Programme Budget Performance Assessment: 2018–2019

Consistent with WHO’s results and accountability frameworks, this Working Paper provides information on the programmatic and financial implementation of the Programme Budget (PB) 2018–2019 in the South East Asia (SEA) Region based on the end-of-biennium assessment. The “WHO Results Report Programme Budget 2018–2019 – Driving impact in every country”, prepared for the Seventy-third World Health Assembly is attached herewith as Information Document.

The PB 2018–2019 was the last and the largest of the three Programme Budgets implemented under the Twelfth General Programme of Work (GPW12) 2014–2019. It also bridged the transition to the Thirteenth General Programme of Work (GPW13) 2019–2023.

The end-of-biennium programmatic assessment shows that 97% or 1409/1505 Top Tasks (products/services or high-level activities) across all SEA Region budget centres were completed during the course of the biennium and 99% or 713 of the 720 outputs were rated as achieved. During 2018–2019, the Region continued to make steady progress across its eight Flagship Priority Areas, with achievements in all Categories and Programme Areas of the Programme Budget 2018–2019. Such achievements have contributed significantly towards global health priorities and goals as documented in the “WHO Results Report Programme Budget 2018–2019 – Driving impact in every country”.

On the financial front, Programme Budget 2018–2019 was the largest and had the highest funding level of the three Programme Budgets under GPW12, 2014–2019, with respect to both the approved Budget (base and polio eradication segments) and the Outbreak and Crisis Response and scalable operations segment. The total amount of distributed resources for the biennium for the Region was US$ 373.3 million and implementation (expenditure) was US$ 348.2 million, which amounts to 93% of the distributed resources. The approved Programme Budget was funded at 101% and its implementation was 94%.
The Thirteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) reviewed this report, and made the following recommendations to the Seventy-third Session of the WHO Regional Committee for South-East Asia:

**Actions by Member States**

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

(2) Build on progress, lessons and best practices to achieve national targets and contribute to regional and global targets (i.e. GPW13 and SDGs).

**Actions by WHO**

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

(2) Further strengthen resource mobilization efforts, especially for underfunded areas.
Programme Budget 2018–2019
End-of-Biennium Assessment:
Regional Results Report

Delivering on Country Priorities
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When I reflect on the work of WHO and its Member States in the South-East Asia Region over the course of the 2018-2019 biennium, I feel immensely proud of what we have achieved.

When I was re-elected for my second five-year term in office in September 2018, it was a privilege to have the chance to continue to turn my vision for our diverse Region of almost 2 billion people into results, securing real, long-lasting sustainable change at the country level. Since the launch in 2014 of the Regional Flagship Priority Programmes, the Region has made rapid and inclusive gains at the country level. So much so that by 2019 the Region updated the Priority Programmes to reflect country priorities and to continue fostering a strong culture of results and accountability.

We can be proud of our achievements and the successful implementation of the Programme Budget. Over the course of the biennium, Member States made impressive progress towards universal health coverage, with significant increases in the coverage of essential health services. Three Member States eliminated measles, taking the total number of countries in the Region to eliminate the disease to five. Two Member States eliminated mother-to-child transmission of HIV, bringing the total to three. All Member States implemented high-impact, cost-effective “best buys” aimed at preventing and controlling noncommunicable diseases.

Such achievements were made possible through the effective collaboration of all three levels of WHO with its Member States and partners. The Region’s progress will sustain and accelerate the momentum towards its Flagship Priority Programmes while contributing to the achievement of WHO’s “triple billion” targets and the Sustainable Development Goals.

I am pleased that this end-of-biennium Results Report not only details key achievements, challenges and lessons learned, but also documents the impact WHO is having on the ground. The public health success stories contained herein reflect what WHO is determined and dedicated to doing: driving impact at the country level.

As WHO and its Member States in the Region continue to respond to the COVID-19 pandemic, we must not only strengthen health systems to better prepare for acute public health events but also maintain the tremendous gains we have made. To do that, countries must continue to invest in health systems and health workforce strengthening – our two best defences against disease and public health crises.
Importantly, the emergence and spread of COVID-19 has highlighted the vital interconnectedness at the core of WHO’s mission, which is defined in its Thirteenth General Programme of Work and the “triple billion” targets contained therein. It has also underscored the importance of closing existing inequities, in line with WHO’s overarching goal of “leaving no one behind”.

We must press on. Health is not just a biomedical condition; it is a prerequisite for all that we do. Yes, we face uncertainty, but I am confident that WHO’s work with each of the Region’s Member States will continue to grow stronger and more impactful as together we strive to achieve healthy lives and promote well-being for all at all ages. Our progress must and will continue for a healthier, safer and more sustainable world for all.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
EXECUTIVE SUMMARY

The WHO South-East Asia Region, comprising almost two billion people across 11 Member States (Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) is a diverse region which continues to make rapid and single-minded progress in health and well-being.

This Regional Results Report is a compilation of the Region’s work in public health throughout 2018–2019, described and examined through the lens of six Categories of work of the WHO Programme Budget 2018–2019: communicable diseases; non-communicable diseases; promoting health through the life-course; health systems; the Health Emergencies Programme; and leadership and enabling functions.

The stories and case studies about WHO’s impact at the country level in this Report illustrate what can be achieved when all partners collaborate with a shared vision for results, and what can happen when good health and well-being is at the forefront of all development objectives and initiatives.

The Programme Budget 2018–2019 was approved by all WHO Member States at the Seventieth World Health Assembly in May 2017, and endorsed by Member States of the SEA Region at the Seventieth session of the Regional Committee for South-East (SEA) Asia in September that year. It was the last Programme Budget to complete the implementation of WHO’s Twelfth General Programme of Work (GPW12) and the first to transition into the period of implementation of the Thirteenth Global Programme of Work (GPW13).

Work in 2018–2019 continued to be guided by the eight Regional Flagship Priority Programmes – eight critical areas of work which has enabled the Regional Office to prioritize WHO’s technical support to Member States, promote a strong focus on results and accountability, and inspire sustainable and result-orientated national efforts.

The Region is proud of the progress made towards combating communicable diseases this biennium. Some of the major highlights include measles elimination in three Member States and rubella control in five; the elimination of mother-to-child transmission of HIV in two Member States; a huge decline in malaria incidence; and strong political declarations to move the needle on addressing the TB epidemic.

The Region’s success serves as testimony to the power of the Flagship Programmes that have enabled the control or elimination of specific communicable diseases to remain high on the agenda. It is critical to ensure sustained national commitment and resources are available to bolster the gains and accelerate progress, with WHO continuing to play a strong coordinating role, taking an approach that specifically targets the subnational levels and those population groups most at risk.

This biennium witnessed a fundamental and necessary shift towards garnering more political commitment to tackle the epidemic of noncommunicable diseases (NCDs) which claim more than 4.4 million lives every year across the 11 Member States. This was evident in the number of policies, strategies and regulatory frameworks that were developed and implemented to tackle NCDs across the Region this biennium. These include action on alcohol, tobacco and salt intake reduction.

However, like other regions, South-East Asia is facing ongoing challenges largely due to the
complex nature of such diseases; challenges that require multisectoral collaboration and commitment. One major persisting challenge is industry interference and pushback on efforts to promote healthy diets.

**Promoting health through the life-course** has never been so important with healthy ageing now being the fastest-growing life stage. Five Member States this biennium reached an under-five mortality rate that was below the 2030 target of at least 25 per 1000 live births. To accelerate reductions in maternal, child and newborn mortality, sustained focus on financial and human resources is required as lack of funds and competing national priorities is a persistent challenge.

**Universal health coverage (UHC)** is the core goal of WHO. This biennium, Member States continued to advance towards UHC by improving access to essential health services.

By the end of 2019, three Member States – the Democratic People’s Republic of Korea, Sri Lanka and Thailand – were above the global mean of 66% for UHC service coverage. In the Region, the index increased from 49% in 2010 to 61% in 2019. The UHC Flagship Priority Area of work, with its focus on strengthening the health workforce and access to medicines, has helped keep the political spotlight on the goal.

At the same time, catastrophic out-of-pocket spending on health care must be addressed through increased and more efficient public spending on health. It is unacceptable that 65 million people every year are pushed into extreme poverty when they pay for health care. The quality of care needs to be improved across all key dimensions of quality of services and delivery for UHC to be effective.

When the Regional Director identified scaling up capacity-building in emergency risk management as one of the Region’s Flagship Priority Areas in 2014 – two years before the global health emergencies programme came into being — it was visionary and innovative.

Throughout 2018 and 2019, WHO continued to support Member States to respond to health emergencies and further consolidate their emergency capacities. Some of the key achievements of the emergencies programme include the timely and effective response to multiple diverse health emergencies. These include a cholera outbreak in the Rohingya camps in Cox’s Bazar, a vaccine-derived polio virus (VDPV) outbreak in Papua province of Indonesia, and a Nipah virus incidence in the state of Kerala, India, as well as floods and earthquakes across Member States. In tandem came the strengthened implementation of the International Health Regulations (2005) in all countries of the Region. One of the major problems impeding this programme’s progress is the limited financial resources – despite the known risks – available that curtails preparedness capabilities of countries.

Central to the Region’s success this biennium has been responsive and inclusive leadership and the Regional Flagship Priorities. In line with the Regional Director’s Vision and focus of driving impact in every country, the share of resources directly allocated to country offices to support Member States with agreed priorities reached a commendable 78% this biennium, up from 70% in 2014–2015. The results-based planning, monitoring and evaluation culture, in addition to working in partnership with Member States, has enabled the strategic allocation of resources to priority areas to maximize impact at the country level.

The Programme Budget was successfully implemented this biennium in collaboration with Member States, partners and all three levels of the Organization. It was the largest financed Programme Budget in the last three bienniums.

Even with all the achievements described in this Report, there is sobering reality that confronts
Delivering on Country Priorities

Of the 37 million children born in the Region every year, 11% are missing out on basic vaccines during their first year of life. Growing antibiotic resistance threatens to undo a century of medical progress. The Region continues to account for almost half of the global tuberculosis incidence, with drug-resistance emerging as a major threat. The Region is highly susceptible to the health impacts of climate change and air pollution. Noncommunicable diseases continue to plague millions and place undue pressure on health systems. Further compounding these major challenges is the uneven financing available for health across Member States.

The COVID-19 pandemic has already taken a terrible toll on the lives and livelihoods of millions across the Region, exacerbating already existing inequalities and gaps in health systems. It has highlighted just how critical it is to invest in public health for social and economic stability.

The GPW13 was endorsed by the World Health Assembly in May 2018. It clearly articulates WHO’s mission to promote health, keep the world safe and serve the vulnerable. Its bold triple billion targets are: one billion more people benefiting from universal health coverage; one billion more people protected from health emergencies; and one billion more people enjoying better health and well-being.

The 2030 Sustainable Development Agenda and the GPW13 have endowed the Region with strong vision of what is possible and, in doing so, has provided immense opportunity to drive impact in every country to “leave no one behind”.

Now as the Region continues to press forward and look ahead to its next biennium of work, it is guided by a simple maxim drawn from the Vision of the Regional Director: “Sustain. Accelerate. Innovate”. To Sustain the Region’s achievements, WHO will continue to support Member States to ensure that technical and operational frameworks are in place to protect and build on the Region’s gains. To Accelerate progress, WHO will continue to work with Member States to harness the full range of opportunities available to advance health and well-being. And to promote the urge to Innovate, WHO will support Member States to carry out state-of-the-art research, both on the efficacy of policy and the development of new tools, which can further fuel progress.

There is no doubt the WHO South-East Asia Region faces multiple challenges, not least COVID-19, which are putting the Region’s hard-won gains at risk. The Region will not shy away from these challenges. It will face them head-on to ensure that “Health for All” is not just a mandate but a reality.
BUDGET IMPLEMENTATION
SUMMARY: 2018–2019

Approved Budget

US$ 289 million
Base Budget

US$ 56 million
Polio eradication Budget

US$ 348 million
Total funds implemented in the SEA Region in 2018–2019

Operationalization of Programme Budget 2018–2019 by Segments (US$ millions)
Budget, funds available and expenditure by country and regional level (Base segment – US$ millions)

Base Budget 2018–2019 Financing: Share of Flexible Funds vs Voluntary Contributions (by Category)
COMMUNICABLE DISEASES
**HIV and hepatitis B**
All Member States agreed to adopt the newer WHO guidance on robust dolutegravir-based ART regimen as the first line of treatment.
Two Member States were validated as having eliminated mother-to-child transmission of HIV and congenital syphilis in 2019.
Control of hepatitis B achieved in four Member States in the Region.
Hepatitis B vaccination coverage across the Region has been impressive, with 91% coverage of three doses of the vaccine and 54% coverage of birth-dose vaccination.

**Tuberculosis**
TB incidence shows a steady and slow decline in the Region.

**Malaria**
The SEA Region reported the largest decline among all WHO regions, with a 73% reduction in reported malaria cases and a 93% reduction in reported deaths in 2018 compared with 2010.
All endemic countries in the Region are on track to reduce malaria incidence by at least 40% by the end of 2020 compared with 2015.

**Neglected tropical diseases**
A total of 684 million people were treated during 2018–2019 for lymphatic filariasis in the Region with WHO support.

**Immunization**
The South-East Asia Region continues to sustain high vaccination coverage of around 91% of children receiving three doses of the basic vaccines in the first year of their lives.

**Antimicrobial resistance**
All Member States have national action plans on antimicrobial resistance aligned with the Global Action Plan on AMR.

**Measles and rubella**
Three Member States in the Region eliminated measles, bringing the total number reaching this milestone to five. Six Member States achieved rubella and congenital rubella syndrome control.

**Polio**
The SEA Region continues to maintain its polio-free status.

### KEY FIGURES 2018–2019

#### COMMUNICABLE DISEASES

- **US$ 88 million**
  - Approved Budget

- **US$ 114 million**
  - Funds available (130% of approved Budget)

- **US$ 104 million**
  - Expenditure (118% of approved Budget, 91% of funds available)

#### POLIO ERADICATION

- **US$ 56 million**
  - Approved Budget

- **US$ 59 million**
  - Funds available (107% of approved Budget)

- **US$ 56 million**
  - Expenditure (102% of approved Budget, 95% of funds available)
Introduction

The efforts of the WHO South-East Asia Region against communicable diseases – some of which have plagued mankind throughout history – is not only a regional priority, but also a regional health and development success story that continues to save millions of lives every year.

From increased HIV testing and access to treatment to combating measles and rubella in some of the world’s most endemic countries to the strong political will of all 11 Member States in addressing the tuberculosis epidemic to the unprecedented progress in reducing malaria incidence and deaths, the Region has much to be proud of this biennium.

But with the goal of ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, in addition to combating hepatitis, waterborne diseases and other communicable diseases by 2030, there is considerable work to be done.

Of the 37 million children born in the Region every year, 9% miss out on basic vaccines during their first year of life, while growing antimicrobial resistance threatens to undo medical progress made over a century! Though preventable, viral hepatitis kills 410 000 people every year in the Region, and this part of the world remains the second-largest contributor to the global malaria burden.

To accelerate progress, WHO has launched special initiatives to expand, access and scale up the response with partners and Member States, such as the “FIND. TREAT. ALL. #ENDTB” initiative and the “high burden to high impact” approach to accelerate progress to achieve reductions in malaria.

Key achievements

Significant progress was made in the fight against communicable diseases during this biennium. An increasing array of available and accessible prevention, treatment and care interventions and tools has helped fuel this progress, along with effective partnerships and policies, commitment of countries to securing the health of their people, and the untiring efforts of health workers, communities and stakeholders.

From new and innovative HIV testing strategies being implemented across the Region – such as self-testing and lay-provider testing – to the roll-out of a triple drug regimen for lymphatic filariasis (LF), such interventions illustrate the improved quality and reach of the primary health care system as part of WHO’s pursuit of universal health coverage.

Some standout successes this biennium include measles elimination and rubella control in several Member States; the elimination of mother-to-child transmission of HIV in two countries; the control of hepatitis B in four countries; a 73% reduction in reported malaria cases and a 93% reduction in reported deaths compared with 2010; and strong political declarations and advocacy to end TB that have harnessed action on the ground to combat the deadly disease.

Bucking the trend on HIV and hepatitis

The field of HIV testing has dramatically changed since the early days of the epidemic, which continues to decline in the Region. Throughout this biennium, new and innovative testing strategies were adopted – from lay-provider testing in Nepal to community-based testing
in Timor-Leste and the piloting of self-testing in India and Sri Lanka.

Impressively, Thailand has already achieved the first 90 of the 90-90-90 targets by 2020, meaning that more than 90% of the estimated number of people living with HIV have had an HIV test and know their status. To further empower communities and key populations to protect themselves from acquiring HIV, numerous countries have taken the step of adopting or piloting pre-exposure prophylaxis (PrEP). With the proportion of people living with HIV on life-saving treatment increasing, all Member States agreed to adopt the newer WHO guidance on the adoption of a more robust dolutegravir-based ART regimen as the first-line treatment. In addition, viral load-testing has been scaled up significantly in several Member States that will enable progress on the third 90-90-90 goal to be assessed.

With the number of people infected with viral hepatitis and the deaths associated with it equating to more than that of HIV and malaria combined, this biennium the Regional Office has focused on building capacity within Member States to develop national action plans, adopt WHO treatment guidelines and build the capacity of health-care providers on the diagnosis and treatment of hepatitis.

Maldives and Sri Lanka eliminate mother-to-child-transmission of HIV

In 2019, Maldives and Sri Lanka were validated as having eliminated MTCT of HIV and congenital syphilis, joining Thailand in achieving this feat. The elimination of MTCT of both infections is a reflection of the countries’ commitment to public health and the provision of high-quality maternal and child health services along with strong surveillance, robust immunization programmes, effective partnerships, community engagement and committed health workers.

A unique feature of Maldives’ AIDS programme has been a total integration of all health services, including preventive services, into the general health-care system. All health facilities throughout the country offer comprehensive services critical to the prevention and control of HIV and syphilis. Yet another major public health milestone in Sri Lanka further demonstrates the strong foundations on which the edifice of primary health care has been built in that country over the past several decades. Looking ahead towards achieving elimination elsewhere, Indonesia plans to eliminate HIV, syphilis and hepatitis by 2023.
This support has led to concrete action, such as India rolling out free hepatitis B and C treatment through public health facilities; Nepal and Maldives developing national viral hepatitis plans and treatment guidelines; and Timor-Leste launching a plan for hepatitis B and C testing among key populations. Indonesia has also provided 3000 patients hepatitis C treatment from its own domestic budget, and the Regional Office provided drugs for hepatitis C patients to both Nepal and Timor-Leste. Importantly, the South-East Asia Regional Expert Panel for hepatitis B control (REP) was established in 2019 to review progress towards hepatitis B control through immunization.

Creating political momentum to address tuberculosis

This biennium was significant in what it achieved in terms of creating momentum to address the devastating TB epidemic. The first-ever High-Level Meeting of the United Nations General Assembly on TB was held in New York in September 2018. It brought together Heads of State, ministers and other leaders, and generated increased political commitment to end the TB epidemic.

The critical meeting succeeded the Delhi End TB Summit in March 2018 – a collaboration between WHO and India’s Ministry of Health and Family Welfare and partners – in which all Member States adopted a “Statement of Action”.

The significant political commitment pledged in 2018 carried on into 2019 with concrete results. For example, domestic funding among some Member States has almost trebled.

Four countries achieve hepatitis B control

In 2019, Bangladesh, Bhutan, Nepal and Thailand became the first countries in the Region to achieve hepatitis B control, with the prevalence of the deadly disease dropping to less than one per cent among five-year-old children. The determination and dedication to reach every child, everywhere, with life-saving hepatitis B vaccines through childhood immunization made this achievement possible.

On that note, progress on increasing hepatitis B vaccination coverage across the Region has been impressive. The Region now has 91% coverage of three doses of the vaccine and 54% coverage with birth dose vaccination. Hepatitis B control through immunization has gained momentum in the Region with countries endorsing it as a target to be achieved by 2020 as part of the South-East Asia Regional Vaccine Action Plan.
Myanmar makes headway in combating TB

Over the past decade, TB prevalence in Myanmar has declined. This includes a 50% reduction among adults aged 15 years or older, which suggests that the country is on track to achieve the Sustainable Development Goals target.

Myanmar is among the 30 high-burden TB countries across the world, with its TB prevalence being thrice the global average. Factors that have helped reduce its TB prevalence include the rapid expansion of basic TB services; the provision of treatment in rural and remote communities, particularly those of ethnic minorities; and active case detection with mobile X-ray teams. The WHO Secretariat has provided support to the country in establishing TB situational analysis through its normative work, regular monitoring, surveillance support, review of programme activities and provision of recommendations to improve the TB programme.

However, the decline in prevalence has not been observed in urban Yangon. New challenges are emerging in the city, such as urban areas becoming more densely populated with increasing migration, TB among the elderly, and co-morbidities.

The increased focus on addressing the TB epidemic, aided when it was made a Regional Flagship Priority in 2017, has also resulted in an increase in the number of TB cases notified; increasing treatment success among drug-susceptible patients; and an increase in the number of drug-resistant cases detected. More specifically, this has translated into TB notifications increasing to approximately 3.36 million cases in 2018 from 2.6 million cases in 2015; almost double the number of RR/MDR-TB cases being detected in 2018 compared with 2015; and an increase in the treatment success rate of drug-susceptible TB patients to 83% in 2017 from 79% in 2014. This has resulted in a steady albeit slow decline in TB incidence. But challenges remain. Tuberculosis remains the leading infectious killer worldwide, and the WHO South-East Asia Region continues to account for 44% of the global TB incidence, with new cases only slightly reducing between 2017 and 2018.

We can, however, look to inspiring stories of countries that are making progress against TB in challenging situations. For example, in the absence of support from the Global Fund throughout the biennium, DPR Korea’s national TB control programme was, with WHO’s support, able to not only obtain medicines for 1000 MDR-TB patients but also sustain a regular supply of first-line anti-TB drugs and essential TB diagnostics.

Moving towards malaria elimination

The WHO South-East Asia Region has the second largest malaria burden among WHO regions. However, it has also reported the largest decline among all WHO regions in recent years. Between 2010 and 2018, reported confirmed cases dropped by 73%; and deaths decreased by 93% in the same period.
Several key strategies and declarations have helped fuel progress in recent years. These include: the 2017 Ministerial Declaration on Accelerating and Sustaining Malaria Elimination; the Regional Action Plan (2017–2030) towards a “Malaria-free South-East Asia Region”; and the Global Technical Strategy for Malaria (2016–2030), which aims for elimination by 2030.

Of the 11 Member States in the Region, Maldives and Sri Lanka continue to be malaria-free; Timor-Leste has reported no indigenous cases since July 2017; and Bhutan is on the verge of malaria elimination. Other malaria-endemic countries continue to make impressive progress towards elimination. This biennium, India adopted the “high burden to high impact” approach to malaria, a WHO country-led approach to accelerate and sustain progress in Indian states with a high malaria burden. Despite having the highest burden of disease in the Region, India reported a 60% reduction in malaria cases between 2016 and 2019. Two other Member States in the Region also reported a substantial decline in cases between 2017 and 2018: Bangladesh by 64% and Thailand by 49%. With WHO support, Bangladesh has been able to do this while also starving off outbreaks in Rohingya refugee camps in Cox’s Bazar.

More specifically, malaria elimination is within reach in the Greater Mekong Subregion, which includes two Member States of the Region – Myanmar and Thailand – in addition to Cambodia, People’s Republic of China, the Lao People’s Democratic Republic and Viet Nam. Between 2012 and 2018, the number of *falciparum* malaria cases in the six countries of the Subregion fell by 74% and the number of deaths by 95%. To further propel progress, the Ministerial Call for Action to eliminate malaria in the Subregion before 2030 was signed by health ministers in 2018. They committed to strengthen surveillance, improve cross-border collaboration, increase access to interventions and implement targeted action in vulnerable communities.

With Bhutan on the verge of elimination, strengthening cross-border collaboration with India has been of critical concern this
biennium. Several workshops and meetings were held, including a meeting on cross-border collaboration on malaria elimination along the India-Bhutan border in late 2019, while a comprehensive assessment of the country’s progress towards elimination was carried out by a team led by the Director of the Global Malaria Programme.

All endemic countries in the Region are on track to reduce malaria incidence by at least 40% by the end of 2020 compared with 2015, in line with WHO’s Global Technical Strategy for Malaria (2016–2030).

**Reaching all those in need of treatment for neglected tropical diseases**

The Region has the world’s second-highest burden of NTDs. However, in the past two years it has made tremendous progress towards eliminating the forgotten diseases, changing the global NTD landscape. The inclusion of NTDs within the portfolio of the Regional Flagship Priorities in 2014 has resulted in rapid gains and numerous successes, and this biennium was no different.

Timor-Leste became the first country in the Region where lymphatic filariasis (LF) is endemic to successfully implement the first round of the new triple-drug therapy known as IDA (a combination of ivermectin, diethylcarbamazine citrate and albendazole) or LF across the entire country. This feat makes it most likely to be the next country in the Region to achieve the elimination target after Maldives, Sri Lanka and Thailand. India was the first country in the Region to introduce IDA in 2018 and throughout 2019 expanded implementation into more endemic districts. Indonesia, Myanmar and Nepal will follow next with the introduction of IDA. Throughout the biennium, a total of 684 million people were treated for LF.
In addition, at the end of the biennium, the elimination target for visceral leishmaniasis (kala-azar) was achieved in all endemic districts in Nepal, all upazilas in Bangladesh and 94% of blocks in India. With just a few sporadic cases seen in Bhutan and Thailand, the Region is on track to achieve kala-azar elimination as a public health problem in 2023.

In 2019, Maldives became one of the first countries in the world to introduce the “Framework for Zero Leprosy”. While Maldives achieved leprosy elimination in 1997, it is now moving towards becoming a leprosy-free country by having zero cases in the indigenous population. The initiative, which aims for 100 leprosy-free islands by 2023, was launched by the WHO Regional Director and the Minister of Health.

**Immunization continues to save millions of lives**

Immunization is a global health and development success story that saves millions of lives every year. The South-East Asia Region continues to sustain high vaccination coverage – nearly 91% of children are receiving three doses of the basic vaccines before they turn one – while it has also taken the step in introducing new vaccines into routine immunization schedules including HPV, rotavirus and PCV.

**DPR Korea and other Member States eliminate measles**

While the world was experiencing a measles resurgence, in 2018 DPR Korea was verified as having interrupted transmission of indigenous measles for more than three years. The achievement is particularly significant given it was achieved under trying circumstances and is testament to the importance of partnership and collaboration.

This biennium, Sri Lanka and Timor-Leste also eliminated measles, taking the total number of Member States in the Region who have achieved this milestone to five. In another major milestone, Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste also achieved rubella and congenital rubella syndrome control.

Efforts to combat both these diseases gathered momentum in 2014 when measles elimination and rubella control became a Flagship Priority for the Region. This garnered strong political commitment which has been demonstrated through unprecedented efforts, progress and success in recent years. As such, all Member States have been focused on strengthening efforts to achieve both goals which will ultimately prevent deaths and disabilities caused by these highly infectious childhood killer diseases.

Importantly, in 2019 Member States adopted a Strategic Plan for Measles and Rubella Elimination 2020–2024 that lays down the roadmap and outlines the focus areas to achieve the elimination targets in the Region by 2023.
Maldives makes cervical cancer elimination a reality through vaccination

In 2019, Maldives took the bold step of adding the HPV vaccine into its routine immunization schedule for 10-year-old girls. As the lead international agency supporting the vaccine’s introduction, WHO assisted with the development of the vaccine guidelines, training of trainers and the communications campaign. The introduction of the vaccine against cervical cancer – one of the first countries in the Region to introduce it nationwide – presents a powerful example of WHO’s ability to effect policy change through dialogue and advocacy. When the Maldives’ new President was elected in 2018, he pledged to introduce the HPV vaccine for girls as part of his “100 Days Programme”.

Combating antimicrobial resistance

Antimicrobial resistance (AMR) is a global crisis that threatens to undo more than a century of progress in health. The South-East Asia Region has been a pioneer in not only recognizing the threat AMR poses but also in responding to it.

By 2018, all Member States in the Region had national action plans to address the growing problem which are aligned with the Global Action Plan to tackle AMR, which makes full use of the “One Health” approach.

By 2019, all Member States had enrolled in the Global Antimicrobial Resistance Surveillance System (WHO GLASS), which monitors the scale of current threats and trends. Collecting such data is vital to strengthening national capacity to prevent and combat AMR, as envisioned in the fifth Regional Flagship Priority Area on AMR.

Importantly, the Region can be proud of its continued efforts to raise awareness on AMR by organizing World Antibiotic Awareness Week activities in every country, and with the launch of an AMR Bulletin which tracks the progress Member States are making towards combating this.

The year 2019 was also significant for strengthening global and regional coordination mechanisms required to combat AMR following the Tripartite “One Health” organizations’ agreeing to step up joint action in this area through a memorandum of understanding in 2018. To improve regional Tripartite coordination, the Regional Office and the Food and Agriculture Organization’s Regional Office for Asia and the Pacific (FAO RAP) made a landmark agreement to place a WHO SEARO expert within FAO RAP to jointly develop and provide Secretariat services for an Asia-Pacific Tripartite Coordination Group.

Last but not least, the South-East Asia Regional AMR Taskforce was established with 12 global experts who are providing recommendations to the Regional Director on what is required to prevent and contain AMR.

A post-polio Region

Five years on, the Region not only continues to maintain its polio-free status, but it is demonstrating how the polio legacy can strengthen overall immunization and other public health programmes. Every year, more than 32 million children across the 11 Member States are reached with oral polio vaccines as surveillance continues to be strengthened.

The Region has helped pioneer polio transition work, ensuring that polio eradication investments contribute to future health goals, by systematically transitioning knowledge, lessons learnt, and assets acquired. In 2019, Bangladesh became the first country in the world to have a government-endorsed polio transition plan. National polio transition plans have also been developed in four other Member States of the Region with substantial polio-funded assets.
Responding to vaccine-derived poliovirus outbreak in Indonesia

In 2019, Indonesia declared a polio outbreak after new cases of vaccine-derived poliovirus type 1 were confirmed in Papua province.

The Indonesian Ministry of Health acted immediately, and with WHO and partners, and initiated the necessary interventions, laboratory confirmations and surveillance measures. Two rounds of oral polio vaccine immunization campaigns were also conducted in Papua and West Papua provinces. WHO played an important role by delivering high-quality data analysis to help decision-makers reach those left behind. WHO trained all district surveillance officers, conducted hospital record reviews, developed guidelines, procured stool collections kits, and supported the transportation of surveillance samples by air to Jakarta. A field office was also set up in Papua Province. The vaccination campaign was ultimately successful, with more than 1.2 million children immunized, and the outbreak controlled.
Challenges and lessons learnt

The Region’s prioritization of the control or elimination of specific communicable diseases—as enshrined in multiple Regional Flagship Programmes—has allowed them to remain high on national agendas, ultimately leading to strengthened national programmes and strong regional action. Moreover, excellent coordination, collaboration and communication between all three levels of the Organization has been highly effective in providing strong technical support to Member States, thus fuelling country-level progress.

A key challenge though is continuing to sustain this national political commitment and resources to ensure that disease targets are met and UHC is advanced. Thus, in order to see sustained progress, there must be committed funding, adequate human resources and tailored technical assistance from the Regional Office.

More specifically, while there is political momentum to combat the TB epidemic, there are inadequate resources, diagnostics and tools to do so. Access to diagnosis and quality-assured and affordable treatment for DR-TB remains limited, particularly for marginalized populations. The TB programme at both the regional and country level could look to the malaria programme for valuable lessons. For example, numerous country malaria programme reviews have been useful in identifying and addressing gaps in the implementation of national malaria elimination programmes.

Meanwhile, there is a need to increase advocacy to ensure increased allocation of resources to protect the gains made and prevent reversal of progress in control and elimination of vaccine-preventable diseases.

Work to prevent AMR is challenged by some Member States’ hesitancy to share antimicrobial consumption and antimicrobial use data, which leads to inaccuracy of surveillance data. Limited country focal points for exclusive AMR-related work is also a challenge and so is the over-the-counter availability of reserve classes of antimicrobials across the Region.

There is also a risk of emerging and re-emerging communicable diseases taking a hold in the Region, particularly dengue. There is an urgent need to better address the increasing frequency and magnitude of dengue outbreaks in the Region.
### Programme Budget financing and implementation by Programme Area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % of approved Budget</th>
<th>Exp. as % funds available</th>
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</thead>
<tbody>
<tr>
<td>1.1 HIV and hepatitis</td>
<td>11 100 000</td>
<td>9 956 697</td>
<td>9 415 337</td>
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<td>85%</td>
<td>95%</td>
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<tr>
<td>1.2 Tuberculosis</td>
<td>17 800 000</td>
<td>21 442 605</td>
<td>20 115 093</td>
<td>120%</td>
<td>113%</td>
<td>94%</td>
</tr>
<tr>
<td>1.3 Malaria</td>
<td>12 300 000</td>
<td>9 695 017</td>
<td>9 417 826</td>
<td>79%</td>
<td>77%</td>
<td>97%</td>
</tr>
<tr>
<td>1.4 Neglected tropical diseases</td>
<td>13 400 000</td>
<td>14 211 676</td>
<td>12 540 429</td>
<td>106%</td>
<td>94%</td>
<td>88%</td>
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<tr>
<td>1.5 Vaccine preventable diseases</td>
<td>27 900 000</td>
<td>54 719 957</td>
<td>48 470 439</td>
<td>196%</td>
<td>174%</td>
<td>89%</td>
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<tr>
<td>1.6 Antimicrobial resistance</td>
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<td>Undistributed</td>
<td>–</td>
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<td><strong>Category 1 total</strong></td>
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<td><strong>Polio eradication (Category 10)</strong></td>
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<td><strong>56 456 396</strong></td>
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<td>102%</td>
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</table>

### Approved Budget, funds available and expenditure by country offices and Regional Office

#### Category 1

- **Approved Budget:**
  - Country offices: 25
  - Regional Office: 63
- **Funds available:**
  - Country offices: 96
  - Regional Office: 19
- **Expenditure:**
  - Country offices: 87
  - Regional Office: 17

#### Polio eradication

- **Approved Budget:**
  - Country offices: 12
  - Regional Office: 44
- **Funds available:**
  - Country offices: 56
  - Regional Office: 53
- **Expenditure:**
  - Country offices: 3
  - Regional Office: 3
Category 1: Financing by Flexible Funds and Voluntary Contributions

- Flexible Funds: 79%
- Voluntary Contributions: 21%
NONCOMMUNICABLE DISEASES
**NCD**

All Member States in the Region have multisectoral action plans and a national NCD governance body to address NCDs.

All countries have set national NCD targets for 2025.

**Tobacco control**

The Region is on track to achieve a 30% relative reduction in tobacco use prevalence among adult women by 2025.

**Alcohol prevention**

Member States agreed to work towards a legally binding international policy on alcohol control similar to the WHO Framework Convention on Tobacco Control.

**Mental health**

Member States scaled up the implementation of the WHO Mental Health Gap Action Programmes (mhGAP).

**Road safety**

The ASEAN-WHO South-East Asia Regional Network for Road Safety Legislators launched.

**Nutrition**

Eight Member States in the Region have regulations or legislation to protect breastfeeding.

All Member States have included a salt reduction target in their national NCD plans.

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**KEY FIGURES 2018–2019: NONCOMMUNICABLE DISEASES**

- **Approved Budget**: US$ 28 million
- **Funds available**: US$ 25 million (88% of approved budget)
- **Expenditure**: US$ 23 million (95% of funds available)
Introduction

Noncommunicable diseases (NCDs) – heart attacks, strokes, cancers, diabetes and chronic lung diseases – cause 8.5 million deaths in the South-East Asia Region every year. This equates to 62% of all deaths in the Region. Of particular concern is the high level of premature mortality (deaths before 70 years of age) from NCDs in the Region. There are five major risk factors which drive NCDs: tobacco use, unhealthy diets, insufficient physical activity, air pollution and the harmful use of alcohol. Many of the Region’s premature deaths can be avoided through simple, cost-effective, high-impact interventions which WHO and its Member States are committed to implementing.

Key achievements

Throughout the biennium, political momentum to tackle the NCD epidemic in the Region continued. This was echoed at the third High-Level Meeting on NCD prevention and Control called by the United Nations General Assembly in 2018 and at the High-Level Meeting on Universal Health Coverage at the same forum in 2019. Heads of government across the Region continued to play critical roles in global movements against NCDs. The President of Sri Lanka is co-Chair of the WHO High-Level Commission on NCD Prevention and Control, while the Prime Minister of Bangladesh continues to demonstrate her leadership in mental health, for example.

All Member States are finding ways to implement WHO’s “best buys” and other recommended interventions to prevent and control NCDs, in line with the regional Flagship Priority Area and the WHO Thirteenth General Programme of Work (GPW13). Work is also progressing to address the complex challenges of mental health, disability, violence, injuries, substance abuse and food safety. This biennium, impressive progress has been made in particular on addressing unhealthy diets, curbing tobacco use and reducing road traffic accidents through legislation and other policy interventions in the Region.

Addressing noncommunicable diseases

All Member States in the Region now have multisectoral action plans to address NCDs and have also established a national NCD governance body for multisectoral coordination. Importantly, all countries have also set national NCD targets for 2025. Having targets and action plans not only helps with resource mobilization and prioritization but also ensures accountability.

More broadly, during this biennium tangible policy and legislative progress has been made in addressing NCD risk factors. In 2018, Thailand became the first country in Asia to enact plain packaging on tobacco packets (see story box). Other Member States made significant progress in addressing tobacco use, including the introduction of graphic health warnings on tobacco packs in Maldives and Timor-Leste; initiating development of a new tobacco control law in Myanmar; and imposing a ban on e-cigarettes and other electronic nicotine delivery systems (ENDS) in India, among other country examples. The Region is also on track to achieve a 30% relative reduction in tobacco use prevalence among adult women by 2025.

The Regional Office supported Member States to develop and implement strategies and plans to achieve the SDG target on controlling the harmful use of alcohol. Two countries secured big wins: Bhutan and Timor-Leste. Bhutan raised its alcohol taxation rates while Timor-Leste introduced its first national alcohol policy framework and an alcohol control law.
In 2019 WHO collaborated with the country to introduce the novel PEN HEARTS package. A training model was designed to improve the gaps identified in the PEN audit and services were rolled out in two districts, Punakha and Tsirang, after reorientation and training of health workers.

People-centred PEN HEARTS services have been initiated and focus on seven “R” interventions: “Robust team, Recall, Reminder, Responsive referrals, Reliable supplies, Reach-out services to communities, and Realtime mentoring and supportive supervision”. Recognizing the potential for transformative care, the people-centred PEN HEARTS initiative has been recognized and embraced as the core intervention of the Government to improve NCD services at the primary health care level. Following this, the Government has added two districts to the initiative, and is committed to scaling up as the model of care in the remaining 16 districts in the country.

### Improving the quality of mental health services

At the Seventy-second World Health Assembly, WHO was requested to develop two new sets of “best buys”, one of which included mental health. The WHO Global Mental Health Initiative was launched as part of this. This seeks to ensure quality and affordable care for mental health conditions in 12 Member States. Bangladesh was selected to join the Initiative. In 2019, Bangladesh also replaced its 106-year-old Lunacy Act of 1912 with its Mental Health Act 2018. The new law, which is a critical step towards realizing the rights of patients with mental health illnesses, establishes the framework for providing care to patients while protecting their rights and holistic welfare.

Throughout 2018 and 2019, Member States also continued to scale up the implementation of the WHO Mental Health Gap Action Programmes (mhGAP), which aims at scaling up services for mental, neurological and substance disturbed disorders. The program focuses on improving the availability and quality of mental health services, with a particular emphasis on low-resource settings. mhGAP offers a set of evidence-based intervention packages that are tailored to the needs of different countries and their populations. The initiative aims to address the significant global burden of mental, neurological and substance use disorders by providing evidence-based treatment and care options.
use disorders. This specifically involved strengthening the mental health workforce. For example, in response to the Rohingya crisis in Cox’s Bazar, non-specialists were training on mhGAP and a strengthened health-care delivery system for mental health services was established, which involved deploying a psychiatrist at the district hospital in the area.

In an important step towards further addressing alcohol use in the Region, the WHO SAFER initiative for reducing harmful use of alcohol was introduced at a regional workshop. The technical package outlines five proven high-impact actions, covering the range from restrictions on alcohol availability and advertising to pricing policies. Reviewing the Region’s progress towards implementing the Global Alcohol Strategy, Member States agreed

Myanmar brings epilepsy treatment to those in need

Epilepsy has long been neglected in public health programmes despite the high disease burden, the tangible impact it has on people’s lives and the availability of inexpensive treatment. In Myanmar, it is estimated that almost 95% of people living with epilepsy do not have access to the treatment they need.

To bridge this treatment gap, the Myanmar Epilepsy Initiative (MEI) was launched in 2013. It was first a pilot project to reduce the epilepsy treatment gap by providing epilepsy care services at the grassroots level, based on the mhGAP intervention guidelines. It focuses on building awareness in communities and training non-specialist health staff in addition to providing treatment and care. In the 12 townships where the project was implemented, epilepsy treatment coverage went from 2% to 47%.

Recognizing the impact of the project, it was scaled up significantly throughout 2018 and 2019. In 2018, it was implemented in Mon State, covering all 10 townships. As a result, epilepsy service coverage has increased from 2.1% to 39.1% in implementing project areas. In 2019, an additional 14 townships in Kayin and Kayah states were covered by the project. Following on the successful implementation of the first phase of the initiative, WHO and donors agreed to support its scale-up until the end of 2021 to will cover five states and regions.
that a legally binding international policy, similar to the WHO Framework Convention on Tobacco Control, was necessary to advance alcohol control.

**Promoting road safety**

The South-East Asia Region has the second highest rate of road traffic mortality in the world with 20.7 deaths per 100,000 population. In 2016, 402,290 people died in road traffic accidents. Following on from the launch of the Global Network for Road Safety Legislators in 2016, the Region decided to replicate a similar initiative. In 2019, the ASEAN-WHO South-East Asia Regional Network for Road Safety Legislators was launched. The goal of the initiative is to unite parliamentarians across the Region and strengthen advocacy efforts to reduce road traffic accidents and deaths. The body also provides WHO a platform to promote the development of laws and regulations to address road safety. On a country level, several Member States have made considerable progress towards implementing legislation and interventions to save lives.

In 2018, Sri Lanka launched the Sri Lanka Accident Data Management System (SLADMS). The objective of the SLADMS is to have a system for easily recording accidents, avoiding data duplication and reducing delays in emergency care to ultimately save lives. Meanwhile, in 2019 the Royal Thai Police amended the Road Traffic Act in 2019 and introduced a demerit point system. WHO successfully advocated for the demerit point system to include key risk factors such as drink-driving, non-helmet use, non-seat-belt use and speeding. Drivers will be given 12 points every year and if they reach zero, the driving license will be withheld for 90 days.

Following the launch of the Regional Network for Road Safety Legislators in Bangkok, the Thai Parliament established a Committee on Road Safety in the Senate and a Sub-Committee on Road Safety within the Standing Committee on Transport in the House of Representatives, with WHO support.

**Combating malnutrition in all its forms**

To address malnutrition in all its forms and to drive action towards achieving the 2025 global nutrition targets and the nutrition components of the SDGs, Member States that had not already done so developed their national action plans this biennium. This included Myanmar, which developed a Multisectoral National Plan of Action for Nutrition Promotion (2019–2024) which addresses nutrition holistically.

Meanwhile, several countries scaled up Baby-friendly Hospital Initiative (BFHI) programmes in a major effort to implement practices that protect, promote and support breastfeeding. This included
implementing kangaroo mother care to improve survival of pre-term and low-birth-weight babies in Bangladesh, India, Indonesia, Myanmar, Nepal and Timor-Leste. In Timor-Leste, a breastfeeding café was also set up at the national hospital as part of the initiative.

Importantly, this biennium Bangladesh, Sri Lanka and Thailand strengthened their implementation of the International Code of Marketing of Breast-Milk Substitutes law which aims to protect and promote breastfeeding through the regulation of marketing of breast-milk substitutes and related products. As of 2019, eight of the 11 Member States in the Region now have regulations or legislation to protect breastfeeding.

The Regional Office has provided the leadership that led to an increase in six-month exclusive breastfeeding rates across several Member States.

Member States also took further steps in addressing unhealthy diets in the Region by specifically addressing salt intake. As of 2019, all Member States have included a salt reduction target in their national plans and seven have identified population mean salt intake levels.

As part of WHO’s SHAKE package which assists countries with the development, implementation and monitoring of salt reduction strategies to enable them to achieve a reduction in population salt intake, Sri Lanka developed its National Salt Action Plan.

Moreover, in 2019 Sri Lanka became the first country in the Region to introduce front-of-pack labelling for all pre-packed solid and semi-sold foods. The Food (Colour Coding for Sugar, Salt and Fat) Regulations 2019 came into operation on June 1 and target specific levels of sugar, salt and fat. The traffic light system guides consumers towards healthier food choices and is an important strategy in the bid to prevent diet-related NCDs. Indonesia has also developed draft regulations which will be implemented in 2021.
Thailand bans transfats

Industrially produced transfats are present in baked and fried food such as fries. Eliminating transfats is key to protecting health and saving lives. WHO estimates that every year, transfat intake leads to more than 500 000 deaths of people from cardiovascular disease.

In July 2018, the Thai government announced a ban on the production, import and sale of partially hydrogenated oils, as well as foods containing them, from January 2019.

The decision to ban transfats – the first such ban in the Region – was the result of open communication among stakeholders, strong leadership, strong scientific evidence and the availability of alternatives that are accessible and affordable. The elimination of industrially produced transfats from the global food supply has been identified as one of the priority targets of the GPW13. Thailand’s experience illustrates that it is possible to achieve this goal in a middle-income country and paves the way for other countries in the Region to follow suit.

Timor-Leste engages with Parliamentarians for public health

In 2019, WHO Timor-Leste initiated a new dialogue series with Parliamentarians from Comissão F, the Parliamentary Committee on Health, Social Security and Gender Equality, on health issues in the country.

As per the request of Comissão F, WHO held a series of meetings with Commission members on various public health issues including the role of vaccines in the control of communicable diseases; the status of malnutrition in the country; and the importance of implementing the Breast Milk Code. After a decade in draft form, Timor-Leste’s Breast Milk Substitutes code was strengthened and finalized as a result of these meetings.

Moreover, since the informative meetings, parliamentarians have also actively engaged in public health campaigns and other awareness activities and events. They recorded messages for public broadcasting on the importance of exclusive breastfeeding and immunization, and encouraged participation in the mass drug administration campaign for the elimination of LF.

Importantly, in a further sign of impact of this innovative dialogue series, Comissão F is working on a draft resolution on Ending Malnutrition in Timor-Leste.
Implementing food safety regulations in the Region

Every year in the WHO South-East Asia Region, 150 million people fall sick and 175,000 people die from eating contaminated food. The momentum to address this issue picked up during this biennium.

This was reflected in the development of the Regional Framework for Action on Food Safety (2020–2025) which provides guidance to authorities involved in food safety across the food chain, as well as to authorities involved in food safety emergencies, preparedness and response in Member States. Importantly, the first World Food Safety Day was celebrated in June 2019 and food safety was included as an Agenda item for the Seventy-third World Health Assembly in May 2020.

Challenges and lessons learnt

The Region has made tremendous progress this biennium thanks to support from all three levels of the Organization. However, due to the challenging nature and complexity of NCDs, Member States still face significant challenges in the implementation of WHO-recommended interventions. One of the major challenges is industry pressure and interference in implementing interventions to promote healthy diets. Industry continues to push back on specific regulatory actions such as labelling, taxes and in restricting specific foods or food ingredients. Weaknesses of health systems to implement certain programmes which are necessary to improve all forms of nutrition are a challenge in almost all Member States.

There is an urgent need to integrate NCD care into primary health care and universal health care. A lack of interest from non-health sectors to take multisectoral action is an impediment to this. That means there has been slow development of the necessary regulations, and legislation is required to fuel further action and impact.

A key lesson learned this biennium was the necessity for higher-level advocacy material such as national investment cases for NCD prevention and control, along with the provision of technical guidance and support, to facilitate mobilization of additional funding.

Challenges also remain in increasing access to mental health services, promoting mental health and in reducing the huge treatment gap. Inadequate funding – not just in mental health – but overall in this field of work contributes to this weakness.

Looking forward, there is huge opportunity for more inter-unit and inter-departmental Regional Office collaboration to share expertise and develop a comprehensive systems-based approach to NCDs under the umbrella of universal health coverage.

Food safety, everyone’s business

The Codex Trust Fund has been established by FAO and WHO to support Member States in building strong, stable and sustainable national capacity to engage in the Codex Alimentarius. The Fund is supporting a project on developing an approach to harmonize food safety regulations and facilitate cross-border trade, which is led by India and also involves Bhutan and Nepal. The three-year project is working to strengthen national Codex activities in the three Member States through intercountry cooperation. The collaboration has already led to bilateral agreements between India and Bhutan and Nepal to improve their food safety laboratories and harmonize food standards and procedures. Myanmar also worked with Cambodia and the Lao People’s Democratic Republic to develop a similar project based on this model.
### Programme Budget financing and implementation by Programme Areas

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % approved Budget</th>
<th>Exp. as % funds available</th>
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</thead>
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<tr>
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<td>88%</td>
<td>96%</td>
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<td>2.2 Mental health and substance abuse</td>
<td>3 300 000</td>
<td>2 942 742</td>
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<td>2.3 Violence and injuries</td>
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<td><strong>23 481 568</strong></td>
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<td><strong>84%</strong></td>
<td><strong>95%</strong></td>
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</tbody>
</table>

### Category 2: Approved Budget, funds available and expenditure by country offices and Regional Office

![Bar chart showing approved budget, funds available, and expenditure by country offices and Regional Office](chart.png)

### Category 2: Financing by Flexible Funds and Voluntary Contributions

![Pie chart showing percentage of finance from flexible funds and voluntary contributions](pie.png)
PROMOTING HEALTH THROUGH THE LIFE-COURSE
Maternal and newborn health
The South-East Asia Region experienced the largest decline in maternal deaths with a 57.3% reduction in mortality between 2000 and 2017.
Institutional deliveries increased to 74% across the Region.
Nine Member States have introduced the point-of-care quality improvement (POCQI) to improve the quality of care for mothers and newborns.

Child Health
Under-five mortality rate in the Region reduced to 34 per 1000 live births.
Five Member States reached an under-five mortality rate below the 2030 SDG target.

Family planning
The Region continues to record a declining fertility rate and a reduced unmet need for family planning.

Cervical cancer prevention
Early detection and treatment of cervical cancer initiated in 10 Member States.
The WHO Global Strategy to accelerate cervical cancer elimination endorsed by the Region’s Member States.

Healthy ageing
The Regional Framework on Healthy Ageing (2018–2022) developed.
South-East Asia Region Expert Panel on Healthy Ageing established.

Environment health
The Region adopted a Regional Plan of Action on health, environment and climate change in 2019.

KEY FIGURES 2018–2019

PROMOTING HEALTH THROUGH THE LIFE-COURSE

- **US$ 30 million**
  - Approved Budget
- **US$ 23 million**
  - Funds available (76% of Approved Budget)
- **US$ 21 million**
  - Expenditure (70% of approved Budget, 91% of funds available)

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

- **NA**
  - Approved Budget
- **US$ 2 million**
  - Funds available
- **US$ 1 million**
  - Expenditure (55% of funds available)
Introduction

Adopting a life-course approach means recognizing health concerns at different stages of life and ages from early childhood development to adolescence, women’s health during and beyond reproductive age, and healthy ageing, which is the fastest-growing life stage. Taking this approach enables key opportunities for minimizing risk factors and enhancing protective conditions to be identified and evidence-based interventions to be implemented. Social and environmental factors also impact health, and addressing these factors can help drive health equity, human rights and gender equality.

Key achievements

Ending preventable maternal, newborn and child deaths in the South-East Asia Region continued to be a priority area this biennium, driven by the fact that it is a Flagship Priority Area of work.

Impressively, between 2000 and 2017, the South-East Asia Region experienced the largest decline in maternal deaths, witnessing a 57.3% reduction in mortality compared with the global level of 38%.1

Moreover, in 2019, the under-five mortality rate in the Region had reduced to 34 per 1000 live births, while Nepal and Timor-Leste are both on track to achieve the SDG country target of a two thirds reduction in maternal mortality ratio since 2010. In addition, five Member States (DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) reached an under-five mortality rate below the 2030 SDG target of at least 25 per 1000 live births.

Status of maternal, newborn and child mortality and stillbirths in the WHO South-East Asia Region, 2019

<table>
<thead>
<tr>
<th></th>
<th>Maternal mortality ratio (per 100 000 live births) 2017</th>
<th>Stillbirth rate (deaths per 1000 births)</th>
<th>Neonatal mortality rate (deaths per 1000 live births) 2018</th>
<th>Under-five mortality rate (deaths per 1000 live births) 2018</th>
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<td>Myanmar</td>
<td>250</td>
<td>20</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Nepal</td>
<td>186</td>
<td>18</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>36</td>
<td>5</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Thailand</td>
<td>37</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>142</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEA Region</td>
<td>152</td>
<td>NA</td>
<td>20</td>
<td>34</td>
</tr>
</tbody>
</table>

Meanwhile, recognizing the importance of responding to environmental health risks, in 2019 WHO launched its Global Strategy on health, environment and climate change. In response, the South-East Asia Region adopted a Regional Plan of Action to operationalize the Global Strategy.

**Improving reproductive, maternal, newborn, child and adolescent health**

As the Region continued to make impressive headway towards ending preventable maternal, child and neonatal mortality this biennium, concrete action was also taken on addressing sexual and reproductive health. Myanmar, for example, developed its first National Sexual and Reproductive Health and Rights (SRHR) Policy while Nepal endorsed its Safe Motherhood and Reproductive Health Rights Act, which provides guidance for non-discriminatory, free and disabled-friendly reproductive services for adolescents and women.

Following a pilot in 2018, Indonesia moved to implement its landmark guidelines on reproductive health-care services for people with disabilities in four cities. Given the importance of good-quality health-care services in saving the lives of mothers and newborns, the Regional Office worked with Member States to implement the regional model of quality improvement. The POCQI (point-of-care quality improvement), which strives to improve the quality of care for mothers and newborns at the time of birth, has been introduced in nine Member States.

Sri Lanka, meanwhile, became the first country in the Region to pilot the implementation guidance on maternal perinatal death surveillance response (MDSR) tools developed by WHO and completed its pilot-testing in 11 hospitals across the country. This will enable the country, which has already achieved very low maternal and newborn mortality, to further improve quality of care and prevent future deaths.

Thanks to improved coverage of essential maternal and sexual and reproductive health care, the Region continues to record a declining fertility rate, which stands at 2.2, and a reduced unmet need for family planning, which is now 13%, in addition to an increase in institutional deliveries across the Region to 74%.

Meanwhile, throughout the biennium Member States in the Region strengthened their national adolescent health programmes as per the Strategic Guidance on Accelerating Actions for Adolescent Health in the South-East Asia Region (2018–2022) that was prepared and disseminated in September 2018. A regional Town Hall for adolescents and young people was organized in collaboration with the Government of Indonesia in Jakarta in March 2019 to obtain their inputs and build their capacity towards improving adolescent health programmes (see story box).
Delivering on Country Priorities

Tackling cervical cancer head-on

Cervical cancer is a significant public health problem in the Region. It is the second most common cancer among women in the Region, causing almost 100 000 deaths every year. The Region, however, has been a global leader in taking action against the preventable disease and tackling it has become a major focus under the Flagship Priority on the prevention of NCDs through multisectoral policies and plans with a focus on “best buys”.

The early detection and treatment of cervical cancer has been initiated in 10 Member States, while some countries such as Maldives have introduced the HPV vaccine into their routine immunization programme. Maldives’ decision in 2019 follows that by Bhutan, Sri Lanka and Thailand, which have already introduced the vaccine nationally.

This biennium, the Regional Office supported numerous master trainers’ programmes on screening and the management of precancerous lesions in five Member States: Bhutan, DPR Korea, Maldives, Myanmar and Sri Lanka.

In an important move, WHO developed a draft Global Strategy to accelerate cervical cancer elimination which was endorsed by the Region, along with the proposed 2030 targets for the elimination of the deadly cancer.

### Fertility and FP indicators in the SEA Region

<table>
<thead>
<tr>
<th>South-East Asia Region Member States</th>
<th>TFR*</th>
<th>CPR modern methods (%)*</th>
<th>Unmet need (%)*</th>
<th>Demand satisfied by modern methods (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2.3</td>
<td>57</td>
<td>12</td>
<td>73</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1.9</td>
<td>61.7</td>
<td>12</td>
<td>66</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>1.9</td>
<td>71</td>
<td>7</td>
<td>91.6</td>
</tr>
<tr>
<td>India</td>
<td>2.1</td>
<td>50.6</td>
<td>13</td>
<td>71.9</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2.4</td>
<td>59</td>
<td>11</td>
<td>77.1</td>
</tr>
<tr>
<td>Maldives</td>
<td>2.1</td>
<td>37</td>
<td>31</td>
<td>29.8</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2.3</td>
<td>52</td>
<td>16</td>
<td>74.9</td>
</tr>
<tr>
<td>Nepal</td>
<td>2.3</td>
<td>46.8</td>
<td>18</td>
<td>56</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2.2</td>
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<td>8</td>
<td>74.2</td>
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<tr>
<td>Thailand</td>
<td>1.5</td>
<td>75.7</td>
<td>6</td>
<td>92.7</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>4.2</td>
<td>25.7</td>
<td>25</td>
<td>46.6</td>
</tr>
<tr>
<td>SEA Region</td>
<td>2.2</td>
<td>53</td>
<td>13</td>
<td>73.1</td>
</tr>
</tbody>
</table>

Index: Total fertility rate (TFR)>4, AFR>50, mCPR<50, unmet need is >18; demand satisfied is <50%

Source: *Latest DHS by country (2009–2017), SEA Region-weighted average
#Regional Office for South-East Asia Region data $ Track.20
Empowering adolescents through dialogue

In 2019, WHO collaborated with Indonesia’s Ministry of Health to hold the first-ever ‘Youth Town Hall for Health’ event in the South-East Asia Region. More than 50 youth representatives from the Region, along with more than 200 Indonesian youth representing civil society, academia and government institutions, participated in the event. The Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, also attended.

The two-day event was moderated by future health leaders and focused on the major health issues affecting youth. It involved engaging adolescents on constructive deliberations on a variety of pressing concerns, including mental health, tobacco and substance abuse, sexual health, and issues facing marginalized populations.

The purpose of the event was to amplify the voices of youth and bring them to the policy table. Another key aspect of the Youth Town Hall event was the participation of four ministers from Indonesia. This illustrated the country’s commitment to not only uphold the voice of young people but to directly provide opportunities for young people to contribute to multisectoral policies. The consultations provided critical inputs to develop a WHO strategy for engaging young people for health and sustainable development, which is currently being developed.

Healthy ageing

In 2017, the total population aged 60 years or over in the 11 Member States of the Region was estimated at around 186 million. As the ageing population continues to grow, it has become increasingly important to address the diverse health needs of this group. This biennium, the Regional Framework on Healthy Ageing (2018–2022) was developed, which sets out a way to accelerate health equity for older people as part of the Region’s commitment to achieve universal health coverage, one of its eight Flagship Priorities.

The Framework isn’t simply focused on prolonging life but also on improving the quality and well-being of older people and promoting healthy ageing through the life-course. Following on from this, Member States are in the process of developing their own strategies. In 2019, technical support was
Delivering on Country Priorities

provided to Bhutan to develop a National Strategy on Healthy Ageing. Myanmar, Indonesia and Maldives have also proposed to develop national strategies/plans on healthy ageing in the near future.

In addition, in 2019 a review of initiatives on long-term care for older people in Member States of the Region was finalized and approved. The document describes the regional situation with long-term care, in addition to regional and country initiatives, experiences and challenges.

In 2019, the SEAR Expert Panel on Healthy Ageing was established as an advisory body to the Regional Director on how best to develop, strengthen, implement and monitor national programmes on healthy ageing, and to support Member States in the implementation of activities laid out in the WHO Decade of Healthy Ageing 2020–2030. The SEAR-Expert Panel comprises 11 experts from across the Region. The tenure of the Members, including the Chair, is three years, extendable up to five years, at the discretion of the Regional Director.

Furthermore, WHO’s Integrated Care for Older People (ICOPE) training manual provides guidance on how primary health care providers can screen, assess and manage a range of health problems. This biennium, the ICOPE approach was disseminated among Member States, with some countries embarking on training of trainers on the manual, such as Bhutan. Going forward, it is imperative that ICOPE is fully harnessed. The Regional Office has demonstrated its commitment to this by developing training manuals for primary health care physicians and nurses.

Addressing health, environment and climate action

The 2019 WHO Global Strategy on health, environment and climate change provides a vision and a way forward for responding to environmental health risks. It aims to ensure safe, enabling and equitable environments for health and provide an overall framework to guide action. In the same year, the South-East Asia Region adopted the Regional Plan of Action to operationalize the global strategy.

Throughout the biennium, several Member States took strong steps to improve access to safe drinking water by implementing water safety plans. A water safety plan ensures the delivery of safe water to consumers by identifying potential risks in the supply system all the way from the source to the point of use. Some countries such as Nepal and Bangladesh have gone even further and developed climate-resilient water plans.

Throughout 2018 and 2019, WHO continued to draw attention to a growing environmental health problem: air pollution. The South-East Asia Region accounts for 34%, or 2.4 million, of the 7 million premature deaths globally caused by household and ambient air pollution together. This biennium, the Regional Office promoted the implementation of air quality standards and raised awareness on air pollution by tackling household air pollution through integration into multisectoral NCD action plans and the promotion of cleaner fuels and technologies and workshops.
This resulted in India carrying out an assessment of opportunities for transition to clean household energy and the government adopting a National Clean Air Programme. Moreover, a demonstration project on maximizing the health benefits of clean household energy was carried out in Nepal. Given that air pollution adversely affects women and young children, it has become even more of an imperative to mainstream gender, equity and human rights into interventions from policies to plans.

In addition, impressive progress has been made towards ending open defecation in India. At the request of the Ministry of Drinking Water and Sanitation, in 2018 WHO assessed the number of lives that could potentially be saved and illnesses avoided as part of India’s Swachh Bharat Mission (SBM) to increase toilet access and usage. The assessment found that if SBM was fully implemented, it could avert more than 300 000 deaths. More than 500 000 villages across the country have been declared “open-defecation free”.

**Maldives launches BreatheLife campaign**

BreatheLife is a joint campaign led by WHO in partnership with the United Nations Environment Programme (UNEP), the Climate and Clean Air Coalition (CCAC) and the World Bank to mobilize cities and individuals to protect our health and planet from the effects of air pollution. It works to advance the advance the implementation of WHO Air Quality Guidelines by sharing best practices; expanding monitoring efforts; keeping citizens informed through technical support; and providing resources to raise awareness while mobilizing communities to take local action.

In 2018, the Greater Malé area became the first area to join the WHO BreatheLife campaign in the South-East Asia Region. Following on from this, in 2019 the nationwide BreatheLife campaign was launched by the Vice-President of Maldives Faisal Naseem together with the WHO Regional Director Dr Poonam Khetrapal Singh. Maldives is the first country in South-East Asia to reach the regional target for household air pollution. As such, the campaign will address problems such as the open burning of waste, occupational exposures to chemicals and dust, and vehicle emissions.

It is no coincidence that in 2015 Maldives became the first country in the Region to reach the target of achieving a 50% increase in the number of households with access to clean fuel for cooking. The speed of Maldives’ clean energy transition makes it a global leader in tackling household air pollution, with just 6% of households now exposed to this form of air pollution. Its achievements show that air pollution can be rapidly reduced when the appropriate solutions are acted upon. Following Maldives’ lead, there are now 11 BreatheLife member cities across India, Indonesia and Nepal.
Equity, social determinants, gender equality and human rights

One in three women around the world experience physical or sexual violence, mostly by an intimate partner. As such, gender-based violence (GBV) is recognized as a public health problem in almost all Member States of the Region.

This biennium, a Regional situation analysis was conducted to examine the health system response to GBV. This will not only help to understand the prevalence of GBV in the Region but the health sector response to it. Member States also participated in 16 days of activism against GBV and the International Day for the Elimination of Violence against Women.

In addition, Maldives began work on developing a multisectoral plan to address GBV while technical and financial support was provided to Myanmar for the development of “One Stop Crisis Centres” in hospitals to respond to violence against women.

Overall, though, the paucity of human and financial resources dedicated to GBV means that little progress has been made in this area of work.

Furthermore, addressing the social determinants of health is critical to addressing the noncommunicable disease (NCD) epidemic, the causes of which go beyond the health sector. This biennium saw all 11 Member States establish NCD multisectoral committees which provide a platform to strengthen the focus on addressing the social determinants of NCDs. Throughout 2018 and 2019, the Regional Office provided guidance to countries to develop national NCD multisectoral action plans for these committees. To further drive action, in late 2018 a Regional Forum on accelerating the prevention and control of NCDs was held which examined how policy formulation, implementation and accountability could help Member States to control NCDs while simultaneously addressing the social determinants of health. But there is far more work to be done.

Challenges and lessons learnt

Considerable progress has been made in reducing maternal, child and newborn mortality this biennium, thanks to the Region’s continued prioritization of it. However, challenges remain.

Lack of funds combined with competing national priorities such as NCDs and health emergencies is a major barrier to further progress in certain countries. There is a need for sustained focus on financial and human resources to help Member States advance further towards achieving the 2030 SDG targets.

Meanwhile, despite a growing ageing population, healthy ageing is simply not attracting sufficient donor funding support which has led to programmatic constraints and limited support available for Member States. Similarly, the NCD department at the Regional Office runs on a very tight budget, as a result of which over the biennium there has not been a dedicated focal point to steer work on the social determinants of health. On that note, low commitment from non-health sectors to implement multisectoral activities to address the social determinants of health has also impeded the development and implementation of regulations and legislation.

However, there is a lot to learn from inter-unit and inter-departmental collaboration which has helped in the pooling of resources, sharing expertise and developing a systems-based approach. This has been particularly true in the field of mental health, and is something that other areas can learn from in going forward. Moreover, it was recognized that in order to sustain – and ultimately accelerate – progress and ensure quality, rights-based services, monitoring and supportive supervision need to be an inbuilt component of programmes.
### Programme Budget financing and implementation by Programme Area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % approved Budget</th>
<th>Exp. as % funds available</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Reproductive, maternal, newborn, child and adolescent health</td>
<td>17 200 000</td>
<td>12 311 700</td>
<td>11 453 238</td>
<td>72%</td>
<td>67%</td>
<td>93%</td>
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<tr>
<td>3.2 Ageing and health</td>
<td>600 000</td>
<td>638 050</td>
<td>478 067</td>
<td>106%</td>
<td>80%</td>
<td>75%</td>
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<tr>
<td>3.5 Health and the environment</td>
<td>8 900 000</td>
<td>8 180 862</td>
<td>7 087 338</td>
<td>92%</td>
<td>80%</td>
<td>87%</td>
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<td>3.6 Equity, social determinants, gender equality and human rights</td>
<td>2 900 000</td>
<td>1 476 816</td>
<td>1 625 434</td>
<td>51%</td>
<td>56%</td>
<td>110%</td>
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<td>Undistributed</td>
<td>–</td>
<td>17 256</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Category 03 total</td>
<td>29 600 000</td>
<td>22 624 684</td>
<td>20 644 076</td>
<td>76%</td>
<td>70%</td>
<td>91%</td>
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</tbody>
</table>

| Research, Development and Research Training in Human Reproduction – Category 14 | – | 2 040 159 | 1 120 875 | N/A | N/A | 55% |

### Category 3: Approved Budget, funds available and expenditure by country offices and Regional Office

- **Approved Budget**
  - US$ in million: 19
  - Country offices: 11
  - Regional Office: 7

- **Funds available**
  - US$ in million: 16
  - Country offices: 7
  - Regional Office: 9

- **Expenditure**
  - US$ in million: 14
  - Country offices: 7
  - Regional Office: 7

### Category 3: Financing by Flexible Funds and Voluntary Contributions

- Flexible Funds: 69%
- Voluntary Contributions: 31%
HEALTH SYSTEMS
Universal health coverage
Universal health coverage index increased from 49% in 2010 to 61% in 2019 in the Region
Three Member States placed above the global mean of 66%

Health financing
New health financing strategies developed in two Member States
Data is available in 10 Member States to measure catastrophic spending and impoverishment

Health-care quality and safety
Member States continued to engage in policy dialogue on cleaner, safer health facilities and track health-care quality and safety improvement
Member States continued to implement measures to improve infection prevention and control

Human resources for health
All Member States show an increase in the number of doctors, nurses and midwives per 10 000 population
Data on health workers for doctors, nurses, midwives, dentists and pharmacists is available for all Member States

Essential medicines
The focus on improving access to essential medical devices and diagnostics, in addition to medicines and vaccines, expanded.
The South-East Asia Regulatory Network (SEARN) continued to enhance information-sharing, collaboration and convergence of medical products regulatory practices across all Member States

Traditional medicine
Regulation of traditional medicine products and registration systems expanded in 10 Member States.

Blood safety
All Member States have developed national blood transfusion policies to ensure universal access to safe blood

Health information
Member States continued to develop national digital and e-health strategies and architecture blueprints

KEY FIGURES 2018–2019: HEALTH SYSTEMS

US$ 58 million
Approved Budget

US$ 51 million
Funds available
(89% of approved Budget)

US$ 47 million
Expenditure
(81% of approved Budget)
(91% of funds available)
Introduction

Universal health coverage based on primary health care is a unifying concept; a platform for integrated, people-centred delivery of health services. It’s one of the most powerful social equalizers among several policy options.

Universal health coverage is all about people getting the health care they need, of sufficient quality to be effective, without suffering financial hardship. The strengthening of health systems is, of course, at the centre of this.

WHO identifies achieving UHC as a strategic priority and thus this pursuit is embedded into all programmes across all levels of the Organization. In the Region, UHC is a Flagship Priority Area, with a specific focus on human resources for health and access to medicines. One of the three targets of the GPW13 is to have one one billion more people benefiting from UHC by 2023.

Key achievements

Throughout the biennium, the global and regional spotlight on UHC was retained. It was the theme for World Health Day for two years in a row, while the Political Declaration at the High-Level Meeting on Universal Health Coverage at the United Nations General Assembly in September 2019 was the most comprehensive instrument ever adopted by the United Nations on the right of all people to access health services, and a powerful statement about the world we want to create.

Throughout 2018 and 2019, Member States in the Region continued to advance towards UHC by improving access to essential health services. By the end of 2019, three Member States – DPR Korea, Sri Lanka and Thailand – were placed above the global mean of 66% for UHC service coverage. In the Region, the index increased from 49% in 2010 to 61% in 2019.

The progress can be commended, but there is far more work to be done. More than 800 million people in the Region still lack full coverage of essential health services and at least 65 million are pushed into extreme poverty every year when they pay for catastrophic health care out of pocket.

Change-makers: developing and implementing national health policies and strategies

Throughout the biennium, the Regional Office provided technical assistance to Member States to design and implement essential service packages, including feasibility and costing studies. Essential service packages were designed in Bangladesh, Sri Lanka and Timor-Leste, all of which had a strong emphasis on primary health services that are closer to communities.

To inform the development of new, more integrated service delivery models, cross-programmatic efficiency analyses were conducted in Bhutan and Sri Lanka. These analyses identified specific duplications and mis-alignments of functional responsibilities across different programmes. Reforms are helping with advocacy for sustainable financing from domestic resources for these services, and also informing system-wide improvements in health. Furthermore, new health financing strategies were developed in Myanmar and Timor-Leste that are steeped in the principle of equity in access.
To improve the monitoring of financial protection, the Regional Office held for the first time a workshop with health and statistics officials from Member States across the Region to discuss relevant data from household surveys and measure catastrophic spending as well as levels of impoverishment. Such data is now available from 10 out of 11 Member States. The generation of robust data on financial protection is helping countries to track their progress against the health-related SDGs and UHC targets more effectively, and this in turn is helping to identify gaps in policy.

**Integrating people-centred health services**

Throughout the biennium, the Regional Office strengthened frontline services to accelerate progress towards UHC. The drive behind such efforts stemmed from the need to bring integrated, people-centred and better-quality health services to Member States.

As part of this, a Regional Consultation on strengthening frontline services for UHC by 2030 was held in New Delhi in July 2019. Participants agreed to a series of recommendations regarding the next steps around three thematic areas: (i) the organization, management and staffing of frontline health services to accelerate progress towards UHC; (ii) effective strategies to improve health service quality and safety; and (iii) monitoring trends in the performance of frontline health services.

At the Regional Consultation, Member States engaged in a policy dialogue on cleaner, safer health facilities and offered inputs on developing a dashboard to guide stronger policy advocacy and track health-care quality and safety improvement at the national level. Furthermore, a Regional workshop was held in late 2019 on the core components of infection prevention and control (IPC) at the national and facility level.

**India launches overarching universal health coverage programme**

In 2018, the Government of India facilitated the expansion of UHC with the launch of the Ayushman Bharat programme. The programme aims to address health holistically through its twin components – health and wellness centres and PM-JAY (Pradhan Mantri Jan Arogya Yojana) – for improved financial protection when seeking inpatient secondary and tertiary care. PM-JAY will cover 100 million poor and vulnerable families providing coverage of up to 500,000 Indian rupees per family per year. The 150,000 health and wellness centres will provide comprehensive primary health care with an expanded range of services including communicable diseases, palliative care, reproductive and child health services and noncommunicable diseases.

More than 30 states and Union territories of India are implementing PM-JAY, under which almost eight million treatments have been provided by 2019. More than 27,000 health and wellness centres have been operationalized by 2019.

As endorsed by the World Health Assembly, the first World Patient Safety Day was observed in 2019. The objective of the annual day is to raise global awareness about patient safety and international solidarity and action. Several Member States also implemented measures to improve IPC. This included Bhutan, which launched a nationwide hotline for patient complaints and developed a National Strategic Plan for blood safety (2019–2023). Maldives, meanwhile, developed national IPC guidelines and Timor-Leste participated in the “Twinning Partnership for Improvement” with China, Macao Special Administrative Region, to learn about IPC, among other country examples.
The availability of an adequate number of competent, well distributed and motivated health workers is critical for providing quality services and advancing UHC. For the last four years, work has been guided by the Decade of Strengthening Human Resources for Health (HRH) in the South-East Asia Region (2015–2024).

Initiated in 2016, National Health Workforce Accounts allow countries to compile data across sectors and regularly report it to the dedicated platform through a designated focal point. All 11 Member States are now reporting data on their stock of health workers for doctors, nurses, midwives, dentists and pharmacists. Ten Member States are also reporting primary health care workers, a parameter that was added in 2019. In addition, Myanmar, Thailand and Timor-Leste finalized their new HRH strategies while Myanmar and Thailand set up new HRH units, taking the total number of Member States with HRH units to 10.

Improving access to medicines and other health technologies and strengthening regulatory capacity

The Delhi Declaration of the Seventy-first session of the Regional Committee for South-East Asia on “Improving access to essential medical products in the South-East Asia Region and beyond” for the first time expanded the focus of WHO’s work to include improving access to essential medical devices and diagnostics in addition to essential medicines and vaccines.

In between implementing innovative initiatives to retain rural health-care workers, to bolster national HRH strategies and improve HRH data, these efforts are having results: there has been an increase in the number of doctors, nurses and midwives per 10 000 population in almost all countries. But there is more work to be done: the Regional average of 26.0 is still far from the SDG global threshold of 44.5.

Trends in availability of doctors, nurses and midwives in SEA Region countries, 2014–2018

In this note, in 2019 the World Conference on
Access to Medical Products held in India and Thailand’s annual International Trade and Health Conference contributed to sustained engagement on access issues for medical products. Such engagement has facilitated intense discussions to identify research and development (R&D) gaps and priorities; promote improved collaboration, coordination in R&D and transparency in R&D costs; and strengthen R&D capacity.

Further deliberations were held to promote technology transfer and intellectual property measures, which include encouraging the use of Trade Related Aspects of Intellectual Property Rights (TRIPS) flexibilities; greater transparency in patenting and licensing; and expanding patent pooling as well as a variety of measures to promote access to medical products.

The Delhi Declaration further encourages Member States to “continue the momentum to strengthen regulatory cooperation and collaboration to improve the availability, quality and safety of essential products through SEARN”. The South-East Asia Regulatory Network (SEARN) was launched in 2016 and continues to enhance information-sharing, collaboration and convergence of medical
product regulatory practices across all Member States to guarantee access to high-quality medical products. In 2019, SEARN working groups initiated regional collaborative activities to improve practices of quality assurance and regulation, and are moving forward on WHO prequalification, medical product vigilance and medical device regulation. These activities are helping to build stronger convergence and reliance mechanisms to ensure quality and safety of regulated products across the South-East Asia Region.

WHO continued to support Member States to enhance traditional medicine product regulatory systems with a focus on safety monitoring and pharmacovigilance (PV). This is one of the regional priority areas of work given the widespread use of traditional medicine as part of public health care services across the Region.

To this end, briefing notes on pharmacovigilance (PV) for traditional medicine products for policymakers were developed in addition to country case studies and a regionwide PV survey.

These efforts combined provide a roadmap towards the safe and effective use of traditional medicine in health-care delivery systems of Member States in the Region. Importantly, the regulation of traditional medicine products has expanded from seven Member States in 2005 to 10 in 2018. All 10 Member States have a registration system for traditional medicine products; eight have been participating in the WHO Programme for International Drug Monitoring and five have a PV system that covers traditional medicine products.

WHO has been at the forefront of improving access to safe blood and blood products. World Blood Donor Day on 14 June is an important initiative to raise awareness on this issue. In the South-East Asia Region, all Member States have now developed/reviewed national blood policies and strategies with WHO support to ensure universal access to safe blood to support UHC.

In a major effort towards improving the global availability and affordability of quality-assured generic medicines, WHO in 2019 prequalified the first Bangladeshi medicine, lamivudine, an antiretroviral drug for HIV/AIDS.

In 2016, a Coalition of Interested Partners (CIP) was established to coordinate the range of development partners who were supporting regulatory system strengthening. Several partners joined with WHO in the Directorate General of Drug Administration’s (DGDA) efforts to support Bangladesh build local capacity to manufacture and regulate medicines. While the country produces about 98% of the needed medicines locally, none of the manufacturers prequalified finished pharmaceutical products.

The WHO inspection team conducted the initial inspection of the manufacturing site of Beximco Pharmaceuticals, the first manufacturer to apply for prequalification in 2017. Two years later, WHO prequalified the first product. The prequalification of a medicine manufactured in Bangladesh demonstrates the impact of WHO prequalification and regulatory system strengthening efforts to improve global access to medicines. Several other medicines are now in the pipeline for prequalification.
Building health systems, information and evidence

Member States across the Region are increasingly tracking and monitoring progress towards UHC and health-related SDG targets thanks to efforts to improve health information systems (HIS). For example, in 2018 Sri Lanka launched an innovative SDG3 tracker and, in 2019, further expanded the tracker to include additional SDGs. The tracker displays the SDG indicators and targets and plots progress towards achieving them for the public. The tracker is providing a rich database that will enable Sri Lanka to identify trends and those who are being left behind.

In another development, Bangladesh has created a more enabling environment for health managers at both the central and district level to make health service delivery improvements. Under the Health Systems Strengthening (HSS) Initiative, the country tracked the performance of public health facilities using an innovative approach.

Reseaching for impact in Nepal

As in many other countries, there is a critical gap in research in Nepal to help implement public health programmes and interventions by looking at barriers and at what works and what does not. The country-led Implementation Research Initiative was created by WHO headquarters to address this gap, and it started with Nepal.

As efforts to achieve UHC often fail at the implementation stage, implementation research could be a game changer. With technical support provided by all levels of WHO, a series of workshops in this biennium trained policy-makers, researchers and programme managers. One year later, Nepal’s capacity to conduct high-quality implementation research had significantly improved. Seven studies were selected, including one study that aims to increase enrolment in Nepal’s Social Health Insurance Scheme, which was launched in 2016 to reduce the financial burden of medical costs, and another study on innovations to increase the use of NCD services. The findings of the studies will be applied in 2020.

This experience shows how strong technical support, mentoring, and a relatively small amount of seed money from WHO can help develop a new, sustainable national research capacity in a short period of time. Importantly, other Member States are also increasing their capacity for conducting research too, including two countries that during this biennium drafted their national health research policies.
scoring system and data dashboard to illustrate how they were contributing to monitoring the needs of the population. The use of such data has put more emphasis on the need for greater attention to be directed to the performance of primary health care services.

With the digital revolution continuing to gather steam, this biennium some Member States also developed their national digital and e-health strategies and architecture blueprints; other countries utilized e-health in other innovative ways. The Indonesian Directorate of Family Health created an e-learning platform for both the public and health care workers. The Myanmar Ministry of Health and Sports rolled out thousands of digital tablets filled with valuable content and tools to frontline health workers to improve community health service delivery. In India, a new integrated health information platform (IHIP) was developed with WHO support to provide real-time disease surveillance and data reporting.

**Challenges and lessons learnt**

The global goal of UHC, combined with the GPW13, and the UHC Flagship Priority Area of work with its focus on strengthening the health workforce and access to medicines, have all helped to fuel progress and retain the political spotlight on the prized goal.

But major challenges remain notwithstanding the headway made. Inadequate national budgets and ineffective financing mechanisms to ensure access to essential medicines and diagnostics are hindering further progress towards UHC in the Region. As such, high out-of-pocket payments remain one of the primary problems impeding improvements towards better financial protection and access to health services. Making health financing systems more effective by reducing catastrophic health-care spending through increased and more efficient public spending on health, prioritization of primary health care, and equitable and affordable access to quality essential medical products is essential to accelerate progress in the Region.

At the country level there is an urgent need to strengthen health governance and financing. Thus there is a need to access high-quality data from household income surveys on a more regular basis to inform timely policy advice to reform health financing systems.

A better understanding and use of windows of opportunities, such as the renewed commitment from the Ministry of Health in Sri Lanka for moving towards a reorganization of primary health services this biennium, has been instrumental in engaging for a health systems reform and is something that other Member States can learn from in moving forward.
Programme Budget financing and implementation by Programme Area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % approved Budget</th>
<th>Exp. as % funds available</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 National health policies, strategies and plans</td>
<td>17 300 000</td>
<td>16 587 680</td>
<td>14 728 666</td>
<td>96%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>4.2 Integrated people-centred health services</td>
<td>16 800 000</td>
<td>16 883 494</td>
<td>16 610 642</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>4.3 Access to medicines and health technologies, and strengthening regulatory capacity</td>
<td>9 700 000</td>
<td>7 905 484</td>
<td>6 897 275</td>
<td>81%</td>
<td>71%</td>
<td>87%</td>
</tr>
<tr>
<td>4.4 Health systems Information and evidence</td>
<td>13 900 000</td>
<td>9 760 588</td>
<td>8 621 756</td>
<td>70%</td>
<td>62%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Undistributed – 220 052

Category 4 total: 57 700 000

Category 4: Approved Budget, funds available and expenditure by country offices and Regional Office

<table>
<thead>
<tr>
<th></th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country offices</td>
<td>39</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td>Regional Office</td>
<td>18</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Category 4: Financing by Flexible Funds and Voluntary Contributions

- Flexible Funds: 60%
- Voluntary Contributions: 40%
HEALTH EMERGENCIES PROGRAMME
**Infectious hazards**
Roadmap for combating Nipah virus developed in the Region
Three priority cholera endemic Member States developed a framework to operationalize the Global Roadmap for Ending Cholera by 2030

**International Health Regulations (2005)**
Eight Member States conducted a joint external evaluation to assess country capacities to prevent, detect and respond to public health risks
Seven Member States developed their national action plans for health security to accelerate the implementation of IHR core capacities

**Emergency information**
DHIS-2 platform piloted in two Member states to gather routine health data to support national EWARS

**Emergency responses**
Member States agreed to strengthen the emergency medical teams in the South-East Asia Region

**Emergency core services**
The South-East Asia Regional Health Emergency Fund approved 41% of all requests for support within 24 hours
Member States continued to work with WHO in establishing health emergency operation centres to coordinate the management of public health events

**Pandemic influenza preparedness (PIP)**
Nine Member States updated their national influenza pandemic preparedness plans for responding to epidemic and pandemic-prone diseases

### KEY FIGURES 2018–2019

<table>
<thead>
<tr>
<th>HEALTH EMERGENCIES PROGRAMME</th>
<th>OUTBREAK AND CRISIS RESPONSE AND SCALABLE OPERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US$ 31 million</strong> Approved Budget</td>
<td><strong>NA</strong> Approved Budget</td>
</tr>
<tr>
<td><strong>US$ 22 million</strong> Funds available (72% of approved Budget)</td>
<td><strong>US$ 24 million</strong> Funds available</td>
</tr>
<tr>
<td><strong>US$ 21 million</strong> Expenditure (68% of approved Budget, 94% of funds Available)</td>
<td><strong>US$ 23 million</strong> Expenditure (95% of funds available)</td>
</tr>
</tbody>
</table>
Introduction

The WHO South-East Asia Region continues to be vulnerable to a diverse range of natural hazards such as floods and cyclones, frequent outbreaks of common communicable diseases, emerging and re-emerging diseases, and newer threats such as antimicrobial resistance and adverse climatic conditions including air pollution.

The Regional Director identified “Scaling up capacity-building in emergency risk management” as one of the Region’s Flagship Priorities in 2014. This received a boost with the inception of the WHO Health Emergencies Programme (WHE) in 2016. Such critical work will continue into the future as part of the Thirteenth Global Programme of Work which envisages protecting “one billion more people from emergencies by 2023”.

Key achievements

Throughout the biennium, WHO continued to support Member States to sustain and further consolidate health emergency capacities and resilience against threats in the Region.

As such, continued investment in strengthening capacities for emergency risk management has resulted in better management of major health emergencies such as the ongoing crisis in Cox’s Bazar, multiple earthquakes in Indonesia, and floods in India.

Some of the key achievements this biennium includes promptly and effectively responding to a cholera outbreak in the Rohingya camps in Cox’s Bazar; Thailand receiving WHO classification for its emergency medical team – the first in the Region; and strengthened International Health Regulations implementation across Member States.

Addressing infectious hazards management

In 2017, the Nipah virus was declared as one of the top eight emerging pathogens by WHO. Against the backdrop of outbreaks in the Region, the Regional Office held an expert consultation on the disease, which brought together 24 experts. The purpose of the consultation was to develop an evidence-based outline of ways to achieve Nipah virus control and reduce mortality and disability due to the disease. The result was a roadmap for combating Nipah virus in the Region based on comprehensive expert recommendations across 10 thematic areas.

Meanwhile, three priority cholera-endemic Member States – Bangladesh, India and Nepal – met with experts to develop a framework to operationalize the Global Roadmap for Ending Cholera by 2030. Each country outlined specific priority activities to be included in their national action plans for cholera control. This biennium, Bangladesh developed and launched its National Cholera Plan to end cholera by 2030, which serves as a guide for cholera case management, social mobilization and community engagement, improved WASH services, and ensuring vaccine delivery to vulnerable populations.

Preventing pandemics and implementing International Health Regulations (2005)

This biennium, momentum to strengthen the Region’s capacity to respond to health emergencies was bolstered by two new Regional strategies: the Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023) and the Regional Risk Communication Strategy for Public Health Emergencies (2019–2023). Moreover, at the
Seventy-second Regional Committee session in New Delhi, the Delhi Declaration on Emergency Preparedness to strengthen and operationalize cross-border capacities for disaster reduction and response was endorsed. Key initiatives of the Declaration include identifying risks by mapping and assessing vulnerabilities, evidence-based planning, implementing measures for disaster risk reduction, and preparing and operationalizing readiness.

The IHR (2005) have led to a paradigm shift in global health security. It is mandated that under IHR (2005), States Parties shall develop, strengthen and maintain core capacities to detect, assess, notify, report and respond to public health risks and emergencies of national and international concern.

And this biennium, Member States of the Region have made further progress in strengthening and assessing the core capacities. By 2019, eight Member States had conducted joint external evaluations (JEE) – a voluntary process to assess country capacities to prevent, detect and respond to public health risks.

Importantly, seven Member States also developed their National Action Plan for Health Security, which included Indonesia, Maldives, Myanmar, Sri Lanka and Thailand in 2018 and Bhutan and Timor-Leste in 2019. Such plans are critical to accelerating the implementation of IHR Core Capacities, and is based on a “One Health” for all-hazards, whole-of-government approach.

Several simulation exercises at both the country and regional level were also held throughout 2018 and 2019. This included a SimEx at Paro International Airport in Bhutan on the handling of high-threat biological samples and assuring biosecurity.

Expanding health emergency information, knowledge and innovation

An early warning and response system (EWARS) is an integral part of public health surveillance and response systems that allow the early detection of any unusual occurrence or event. The system allows health facilities across the Region to report information to WHO in real time, which means that disease outbreaks can be detected quickly before they spread and become difficult to control.
This biennium, the DHIS-2 platform – an open source, web-based software tool to gather routine health data from public health facilities to monitor health systems – was tested as a potential support to national EWARS in Myanmar and Nepal. It is believed that the adoption of DHIS-2 will strengthen national EWARS across the Region if it is widely adopted by Member States.

Work continued on expanding knowledge and innovation with the development of a mobile and web-enabled application for multi-hazards safety assessment and hospital preparedness, called HSI+. It was pilot-tested in four hub hospitals in Nepal and later integrated into 25 hub hospital networks after capacity-building of hospital staff in 2019. It is hoped that the new app will be adapted to similar contexts across the Region.

WHO also introduced a newly developed software called Go.Data 2.0 with assistance from the Global Outbreak Alert and Response Network (GOARN). Go.Data allows outbreak investigations, including field data collection, contact tracing and visualization of disease chains of transmission in Cox’s Bazar. The strengthened surveillance and improved information management is having a profound impact on disease control in the camps.

Emergency responses in the Region: notes from the field

Throughout the biennium, WHO continued to respond to acute emergencies effectively and promptly by harnessing the capacity of the Organization at all three levels. Over the course of two years, WHO continued to respond to the protracted emergency in Cox’s Bazar; the Kerala floods in India; multiple earthquakes in Indonesia; and the vaccine-derived type 1 poliovirus outbreak in Myanmar, among other emergencies.

Looking ahead, with the Region’s vulnerability to different types of disasters and emergencies, Member States may require immediate assistance from national emergency medical teams (EMTs) within the affected country or by international EMTs. In a bid to make this a reality, the Regional Committee in 2018 passed a resolution on Strengthening EMTs in the South-East Asia Region. This prompted the strengthening of mechanisms for national EMTs; the development and implementation of national plans for strengthening systems for EMTs; and WHO support for training and coordination.

Building emergency core services

In recent years, the South-East Asia Regional Health Emergency Fund (SEARHEF) has served...
WHO’s interventions in Cox’s Bazar, Bangladesh

Over the course of the biennium, WHO continued its emergency response in Cox’s Bazar, leading and coordinating the health sector, which brings together more than 100 local and international health partners. WHO continues to serve as the Secretariat to the Emergency Coordination Committee set up by the government to lead the health response for nearly 1.3 million Rohingya refugees and their host population.

Throughout 2018 and 2019, the health sector continued to focus on reducing morbidity and mortality among Rohingya refugees by coordinating the provision of emergency health care services, medicines, vaccines and supplies; and by preparing to mitigate and respond to public health risks by strengthening systems and building resilience.

Some of WHO’s key interventions in Cox’s Bazar included the following:

- providing almost 300 tonnes of essential medicines, supplies and equipment;
- establishing an EWARS in more than three fourths of health facilities;
- averting a potential cholera outbreak;
- providing mental health and psychosocial support (MHPSS) services in primary care facilities through training for non-specialists;
- establishing a field laboratory in Cox’s Bazar;
- distributing NCD rapid diagnostic tests and sexual and reproductive health kits to health facilities; and
- rolling out numerous mass immunization campaigns.
the Region well, particularly when it started investing in emergency preparedness and not just response from 2016. Prioritized by the Regional Director, a 10-year external evaluation of SEARHEF was carried out this biennium. The evaluation criteria included relevance, effectiveness, efficiency, sustainability and impact.

The evaluation found that about 41% of SEARHEF requests were approved within 24 hours for rapid acute-onset emergencies and that SEARHEF is not only more easily accessible than other global funds but has also proven to be adequate in supporting the population in coping with disasters.

This biennium WHO supported the mobilization of SEARHEF to respond to critical health needs in DPR Korea after Cyclone Soulik and conflict in Myanmar’s Rakhine state. Through the use of SEARHEF, emergency health kits, personal deployment kits and Tamiflu vaccines were also procured.

A health emergency operations centre (HEOC) is a physical location or virtual space in which designated public health emergency management experts assemble to coordinate operational information and resources for the management of public health events and emergencies. WHO continued to work closely with Member States in establishing HEOCs and operationalizing them by providing training and logistical support.

For example, in 2019, work on establishing an HEOC in Dili, Timor-Leste, was completed; Bhutan and Maldives had established an HEOC in 2018.

**Scaling up pandemic influenza preparedness (PIP)**

Pandemic influenza remains an important threat globally, and especially so in the South-East Asia Region. The PIP Framework, a partnership between the pharmaceutical industry and WHO, is building the capacity of Member States of the Region in six major output areas related to influenza. This includes laboratory and epidemiological surveillance; burden of influenza disease determinations; vaccine regulatory capacity; vaccine deployment capability; risk communications; and PIP plans, updates and revisions.

During this biennium WHO has supported efforts to strengthen seasonal and pandemic influenza preparedness in Member States. Efforts have been made particularly towards strengthening laboratory capacities, especially around diagnostics, virus isolation, biosafety and quality assurance.

Two events highlighted the Regional Office’s engagement in pandemic influenza preparedness: the 2019 PIP Regional Coordination and Implementation Meeting held in New Delhi, India, and the 13th Bi-regional Meeting of national influenza centres and influenza surveillance in the Western Pacific and South-East Asia Regions held in Ulaanbaatar, Mongolia. Coinciding with these important meetings was the launch of WHO’s Global Influenza Strategy (2019–2030), which provides an overarching framework to approach influenza preparedness holistically by strengthening capacities to prevent, control and prepare.

In an important step, Member States updated their national influenza pandemic preparedness plans according to WHO’s new guidance on pandemic influenza risk management (PIRM) for responding to epidemic and pandemic-prone diseases by country. As such, nine of the 11 Member States have now completed or are in the process of finalizing their updated national influenza pandemic preparedness plans based on PIRM. As a result of these ongoing and persistent efforts, the health system infrastructure has been improved and Member States are in a stronger position to prepare for and respond to influenza.
Challenges and lessons learnt

When the Regional Director identified scaling up capacity-building in emergency risk management as one of the Flagship Priorities in 2014 – two years before the health emergencies programme came to fruition – it was not only a visionary act but also set a precedent for other regions.

Significant progress has been made this biennium thanks to accelerated efforts at strengthening the capacity of Member States to prepare for and respond to crises and reducing risks. But major challenges remain.

For the Regional Office specifically, this biennium has demonstrated that WHE is substantially affected by a lack of resources and is highly vulnerable due to its exclusive funding from headquarters. As such, financial sustainability and predictability are the biggest challenges in supporting programme implementation across all 11 Member States.

Nevertheless, the outstanding collaboration and coordination across all three levels of WHO and the effective response to multiple emergencies this biennium has illustrated just how valuable the programme is.

There is also inadequate domestic investment in disaster risk reduction, preparedness and operational readiness, despite the Region’s known vulnerabilities. Further compounding this is are the different maturity levels of health systems that can hinder the sustainability of preparedness and response. There is an urgent need for Member States to press ahead and develop and implement their national action plans for health security – health systems of the Region are simply not ready for the adverse climatic changes.

Looking ahead, increasing capacity under IHR (2005) must be integrated into routine health systems strengthening. This provides a window of opportunity for not only targeting the protection of one billion more people from emergencies, but also connecting with the target of one billion more people enjoying better health and well-being as envisioned in the GPW13.
## Programme Budget financing and implementation by Programme Area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % approved Budget</th>
<th>Exp. as % funds available</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Infectious hazards management</td>
<td>3 300 000</td>
<td>4 467 709</td>
<td>4 042 002</td>
<td>135%</td>
<td>122%</td>
<td>90%</td>
</tr>
<tr>
<td>12.2 Country health emergency preparedness and International Health Regulations (2005)</td>
<td>13 000 000</td>
<td>8 548 459</td>
<td>8 189 312</td>
<td>66%</td>
<td>63%</td>
<td>96%</td>
</tr>
<tr>
<td>12.3 Health emergency information and risk assessment</td>
<td>3 100 000</td>
<td>2 459 975</td>
<td>2 296 754</td>
<td>79%</td>
<td>74%</td>
<td>93%</td>
</tr>
<tr>
<td>12.4 Emergency operations</td>
<td>7 100 000</td>
<td>4 283 151</td>
<td>4 478 041</td>
<td>60%</td>
<td>63%</td>
<td>105%</td>
</tr>
<tr>
<td>12.5 Emergency core services</td>
<td>4 500 000</td>
<td>2 344 070</td>
<td>2 004 534</td>
<td>52%</td>
<td>45%</td>
<td>86%</td>
</tr>
<tr>
<td>Undistributed</td>
<td>–</td>
<td>265 378</td>
<td>–</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td><strong>Category 12 total</strong></td>
<td><strong>31 000 000</strong></td>
<td><strong>22 368 742</strong></td>
<td><strong>21 010 643</strong></td>
<td><strong>72%</strong></td>
<td><strong>68%</strong></td>
<td><strong>94%</strong></td>
</tr>
<tr>
<td>13.1 Increase access to essential health and nutrition services</td>
<td>–</td>
<td>12 145 109</td>
<td>9 926 432</td>
<td>N/A</td>
<td>N/A</td>
<td>82%</td>
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<tr>
<td>13.2 Prevent and control outbreaks</td>
<td>–</td>
<td>3 886 565</td>
<td>5 475 906</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>13.3 Strengthen surveillance, early warning and health information management</td>
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<td>3 205 834</td>
<td>2 473 129</td>
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<td>N/A</td>
<td>77%</td>
</tr>
<tr>
<td>13.4 Establish effective coordination and operations support</td>
<td>–</td>
<td>4 783 456</td>
<td>4 894 359</td>
<td>N/A</td>
<td>N/A</td>
<td>102%</td>
</tr>
<tr>
<td>13.5 Fast-track research for infectious hazards</td>
<td>–</td>
<td>–</td>
<td>41 293</td>
<td>N/A</td>
<td>N/A</td>
<td>–</td>
</tr>
<tr>
<td>Undistributed</td>
<td>–</td>
<td>93 458</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>OCR Category 13 total</strong></td>
<td>–</td>
<td><strong>24 114 422</strong></td>
<td><strong>22 811 119</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>95%</strong></td>
</tr>
</tbody>
</table>
### Category 12 Financing by Flexible Funds and Voluntary Contributions

<table>
<thead>
<tr>
<th></th>
<th>Country offices</th>
<th>Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Funds</td>
<td>17</td>
<td>14</td>
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<tr>
<td>Voluntary Contributions</td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>

### OCR: Flexible Funds and Voluntary Contributions

<table>
<thead>
<tr>
<th></th>
<th>Country offices</th>
<th>Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Funds</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Voluntary Contributions</td>
<td>3</td>
<td>23</td>
</tr>
</tbody>
</table>

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**Approved Budget, funds available and expenditure by country offices and Regional Office**

<table>
<thead>
<tr>
<th>Category 12</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country offices</td>
<td>US$ in million</td>
<td>US$ in million</td>
<td>US$ in million</td>
</tr>
<tr>
<td>Flexible Funds</td>
<td>17</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Voluntary Contributions</td>
<td>13</td>
<td>9</td>
<td>9</td>
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</table>

<table>
<thead>
<tr>
<th>OCR</th>
<th>Funds available</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country offices</td>
<td>US$ in million</td>
<td>US$ in million</td>
</tr>
<tr>
<td>Flexible Funds</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Voluntary Contributions</td>
<td>3</td>
<td>23</td>
</tr>
</tbody>
</table>

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**Graphical Representation**

- **Category 12**
  - Flexible Funds: 45%
  - Voluntary Contributions: 55%

- **OCR**
  - Flexible Funds: 97%
  - Voluntary Contributions: 3%
LEADERSHIP AND ENABLING FUNCTIONS
Leadership and governance
Flagship Priority Programmes updated based on progress, context, country priorities and commitments made in Member States and country-specific priorities
A total of 11 resolutions and five decisions were approved by the Regional Committee in 2018–2019
‘Regional One Voice’ mechanism used to promote collective Member States priorities at global WHO Governing Body meetings

Focus on countries
The Region successfully implemented the Programme Budget 2018–2019 with 78% of resources allocated to country offices

Transparency and accountability
Overdue donor reports reduced in the Region
Highest number of independent evaluations conducted and commissioned, including an evaluation of the Regional Flagships
Six country offices carried out administrative reviews to improve efficiency and effectiveness

Planning, monitoring and resource mobilization
The Programme Budget 2018–2019 was fully financed with Programmatic implementation of 99% and financial implementation of 93%
Increased resource mobilization at country and regional level

Effective and efficient WHO
Travel expenditure in the Region was 5%, below the global average of 8%
Environmentally friendly initiatives for the safety and well-being of staff at WHO offices implemented
‘Global Synergy 10’ platform for ICT completed for the entire Region

Strategic communication
The Regional Office and all country offices launched their new websites
The Regional Office’s website increased its audience threefold and social media channels reached out to more than 25 million people

KEY FIGURES 2018–2019: LEADERSHIP AND ENABLING FUNCTIONS

US$ 55 million
Approved Budget
(96% of approved Budget)

US$ 52 million
Funds available
(95% of approved Budget)

US$ 52 million
Expenditure
(99% of funds available)
Introduction

Throughout the biennium, WHO continued to collaborate with Member States in the South-East Asia Region and partners to advance national health priorities in line with regional and global strategies and plans. WHO’s leadership, commitment and strong collaboration with Member States and partners enabled sustained progress towards achieving country and regional health priorities while contributing to the global health agenda.

Key achievements

Leadership and governance for country impact

Since their launch in 2014, the Regional Flagship Priority Programmes have continued to enjoy high level buy-in and commitment across the Region. This has led to many public health achievements among Member States, including accelerated action to eliminate communicable diseases, control of noncommunicable diseases, progress towards UHC, reduction in maternal and child mortality, and strengthened emergency response and preparedness.

In 2019, the Region updated its Flagship Programmes to reflect Member State progress and the evolving regional and global health and development context. This included, for example, revising the measles and rubella elimination goal of 2020 to 2023 to reflect ongoing challenges with the highly infectious disease. To move towards the renewed goal of 2023, the Strategic Plan for measles and rubella elimination in the WHO South-East Asia Region (2020—2024) was endorsed by the Seventy-second Regional Committee.

In addition, malaria, trachoma and the elimination of mother-to-child-transmission of HIV were added to the Flagship Priority Area of finishing the task of eliminating neglected tropical diseases (NTDs) and other diseases on the verge of elimination. Besides some other modifications to the overall Flagship Programme Areas, indicators and targets for 2023 were developed as part of the regional results measurement framework.

This biennium, the Region continued to build on governance, policy and strategic matters through the sessions of the Regional Committee. Several key and substantial decisions were made during this biennium at these sessions, which will have a ripple effect across all Member States and by extension global health in the quest to secure health and well-being.

The Seventy-first session passed six resolutions and three decisions, including the “Delhi Declaration on improving access to essential medical products in the Region and beyond”. At that Regional Committee session, a special publication commemorating seven decades of WHO’s work in the Region, titled *A healthier South-East Asia: 70 years of WHO in the Region*, was launched. At the Seventy-second session, the Regional Committee adopted five resolutions along with two decisions, including the “Delhi Declaration on emergency and preparedness in the South-East Asia Region”.

In addition, the Regional Office continued to contribute to global health governance through the active participation of Member States in the Executive Board, the Programme, Budget and Administration Committee (PBAC), and the World Health Assembly, in which all Member States participated individually but also collectively as part of the SEA Region’s “One Voice” approach to highlight issues of regional importance. For example, at the Seventy-first World Health Assembly in 2018, regional solidarity and strong global presence on public health issues was highlighted with 14 “Regional One Voice (RoV)” interventions,
including on addressing the global shortage of, and access to, medicines and vaccines, and promoting the health of refugees and migrants. Similarly, at the World Health Assembly in 2019, 14 collaborative RoV interventions were delivered by Member States.

Importantly, the South-East Asia Region successfully implemented the 2018—2019 Programme Budget in collaboration with all Member States and partners and all three levels of the Organization. In line with the Regional Director’s vision and focus on driving impact in every country, the share of resources directly allocated to country offices to support Member States with agreed priorities reached 78% this biennium.

Driving transparency, accountability and risk management for on-the-ground results

This biennium a web-based portal was designed and implemented to simplify, streamline and increase efficiency of the work of WHO in the SEA Region. Throughout 2018 and 2019, multiple accountability initiatives were also implemented, leading to significant improvements in key performance indicators. For example, due to the close monitoring of overdue donor reports, by the end of 2019 there were only six of this kind.

The Regional Office places the highest importance on evaluation. The WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development is enforced in the Region along with the 2018 WHO Evaluation Policy, further fostering the culture of evaluation in the Regional and country offices. To that end, multiple evaluations were completed, including several country office evaluations, an evaluation of WHO’s role in the development of the National Multisectoral Action Plan for the prevention and control of NCDs in India, and a 10-year evaluation of SEARHEF. An independent evaluation of the Regional Flagship Programme was commissioned in 2019 to assess progress; document accomplishments, challenges and lessons learnt; and identify recommendations on the way forward considering what has worked well and what has not in the pursuit of results. There are eight evaluations which are slated for completion in 2020.

The ultimate test of a country-focused strategy is whether the Organization has the right capacity on the ground to effectively identify needs, provide support and make the best use of resources available to deliver results at the country level. This biennium, six country offices carried out administrative reviews aim at improving efficiency and effectiveness as well as identifying best practices. More specifically, the improvements in administrative and managerial processes have encompassed human resources, procurement, budget and finance, administrative services and programme management. These six offices are Bangladesh, Indonesia, Maldives, Myanmar, Sri Lanka and Timor-Leste, completing the series of reviews for all country offices since the endeavour began in the previous biennium.

Additionally, WHO at the both the regional and country level implemented innovative initiatives to create healthy and enabling working environments. Such initiatives include zero prevalence of single-use plastic, options for exercise routines and healthy food choices, and specific activities as part of the Respectful Workplace initiative.

Overall, the South-East Asia Region continues to strengthen its internal control framework by appropriately addressing cross-organizational and systemic weaknesses, with the aim of achieving expected results, improved overall accountability and stewardship of its resources. As such, networks of the administrative officers, budget and finance, human resources, procurement and information communication and technology teams across the Region were provided with regular updates, information and knowledge and sharing of best practices.
Sri Lanka Country Office promotes sustainability and physical activity

The SDGs call for a global shift to a more sustainable future. In an effort to achieve the Sustainable Development Agenda of 2030 and to promote greater environmental responsibility, the Sri Lanka Country Office has fully committed itself to transform its office environment and ‘go green’. To do this, WHO is adhering to five key principles: staff involvement in the Green Office initiative; partnership across UN offices and other interested organizations; use of environment-friendly technologies; encouraging reduce, re-use and recycle practices; and protect the environment.

The office has eight policy objectives to be achieved by mid-2020. Some of these include: to reduce energy use at the office by 10%, reduce water waste by 90%, and establish food waste, paper, plastic and e-waste recycling processes. Other country offices are following suit with their own initiatives, too.

In addition, the Sri Lanka Country Office encouraged increased physical activity. Steps included allocating time within work hours for physical activity, adequately equipping the office gymnasium, and paying for the use by staff of a neighbourhood badminton court twice a week. In addition, WHO supported three weekly fitness sessions in office run by a renowned fitness group, which has also provided awareness on healthy eating. These have become regular activities at the country office in addition to the “Walk the Talk” campaign that runs for 100 days each year.

Timor-Leste is another Member State which has been promoting physical activity. Following the launch of the “Walk the Talk” campaign in 2018, the Timor-Leste Country Office decided to go beyond the annual symbolic walk (as part of the “Health for All Challenge”) and turn it into a regular Saturday morning walk as it gained popularity.

Initially it began with participation of WHO colleagues and partners, but soon it brought together people of all ages from the community. Every week a new theme is promoted for awareness: including alcohol use, breastfeeding, tobacco, breast cancer and many more. At the end of each walk, participants from WHO and relevant partners speak briefly on the selected topic of the week, enhancing people’s understanding of the major health issues facing Timor-Leste.
This is the result of clear direction and focus on priorities and results by Senior Management, regular monitoring, and efficient management of the Budget, and enhanced collaboration across the three levels of the Organization.

Moreover, since 2014–2015, the allocation of resources directly to country offices to support Member States with agreed priorities, in line with the Regional Director’s vision of driving impact in countries, has been over 70%. This biennium it reached 78%. Country-level resource mobilization also increased compared with the previous biennium thanks to India’s

Strategic planning, resource coordination and reporting for a stronger WHO

The strategic allocation of resources – in line with country focus and priorities – enabled the Region to advance the implementation of policies and thereby improve the health of the people. To this end, the Programme Budget was fully financed: programmatic implementation was 99% and financial implementation 93% against the approved Budget and available resources.

Joint planning with Member States drive impact at country level

The South-East Asia Regional Office has a long tradition of joint planning with Member States, borne out of a shared belief that proper planning, monitoring and assessment is very important to drive impact at the country level. Collaborating with Member States enables strategic allocation of resources that helps to maximize impact.

This biennium, the implementation of a new planning process for GPW13 provided an additional opportunity for collaboration work with Member States to review the key priorities that call for further collaboration with WHO. The prioritization of GPW13 outcomes at the country level facilitated the development of a comprehensive Programme Budget 2020–2021.

In addition, the participatory process of involving Member States in planning also enabled the Region to develop country support plans with more tangible deliverables so that the Organization can provide more targeted support.

Going forward, consistent engagement with Member States in the strategic planning and monitoring process will also allow the adoption of innovative approaches to accelerate progress towards country and regional goals.
Contribution towards its national priorities such as TB, NCD risk factors and polio.

Impressively, South-East Asia pioneered the WHO three-level collaboration for implementation of GPW13, which included a rigorous review of each of the country support plans and strategic dialogue among country office, regional and headquarter teams.

Moreover, regional meetings which involved the ministries of health and country offices on refining country plans were not only a unique WHO experience, but something that builds on the good practice of joint planning among Member States that was promoted by the Regional Director.

Management and administration for a more effective and efficient WHO

The goal of management and administration is to enable the Organization work as efficiently as possible to execute its core mandates. Significant improvements and innovations were achieved in the Region throughout the biennium, based on routine assessments and reviews and audits, and “Transformation” initiatives in the area of management and administration.

This involved, for example, strengthening assurance activities to ensure the effective use of the Organization’s resources for intended purposes; strict adherence by the Budget Centres to implement targets set by the Regional Director; and constant reviews of staff resource requirements to ensure efficient and effective accountability and risk management.

This biennium travel expenditure for the Region was 5% of total expenditure, well below the global average of 8%. This was possible through tireless efforts of Senior Management to contain travel costs by ensuring compliance with the Organization’s Travel Policy and Procedures. Various additional cost-efficient measures were implemented, and alternative mechanisms in lieu of travel promoted.

In addition, substantial improvements were made in the number of outstanding audit recommendations. As part of continued efforts to target timely reporting, and with the support and cooperation of the ministries of health, this biennium reported zero overdue reports as at the end of 2019.

The timely submission of Direct Financial Cooperation (DFC) reports has further strengthened and contributed towards the effective delivery of results through greater compliance, accountability and stewardship of resources.

The Region continued to promote environmentally friendly, green technologies through innovative country information technology (IT) applications and infrastructure services and paperless processes, meetings and platforms. In addition, the Region moved forward in sustaining, accelerating and innovating information and communication technology (ICT) applications and infrastructure services in countries.

The WHO global IT platform of Synergy 10 was implemented in the entire Region, while an ICT review was also carried out in the country offices for Bhutan and Timor-Leste. In a sign of the times to come, the first ever virtual Governing Body session, the Special Session of the Regional Committee in March 2019, was held seamlessly.

Strategic and effective communication

Effective communication is key in public health. Thus, communicating WHO’s priorities, work, progress and achievements in the Region is
critical. Throughout the biennium, WHO’s work in the Region – and the Vision of the Regional Director for her second term – was covered by leading local, regional and international media across the television and print medium.

To further engage audiences, the Regional Office and all 11 country offices launched new websites. The Regional Office’s website audience increased threefold, while social media channels reached out to more than 25 million people.

Numerous country- and regional-level trainings and workshops were held for staff of the ministries of health across the Region to build better capacity for emergency communication.

Such efforts strengthened existing communication channels and established new ones and explored ways in which they could be leveraged during public health emergencies.

**Challenges and lessons learnt**

Driving impact at the country level continued to be the primary focus of the Regional Office this biennium. The Region’s culture of results-based planning, monitoring and evaluation, and close collaboration with Member States, has enabled the strategic allocation of resources to maximize impact at the ground level.

But while the Region is pursuing a series of ambitious targets, challenges remain. The
unpredictability of the flow of funding in 2018 slowed down the Programme Budget’s implementation while the Region also struggled with the absence of major donors and with other donor priorities. More specifically, the highly earmarked nature of VC funds and the reliance on specific single donors for certain diseases leaves some programme areas not addressed adequately. Challenging political situations and changing priorities at the country level compounded these problems and impeded the full implementation of the biennial Workplan activities.

During the biennium, the WHO Secretariat also had some human resources challenges in terms of filling up some core positions. As the demand for upskill technical assistance from Member States evolves, WHO will need to continue to find the right skill-mix, quality and quantity of staff to continue to drive country impact.

It will also be important to further strengthen appropriate learning and developmental activities to enhance staff skill and expertise and provide them opportunities for career progression.

Nevertheless, thanks to WHO’s strong commitment, responsive and inclusive leadership, the Region is now focused on operationalizing the GPW13 and the Regional Director’s Vision for 2019 – 2023 to “Sustain” the Region’s many achievements; “Accelerate” progress; and promote the drive to “Innovate”.

One billion more people benefiting from
One billion more people better protected from
One billion more people enjoying better
WHO’S GLOBAL TRIPLE BILLION TARGETS
Programme Budget financing and implementation by Programme Area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved Budget</th>
<th>Exp. as % approved Budget</th>
<th>Exp. as % funds available</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Leadership and governance</td>
<td>18 600 000</td>
<td>14 311 196</td>
<td>13 828 549</td>
<td>77%</td>
<td>74%</td>
<td>97%</td>
</tr>
<tr>
<td>6.2 Transparency, accountability and risk management</td>
<td>3 200 000</td>
<td>2 012 391</td>
<td>1 763 348</td>
<td>63%</td>
<td>55%</td>
<td>88%</td>
</tr>
<tr>
<td>6.3 Strategic planning, resource coordination and reporting</td>
<td>3 100 000</td>
<td>1 832 625</td>
<td>1 683 568</td>
<td>59%</td>
<td>54%</td>
<td>92%</td>
</tr>
<tr>
<td>6.4 Management and administration</td>
<td>27 100 000</td>
<td>32 126 295</td>
<td>32 780 266</td>
<td>119%</td>
<td>121%</td>
<td>102%</td>
</tr>
<tr>
<td>6.5 Strategic Communications</td>
<td>2 500 000</td>
<td>2 094 945</td>
<td>1 953 636</td>
<td>84%</td>
<td>78%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Category 6 total</strong></td>
<td><strong>54 500 000</strong></td>
<td><strong>52 377 452</strong></td>
<td><strong>52 009 367</strong></td>
<td><strong>96%</strong></td>
<td><strong>95%</strong></td>
<td><strong>99%</strong></td>
</tr>
</tbody>
</table>

Category 6: Approved Budget, funds available and expenditure by country offices and Regional Office

Category 6: Financing by Flexible Funds and Voluntary Contributions
In 2018–2019, WHO had the highest funding level of the period of the GPW12, 2014–2019, with respect to both the approved Programme Budget and the Outbreak and Crisis Response and Scalable Operations segments. The Organization also benefited in 2018–2019 from a 3% higher amount of Assessed Contributions compared with previous bienniums, in keeping with World Health Assembly resolution WHA70.5. In addition, the absolute level of thematic funds increased nearly 2.5 times compared with 2014–2015.

After WHO headquarters, the South-East Asia Region had the highest funding and implementation rates under the Base Budget. The Outbreak and Crisis Response and Scalable Operations segment was the second largest level of operation, representing 22% of the total implementation.

**Regional perspective**

The approved Programme Budget 2018–2019 for the South-East Asia Region was US$ 344.3 million (US$ 288.8 million in Base Budget and US$ 55.5 million for polio). There was no approved budget for the humanitarian response plans and appeals segment (referred to as Outbreak, Crisis and Response or OCR) due to the event-driven nature of the funding for this segment.

Table below presents the SEA Regional Budget, distributed resources and implementation by Category and Segment.

**Programme Budget 2018–2019: Budget, distributed resources and implementation by Category/Segment (in US$ million)**

<table>
<thead>
<tr>
<th>Category/Segment</th>
<th>Approved budget</th>
<th>Distributed resources</th>
<th>% Distributed resources to approved Budget</th>
<th>Implementation</th>
<th>% Impl. to approved Budget</th>
<th>% Impl. to distributed resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Communicable diseases</td>
<td>88.0</td>
<td>114.3</td>
<td>130%</td>
<td>103.8</td>
<td>118%</td>
<td>91%</td>
</tr>
<tr>
<td>02-Noncommunicable diseases</td>
<td>28.0</td>
<td>24.6</td>
<td>88%</td>
<td>23.5</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td>03-Promoting health through the life-course</td>
<td>29.6</td>
<td>22.6</td>
<td>76%</td>
<td>20.6</td>
<td>70%</td>
<td>91%</td>
</tr>
<tr>
<td>04-Health systems</td>
<td>57.7</td>
<td>51.5</td>
<td>89%</td>
<td>46.9</td>
<td>81%</td>
<td>91%</td>
</tr>
<tr>
<td>06-Corporate services/ enabling functions</td>
<td>54.5</td>
<td>52.4</td>
<td>96%</td>
<td>52.0</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>12-Health emergencies programme</td>
<td>31.0</td>
<td>22.4</td>
<td>72%</td>
<td>21.0</td>
<td>68%</td>
<td>94%</td>
</tr>
<tr>
<td>Base Segment</td>
<td>288.8</td>
<td>287.8</td>
<td>100%</td>
<td>267.8</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>10-Polio eradication</td>
<td>55.5</td>
<td>59.4</td>
<td>107%</td>
<td>56.5</td>
<td>102%</td>
<td>95%</td>
</tr>
<tr>
<td>Approved Programme Budget</td>
<td>344.3</td>
<td>347.2</td>
<td>101%</td>
<td>324.3</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>13-Humanitarian response plans and other appeals</td>
<td>–</td>
<td>24.1</td>
<td>N/A</td>
<td>22.8</td>
<td>N/A</td>
<td>95%</td>
</tr>
<tr>
<td>14-Special Programmes</td>
<td>–</td>
<td>2.0</td>
<td>N/A</td>
<td>1.1</td>
<td>N/A</td>
<td>55%</td>
</tr>
<tr>
<td>Grand total</td>
<td>373.3</td>
<td>NA</td>
<td>348.2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
As shown in the table, while the total funding exceeded the approved Programme Budget, funding by Categories was uneven. Category 1 – Communicable diseases, and Category 10 – Polio, exceeded their approved Budget while all other technical Categories had less than 90% of their approved Budget. Category 3 – Promoting health through the life-course, and 12 – Health emergencies, had the least funding compared with their approved Budget. Funding of Programme Areas within each Category also varied.

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Approved PB + OCR *</th>
<th>Distributed resources</th>
<th>Implementation (expenditure)</th>
<th>% Impl. vs approved PB + OCR</th>
<th>% Impl. vs distributed resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016–2017</td>
<td>365.1</td>
<td>335.7</td>
<td>323.3</td>
<td>89%</td>
<td>96%</td>
</tr>
<tr>
<td>2018–2019</td>
<td>375.4</td>
<td>371.3</td>
<td>347.1</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Variation</td>
<td>3%</td>
<td>11%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Programme Budget 2016–2017 included OCR as part of the approved Budget while 2018–2019 did not. To make figures comparable between the two bienniums, allocated Budget of US$ 31.1 million for OCR has been added to the approved Programme Budget for 2018–2019.

Overall implementation in Base Segment was 93% against the approved Budget and distributed resources, and all Categories achieved over 90% implementation of distributed resources.

Country priorities and Regional Flagships continued to guide the allocation of resources, with approximately 80% of the available funds allocated to respond to such priorities. In line with the vision of the Regional Director and the regional focus on driving impact at the country level, 78% of the Region’s total financial resources have been distributed to WHO country offices, with the Regional Office retaining only 22%.

The implementation (expenditure) of distributed resources was 31% in staff costs and 69% for activities. Annexure 1 shows the status of implementation by Budget Centre for Member States of the South-East Asia Region and the Regional Office as a whole.

Table below shows a comparison of the approved Budget, funding and implementation with that of the previous biennium. As displayed, more resources were available in 2018–2019 compared with 2016–2017. While implementation against distributed resources in 2018–2019 compared with 2016–2017 was lower in relative terms by four percentage points, it was higher in absolute terms by almost US$ 24 million as more resources were available for the Programme Budget 2018–2019.

Figure (page 73) presents the Programme Budget expenses by “expenditure type”. The main components of the total expenditure of US$ 348.2 million include “Contractual Services” (35%), “Staff and other Personnel Costs” (31%), “General Operating Expenses” (11%), “Transfers and Grants to Counterparts”, (10%) and the remaining 13% for other activities.

Travel expenditure for the Region is 5% of its total expenditure. This is well below the global average of 8%. This has been achieved through efforts of the Senior Management aimed at containing travel costs by ensuring compliance with the Organization’s Travel Policy & Procedures, implementing various cost-efficiency measures, and promoting alternative mechanisms in lieu of travel.
Delivering on Country Priorities

Programme Budget 2018–2019 expenses by expenditure type (in US$ million)

Programme Budget financing

The full funding of the Programme Budget requires a combination of the right levels of financing from flexible funds (comprising Assessed Contributions, Programme Support Cost and Core Voluntary Contributions) and Voluntary Contributions. The new financing model of the Organization succeeded in achieving a fully funded Programme Budget that is realistic and driven by the priorities and expected outputs agreed upon by Member States. The Programme Budget 2018–2019 was better-funded as against the previous biennium, with overall distributed resources equal to 101% of the approved Programme Budget.

The total resources distributed to the Region were US$ 373.3 million, of which US$ 221.9 million (59%) were from Voluntary Contributions (VC) and the remaining from flexible funds as shown in the table below.

Financing of Programme Budget 2018–2019 by source (in US$ million)

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Distributed resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Voluntary Contributions (VC)</td>
<td>221.9</td>
</tr>
<tr>
<td>Total Flexible Funds</td>
<td>151.4</td>
</tr>
<tr>
<td>Assessed Contributions</td>
<td>96.6</td>
</tr>
<tr>
<td>Core Voluntary Contributions</td>
<td>17.4</td>
</tr>
<tr>
<td>Programme support costs</td>
<td>37.4</td>
</tr>
<tr>
<td>Grand total (VC + Flexible Funds)</td>
<td>373.3</td>
</tr>
</tbody>
</table>
The top donors for the SEA Region for the current biennium are listed in the table above along with their contributions in the previous bienniums. In 2018–2019, these donors contributed 77% of the total VC funds available for the biennium.

The consistency and impact of WHO programmes in the SEA Region retained the interest of donors and thus the positive trends from previous years continued in 2018–2019. The contributions remained stable in comparison with the Programme Budget 2016–2017.

Despite considerable efforts to shift its financing model, WHO remains reliant on a small number of donors, and the distribution of the funds across the priorities remained uneven as they were tied to donor earmarking. The Organization needs to continue scaling up its dialogue with donors to mobilize better-quality resources that can be used more flexibly to pursue intended results and adapt to changing needs and situations.

In order to strengthen partnerships and financing, the Region needs to:

- “sustain” the achievements of the past two bienniums by ensuring the resilience of technical and operational frameworks, including the Resource Mobilization Management System (RMMS) and the Global Resource Mobilization Coordination Team (GRMCT);
- “accelerate” progress through effective participation in the proposed donor relationship management system and focal points strengthening; and

### Top 10 donors for the SEA Region, Programme Budget 2018–2019 and previous bienniums (in US$ million)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI Alliance</td>
<td>29.39</td>
<td>38.30</td>
<td>48.31</td>
</tr>
<tr>
<td>United States of America (USA)¹</td>
<td>40.20</td>
<td>34.96</td>
<td>37.82</td>
</tr>
<tr>
<td>India</td>
<td>6.56</td>
<td>11.52</td>
<td>16.64</td>
</tr>
<tr>
<td>Bill and Melinda Gates Foundation (BMGF)</td>
<td>13.60</td>
<td>23.58</td>
<td>14.21</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland (UK)²</td>
<td>22.88</td>
<td>23.58</td>
<td>15.06</td>
</tr>
<tr>
<td>National Philanthropic Trust (NPT)</td>
<td>–</td>
<td>1.03</td>
<td>13.10</td>
</tr>
<tr>
<td>United Nations Office for Project Services (UNOPS)</td>
<td>8.96</td>
<td>10.92</td>
<td>9.95</td>
</tr>
<tr>
<td>United Nations Central Emergency Response Fund</td>
<td>3.98</td>
<td>4.54</td>
<td>7.31</td>
</tr>
<tr>
<td>Japan</td>
<td>0.04</td>
<td>1.01</td>
<td>4.78</td>
</tr>
<tr>
<td>Department of Foreign Affairs, Trade and Development (DFATD), Canada</td>
<td>0.10</td>
<td>0.25</td>
<td>4.72</td>
</tr>
</tbody>
</table>

¹ Includes USAID, CDC, CDCF, USDOS, USDA, USFDA
² Includes DFID and Other UK government funds
“innovate” by scaling up collaboration by promoting bilateral and multilateral cooperation within the Region and beyond to further improve partner visibility.

The Framework of Engagement with non-State Actors (FENSA) Evaluation in 2019 recommended that efforts be increased to enhance communication and understanding on FENSA; promote ownership and management of risks and benefits of engagements; promote specialized knowledge and expert technical advice; and create a monitoring and tracking mechanism and learning facilitated by FENSA focal points network. The SEARO – Partnerships and Resource Mobilization (PRM) team has strengthened these efforts. The PRM team continued its effective support to the FENSA clearance, and this facilitated valuable engagements with non-State Actors at the country level.

### Top 10 donors – Voluntary Contributions, Programme Budget 2018–2019

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount (US$ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Foreign Affairs, Trade and Development (DFATD), Canada</td>
<td>4.72</td>
</tr>
<tr>
<td>Japan</td>
<td>4.78</td>
</tr>
<tr>
<td>United Nations Central Emergency Response Fund</td>
<td>7.31</td>
</tr>
<tr>
<td>United Nations Office for Project Services (UNOPS)</td>
<td>9.95</td>
</tr>
<tr>
<td>National Philanthropic Trust (NPT)</td>
<td>13.1</td>
</tr>
<tr>
<td>Bill and Melinda Gates Foundation (BMGF)</td>
<td>14.21</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland (UK)</td>
<td>15.06</td>
</tr>
<tr>
<td>India</td>
<td>16.64</td>
</tr>
<tr>
<td>United States of America (USA)</td>
<td>37.82</td>
</tr>
<tr>
<td>GAVI Alliance</td>
<td>48.31</td>
</tr>
</tbody>
</table>
Base Budget 2018–2019: Operationalization by Category and key percentages

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure as % of funds available</th>
<th>Expenditure as % of approved Budget</th>
<th>Funds available as % of approved Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Communicable diseases</td>
<td>91%</td>
<td>118%</td>
<td>130%</td>
</tr>
<tr>
<td>02 Noncommunicable diseases</td>
<td>84%</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>03 Promoting health through the life-course</td>
<td>70%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>04 Health systems</td>
<td>91%</td>
<td>81%</td>
<td>89%</td>
</tr>
<tr>
<td>12 Health Emergencies</td>
<td>68%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>06 Corporate services/enabling functions</td>
<td>99%</td>
<td>95%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Base Segment financing by Flexible Funds and Voluntary Contributions

- Flexible Funds: 47%
- Voluntary Contributions: 53%

Base Segment: Staff and activity ratio

- Staff costs: 37%
- Activities: 63%
As this Regional Results Report for 2018–2019 has demonstrated, tremendous progress has been made across the eight Regional Flagship Priority Areas as well as all Categories and Programme Areas of the Programme Budget for this biennium. Such achievements have contributed greatly towards global health priorities and goals and, importantly, facilitated tangible results in all 11 Member States of the Region.

This report has not only reflected key achievements, challenges and lessons learnt during the 2018 – 2019 biennium, it has also highlighted success stories in countries, illustrating the impact of WHO’s work at all three levels of the Organization.

In 2018–2019, WHO had the highest level of funding for the period of the Twelfth Global Programme of Work (GPW12) 2014–2019 and, furthermore, benefited from a 3% higher amount of Assessed Contributions compared with previous bienniums. Impressively, after headquarters, the South-East Asia Region had the highest funding and implementation rates this biennium. Sustained progress was made on the Regional Flagships due to the continued allocation of adequate resources, which during this biennium absorbed approximately 80% of the available funds.

Looking ahead to the next biennium, the vision of the Thirteenth Global Programme of Work – “driving impact at the country level” – is the overarching objective of the proposed Programme Budget for 2020–2021. By prioritizing the drive for impact in every country of the Region, WHO will take a more integrated and health systems-oriented approach.

This drive for impact will also align resources accordingly and productively. In that regard, the Secretariat will continue to be guided by the overarching principle that financial resources be used with an expectation of measurable results.

As such, it is critical that WHO continues to advocate for predictable and sustainable financing for the priorities that are identified and agreed upon with Member States. That will involve closer collaboration between reviewing and monitoring processes to improve and strengthen the implementation of programmes.
The drive for impact at the country level is not merely about sustaining programmatic activities; it is also about delivering sustainable impact. The Secretariat will also promote approaches which build synergies between health systems and programmes and bolster coherence and integrated working relationships between all three levels of WHO.

There is no doubt that the COVID-19 pandemic will continue to pose major challenges for the Region now and long into the future. The Region is at risk of reversing some of the impressive gains it has made. COVID-19 has also laid bare existing disparities, and these only stand to worsen in the future. That is why it is so vital that inequity gaps be addressed under WHO’s overarching goal of “leaving no one behind”.

Nevertheless, all efforts are being made to ensure that essential health services and public health programmes continue to function. In response, WHO has repurposed and reprioritized resources to assist Member States as best as possible.

While the challenges the pandemic has brought with it are numerous, COVID-19 will provide an opportunity to reposition public health and further make the case for greater investments in health and sustainable development.

Even while battling the pandemic, the South-East Asia Regional Office remains committed to implementing the next biennium’s workplans through innovative and new ways of working. The Region will continue to build on lessons learnt and best practices that continue to lead to sustainable impact for the people across all Member States of the Region.

The next biennium of work will be different from the past biennium, but WHO will continue to work with all Member States to ensure that the people of the Region are provided the best chance at a healthy and safe life by sustaining our gains, accelerating progress and harnessing innovation.
# ANNEX 1

## PROGRAMME BUDGET 2018–2019: BUDGET, DISTRIBUTED RESOURCES AND IMPLEMENTATION BY COUNTRY (IN US$ MILLION)

<table>
<thead>
<tr>
<th>Budget Centre</th>
<th>Allocated PB</th>
<th>Distributed resources</th>
<th>% Dist. res. to allocated PB</th>
<th>Implementation</th>
<th>% Impl. to allocated PB</th>
<th>% Impl. to distributed resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE_BAN</td>
<td>50.0</td>
<td>48.9</td>
<td>98%</td>
<td>46.4</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>SE_BHU</td>
<td>6.1</td>
<td>5.8</td>
<td>96%</td>
<td>5.6</td>
<td>92%</td>
<td>96%</td>
</tr>
<tr>
<td>SE_IND</td>
<td>114.9</td>
<td>111.5</td>
<td>97%</td>
<td>102.4</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>SE_INO</td>
<td>29.6</td>
<td>27.6</td>
<td>93%</td>
<td>24.6</td>
<td>83%</td>
<td>89%</td>
</tr>
<tr>
<td>SE_KRD</td>
<td>15.8</td>
<td>14.3</td>
<td>91%</td>
<td>13.1</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>SE_MAV</td>
<td>6.8</td>
<td>6.4</td>
<td>94%</td>
<td>6.1</td>
<td>89%</td>
<td>95%</td>
</tr>
<tr>
<td>SE_MMR</td>
<td>29.0</td>
<td>28.2</td>
<td>97%</td>
<td>26.7</td>
<td>92%</td>
<td>94%</td>
</tr>
<tr>
<td>SE_NEP</td>
<td>17.7</td>
<td>16.0</td>
<td>90%</td>
<td>14.8</td>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td>SE_SRL</td>
<td>8.1</td>
<td>7.8</td>
<td>96%</td>
<td>6.1*</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>SE_THA</td>
<td>12.2</td>
<td>11.3</td>
<td>92%</td>
<td>11.1</td>
<td>91%</td>
<td>99%</td>
</tr>
<tr>
<td>SE_TLS</td>
<td>12.5</td>
<td>11.8</td>
<td>95%</td>
<td>11.2</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>CO Reserves</td>
<td>8.8</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>CO Total</strong></td>
<td><strong>311.5</strong></td>
<td><strong>289.8</strong></td>
<td><strong>93%</strong></td>
<td><strong>268.1</strong></td>
<td><strong>86%</strong></td>
<td><strong>93%</strong></td>
</tr>
<tr>
<td>RO Total</td>
<td>95.6</td>
<td>83.5</td>
<td>87%</td>
<td>80.1</td>
<td>84%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>407.1</strong></td>
<td><strong>373.3</strong></td>
<td><strong>92%</strong></td>
<td><strong>348.2</strong></td>
<td><strong>86%</strong></td>
<td><strong>93%</strong></td>
</tr>
</tbody>
</table>

*Implementation figure for SRL is understated by US$ 1.25 million due to rectification entry passed in the 2018–2019 biennium accounts for an expenditure transaction incorrectly recorded in the previous biennium accounts. The actual percentages, thus, for SRL are 91% (Implementation to allocated PB) and 94% (Implementation to distributed resources).*
## ANNEX 2
### 2018–2019: APPROVED BUDGET, DISTRIBUTED RESOURCES AND IMPLEMENTATION
**BY PROGRAMME AREA (IN US$)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Programme Area</th>
<th>Approved Budget</th>
<th>Funds available</th>
<th>Expenditure</th>
<th>Funds available as % of approved budget</th>
<th>Exp. as % approved budget</th>
<th>Exp. as % funds available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01 Communicable diseases</strong></td>
<td>1.1 HIV and hepatitis</td>
<td>11 100 000</td>
<td>9 956 697</td>
<td>9 415 337</td>
<td>90%</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>1.2 Tuberculosis</td>
<td>17 800 000</td>
<td>21 442 605</td>
<td>20 115 093</td>
<td>120%</td>
<td>113%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>1.3 Malaria</td>
<td>12 300 000</td>
<td>9 695 017</td>
<td>9 417 826</td>
<td>79%</td>
<td>77%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>1.4 Neglected tropical diseases</td>
<td>13 400 000</td>
<td>14 211 676</td>
<td>12 540 429</td>
<td>106%</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>1.5 Vaccine-preventable diseases</td>
<td>27 900 000</td>
<td>54 719 957</td>
<td>48 470 439</td>
<td>196%</td>
<td>174%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>1.6 Antimicrobial resistance</td>
<td>5 500 000</td>
<td>4 165 967</td>
<td>3 832 652</td>
<td>76%</td>
<td>70%</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>Undistributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>88 000 000</td>
<td>114 331 180</td>
<td>103 791 776</td>
<td>130%</td>
<td>118%</td>
<td>91%</td>
</tr>
<tr>
<td><strong>02 Noncommunicable diseases</strong></td>
<td>2.1 Noncommunicable diseases</td>
<td>17 000 000</td>
<td>15 602 681</td>
<td>14 905 197</td>
<td>92%</td>
<td>88%</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>2.2 Mental health and substance abuse</td>
<td>3 300 000</td>
<td>2 942 742</td>
<td>3 000 041</td>
<td>89%</td>
<td>91%</td>
<td>102%</td>
</tr>
<tr>
<td></td>
<td>2.3 Violence and injuries</td>
<td>3 200 000</td>
<td>2 792 760</td>
<td>2 238 773</td>
<td>87%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>2.4 Disability and rehabilitation</td>
<td>700 000</td>
<td>705 977</td>
<td>627 658</td>
<td>101%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>2.5 Nutrition</td>
<td>2 800 000</td>
<td>1 887 133</td>
<td>1 996 818</td>
<td>67%</td>
<td>71%</td>
<td>106%</td>
</tr>
<tr>
<td></td>
<td>2.6 Food safety</td>
<td>1 000 000</td>
<td>708 629</td>
<td>713 081</td>
<td>71%</td>
<td>71%</td>
<td>101%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>28 000 000</td>
<td>24 639 922</td>
<td>23 481 568</td>
<td>88%</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>03 Promoting health through life-course</strong></td>
<td>3.1 Reproductive, maternal, newborn, child and adolescent health</td>
<td>17 200 000</td>
<td>12 311 700</td>
<td>11 453 238</td>
<td>72%</td>
<td>67%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>3.2 Ageing and health</td>
<td>600 000</td>
<td>638 050</td>
<td>478 067</td>
<td>106%</td>
<td>80%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>3.5 Health and the environment</td>
<td>8 900 000</td>
<td>8 180 862</td>
<td>7 087 338</td>
<td>92%</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>3.6 Equity, social determinants, gender equality and human rights</td>
<td>2 900 000</td>
<td>1 476 816</td>
<td>1 625 434</td>
<td>51%</td>
<td>56%</td>
<td>110%</td>
</tr>
<tr>
<td></td>
<td>Undistributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>29 600 000</td>
<td>22 624 684</td>
<td>20 644 076</td>
<td>76%</td>
<td>70%</td>
<td>91%</td>
</tr>
<tr>
<td>Category</td>
<td>Programme Area</td>
<td>Approved Budget</td>
<td>Funds available</td>
<td>Expenditure</td>
<td>Funds available as % of approved budget</td>
<td>Exp. as % approved budget</td>
<td>Exp. as % funds available</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>04 Health systems</td>
<td>4.1 National health policies, strategies and plans</td>
<td>17 300 000</td>
<td>16 587 680</td>
<td>14 728 666</td>
<td>96%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>4.2 Integrated people-centred health services</td>
<td>16 800 000</td>
<td>16 883 494</td>
<td>16 610 642</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>4.3 Access to medicines and health technologies, and strengthening regulatory capacity</td>
<td>9 700 000</td>
<td>7 905 484</td>
<td>6 897 275</td>
<td>81%</td>
<td>71%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>4.4 Health systems Information and evidence</td>
<td>13 900 000</td>
<td>9 760 588</td>
<td>8 621 756</td>
<td>70%</td>
<td>62%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>Undistributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td>57 700 000</td>
<td>51 357 298</td>
<td>46 858 339</td>
<td>89%</td>
<td>81%</td>
<td>91%</td>
</tr>
<tr>
<td>06 Corporate services/ enabling functions</td>
<td>6.1 Leadership and governance</td>
<td>18 600 000</td>
<td>14 311 196</td>
<td>13 828 549</td>
<td>77%</td>
<td>74%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>6.2 Transparency, accountability and risk management</td>
<td>3 200 000</td>
<td>2 012 391</td>
<td>1 763 348</td>
<td>63%</td>
<td>55%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>6.3 Strategic planning, resource coordination and reporting</td>
<td>3 100 000</td>
<td>1 832 625</td>
<td>1 683 568</td>
<td>59%</td>
<td>54%</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>6.4 Management and administration</td>
<td>27 100 000</td>
<td>32 126 295</td>
<td>32 780 266</td>
<td>119%</td>
<td>121%</td>
<td>102%</td>
</tr>
<tr>
<td></td>
<td>6.5 Strategic communications</td>
<td>2 500 000</td>
<td>2 094 945</td>
<td>1 953 636</td>
<td>84%</td>
<td>78%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>54 500 000</td>
<td>52 377 452</td>
<td>52 009 367</td>
<td>96%</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>12 Health Emergencies Programme</td>
<td>12.1 Infectious hazard management</td>
<td>3 300 000</td>
<td>4 467 709</td>
<td>4 042 002</td>
<td>135%</td>
<td>122%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>12.2 Country health emergency preparedness and the International Health Regulations (2005)</td>
<td>13 000 000</td>
<td>8 548 459</td>
<td>8 189 312</td>
<td>66%</td>
<td>63%</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>12.3 Health emergency information and risk assessment</td>
<td>3 100 000</td>
<td>2 459 975</td>
<td>2 296 754</td>
<td>79%</td>
<td>74%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>12.4 Emergency operations</td>
<td>7 100 000</td>
<td>4 283 151</td>
<td>4 478 041</td>
<td>60%</td>
<td>63%</td>
<td>105%</td>
</tr>
<tr>
<td></td>
<td>12.5 Emergency core services</td>
<td>4 500 000</td>
<td>2 344 070</td>
<td>2 004 534</td>
<td>52%</td>
<td>45%</td>
<td>86%</td>
</tr>
<tr>
<td></td>
<td>Undistributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>31 000 000</td>
<td>22 368 742</td>
<td>21 010 643</td>
<td>72%</td>
<td>68%</td>
<td>94%</td>
</tr>
<tr>
<td>Category</td>
<td>Programme Area</td>
<td>Approved Budget</td>
<td>Funds available</td>
<td>Expenditure</td>
<td>Funds available as % of approved budget</td>
<td>Exp. as % approved budget</td>
<td>Exp. as % funds available</td>
</tr>
<tr>
<td>----------</td>
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<td>-----------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Undistributed total</td>
<td></td>
<td></td>
<td>53 883</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASE total</td>
<td></td>
<td>288 800 000</td>
<td>287 753 161</td>
<td>267 795 769</td>
<td>100%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>10</td>
<td>Polio eradication</td>
<td>55 500 000</td>
<td>59 380 555</td>
<td>56 456 396</td>
<td>107%</td>
<td>102%</td>
<td>95%</td>
</tr>
<tr>
<td>Approved Budget</td>
<td></td>
<td>344 300 000</td>
<td>347 133 716</td>
<td>324 252 165</td>
<td>101%</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>13 Outbreak Crisis &amp; Response (OCR)</td>
<td>13.1 Increase access to essential health and nutrition services</td>
<td></td>
<td>12 145 109</td>
<td>9 926 432</td>
<td>N/A</td>
<td>N/A</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>13.2 Prevent and control outbreaks</td>
<td></td>
<td>3 886 565</td>
<td>5 475 906</td>
<td>N/A</td>
<td>N/A</td>
<td>141%</td>
</tr>
<tr>
<td></td>
<td>13.3 Strengthen surveillance, early warning and health information management</td>
<td></td>
<td>3 205 834</td>
<td>2 473 129</td>
<td>N/A</td>
<td>N/A</td>
<td>77%</td>
</tr>
<tr>
<td></td>
<td>13.4 Establish effective coordination and operations support</td>
<td></td>
<td>4 783 456</td>
<td>4 894 359</td>
<td>N/A</td>
<td>N/A</td>
<td>102%</td>
</tr>
<tr>
<td></td>
<td>13.5 Fast track research for infectious hazards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undistributed total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>93 458</td>
</tr>
<tr>
<td>13 Total</td>
<td>OCR total</td>
<td>24 114 422</td>
<td>22 811 119</td>
<td>N/A</td>
<td>N/A</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Research in human reproduction</td>
<td>2 040 159</td>
<td>1 120 875</td>
<td>N/A</td>
<td>N/A</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Grand total (ALL SEGMENTS)</td>
<td></td>
<td>344 300 000</td>
<td>373 288 297</td>
<td>348 184 159</td>
<td>N/A</td>
<td>N/A</td>
<td>93%</td>
</tr>
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Programme Budget 2018–2019
End-of-Biennium Assessment:
Regional Results Report

Delivering on Country Priorities