Regional Consultation with Member States on Regional Priorities for Programme Budget 2024–2025

31 October–2 November 2022
New Delhi, India
Contents

1. Background........................................................................................................................................1
2. Country-level consultation..............................................................................................................2
3. Regional Consultation..................................................................................................................2
4. Day one ...........................................................................................................................................3
5. Day two ..........................................................................................................................................7
6. Day three ......................................................................................................................................10

Annexes

1. Timeline for the Region ..............................................................................................................13
2. List of participants .....................................................................................................................14
3. Agenda.........................................................................................................................................19
1. **Background**

The development of the Programme Budget 2024 - 2025 comes at a crucial moment. The world faces multiple crises – the ongoing COVID-19 pandemic, worsening of the global health situation, and the recurring emergence of other humanitarian and natural emergencies, among others. Not only are these aggravating the health situation in countries, but there are also socioeconomic crises in the aftermath of disruptions caused by the pandemic. In addition, the COVID-19 pandemic is far from entering an endemic stage even three years after its outbreak in early 2020. At the same time, “pandemic fatigue” appears to be setting in worldwide and affecting the effectiveness of health responses. All these factors have significant implications on the work of WHO, more so during the next biennium of 2024–2025.

Refocusing attention on health, achieving universal health coverage, meeting the Triple Billion targets and leading countries towards meeting the SDG targets is the aim of the draft proposed Programme Budget 2024–2025. Therefore, the overall theme of the proposed Programme Budget 2024–2025 is to consolidate gains, focus investments on countries, strengthen country capacity to accelerate progress towards the Triple Billion targets and the health-related Sustainable Development Goals (SDGs).

At recent Governing Bodies meetings, Member States had requested more transparency and a greater participatory approach in the development of the draft proposed Programme Budget in general and, more specifically, in the prioritization process at country level. In response, WHO is introducing important changes to strengthen the process to develop the draft proposed Programme Budget 2024–2025.

While the challenges remain and have in fact evolved into more complex forms, setting the priorities as to where WHO’s key capacities and resources should be directed becomes critically important. As part of the refinements to the ongoing mechanism to develop the Programme Budget, the WHO Secretariat introduced an enhanced evidenced-based refined process of prioritization to maximize impact and, where accelerated and sustained actions are needed, of focusing country impact. Therefore, in each Region, a Regional Consultation process for Programme Budget 2024–2025 was planned to follow the country-level consultations. A detailed consultation timeline was planned and presented to Member States at the Regional Committee sessions of each Region (refer to Annex I).

In the South-East Asia Region of WHO, Member States at the Fifteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) held in July 2022, and at the Seventy-fifth Session of the Regional Committee held in September 2022, were informed that the SE Asia Regional Office will convene a special Member States’ consultation to discuss the priorities for the Region in the context of Programme Budget 2024–2025, with the participation of the national planning focal points from the ministries of Health, Planning focal points of the WHO country offices, technical directors and technical officers of the Regional Office (see Annex II).

---

1 Meetings of the Working Group on Sustainable Financing, meetings of the Programme, Budget and Administration Committee of the Executive Board, and sessions of the Executive Board and the World Health Assembly.
Building on the WHO SE Asia Region’s good practices in developing and reviewing WHO’s operational biennial plans in consultation with the ministries of health of Member States at the regional level, the Programme Planning and Coordination (PPC) unit of the Department of Programme Management at the Regional Office convened a Regional Consultation with Member States to draft the Regional Priorities for Programme Budget 2024–2025 in New Delhi from 31 October to 2 November 2022.

2. **Country-level consultation**

Preparations for the consultation were initiated at the country office level first with the technical officers working on priorities based on data and evidence while consulting their counterparts. WHO Representative then convened country-level consultation with high-level officers of the ministries of health and other partners at the country level to agree on the country priorities. Data for Delivery for Impact/HQ and Health Information System/Department of Health Systems/SEARO provided the required evidence and data on the outcome indicators, Triple Billion and SDG targets for countries as an input to be used with available country-level evidence to facilitate the discussion on priorities. A standard tool was used across all WHO regions with regional specifications for the exercise. The WHO country offices and Member States of the SE Asia Region followed the set of minimum criteria for output prioritization as enumerated below:

a. The extent of alignment with up-to-date national health strategic plans (NHPS) and other relevant national prioritization and planning instruments.

b. The extent of contribution to up-to-date instrument that defines the cooperation between WHO and the country (i.e., CCS or cooperation agreements).

c. The extent of contribution to UN common planning instruments (UN Sustainable Development Cooperation Framework) as available.

d. The extent of health outcomes that need priority attention informed by credible data sources at global, regional or country levels.

e. Adherers to relevant mandates and binding commitments made by WHO or UN Governing Bodies.

f. The degree of WHO’s comparative advantage

Prior to output prioritization, countries in the SE Asia Region were requested to review evidence to identify focus programmes needing acceleration and sustained efforts and also to identify specific strategic deliverable to be supported by WHO. This not only assisted in identifying the outputs but also provided further granularity to the country prioritization exercise and in providing inputs to the global Programme Budget development process.

In the SE Asia Region, priority outputs, outcomes and strategic deliverables were received from all country offices prior to the Regional Consultation meeting.

3. **Regional Consultation**

Regional Consultation with Member States to draft the Regional Priorities for Programme Budget 2024–2025 was held as planned from 31 October to 2 November 2022 involving high-level officials from the Member States specially related to health planning, as well as WHO planning officers from the country and regional office, technical directors and technical officers from the Regional Office.
The Regional Consultation thus convened had the following objectives

➢ Update/share country priorities and targets for Programme Budget 2024–2025;
➢ Contribute to formulating regional priorities to achieve GPW13 targets and SDG agenda; and
➢ Discuss on strategic support needed from WHO to achieve planned targets and impacts at country and regional level based on WHO’s comparative advantages and mandate.

The outcome from the Regional Consultation will be included in the Programme Budget 2024–2025 document from the region.

The first day of the three-day Consultation was dedicated to present the regional evidence and progress on targets, and updates from prioritization exercise from countries; the second day focused on reviewing the evidence and drafting together the common regional priorities; and the third day concluded by consolidating feedback and suggestions on the regional priorities based on the country inputs (Annex III).

4. Day one

On the first day of the Consultation, the Regional Director, Dr Poonam Khetrapal Singh, opened the meeting welcoming the participants and providing her strategic guidance. She informed participants about how the world was facing multiple contemporary crises. These included the unrelenting COVID-19 pandemic, a global economic downturn, worsening of the global health situation, and an array of humanitarian and natural emergencies and other factors that have significant implications on the work of WHO globally and in our Region and especially in the biennium of 2024–2025.

She reiterated the importance of working together to set clear and actionable priorities, matching country needs with WHO resources in the Region and continuing the regional tradition of the participatory bottom-up planning starting at the country level.
Through the recent global Governing Body meetings, Member States requested WHO to be more participatory in its approach in the development of the Programme Budget in general, but also more specifically in the prioritization process. She informed that the SE Asia Region has held consultations on priorities with Member States since the time of the development of the Flagship Priorities in 2014, and with each Programme Budget thereafter. She added that the South-East Asia Region is very happy to continue this good practice and with renewed emphasis on data and evidence for the prioritization of outputs at the country level and based on national priorities.

The Regional Director informed that based on the resolution WHA75.5 of the Seventy-fifth World Health Assembly in May 2022 on revising the Base Programme Budget 2022–2023 by 14%, it is proposed to retain the same for Programme Budget 2024–2025, albeit with no additional increase in the overall Budget. However, there will be an increase in the Budget allocated to countries globally. In the SE Asia Region the country allocation is 74.9% of the regional allocated Budget of US$ 487.3 million. This allocation for countries is the highest among all regional offices in WHO, continuing its commitment to drive impact where it matters most – at the country level.

She further stressed the need to be guided by the most credible and actionable data and evidence, and where Member States believe WHO will add the most value. These will also contribute to WHO’s global prioritization process, particularly in terms of investments in country support and normative work while sustaining and accelerating impact at the country level, towards achieving the Triple Billion targets, the health-related SDGs, and in reaching a healthier, more equitable and sustainable Region for all.

The opening session was followed with a presentation by the Director for Health Systems Development at the Regional Office wherein the regional outlook and trends on SDG-related indicators and the Triple Billion targets were enunciated. The Technical Officer from the Regional Directors’ Office made a presentation to the participants on the quantitative and qualitative progress in the Regional Flagship Priority Programme areas. This set the tone for the Consultation for the participants to make informed decisions based on evidence provided on the common regional priorities and the support needed for the SE Asia Region for formulating the Programme Budget 2024–2025.

During the next sessions, each country shared the process adopted at the country level for prioritization and to achieve the results of the Consultation, including outcome and outputs.
prioritized on the basis of evidence, priority areas needing attention, a set of strategic deliverables\textsuperscript{2} and support expected from WHO.

Fig. 1 and 2 highlight the preliminary results in securing a consolidated view for the Region on the output and outcome priorities of the Thirteenth General Programme of Work (GPW13) as identified by country in terms of high, medium and low priorities during the country-level exercise.

Regional technical directors, regional advisers and technical officers from different units provided country-targeted feedback on focus areas related to output priorities and on strategic deliverables presented by countries. Discussions also revolved around on the different roles that WHO plays in countries in providing policy, strategic and technical support and at the operational level as per its comparative advantage, the needs of Member States and the country context, especially on the programme areas such as social determinants of health, antimicrobial resistance, disease elimination and eradication targets.

\textsuperscript{2} Strategic deliverables: high-level expected programmatic output planned to achieve with WHO support under each GPW13 outputs
Fig. 1. **Priority Outcomes by WHO country offices**
(updated based on submissions from WHO country offices after the Regional Consultation)

<table>
<thead>
<tr>
<th>Output</th>
<th>BAN</th>
<th>BHU</th>
<th>IND</th>
<th>INO</th>
<th>KRD</th>
<th>MAV</th>
<th>MMR</th>
<th>NEP</th>
<th>SRL</th>
<th>THA</th>
<th>TLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>1.1.3</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>1.1.5</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>1.2.1</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
<td>Not Selected</td>
<td>Low</td>
</tr>
<tr>
<td>1.2.3</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Low</td>
<td>Not Selected</td>
</tr>
<tr>
<td>1.3.1</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Medium</td>
<td>Not Selected</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>1.3.2</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
</tr>
<tr>
<td>1.3.3</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
</tr>
<tr>
<td>1.3.4</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>1.3.5</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>2.1.1</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>High</td>
</tr>
<tr>
<td>2.1.2</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>High</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Low</td>
<td>High</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>Low</td>
</tr>
<tr>
<td>2.2.4</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>High</td>
<td>Medium</td>
<td>Not Selected</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>Low</td>
<td>Not Selected</td>
<td>Low</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Low</td>
<td>Not Selected</td>
<td>Low</td>
<td>Low</td>
<td>Not Selected</td>
<td>High</td>
<td>Low</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
</tr>
<tr>
<td>3.2.1</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Not Selected</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Not Selected</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Not Selected</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Medium</td>
<td>Law</td>
<td>Low</td>
<td>High</td>
<td>Not Selected</td>
<td>Not Selected</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Medium</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>Not Selected</td>
<td>High</td>
<td>Not Selected</td>
<td>Medium</td>
<td>Low</td>
<td>High</td>
<td>Not Selected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High</th>
<th>5</th>
<th>7</th>
<th>12</th>
<th>8</th>
<th>5</th>
<th>8</th>
<th>6</th>
<th>8</th>
<th>8</th>
<th>6</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Low</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>13</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Selected</td>
<td>18</td>
<td>17</td>
<td>25</td>
<td>23</td>
<td>18</td>
<td>19</td>
<td>21</td>
<td>19</td>
<td>27</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>%High</td>
<td>28</td>
<td>41</td>
<td>48</td>
<td>35</td>
<td>28</td>
<td>42</td>
<td>29</td>
<td>42</td>
<td>30</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>%Medium</td>
<td>39</td>
<td>47</td>
<td>24</td>
<td>35</td>
<td>44</td>
<td>47</td>
<td>33</td>
<td>26</td>
<td>22</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>%H+M</td>
<td>67</td>
<td>88</td>
<td>72</td>
<td>70</td>
<td>72</td>
<td>89</td>
<td>62</td>
<td>68</td>
<td>52</td>
<td>61</td>
<td>56</td>
</tr>
<tr>
<td>%Low</td>
<td>33</td>
<td>12</td>
<td>28</td>
<td>30</td>
<td>28</td>
<td>11</td>
<td>38</td>
<td>32</td>
<td>48</td>
<td>39</td>
<td>44</td>
</tr>
</tbody>
</table>
Day two

The second day of the Consultation focused on group exercises to identify common regional priority strategic deliverables, WHO support required for implementation of the priorities based on country inputs, and the regional evidence and data available and presented. The participants in groups had a closer look at country priorities and the country-level strategic deliverables and formulated the high-level regional strategic deliverables for the discussion at plenary presentations. Each group saw participation from representatives from Member States, department directors from the Regional Office, regional advisers and technical officers, and planning focal points from country offices and the Regional Office. The regional- and country-level data including the first day’s presentations were made available for reference during the group work.

Table 1 presents the summary of the priority strategic deliverables from the group exercise presented incorporating feedback received during the plenary presentation and discussions.

Table 1. Consolidated list of SE Asia Region Priority Strategic Deliverables formulated by the participants during the group work

<table>
<thead>
<tr>
<th>GPW13 Output</th>
<th>SE Asia Region Priority Strategic Deliverables for Programme Budget 2024–2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Communicable and noncommunicable disease management standards integrated into primary health care with focus on early detection, treatment and referral.</td>
</tr>
<tr>
<td>1.1.1</td>
<td>Equitable access and availability of safe and quality essential health services, with focus on PHC</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Prevention, early detection, diagnosis of HIV, viral hepatitis and STIs including access to treatment focusing on key population and pregnant mothers.</td>
</tr>
<tr>
<td>GPW13 Output</td>
<td>SE Asia Region Priority Strategic Deliverables for Programme Budget 2024–2025</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Achieve 2025 milestones of End-TB strategy through high-quality people centered interventions for prevention, intensified case finding, diagnosis and treatment of all forms of TB complimented by social support, through multisectoral approach.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Focused intervention targeting elimination of selected neglected tropical diseases including rabies, trachoma, lymphatic filariasis, visceral leishmaniasis, leprosy, yaws, schistosomiasis and sustaining the elimination through strengthened PHC.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Focused intervention targeting control of dengue and snake-bite envenoming.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Accelerate malaria elimination including intensified subnational interventions and sustain elimination.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Strengthen screening, management and social support for mental health services (psychological and psychiatric) on suicide, substance abuse and psychiatric conditions.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Strengthening prevention, early detection, diagnosis and management of cancers including cervical cancer.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Accelerate elimination of measles and rubella and sustain elimination.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Global standard for polio eradication is maintained ensuring polio free status &amp; polio transition in priority countries.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Recovery and strengthening of routine immunization services with prioritized focus on zero-dose children.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Strengthening surveillance for maternal and perinatal death (MPDSR) review and its use in evidence-based planning including linkage with civil registration and vital statistics (CRVS).</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Strengthening quality of community and facility based obstetric, neonatal, childhood and adolescent health care with life-course approach.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Strategic plan for maternal and newborn care.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Improving family planning services including access and rights to SRH services including youth, adolescents and vulnerable populations.</td>
</tr>
<tr>
<td>1.1.5</td>
<td>Development and implementation of national HRH strategy and plans.</td>
</tr>
<tr>
<td>1.2.1</td>
<td>Sustainable and equitable health financing to progress towards UHC.</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Generation and use of national health accounts and financial protection evidence for policy-making.</td>
</tr>
<tr>
<td>1.3.1</td>
<td>Access to safe, effective, quality and affordable essential medicines, diagnostics and health products in the context of UHC.</td>
</tr>
<tr>
<td>1.3.3</td>
<td>National regulatory authorities (NRA) strengthened for effective regulation of health products.</td>
</tr>
<tr>
<td>1.3.5</td>
<td>Ensuring implementation of national action plans (NAP) for AMR (noting that all SE Asia Region countries have country-specific NAPs).</td>
</tr>
<tr>
<td>2.1.1</td>
<td>Support Member States in assessment and reporting of IHR core capacities using IHR M&amp;E Framework, including any new agreed mechanism (example: Universal Health Preparedness Review).</td>
</tr>
<tr>
<td>GPW13 Output</td>
<td>SE Asia Region Priority Strategic Deliverables for Programme Budget 2024–2025</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Review and update national action plans for health security based on lessons learned from the COVID-19 pandemic and guided by Regional Strategic Roadmap 2023–2027.</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Focused cooperation and support to strengthen IHR Core Capacities.</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Platforms and mechanisms developed, supported and tested for regional and country operational readiness.</td>
</tr>
<tr>
<td>2.1.3/2.2.1</td>
<td>Mapping of Regional and Country Risks (vulnerabilities) including at National and Subnational level as appropriate.</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Assessment and evidence generation for emerging and re-emerging diseases.</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Guidance and coordination for implementation of pandemic influenza and other high-threat pathogens of epidemic/pandemic potential.</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Support Member States in adaption and implementation of guidance and tools for strengthening “One Health” collaboration.</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Early detection and assessment of acute public health events through surveillance (EWARS, multisource) risk assessment and field epidemiology.</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Acute public health event management and coordination including operational support and logistics, including immediate financial and HR support.</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Policy guidance and support for provision of essential health services in fragile conflict and vulnerable settings and migrant populations.</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Policies to address injuries (road safety, violence prevention, drowning prevention) developed and implemented.</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Increase in access to assistive technology with systematic integration of assistive technology services as part of universal health coverage (important area; but more relevant as an activity under 1.1.1).</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Evidence-based guidance for managing malnutrition.</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Advocacy and technical support to implement NCD best buys/good buys and technical packages on reducing risk factors through multi sectoral collaboration and coordination.</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Establishing national food standards (sugar, salt and trans fats) and strengthen capacity to implement.</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Health promotion approaches, mechanisms and instruments to address health risks through multisectoral approach.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Strengthening quality of WASH services in the health-care facilities which meets needs of all including vulnerable population groups.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Water quality surveillance system for informing safe water policies.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Technical support to strengthen health care waste management (HCWM) which includes establishment of regulatory framework and national plans.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Building climate-resilient health-care facilities; green hospital initiative.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Evidence informed policy formulation and implementation to address air pollution.</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Support to create healthy environments for working, learning and living such as healthy cities, healthy islands, health promoting schools etc.</td>
</tr>
</tbody>
</table>
### 3.3.2 Expand health in all policies to encourage more cross-sectoral strategies and plans including through partnership and coordination.

<table>
<thead>
<tr>
<th>GPW13 Output</th>
<th>SE Asia Region Priority Strategic Deliverables for Programme Budget 2024–2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.2</td>
<td>Expand health in all policies to encourage more cross-sectoral strategies and plans including through partnership and coordination.</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Effective, interoperable and integrated digitized health information systems.</td>
</tr>
<tr>
<td>4.1.1</td>
<td>SCORE assessment and institutional health information development plans.</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Quality enhanced birth and ICD-coded cause of death registration within the CRVS system.</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Transition from ICD-10 to ICD-11.</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Strategic guidance on harmonizing and aligning metadata indicators and targets for monitoring and reporting including data quality reviews/assessment.</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Generating evidence for informed policy and decision-making to monitor and evaluate the progress towards the health-related SDGs.</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Capacity-building, knowledge management, and partnerships for shaping and implementing research agenda towards closing the gap in achieving the health-related SDGs.</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Policy guidance for designing and implementing the research agenda to close the gap towards achieving the health-related SDGs.</td>
</tr>
</tbody>
</table>

### 6. Day three

On the third day, a summary presentation with regional priority strategic deliverables, common outcomes and outputs for the Region was made by the Planning Officer, Programme Planning and Coordination unit at the Regional Office to a plenary meeting chaired by the Director for Programme Management. This highlighted and included the summary of discussions and presentations from the second day’s group work including comments and inputs from the participants.

Prioritized common outcomes and outputs were calculated based on an aggregated methodology for the SE Asia Region and presented. The methodology applied in the earlier bienniums to calculate outcome priorities for the SE Asia Region was used to calculate the regional priority outputs. Fig. 4 and 5 summarize the priority GPW13 outputs and outcomes calculated for the Region based on country inputs.

While summarizing the consolidated regional priorities, groups also identified the following cross-collaborative areas where attention is needed at the country level for formulating Programme Budget 2024–2025:

- Integrated PHC structure and health service models to sustain and accelerate the public health gains.
- Address health determinants through healthy settings and health promotion.
- Multisectoral approaches forging effective and accountable partnerships, whole-of-society approaches and sustained resources:
  - for surveillance and control/elimination of communicable diseases

---

3 Score of 3 = high; 2 = medium and 1 = low were assigned for outputs and outcomes for generating regional priority outputs and outcomes based on the total score for each output and outcome received.
- for NCD risk factors.
  - Integrated gender equity and human rights approach in health programmes.
  - Enhanced cross-border collaboration for effective public health management.
  - Access including supply chain and logistics management.
  - Robust localized epidemiological information (integrated surveillance, surveys, reviews) cross-cutting across diseases (integrated disease surveillance system).
  - Digital health information for better management of health events/conditions.

Technical directors at the Regional Office provided their comments and observations on the overall priority strategic deliverables and the support requested from the countries.

*Fig. 3. Regional Priority Outputs*
(updated based on submissions from WHO country offices after the Regional Consultation)

<table>
<thead>
<tr>
<th>Region</th>
<th>Priority</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Director for Programme Management, Dr Pem Namgyal, closed the meeting thanking Member States for their active participation at both the country level and in the Regional Consultation. He also thanked WHO representatives for leading the prioritization process at the country-level based on the national priorities, data and evidence. He also indicated that the Programme Budget 2024–2025 is for a crucial biennium not only because there remain only five more years to achieve the SDGs, but also because it will mark the recovery phase from the COVID-19 pandemic and the challenge of keeping health at the centre of all priorities at the country level is paramount.

He informed that Regional Office would share the regional inputs through Output Delivery Teams (ODT) and other mechanisms, which will then feed into the upcoming Programme Budget 2024–2025 document, which will be discussed at the Thirty-seventh Programme, Budget and Administration Committee of the Executive Board and the 152nd Session of the Executive Board in January 2023, at the Seventy-sixth World Health Assembly in May 2023, and also at the Regional Director’s meeting with WHO Representatives in November 2022.

The three-day meeting concluded with an agreement on identified common priorities for SE Asia Region Member States by participants that will be used as regional inputs for drafting the Programme Budget 2024–2025 document and presentations.

This meeting also provided an opportunity to the Member States to update, refine and share their country output and outcome priorities based on the Regional Consultation. The meeting was successfully concluded achieving the objectives by formulating and agreeing on regional priorities to implement GPW13 and providing support in reaching SDG targets at the country level in the SE Asia Region through Programme Budget 2024–2025. Member States were also requested to revise or edit their prioritizations if necessary, based on the evidence and data presented, technical inputs from technical units and the regional priorities agreed on at the meeting.
## Annex 1

### Timeline for the Region

<table>
<thead>
<tr>
<th>Member States Consultations</th>
<th>Date/Period</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Programme Budget Sub-committee</td>
<td>21 July 2022</td>
<td>Region</td>
</tr>
<tr>
<td>Country-level consultations</td>
<td>August–September 2022</td>
<td>Region</td>
</tr>
<tr>
<td>Information to all SEARO BC for PB development</td>
<td>1 August 2022</td>
<td>Region</td>
</tr>
<tr>
<td>DG/RD's joint letter to MS for PB 2024-25</td>
<td>September 2022</td>
<td>Region</td>
</tr>
<tr>
<td>Regional Committee consultations</td>
<td>5–9 September 2022</td>
<td>Region</td>
</tr>
<tr>
<td><strong>Regional Member State consultations post-Regional Committee</strong></td>
<td><strong>31 Oct – 2 Nov 2022</strong></td>
<td>Region</td>
</tr>
<tr>
<td>Global Pre-EB Member States consultations</td>
<td>December 2022</td>
<td>Global</td>
</tr>
<tr>
<td>Executive Board Programme Budget discussions</td>
<td>January 2023</td>
<td>Global</td>
</tr>
<tr>
<td>Post-EB consultations</td>
<td>TBD</td>
<td>Region/global</td>
</tr>
<tr>
<td>Health Assembly Programme Budget proposal</td>
<td>May 2023</td>
<td>Global</td>
</tr>
</tbody>
</table>
Annex 2

List of participants

**Bangladesh**

Dr Ahmedul Kabir  
Additional Director General (Admin)  
Directorate General of Health Services (DGHS)  
Mohakhali, Dhaka  
Bangladesh

Mr Md Sadekul Islam  
Deputy Secretary  
Health Services Division  
Ministry of Health and Family Welfare  
Dhaka, Bangladesh

**Bhutan**

Mr Sonam Phuntsho  
Senior Planning Officer  
Policy and Planning Division  
Ministry of Health  
Royal Government of Bhutan  
Thimphu, Bhutan

Ms Tshering Choden  
Assistant Planning Officer  
Development Cooperation Division  
Gross National Happiness Commission (Planning Commission)  
Thimphu, Bhutan

**India**

Mr Z.A. Khan  
Deputy Secretary  
Ministry of Health and Family Welfare  
Government of India  
New Delhi, India

Mr Maksud Khan  
Section Officer  
Ministry of Health and Family Welfare  
Government of India  
New Delhi, India

Mr Praveen Bhardwaj  
Assistant Section Officer  
Ministry of Health and Family Welfare  
Government of India  
New Delhi, India

**Indonesia**

Dwi Meilani, SKM, MKM  
Policy Analyst  
Centre for Global Health and Technology Policy  
Ministry of Health  
Republic of Indonesia  
Jakarta 10560, Indonesia  
Email: dwi.meilani@gmail.com

Budi Perdana, MM, MPH  
Expert Planner  
Directorate for Bureau of Planning and Budgeting  
Ministry of Health  
Republic of Indonesia  
Jakarta 10560, Indonesia  
Email: budiperdana@gmail.com

Dr Julia Rahmadona, MKM  
Expert Planner  
Directorate for Bureau of Planning and Budgeting  
Ministry of Health  
Republic of Indonesia  
Jakarta 10560, Indonesia  
Email: rahmazakir@gmail.com

Hana Krismawati  
Policy Analyst, Centre for Health Systems and Strategy  
Ministry of Health  
Republic of Indonesia  
Jakarta 10560, Indonesia  
Email: hkrismawati@gmail.com

**Maldives**

Ms Aminath Shaina Abdulla  
Deputy Director General  
Policy Implementation and International Relations Division  
Ministry of Health  
Republic of Maldives  
Male, Maldives  
Email: shaina@health.gov.mv
Regional Consultation with Member States on Regional Priorities for Programme Budget 2024–2025

Ms Shifza Mohamed
International Relations Officer
Health Information Management and Research Division
Ministry of Health
Republic of Maldives
Male, Maldives
Email: shifza_m@health.gov.mv

Ms Aishath Rishmee
Director, Policy Implementation and International Relations Divisions
Ministry of Health
Republic of Maldives
Male, Maldives
Email: rishmy@health.gov.mv

Nepal
Dr Krishna Prasad Paudel
Chief
Policy, Planning and Monitoring Division
Ministry of Health and Population
Ramshah Path
Kathmandu, Nepal

Mr Bhim Prasad Sapkota
Senior Public Health Administrator
Ministry of Health and Population
Ramshah Path
Kathmandu, Nepal

Sri Lanka
Dr S. Sridharan
Deputy Director General Planning
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka
Colombo 10, Sri Lanka
Email: dssri94115@gmail.com

Dr Anil Samaranyake
Director (International Health)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka
Colombo 10, Sri Lanka
Email: dranilsam@gmail.com

Thailand
Dr Surakameth Mahasirimongkol
Deputy Director
Strategy and Planning Division
Office of the Permanent Secretary
Ministry of Public Health
Tivanond Road
Nonthaburi 11000, Thailand
Email: sadmin@thailandpg.org

Mr Banlu Supaaksorn
Foreign Relations Officer, Practitioner Level
Global Health Division
Office of the Permanent Secretary
Ministry of Public Health
Tivanond Road
Nonthaburi 11000, Thailand
Email: banlu@health.moph.go.th

Timor-Leste
Mr Miguel Maria
National Director of Finance and Budget Management
Ministry of Health
Democratic Republic of Timor-Leste
Dili, Timor-Leste
Email: migsmaris@gmail.com

Mr Narciso Fernandes
Director of the Office for Policy, Planning and Cooperation
Ministry of Health
Democratic Republic of Timor-Leste
Dili, Timor-Leste
Email: ciso_11@yahoo.com

WHO country offices
Bangladesh
Dr Nakagawa Jun
Technical Officer
Planning, Monitoring and Evaluation
Email: nakagawaj@who.int

Mr Shah Alam
Planning and Monitoring Associate
Email: alams@who.int

Bhutan
Mr Ugyen Wangchuk
NPO (Administration, Planning & Programme Management)
Email: wangchukui@who.int

Mr Sonam Jampsho
Associate
Email: jamtshos@who.int

DPR Korea
Dr Mohamed Jamsheed
WHO Representative to DPR Korea
Email: jamsheedm@who.int

Ms Anupurba Roy Chowdhury
Technical Officer (Lab Specialist)
Email: roya@who.int
India
Ms Payden
Deputy Head of WHO Country Office
Email: payden@who.int
Dr Vimlesh Purohit
National Professional Officer (Planning)
Email: purohiti@who.int

Indonesia
Ms Inga Williams
Technical Officer (Planning)
Email: lohsei@who.int
Mr Aprisal Malale
NPO (Planning)
Email: malalea@who.int

Maldives
Ms Fathimath Hudha
National Professional Officer
Email: hudhaf@who.int

Myanmar
Dr Dinesh Jeyakumaran
Technical Officer (Diet and Nutrition)
Email: jeyakumarand@who.int
Mr T. R. Swaminathan
Technical Officer
(Programme Management)
Email: swaminathan@who.int

Nepal
Dr Bino Gupta
National Professional Officer
Email: guptab@who.int
Ms Deepa Shrestha
Administrative Associate - Budget, Finance & Planning
Email: shresthad@who.int

Sri Lanka
Dr Shalala Rafayil Ahmadova
Public Health Administrator
Email: ahmadovash@who.int

Thailand
Ms Teeranee Techasrivichien
National Professional Officer (Public Health)
Email: techasrivichient@who.int

Timor-Leste
Mr Luis Dos Reis
National Professional Officer
Email: reisl@who.int

WHO SEARO
Department of Communicable Diseases (CDS)
Dr Suman Rijal
Director
Department of Communicable Diseases
Email: srijal@who.int
Dr Vineet Bhatia
Regional Advisor (TB)
Department of Communicable Diseases
Email: bhatiav@who.int
Dr Stephan Paul Jost
Coordinator (AMR)
Department of Communicable Diseases
Email: josts@who.int
Dr Zaw Lin
Technical Officer
Department of Communicable Diseases
Email: zlin@who.int
Dr Tiara Mahatimi Nisa
Technical Officer (HIV and Hepatitis)
Department of Communicable Diseases
Email: nisat@who.int
Mr Shailesh Kulkarni
Programme Operations Officer
Department of Communicable Diseases
Email: kulkarnish@who.int

Department of Administration and Finance (DAFO)
Mr Manjit Singh
Budget and Finance Officer
Office of the Director, Administration and Finance
Email: singhm@who.int
Mr Akhil Kumar
Programme Operations Officer
Office of the Director, Administration and Finance
Email: kumarak@who.int
Ms Parul Oberoi
Programme Operations Officer
Office of the Director, Administration and Finance
Email: oberoip@who.int
Mr Karthikeyan Venkataraman
Executive Associate (Budget and Finance)
Office of the Director, Administration and Finance
Email: venkataramanka@who.int
Office of the Director, Programme Management (DPMO)

Dr Pem Namgyal
Director, Programme Management
Email: namgyalpe@who.int

Mr Sami Fathelrahman
Adviser (Knowledge Management)
Office of Director, Programme Management
Email: fathelrahmans@who.int

Ms Ramani Yellajosyula
Programme Operations Officer
Office of Director, Programme Management
Email: ramaniy@who.int

Department of Family Health, Gender and Life Course (FGL)

Regional Adviser
Health Promotion and Social Determinants of Health
Department of Family Health, Gender and Life Course
Email: goods@who.int

Dr Meera Upadhyay
Technical Officer (Reproductive Health)
Department of Family Health, Gender and Life Course
Email: upadhyaym@who.int

Ms Anjana Bhushan
Technical Officer (Gender, Equity and Human Rights)
Department of Family Health, Gender and Life Course
Email: bhushana@who.int

Ms Tanimzu Ai
Technical Officer (Nursing and Midwifery)
Department of Family Health, Gender and Life Course
Email: tanimizu@who.int

Mr Ravinder Kumar
Programme Operations Officer
Department of Family Health, Gender and Life Course
Email: kumarra@who.int

Global Leprosy Programme (GLP)

Dr Subbanna Jonnalagada
Medical Officer
Global Leprosy Programme
Email: jonnalagadas@who.int

Department of Health Systems and Development (HSD)

Dr Manoj Jhalani
Director
Department of Health Systems Development
Email: jhalanim@who.int

Dr Thaksaphon Thamarangsi
Coordinator (Integrated Health Services)
Department of Health Systems Development
Email: thamarangsit@who.int

Dr Amani Siyam
Regional Adviser (Health Information Systems)
Department of Health Systems Development
Email: siyama@who.int

Dr Rakesh Mani Rastogi
Technical Officer
Department of Health Systems Development
Email: rastogir@who.int

Ms Ruchita Rajbhanday
Technical Officer (Delivery and Data Analytics)
Department of Health Systems Development
Email: rajbhandaryr@who.int

Mr Manish Ranjan
Executive Associate
Department of Health Systems Development
Email: ranjanmr@who.int

Department of Healthier Populations and Non-Communicable Diseases (HPN)

Dr Razia Pendse
Director
Department of Healthier Populations & Noncommunicable Diseases
Email: pendsera@who.int

Dr Cherian Varghese
Regional Adviser (Noncommunicable Diseases)
Department of Healthier Populations & Noncommunicable Diseases
Email: varghesec@who.int

Dr Padmini Angela De Silva
Regional Adviser
Health Risk Factors
Department of Healthier Populations & Noncommunicable Diseases
Email: desilvap@who.int

Mr Puneet Dhingra
Programme Operations Officer
Department of Healthier Populations & Noncommunicable Diseases
Email: dhingrap@who.int
Regional Consultation with Member States on Regional Priorities for Programme Budget 2024–2025

Department of Immunization and Vaccine Development (IVD)
- Dr Sunil Bahl
  Coordinator (COVAX, Immunization & Vaccine Development)
  Immunization and Vaccine Development
  Department of Communicable Diseases
  Email: bahls@who.int

- Dr Sudhir Khanal
  Technical Officer (Measles)
  Immunization and Vaccine Development
  Department of Communicable Diseases
  Email: khanals@who.int

- Ms Uttara Aggarwal
  Technical Officer Immunization and Vaccine Development
  Department of Communicable Diseases
  Email: aggarwalu@who.int

Office of the Regional Director
- Dr Kishori Mahat
  Technical Officer (Country Support and Coordination)
  Office of the Regional Director
  Email: mahatk@who.int

- Mr Pablo Cruz Barrera
  Technical Officer
  Office of the Regional Director
  Email: barrerap@who.int

- Dr Rahul Srivastava
  Technical Officer
  Office of the Regional Director
  Email: srivastavara@who.int

Department of World Health Emergencies (WHE)
- Dr Edwin Ceniza Salvador
  Regional Emergency Director
  Department of WHO Programme on Health Emergencies
  Email: salvadores@who.int

- Dr Nilesh Buddh
  Lead (Regional Emergencies)
  Department of WHO Health Emergency Programme
  Email: buddhan@who.int

- Dr Masaya Kato
  Programme Area Manager
  Department of WHO Health Emergency Programme
  Email: katom@who.int

- Dr Manish Kakkar
  Medical Officer
  High Threat Pathogens
  Department of WHO Health Emergency Programme
  Email: kakkarm@who.int

- Mr Vikas Chandra
  Programme Management Officer
  Department of WHO Health Emergency Programme
  Email: chandriv@who.int

- Mr Sunil Kumar Bhamri
  Programme Operations Officer
  Department of WHO Health Emergency Programme
  Email: bhambris@who.int

Programme Planning and Coordination (PPC)
- Dr Thushara Ranasinghe
  Planning Officer
  Programme Planning, Monitoring & Evaluation
  Email: ranasinghet@who.int

- Dr Atul Dahal
  Programme Management Officer
  Programme Planning, Monitoring & Evaluation
  Email: dahala@who.int

- Dr Manish Gawande
  National Professional Officer
  Monitoring and Evaluation
  WCO India
  Email: gawandem@who.int

- Ms Swati Thakur
  Programme Operations Officer
  Programme Planning and Coordination
  Email: thakurs@who.int

- Mr Sumit Gupta
  Executive Associate
  Programme Planning and Coordination
  Email: guptasu@who.int

- Ms Poonam Sood
  Executive Associate
  Programme Planning and Coordination
  Email: soodp@who.int

- Ms Malu Adlakha
  Executive Assistant
  Programme Planning and Coordination
  Email: adlakham@who.int
### Annex 3

#### Agenda

**Day 1 (31 October 2022)**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Facilitator/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening remarks by Regional Director, SEARO</td>
<td>RD SEARO</td>
</tr>
<tr>
<td>Remarks by Director Programme Management, SEARO</td>
<td>DPM SEARO</td>
</tr>
<tr>
<td>PB 2024-25 Development - strategic direction and process update</td>
<td>PPC</td>
</tr>
<tr>
<td>Regional outlook on triple billion and SDGs</td>
<td>HSD</td>
</tr>
<tr>
<td>Recap on Regional flagships achievements at country and regional level (2014-2022)</td>
<td>TO/RDO</td>
</tr>
</tbody>
</table>

**Country presentations on country priorities and targets**
- Brief summaries of the process, country situation, priority outputs, key strategic deliverables and identified 5 major impacts (10 Minutes)
- Feedback for each country (10 Minutes)

**Country presentations on country priorities and targets**
- Brief summaries of the process, country situation, priority outputs, key strategic deliverables and identified 5 major impacts (10 Minutes)
- Feedback for each country (10 Minutes)

**Country presentations on country priorities and targets**
- Brief summaries of the process, country situation, priority outputs, key strategic deliverables and identified 5 major impacts (10 Minutes)
- Feedback for each country (10 Minutes)

**Day 2 & 3 (1–2 November 2022)**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Facilitator/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Work (country and regional teams)</td>
<td>WCO and MOH/Regional technical teams</td>
</tr>
<tr>
<td>Review and consolidate the country presentation and regional feedback to draft regional priorities (5 Groups)</td>
<td>WCO and MOH/Regional technical teams</td>
</tr>
<tr>
<td>Review and consolidate the country presentation and regional feedback to draft regional priorities (5 Groups)</td>
<td>WCO and MOH/Regional technical teams</td>
</tr>
<tr>
<td>Consolidated draft regional priority areas for WHO support for PB 2024 – 25 and way forward</td>
<td>PPC RO Technical dept Directors</td>
</tr>
<tr>
<td>Interventions on regional priorities</td>
<td>PPC</td>
</tr>
<tr>
<td>Feedback from participants</td>
<td>PPC</td>
</tr>
<tr>
<td>Concluding session</td>
<td>PPC</td>
</tr>
</tbody>
</table>
Regional Consultation with Member States on Regional Priorities for Programme Budget 2024–2025

31 October–2 November 2022
New Delhi, India