual, Fourth Edition</td>
<td>18 June</td>
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<tr>
<td>72</td>
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<td>Experience sharing on creating national diagnostics networks and implementation of new tools, including data management</td>
<td>9 November</td>
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<tr>
<td>73</td>
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<td>Experience sharing on implementing sequencing and its challenges, tools for data analysis and sequencing for public health surveillance</td>
<td>23 November</td>
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<tr>
<td>74</td>
<td></td>
<td>Pandemic supply chain preparedness and response: Building supply chain resilience through public–private partnerships</td>
<td>30 November</td>
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<tr>
<td>75</td>
<td></td>
<td>Multisource surveillance for decision-making</td>
<td>22 December</td>
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</table>
This Annual Report describes the work of the World Health Organization in the South-East Asia Region from 1 January to 31 December 2021. It highlights the public health achievements in the Region, the challenges faced and WHO’s contribution towards achieving the Organization’s strategic objectives through collaborative activity with Member States, partners and stakeholders. It also details the progress made in the Regional Flagship Priority Programmes and in the quest to achieve the Sustainable Development Goals 2030 in the Region under the leadership of the WHO Regional Director for South-East Asia.

Perhaps the most important of all the endeavours of WHO and Member States was the Regional Office’s efforts at preventing and limiting transmission of COVID-19 during the second year of the pandemic in collaboration with countries. Various and unrelenting waves of infection stretched the health systems of Member States to the extreme. WHO moved swiftly with equipment, drugs and other necessary items to save lives, in collaboration with the ministries of health, other UN Specialized Agencies, stakeholders and partners. WHO also helped Member States with their roll-out of the COVID-19 vaccination programmes. This report will be useful for all those interested in the developments in health and well-being in the Region.