The WHO Regional Committee for South-East Asia is the World Health Organization’s governing body in the South-East Asia Region. It has representatives from all its 11 Member States. The Regional Committee meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for Member States and review past resolutions. It also considers the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-fourth Session of the Regional Committee for South-East Asia held virtually, with Nepal in the Chair, on 6–10 September 2021. This was the second full-fledged Regional Committee Session to be held virtually because of the COVID-19 pandemic. Representatives from 10 of the Region’s Member States participated in the Session.

The Ministerial Roundtable featured a discussion of the honourable health ministers on key measures to ‘build back better’ essential health services in the context of the ongoing pandemic to achieve the Sustainable Development Goals. The Committee also discussed, through a special procedure of ‘Written Silence’, several public health issues relevant to the Region such as progress on prevention and control of noncommunicable diseases including oral health and integrated eye care, monitoring progress on universal health coverage, the Regional Vaccine Action Plan, strengthening public health emergency preparedness and response, and revitalizing school health. The Committee reviewed reports on progress in the implementation of several of its past resolutions. The Committee adopted a Ministerial Declaration on essential health services during COVID-19.
WHO
Regional Committee for South-East Asia

Report of the Seventy-fourth Session
Nepal (Virtual), 6–10 September 2021
1. Introduction ......................................................................................................................... 1

2. Virtual inaugural session ........................................................................................................ 4
   Welcome address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and
   Minister of Public Health, Royal Thai Government, Kingdom of Thailand ......................... 5
   Opening remarks by His Excellency Mr Sher Bahadur Deuba, Prime Minister
   of the Federal Democratic Republic of Nepal ........................................................................... 5
   Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session .................................................... 7
   Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, at the inaugural session .......................... 9
   Opening remarks by H.E. Mr Umesh Shrestha, State Minister of Health and Population, Ministry of Health and Population, Government of Nepal .................................................. 11

3. Business session .................................................................................................................... 15
   Opening of the Session ............................................................................................................ 15
   Election of Officebearers ........................................................................................................ 16
   Address by H.E. Mr Umesh Shrestha, State Minister of Health and Population,
   Government of Nepal, as Chairperson of the Seventy-fourth Session .................................. 17
   Special Procedures for the conduct of the virtual Seventy-fourth Session to supplement
   the Rules of Procedure of the WHO Regional Committee for South-East Asia .................. 18
   Credentials of Representatives .............................................................................................. 20
   Adoption of the Agenda ......................................................................................................... 21
   Key addresses and report on the Work of WHO .................................................................. 22
      Introduction to the Regional Director's Annual Report in the South-East Asia Region covering the period 1 January–31 December 2020 ......................................................... 22
      Address by the WHO Director-General ............................................................................. 34
Ministerial Roundtable .................................................................................................................. 37

COVID-19 and measures to “build back better” essential health services
to achieve UHC and the health-related SDGs ........................................................................... 37

Programme Budget matters ........................................................................................................... 51

Programme Budget 2020–2021: Implementation and mid-term review ................................. 51

Programme Budget 2022–2023 ................................................................................................. 54

Policy and technical matters ....................................................................................................... 59

Accelerating progress on prevention and control of NCDs, including oral health
and integrated eye care, in the WHO South-East Asia Region ............................................. 59

Annual report on monitoring progress on UHC and health-related SDGs......................... 66

Strategic Framework of the South-East Asia Regional Vaccine Action Plan
2022–2030 as aligned with the Global Immunization Agenda 2030 ................................ 69

Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs
as public health threats by 2030 in the South-East Asia Region ........................................... 72

Strengthening public health emergency preparedness and response
in the South-East Asia Region .......................................................................................................... 76

Revitalizing school health and health promoting schools in
the South-East Asia Region ........................................................................................................... 87

Progress reports on selected Regional Committee resolutions ............................................ 90

Measles and rubella elimination by 2023 ............................................................................... 90

Challenges in polio eradication ............................................................................................... 92

Delhi Declaration on improving access to essential medical products in
the Region and beyond .................................................................................................................... 94

Covering every birth and death: improving civil registration and vital statistics ............ 95

South-East Asia Regional Health Emergency Fund ............................................................. 97

Expanding the scope of the South-East Asia Regional Health Emergency Fund ............ 97

Patient safety contributing to sustainable universal health coverage .............................. 98

Delhi Declaration on Emergency Preparedness in the South-East Asia Region........... 100

Colombo Declaration on strengthening health systems to accelerate
delivery of NCD services at the primary health care level ...................................................... 103

Governing Body matter .............................................................................................................. 105

Key issues arising out of the Seventy-fourth World Health Assembly and
the 148th and 149th Sessions of the WHO Executive Board ..................................................... 105
Review of the Draft Provisional Agenda of the 150th Session of the WHO Executive Board ................................................................. 106
Elective posts for Governing Body meetings .............................................................................................................................. 107
Management and Governance matters ................................................................................................................................. 108
Transformation in the South-East Asia Region ......................................................................................................................... 108
Evaluation: Annual Report ......................................................................................................................................................... 110
Status of the SEA Regional Office building ........................................................................................................................... 112
Special Programmes .............................................................................................................................................................. 113
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2021 ................................................................. 113
Time and place of future Sessions of the Regional Committee ................................................................................................. 115
Adoption of Resolutions and Decision ........................................................................................................................................ 116
Adoption of the report of the Seventy-fourth Session of the Regional Committee ............................................................... 117
Release of Special Publications by the Regional Office for 2021 ............................................................................................. 118
Closing of the Session ................................................................................................................................................................. 121

4. Resolutions and Decisions .................................................................................................................................................. 125

Resolutions .................................................................................................................................................................................. 125

SEA/RC74/R1 Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs ............ 125
SEA/RC74/R2 Programme Budget 2022–2023 ............................................................................................................................... 128
SEA/RC74/R3 Revitalizing the school health programme and health-promoting schools in the South-East Asia Region ............................................. 131
SEA/RC74/R4 Resolution of thanks ............................................................................................................................................. 134
Decisions .............................................................................................................................................. 135

SEA/RC74(1) Special Procedures to regulate the conduct of the
Seventy-fourth Session of the WHO Regional Committee
for South-East Asia......................................................................................................................... 135

SEA/RC74(2) Accelerating progress on prevention and control of NCDs, including oral
health and integrated eye care, in the WHO South-East Asia Region ................. 137

SEA/RC74(3) Promoting healthy meetings in the WHO South-East Asia Region .......... 138

SEA/RC74(4) Beginning of the Decade of Action for ending viral hepatitis, HIV and
STIs as public health threats by 2030 in the South-East Asia Region .............. 139

SEA/RC74(5) Time and place of future Sessions of the WHO
Regional Committee for South-East Asia ................................................................. 140

Annexures

1. Welcome address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister
and Minister of Public Health, Thailand, at the inaugural session ...................... 141

2. Opening remarks by His Excellency Mr Sher Bahadur Deuba, honourable Prime
Minister of the Federal Democratic Republic of Nepal, at the inaugural session .......... 142

3. Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General,
at the inaugural session ........................................................................................................... 144

4. Address by Dr Poonam Khetrapal Singh, Regional Director for
WHO South-East Asia, at the inaugural session ................................................................. 146

5. Opening remarks by H.E. Mr Umesh Shrestha, State Minister of
Health and Population of Nepal, and Chair of the Seventy-fourth Session .......... 148

6. Text of introductory remarks by the Regional Director on the Annual Report
on the Work of WHO in the South-East Asia Region covering the period
1 January–31 December 2020 ................................................................................................. 150

7. Address by the Director-General ..................................................................................... 156

8. Remarks by the Regional Director at the closing session ........................................... 159

9. Agenda .................................................................................................................................. 161

10. List of participants .............................................................................................................. 164

11. List of official documents ................................................................................................. 192
Introduction

1. The Seventy-fourth Session of the WHO Regional Committee for South-East Asia was held virtually on 6–10 September 2021, with the Federal Democratic Republic of Nepal as the host. It was attended through the virtual network by representatives of Member States of the Region excluding the Union of Myanmar, the United Nations, its Specialized Agencies, regional international organizations, development partners, non-State actors in official relations with WHO, and Special Invitees as well as Observers.

2. Amid the ongoing COVID-19 pandemic, this was the first Session of the Regional Committee held virtually that extended to its full duration of five days. The Seventy-third session held virtually in September 2020 with Thailand as the host was reduced to two days because of the global restrictions imposed due to the pandemic.
3. His Excellency Mr Anutin Charnvirakul, honourable Deputy Prime Minister and Minister of Public Health of the Royal Thai Government, inaugurated the Seventy-fourth Session in his capacity as the Chairperson of the Seventy-third session and welcomed the distinguished delegates, representatives and participants to the annual session.

4. His Excellency Mr Umesh Shrestha, honourable State Minister of Health and Population, Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, was unanimously elected as the Chairperson of the Seventy-fourth Session by the Regional Committee.

5. The Regional Committee unanimously elected Her Excellency Ms Dechen Wangmo, Minister of Health, Royal Government of Bhutan, as the Vice-Chairperson of the Seventy-fourth Session. Her Excellency Dr Maria Freitas Belo Odete, Minister of Health, Government of the Democratic Republic of Timor-Leste, also chaired a few sessions in the absence of both the Chair and Vice-Chair, with the unanimous consent of the delegates.

6. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, addressed the distinguished delegates through video link.

7. A Resolution Drafting Group was established, with at least one representative of each Member State attending, to assist the Regional Committee in drafting resolutions and decisions. Mr Tashi Penjor, Chief Planning Officer, Policy and Planning Division, Ministry of Health, Royal Government of Bhutan was appointed as the Chair of the Drafting Group.

8. The Committee also decided to adopt “Special Procedures” that were necessitated due to the virtual conduct of the Session. These “Special Procedures” covered aspects of attendance, addressing the Regional Committee, submission of credentials, decision-making procedures, and preparation and adoption of the report of the Session. Member States also presented their views through written interventions on many of the Agenda items. These Special Procedures were accepted by all Member States ahead of the Session by consensus.

9. A Ministerial Roundtable was held on the subject: “COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage (UHC) and the health-related SDGs”. H.E. Mr Umesh Shrestha chaired the Roundtable. Participating ministers from Member States presented their interventions and observations on the Roundtable discussion in real time through video telecast.
10. Due to the virtual conduct of the Session and as agreed by Member States under the Special Procedures, the draft report of the Seventy-fourth Session of the Committee was circulated among Member States online and their comments and approval invited. The report was finalized in consultation with the honourable Chairperson, and with the consensus of Member States of the WHO South-East Asia Region.

11. During its Seventy-fourth Session, the Regional Committee adopted and endorsed the following resolutions and decisions:

**Resolutions**

- Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs (SEA/RC74/R1)
- Programme Budget 2022–2023 (SEA/RC74/R2)
- Revitalizing the school health programme and health-promoting schools in the South-East Asia Region (SEA/RC74/R3)
- Resolution of thanks (SEA/RC74/R4).

**Decisions**

- Special procedures to regulate the conduct of the Seventy-fourth Session of the WHO Regional Committee for South-East Asia (SEA/RC74(1))
- Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care in the WHO South-East Asia Region (SEA/RC74(2))
- Promoting healthy meetings in the WHO South-East Asia Region (SEA/RC74(3))
- Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region (SEA/RC74(4))
- Time and place of future Sessions of the WHO Regional Committee for South-East Asia (SEA/RC74(5)).

12. The Committee also reviewed and endorsed the Report of the Regional Director on the *Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2020*. 
2

Virtual inaugural session

13. The Seventy-fourth Session of the WHO Regional Committee for South-East Asia, the second session of the Regional Committee held virtually since the pandemic struck in 2020, began with a welcome address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Royal Thai Government, who declared the Session open in his capacity as Chairperson of the Seventy-third session in 2020.

14. He expressed his thanks and appreciation to the WHO Regional Office and country offices for their “tireless efforts in ensuring an effective and seamless virtual meeting”. He wished all delegates successful deliberations and “a pleasant experience” of the virtual session.
Welcome address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Royal Thai Government, Kingdom of Thailand

15. In his welcome address, H.E. Mr Anutin Charnvirakul recalled that the Royal Thai Government and its Ministry of Public Health had hoped to have hosted the Seventy-third session in Thailand last year and likewise had expected to attend a physical session in Kathmandu in 2021, but the “COVID-19 pandemic disappointed us all. This pandemic has reiterated that opportunity lies in every crisis,” he said. “We must collectively avoid and fight the dangers along with exploring the many opportunities presented during a crisis. Never before have we seen such strong solidarity between all sectors to fight this health challenge. Never before has health been at the top of national priorities,” he said.

16. The Deputy Prime Minister and Minister of Public Health of Thailand said the opportunities and assets developed during the response to the pandemic must be sustained well beyond. Member States must “continue the commitment to put public interest as first priority in order to sustain public trust that has come from our dedicated work during this crisis”, he concluded.

[For the full text of the address, see Annex 1]

Opening remarks by His Excellency Mr Sher Bahadur Deuba, Prime Minister of the Federal Democratic Republic of Nepal

17. His Excellency Mr Sher Bahadur Deuba, Prime Minister of the Federal Democratic Republic of Nepal, addressed the delegates and welcomed them to the Seventy-fourth Session. He commended the organizers and the WHO Regional Director for organizing this meeting and for including the agenda on “COVID-19 and measures to ‘build back better’ essential health services to achieve UHC and the health-related SDGs” for the Ministerial Roundtable. He expressed appreciation for the work of the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, in leading the Organization “during such a difficult time”.

18. His Excellency the Prime Minister recalled the Sixty-second Session of the Committee held a decade ago in Kathmandu, Nepal, in September 2009. “We were prepared to welcome you all again in Kathmandu for this Session. However, the COVID-19 pandemic compelled us to adopt the virtual format.”
19. “The South-East Asia Region, home to one fourth of the global population, is exceptionally rich in biodiversity and sociocultural heritage as well as in climatic conditions,” the Prime Minister said. The Region has pioneered Ayurveda and yoga for healing and has treasured many traditional medicines, which can be explored and expanded to prevent diseases and improve the health and well-being of the people.

20. At the same time, the people of the Region are vulnerable to many infectious and communicable and noncommunicable diseases, including health risks associated with climate change and environmental degradation. The ongoing COVID-19 pandemic has had a severe impact on livelihoods, the economy, public health and social security systems across the Region. “International and regional efforts are crucial to tackle such a widespread pandemic,” he stated. “No one is safe until everyone is safe.”

21. His Excellency the Prime Minister then briefly outlined some measures adopted by his government during the pandemic, including prevention, control, isolation, quarantine and treatment, and various health and safety protocols in compliance with WHO guidelines. Nepal is focused on strengthening its health-care system, protecting people’s lives, and making a sustainable and resilient recovery, he said.
22. “We are committed to the development of strong and resilient health systems and a primary health care system in particular, underpinned by universal health coverage focusing on equitable access, quality and financial protection. We look forward to a catalytic role of the regional body to ensure easy and affordable access to vaccines and extend technical support in achieving regional health targets that also include the health-related targets of the SDGs.”

23. Calling for equitable access to vaccines, medicines, tools and technologies for all, the honourable Prime Minister expressed confidence that this Governing Body Meeting will discuss pertinent health issues of the Region and shape WHO and Member States’ joint actions to promote, protect and restore the health of the people. “I urge you to explore a common framework for sharing new knowledge, tools, and technologies during the pandemic and beyond to strengthen health-care systems for tackling multihazard emergencies through a holistic approach,” he said.

24. He also thanked the Director-General and Regional Director for their “able leadership and continuous support to countries in tackling the pandemic”.

[For the full text of the address, see Annex 2]

Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

25. The Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, addressed the meeting live from Rome, where he was attending the Meeting of Health Ministers of G20 nations. He recalled that during the Regional Committee session in 2020 he had expressed the hope that delegates would be able to meet in person this year. While that has not been possible, the COVID-19 pandemic continues to take a heavy toll on lives, livelihoods, societies and economies, he said.

26. Dr Tedros expressed relief at the distinct decline in the number of cases and deaths in the South-East Asia Region after the devastating surge in May 2021. He acknowledged the efforts of Nepal in the face of this extremely challenging time and congratulated it for the tangible fall in cases and deaths in the country. “I commend the Government of Nepal for its efforts to strengthen epidemic response systems, including laboratory capacity, risk communication and case management. I also commend Nepal for its efforts to continue essential health
services during the pandemic, including immunization campaigns for polio, measles and rubella, vaccinating millions of children.”

27. As the experience with this pandemic shows, no country can let down its guard. Complacency can be as dangerous as the virus itself, Dr Tedros said. WHO continues to recommend that all countries implement a comprehensive, risk-based approach, including the tailored and consistent use of public health and social measures, in combination with equitable vaccination.

28. “One year ago, we were waiting and hoping for a safe and effective vaccine to be developed and that, if it was, it would be available equitably to all countries. The first part of that hope was realized – the development and approval of several safe and effective vaccines in record time has given the world real hope of bringing the pandemic under control. But I don’t need to tell you that the distribution of vaccines has been terribly unfair. We are all disappointed by the injustice. We must never again allow a pandemic on this scale.”

29. One development that can make the biggest difference to equitable vaccination, he said, is a treaty or other international agreement on pandemic preparedness and response, which will provide a much-needed foundation for global cooperation, setting the rules of the game for a more coherent and coordinated response to future epidemics and pandemics. Dr Tedros urged all Member States of the Region to support this idea at the Special Session of the World Health Assembly in November.

The Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, addresses delegates virtually
30. The Director-General concluded with the assurance to all Member States of WHO’s full support as “we work together to promote health, keep the world safe and serve the vulnerable”.

[For the full text of the address, see Annex 3]

Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, at the inaugural session

31. Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, welcomed the distinguished delegates with great pleasure to the Seventy-fourth Session of the Committee, being conducted virtually for the second year in a row. She extended her “special thanks” to the hosts, the Government of the Federal Democratic Republic of Nepal, for “making this happen”.

32. She expressed the hope that things would return to normalcy at the earliest while reiterating that it is the challenge that underpins “everything” that will be discussed at the Session. At the same time, returning to normalcy will not be easy since there are challenges on many fronts.

33. Dr Poonam Singh highlighted the successes with COVID-19 vaccination in the Region in the past year. More than half a billion doses of COVID-19 vaccines
have been administered across the Region (at the time of the start of the Regional Committee Session), she said. The Region is on its way towards achieving the goals of having 10% of the population fully vaccinated by the end of September and 40% by the end of December 2021.

34. “But progress is highly unequal within the Region, and even more so across a world where 75% of vaccines have been administered by less than a dozen countries,” she pointed out. The task of vaccinating the whole adult population in any country is of enormous complexity, especially when vaccine supplies are uncertain, sporadic and dependent on donations of different products.

35. COVID-19 has taken a massive toll on our health systems. Services have been disrupted and health-care workers are exhausted. The pandemic has increased the demand for mental health care and for the treatment of NCDs. Childhood vaccination has been disrupted. Lockdowns have established their own patterns of morbidity, she observed.

36. The challenges posed by all this are multifaceted: regaining lost ground in terms of health outcomes; rebuilding health systems; and restoring trust where it has been lost. And all this has to be done at a time when government revenues in all countries are under intense pressure. Advocacy for health is the key in discussions of health stakeholders with ministries of finance if progress towards UHC has to be sustained, she ascertained.

37. Several lessons were learnt from the COVID-19 experience. “We have learned to expect the unexpected. We have learned that vaccines alone are essential but not sufficient. We have seen the damage caused by more transmissible variants and understand the risk that more could be on the way. We have learned more about preparedness. But the pandemic has taught us more: It has taught us that preparedness means being ready to make difficult decisions quickly and with limited information. It has shown the need for strong leadership and trust between governments and the people they serve.”

38. With this observation, the Regional Director expressed heartfelt gratitude to doctors, nurses and all health-care workers who have toiled relentlessly and gone beyond their call of duty over the past year to respond to the pandemic.

39. Dr Poonam Singh concluded with the observation that the delegates being “virtually and spiritually in Nepal”, the work ahead can be compared with a mountain that remains to be climbed with a long trek ahead to the summit. “A
few rest stops and much of the trail will be ukalo (uphill) ... but we can put this pandemic behind us – working together, supporting each other, seeking solidarity and cooperation over competition… In WHO we will do all in our power to support you,” she assured the Member States.

[For the full text of the address, see Annex 4]

Opening remarks by H.E. Mr Umesh Shrestha, State Minister of Health and Population, Ministry of Health and Population, Government of Nepal

40. H.E. Mr Umesh Shrestha, State Minister of Health and Population, virtually welcomed the delegates of the Seventy-Fourth Session to the World Heritage City of Kathmandu. He expressed his condolences to the families of all who had lost their near and dear ones to the deadliest pandemic of the century. At the same time, he sincerely appreciated and took cognizance of the tireless and selfless efforts of front-line health workers, health professionals, and support personnel who relentlessly toiled to save lives amid this humanitarian crisis.

41. Recalling the 2015 earthquake in Kathmandu and neighbouring districts, the honourable minister observed that this was the second time in this decade that Nepal’s health system has been severely strained due to a public health emergency.
“The COVID-19 pandemic is one of the greatest tests of global solidarity that we have faced in contemporary history. We must join hands in tackling this crisis and minimize global socioeconomic consequences. Here, I emphasize the need for regional cooperation among our countries in South-East Asia.”

42. “So far, international cooperation in health has been limited mainly to a donor–recipient relationship between the global ‘North’ and the global ‘South’. While we have been advocating for South–South cooperation for a long time, we have not been able to put it into practice in a significant way. Let us start with our Region and lead the way,” he appealed to the ministers.

43. He urged the delegates to capitalize on the opportunities presented by the COVID-19 crisis and develop mechanisms to foster regional cooperation and partnerships to tackle diseases and work together to build more resilient health systems in the Region. On this, he expressed confidence that WHO can play a catalytic role in fostering regional cooperation among our countries. To this end, he offered Nepal’s “total commitment and support for regional cooperation and solidarity”. In conclusion, he drew the attention of all participants to the fact that the health investments made in the Region in the face of the pandemic could offer the highest returns on any public investment ever made in our history.

[For the full text of the address, see Annex 5]

44. Upon conclusion of the welcome addresses, the distinguished delegates and all online participants were shown a video presentation of a mélange of song-and-dance renditions that showcased the rich cultural, ethnic and demographic diversity of Nepal. The cultural performance encapsulated the musical art of the three principal geographical regions of Nepal: the northern acclivitous belt of Himalayan peaks, the intermediate hilly region and the plains of the Terai at the foothills in the south.

45. The kaleidoscopic programme featured renditions of the Sebru dance from the Himalayan reaches, the Jhoda dance from the hills, the Tappa dance from the midwestern region, the Jhumra from the Terai and Newari dance from the heart of Nepal. These traditional dances were showcased against a virtual panoramic background of some of Nepal’s most famous and iconic geographical landmarks, including Mount Everest and other ice-capped peaks of the Himalayas, the lush forests and greens of the Terai, and plains at the heart of the mountain country to add an iridescent, colourful note to the start of the august proceedings.
Video presentation of traditional song and dance renditions from Nepal that showcase the rich cultural and ethnic diversity of the Himalayan nation.
46. An innovative “group photo” session of the delegates was also organized that transcended the impediments of a virtual setting through rational use of technology. Screens featuring video imprints of all representatives of all Member States in attendance as well as the Secretariat in the Regional Office were photographed to serve as testimony to a full-fledged Regional Committee Session being conducted through the virtual realm.

47. Dr Roshan Pokharel, Health Secretary, Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, presented the Vote of Thanks on behalf of the host government. He thanked all Member States and the Secretariat for convening the Committee’s Session virtually, if not physically, “despite several odds”. On behalf of his government, he also thanked the WHO Director-General, Regional Director, the outgoing Chair, delegates from Member States and representatives of other participating organizations for attending the inaugural session.
Opening of the Session (Agenda item 1)

48. His Excellency Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Royal Thai Government, formally inaugurated the Seventy-fourth Session of the WHO Regional Committee for South-East Asia, by virtue of his capacity as outgoing Chair of the Seventy-third session held in Thailand in September 2020.

49. In his opening statement, H.E. Mr Charnvirakul congratulated the host Member State, Nepal, for its “exemplary response to the pandemic”. The Minister of Public Health of Thailand said that the Regional Committee Session is an annual Governing Body meeting of the Region that allows Member States to raise and address important public health issues concerning the Region. He also mentioned that the enhanced collaboration, through such a high-level forum, will support Member States to respond to public health challenges in a more effective and collaborative manner.

50. Mr Charnvirakul also thanked Dr Poonam Khetrapal Singh, Regional Director of WHO South-East Asia, for her “leadership and continuous support to Member States right from the beginning of the outbreak”. The emphasis placed by the Regional Director on her Regional Flagship Priorities and country-level actions to continue essential health services both at the national and subnational levels has led to many successes in the past year, despite the onerous demands and challenges imposed by the pandemic. Dr Poonam Singh has supported all Member States to work collectively on the Regional One Voice statements in many forums. Her support extended through the WHO country offices on the innovative and sustainable Country Cooperative Strategies is another reflection of the outstanding performance of this Region, he said.
51. “I have no doubt in saying that under her leadership, the Organization will continue to strengthen the programmes in the Region, in particular, maximize WHO’s social and intellectual capital through the Country Cooperation Strategies. These add more value to WHO in addressing national priorities and providing the necessary technical assistance to improve public health, especially the Regional Flagship Priorities. These would also include emergency risk management and the national responses to the pandemic,” he concluded.

52. The Committee then elected its Officebearers for the virtual Session.

**Election of Officebearers (Agenda item 2)**

53. His Excellency Mr Umesh Shrestha, honourable State Minister of Health and Population, Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, was unanimously elected Chairperson of the Seventy-fourth Session by the Regional Committee, following a proposal by His Excellency Dr Keheliya Rambukwella, Minister of Health, Government of the Democratic Socialist Republic of Sri Lanka. This proposal was seconded by Her Excellency Mrs Maria Freitas Belo Odete, Minister of Health, Government of the Democratic Republic of Timor-Leste.

54. Her Excellency Ms Dechen Wangmo, honourable Minister of Health, Royal Government of Bhutan, was elected Vice-Chairperson following the unanimous
acceptance of a proposal to this effect by H.E. Dr Dante Saksono Harbuwono, Vice-Minister of Health, Government of the Republic of Indonesia. This proposal was seconded by H.E. Dr Shah Mahir, State Minister of Health, Government of the Republic of Maldives.

55. During the course of the Seventy-fourth Session, H.E. Dr Maria Freitas Belo Odete, Minister of Health, Government of the Democratic Republic of Timor-Leste, also chaired a few sessions in the absence of both the Chair and Vice-Chair, with the unanimous consent of the delegates.

56. The Chair and Vice-Chair thanked the distinguished delegates for their nominations and appointments to the key positions for the Session.

57. The Committee then appointed a Resolution Drafting Group with at least one representative of each Member State attending, to assist the Regional Committee in drafting resolutions and decisions. Mr Tashi Penjor, Chief Planning Officer, Policy and Planning Division, Ministry of Health, Royal Government of Bhutan, was appointed Chair of the Drafting Group.

Address by H.E. Mr Umesh Shrestha, State Minister of Health and Population, Government of Nepal, as Chairperson of the Seventy-fourth Session

58. On being appointed the Chairperson for the Seventy-fourth Session, H.E. Mr Umesh Shrestha, State Minister of Health and Population, Government of Nepal, expressed his “sincere gratitude” to the distinguished representatives for his election to the post. The Regional Committee sessions are a key instrument to enable Member States to bring forward and address important public health issues. It is also a forum that enhances collaboration among Member States of the Region, enabling them to respond to emergent public health challenges in a more effective manner, he said.

59. He added that it was a privilege for him personally and for the Government of the Federal Democratic Republic of Nepal to host this meeting and looked forward to working with all partners to further strengthen the spirit of cooperation that exists in the Region.

60. He thanked all Member States and the Regional Director, Dr Poonam Khetrapal Singh, for making this virtual session possible, calling it “a perfect
example of the regional solidarity that we have in the Region, especially in ensuring continuity of governance.” He thanked Dr Poonam Khetrapal Singh, for her “strong leadership and continuous support to Member States from the very beginning of the COVID-19 outbreak”. The emphasis placed by Dr Poonam Singh on the Regional Flagship Priority Programmes and country-level action has enabled the South-East Asia Region to continue providing essential health services and achieve many recent successes despite the strain imposed by the pandemic response, the honourable minister elaborated.

61. He urged WHO to continue to strengthen collaborative programmes in countries of the Region and provide necessary technical assistance to improve public health, especially in the Regional Flagship Priority Areas, including emergency risk management. WHO’s technical support to countries of the Region has made an immense contribution towards the pandemic response. “I look forward to the sharing of perspectives, ideas and experiences to give an informed and purposeful direction to the regional and national efforts in dealing with public health,” Mr Shrestha said.

62. The Chair of the Seventy-fourth Session, H.E. Mr Umesh Shrestha, then drew the attention of the distinguished delegates to the special procedural rules that were to be followed in view of the virtual nature of the Governing Body session, as was the case with the previous Regional Committee in 2020. In the past one-and-a-half years, he said, the virtual execution of Governing Body meetings led to the adoption of “Special Procedures” for regulating the conduct of business. He invited the Office of the Legal Counsel at WHO headquarters to outline the Special Procedures for the conduct of the Session.

Special Procedures for the conduct of the virtual Seventy-fourth Session to supplement the Rules of Procedure of the WHO Regional Committee for South-East Asia

63. The “Special Procedures” for the conduct of the virtual Session were enumerated before the delegates.

64. The Secretariat, in consultation with the Office of the WHO Legal Counsel, had drafted and circulated the “Special Procedures” to all Member States ahead of the Session. The Rules of Procedure of the Regional Committee for South-East Asia would continue to apply in full, except to the extent that they are inconsistent with these Special Procedures, in which case the Regional Committee’s decision to adopt these Special Procedures will operate as a decision to suspend the relevant

65. The Committee was informed that the “Special Procedures” address the following matters: Attendance at the Regional Committee, Addressing the Regional Committee, Credentials, Decision-Making and the Report of the Session, with the salient features as below:

- The attendance at the Regional Committee Session would be through videoconference or other electronic means.

- In addition to live statements, Member States may also submit pre-recorded video statements under Agenda item 5 – “Key addresses and report on the work of WHO” – in lieu of a live intervention. Member States may also submit written statements, which will, however, not form part of the report of the Session.

- Invited representatives of the United Nations, its Specialized Agencies and other regional international organizations would be provided with the opportunity to take the floor and to submit written statements.

- Nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO would also be given the floor at the invitation of the Chairperson and may submit written statements.

- Any representative wishing to take the floor should signal their wish to speak.

- The right of reply, if any, shall be exercised at the end of the relevant virtual meeting.

- The Secretariat had requested Member States to send the electronic copies of their Credentials to the Regional Office in advance of the commencement of the Regional Committee Session, for assessment by the Officers of the Seventy-third session of the Committee. The Report on these Credentials will be presented to the Committee.

- All meetings of the Regional Committee will be held in public.

- All decisions of the Regional Committee in virtual meetings should, as far as possible, be taken by consensus.

- Following closure of the Session, the Secretariat will prepare a draft summary report of the session, reflecting discussions on various agenda
items, including the resolutions and decisions adopted, if any, and will circulate it electronically to the Member States of the Region.

- The Secretariat, in consultation with the Chairperson of the Regional Committee, will incorporate all comments received from Member States and finalize the summary report, which will be considered to have been validly adopted by the Regional Committee.

66. The Committee was informed that the draft “Special Procedures” had already been shared with Member States for their review and prior informal agreement in advance of the Session. None of the Member States had conveyed any objection to the proposed “Special Procedures”.

67. The Committee was also informed that separate meetings of the Resolutions Drafting Group to finalize the resolutions and decisions for adoption by the Committee would be held during the luncheon interval through videoconference of the invited members.

68. With this elaboration and concurrence of Member States with the Special Procedures being reaffirmed, the Committee decided to adopt the decision (SEA/RC74(1)) on the “Special Procedures to regulate the conduct of the Seventy-fourth (virtual) Session”.

Credentials of Representatives (Agenda item 3)

69. The Secretariat and Legal Office at WHO headquarters informed the distinguished delegates, participants and partners that an extensive online registration process was followed for the virtual session. Member States were requested to send the electronic scanned copies of their Credentials to the Regional Office in advance of the commencement of the Regional Committee, for assessment by the Officers of the Seventy-third Session. All the registered delegates and participants had received the weblink to the Regional Committee Session after online verification of their registration.

70. The Chairperson of the Seventy-third session of the Regional Committee, H.E. Anutin Charnvirakul, had examined the validity of the Credentials of Representatives, including alternates and advisers from all participating Member States in the Region. The credentials of the participating Member States were found to be in order.
71. The Regional Committee then duly recognized the validity of all credentials of all representatives, alternates and advisers presented by Member States of the Region. The Regional Committee accepted the Credentials of Representatives from participating Member States for the Seventy-fourth Session as valid.

Adoption of the Agenda (Agenda item 4, SEA/RC74/1 Rev. 1)

72. The Director of Administration and Finance at the Regional Office, Mr Robert Chelminski, read out the Agenda to the delegates. The Committee unanimously adopted the Agenda for its Seventy-fourth Session and agreed on its execution to be regulated by the terms of the Special Procedures adopted for the Session.

73. The Chairperson, jointly with the Director of Administration and Finance at the Regional Office, also outlined the physical activity sessions and “healthy breaks” that had been earmarked during the Committee's Session as part of the Region’s continuing efforts to prioritize and “walk the talk” on promoting physical activity.

74. A morning physical activity session was announced, and delegates were invited to tune in from their homes. Videos of these exercise sessions were
broadcast live by the Secretariat on social media platforms such as YouTube and Facebook.

75. Delegates were also informed about the three-minute physical activity breaks in between the discussions on Agenda items under the “Health for All” theme, in a continuation of the practice followed in the past few sessions. Delegates were encouraged to stretch themselves at their desks during these intervals to break the unhealthy monotony of the seated posture. To encourage delegates to stretch and exercise at their seats during these breaks, promotional videos on stretching exercises were played by the Secretariat.

Key addresses and report on the Work of WHO (Agenda item 5)

Introduction to the Regional Director’s Annual Report in the South-East Asia Region covering the period 1 January–31 December 2020 (Agenda item 5.1, SEA/RC74/2)

76. The Regional Director, Dr Poonam Khetrapal Singh, introduced delegates to her 2020 Annual Report on the Work of WHO in the South-East Asia Region with
a poignant reminder that a year has passed since the delegates had last met at this forum virtually with the COVID-19 pandemic raging across the world.

77. This year was both “momentous” and “exhausting” and, for millions, a year of fear and tragic loss, and for all in the health sector, a year that has seen achievements and disappointments. It was another year in which one health issue, and its consequences, has dominated our lives, she said.

78. She then outlined some of the major highs and lows for public health in the South-East Asia Region and the world in the past 18 months during which the pandemic had raged unrelentingly. “Eighteen months into a global pandemic, we have seen over four and half million people die; a figure we all know drastically underestimates the real total,” she said. She then paid tribute to the many staff of WHO in the Region who had succumbed to COVID-19 during the past year and expressed her sincere condolences to their bereaved families and friends. And she recalled the many millions more whose lives and livelihoods were disrupted by the pandemic and the years of progress in reducing extreme poverty that were slowly eroded.

79. At the same time, she observed, the fight back has been underway: community leaders kept fellow citizens safe; health workers toiled day and night battling fatigue, infection and burnout. WHO and partners delivered tons of medical supplies … even entire field hospitals.

80. “A year ago, we hoped for vaccines. Today safe and effective vaccines are a reality,” she said, adding that 750 million COVID-19 vaccine doses had already been administered in the Region at the time of the start of the Regional Committee session.

81. However, progress has been unequal in the South-East Asia Region as well as other regions of WHO. Globally, a vastly disproportionate share of the available vaccines have been purchased and administered by a relatively small number of the wealthiest countries.

82. Though all the tools to end the pandemic, including effective vaccines and tried and tested public health interventions, are available to the public health community, case numbers and deaths are still rising, and the risk of new variants is ever present, she said. Admitting that “the virus still has the upper hand,” Dr Poonam Singh said her report carried a message of hope and not despair.
83. “Our prime focus right now is the pandemic itself and increasing vaccine coverage. Vaccinating the whole eligible population in any country is a task of enormous complexity. More so when resources are scarce. Distinguishing disinformation, misinformation, and product preference from genuine fears about immunization takes patience and skill. Supply and staffing constraints are easily confused with vaccine hesitancy and require different remedies,” Dr Poonam Singh reiterated.

84. At the same time, health systems have been hard hit not just by COVID-19 itself but by the additional demands the pandemic has created. This is observed with mental health, noncommunicable diseases and the multiple health impacts of lockdown, and even more in terms of widening inequity. There are many who are not so much left behind but left exposed, underscoring ever more the enduring and vital relevance of UHC. The Declaration on the Collective Response to COVID-19 reaffirms the importance of achieving UHC, of maintaining essential health services and public health programmes now and in the future.

85. Dr Poonam Singh then drew the attention of the delegates to the chapters on the country achievements and Flagship Priorities in the Annual Report to demonstrate how WHO’s work over the past year has continued on UHC and on many other fronts: More than 35 million children vaccinated against measles.
and rubella; increased taxation on tobacco products; the launch of a new patient safety action plan; increases in health worker recruitment – to highlight just a few achievements. The challenge, she said, is not just about restarting health systems that have been disrupted but to regain lost ground in health outcomes; rebuild capacity; and restore trust where it has been lost.

86. After the damage inflicted by the pandemic, nobody can deny the link between health and the economy. In the face of one of the most serious economic downturns in decades there is no guarantee that ministries of finance will agree that increasing health investment offers a sure and certain route to economic recovery. We have to make the most compelling case possible, Dr Singh observed. Health investment strategies will also need to show how non-health sector spending (in areas such as education, employment, and social security) can contribute to health outcomes. Restoring health must be our watchword.

87. She highlighted what she felt was the clear message on health financing: unless ministries of finance are prepared to increase the share of government spending on health, ministries of health are going to be faced with significantly reduced budgets. Out-of-pocket payments are likely to decline as incomes fall and treatment is deferred. Support from external development assistance is, at best, uncertain and, in all likelihood, may well decrease.

88. Two things are required, she said: convincing advocacy to make the case for an increased share of government revenues, and strategic advice on investment priorities, designed to limit the health impact of reductions in spending.

89. “We do not yet have a complete audit of the effects of the pandemic on health. Each country is different. For some it has been the absence of any kind of social safety net leading to a sudden loss of income for those affected; for others the risks of forced migration. In others again the effects of hunger and malnutrition. Lockdown measures have had an impact on mental health, domestic violence, alcohol, and drug abuse. Understanding who has been harmed and how can help in setting priorities and in understanding how spending in other sectors can contribute to health,” she said.

90. “To prepare the case for health we need convincing estimates, not just of health gains but realistic projections in terms of revenue generation. The Decade of Strengthening Human Resources for Health has sought to address shortfalls
in the number of health-care workers, particularly nurses,” the Regional Director stated.

91. She then discussed the post-COVID-19 recovery challenges and opportunities. Increasing recruitment at primary care level benefits health service provision and UHC. It can have a positive effect on the overall labour market – as an economic stabilizer, on poverty reduction, on the position and employment of women, and on income redistribution. A coherent position on health worker recruitment – consistent with each country’s circumstances – will be a key element of post-pandemic strategic planning.

92. And finally, she added, some of the changes that have happened by necessity during the pandemic have had potentially positive effects on equity and efficiency. They include task-shifting, delinking health insurance from employment, greater use of telemedicine and information platforms, and more imaginative use of public–private partnerships.

93. “We still have a mountain to climb. But we have learned a great deal in the last 18 months that stands us in good stead for the task ahead. We have to be ready for more surprises – expecting the unexpected. But we have learned that preparedness is not only about technical systems, supplies and logistics. It is about leadership, imagination, and solidarity.

94. “We have learned too that health security is not only about protecting people from disease. Health also has a stake in protecting livelihoods. COVID-19 has shown us the intimate and fragile links between health and social care. It has cast an unforgiving light in some places on how we protect the health of the elderly.”

95. In conclusion, Dr Poonam Singh said, the standout lesson from the pandemic is that the problem is not a lack of knowledge or technical tools (since) “ending the pandemic is in our hands”. What is needed is the leadership required to overcome divisions within and between countries. Divisions that erode the solidarity and collaboration needed to finish the job in relation to the pandemic.

96. The pandemic has shown that governments can take radical and unprecedented action to protect peoples’ lives. We have seen – through sharing resources and mutual support between countries in this Region – how solidarity and collaboration can make a difference.

[For the full text of the address, see Annex 6]
97. In their interventions to the presentation of the Annual Report on the Work of WHO in 2020, the distinguished delegates congratulated the Regional Director for her comprehensive and informative report, which highlighted the remarkable achievements brought about in the domain of public health and well-being of the people of the Region.

98. They described the Regional Director’s leadership as “visionary” and “timely”, as well as “extremely effective” during this time of global crisis due to the COVID-19 pandemic. They noted the exemplary efforts made by WHO in providing support to Member States since the start of the pandemic in the concerted mobilization of resources both regionally and nationally towards prevention and recovery, while at the same time enabling countries to continue to provide their essential health and regular immunization services.

99. The Chairperson expressed appreciation for the support provided by WHO to Member States in strengthening national health policies as well as health systems, all of which resulted in improving the overall quality of health-care services available to the people. He made a special mention of the “purposeful leadership of Dr Poonam Singh,” which he said is reflected in her initiatives to improve public health through measures such as the Flagship Priority Programmes, management reforms and, more recently, the COVID-19 strategic response plans. “These have resulted in remarkable improvement in
implementation and several achievements at the regional and country levels. We in the Region look forward to benefiting from her commitment and continued leadership to achieve the regional and country health priorities.”

100. Member States in their interventions on the Annual Report also highlighted their individual national public health achievements and the sustained elimination of several diseases from many countries over the past year as well as the unrelenting efforts invested by all of them in preventing the spread and transmission of COVID-19. They also narrated the lessons learnt, and the challenges faced, especially in the COVID-19 response as well as during the year and reiterated the importance of considering these while framing future biennial workplans. They highlighted the need to continue to make efforts to make WHO support more effective, targeted and direct, which is necessary for making WHO funding to the Region more efficient.

101. Delegates observed that the report has effectively captured all the major achievements in the Region while also highlighting the challenges that we all are facing collectively. It is encouraging to notice the impressive progress made in the Region in advancing the Regional Flagship Priorities and other health-related priorities, they observed.
102. During this period, many public health services were disrupted as evidenced by WHO's surveys and our regular monitoring. However, Member States made every effort to ensure that critical health services were not disrupted, including the issuance of interim guidance and several programme-specific guidance to ensure continuity of non-COVID-19 essential health services. Moreover, all health facilities remained open in all countries. Vaccination of health professionals was extremely beneficial for the continuation of health services at all levels of health facilities.

103. This period of the pandemic taught Member States and their health ministries and partners numerous lessons that are important for them and the global health community to evaluate and develop appropriate mechanisms to address the problems systematically. Some of them are as follows:

- Strengthening health systems must be an integral part of emergency preparedness and response.
- Significant work is required to make resilient health systems that can tackle multihazard public health emergencies.
- Continuity of essential health services demands the adoption of alternate service delivery networks and platforms, which must be explored and practised during periods of normalcy so that the system can switch smoothly to these during the pandemic.

104. This Region plays a vital role in supplying health logistics, including vaccines and drugs, and remained critical during the pandemic, delegates observed. The Committee resolved to “work together to strengthen country capacities in increasing production and ensuring a fairer and equitable distribution of vaccines and therapeutics”.

105. Member States concurred that COVID-19 has emphasized that for the best response to the current and future pandemics there is the need for a strong and resilient health system focused on primary health care. While UHC has progressed relentlessly in every country over the past few years, a significant amount of work remains to be done to make health systems reach the desired levels of resilience, they said. According people’s safety the highest national priority has entailed a systematic increase in investments in the health area. Renewed commitment and continued collaboration with Member States and WHO in the Region is the
To this end, continued technical and programmatic support from WHO will accelerate regional progress towards UHC.

106. The honourable ministers also enumerated the COVID-19 response efforts and initiatives in their countries. While all countries took decisions on the COVID-19 response with a whole-of-government approach and accorded it the status of a national health security issue, several set up national task forces to fight the pandemic. All countries displayed a high level of government commitment to prompt action from the initial stages of the pandemic.

107. All Member States expressed gratitude for the support received from the WHO Regional Office in strengthening their COVID-19 response. Technical and logistical support from the country offices and the Regional Office, such as the supply of personal protective equipment (PPE) and test kits, have been crucial for a rapid and comprehensive response. In some countries, the first batch of COVID-19 resources made available were through the auspices of WHO.

108. The Government of Nepal thanked the Regional Director and WHO for driving the global health agenda during this pandemic period and the continued technical support provided in responding to the COVID-19 pandemic, strengthening health systems, and accelerating the progress of targeted public
health priorities. The technical as well as operational support provided by WHO has been crucial during these trying times.

109. Recognizing the need for hospital care closer to the community, Nepal informed the Committee that it had embarked on a significant initiative in 2020 to establish at least one basic hospital in each municipality. At the same time, the establishment of 50-bedded infectious disease hospitals in each province has been initiated. Moreover, Nepal issued Safe Motherhood and Reproductive Health Right Regulations, which will guide programmes aimed at further improving reproductive, maternal, neonatal and adolescent health services.

110. During this period, Nepal introduced the rotavirus vaccine to protect children from diarrhoea, covering 12 vaccine-preventable diseases in the national immunization programme. During the COVID-19 pandemic, Nepal conducted a nationwide measles–rubella campaign to accelerate achievement of the measles elimination target by 2023. Likewise, a National Mental Health Strategy and Action Plan were developed and endorsed, ensuring that vital mental health and psychosocial services are available and accessible to all.

111. The distinguished delegate from Bangladesh commended WHO for its support to the country on implementation of the Thirteenth General Programme of Work agenda and the SDG and Flagship targets. WHO’s efforts “ensured strengthening of cross-country and cross-regional support”, he said. Apart from enhancing the capacity and effectiveness of pandemic relief programmes, trust among vulnerable communities was restored through the work of WHO and partners throughout 2020. Bangladesh has remained committed to progress based on equitable service delivery and the prevention of health-care-associated infections. Despite the pandemic, the country has maintained the elimination threshold for kala-azar in all upazilas for the third consecutive year, among other achievements.

112. Bhutan’s response to the COVID-19 pandemic was guided by a “whole-of-society” approach with “do-it-all” strategies envisaged by His Majesty the King, H.M. Jigme Khesar Namgyel Wangchuk, “whose vision is to ensure that no one is in want”, the distinguished delegate from the Himalayan kingdom observed. While the provision of routine immunization coverage was maintained, high vaccine coverage and door-to-door health services with support from the WHO Country Office brought tangible results.
113. The Democratic People’s Republic of Korea appreciated the Regional Director’s leadership in combatting the health emergency that has affected economies on a widespread scale.

114. India’s National Health Mission launched the digital logistical management programme called eSanjeevani. A stress on digital response led to the training of an unprecedented 16 million COVID-19 warriors online in 2020. Digital applications were also used for contact-tracing and effective immunization follow up. India congratulated WHO for its collaboration for fast-tracking multisectoral actions in health. Partnerships in pandemic management and digital health for preparedness and response, including digital vaccine certificates for travel and serohealth surveillance, were the other highlights of the past year for India.

115. Indonesia observed that intra-action review of COVID-19 in 2020 helped it to conduct effective monitoring and evaluation activities. Primary care resources and infrastructure were deployed to sustain and improve health-care delivery even among the populations of the far-flung islands.

116. Maldives noted that the pandemic has eloquently revealed how interconnected and fragile the world is. “No one is indeed safe unless everyone is safe.” Keeping this in mind, the Government of Maldives is committed to redoubling its efforts on health promotion to regain the ground lost in health services due to the interruptions enforced by the pandemic.

117. Sri Lanka informed that real-time monitoring of COVID-19 was conducted by an app for health workers, which revealed that the highest reported deaths and
cases in the country were due to the Delta variant. The delegate urged all countries to strive for equitable distribution of vaccines with support from WHO while unwaveringly maintaining their commitment to the goal of UHC.

118. Thailand reiterated the enduring relevance of the Flagship Priorities and congratulated the Regional Director on an incisive analysis and useful insights presented in her report. The most vulnerable people need greater health security that will ensure that no one would be left behind. Thailand also placed on record the advancement of telemedicine services in the country, noting that “the future of health care is digital”.

119. Timor-Leste observed that there were more hospital admissions in the country during the third wave than during the entire period of the pandemic. The country dedicated 13% of its gross domestic product to pandemic recovery during 2020. It also congratulated WHO for support in two areas of particular interest: nutrition and food insecurity. Food adequacy is essential to prepare for any eventuality, given that there are indications that COVID-19 is far from over and the worst may be yet to come.

120. The Committee also unanimously congratulated H.E. Mr Umesh Shrestha, State Minister of Health and Population, Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, and Her Excellency Ms Dechen Wangmo, Minister of Health, Royal Government of Bhutan, for their nomination and election as Chairperson and Vice-Chairperson, respectively, for the Session.
Address by the WHO Director-General (Agenda item 5.2)

121. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, in his address thanked His Excellency Mr Sher Bahadur Deuba, the honourable Prime Minister of Nepal, for hosting this Regional Committee Session. He once again expressed the hope that the delegates would be able to meet in person at the Regional Committee Session next year.

122. The Director-General recalled the toll exacted by the virulent pandemic in the past 18 months: more than 41 million cases of COVID-19 from the Region, and more than 646 000 deaths. And these numbers are likely to be underreported. Furthermore, the damage from the pandemic is far greater than the disease itself when the impact on people who could not access overwhelmed hospitals or suffered the economic and mental health effects of emergency measures, is taken into account.

123. At the same time, cases and deaths in the Region have been declining over the past few months, although some countries of South-East Asia witnessed a sudden spurt. More than 845 million vaccine doses have now been administered in the South-East Asia Region – 16% of all vaccines administered globally for a part of the world that hosts 26% of the global population.

124. Dr Tedros said WHO’s global targets are to support every country to vaccinate at least 10% of its population by the end of September 2021, at least 40% by the end of 2021, and 70% of the world’s population by the middle of 2022. “WHO and our partners are doing everything we can to find ways of scaling up the production and distribution of vaccines as much as possible, as fast as possible. More than 49 million doses have been distributed to eight countries in the Region through COVAX, and COVAX is picking up speed. Between now and the end of the year, COVAX aims to deliver more than 500 million doses to countries in the Region.”

125. “The vaccine crisis illustrates the fundamental weakness at the root of the pandemic: the lack of global solidarity and sharing – sharing of information and data, biological samples, resources, technology and tools. That’s why there is now an emerging global consensus for the idea of an international treaty or other legal instrument to provide the basis for improved international cooperation to prepare for, detect and respond to epidemics and pandemics,” Dr Tedros said. At the World Health Assembly in May 2021, Member States agreed to discuss this idea at a Special Session of the Assembly in November, he added.
126. He also informed the delegates that WHO has made a proposal for a permanent International Scientific Advisory Group for Origins of Novel Pathogens, or SAGO, to establish a more systematic way of identifying the source of new outbreaks.

127. Even as the world responds to the pandemic, it is critically important that routine immunization and other essential health services are restored as quickly as possible. Last year, millions of children missed out on vaccines against preventable diseases because of disruptions to essential health services, he regretfully expressed.

128. The pandemic has shown that the world needs an empowered and sustainably financed WHO at the centre of the global health architecture. WHO has a unique global mandate, unique global reach and unique global legitimacy. “We should avoid the creation of competing institutions and structures.”

129. On financing, the Director-General said: “A strong WHO demands that we face up to the long-standing challenge of sustainable financing. Currently, only 16% of our funds come through assessed contributions. More than 80% of our funds are voluntary, and most of that is earmarked. This imbalance effectively makes WHO a contractor for donors and means we cannot do the long-term programming at the country level that the biggest health challenges require.”

130. The Director-General concluded with an appeal to Member States to seek their support to “build a stronger WHO that is empowered and financed sustainably”. He thanked the delegates for their “hard work and support for WHO at this critical time” and hoped for their continued support “as we work together to promote health, keep the world safe and serve the vulnerable”.

[For the full text of the address, see Annex 7]

131. The Chairperson, in synopsizing the key addresses, said that the Director-General’s address provided useful guidance to Member States of the Region to further strengthen their COVID-19 response, bolster their health development efforts, and better plan on the road to future collaboration with WHO. He thanked Dr Tedros for his visionary address.

132. In a statement in response to the comments of the Director-General, the UN Resident Coordinator in Nepal, Ms Sara Beysolow Nyanti, enumerated the work of the UN with the Government of Nepal from the onset of the pandemic
in providing support to the Ministry of Health and Population's response. WHO has provided technical advice, human resources and logistical support to the Government of Nepal since the onset of the pandemic. WHO's technical assistance has ranged from providing information and guidance on COVID-19 to facilitating training of health-care workers on a variety of issues, including critical care and case investigation and contact-tracing. WHO has also worked closely with the National Public Health Laboratory to enhance capacity across the country, leading to an increase in the number of laboratories capable of conducting reverse transcriptase-polymerase chain reaction (RT-PCR) tests from zero to 96.

133. WHO staff have been deployed at various COVID-19 hub hospitals across the country and were involved in carrying out rapid assessment of hospital preparedness and response, among other tasks. With support from WHO, the Ministry of Health and Population has also conducted two rounds of a national seroprevalence survey. UN-led clusters identified and prioritized key bottlenecks constraining progress on the COVID-19 response, including impediments to controlling COVID-19 at points of entry and refining risk communication activities. Working through the newly activated humanitarian architecture, the UN led the Humanitarian Country Team and coordinated with key stakeholders to overcome complex logistic challenges associated with supply chain delays and the closed airport.

134. Dr Adriana Blanco Marquizo, Head of the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), highlighted in her
statement, the fundamental importance of health to development, the economy and every other aspect of human life, and urged Member States to continue their efforts to curb the tobacco epidemic through targeted policy, legislative and regulatory measures. Greater effort is needed to increase tobacco taxation. The FCTC called for a ban on all tobacco advertising, promotion and sponsorship to reduce demand, and strengthening of tobacco cessation services. In the SEA Region, a big tobacco producer, attention must also be paid to crop diversification and alternative, environmentally friendly livelihoods for tobacco farmers.

135. Government-wide implementation of Article 5.3 of the WHO FCTC is the remedy to protect tobacco control policies from the predatory practices of an industry that produces a product that kills at least half of its users. Tobacco control is also a key element of the 2030 Agenda for Sustainable Development through SDG Target 3.a, which specifically calls on States to strengthen implementation of the WHO FCTC.

Ministerial Roundtable (Agenda item 6)

COVID-19 and measures to “build back better” essential health services to achieve UHC and the health-related SDGs (Agenda item 6.1, SEA/RC74/3)

136. The Chair, H.E. Mr Umesh Shrestha, Minister of State for Health and Population, Federal Democratic Republic of Nepal, welcomed the delegates to the Roundtable and said that this was a unique opportunity for discussion and
deliberations, as this represented the highest decision-making body of health systems in the Region.

137. The COVID-19 pandemic has profoundly impacted the economies and societies of Member States and the health and well-being of people of the WHO SEA Region to an unimaginable extent. Ongoing waves of COVID-19 in the SEA Region seriously challenged the ability to maintain health services and exposed longstanding gaps in national and subnational health systems and disrupted essential health services such as routine immunization.

138. Significant progress has been made in the roll-out of COVID-19 vaccination. However, the proportion of people fully vaccinated in the Region stands at 10.4% as of 30 August 2021. Public health and social measures continue to play a critical role in controlling the transmission of COVID-19.

139. While COVID-19 demonstrated the vulnerability of health systems in the Region, it also led to innovation and provided learning on the factors associated with “building back better” to both address health emergencies and achieve UHC and the health-related SDGs. Ministers of health from the WHO SEA Region convened during the Ministerial Roundtable to reflect on their respective experiences and to chart a shared path towards strengthening health system resilience across the SEA Region.
140. The Chair stated that the pandemic presented a once-in-a-lifetime opportunity to build back better by increasing investment in primary health care (PHC), empowering communities, leveraging traditional and complementary medicine, innovation in digital technology, and integration of health emergencies and disaster risk management strategies at the PHC level. These are a few interrelated actions that need to be considered in building back better on a strong foundation of PHC.

141. The Chair then introduced Mr James Chau, WHO Goodwill Ambassador for the Sustainable Development Goals and Health, and invited him to moderate the Ministerial Roundtable.

142. Mr Chau welcomed the delegates and highlighted the current and dynamic nature of the topic under discussion. He stated that the aim was to unpack the lessons to see what was meant by “build back better”. He then introduced Nobel Laureate Mr Abhijit Banerjee, renowned economist and currently Ford Foundation International Professor of Economics at the Massachusetts Institute of Technology, United States of America. Mr Abhijit Banerjee is the co-recipient of the 2019 Nobel Prize in Economic Sciences for his groundbreaking work in development economics research.

143. Mr Banerjee emphasized that it was not just access to health care that was important but the quality of access, as many of those who practised medicine “played safe”. He said that key messages, however mundane, need to be delivered credibly for the public to follow. Practitioners could be certified to deliver clear messages.
The Regional Director, Dr Poonam Khetrapal Singh, introduced the topic of the Ministerial Roundtable discussion by emphasizing the imperative and once-in-a-century opportunity to ensure required transformations in the health sector. “Strong health systems that are PHC-oriented, and which leave no one behind, create populations that are healthier, more productive and financially secure. Resilient health systems are the bedrock of emergency preparedness and response, and ensure that when acute events occur, essential health services can be maintained.”

She thanked the ministers for their tremendous efforts at maintaining and strengthening essential health services, especially at the primary level, where people’s health-care needs are met. She congratulated the ministers for advancing the Flagship Priority Programmes of the Regional Office and the SDG targets.

The Regional Director commended the ministers for their efforts to deliver strong, measurable progress despite the current ongoing crisis. “By the end of the first quarter of 2021, the Region had reduced average disruptions to tracer health services by a remarkable 20% compared with the second quarter of 2020, May through July. Progress was achieved across all 35 tracer services.” As she eloquently stated, “behind these numbers are real people with real stories.”
147. The Regional Director additionally set the scene for discussion by identifying the importance of primary health care and the need to identify a set of actionable tools to drive immediate, near- and long-term gains. She emphasized that PHC was the only way forward, as it provided comprehensive, integrated services across all levels of care, and which included all essential public health functions. They thus achieve the highest possible level of health and well-being. They can empower and engage individuals, families and communities, increasing social participation, self-care and self-reliance in health.

148. Dr Poonam Singh concluded by saying that strong PHC-oriented health systems are more efficient and cost effective, reducing out-of-pocket costs, and addressing the social and economic determinants of health through multisectoral action.

149. Mr James Chau introduced the format of the Roundtable and mentioned that it would be in two parts, with each part asking a question for the ministers to answer. The first question was: Based on the COVID-19 pandemic experience, what key measures and strategies are planned to “build back better” to achieve UHC and the health-related SDGs and to strengthen health system resilience for the future?

150. In the first round of their respective opening interventions, ministers of health from the WHO SEA Region shared practical insights gained over the past 18 months and discussed ongoing processes towards restructuring health systems to better respond to all-hazards emergencies and accelerate progress towards UHC. A renewed focus on PHC, strong community engagement, and a whole-of-society approach was reflected across the ministers’ interventions.

151. Bangladesh mentioned that it was regularly monitoring essential health services using the Demographic Health Information Software (DHIS2). It has created a common platform for multisectoral collaboration, as the pandemic had exposed the importance of other sectors in times of crisis, with the ultimate aim of strengthening UHC. It also aims to make use of artificial intelligence and telemedicine services in the future, with an emphasis on equity.

152. Bhutan gave a brief account of the many lessons taught by the pandemic, which showed the importance of moving beyond the health sector. As essential health services have always been a priority for the country, the pandemic had little effect on these. It called upon WHO and UN partners to provide technical stewardship and resources.
153. The Democratic People’s Republic of Korea said that telemedicine had been strengthened and now had reached all Ris and polyclinics in the country. Public health expenditure has been ramped up by 102%. It has also modernized factories for medical products and oxygen production.

154. India initiated public health actions early on, ensuring that they were proactive, pre-emptive and people centred. It used past knowledge and experience of managing epidemics coupled with scientific knowledge. Surveillance at points of entry gave the country time to strengthen public health. It ensured intersectoral collaboration by establishing high-level committees. It also developed indigenous capacities in several fields, especially essential logistics such as PPE, diagnostics, vaccines, and maximized the application of digital and information technology. Mitigating the non-health impact of the pandemic on the poor and marginalized was another priority.

155. Indonesia’s learning was the importance of health in our lives, and the need to be resilient in the face of such challenges as the pandemic. It has used this to improve PHC and hospital access and quality, ramp up insurance, and screening and health technology, and strengthen its emergency responses through surveillance and other means. It has worked with all ministries and stakeholders to redesign programmes and policies, and emphasized that our only security is the ability to change.
156. **Maldives** stated that despite the plans it had made prior to the pandemic to mitigate emergencies, the pandemic exposed some gaps and provided a practical insight into the requirements for health and welfare. The country felt that the most important aspect of building back better was the people, who should be empowered with the requisite knowledge to build a healthy and sustainable society. Maldives conducted public advocacy and mass communication for health literacy.

157. **Sri Lanka** prides itself on its strong PHC system and the preparedness it put in place after the 2004 tsunami. However, the pandemic opened up areas where further improvements would help in future crises. These included strengthening the national medical authority, developing quality drugs, addressing the challenge of noncommunicable diseases (NCDs) and adapting service delivery models to meet the needs of vulnerable people. It recognizes the centrality of health in achieving the SDGs and highlighted the need for adequate funding to build back better and ensure a healthier, safer Region. It looked forward to opportunities to share the lessons learnt and experiences.

158. **Thailand** strongly felt that UHC is the backbone of a solid health response. To this end, it offered free services for COVID-19 to both Thai and non-Thai people, and fully subsidized vaccination services across 1000 vaccination centres. Like several other countries, it used telemedicine to decrease crowding and promote outreach. It highlighted the importance of regional collaboration to be able to end the pandemic.
159. **Timor-Leste** said that to build back better, it needed to increase the number, skills and quality of health-care workers, reduce out-of-pocket costs, strengthen control of NCDs and TB, and improve the nutritional status of mothers and children. It requested WHO’s support to strengthen health systems and improve resilience to face future and current emergencies.

160. **Nepal** said that it kept its health facilities open throughout the pandemic, although they were stretched beyond capacity. It has developed the next 5-year health strategy that aims to build resilient health systems and focus on more decentralized health services. To this end, it has increased its health sector budget to 7.5% of the national budget and will ensure that this level of financing continues. It also aims at procurement reforms and has decided to establish a Centre for Disease Control. It plans to strengthen hospital and laboratory capacity, and establish primary care hospitals in all districts, and referral hospitals in all seven provinces.

161. The second part of the Ministerial Roundtable comprised **country-specific questions**, which were posed by the moderator to the countries in reverse order from the first round.

162. **Nepal**: What were the lessons learnt in terms of adequacy and competency of existing human resources for health? How would Nepal like to mitigate those
shortcomings to provide essential health services at the PHC level and to provide emergency care during such public health emergencies? What are Nepal’s thoughts on strengthening a workforce cadre, ideally at the community level, for specific tasks such as case investigation and contact-tracing?

163. Immediately after the cases started increasing in significant numbers, MoHP initiated a process to strengthen hospital and laboratory capacity, which included the establishment of basic hospitals in all municipalities, infectious disease hospitals in seven provinces, and expansion of public laboratories. Moreover, hospital beds, ventilators, intensive care unit (ICU) beds, high dependency unit (HDU) beds were added in significant numbers along with improved oxygen capacity at peripheral hospitals. It has taken a decision to recruit additional health-care workers to provide routine health-care services, and would decentralize recruitment in future. For certain programmes that were affected by COVID-19, strict measures were implemented to conduct catch-up activities to improve access to services, particularly for priority public health programmes. It also plans to restructure and realign human resources to current and future needs. It is also reviewing job structures and developing job descriptions. Nepal also is considering strengthening its health workforce cadre, ideally at the community level, and making them better equipped for specific tasks such as case investigation and contact-tracing, etc.
164. **Timor-Leste**: The WHO Director-General has said that the “the future of health care is digital”. How do you plan to use innovation and technology in Timor-Leste, a small developing state, to strengthen health system resilience for future emergencies?

165. Timor-Leste observed that it is using digital technology extensively. It has developed telemedicine services between national and referral hospitals. All health services are integrated on the DHIS2 platform and it is using drone technology for vaccine delivery and collection of samples.

166. **Thailand**: Thailand went for many months without community-based transmission of COVID-19. Could you describe the importance of community health workers and community engagement strategies in managing the pandemic and ensuring continuity of essential health services?

167. Thailand has successfully implemented UHC as it has been continuously investing in health systems. It has significantly increased training and retention of health-care workers, which played a crucial role in promoting vaccine acceptance in the elderly and disabled. Community engagement is a vital factor, and isolation facilities have been built at stadiums and other public places. Civil society also provides support.

168. **Sri Lanka**: What has been the role of information technology in Sri Lanka’s COVID-19 response as well as towards maintaining essential health services and what are some key lessons learnt going forward?

169. Sri Lanka uses the DHIS2, which has been customized to the country’s needs. Real-time data are available for dashboards, which results in timely and accurate information for disaggregating public health activities. A spectrum of services is provided, starting with managing people at home, and linking them to existing services. Information technology (IT) services are used to ensure continuity of routine activities, and social media successfully used for risk communication. The key lessons have been the importance of access to accurate and timely health information for decision-making, intersectoral collaboration and streamlined data-sharing across all sectors resulting in collaborative decision-making.

170. **Maldives**: How have the atolls and islands in the periphery maintained essential health services and strengthened the COVID-19 response despite the existing challenges?
171. The health structure in Maldives is well organized. Each atoll has at least one health centre with a minimum of one doctor or nurse and community health worker, along with a pharmacy and ambulance. Secondary care is provided by atoll hospitals, accessed via sea ambulances. At the next level is the regional hospital, which provides special and emergency services. To improve health-care delivery, online training and outreach services are provided, as well as telemedicine services. The country organized civil support for the lockdown and ensured the availability of essential services during this period. It took the help of the Maldives Red Crescent to secure psychosocial health for its people.

172. **Indonesia:** What are the country’s strategic plans and key measures to ensure equity in accessing quality-assured medicines and vaccines for COVID-19 as well as for non-COVID-19 conditions, given Indonesia’s geographical situation and decentralized system?

173. Indonesia said that it is imperative to ensure upskilling. It needs to overcome its limited capability for developing pharmaceuticals, increase the supply of medicines and vaccines, and learn to better import vaccines. Knowledge-sharing and active collaboration would help to achieve these goals. Policy deregulation is needed to ensure affordability, equity and access to health services. H.E. the Minister of Health said, “it takes a whole orchestra to play a symphony,” emphasizing that worldwide access to medicines and vaccines are necessary for all.

174. **India:** India scaled up the development, production and deployment of COVID-19 vaccines as part of the pandemic response, with prioritization of health-care workers and vulnerable groups, exporting vaccines, and supporting scale up of information systems for vaccination in other countries (COWIN). How has India managed this massive intervention and its implications for national and global public health?

175. India observed that vaccination was a challenging task. An expert group provides
guidance on all aspects of vaccination. A national task force has been set up for research and development. Vaccination is being carried out in a phased manner, starting with health-care workers, frontline workers, the elderly, those above 45 years of age with comorbidities and then for those above 18 years. India used the infrastructure of the universal immunization programme, augmented its cold chain and other aspects, and provided training to vaccination teams. Vaccine manufacturers were provided financial support, and the COWIN platform keeps track of all vaccinations and issues certificates of vaccination. Detailed planning and communication, use of technology and robust management helped in establishing progress.

176. **DPR Korea:** How functional is telemedicine in essential health services in DPR Korea in the current COVID-19 pandemic context?

177. Telemedicine is already established up to the county level and was further expanded to the Ri and people’s hospital level. It helps to decrease referrals and upgrade clinical capabilities through training. Training is continuing throughout the pandemic. The country also upgraded the quality of health services at all levels, including rural levels.

178. **Bhutan:** What are some of the key essential service delivery reorganizations initiated by Bhutan during the COVID-19 pandemic?

179. Bhutan managed to contain the pandemic despite scarce resources by being extra cautious. It ensured the continued delivery of essential health services. In early 2020, it established a flu clinic system, which has now been equipped with TB services as well. Seasonal flu vaccination was given to 91% of the population by April 2020. For the elderly, medicines are delivered at recognized hotspots. The country has prioritized the development of specialized health services and is guided by science and logic.

180. **Bangladesh:** How did Bangladesh make use of the DHIS2 in making evidence-informed policy decisions and mounting a strategic response towards restoring essential health services during COVID-19, including at the primary health care level?

181. Bangladesh has established a network of primary health centres, which are the backbone for delivery of essential health care. The country uses DHIS2 for all levels of care (more than 14 000 primary health centres) and instituting corrective measures. Real-time data are fed into the DHIS2, which are visualized
through dashboards. Telemedicine services have been revitalized to continue essential services for reproductive, maternal, neonatal and child health (RMNCH), communicable and noncommunicable diseases, and mobile health services introduced. The country managed to restore essential health services by October 2020 through these initiatives. Infection prevention and control (IPC) systems and surge capacity have been strengthened at the facilities. Common platforms have been created for multisectoral collaboration to respond to health emergencies. Continued efforts will be made to maintain an integrated health information system with quality and complete data flows.

182. The Director-General, Dr Tedros Adhanom Ghebreyesus, addressed the Ministerial Roundtable from Rome. He appreciated the insights from the ministers of health of the WHO SEA Region Member States and emphasized the immediate opportunity to build a healthier, fairer and safer world. He stated that we must ensure that we learn the lessons being taught and protect future generations.

183. The pandemic exposed longstanding gaps in the health systems of Member States of the SEA Region, and the full scale of the impact has still to be realized. The world was dangerously off-track in reaching the SDGs even before the pandemic, and now it is even further behind. He said that better global governance was needed, along with an international instrument for overarching unity. More and better financing was needed, with an increase in domestic investment, including in PHC. Better systems and tools were needed across the “One Health” spectrum. Finally, he said that a strengthened, empowered and financed WHO was
needed to help the world, as it has global acceptability. He concluded by saying that the world needed to act now and seize the moment.

184. The moderator, Mr Chau, thanked Dr Tedros, and invited the Regional Director, Dr Poonam Khetrapal Singh, to elucidate on the way forward. The Regional Director thanked the ministers of health in the Region for their insights, sustained effort, and for providing clear and actionable steps forward. She stated that WHO will continue to support them in their efforts to maintain and strengthen essential health services throughout the COVID-19 response, especially at the primary level.

185. She outlined all the factors that had worked during the pandemic in all countries of the Region. Among these were increasing community engagement and communication to enhance the uptake of essential health services, reorganizing and shifting an array of health services from higher to lower levels of care, recruiting additional health workers, expanding telemedicine and increasing access to other e-health and mHealth technologies, dispensing medicines via innovative methods such as doorstep delivery.

186. Dr Poonam Singh said: “We as a Region know what is required to protect and defend our progress, and to ensure access for all to essential health services throughout the COVID-19 response… Based on your deliberations, it is evident that strong PHC-oriented health systems are the way forward, and can best be achieved through a series of interrelated actions.” She outlined the priorities for the Region and said that the challenge was to put these priorities into action.

187. The Regional Director thanked Member States and partners for their ongoing and unwavering support and reiterated WHO’s steadfast solidarity and support in turn. She expressed her certainty that the Region could collectively build back better essential health services for a fairer, healthier and more health-secure future for all, leaving no one behind.

188. The Chair of the Ministerial Roundtable, H.E. Mr. Umesh Shrestha, State Minister of Health and Population, Government of the Federal Republic of Nepal, concluded the Ministerial Roundtable by introducing and adopting by ministerial consensus and signature the “Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services and the health-related SDGs”.
189. An innovative virtual signing ceremony of the Declaration followed, in which the Chair, after securing the assent of all Member States, unveiled the signatures of the honourable ministers of health on an electronic copy of the Declaration displayed on the screen.

190. Through the Declaration, ministers of health from Member States of the SEA Region agreed to a set of 12 “priority actions” to seize the once-in-a-century opportunity to enable necessary transformation towards resilient PHC-oriented health systems. Member States, through Resolution SEA/RC74/R1, endorsed the Ministerial Declaration and requested the Regional Director to report on the progress on implementing the Ministerial Declaration to the Committee every two years until 2027.

191. The Committee adopted resolution SEA/RC74/R1 on “Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs”.

**Programme Budget matters (Agenda item 7)**


192. The Programme Budget 2020–2021 was approved by the Seventy-second World Health Assembly in May 2019 vide resolution WHA72.1. It aimed to turn
the bold vision of the Thirteenth General Programme of Work (GPW13) 2019–2023 into reality by delivering impact for people at the country level.

193. The Committee was informed that financial and technical implementation of the Programme Budget is continuously monitored by the responsible officers at the Budget Centres. The Region continues to focus its efforts and resources and align them with country priorities and the eight Regional Flagship Priority Programmes that were identified after extensive consultations with Member States.

194. The Committee thanked the Secretariat for a comprehensive report on the Programme Budget 2020–2021: Implementation and mid-term review, and appreciated the efforts of the Secretariat to prioritize Budget allocations to the countries thereby driving impact at the country level. The Committee also commended the strong leadership of the Regional Director and recognized the issues that affected implementation of the Programme Budget 2020–2021 due to the COVID-19 pandemic as well as the support provided to Member States, especially on emergencies-related funding, to cope with the pandemic.

195. The Committee noted with satisfaction the progress on the Output Scorecard methodology and pilot-testing of the overall Results Framework of the GPW13 before its roll-out in the SEA Region. The Committee observed that adoption of the Output Scorecard methodology was a departure from traditional monitoring and reporting. It will thus be useful to document the lessons learnt and assess the performance across dimensions, particularly on Gender Equity and Human Rights, to be able to effectively support WHO’s collaborative programmes with countries and the country cooperation strategies with the findings therein.

196. The Committee appreciated the monitoring and evaluation mechanisms implemented in the Region and welcomed the proposed roll-out of the Contributors Engagement Management (CEM) System. The Committee observed the continued need for reviewing, reprogramming and repurposing of funds and budgets towards the COVID-19 response and achieving their effective implementation.

197. The Committee appreciated the collaboration among Member States in implementing the Programme Budget 2020–2021 and the understanding of the Output Scorecard exercise at the country level. The Committee was informed that the Output Scorecard assessment is an evolving process and is currently being worked across the three levels of the Organization for improving assessment.
Member States were reminded of the briefing provided (on 3 August 2021) on the Output Scorecard methodology, the findings and lessons learnt.

198. The Committee was further informed that, as on 30 June 2021, the SEA Region had achieved an implementation percentage of 72% of the Approved Programme Budget and 61% of the distributed resources. This improved to 78% of the Approved Programme Budget and 64% of the distributed resources as on 16 August 2021, as reflected in the updated status for the Region in the document SEA/RC74/4 Rev. 1. This has further improved to 82% of the Approved Programme Budget and 67% of the distributed resources as on 3 September 2021.

199. Member States were commended for their joint monitoring of the Programme Budget at country level with the WHO country offices and were further requested to continue the same in implementing the Programme Budget successfully.

200. The Committee observed that South-East Asia is the only Region that allocated as much as 81% of its resources to the country offices, with a firm focus on regional priorities and the aim of strengthening country capacities. The Committee noted that the implementation rate had been achieved even with a higher amount of funds available – of US$ 99.9 million – compared with the funds available in the previous biennium of 2018–2019.

201. It was reiterated that while the focus is on the quality of implementation, due attention is being given to ensure “value for money” for every dollar spent, and to full adherence with WHO Rules and Regulations and financial provisions. On a concern raised on uneven funding, the Committee observed that Voluntary Contributions, which account for a major portion of WHO’s funding, are highly specified. In addition, COVID-19 has resulted in earmarked funding and staff efforts towards the Outbreak, Crises and Response (OCR) segment.

202. The Regional Director assured Member States that the Secretariat is fully committed to translating the recommendations made by the Subcommittee on Policy and Programme Development and Management at its meeting in July 2021 into action, and remains fully cognizant of the fact that four months remain till the end of the biennium. The initial workplans for the current biennium were challenged owing to the COVID-19 pandemic. However, even with these constraints, the Region has been able to effectively implement the workplans, and the situation will further improve by the end of December 2021.
203. Member States were informed that only 27% of the Region's expenditure is attributed to staff costs, which is less than the global average of 35%, and were assured of continued and concerted efforts towards strengthening technical and financial monitoring at the regional and country levels.

204. The Committee urged Member States and partners to ensure timely support to WHO country offices by providing reports on funds advanced to the respective ministries of health and partners, to allow the WHO Regional Office to maintain its compliance indicators at its best.

Programme Budget 2022–2023 (Agenda item 7.2, SEA/RC74/5, SEA/RC74/5 Add. 1, SEA/RC74/5 Inf. Doc. 1, SEA/RC74/5 Inf. Doc. 2 & SEA/RC74/5 Inf. Doc. 3)

205. Programme Budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021 vide resolution WHA74.3. It comes at a critical time in the world and provides a unique opportunity with the global public health landscape for WHO. Four key areas of strategic focus shaped the Programme Budget 2022–2023, all of which are mutually reinforcing and clearly demonstrate how WHO has risen to the challenge of accomplishing its overarching mission.

206. The Committee noted that in view of the recommendations made by various high-level reviews conducted by WHO, including the review by the Independent Panel for Pandemic Preparedness and Response (IPPPR), Member States will see, for the first-time ever, a mid-term revision of the Programme Budget 2022–2023, which will be presented to the Seventy-fifth World Health Assembly in May 2022 for approval following extensive consultations.

207. Member States commended the Secretariat for presenting a Concept Paper, along with a presentation by Mr Imre Hollo, Director, Department of Planning, Resource Coordination and Performance Monitoring at WHO headquarters, Geneva, on the process and scope of revision of the Programme Budget 2022–2023. This revision takes into consideration the recommendations of the independent reviews and those of the Working Group on Sustainable Financing.

208. Member States were reassured that the proposed revision of the Programme Budget will also follow a bottom–up planning approach and there will be more opportunities for consultation with countries in the months ahead before it is submitted to the Seventy-fifth World Health Assembly. The need for a good vision on and strategy for the Programme Budget revision was stressed. It was reiterated that the Member States will be approached for their views and on how best to reflect them in the revision.
209. The Committee was informed that there are short-, medium- and long-term implications of the recommendations of the various reviews and evaluations. There is a need for considering “foundational” actions for the longer-term implications of the Budget revision. Member States noted that WHO is making concerted efforts to adapt to the new reality so that it is fully equipped to support Member States now and, in the future, to help the world cope better with COVID-19-like crises in the days ahead.

210. Operational planning for 2022–2023 is scheduled from August to November 2021, with the aim of completing workplans by end-December 2021 for them to be operational from 1 January 2022. The WHO Representatives to countries will continue to coordinate with and consult the ministries of health and relevant partners to identify the evolving needs at country level to operationalize the 2022–2023 workplans on time.

211. The Committee noted that total allocation for the Programme Budget 2022–2023 for the South-East Asia Region is US$ 476.2 million. This is a 6% increase from the Programme Budget 2020–2021 compared with an overall 5% for the Organization for all segments. It further noted that the Base Budget allocation of US$ 426.3 million shows an increase of US$ 37.8 million over the current Base Programme Budget of 2020–2021. Member States commended the Regional Director for providing 81% of the overall increase of US$ 37.8 million for the SEA Region to countries while maintaining an overall budget allocation of approximately 72% for the countries.
212. The delegates were informed that the priorities of 2020–2021 were reviewed and evaluated for 2022–2023 through an iterative process and were presented to Member States at the Regional Consultation held virtually in December 2020. The consultation had provided an opportunity for a robust prioritization exercise.

213. Member States, while taking note that the COVID-19 pandemic has had a severe effect on an unparalleled scale, recognized that the Programme Budget 2022–2023 incorporates the lessons learnt from this crisis and provides a response to the challenges posed by the pandemic for better preparing health systems.

214. Member States stressed the need for the Region to continue mobilizing resources in 2022–2023 for priorities identified and harnessing the social and intellectual capital of the Organization to better support countries. The Committee was reassured of the Organization’s commitment to this. It was emphasized that the SEA Region will continue to apply and build on its results, priorities and country-focused budgeting to deliver on commitments at country and regional levels while at the same time addressing global commitments.

215. The Regional Committee appreciated the bottom-up approach in planning that was adopted in developing the Programme Budget 2022–2023 and the iterative approach followed by the South-East Asia Region. Member States’ appreciation for the iterative processes followed in the development of the Programme Budget 2022–2023 was duly acknowledged. The Committee further noted and appreciated Member States for taking the time for the bottom-up planning process of 2022–2023 despite the challenges of the evolving situation in their countries.

216. Reiterating the Regional Director’s vision of the “1 by 4” Initiative and the eight Regional Flagships, Member States were reassured that the Region will continue to look at national and regional priorities besides the global commitments and the ways to address them in the workplans, and will also incorporate the lessons learnt from implementation of the programmes at the country level through a streamlined process. The process of development of the country support plans with the collaboration of all three levels of the Organization, and with more focus on the impact in countries during the development of the Programme Budget, was elaborated to the Committee.

217. It was emphasized that the South-East Asia Region has a strong tradition of focusing on the country cooperation strategies, bottom-up approach and ensuring
regular collaboration with both the Regional and country offices. Member States were requested to coordinate, through the national planning focal points, with the WHO country planning focal points and WHO Representatives to keep abreast of the evolving changes and identify changing national needs.

218. The Regional Director thanked Member States for their encouraging comments and for a specific mention of the developments in May 2021 when the Programme Budget 2022–2023 was approved, and about the revisions to be presented to the Executive Board in 2022.

219. The Committee adopted Resolution SEA/RC74/R2 on “Programme Budget 2022–2023”.

Sustainable financing

220. The Committee was informed of the Executive Board’s decision EB148(12) to establish a time-bound and result-oriented Working Group on Sustainable Financing, open to all Member States, to enable WHO to have in place the robust structures and capacities needed to fulfil its core functions as defined in its Constitution. The Working Group had requested inputs from all Regional Committees on the following five questions:

(i) Does the Regional Committee share the vision that WHO should be at least 50% funded by Assessed Contributions in order to ensure its integrity and safeguard the independence of WHO?

(ii) Does the Regional Committee share the view of the Independent Panel for Pandemic Preparedness and Response that the entire Base Budget should be fully funded by unearmarked flexible contributions?

(iii) Would the Regional Committee support that the Seventy-fifth World Health Assembly to be held in May 2022 agree on the way forward for an increase in Assessed Contributions and adopt an incremental implementation schedule?

(iv) Does the Regional Committee agree on IPPPR’s recommendation for a replenishment mechanism to cover the remaining part of the Base Budget by both Member States and non-State actors?

(v) What are the best practices and lessons learnt for prioritization in the regions?
221. The Committee welcomed Mr Björn Kümmel, the Chair, along with Ms Meutia Hasan, Vice-Chair, of the Working Group on Sustainable Financing. The Chair outlined the urgency and explained the historical importance of the decision on sustainable financing, and stressed on the responsibility of the Working Group on Sustainable Financing to arrive at a consensus among Member States on a sustainable financing model for WHO.

222. The Committee was informed of WHO’s high dependency on a limited number of donors that fund 84% of the Programme Budget through Voluntary Contributions, enabling them to decide how most of the WHO funding is to be used, thereby “undermining” the decision-making capacity of the Organization. It was noted that only a strong WHO can support achievement of the health-related Sustainable Development Goals and global health security, or in the alternative, other organizations may take the lead on global health.

223. The recommendations of IPPPR were also emphasized. These call for an increase in the Assessed Contributions to cover two thirds of WHO’s Base Segment of the Programme Budget, while recognizing the burden it would put on Member States. A brief update on the meeting outcomes of the Working Group and the five questions proposed to the Regional Committee was provided by Ms Meutia Hasan. The importance of an inclusive discussion among Member States and the need to take into consideration the regional perspective was also stressed.

224. Member States, while appreciating the work of the Working Group on Sustainable Financing, presented the draft Regional One Voice (ROV) statement in response to the five questions from the Working Group on Sustainable Financing. The ROV, presented by Indonesia on behalf of participating Member States of the Region, recognized the mismatch between the broader scope of WHO’s work and the available resources, and the need for a sustainable financing model for WHO. It also expressed agreement that at least 50% of WHO’s Base Budget should be funded in a sustainable manner, with the understanding that an increase in the Assessed Contributions of Member States may be inevitable. If this is the case, a phased approach should be adopted, with an incremental schedule that takes into consideration the situation in some countries arising from the COVID-19 pandemic.

225. The Regional One Voice recommended finding diverse sources of flexible funding, including engagement with non-State actors, as well as the possibility of adopting a replenishment model that is suitable for WHO. The Officers of the
Working Group thanked the Member States for their support and assured them of exploring the options for the replenishment model. The broad agreement among Member States on the need to find a sustainable financing model for WHO, while recognizing the need to hold further discussions on increasing Assessed Contributions, was acknowledged by the Committee. Member States were assured of full support by the Secretariat in exploring a sustainable financing model that was most suitable for the Organization.

226. The support of Member States of the Region on the ROV statement was duly recognized and appreciated by the delegates. The Committee expressed sincere appreciation of the Chair and Vice-Chair of the Working Group on Sustainable Financing. Concerns were raised on WHO’s high dependence on Voluntary Contributions from donors, aggravated in South-East Asia by the absence of big donors, the high disease burden and the sheer size of the population of the Region. The Committee realized the imperative need for a sustainable financing model for WHO to make it independent in decision-making while distributing its available funding.

227. The phased approach to any incremental increase on Assessed Contributions and the need to explore the replenishment model being used by other organizations were also supported by the Member States.

228. The Chair welcomed the Government of the Republic of Indonesia for agreeing to represent the SEA Region at the next meeting of the Working Group on Sustainable Financing and present the regional perspective on the five questions as the “Regional One Voice”.

Policy and technical matters (Agenda item 8)

Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region (Agenda item 8.1, SEA/RC74/6 Rev.1, SEA/RC74/6 Add.1)

229. The Committee was informed that in 2020, three interrelated regional plans/strategies were at the end of their tenure: (1) Regional Action Plan for Prevention and Control of NCDs (2013–2020), endorsed by the Regional Committee in 2013; (2) Regional Oral Health Strategy (2013–2020); and (3) Regional Strategic Plan for Vision 2020: Right to Sight.
230. The Regional Action Plan for the Prevention and Control of NCDs was aligned with WHO's Global Action Plan for the Prevention and Control of NCDs, which was extended by the Seventy-second World Health Assembly to 2030 to align with the 2030 Agenda for Sustainable Development. In addition, the Seventy-fourth World Health Assembly in 2021 requested WHO to develop an Implementation Roadmap for the prevention and control of NCDs (2023–2030).

231. The same Health Assembly adopted a resolution to submit a Global Oral Health Strategy and develop a Global Oral Health Action Plan by 2023. It also endorsed the 2030 global targets on increasing the effective coverage of cataract surgery and effective coverage of refractive errors for patient-centred eye care.

232. The Committee noted the uneven progress in technical areas related to the prevention and control of NCDs and across countries, and the possibility of missing the 2025 global/regional NCD targets as well as the 2030 SDG target 3.4, if this “business as usual” mode of implementation continues. The Committee also noted the outcome of the situation analysis of oral health policies and programmes, and the high burden of oral cancer and other oral health diseases among the Region's population. It further noted the high prevalence of blindness and moderate-to-severe visual impairment, and lower coverage for effective cataract surgery and uncorrected refractive errors.

233. The public health burden of NCDs in all Member States, especially premature mortality and the impact of the COVID-19 pandemic on NCD policies and programmes, were highlighted to the Committee. Member States and partners expressed the need to strengthen service delivery through pooled procurement of medicines, and scaling up of evidence-based intervention packages such as the WHO package of essential noncommunicable (PEN) interventions and HEARTS at the primary care level. Bhutan has had a programme for prevention and control of NCDs since 2009 and was among the first countries to adopt the PEN package for NCDs, which is now available throughout the country. Timor-Leste is also implementing the PEN package and is drafting an alcohol policy. The revitalized focus on oral health and eye health – two neglected public health areas – was appreciated.

234. Bangladesh, Maldives and Sri Lanka noted the high burden of oral cancer and prevalence of other oral health issues in their countries and expressed concern regarding the suboptimal early detection programmes for premalignant oral
lesions and risk factor interventions, despite the high prevalence of smokeless tobacco use and betel-nut chewing.

235. India stated that it was providing either free or subsidized treatment for cancers. Indonesia observed that countries would benefit from sharing best practices in oral health and eye health. Thailand expressed concern regarding the increasing incidence of diabetic retinopathy and requested that a situation analysis on diabetic retinopathy be undertaken and innovative technologies such as artificial intelligence (AI) be utilized in diagnosing and managing diabetic retinopathy.

236. The Committee appreciated the proposal to develop a regional implementation roadmap (2022–2030) to accelerate progress in preventing and controlling NCDs, and regional action plans for oral health and for patient-centred eye health. It noted the suggestion on including a monitoring and evaluation framework in the oral health plan and called for more focus on diabetic retinopathy in addition to cataract and refractive errors in the regional action plan for eye health. Member States committed to fully participating in a consultative process for the development of these policy documents.

237. Indonesia, Maldives and Thailand referred to the Guide to healthy meetings document set out in the Annex of Addendum 1 of Agenda 8.1, titled “Promoting healthy meetings in the WHO South-East Asia Region” (SEA/RC74/8.1 Add. 1) and its adoption by Member States. Thailand had introduced the topic during the High-Level Preparatory (HLP) Meeting in July 2021.

238. Member States agreed on the importance of the Decision and concurred with adopting the Guide. Thailand detailed the necessity of maintaining a healthy lifestyle to reduce NCDs, and the importance of promoting related actions such as healthy events and meetings in the workplace so that the SEA Region would be a global role model in practising healthy lifestyles in the workplace. Member countries also suggested the use of digital technology to promote healthy lifestyles, oral health and early detection of NCDs.

239. The Regional Director appreciated the efforts made by Member States towards the prevention and control of NCDs and said it would be very timely to renew/develop a regional implementation roadmap for NCDs. The Committee was informed that first drafts of the implementation roadmap and regional action plans for oral health and eye health would be developed by technical expert groups.
followed by Member State consultations. The draft finalized after Member State consultations would be submitted to the Seventy-fifth Session of the Regional Committee in 2022.

240. The Committee was informed that the Regional Office has been implementing healthy workplace initiatives since 2014. Advocacy on healthy eating was practised through menu labelling in WHO office cafeterias, and physical activity initiatives for staff were supported, which also extended to meetings organized by the Regional Office. A Healthy Meetings Guide was developed by the Regional Office in 2019 and focused on promoting healthy eating, physical activity and preventing the use of tobacco. The current Guide has been updated to include alcohol prevention, sustainable environmental practices and adaptations in the face of COVID-19, including physical activity during remote meetings.

241. The Committee adopted the Decision SEA/RC74(2) to extend the current Regional Action Plan for accelerating progress on the prevention and control of NCDs (2013–2020) to 2030, develop a regional implementation roadmap for the prevention and control of NCDs (2022–2030), and a regional action plan for oral health (2022–2030). It also agreed to develop a regional action plan for integrated patient-centred eye care, taking into consideration the 2030 global targets for effective cataract and refractive error coverage and in consultation with Member States.

242. In addition, the Committee vide Decision SEA/RC74(3) adopted the Guide to healthy meetings and urged Member States to consider implementing the Guide as part of workplace health programmes.

243. Ms Lisa Stevens, Director of the Programme of Action for Cancer Therapy, International Atomic Energy Agency (IAEA), in her statement informed that IAEA had worked closely with key partners such as the World Health Organization and the International Agency for Research on Cancer (IARC) to help develop comprehensive cancer control programmes. Despite the pandemic, in 2021, a cancer control needs assessment (imPACT Review) for Nepal was completed, and technical support for Sri Lanka initiated for the development of their national strategy to improve radiotherapy. In terms of the COVID-19 response, the IAEA responded quickly, delivering COVID-19 kits, diagnostic equipment (specifically RT-PCR) and PPE to countries and territories around the world.
244. In early 2021, the IAEA and the Regional Office developed a second series of joint webinars on: (a) detection and investigation of the new variants; (b) basic biosafety and biosecurity considerations; and (c) sustainable management of diagnostic laboratories (Networks). In June 2020, the IAEA launched the Zoonotic Disease Integrated Action (ZODIAC) to strengthen global preparedness to tackle future zoonotic disease outbreaks by contributing to establish a worldwide network of national veterinary laboratories – many in South-East Asia – and strengthen their technical capacities for the monitoring, surveillance, early detection and control of zoonotic diseases such as COVID-19, Ebola and Zika.

245. Five non-State actors in official relations with WHO representing different stakeholders (patient organizations, civil society, etc.) then made statements on the report and expressed their support for extension of the report as well as for development of a regional implementation roadmap. Specific concern was raised over NCDs among children and how these may be addressed.

246. **Dr Jeyaraj D Pandian**, Vice-President of the [World Stroke Organisation](https://www.worldstroke.org), and President, [Indian Stroke Association](https://www.indianstrokeassociation.org), observed that delivery of acute stroke care remains a priority even during the pandemic. Low- and-middle income countries, as in South-East Asia, have strained medical resources at the baseline and faced challenges in the delivery of stroke systems of care (SSOC) during the past year. During the peak of the pandemic in the Region, hospital admissions for stroke had decreased and the number of patients who received acute recanalization therapies like intravenous thrombolysis and mechanical thrombectomy declined. Stroke unit and rehabilitation beds have been reallocated for COVID-19 care.

247. The World Stroke Organisation recommended emergency department screening of stroke patients for COVID-19 and a protected stroke code to be activated for COVID-19-suspected stroke patients. Patients with suspected stroke should not delay hospital evaluations. All health-care professionals involved in triaging, imaging, and stroke care should wear appropriate PPEs. All eligible stroke patients (COVID suspected/positive/non-COVID) should receive intravenous thrombolysis/mechanical thrombectomy. COVID-19 has forced us to rethink our strategies and reinvent our systems. The introduction of “protected pathways”, modified stroke protocols and adoption of digitalization into stroke care, including telestroke, telerehabilitation, and videoconferencing, is crucial to preserve the stroke “chain of survival”.
248. **Dr Banshi Saboo**, Representative of the **World Obesity Federation**, commended WHO and its Member States in the SEA Region for their leadership in accelerating progress on the prevention and control of NCDs. While the Region has among the lowest prevalence of overweight and obesity globally, trends have been and continue to rise at an alarming rate: only one country appears to be on track to achieve the 2025 NCD target set in the Regional Action Plan. Overweight and obesity are now rising fastest in emerging economies, many of which are experiencing a double burden of malnutrition. Indonesia, Maldives, Timor-Leste, Thailand, Bhutan, Myanmar, Bangladesh and Nepal all appear in the list of the top 10 countries with the most rapid rise in adult obesity prevalence, leading to a steep increase in other comorbidities, with 13.1 deaths/1000 cases of diabetes recorded in the Region.

249. The World Obesity Federation’s *Global Atlas on Childhood Obesity* predicts that by 2030, five countries in South-East Asia will have over 1 million school-age children and youth living with obesity, while also recording the second highest prevalence and number of infants under 5 years of age with stunting (32% or 55.5 million in 2018). The Federation urged Member States to ensure that patients with NCDs have continued access to routine obesity treatment and management services during COVID-19. The World Obesity Federation also welcomed the request to extend the Regional NCD Action Plan to 2030.

250. **Dr Sita Ratna Devi Duddi**, Chair of the **Board of the International Alliance of Patients’ Organizations**, or IAPO, an alliance of some 300 global patients’ organizations promoting patient-centred health care globally, highlighted that a regional stocktaking on the progress of implementation of the NCD Regional Action Plan has revealed uneven progress across technical areas and countries. She further requested Member States to prioritize NCDs urgently to not miss the 2025 global/regional NCD targets as well as SDG Target 3.4 set for 2030.

251. IAPO urged Member States to also create an enabling ecosystem for patient co-creation in NCDs through advocacy, partnerships, and leadership; health promotion and risk reduction; and health systems strengthening for early detection and management of NCDs.

252. The **International Pediatric Association (IPA)**, through a statement delivered by **Professor Aman Bhakti Pulungan**, Executive Director of IPA, urged Member States to protect and promote the rights of children and young people living with NCDs in both high- and low-income settings. NCDs in children need to be a priority. IPA applauded the WHO Global Action Plan for the
prevention and control of noncommunicable diseases 2013–2020, and the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. However, continued integration, focus and inclusion of child and adolescent health into the NCD agenda is essential. IPA urged WHO and Member States to ensure that all children and adolescents with NCDs have access to affordably available life-saving treatment and care.

253. Access to accurate information as well as education and training that is tailored to the specific language and culture of the community is essential for adequate prevention and control of NCDs, elimination of myths and misinformation, and building understanding of social stigma, beliefs and attitudes. A multi-stakeholder coalition is crucial to secure longer-term and sustainable solutions at a time of uncertainty amid the COVID-19 pandemic. As an official partner of WHO, IPA has always been ready to collaborate with Member States and partners across the globe to ensure that every child, of every age, everywhere has access to the care and life they deserve.

254. Dr Monika Arora, Member of the Advocacy Committee and SEA Regional Representative of the World Heart Federation (in collaboration with NCD Alliance, South-East Asia Regional NCD Alliance and Healthy India Alliance) welcomed the Committee’s emphasis on the devastating impact of NCDs on families and communities in the Region. Cardiovascular diseases (CVDs) place a huge burden on health systems – nearly 70% of CVD patients in low- and middle-income countries do not receive medicines to manage their chronic conditions. Moreover, NCDs such as rheumatic heart disease (RHD) disproportionately affect vulnerable populations living in conditions of poverty and overcrowding.

255. The challenges and priorities of people living with NCDs warrant particular attention. Increased vulnerability, disruption in treatment and management regimens due to limited access to health care and supportive services, and impact on mental health due to ensuing stress and anxiety, need special focus. Integrating NCDs, including oral health and eye care, into robust PHC systems is a huge challenge. The alliance partners urged practical and affordable interventions such as: pooled procurement mechanisms for essential NCD medicines; expanded coverage of WHO PEN protocols and the HEARTS technical package to all PHC facilities; and the provision of adequate funding for NCD mainstreaming at the PHC level through fiscal policies such as taxes on tobacco, alcohol and sugar-sweetened beverages.
256. The Regional Committee was reminded that the 2030 Agenda for Sustainable Development adopted by the UN General Assembly in 2015 incorporated 17 Sustainable Development Goals to be achieved by 2030. The 2030 Agenda also emphasizes the need to “ensure no one is left behind”. In line with this, at the Seventieth session of the Regional Committee in 2017, Decision SEA/RC70(1) requested to “include an annual report on monitoring progress on UHC and health-related SDGs as a substantive Regional Committee Agenda item until 2030”.

257. The latest publication, titled *Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2021 update*, provides a regional update on the target indicators of UHC, the health-related SDGs and GPW13. The 2021 report, for the first time, includes forecasts for progress likely to be achieved towards those health-related SDG indicators where projections can be modelled to 2030. A section of the report examines health equity and who is being left behind in the Region to highlight the continued effort at building a fairer, healthier, more sustainable Region to which we are committed.

258. The Committee welcomed the annual report of 2021 and noted its comprehensive overview of the progress made towards the UHC and the health-related SDGs.

259. The Committee acknowledged that the COVID-19 pandemic has disrupted health services, including continued provision of essential health services. However, Member States are committed to building back stronger with accelerated progress towards achieving UHC and the health-related SDG targets.

260. The Committee noted many strategies and initiatives under way to accelerate progress towards the 2030 Agenda for Sustainable Development. Examples include enhanced efforts to improve and strengthen data availability and quality, including disaggregated data, alignment of multisectoral frameworks with the SDG and GPW13 indicators, innovations in service delivery, improvement in the quality of health-care services and strengthening of PHC. Several Member States reiterated the importance of strengthening monitoring and requested support from WHO to improve their capacity for data analytics to measure and track progress towards UHC and the health-related SDGs along socioeconomic stratifiers.
261. The Committee raised many health concerns and priorities as indicated in the 2021 report. The burden of diseases and mortality related to NCDs continues to rise in the Region. The Committee noted the urgent need to integrate NCD detection and treatment at the PHC level as a way forward to tackle the issue of the rise in NCDs. It also acknowledged the progress made by Member States in averting child and maternal mortality and a reduction in the burden of communicable diseases such as HIV and malaria in the Region. However, there was concern about the slow progress towards ending TB.

262. Some Member States urged WHO to include an analysis on excess mortality from the COVID-19 pandemic and unmet family planning needs in next year’s report. They also suggested the inclusion of pre- and post-pandemic data in the 2022 report. WHO was also requested to consider using nationally reported data from management information systems of national programmes for monitoring purposes until data become available from national surveys that are delayed due to COVID-19.

263. The Regional Director informed the Committee that, despite the negative consequences of the COVID-19 pandemic, all Member States have made progress in various areas of health. She further informed that there has been substantial improvement in the coverage of essential health services (SDG Target 3.8.1) in the past decade.

264. Member States were assured that their suggestions would be looked into. She specifically mentioned the gains being made by the Region in the areas of reproductive, maternal, neonatal, child and adolescent health (RMNCAH) and infectious diseases, several of which had been eliminated (e.g. measles, yaws,
trachoma, neonatal tetanus) or controlled (rubella). Other areas in which progress has been made by Member States were a ban on the use of transfats and a decrease in the use of sugar-sweetened beverages in some countries. However, the Region continues to witness low financial protection and many Member States suffer from high catastrophic health expenditure (SDG target 3.8.2).

265. **Ms Helen Clark**, Board Chair of the **Partnership for Maternal, Newborn and Child Health (PMNCH)**, the world’s leading alliance for women, children and adolescents, a network of 1000 member-organizations across 192 countries, made a statement to the delegates. COVID-19 has deepened health inequities for so many women, children and adolescents. Lockdowns have made it more difficult to access family planning and maternity care. There has been a sharp rise in domestic violence, worsening mental health and gender bias. According to the 2021 *Gender 50/50* report, just 10% of activities relating to vaccinations or protection of health-care workers take into account gender. Yet more than 70% of health workers are female, and it is women who are often subjected to the harshest COVID-19 outcomes, including access to health and nutrition services, as jobs vanish and family budgets become tighter.

266. PMNCH has issued a seven-point COVID-19 Call to Action, urging governments to protect health and rights through strengthened political commitment, policies and equity-enhancing financing. Written commitments to date have been made by several countries, including India and Bangladesh from the South-East Asia Region.

267. **Dr Monika Arora** of the **World Heart Federation** (supported by the **NCD Alliance, South East Asia Regional NCD Alliance** and **Healthy India Alliance**) commended the recognition of strong, resilient health systems as the foundation for attaining UHC. Action on NCDs is recognized as a vital element to achieve the SDGs under the 2030 Agenda. As South-East Asia Member States continue to strive toward the prevention, detection and control of NCDs, the need for urgent action on CVD is thrown into sharp relief: out of the four major NCDs, CVD represents the highest burden of disease in the Region, resulting in 1.6 million lives lost annually. It is estimated that NCDs will cost more than US$ 30 trillion globally over the next 20 years.

268. Unless NCDs are tackled, full achievement of the SDGs cannot be realized. To help Member States achieve progress in reducing their NCD burden and move towards the 2030 goals, the World Heart Federation made
the following recommendations: (i) to pursue opportunities to integrate NCD interventions across the health system, and in cross-sectoral development plans, recognizing the need to address inequities within countries and support vulnerable populations; (ii) strengthen policies and increase resources devoted to tackling NCDs through sustainable and cost-effective measures, such as taxes on tobacco and sugar-sweetened beverages and legislation regulating the marketing of unhealthy products to children; (iii) increase access to essential medicines and technologies for NCDs, as outlined in the WHO PEN and HEARTS packages.

Strategic Framework of the South-East Asia Regional Vaccine Action Plan 2022–2030 as aligned with the Global Immunization Agenda 2030 (Agenda item 8.3, SEA/RC74/8 and SEA/74/8 Inf. Doc. 1)

269. The Committee was informed that the Strategic Framework of the South-East Asia Regional Vaccine Action Plan (RVAP) 2022–2030 is aligned to the Global Immunization Agenda 2030 (IA2030) that was endorsed by the World Health Assembly decision WHA73(9), and its Framework for Action was noted by the Seventy-fourth World Health Assembly.

270. The Committee was further informed that the Strategic Framework of the South-East Asia Regional Vaccine Action Plan (RVAP) 2022–2030 has been developed in consultation with national immunization programmes and partners and retains the seven strategic priorities included in the global IA2030 Strategy, in addition to 13 key focus areas identified in the Region through a collaborative process with Member States and partners. The Framework includes guidance on coordinated planning, monitoring and evaluation, ownership and accountability, and communications and advocacy.

271. It was highlighted that a South-East Asia Regional Vaccine Implementation Plan, which will initially cover the period 2022–2026, is being developed under the umbrella of the Strategic Framework, in collaboration with Member States and partners. It was noted that the Strategic Framework, in conjunction with the Regional Vaccine Implementation Plan, is intended to provide a seamless transition from the current Regional Vaccine Action Plan 2016–2020 (extended to 2021) by maintaining a focus on key regional priorities while introducing new elements that reflect emerging challenges and opportunities.

272. The Committee unanimously endorsed the Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 and expressed
commitment to and full support for developing its implementation plan covering the period 2022–2026 to meet the global, regional and national targets.

273. While appreciating the comprehensiveness of the Strategic Framework, the Committee emphasized the need for Member States to update their respective national plans to reflect the principles and strategies outlined under the Strategic Framework for the South-East Asia RVAP 2022–2030 and translate these strategic priorities into action. Member States should also ensure equitable distribution of safer and effective vaccines, so that no one is left behind, and everyone everywhere has access to safe and affordable vaccines.

274. The Committee commended the progress made in the South-East Asia Region in recent years towards the disease control and elimination targets outlined under the South-East Asia Regional Vaccine Action Plan 2016–2020. It noted that the coverage of immunization with the third dose of diphtheria–tetanus–pertussis (DTP3) vaccine increased to 91% in 2019 compared with 83% in 2010. The Committee also noted that the Region has maintained its polio-free and maternal and neonatal tetanus elimination status, achieved measles elimination in five Member States, rubella elimination in two Member States and hepatitis B control in four Member States.

275. The Committee also noted and acknowledged the effect of the COVID-19 pandemic on the performance of immunization services and vaccine-preventable disease surveillance in the Region. The estimated immunization coverage declined in several countries in 2020, posing a risk of outbreaks of vaccine-preventable diseases. The Committee urged Member States to initiate urgent actions to restore immunization services and vaccine-preventable disease surveillance, which were
disrupted due to the COVID-19 pandemic, by applying the principles outlined in the Strategic Framework for the South-East Asia RVAP 2022–2030.

276. The Committee also reinforced the need to align immunization programmes as an integral part of their national PHC strategies and operations, and highlighted the need for efforts directed towards an equitable distribution of services as well as identification of tailored approaches to address immunity gaps at subnational levels with an emphasis on hard-to-reach pockets and those areas with migrants and displaced populations.

277. The need for an efficient supply chain and vaccine logistics systems, ensuring an adequate workforce to implement immunization programmes, as well as the adoption of virtual capacity-building mechanisms and enhanced research related to vaccination were identified as important elements for inclusion in national plans as a part of efforts to improve the performance of immunization programmes. Other areas suggested for improvement were having a digital system for logistics and a hub for vaccine development, procurement and supply, mass education on vaccinations and technology transfer. Strengthening partnerships at the regional level was emphasized to support the adaptation and implementation of the Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 and its Implementation Plan 2022–2026 through the national plans.

278. The Regional Director thanked all Member States for unanimously endorsing the Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 and commended the commitment of national governments to achieve the regional and national immunization targets. The Committee also approved the recommendations that were made by the HLP Meeting in July 2021.

279. **Professor Aman Bhakti Pulungan** of the **Indian Pediatric Association** reiterated that the power of vaccines will get us to the end of this pandemic. IPA fully supported the Immunization Agenda 2030 and showed its commitment by playing an active role in supporting Strategic Priority 2 – Commitment and Demand of Immunization Agenda 2030. In December 2020, IPA in collaboration with partner organizations launched the IPA Vaccine Trust Course with the aim of increasing and utilizing the communication and advocacy skill sets of health workers to provide and promote vaccines and immunization.

280. IPA stated that it is now time to invest equally in developing a robust communication strategy for strengthening trust in immunization systems and
ensuring that services are appropriate, understood, and accepted by communities, making them more likely to be used sustainably. The need was highlighted for a coordinated, behavioural science-based approach involving all sectors of society for COVID-19 vaccines to make an impact. IPA looked forward to working with WHO and partners to ensure that everyone, everywhere, at every age, gets full benefits from vaccines to improve health and well-being.

281. **Ms Florensia Rahati Pujiani** made a statement on behalf of the International Federation of Medical Students’ Associations (IFMSA) and International Pharmaceutical Students’ Federation (IPSF) applauding the momentous work of WHO through the Regional Vaccine Implementation Programme 2016–2020 as the guiding strategic framework. It was highlighted that vaccine-preventable diseases surveillance has been heavily affected and has further exposed the Region to the existing challenges of suboptimal immunization systems and coverage, and lack of integration of immunization and other PHC services. This pandemic served as a reminder that no one is safe until everyone is safe and that universal immunization is a path to advancing our society to a safer and healthier future. The need for a renewed political will and commitment in the Immunization Agenda was reiterated, which will pave the way for more sustainable transformation of existing and new vaccination platforms.

282. She further added that NGOs and the youth are key to a partnership-based and people-centred approach. Youth are well-positioned to contribute to challenges such as implementing mass health education strategies on vaccination to improve population adherence to the vaccination plan and address vaccine hesitancy. IFMSA and IPSF urged WHO, other multilateral organizations and Member States to hold NGOs and youth as equal partners in both policy and practice in their plans to combat vaccine-preventable diseases. They also urged Member States to ensure equitable access and improve population adherence to the COVID-19 vaccines and expand their coverage in vulnerable population groups.

**Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region** *(Agenda item 8.4, SEA/RC74/9)*

283. The Committee was informed that the Sixty-ninth World Health Assembly in 2016 had adopted the Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and STIs, 2016–2021. The strategies are aligned to Target 3.3 of the SDGs
and called for ending HIV, viral hepatitis and STIs as public health threats by 2030. Aligned to the GHSS, the South-East Asia Region had developed two Regional Action Plans (RAPs), respectively, for viral hepatitis, 2016–2021; and HIV, 2017–2021. The duration of the global strategies and the regional plans is concluding in 2021. The Seventy-fourth World Health Assembly held in May 2021 vide decision WHA74(20) requested the WHO Director-General to initiate the process of developing GHSS’ on HIV, viral hepatitis and STIs for the period 2022–2030.

284. Against this background, it was informed that the Republic of Indonesia has proposed a draft decision for the consideration of the Committee. Through this decision, the Committee requests the Regional Director to undertake a consultative and evidence-informed process by the Secretariat with Member States and other relevant stakeholders, to develop an integrated RAP for viral hepatitis, HIV and STIs for the period 2022–2026. The new integrated RAP will build on the current RAPs and will be aligned with the SDGs and the upcoming GHSS on HIV, viral hepatitis and STIs, 2022–2030. The integrated RAP will be presented to the Seventy-fifth Session of the Regional Committee to be held in 2022 for its consideration and endorsement.

285. The Committee noted the Working Paper SEA/RC74/9, which provides an update on the status of implementation of the three GHSS in the Region, particularly through the RAPs, and reviewed the highlights of the proposed decision. The disease burden pertaining to viral hepatitis, HIV and STIs; the regional response; and priority actions required for ending the epidemics of viral hepatitis, HIV and STIs as public health threats in the Region by 2030, were appraised by the Committee from the Working Paper, and summarized through a short video screened by the Secretariat.

286. The Committee congratulated the three Member States who have been validated to have achieved elimination of mother-to-child transmission (EMTCT) of HIV and syphilis. Four Member States have also achieved the 2020 hepatitis B control target among children, through immunization. The Committee noted that these achievements serve as encouragement for all Member States to move in this direction, especially to adopt a triple EMTCT approach for HIV, syphilis and hepatitis B.

287. The Committee noted the various measures adopted by Member States in advancing towards the 2030 target of ending the epidemics as public health threats through the strategic directions provided by the GHSS and RAP. These include the
specific actions through national strategic plans towards strengthening systems; improving strategic information; scaling up services and the results thereof; as well as innovations and service adaptations undertaken to mitigate the impact of COVID-19 on services pertaining to hepatitis, HIV and STIs.

288. In addition to progress, the gaps in reaching the 2020 interim targets as well as a few specific challenges were noted by Member States. Similarly, the need to accelerate coverage of testing and treatment services, particularly through large-scale adoption of innovative technologies; simplified approaches at the PHC level; and community participation, was also emphasized.

289. Welcoming the Seventy-fourth World Health Assembly decision on developing new GHSS for 2022–2023, the Committee recommended that an RAP would provide more contextualized guidance for implementing the GHSS by Member States. Towards taking this work forward in Member States, the Committee requested continued technical assistance from WHO to further build collective capacity, including on overcoming COVID-19 and related challenges and accelerating efforts aligned to targets of the SDGs as well as WHO’s GPW13.

290. Dr JVR Prasada Rao, Special Adviser to the Regional Director and former UN Secretary-General’s Special Envoy on HIV/AIDS, highlighted the importance of political commitment and good governance practices as well as measures to strengthen integrated surveillance systems and strategic information, towards achieving the 2030 goals. In addition to emphasizing structures that ensure
coordination and accountability right up to the decentralized levels, Mr Rao emphasized the need to maximize interventions for key populations who account for the majority of infections such as HIV. Greater programmatic adoption of innovations such as HIV and hepatitis C self-testing, pre-exposure prophylaxis (PrEP) for HIV, along with community-led service delivery are critical in this regard. Emphasizing that the next five years present a window of opportunity which is fast closing, he appealed to the delegates to provide leadership, strong commitment, and guidance to make these efforts succeed in the Region.

291. The Regional Director thanked the Committee for their supportive statements as well as for highlighting challenges amid progress. Recalling that the year 2021 marks the beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030, the Regional Director emphasized the need to have strong political commitment, adequate funding, genuine community engagement, rights-based and multisectoral approaches, and the use of scientific evidence to guide focused strategies.

292. The Regional Director highlighted to the Committee that this is an opportunity to accelerate integrated and people-centric services related to viral hepatitis, HIV and STIs at decentralized levels through simplified service delivery approaches and improved access to diagnostic and therapeutic commodities in Member States. She acknowledged that this will further advance the Region’s Flagship Priorities on UHC and on finishing the task of eliminating diseases close to elimination.

293. The Committee acknowledged the recommendations made by Dr JVR Prasada Rao following virtual country missions. The Committee noted that WHO shall continue to provide high-quality technical support to Member States in taking forward this work; and pursue the Secretariat’s coordinating role in technical areas to further collaborate with other UN agencies and partner organizations in advancing this agenda.

294. The Committee adopted decision SEA/RC74(4) on “Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region”. The Regional Director assured Member States that the WHO Regional Office shall develop an integrated RAP for viral hepatitis, HIV and STIs for 2022–2026, aligned to the upcoming global strategy and present the same to the Seventy-fifth Session of the Regional Committee in 2022.
295. **Dr Sita Ratna Devi Duddi** from IAPO endorsed the report SEA/RC74/9 and supported the Decade of Action for ending viral hepatitis, HIV, and STIs as public health threats by 2030 in the WHO SEA Region. It was reiterated that these infectious diseases must be eliminated together as all three have the same structural, social and behavioural determinants entrenching them in the WHO SEA Region's health systems.

296. IAPO recommended the use of patient engagement and patient co-creation in the Decade of Action so that we can use patient insight, economy of scale and the synergies generated by addressing all the three diseases using a common prevention, vaccination, treatment and cure strategy, and resources that can be drawn out and executed together with patients, as many have a combination of comorbidities involving all the three infectious diseases. IAPO also called for priority investment in the Decade of Action to ensure that we have accessible and affordable rapid diagnostic tests and investment in vaccination, where applicable, to prevent infections.

297. **Ms Florensia Rahati Pujiani**, Chairperson of the Asia-Pacific Regional Office of the International Pharmaceutical Students’ Federation (IPSF), which represents over 500 000 pharmacy and pharmaceutical sciences students, and recent graduates from over 90 countries, urged WHO and its Member States to continue its educational efforts, giving priority to educating the public and ending the stigma for people impacted with hepatitis, HIV and STIs.

298. The Committee was informed that the IPSF Asia Pacific Regional Office (IPSF APRO) ran various campaigns debunking myths about these diseases, discussing equitable access to necessary health-care services, and designing public health programmes for localized communities for their members in the Asia-Pacific region. IPSF aimed to improve public health in their roles as future pharmacists, and urged WHO and its Member States to broaden and integrate pharmacists and have them play active roles in the course of action against these diseases as public health threats in the South-East Asia Region.

**Strengthening public health emergency preparedness and response in the South-East Asia Region (Agenda item 8.5, SEA/RC74/10)**

299. Strengthening health emergency preparedness and response has been one of the most important health priorities in our Region. Emergency risk management has been one of the Regional Flagship Priority Programmes since their inception
in 2014. The Delhi Declaration on Emergency Preparedness in the South-East Asia Region was endorsed by the honourable health ministers at the Seventy-second session of the WHO Regional Committee for South-East Asia in 2019. In the same session, the Five-year Regional Strategic Plan to strengthen public health preparedness and response 2019–2023 as well as Risk Communication Strategy for Public Health Emergencies in the WHO South-East Asia Region 2019–2023 were launched.

300. Recognizing the unprecedented challenges posed by the COVID-19 pandemic and the opportunity to reform global health security governance and framework, a Member States’ Working Group on strengthening WHO preparedness and response to health emergencies was established following the Seventy-fourth World Health Assembly resolution WHA74.7.

301. The Committee was updated on the progress of the Working Group by its co-Chairs, H.E. Ms Grata Endah Werdaningtyas, Ambassador from Indonesia, and Mr Collins Mciff from the United States of America. The Working Group held substantive discussions in its recent session on the following three areas, namely, leadership and governance, systems and tools, and financing as well as the benefit of developing a new WHO Convention on pandemic preparedness and response. In addition, equity was proposed as the fourth category, which covers timely access to pandemic countermeasures as well as social protection and UHC.
302. The co-Chairs of the Working Group also summarized the several priority areas identified by the Working Group. Strengthening effectiveness of the International Health Regulations (IHR, 2005), implementation and compliance were considered a “clear area” of priority for all Member States, including strengthening core capacities at national and subnational levels. Potential improvements to WHO’s governance with a focus on the Executive Board was proposed.
303. Member States also considered that equity is a critical element for improving global pandemic preparedness and response, such as timely and equitable distribution of countermeasures such as vaccines; advancing and speeding research and development; strengthening regulatory systems; and broadening manufacturing capacity. Enabling transparent, immediate sharing of data on outbreaks and sharing of pathogens were also highlighted as a critical priority. Both co-Chairs commended Member States of the WHO SEA Region for their constructive contribution in the deliberations at the Working Group, and looked forward to providing additional directions at upcoming sessions.

304. **Dr Palitha Abeykoon, WHO Special Envoy on COVID-19 preparedness and response** appointed by the WHO Director-General, highlighted the timeliness and importance of the agenda of emergency preparedness and response. He commended the Regional Director’s vision and foresight for considering emergency risk management as a Regional Flagship Priority since 2014 and adoption of the Delhi Declaration and the two regional strategies in 2019. COVID-19 imposed unprecedented challenges, including the unacceptable inequities seen in the distribution of vaccines. “As a Region, we can build back better to attain the twin goals of UHC and health security,” he said.

305. Dr Palitha outlined the potential common goals for the Region: fostering an overarching “One Health” approach to ensure coordinated action on the human, animal and environment interface as well as on antimicrobial resistance.
(AMR) and climate change; upgrading the regional platform for strengthening preparedness and response and IHR compliance; and ensuring further information-sharing and collaboration among regions.

306. “Through the pandemic, we learned that a strong, resilient primary health care-oriented health system is essential for health security and UHC. There is also a need to restore the trust of communities and harness their power to take charge of their own health,” he said. He also highlighted the crucial role of the health workforce to protect, invest and support communities; and a need to support a legally binding new pandemic treaty, urging the regional political leadership to make this possible.

307. The Committee noted that Member States in the Region have made considerable progress in advancing implementation of IHR (2005) for health emergency preparedness and response. Countries have fully utilized the existing core capacities to respond to the unprecedented ongoing pandemic.

308. Furthermore, although the pandemic caused serious consequences to life, health, and the socioeconomic sector, Member States noted that the pandemic provided opportunities to strengthen core capacities, such as those for rapid response, surveillance, laboratory, point of entry, effective use of health emergency operation centres, coordination among different sectors, risk communication, and policy and legal framework.

309. The Committee agreed that further strengthening of core capacities mandated by IHR (2005) continues to be a very important priority for the Region. Strengthening national health security systems as well as national and subnational capacities requires long-term vision, political leadership and sustainable financing. As such, developing and implementing national action plans for health security were highlighted to be of key importance by various Member States. Lessons in responding to the ongoing pandemic and severe health emergencies in the past must be taken into consideration in upgrading our health emergency preparedness.

310. The Committee noted that one of the key lessons from the COVID-19 pandemic is the critical importance of multisectoral engagement for health security. A whole-of-government and whole-of-society arrangement, where communities also play vital roles, enables more effective preparedness and
response to emergencies. The “One health” approach should also be bolstered to address health security threats at the health, animal and environment interface.

311. The Committee reiterated the resilience of health systems as the crucial component for health security. Approaches based on PHC enable a more robust health emergency response and ensure equity. It was also noted that the pandemic has required the health system to mobilize extraordinary surge capacities from surveillance to clinical management, testing and vaccination, and thus advance planning, legal framework and continued professional education are needed to improve future surge capacities. The health workforce must be further strengthened to improve the exercise of IHR capacities at all the administrative levels.

312. The Committee noted that the access and distribution of vaccines, therapeutics and other essential medical supplies as one of the major challenges during the pandemic, which was compounded by limited production capacity, inequitable distribution, issues with intellectual property rights and restriction on travel and trade. The Committee urged new global mechanisms that enable more equitable distribution of pandemic products and facilitate technology transfer and voluntary licensing as a critical priority in pandemic preparedness and response. It was also proposed to explore a regional mechanism such as a regional supply hub for public health emergency. It was noted that the WHO Regional Office for South-East Asia is facilitating the feasibility assessment of such a logistic arrangement.

313. The Committee commended Member States for proactively implementing IHR (2005) monitoring and evaluation activities as guided by the global framework. State party annual reporting, joint external evaluation, simulation exercises and after-action reviews were used to monitor progress to identify remaining gaps and to inform planning and continuous improvements. Some Member States conducted intra-action reviews of their COVID-19 response, engaging stakeholders from all relevant sectors, aiming to inform further improvement of the ongoing pandemic response. Intra-action reviews also provided important inputs to strengthen the health security system over a longer term. The Committee encouraged Member States to contribute to pilot implementation and development of the Universal Health and Preparedness Review.
314. The Committee also noted that innovation and new technologies are an opportunity to advance health security in the Region. Use of genome sequencing data as well as digital health and information technologies were mentioned as examples. However, to take advantage of such innovation, a coordinated network to facilitate timely sharing of information and pathogens, and adequate technical assistance to countries becomes critical. The WHO Regional Office is expected to coordinate establishment of a regional platform for genome surveillance in collaboration with Member States.

315. The Committee noted that the Region is prone to various health hazards, which are becoming increasingly complex. Besides the threats of pandemics and epidemics, several Member States highlighted the threats of natural hazards, and the growing impact of climate change. Continued efforts are needed to further strengthen the all-hazards approach, risk-informed planning, and capabilities for disaster risk management for health through developing and implementing national action plans.

316. The Committee highlighted that the Region has achieved critical momentum to reform and transform health emergency preparedness and response. Member States and WHO must work together to synthesize lessons from the COVID-19 pandemic, identify common priorities, and develop a regional roadmap to advance health security systems closely linked with resilient health systems and a whole-of-government, whole-of-society arrangement.

317. The Regional Director expressed deep appreciation to Member States for their extraordinary efforts in responding to COVID-19 in close coordination with WHO, and also thanked the Co-Chairs of the Member States’ Working Group and the Special Envoy on COVID-19 for their contribution to the session. She emphasized the need to continue building national health security systems, by adopting evidence-based policies and an innovative approach, and forging solidarity and broader partnership.

318. Dr Poonam Singh encouraged every Member State to further review the pandemic response to synthesize key lessons and to inform planning to upgrade health security systems. She reaffirmed that the Regional Office stands ready to work with Member States for responding to the ongoing pandemic, and to distil lessons and identify common priorities for health security in the Region. The Regional Director reiterated that our collective efforts would continue to advance
implementation of IHR (2005) for health security, and work towards a safer and more secure South-East Asia Region.

319. The Specialized Agencies of the United Nations and the non-State actors in official relations with WHO made important contributions to the discussion.

320. **Dr Manjit Singh**, Deputy Regional Director, Asia and Pacific Region, **International Civil Aviation Organization (ICAO)**, assured the Committee that ICAO will continue providing technical assistance to Member States to resume international air travel through recommendations and its take-off guidance. It was informed that, in cognizance of the Foreword Statement of the International Health Regulations, which highlighted “A central and historic responsibility for the World Health Organization has been the management of the global regime for the control of the international spread of disease,” the mandate of WHO and ICAO have paved the way to work collaboratively in supporting Member States to develop, maintain, improve and strengthen their public health emergency preparedness and response plans.

![Dr Manjit Singh, Deputy Regional Director, Asia and the Pacific, of the International Civil Aviation Organization](image)

321. The Committee was informed that a Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation’ (CAPSCA), launched in 2006, is a collaborative network of States, international, regional, national and local stakeholders representing multiple sectors managed by ICAO with support from WHO. The primary objectives of CAPSCA are to assist
States with the implementation of the ICAO public health-related Standards and Recommended Practices and the IHR (2005), and to improve preparedness planning and rapid response to public health emergencies that might affect the aviation sector. One of the highlights is the on-site assistance provided to States in their capacity-building efforts for the development of national aviation preparedness plans relating to public health emergencies in aviation.

322. **Mr Brendan O’Hearn**, Deputy Director, Procedures and Facilitation, **World Customs Organization** (WCO) said the organization is supporting its 183 Member Customs administrations in performing the key role they have in this and in similar crises. The role included (1) to facilitate the cross-border movement of relief and essential supplies, including medicines, vaccines and their ingredients, medical supplies and equipment; (2) to protect society from the distribution of counterfeit, substandard and/or illicit pharmaceutical products and other goods posing a threat to health and safety; and (3) to sustain the supply chain continuity.

323. The WCO provided technical guidance to and capacity-building for Member States to implement relevant international standards and recommendations in the customs domain, facilitated cross-border movement in supplies, medicine, vaccine and ingredients and supplies, and protected the society from counterfeit and illicit pharmaceutical products. WCO has developed a number of lists of medicines, vaccines, medical supplies and medical substances. These lists included information on the classification of items as per the Harmonized System, which is
the universal “language” for classifying goods in international trade. The lists were extensively used by Customs administrations across the globe to identify, prioritize and facilitate the Customs clearance of items on the lists.

324. **Dr Monika Arora** from the **World Heart Federation** urged Member States to prioritize prevention, screening and treatment of circulatory conditions in the national COVID-19 response and recovery plan, increase domestic financing, including through taxation on unhealthy commodities and support NCD data collection to be able to better tackle the tsunami of post-pandemic consequences lying in wait. It was informed that the combined impacts of cardiac complications due to COVID-19 and interruptions to crucial medical interventions and ongoing care for people living with hypertension, diabetes, kidney disease, stroke, and other circulatory and NCD conditions – those most at risk of poor outcomes from COVID-19 – will almost certainly exacerbate the already huge burden borne by stressed and often ill-equipped health systems with gaps in human resources.

325. The key risk factors and preventive measures that can help fight the hidden “syndemic” of NCDs, and especially circulatory diseases and health emergencies such as COVID-19, must be urgently addressed. South-East Asia Member States were urged to prioritize ongoing prevention, screening, and treatment for circulatory conditions in national COVID-19 or general emergency response and recovery plans through concerted patient co-creation and collaboration. They were also urged to increase domestic allocation of resources and develop targeted policies to tackle CVD and NCD risk factors, including the commercial determinants of health, through funding mechanisms such as taxation of unhealthy commodities. In addition, they need to integrate monitoring and data collection on NCD prevalence, comorbidities, and risk factors into measures of pandemic readiness, resilience, and response; and to strengthen PHC to ensure equitable and integrated access to essential health services, particularly for people living with NCDs and in low-resource settings.

326. **Ms Florensia Rahati Pujiani** from the **International Pharmaceutical Students’ Federation (IPSF)** urged Member States to strengthen policy for the health workforce, including compensation in emergencies, and expanded roles of pharmacists in health emergency management. It commended WHO and Member States for the considerable progress made to advance public health emergency preparedness and response in the Region, especially by controlling transmission and saving lives during the pandemic of COVID-19. Emergency risk management
has been one of the Regional Flagship Priority Programmes of the South-East Asia Region since 2014. IPSF recognizes the significant impact of reaching the unreached and the need for better governance and more resilient health systems and capacities.

327. IPSF encouraged all relevant stakeholders to recognize the importance of NGOs and youth activities in their efforts to improve risk communication strategies and approaches to societies. IPSF informed that they have optimized the involvement of youth in advocacy through global, regional, national and local approaches. They have also spearheaded events and health campaigns with relevant stakeholders for better health education to equip the public and future health professionals with the awareness and knowledge required to debunk misinformation and prepare and respond to health emergencies. IPSF has alerted Member States about the need to adopt pro-health policies, redesign workflow in health-care settings, have detailed crisis protocol systems, and secure more funding that is adaptable for long-term plan implementation to respond to health emergencies. This included adequate compensation for health-care professionals to maintain more sustainable service delivery.

328. Mr Mathew Chow, Regional Director for Asia-Pacific of the International Federation of Medical Students’ Associations (IFMSA) reiterated the importance of evidence-based information and timely sharing of open data to facilitate public health emergency preparedness and response, and called for strengthening of the risk communication strategy in the context of the growing roles of social media.

329. To respond more effectively to the ongoing pandemic and to further prepare for health emergencies in the future, IFMSA called on Member States of South-East Asia to invest in their health systems through a comprehensive national plan and an emergency fund to contribute towards the attainment of UHC. They further urged Member States to support the work of WHO in health emergencies and mobilize sustainable funding. IFMSA stressed meaningful youth engagement in the decision-making process. IFMSA further called on Member States to understand the rising prominence of social media, develop strategies in adherence with the Risk Communication Strategy for Public Health Emergencies in the WHO South-East Asia Region 2019–2023, and disseminate culturally and linguistically appropriate health emergency protocols and information to combat misinformation.
Revitalizing school health and health promoting schools in the South-East Asia Region (Agenda item 8.6, SEA/RC74/11)

330. The Regional Committee appreciated this important agenda item and resolution proposed by Thailand, related to the health and well-being of children and adolescents, especially amid the COVID-19 pandemic. The Committee took note of the Health Promoting Schools Initiative launched in 1995, the Global Standards on Health Promoting Schools 2021, and guidance that WHO has been providing in this area. The Committee concurred that comprehensive school health programmes and accelerated actions for health-promoting schools were needed. Given the opportunity presented through the availability of standards, indicators and guidance, the Committee was confident that the target is achievable at country level, with support from WHO and other partner agencies.

331. The Committee noted the recommendations and commitments expressed in the proposed resolution for multisectoral action, particularly between the health and education sectors, including other line ministries and local governments to make every school a health-promoting school. It also noted that a comprehensive approach towards health-promoting schools is critically important for sustainable health and well-being, not only for students, but also teachers, parents and communities.

332. Member States concurred with the important role of schools in instituting preventive and promotive interventions for addressing the health risk factors of NCDs and in building the foundation for healthy behaviours, lifestyles and promoting health literacy among future generations. They expressed a need to train teachers in education and health and have coordination committees at all levels for monitoring and guidance. Some Member States also requested WHO’s support for developing sustainable schools.

333. COVID-19 has posed several challenges to learning and further exacerbated inequities, especially digital divide, as a large number of children do not have the advantage of being able to learn online. School preparedness to respond to public health emergencies and outbreaks is critical for future pandemic and emergency preparedness. Health information, education and literacy are needed, now more than ever for everyone, everywhere.

334. The Committee agreed that, to control the current pandemic, multisectoral collaboration, coordination and action to realize health-promoting schools at all levels of education and across all schools, both private and public, are critical.
Indonesia, Maldives, and Thailand appreciated the inclusiveness of health-promoting schools that must go beyond the ministries of health and education as a large number of schools are under the Ministry of Religion, Ministry of Local Government and other ministries. Sri Lanka made commitments to put this agenda for implementation in the Programme Budget 2022–2023 to bring the standards of health-promoting schools into practice. India emphasized training and capacity-building of teachers and school administration to effectively implement the health-promoting school approach. Bhutan appreciated having clear standards and indicators that would help the country to recognize the gaps and identify actions.

335. Member States and partners agreed that health-promoting schools, with strong engagement of communities, will improve access to school-age children who may be left behind, such as children with special needs, those in fragile settings, out-of-school children and the like. Bangladesh, Indonesia, Nepal and Maldives emphasized community engagement through schoolteachers, parents and communities to ensure safe reopening of schools in compliance with public health measures to protect children while continuing education.

336. The Committee appreciated and welcomed the plan to develop a regional roadmap to be implemented collaboratively across sectors and partners.

337. The Director for Health Promotion at WHO headquarters, Dr Rudiger Krech, ensured technical assistance from all levels of WHO to support Member States in adopting a whole-of-school, whole-of-society approach, and intersectoral collaboration to promote the health and well-being of all students in all schools. Dr Krech informed that health-promoting schools is one of the important thematic sessions under the broad theme of well-being at the 10th Global Conference for Health Promotion to be held virtually from 13 to 15 December 2021.

338. The Regional Director, Dr Poonam Khetrapal Singh, reiterated WHO’s commitment to supporting Member States to implement this agenda. She emphasized the importance of safe reopening of schools amid the COVID-19 pandemic as an important aspect to ensure the health and well-being of children. She announced that WHO will organize a Regional Directors’ Summit in October 2021, with the regional directors of the United Nations Educational, Social and Cultural Organization (UNESCO), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) and World Food Programme (WFP) for coordinated support to Member States for implementing
health-promoting schools and making every school in the WHO South-East Asia Region a health-promoting school. The Regional Office will organize an inter-ministerial meeting on this agenda in October 2021 to bring together the ministries of health and education to develop a roadmap to support the health-promoting school initiative.

339. The Committee noted the Working Paper (SEA/RC74/11) titled Revitalizing school health programmes and health promoting schools in the South-East Asia Region and adopted the resolution (SEA/RC74/R3) on the subject.

340. Mr Mathew Chow, Regional Director for Asia-Pacific of the International Federation of Medical Students’ Associations (IFMSA) reiterated that children and adolescents have the right to opportunities to survive, grow and develop in an atmosphere of physical, emotional and social well-being. Since the 1950s, WHO has emphasized the importance of school health and demonstrated how it can help to improve the health of children and adolescents. IFMSA urged Member States to be more proactive in providing health education to children and adolescents. It was highlighted that WHO’s Global School Health Initiative along with various government initiatives have tried to introduce health education on various topics such as interpersonal violence, sexual and reproductive health, communicable and noncommunicable diseases, and mental health issues. Health-promoting schools present a great opportunity to impart health-related skills and knowledge to young people and provide a space for peer education.

341. Beyond addressing school health, IFMSA acknowledged that outreach to those who are not enrolled in formal educational institutions is critical in leaving nobody behind. IFMSA called upon Member States and the relevant stakeholders to ensure equitable and accessible health services, and prevention and promotion strategies to all children and adolescents, particularly those employed in hazardous places.

342. The representative of the International Pharmaceutical Students’ Federation recognized the importance of schools and school health programmes in minimizing childhood mortality, promoting healthy behaviour and providing a safe environment for children and adolescents. The Committee was informed that although digital learning lights up hope for others, students from underprivileged backgrounds will fall further behind due to financial gaps and limited access to technologies. Hence, a call was made for comprehensive efforts to support health programmes and practices that can accelerate improved health and well-being in school-age children.
343. IPSF urged WHO and all Member States to continuously uphold the School Health Programme during these unprecedented times in delivering health services and strengthening health education, including equipping schools with public health preparedness and implementing health measures as the new normal. The importance of access to equitable technology that reaches rural areas for more sustainable outcomes was also highlighted.

Progress reports on selected Regional Committee resolutions
(Agenda item 9, SEA/RC74/12, SEA/RC74/12 Add. 1 and SEA/RC74/12 Add. 2)

Measles and rubella elimination by 2023 (SEA/RC72/R3) (Agenda item 9.1)

344. The Committee was informed that the Seventy-second session of the WHO Regional Committee for South-East Asia in September 2019 had endorsed resolution SEA/RC72/R3 on “measles and rubella elimination by 2023”.

345. The Committee was also informed that significant progress has been made in the Region towards measles and rubella elimination since 2014. Five countries have achieved, and sustained, measles elimination, and two countries achieved rubella elimination in 2020. However, the COVID-19 pandemic has had a negative impact on the implementation of strategies for measles and rubella elimination. The estimated coverage with the first dose of measles-containing vaccine (MCV1) in the Region declined to 88% in 2020 compared with 94% in 2019. Similarly, coverage with the second dose of MCV declined to 78% in 2020 compared with 83% in 2019. The COVID-19 pandemic has also resulted in surveillance gaps in several countries and delayed implementation of mass vaccination campaigns and other immunization-related activities.

346. The Committee was further informed that challenges in the form of subnational immunity gaps, suboptimal sensitivity of surveillance and financial insufficiency pose a risk towards the achievement of the regional target of measles and rubella elimination by 2023. The need for Member States to ensure continued political and programmatic commitment and actions to accelerate progress towards measles and rubella elimination by 2023 was highlighted.

347. The importance of providing support by partners and stakeholders for mobilization of required resources to optimally implement national plans was highlighted, and of developing and refining strategic, operational and policy
guidelines to revive immunization and surveillance activities. There was also a need for targeted implementation of local-specific strategies to plug the gaps in immunization and surveillance that have emerged following the pandemic. The Committee noted the efforts made by Member States in these areas.

348. The Committee reinforced the commitment of all Member States to eliminate measles and rubella by 2023 and recognized the progress made in the Region. It acknowledged ongoing efforts made by Member States to accelerate implementation of various strategies to eliminate measles and rubella amid the COVID-19 pandemic. Member States gave an account of the progress they had made and the gaps, and expressed a need for increased partner support to accelerate immunization activities and innovative strategies to cover missed doses.

349. Expressing concern at the negative impact of the COVID-19 pandemic on measles and rubella elimination activities, the Committee reiterated the need for continued political, financial and societal commitment of Member States and partners to achieve the goal of measles and rubella elimination following recovery from the impact of the COVID-19 pandemic.

350. The WHO Senior Management expressed gratitude to Member States for continued commitment towards the elimination goal and committed to continue providing a high level of technical support to accelerate implementation of the Strategic Plan, including support for implementation of activities to mitigate the effect of COVID-19 on the drive for measles and rubella elimination.

351. WHO also expressed its commitment to conduct periodic and independent reviews/assessments on the progress towards measles and rubella elimination in Member States to support the gathering of evidence for verification of elimination of measles and/or rubella as recommended by the HLP Meeting in July 2021.

352. The Committee endorsed the recommendations proposed by the HLP Meeting in July 2021.

353. **Professor Aman Pulungan** of the **Indian Pediatric Association (IPA)** said that vaccinations protect children from preventable illnesses, including measles and rubella. IPA applauded WHO’s commitments, which have adopted the goal of “measles and rubella elimination by 2023” and endorsed the strategic plan for the period 2020–2024. It was highlighted that with the ongoing battle against COVID-19, global childhood vaccination through routine immunization services have declined in a majority of countries as part of the many essential service
disruptions occurring due to the pandemic. In 2021, the incidence of measles and rubella in the Region were reported to be staggeringly high in a number of countries. IPA urged WHO and Member States to drive catch-up immunization in their respective countries to protect children from preventable illnesses, including measles and rubella.

354. The Committee was informed that with a goal to reduce vaccine hesitancy in communities, disseminate the value of vaccination, increase demand for immunization, and to help reach the targets of the Global Vaccine Action Plan, IPA had initiated the IPA Vaccine Trust Course. Since December 2020, over 4000 health-care workers across 127 countries were engaged with the course. IPA further added that to reach their global goal of measles and rubella elimination by 2023, commitment and widespread effort from a broad range of stakeholders, including local communities, families, and governments, is essential. As a proud partner of WHO and UNICEF and a leading voice for child health globally, IPA confirmed their readiness to be a partner to Member States and agents of change across the globe to protect every child, every age, everywhere from preventable deaths because one preventable death is one death too many.

Challenges in polio eradication (SEA/RC60/R8) (Agenda item 9.2)

355. The Committee noted the regional progress report on the challenges in polio eradication and commended the efforts made by Member States to maintain the polio-free status of the Region since its polio-free certification on 27 March 2014.

356. The Committee expressed concern that all Member States in the Region continue to be at risk of importation of the wild poliovirus type 1 and of emergence or importation of circulating vaccine-derived polioviruses (cVDPVs).

357. The Committee fully supported the Global Polio Eradication Strategy 2022–2026, noted by the Seventy-fourth World Health Assembly in May 2021, to permanently interrupt poliovirus transmission in endemic countries and to stop cVDPV transmission and prevent outbreaks in non-endemic countries. The Committee also supported the strategy for the response to cVDPV type 2, which includes the use of novel oral polio vaccine type 2 (nOPV2).

358. The Committee noted with concern that the COVID-19 pandemic has affected polio eradication activities in the Region, including immunization coverage and surveillance for poliovirus detection. It was highlighted that although Member States have taken measures to revive critical polio activities; they remain below pre-COVID-19 levels in several countries.
359. The Committee was informed that the Transition Independent Monitoring Board (TIMB) has recognized the South-East Asia Region as the most advanced Region in polio transition due to strong commitment from the highest levels of the Organization and the ministries of health in Member States of the Region. In the Region, the polio programme is fully integrated with the immunization programme and provides support during emergencies.

360. The Committee appreciated the progress made by the five priority countries in polio transition and reiterated that financial sustainability and the long-term horizon of national polio transition plans is essential to ensure that integrated surveillance and immunization infrastructure as well as capacities continue to support essential polio functions and strengthen health systems.

361. The Committee recognized the need to maintain essential polio activities until global certification is achieved. It was emphasized that to minimize the risks and consequences of potential importation or emergence of polioviruses, Member States should ensure high routine immunization coverage with both oral and inactivated polio vaccines, maintain sensitive surveillance for timely detection of polioviruses and strong outbreak response capacity, ensure uninterrupted functioning of polio laboratories where they are present and implement poliovirus containment activities as per Global Action Plan III. It was also highlighted that Member States should continue to maintain and strengthen polio eradication activities, keeping in mind the risk of COVID-19 transmission among frontline workers and communities and ensure that the benefits of carrying out the activity outweigh the risks.

362. The Committee called upon Member States with significant polio-funded assets to mitigate any potential risk of slowdown in implementing national transition plans amid the COVID-19 pandemic. The need for continued commitment and strong collaboration of Member States and partners will remain critical for maintaining essential polio functions and polio-free status. These will contribute to strengthening immunization systems and help achieve coverage and equity goals.

363. The Committee emphasized the need for Member States to continue to make efforts to mobilize domestic resources or alternative funding resources for long-term sustainability of polio infrastructure to maintain essential polio functions and for achieving other public health goals.
Delhi Declaration on improving access to essential medical products in the Region and beyond (SEA/RC71/R2) (Agenda item 9.3)

364. The Committee was informed that following Decision SEA/RC70(3) adopted by the Seventieth session of the Regional Committee for South-East Asia, intercountry technical consultations led to the adoption by Health Ministers of the South-East Asia Region of the Delhi Declaration on improving access to essential medical products in the Region and beyond at the Seventy-first session of the WHO Regional Committee in September 2018 vide resolution SEA/RC74/R2. The Delhi Declaration was significant as it included a commitment for access to the entire range of medical products for achieving UHC and the 2030 Agenda for Sustainable Development.

365. The Committee had taken note of the progress since the Declaration and highlighted the challenges faced during the COVID-19 pandemic. Member States experienced acute shortages and significant disruption of essential medical product supply chains. Concerns were expressed regarding intellectual property rights of new products and vaccines. Member States with small markets highlighted the low negotiating power for procurement of medical products resulting in high prices. Issues around irrational use were also mentioned, especially during the pandemic. A need was also felt for cross-border surveillance and a quality management system for falsified and illegal products.

366. The Committee was informed that across the Region, progress has been made in implementing and strengthening national medicines policies and regularly updating national essential medicines lists, formularies and antibiotic guidelines, and one Member State has provided guidelines as a smartphone application. Some Member States have developed lists of national essential diagnostics and medical devices. Several Member States have managed to reduce the prices of a selected basket of essential medical products, expand national health insurance coverage to reduce out-of-pocket expenditures and some countries provide free oncology medications. Some have also made significant progress in scaling up local production of medical products to improve access and strengthened quality assurance systems. Laboratory capacity has increased through the One Health approach.

367. The Regional Director said that it was very encouraging to see the progress being made across all Member States. The Committee was informed that WHO will intensify its support to Member States to improve accessibility, availability,
acceptability and affordability of essential medical products of assured quality to attain UHC and other health-related SDG targets.

368. During the session, a publication titled *Access to medical products in the South-East Asia Region, 2021: review of progress* was launched. The report provides an update and builds on the previous report presented to the Seventy-first session of the Regional Committee in 2018.

369. The **International League Against Epilepsy (ILAE)** and **International Bureau for Epilepsy (IBE)** made a joint statement, delivered by **Dr Man Mohan Mehndiratta, President of the Indian Leprosy Society**. Dr Mehndiratta stated that people with epilepsy have a rate of premature death that is three times higher than the general population; however, only around 20% of people across the Region have access to effective medication. The Delhi Declaration 2018 acknowledged access to effective, safe, quality and affordable medical products (medicines, diagnostics and medical devices) and is vital to achieving UHC and the SDGs.

370. The Committee was informed that with more than 50 million people living with epilepsy worldwide, of which 15 million are in South-East Asia, it is vital that an outcome-focused cascade target such as the 90-80-70 target proposed by ILAE and IBE is adopted to incentivize intersectoral action and strengthening across the health system. But, once achieved, it would bring real and measurable change to millions of lives: 90% of people with epilepsy are aware of their diagnosis as a treatable brain disorder, achievable through public and professional education and diagnostic capacity-building; 80% of people diagnosed with access to appropriate, affordable safe medications – achievable based on the low cost of medications (US$ 5 per annum), and the huge success of demonstration projects as part of the WHO-ILAE-IBE Global Campaign Against Epilepsy; 70% of those treated achieve adequate seizure control. It was hoped that the implementation of the Global Action Plan on Epilepsy and Other Neurological Disorders will ensure that there is a structure in place for better epilepsy care and that everyone, no matter what their economic or geographical position, has access to affordable and effective treatment.

**Covering every birth and death: improving civil registration and vital statistics (SEA/RC67/R2) (Agenda item 9.4)**

371. The Committee was informed that at its Sixty-seventh session in 2014, it had adopted resolution SEA/RC67/R2, in which the Region had committed itself to the goal of universal civil registration of births and deaths, and to improve the
generation of accurate, complete and timely vital statistics. A regional strategy for strengthening the role of the health sector for improving civil registration and vital statistics (CRVS) 2015–2024 was adopted in the same session to focus on health sector initiatives at the regional, national and local levels to support notification and universal civil registration of births and deaths. The Resolution SEA/RC67/R2 included a request for periodic progress updates to the Seventy-first, Seventy-fourth and Seventy-eighth sessions of the Regional Committee in 2018, 2021 and 2025, respectively.

372. The Committee was informed that Member States are aware of the importance of civil registration of births, deaths and causes of death. They are taking all possible measures such as amendments in the legal framework, promotion of e-health-related tools (unique ID, use of smartphones for registration work, web-based registration, etc.) to meet the global goal of universal registration of births and deaths. For improvement in the cause of death, Member States have increased the use of medically certified causes of death among public and private sector health facilities. Further, to get the same information from community deaths, Member States are promoting the use of verbal autopsies on a sample basis.

373. Member States reiterated the urgency of strengthening the capacity in birth and death registration and especially towards the cause of death to provide better intelligence about mortality due to COVID-19-like situations. Despite the various efforts in the Region, the data quality of birth and death registrations, medically certified causes of death and timely and complete access to data still need to be improved. The Committee also observed that the use of national ID in CRVS could make a significant difference.

374. The Committee appreciated the recent regional initiatives of WHO for building capacity among Member States for strengthening CRVS. The Committee urged WHO to continue providing high-quality, focused technical support to Member States to develop and implement strategies, action plans for universal coverage of births, deaths, cause of deaths, and production of complete and timely vital statistics.

375. The Regional Director congratulated Member States on their progress at accelerated increase in registration coverage from 2015 to 2019. Further, she congratulated those Member States that have already achieved universal coverage of births and urged them to intensify their efforts in the registration of deaths and cause of deaths, and the production of complete and timely vital statistics.
376. The Regional Director emphasized the central role of respective governments both at the national and subnational levels to ensure political will, programmatic support and domestic resource mobilization to achieve the target of universal coverage of births and deaths.

South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC 60/R7) (Agenda item 9.5a), and

Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEA/RC69/R6) (Agenda item 9.5b)

377. The Committee was informed that at its Sixtieth session in 2008, the South-East Asia Regional Health Emergency Fund (SEARHEF) was established through resolution SEA/RC60/R7 to provide the much-needed financial support during the immediate aftermath of an emergency to meet lifesaving health-care needs of the affected populations.

378. The Fund, created by pooling a budget of US$ 1 million for each biennium, is made available to countries within 24 hours of receiving the request and up to a total of US$ 350 000 in two tranches. To date, SEARHEF has disbursed over US$ 6.77 million for 43 emergencies across 10 Member countries in the SEA Region. In the biennium of 2018–2019, the unutilized balance of the Fund was used to strengthen regional stockpiles, amounting to a total of US$ 300 000, which proved to be critical during the ongoing COVID-19 pandemic response.

379. The Committee was further informed that during its Sixty-ninth session, recognizing the importance of preparedness, the Committee expanded the scope of SEARHEF through resolution SEA/RC69/R6 to support activities on emergency preparedness. This stream of the Fund was established through Voluntary Contributions from Member States and has, to date, supported strengthening health emergency operations centres (HEOC) and rapid response teams in Bhutan, Maldives and Sri Lanka.

380. On completion of 10 years of existence, an external evaluation was conducted to assess the utilization and impact of the Fund. The recommendations made during this evaluation are currently being implemented.

381. The functions of the Fund, both the preparedness and response streams, are governed by the Working Group comprising representatives from all 11 Member States of the Region. The Working Group meetings are conducted annually, with the tenth virtual meeting held on 11 August 2021. The Working Group discussed
measures to further strengthen the SEARHEF and endorsed the use of the current unutilized balance of US$ 300 000 of the response stream for regional stockpiling by the end of 2021. There is unanimous agreement on the need to further strengthen SEARHEF as a regional mechanism through enhanced mobilization of resources and adopting robust monitoring and evaluation processes.

382. The Committee commended the progress made in the area of emergency risk management, despite the numerous challenges posed by the COVID-19 pandemic. The Committee also expressed the undisputed need to further efforts on preparedness and response in a Region that is vulnerable to many hazards. In this regard, both streams of the Fund have played a catalytic role in supporting countries to kickstart preparedness activities proactively as well as mobilize the much-needed resources when disasters strike. Some of the specific areas that were mentioned for preparedness and response activities included strengthening HEOCs, and enhancing response coordination and communication.

383. Member States were appreciated for their commitment towards preparedness and response as well as the progress made in this area, which includes mobilization of more resources.

Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4) (Agenda item 9.6)

384. Patient safety is critical to the delivery of health care in all settings. It aims to achieve the maximum possible reduction in avoidable harm due to unsafe health care. The COVID-19 pandemic has further highlighted the need to focus on patient safety.


386. The Seventy-second World Health Assembly in 2019 adopted resolution WHA72.6 on “Global Action on patient safety”. The Health Assembly also requested the Director-General to formulate a Global Patient Safety Action Plan (GPSAP), in consultation with Member States and all relevant stakeholders, for submission to the Seventy-fourth World Health Assembly in 2021.
387. The Seventy-third Regional Committee session requested the Regional Director to convene a Regional Consultation with Member States and other relevant stakeholders to consider the draft Global Patient Safety Action Plan (GPSAP) with a view to prioritizing regional patient safety actions aligned with the draft GPSAP, the Regional Patient Safety Strategy, and the country contexts, vide decision SEA/RC73(2).

388. The Seventy-fourth World Health Assembly endorsed the Global Patient Safety Action Plan 2021–2030. During the Seventy-fourth World Health Assembly, India, Indonesia, Thailand and Sri Lanka had emphasized the need for patient safety to achieve UHC. So did Sri Lanka and Thailand during the HLP Meeting in July 2021 ahead of the Seventy-fourth Session of the Regional Committee.

389. At the virtual Regional Consultation on patient safety in the South-East Asia Region, held on 31 March 2021, it was revealed that most Member States in the Region have their national patient safety/quality strategies in place. Almost all Member States also actively commemorate World Patient Safety Day on 17 September every year.

390. Several Member States also have administrative structures in place on patient safety with a mandate to ensure health-care quality and safety. Mindful of the cross-cutting nature of this area, Member States have incorporated patient safety into various health programmes, including maternal and child health, medication safety, blood safety, sepsis and surgical site infections, and antimicrobial resistance, among others.

391. Mindful of the socioeconomic impact of the topic and the presence of the additional burden of unprecedented novel pathogen outbreaks, it is important to be more vigilant (M&E) and invest more resources in the health of patients and health-care workers. It is important to scale up implementation of the Regional Strategy for patient safety in the SEA Region (2016–2025) and Global Patient Safety Action Plan 2021–2030 in the context of country needs and priorities.

392. Dr Sita Ratna Devi Duddi from the International Alliance of Patients’ Organizations made a statement emphasizing the need for patients and their families to be involved in safe and quality UHC. IAPO also emphasized the need for being more vigilant on health-care-acquired infections as these infections endanger patients, health-care workers and society at large. IAPO endorsed the report SEA/RC74/12.
393. IAPO expressed the hope that the WHO Global Patient Safety Action (GPSA) Plan 2021–2030 gives Member States of the WHO SEA Region an opportunity to engage patients in the co-production of safe and quality UHC in South-East Asia by 2030 under the Regional Strategy. IAPO also expressed concern that health-care systems in the Region were very unsafe environments during this COVID-19 pandemic due to the recurrence of health-care-acquired infections. This GPSA Plan gives an opportunity to Member States of the Region to reduce all avoidable patient harm to zero.

Delhi Declaration on Emergency Preparedness in the South-East Asia Region (SEA/RC72/R1) (Agenda item 9.7)

394. The WHO South-East Asia Region continues to face threats from public health emergencies and disasters with increasing scale and complexity. Strengthening health emergency preparedness has been considered as one of the highest health priorities in our Region, resulting in emergency risk management being among the Regional Flagship Programmes of South-East Asia Region since 2014.

395. The Committee was informed that the Delhi Declaration on Emergency Preparedness in the South-East Asia Region was endorsed as the ministerial-level political commitment at the Seventy-second session of the WHO Regional Committee for South-East Asia in 2019. The Delhi Declaration calls for joint efforts towards a safer and more secure Region through investing in people and systems for emergency risk management and forging stronger partnerships. In the same session, the Five-year Regional Strategic Plan to strengthen public health preparedness and response 2019–2023 as well as the Risk Communication Strategy for public health emergencies in the WHO South-East Asia Region 2019–2023 were launched.

396. The Committee noted that Member States of the Region have made considerable progress in advancing implementation of the International Health Regulations (IHR)(2005) for health security. According to the State Party Self-Assessment Annual Reporting submitted by Member States, the average total score of IHR capacities has gradually increased from 56 in 2018 to 63 in 2020.

397. Eight Member States have conducted the voluntary joint external evaluation (JEE) of the implementation of IHR (2005) since 2016, based on which six Member States have developed and implemented their multi-year national action plans.
for health security (NAPHS) to further strengthen core capacities. Most Member States have also developed and implemented national action plans for disaster risk management in line with the Sendai Framework for Disaster Risk Reduction 2015–2030.

398. The Committee recognized that these capacities have been tested by the unprecedented pandemic of COVID-19. Despite the major progress in strengthening public health emergency preparedness among Member States in the Region, the COVID-19 pandemic revealed that the current level of preparedness is not sufficient to effectively manage severe health emergencies, such as the COVID-19 pandemic and to prevent the pandemic from becoming a protracted global health emergency.

399. Strengthening the capacity of the available human resources to manage the COVID-19 pandemic was a challenge, especially in the initial days of the pandemic. Rapid scale up of the coordinated laboratory network for diagnostic testing and genetic sequencing was also a major challenge for many Member States. Core capacities mandated by IHR (2005) require to be further strengthened at the national and subnational levels.

400. The Committee commended that, despite challenges, Member States developed and implemented national preparedness and response plans for COVID-19, mobilizing available resources and health and non-health sector stakeholders to implement a whole-of-government, whole-of-society response. Various aspects of health security systems were strengthened through the pandemic response, from HEOCs to surveillance, national laboratory network, clinical management, IPC, risk communication and community engagement to operations support and logistics management systems. WHO has provided technical, financial and logistic support for the national pandemic response, and mobilized resources from its three levels.

401. The Committee noted that the national IHR focal points (IHR NFPs) have played critical roles in the national pandemic response. However, IHR NFPs were not always provided sufficient authority to engage other sectors or agencies or may not participate in emergency planning processes. The Committee also noted that regional platforms to connect IHR NFPs were strengthened. Member States appreciated the regular virtual forum among IHR NFPs organized by the WHO Regional Office in the context of COVID-19, which contributed to an exchange of information and lessons learned among Member States and with the WHO Secretariat.
402. The Regional Knowledge Network of NFPs was used to provide online learning resources and a “Regional Knowledge Repository” among its 196 users. The virtual meeting of the Bi-regional Technical Advisory Group on the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III): Advancing Implementation of the IHR (2005), took place in July 2020 and July 2021, and provided recommended actions to strengthen the COVID-19 response, and discussed potential priority technical areas for the future health security framework.

403. The Committee urged that, while our efforts to manage COVID-19 continues, Member States, WHO and other partners must work together to identify priority actions to further strengthen health security systems to more effectively respond to the ongoing pandemic and to prepare for future pandemics, emergencies and disasters. It is critical that lessons from the ongoing pandemic response be used to inform further efforts to strengthen health security systems in the Region.

404. Recognizing the momentum generated by the COVID-19 pandemic, and the fact that building regional and national health security systems, linked to resilient health systems, require long-term vision, political leadership and sustainable financing, the Committee proposed that Member States and WHO develop a regional roadmap to propose strategic actions to transform preparedness in the Region. The roadmap should aim to accelerate implementation of the Delhi Declaration and to inform development of the future health security framework in the Region.

405. **Ms Carolin Spannuth Verma, UNHCR Representative to Nepal,** thanked the Government of Nepal for its longstanding tradition of generosity towards refugees in the area of health. In the context of COVID-19, UNHCR Nepal informed that they have worked in close cooperation with WHO Nepal and the Government of Nepal at the federal, provincial, and local levels for the inclusion of refugees in the country’s COVID-19 preparedness and response plans.

406. UNHRC commended the Government of Nepal’s decision to include refugees in its COVID-19 response and the exemplary vaccination roll-out, which is an inspiration for many. She reiterated the importance of CRVS for all residents, including documentation and 100% birth registration coverage. She added that both are crucial to ensure formal, long-term and reliable access to public health and other public services for all residents – children and adults – especially the most marginalized.
Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (SEA/RC69/R1) *(Agenda item 9.8)*

407. Noncommunicable diseases (NCDs), which include cardiovascular disease (CVD), cancers, chronic respiratory disease and diabetes, account for almost two thirds of all deaths in the SEA Region. Nearly half of these deaths occur prematurely between the ages of 30 and 69 years. A quarter of the adult population in the Region suffers from hypertension and one in every 12 adults has diabetes. In 2018, out of the 9.6 million global cancer deaths, approximately 1.4 million deaths occurred in the Region. Chronic respiratory diseases also pose a significant burden due to tobacco use and environmental factors.

408. The Regional Action Plan for the prevention and control of noncommunicable diseases (2013–2020) was endorsed by the WHO Regional Committee for South-East Asia. In 2014, NCD prevention and control was made a Regional Flagship Priority of the SEA Region.

409. The Committee also recalled that the Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the PHC level was endorsed by the Sixty-ninth session of the WHO Regional Committee for South-East Asia in September 2016 in Colombo, Sri Lanka, vide resolution SEA/RC69/R1. The Declaration highlights the renewed commitment by Member States to accelerate NCD service delivery through a people-centred PHC approach to realize the global and regional voluntary targets for NCD prevention and control. This includes achieving 80% availability of essential NCD medicines and technologies in health facilities and ensuring that 50% of high-risk populations receive drug and counselling therapies to prevent heart attacks and strokes by 2025. The resolution entrusted the Secretariat to submit an interim report in 2019 and a full progress report in 2021.

410. The Committee was informed that there has been substantial progress in expansion of NCD services at the PHC level after the 2016 Colombo Declaration on NCDs. The Declaration is an important commitment of Member States to reduce premature deaths due to NCDs to achieve the 2025 NCD Regional targets and SDG 3.4. It is also an important pathway to achieve the UHC target 3.8.

411. The ongoing COVID-19 pandemic has tested the resilience of PHC systems and has adversely impacted the progress, mainly due to disruption in essential health services, which include NCD services. Some of the broad areas of progress include the following:
All countries of the Region have improved service coverage for NCD screening and management programmes for CVDs, hypertension and diabetes guided by WHO technical packages such as the PEN and HEARTS.

Countries have prioritized efforts to strengthen national cancer control programmes. imPACT review missions have been routinely organized, which provide joint support by WHO and IAEA. In 2021, despite the COVID-19 pandemic, an imPACT Review Mission has been conducted in Nepal, which will help guide the national cancer control plan.

WHO has stepped up support to countries to improve survival of childhood cancer patients through the South-East Asia Childhood Cancer Initiative. The South-East Asia Regional Childhood Cancer Network (SEAR CCN) has been formed and a virtual “Tumour Board” set up to provide clinical discussions of complex cancer cases.

412. The Committee acknowledged that NCD services need to be comprehensive and inclusive to ensure that “no one is left behind” to achieve UHC. For palliative care and stroke care, which have been traditionally weak, improvement initiatives have been adopted in several countries since 2019. These initiatives have helped ensure care for terminal patients when services were affected during the COVID-19 pandemic.

413. It was noted that operational levels of the PHC system are the foundation for delivering NCD services. All countries are prioritizing improving NCD care models at the PHC level to ensure people-centred NCD services. Other operational levels include human resource capacity and essential medicines and technologies. All countries have enhanced training and capacity-building activities for PHC teams through in-service programmes.

414. The academia’s participation in realigning teaching and education to make education fit-for-purpose for the competency needs of NCDs has been activated through the SEA Region NCD Service Delivery Network, which is spearheaded by the Healthier Populations and Noncommunicable Diseases Department of the WHO Regional Office.

415. The Committee was also informed that NCD medicines and diagnostics have been updated in countries to incorporate the recommended lists in WHO PEN as a starting point to enhance the basic service package. Many countries
have also introduced financial protection schemes and subsidies with the aim of reducing the financial hardships of people living with NCDs.

416. Outlining the next steps, the Committee noted that while progress has been made, making PHC as a base for the delivery of care for common NCDs is still far from reaching the desired levels of achievement, and work must continue with rigour and renewed commitment in this direction to achieve the SDG targets.

417. The NCD prevention and control response had slowed down due to the COVID-19 pandemic, which threatened to roll back the gains achieved. Furthermore, to mitigate the disproportionate effects of the COVID-19 pandemic on people with NCDs due to the continued disruption of essential health services and its potential for exacerbating health inequities, the response must not wane. Focus on ensuring essential NCD services as a part of building back better should be of high priority.

418. The Committee also observed that sustained political advocacy is needed to ensure financial protection for people living with NCDs and increase financing for NCD care to achieve UHC. Innovations that emerged out of the need to respond to the COVID-19 pandemic such as digital technology, telehealth and mobile outreach, and extended dispensing practices for NCD patients should be adopted beyond the pandemic. Member States also called for WHO to provide support for evidence-based policy generation, advocacy, capacity-building, systems strengthening, partnerships and knowledge management to improve NCD services at the PHC level.

**Governing Body matters (Agenda item 10)**

**Key issues arising out of the Seventy-fourth World Health Assembly and the 148th and 149th Sessions of the WHO Executive Board (Agenda Item 10.1, SEA/RC74/13)**

419. The Committee was informed that the Seventy-fourth World Health Assembly held virtually in May 2021 and the 148th and 149th sessions of the WHO Executive Board also held virtually in January and June 2021, respectively, endorsed a record number of resolutions and decisions this year, during the course of their deliberations.

420. The Committee reviewed Working Paper (SEA/RC74/13) comprising the summaries of the resolutions on technical matters that have significant
implications for the SEA Region and considered the implications of the resolutions/decisions and actions already taken and to be taken. The Committee was also informed that the HLP Meeting held virtually in July 2021 had reviewed and noted this Working Paper and made recommendations for the consideration of the Regional Committee.

421. The Committee noted, from the perspective of the SEA Region, the significant and relevant resolutions and decisions adopted and endorsed, and the agenda items discussed at the global Governing Body meetings of the World Health Organization.

422. Member States agreed that these resolutions, decisions and agenda items relate to a gamut of health matters and to programme, budget, governance and other financial matters. These issues deem to have significant implications for Member States of the WHO SEA Region and merit follow-up action by both Member States and the WHO offices in the SEA Region.

423. The Committee, while appreciating WHO’s efforts in convening several briefing sessions for Member States of the Region before the Executive Board sessions and the World Health Assembly, and the daily “morning briefings” held to discuss and finalize the Regional One Voice statement(s), stated that such briefings aim to assist in nurturing regional solidarity and articulating a strong regional voice on global issues.

424. The Committee urged Member States to make systematic efforts to advance these agenda items at the national level and implement the related provisions of the select resolutions endorsed by the Seventy-fourth World Health Assembly, and the 148th and 149th sessions of the WHO Executive Board. The Committee also requested the Secretariat to take appropriate follow-up actions at the regional and country levels to support Member States in the implementation of actionable provisions of the World Health Assembly and Regional Committee resolutions and decisions.

Review of the Draft Provisional Agenda of the 150th Session of the WHO Executive Board (Agenda Item 10.2, SEA/RC74/14)

425. The Committee was informed that the 150th Session of the WHO Executive Board will be held at WHO headquarters in Geneva on 24–29 January 2022. It was noted by the Committee that in accordance with Rule 8 of the Rules of Procedure of the Executive Board, any proposal from a Member State or Associate Member of
WHO to include an item on the Agenda should reach the WHO Director-General not later than 12 weeks after the circulation of the Draft Provisional Agenda or 10 weeks before the commencement of the Session of the Executive Board, whichever is earlier. All proposals should, therefore, reach the WHO Director-General by 22 September 2021.

426. The Committee also noted that, in accordance with Rule 9 of the Rules of Procedure of the Executive Board, any proposal for inclusion in the Agenda of any item shall be accompanied with an explanatory memorandum.

427. The Draft Provisional Agenda of the 150th Session of the WHO Executive Board, following its noting by the HLP Meeting held in July 2021, was placed before the Committee for its review, comments and noting, as appropriate. The Committee noted the Draft Provisional Agenda of the 150th Session of the WHO Executive Board and the last date for sending the proposals.

428. The Committee was informed that, following the receipt of the proposals by Member States, the Officers of the WHO Executive Board will meet with the Director-General to discuss the Draft Provisional Agenda of the 150th Session of the WHO Executive Board, together with the proposals received from Member States for items to be included in the Agenda.

429. The Committee decided to support the proposals submitted by Sri Lanka on “Preventing deaths and injuries from highly hazardous pesticides” and any other proposal from Member States of the SEA Region to reach the Director-General by 22 September 2021 with an explanatory memorandum, for consideration by the Officers of the Executive Board.

Elective posts for Governing Body meetings (WHA, EB and PBAC)  
(Agenda Item 10.3)

430. The Committee was informed that a number of elective posts for Governing Body meetings was due to be filled by Member States of the SEA Region.

431. For the Seventy-fifth World Health Assembly in May 2022, the posts of Vice-President, Chairperson of Committee B, Rapporteur of Committee A, and Member of the Committee on Credentials are available to be filled on a rotational basis by Member States of the SEA Region.

432. The proposals for nomination of Indonesia for the post of Vice-President of the Seventy-fifth World Health Assembly; India for the post of Chairperson of
Committee B; Thailand for the post of Rapporteur of Committee A; and Nepal for the post of Member of the Committee on Credentials, were unanimously agreed by the Regional Committee.

433. The Committee noted that three Member States of the Region – Bangladesh, India and Timor-Leste – are the current members of the WHO Executive Board. From among these, Bangladesh is completing its three-year term in May 2022 and the vacated post will become available, along with the post of the Vice-Chairperson of the Executive Board.

434. The Regional Committee unanimously agreed to the proposals that Maldives be nominated as the third Member from the SEA Region in place of Bangladesh and that Timor-Leste be nominated as the Vice-Chairperson of the 151st Executive Board Session.

435. Two Member States of the Region – India and Timor-Leste – are current members of the Programme, Budget and Administration Committee (PBAC), with their terms due to expire in May 2022 and May 2023, respectively. The proposal to nominate Maldives for a two-year term in place of India was unanimously accepted by the Regional Committee.

Management and Governance matters (Agenda item 11)

Transformation in the South-East Asia Region
(Agenda item 11.1, SEA/RC74/15)

436. The Committee appreciated the Secretariat for making reform an integral part of business and thanked the Secretariat for sharing a comprehensive report on the WHO Transformation Agenda. The Committee welcomed the updates on transformation in the WHO SEA Region and commended the Regional Office for ensuring continued focus on country priorities and results in the achievement of the Regional Flagship Priority Programmes.

437. The Committee observed that the strong leadership and commitment of the WHO Regional Director for South-East Asia is particularly expressed through the clear directives of the eight Regional Flagship Programmes, which are in sync with the health-related SDGs and Triple Billion global targets of the GPW13. This has allowed the Region to enhance its policies and technical support to Member States and strengthen focus on financing and staffing needs to match priorities and
requirements. It has also supported the provision of tailored support to Member States or prioritization of public health programmes in the Region, including providing maximum resources at the country level.

438. The Committee also commended the WHO leadership in the SEA Region during the COVID-19 pandemic. It maintained regular contact with Member States to advocate for the implementation of technical guidance, public health measures and pandemic protocols and mechanisms; supported Member States to plan the response, identify gaps and needs; and offered the technical assistance, equipment, supplies, training and other important contributions required by Member States.

439. The Committee appreciated WHO’s efforts in publishing guidelines, publications and other information products on COVID-19, which have been used and disseminated by the country offices and stakeholders as part of the efforts to raise awareness and fight the “infodemic”: misinformation and hoaxes that have been perpetrated.

440. The Committee welcomed the establishment of a Regional Results Measurement Framework, along with a compendium of indicators with regional and country baselines and targets and the launching of a Knowledge Hub to support the delivery for impact of the Transformation Agenda.

441. The Committee encouraged the Organization to carry out its work based on scientific evidence, technical analysis, and professional judgement. Member States observed the need for a coordinated pandemic management framework and regional surveillance. In this context, the need for integration of a digital health agenda with effective health service delivery was also stressed.

442. The Committee noted that the recent pandemic cascaded the need for further improvements in coordination, collaboration and cooperation among different levels within the Organization, including Member States. The Committee also indicated the continued need for increased transparency and accountability, highlighting various initiatives and focus areas that could be considered for taking forward WHO’s Transformation Agenda.

443. Strong support and encouragement were extended to the Secretariat to continuously advance the Transformation Agenda in collaboration with Member States and other global health agencies and requested it to explore innovative ways
to mobilize its extended capacities, such as WHO collaborating centres, to provide better support to Member States.

444. The Committee noted the report, agreed and supported the recommendations made, and looked forward to working with the Secretariat to implement them effectively at the regional and country levels.

445. The Regional Director thanked all Member States for their continued support and reiterated that country focus has been the top priority of the Region. She reminded the Committee that in the current biennium, 81% of the available resources are being utilized at country level. In fact, for COVID-19, over 90% of the funding has been made available to Member States of the SEA Region to support their activities.

**Evaluation: Annual Report** *(Agenda item 11.2, SEA/RC74/16)*

446. It was reiterated before the Committee that the WHO SEA Region recognizes the importance of, and is committed to, advancing the culture of “Evaluation”, as outlined in the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development and the South-East Asia Region Evaluation Workplan for 2020–2021.

447. The Region collaborated with the WHO Global Evaluation Office to improve the management of evaluations in line with the Global Evaluation Policy and the principles of and guidance provided by the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development.

448. The Committee was updated about the progress of implementation of the South-East Asia Regional Evaluation Workplan for 2018–2019 and 2020–2021 and key considerations for the way forward. Member States were informed that the approach to Evaluation in the Region will be reviewed along with the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development and the Global Evaluation Policy 2018, and criteria will be outlined for the regional Evaluation Workplan 2022–2023 incorporating lessons learnt from the COVID-19 pandemic response. Further, the recommendations from evaluations will be considered during operational planning for the Programme Budget 2022–2023 by the respective technical units and country offices.
449. The Regional Director informed the Committee that the SEA Region accords the highest importance and commitment to advancing the culture of “evaluation” as outlined in the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development.

450. The Regional Office has collaborated with headquarters to improve the management of evaluation in line with the Global Evaluation Policy as well as the principles of and guidance provided by the South-East Asia Regional Framework.

451. “It is heartening to note that two of the evaluations in the global workplan 2020–2021 were from the South-East Asia Region and both have been completed. These are (a) Evaluation of the use and perceived impact of WHO guidelines on reproductive, maternal, neonatal, child and adolescent health at the country level in the South-East Asia Region; and (b) Evaluation of the implementation of the Regional Flagship Priority Areas in the South-East Asia Region 2014–2018,” Dr Poonam Singh said. She was glad that both the evaluations have been published on the Evaluation website.

452. The Regional Director further informed the Committee that the India and Myanmar country office evaluations were also completed by the Evaluation Office of WHO. In addition, the mid-term evaluation of the Thailand Country Cooperation Strategy (CCS) 2017–2021, the final evaluation of the Timor-Leste CCS 2015–2019 in 2020 and mid-term review of the Nepal CCS 2018–2022 have been completed in collaboration with WHO headquarters and the Regional Office.

453. The Regional Director emphasized that the COVID-19 pandemic has affected the completion of some evaluations in the workplan mainly due to non-availability of qualified evaluators, time taken for commissioning and conducting evaluations, and restrictions faced at the country level due to the pandemic.

454. The Committee was further informed that the SEA Region Evaluation Workplan 2020–2021 included six evaluations covering various programmatic and country-specific topics across technical categories and that three of the evaluations have since been completed.

455. The Regional Director assured Member States that evaluation holds the uppermost priority on the Region’s agenda. “How we work must be evaluated – the work of the Secretariat is liable for assessment and the Region works in that spirit,” she reiterated.
Status of the SEA Regional Office building (Agenda item 11.3, SEA/RC74/17)

456. The Secretariat provided an update to the Committee about the ongoing work, timelines and challenges as well as the background leading to the decision at the Seventieth session of the Regional Committee to reconstruct the Regional Office building. The Committee commended the excellent cooperation and substantive contribution extended by the Government of India to finance and manage the demolition and reconstruction of a new Regional Office building at the existing site and informed that the new building aims to obtain the highest certified “Green Rating for Integrated Habitat Assessment (GRIHA)” of 5, which is the national standard stipulated by the Government of India for modern, green building designs, performance and features.

457. The Committee appreciated the progress made in the reconstruction project and valued the unwavering support of the Government of India.

458. The Regional Director reiterated that the Secretariat has unfailingly presented regular updates on the status of the WHO SEA Regional Office reconstruction project since 2015. She informed that the National Institute of Technology (NIT) Patna has been chosen as the third-party quality assurance (TPQA) agent to simultaneously audit the quality of construction for redevelopment of the building.

459. The Committee was informed about the close monitoring of the project through two established Project Committees:

- The Project Management Committee (PMC) chaired by the Regional Director, with members comprising the Joint Secretary, Ministry of Health and Family Welfare, and Director (Commercial), National Buildings Construction Corporation (NBCC); and
- The Building Committee chaired by the Director of Programme Management at the Regional Office. Members include the WHO Representative to the WHO Country Office in India, Directors at the Regional Office, and representatives of the Staff Association, Regional Medical Services, the staff community and the Project Management team.

460. The Regional Director thanked the Government of India for considering an additional budget sanction towards identifying and recommending pandemic/virus-preventive and/or mitigation measures that can be incorporated in the WHO building, such as touchless solutions for elevators and doors and touchless sensors for water closets.
461. Expressing gratitude to the Government of India as well as other Member States for their contribution(s), the Regional Director requested Member States to come forth with further pledges for the reconstruction project, which will be critical to enable specific elements of the project to be completed such as the façade of the building and the artwork.

Special Programmes (Agenda item 12)

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2021 (Agenda item 12.1, SEA/RC74/18)

462. The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of international technical cooperation initiated by WHO and cosponsored by UNICEF, United Nations Development Programme (UNDP), World Bank and WHO, and operates within a broad framework of intergovernmental and interagency cooperation and participation. The two interdependent objectives are developing improved tools for the control of tropical diseases and strengthening the research capability of the affected countries.

463. The Joint Coordinating Board (JCB) of the TDR acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy.

464. The Committee was informed that the JCB meets annually to review TDR’s activities, evaluate progress and plans, and determine TDR’s budget. The JCB consists of 28 members. Its membership, since 2009, is for a four-year period. Members may be reappointed.

465. The Committee was further informed that currently, Myanmar represents the WHO SEA Region until 2022 under Paragraph 2.2.2 of the Memorandum of Understanding. Sri Lanka represents the WHO SEA Region until 2022 under Paragraph 2.2.3 of the Memorandum of Understanding (members elected by the JCB itself from among the remaining Cooperating Parties), and India and Thailand represent TDR contributors until 2025 under Paragraph 2.2.1 of the Memorandum of Understanding.

466. The Committee took note that the Forty-fourth Session of the TDR JCB was held virtually in Geneva on 16–17 June 2021. At its Forty-fourth Session, JCB confirmed that its Forty-fifth Session will be held on 15–16 June 2022 (with a briefing session on 14 June) and the Forty-sixth Session will be held on 14–15 June.
2023 (with a briefing session to be held on 13 June). Both these meetings will be held in Geneva.

467. The Committee was informed that in the SEA Region, TDR has provided support for four small grants on research in antimicrobial resistance (AMR); three of these for Nepal and one for Myanmar. It has also provided support for three research grants on leishmaniasis for Bangladesh and Nepal. TDR, through its Structured Operational Research and Training Initiative (SORT-IT) programme, is partnering with the Global Outbreak Alert and Response Network (GOARN) in the SEA Region to deliver the first SORT-IT course with a focus on tackling public health emergencies. It has also provided postgraduate training support with a focus on implementation research to the James P. Grant School of Public Health, BRAC University, Bangladesh, and the Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.

468. The Committee also noted the recommendation that, to assure visibility, TDR should provide relevant facts/insights for partners to explore sharing their communications and vice versa, so that contributors are also given visibility by TDR in specific circumstances. TDR should continue to promote and advocate for governments to recruit more entomologists or technicians in the areas of vector control and vector-borne diseases. A specific item on demographic evaluation of the TDR Secretariat, e.g. staff diversity, gender balance, etc. should be included in the 7th External Review of the Programme.


469. The Committee considered Agenda item 12.2 on the attendance at the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in 2021 and nomination of a member in place of Nepal whose term expires on 31 December 2021. The PCC acts as the governing body of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

470. The Committee was informed that one Member State was to be elected for the three-year term effective 1 January 2022. The HLP Meeting in July 2021
had recommended that Indonesia replace Nepal, whose term of office was due to expire on 31 December 2021.

471. The Committee unanimously accepted the proposal for the nomination of Indonesia to be a member of the PCC for three years, effective 1 January 2022, and requested the Regional Director to inform WHO headquarters accordingly.

Time and place of future Sessions of the Regional Committee
(Agenda item 13, SEA/RC74/20)

472. The Regional Committee was informed of the invitation extended by Ms Dechen Wangmo, Minister of Health, Royal Government of Bhutan based on the formal communication from her government dated 30 September 2019, to host the Seventy-fifth Session of the Regional Committee in Bhutan in September 2022.

473. The Regional Committee welcomed with appreciation the invitation from the Royal Government of Bhutan and decided to hold its Seventy-fifth Session in the Kingdom of Bhutan from 5 to 9 September 2022.

474. In the event that limitations to physical meetings preclude the holding of the Seventy-fifth Session of the Regional Committee for South-East Asia as envisaged, the Seventy-fifth Session hosted by the Royal Government of Bhutan will be held virtually from 5 to 8 September 2022.

H.E. Ms Dechen Wangmo, Minister of Health, extended the Royal Government’s invitation to host the Seventy-fifth Session of the Regional Committee in Bhutan in September 2022
Adoption of Resolutions and Decisions (Agenda item 14)

475. The Committee was informed that the Resolutions Drafting Group had met virtually on the first four days of the Session to finalize the resolutions and decisions for adoption by the Committee. The Chairperson of the Resolutions Drafting Group, Mr Tashi Penjor, read out the resolutions and decisions to the Committee.

476. The Committee was reminded of the already adopted two decisions on: (i) Special procedures to regulate the conduct of the virtual Seventy-fourth Session of the WHO Regional Committee for South-East Asia; and (ii) Time and place of future Sessions of the Regional Committee. The Chair of the Resolution Drafting Group presented four draft resolutions and three draft decisions to the Committee.

477. During the Ministerial Roundtable, the Committee unanimously adopted the Declaration by ministerial consensus and signature, titled “Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services and the health-related SDGs”. The Committee thus adopted the Resolution SEA/RC74/R1 endorsing the Ministerial Declaration and requesting the Secretariat to report on progress on the implementation of the Ministerial Declaration to the Committee every two years until 2027.

478. The Chairperson further announced that the representatives of all Member States constituting the Drafting Group had conveyed their agreement with resolutions SEA/RC74/R2: Programme Budget 2022–2023, SEA/RC74/R3: Revitalizing the school health programmes and health-promoting schools in the South-East Asia Region, and SEA/RC74/R4: Resolution of Thanks; these were deemed adopted by the Committee.

479. The Resolutions Drafting Group had also endorsed the decisions on Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region (SEA/RC74(2)); Promoting healthy meetings in the South-East Asia Region (SEA/RC74(3)); and Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region (SEA/RC74(4), which were then adopted by the Committee.
Adoption of the report of the Seventy-fourth Session of the Regional Committee

480. The Chair informed Member States of the procedure for the preparation and adoption of the report of the Seventy-Fourth Session. With the consensus of Member States on the “Special Procedures” that were adopted, the Secretariat would prepare a draft report of the Session after its closure. This draft Summary Report would incorporate the live statements and interventions by the delegates of Member States on all Agenda items, as well as statements by participating members of the United Nations and its Specialized Agencies, non-State actors in official relations with WHO and other intergovernmental organizations.

481. It was further elaborated that the draft report, reflecting the discussions and deliberations held during the Session as well as the resolutions and decisions adopted, would be circulated electronically to all Member States of the Region. Comments from Member States would be sent electronically to the Secretariat at the dedicated email address.

482. Member States were requested to share their comments/inputs within 15 days of receipt of the draft report. The Secretariat would then incorporate all comments/inputs received from Member States and thereafter finalize the report following consultations with the Chairperson of the Regional Committee. The report will then be considered to have been validly adopted by the Regional Committee.

483. The Chairperson thanked Member States for their cooperation and active participation, and for agreeing to the virtual conduct of the Regional Committee. He then invited Member States to make their final statements.

484. Member States thanked the WHO Secretariat for the excellent organization and conduct of the Meeting. They appreciated the opportunity to work together in collaboration and the spirit of cooperation, guided by the Chairperson and Regional Director. They were grateful for the engagement of the many partners from diverse organizations, which reflected on the solidarity within the Region and promised better health for the population of the Region.

485. Member States observed that better advocacy was needed by ministries of finance to ensure adequate funding to meet the challenges in the Region. They all agreed that PHC was the only way forward. They looked to WHO for technical assistance and support in further strengthening collaboration and committed to stand together in regional solidarity to improve the health and well-being of the people of the Region.
Release of Special Publications by the Regional Office for 2021

486. The WHO Secretariat made a video presentation on the special publications produced by the Regional Office for launch at the Regional Committee Session. A synopsis of the contents of each of the publications was read out and their front cover flashed on the screen. The following special and Flagship publications were produced by the Regional Office in 2021:

   - http://apps.who.int/iris/handle/10665/337370

2. Towards ending AIDS epidemic as a public health threat by 2030: progress report on HIV regional action plan and STIs in the WHO SEA region (2017–2021)
   - https://apps.who.int/iris/handle/10665/344736

3. Trend and factors affecting zero-vaccination status of children for measles-containing vaccine in the SEA Region: analysis from two recent demographic and health surveys from countries in the SEA Region
   - https://apps.who.int/iris/handle/10665/345256
   - https://apps.who.int/iris/handle/10665/345257
   - https://apps.who.int/iris/handle/10665/345260
   - https://apps.who.int/iris/handle/10665/345261
   - https://apps.who.int/iris/handle/10665/345262
   - https://apps.who.int/iris/handle/10665/345263
   - https://apps.who.int/iris/handle/10665/345264
   - https://apps.who.int/iris/handle/10665/345265

4. ‘NeXtwork’: Documenting the role and contribution of surveillance and immunization networks towards COVID-19 response in the WHO South-East Asia Region (Bangladesh, India, Indonesia, Myanmar and Nepal)
   - https://apps.who.int/iris/handle/10665/344902

5. Leading the way: how Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste eliminated measles
   - http://apps.who.int/iris/handle/10665/340955
Screenshots with facsimile of the cover pages of select publications in 2021
6. Healthy space next door: a toolkit for healthy community design
   o http://apps.who.int/iris/handle/10665/344740

7. Regional status report on drowning prevention
   o http://apps.who.int/iris/handle/10665/343085

8. Towards a safer future: learnings from a decade of emergencies in the WHO South-East Asia Region
   o https://apps.who.int/iris/handle/10665/344735

9. Regional implementation framework on elimination of cervical cancer as a public health problem
   o https://apps.who.int/iris/handle/10665/344762

10. Regional compendium of case studies in SRMNCAH

11. Integrated care for older people: training package for frontline health workers in the South-East Asia Region
    o https://apps.who.int/iris/handle/10665/344754
    o https://apps.who.int/iris/handle/10665/344756

12. Integrated care for older people: training package on long-term care at home or institutional settings in the South-East Asia Region
    o https://apps.who.int/iris/handle/10665/344757
    o https://apps.who.int/iris/handle/10665/344758

    o https://apps.who.int/iris/handle/10665/344760
    o https://apps.who.int/iris/handle/10665/344761

14. Access to medical products in the South-East Asia Region, 2021
    o https://apps.who.int/iris/handle/10665/344763

    o https://apps.who.int/iris/handle/10665/205842

16. Monitoring progress on universal health coverage and the health-related SDGs in the South-East Asia Region, 2021 update
    o https://apps.who.int/iris/handle/10665/344764
17. The work of WHO in the South-East Asia Region (1 January–31 December 2020): report of the Regional Director
   - http://apps.who.int/iris/handle/10665/344515

18. Optimizing active case-finding for tuberculosis: implementation lessons from South-East Asia
   - http://apps.who.int/iris/handle/10665/343105

19. A situational analysis of programmatic management of TB preventive treatment in the WHO South-East Asia Region
   - http://apps.who.int/iris/handle/10665/337381

20. Crisis or opportunity: health financing in times of uncertainty – Country profiles from the SEA Region
   - https://apps.who.int/iris/handle/10665/341404

21. Regional desk review of haemoglobinopathies with an emphasis on thalassaemia
   - https://apps.who.int/iris/handle/10665/344889

22. The South-East Asia Journal of Public Health
   - https://apps.who.int/iris/bitstream/handle/10665/344301/seajph2021Feb-eng.pdf?sequence=1&isAllowed=y

23. Our journey together, our journey ahead
   - https://apps.who.int/iris/handle/10665/344918

**Closing of the Session (Agenda item 15)**

487. The Chairperson, H.E. Mr Umesh Shrestha, invited the Regional Director to deliver her closing remarks at the Closing Session.

488. The Regional Director extended her sincere gratitude to the hosts, the Federal Democratic Republic of Nepal, and gave special thanks to His Excellency the honourable Prime Minister, Mr Sher Bahadur Deuba, for attending the inaugural session. She thanked the honourable Deputy Prime Minister and Minister of Public Health, Royal Thai Government, for opening the Seventy-fourth Session in his capacity of having been the Chairperson of the Seventy-third session. She also thanked and commended His Excellency Mr Umesh Shrestha, honourable State Minister of Health and Population of Nepal, and his team.
for preparing and successfully executing this virtual Regional Committee with seamless efficiency.

489. Dr Poonam Singh thanked the delegates for their keen engagement and participation, and appreciated their shared commitment to speak with one voice. She lauded the fact that Member States retained their “bold ambition” amid the COVID-19 crisis, as demonstrated by their deliberations on policy and technical issues.

490. The Regional Director said that the Ministerial Roundtable was “a great success”. She opined that PHC-oriented health systems are the key to strengthening the COVID-19 response, enhancing emergency preparedness, and achieving UHC and the health-related SDGs.

491. “History shows that big crises can lead to big opportunities. WHO stands committed to supporting Member States to implement the Ministerial Declaration, which you have unanimously adopted.”

492. Dr Poonam Singh said that she would share the progress made on implementing Programme Budget 2020–2021. “The Output Scorecard has proven to be an essential tool in gauging impact, and also in planning for the next biennium. The Regional Office would continue to prioritize impact at the country level and in areas where maximum value can be added.”

493. On the adoption of four resolutions and five decisions at the Session, Dr Poonam Singh said that the Regional Office “will execute with single-mindedness the requests made to us”. Thailand emphasized multisectoral collaboration and WHO’s social and intellectual capital in making this possible. Sri Lanka has requested the development of a hub for cross-country collaboration.

494. Dr Poonam Singh appreciated the progress made on all priorities, as the progress reports highlighted, from improving access to essential medical products, to enhancing patient safety and strengthening health systems to accelerate delivery of NCD services at the PHC level. The Region’s “Sustain. Accelerate. Innovate” vision is more important than ever, both in terms of how priorities are conceptualized and defined, and how to achieve them.

495. The Regional Director thanked the Chair, His Excellency Mr Umesh Shrestha, State Minister of Health and Population, Government of the Federal Democratic Republic of Nepal, for his ongoing support, and for so effectively
chairing the meeting. She thanked the Vice-Chair, Her Excellency Mrs Dechen Wangmo, Minister of Health, Royal Government of Bhutan, for her many contributions, including chairing of the World Health Assembly in May this year. She also thanked Her Excellency, Dr Maria Freitas Belo Odette, Minister of Health, Government of the Democratic Republic of Timor-Leste, for efficiently chairing the session when the Chair and Vice-Chair were not in attendance.

496. Dr Poonam Singh deeply appreciated that fact that the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, had attended multiple sessions of the Regional Committee despite having a busy schedule with the G-20 Meeting in Rome. She was grateful to the Nobel Laureate, Mr Abhijit Banerjee, for sharing his wisdom and expertise, and appreciated the excellent moderation of the Ministerial Roundtable by Mr James Chau, WHO Goodwill Ambassador for the SDGs.

497. The Regional Director thanked the Chair and Vice-Chair of the Working Group on Sustainable Financing, Mr Bjorn Kummel and Ms Meutia Hasan, as well as the Co-Chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, Her Excellency Ms Grata Endah Werdaningtyas, and Mr Colin Mciff for sharing the progress of the Working Group.

498. She also thanked the UN partners and the many nongovernmental and intergovernmental organizations that participated in the meeting, and who continue to partner with WHO. She thanked colleagues from WHO headquarters
for joining various sessions. She expressed her “sincere thanks to the Secretariat, whose hard work made this Regional Committee a success”.

499. The Regional Director concluded by saying she looked forward to continued success and lasting achievements for the South-East Asia Region.

[For the full text of the address, see Annex 8]

500. The Chairperson, H.E. Mr Umesh Shrestha thanked delegates for their support in the discharge of his duties. He thanked the Vice-Chairperson for her cooperation and also thanked the honourable Minister of Health of Timor-Leste for chairing the Session in the absence of the Chairperson and Vice-Chairperson. He also thanked H.E. Mr Anutin Charnvirakul, Chairperson of the Seventy-third session of the Regional Committee, for opening the current Session.

501. He thanked members of the resolutions drafting group, especially the Chair, Mr Tashi Penjor. He placed on record the Committee’s appreciation of the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his active participation. He thanked the senior management of headquarters and the Regional Office, as well as representatives of the United Nations, its Specialized Agencies and development partners and agencies for their contributions to the meeting.

502. Mr Shrestha said that “we should collectively acknowledge the hard work of Nepal in making the Regional Committee successful”. He also appreciated the hard work and dedication of the Secretariat. Last but not least, he thanked the Regional Director for effectively guiding the work of the Region and the eight Flagship Priority Programmes and commended her on her “remarkable leadership”. “You know and show the way as a leader. You foster an environment of trust and respect. You have stood by Nepal in good times and bad.” He stated that he would like to convey full support and commitment to Dr Poonam Khetrapal Singh and the Regional Office.

503. In conclusion, he quoted Mother Teresa, saying “together we can do greater things”. COVID-19 has shown “the need to make health systems stronger and focus on PHC”, and the need for a “strong WHO to support Member States in a rapidly changing environment”. He reiterated that all Member States were fully determined to improve the health of the Region.

504. The Chairperson then declared the Seventy-fourth Session of the Regional Committee closed.
Resolutions

SEA/RC74/R1 Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs

The Regional Committee,

HAVING CONSIDERED the Declaration by Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs,

ENDORSES the Declaration by Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs, annexed to this resolution, and

REQUESTS the Regional Director to report the progress on implementation of the Ministerial Declaration to the Committee every two years until 2027.

Ninth session, 10 September 2021
We, the Health Ministers of Member States of the WHO South-East Asia Region, participating in the Seventy-fourth Session of the WHO Regional Committee for South-East Asia,

DEEPLY CONCERNED by the ongoing waves of the COVID-19 pandemic, which have negatively impacted health, societies and economies; disrupted the delivery of essential health services; exacerbated inequities; and exposed gaps in health systems across the Member States of the Region,

RECOGNIZING that mounting an effective public health response to health emergencies and ensuring the delivery of quality essential health services requires leadership and a whole-of-government approach,

NOTING the role and contribution of primary health care, with full engagement of communities and community health workers, in managing the pandemic, addressing misinformation, and ensuring the delivery of essential health services,

UNDERSCORING the importance of investment in human resource for health, especially at the primary health care level, and the adequate supply of affordable, effective, quality and safe medical products for the effective response to public health emergencies and to building resilient health systems,

NOTING WITH CONCERN inequities in access to COVID-19 related medical products, especially vaccines, that have a detrimental impact in managing the COVID-19 pandemic and impede economic recovery across the SEA Region,

EMPHASIZING the importance of regional and global solidarity, especially for improved production, access and distribution of medical products, as one of the measures to overcome the pandemic,

APPRECIATING Member State actions and innovations as well as regional initiatives, which have strengthened response capacity to the COVID-19 pandemic, including the South-East Asia Regional Flagship Priority Programmes on ensuring universal health coverage (UHC) and protecting against health emergencies,

RECALLING previous commitments towards ensuring public health programmes and the delivery of essential health services to all without financial barriers during periods of public health emergency, as clarified by the Seventy-third World Health Assembly resolution WHA73.1 and the Seventy-third session of the WHO Regional Committee for South-East Asia resolution SEA/RC73/R1, as well as recent primary health care-related declarations and instruments, including the 2018 Astana Declaration on Primary Health Care and the 2020 Operational Framework for Primary Health Care as requested by World Health Assembly resolution WHA72.2, and

FURTHER EMPHASIZING the imperative and the once-in-a-century opportunity to advance transformation towards resilient primary health care-oriented health systems as the means to achieve population health, well-being and prosperity in the SEA Region,

Hereby AGREE to the following:

(a) ENSURE political leadership and accountability to coordinate whole-of-government, whole-of-society, health-in-all policies-based, and effective governance and oversight over public and private sectors, as needed to advance health security and progress towards UHC and the health-related SDGs;

(b) REORIENT health systems towards comprehensive primary health care through increased public investments as the foundation for effective response to public health emergencies, strengthening of IHR core capacities, and the achievement of UHC and the health-related Sustainable Development Goals;

(c) ENSURE integration of public health emergencies and disaster risk management strategies, as well as strengthen surveillance and preparedness capacity, at the primary health care level, for effective response for the at-risk and affected communities;

(d) ACCELERATE integration of noncommunicable diseases including mental health, and other disease programmes, at the primary health care level;

(e) ESTABLISH national quality standards for primary health care services and ensure access to quality health services during the pandemic and recovery phase;

(f) COMMIT to closer engagement with, and empowerment of, communities with respect to maintaining the delivery of essential health services and public health programmes during the pandemic and recovery phase;

(g) FULLY LEVERAGE the potential of traditional systems of medicine to function alongside or, where appropriate, through integration into health systems;

(h) OPTIMIZE appropriate, sustainable, and scalable innovations in digital and disruptive health technologies;

(i) STRENGTHEN health systems and policy research, as well as equity-focused performance monitoring, to guide the improvement of health systems and IHR core capacities;
Recognizing that mounting an effective public health response to health emergencies and ensuring the delivery of quality essential health services requires leadership and a whole-of-government approach,

Noting the role and contribution of primary health care, with full engagement of communities and community involvement; and

Underscoring the importance of investment in human resource for health, especially at the primary health care level, and the adequate supply of affordable, effective, quality and safe medical products for the effective response to public health emergencies and to building resilient health systems,

Emphasizing the importance of regional and global solidarity, especially for improved production, access and distribution of medical products, as one of the measures to overcome the pandemic,

Deeply concerned by the ongoing waves of the COVID-19 pandemic, which have negatively impacted health, society, and economies; disrupted the delivery of essential health services; exacerbated inequities; and exposed health workers, in managing the pandemic, addressing misinformation, and ensuring the delivery of essential health services during the pandemic and recovery phase; and

Considering the at-risk and affected communities;

Further emphasizing the imperative and the once-in-a-century opportunity to advance transformation towards Health Care as requested by World Health Assembly resolution WHA72.2, and

World Health Assembly resolution WHA73.1 and the Seventy-third session of the WHO Regional Committee for South-East Asia resolution SEA/R C73/R1, as well as recent primary health care-related declarations and instruments,

Including the 2018 Astana Declaration on Primary Health Care and the 2020 Operational Framework for Primary Health Care as requested by World Health Assembly resolution WHA72.2, and

AFFIRMING the importance of health partnerships in order to support the development of national capacities to address national health priorities, in particular public health emergencies and the delivery of high-quality health services to all;

(j) Strengthen and mobilize WHO’s social and intellectual capital to leverage additional resources* through the innovative Country Cooperation Strategy (CCS) and other bilateral, multilateral and public–private partnerships in order to support the development of national capacities to address national health priorities, in particular public health emergencies and the delivery of high-quality health services to all;

(k) Use COVID-19 intra-action reviews and the new Universal Health and Preparedness Review to prioritize actions aimed at strengthening health system resilience; and

(l) Commit to update national primary health care strategies based on lessons learned from the COVID-19 pandemic, the Operational Framework for PHC, and the forthcoming PHC South-East Asia Regional Strategy, as well as the national roadmaps for health emergency risk management, with robust monitoring and evaluation frameworks.

We, the Health Ministers of the Member States of the WHO South-East Asia Region, welcoming and appreciating the continued support of the WHO Director-General, the Regional Director for South-East Asia, and health partners towards strengthening primary health care, delivering universal health coverage and managing public health emergencies in the South-East Asia Region, adopt this Declaration by Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs.

Adopted on the Seventh day of September, Two Thousand and Twenty-One.

* WHA69(16) Strategic budget space allocation. at http://apps.who.int/gb/ebwha/pdf_files/WHA69REC1/A69_2016_REC1-en.pdf#page=27
SEA/RC74/R2  Programme Budget 2022–2023

The Regional Committee,

NOTING that the Seventy-fourth World Health Assembly in May 2021 approved the WHO Programme Budget 2022–2023 as the primary instrument to translate the Thirteenth General Programme of Work (GPW13) into specific plans for implementation and express the planned scope of technical work of the Organization, along with planned Budgetary allocation,

FURTHER NOTING that the approved WHO Programme Budget 2022–2023 is the second Programme Budget to be prepared in line with GPW13 and the WHO “Triple Billion Strategic Priority” approach,

WELCOMING the increase in both the absolute level and proportionate share of the Budget at the country level to develop further the impact, capacity and integration of health systems at that level,

RECOGNIZING that the Proposed Programme Budget 2022–2023 presents a priority setting for WHO with an emphasis on four key areas of strategic focus to be achieved at all three levels of the Organization,

ALSO NOTING that the Programme Budget is based on a bottom–up planning process and identification of priorities of the GPW13 with Member States, for WHO’s technical cooperation at the country level and aligning these with the regional and global commitments,

RE-EMPHASIZING the necessity of ensuring a strong WHO that will continue to undertake the global leadership role in public health, taking into account the lessons learnt from the COVID-19 pandemic, with respect to work that must be carried out under all circumstances to pursue WHO's Constitutional mandate “to achieve the enjoyment of the highest attainable standard of health by every human being”.

TAKING FURTHER NOTE that the South-East Asia Region has received a Programme Budget increase of US$ 37.8 million in the Base Budget for 2022–2023, with an approved Budget of US$ 426.3 million and allocation of US$ 308.6 million for countries and US$ 117.7 million for the regional level,
RECOGNIZING that the US$ 37.8 million increase has been translated across technical outcomes based on the re-prioritization done in the Region in tandem with evolving country needs,

ACKNOWLEDGING that with the SEA Region being certified polio-free, no allocation is being made under polio eradication for Programme Budget 2022–2023, and

ENDORSing the report and the recommendations of the Fourteenth Meeting of the Subcommittee on Policy and Programme Development and Management,

(1) URGES Member States:

(a) to further collaborate with country offices in order to finalize the WHO country biennial workplans 2022–2023 in line with national priorities while contributing to regional and global priorities;

(b) to further collaborate with country offices on technical work of national and regional importance, for improved and optimum utilization of available Programme Budget resources as well as WHO’s social and intellectual capital; and

(c) to strengthen collaborative programme management capacities with the objective of improving the efficiency and effectiveness of WHO’s programme implementation; and

(2) REQUESTS the Regional Director:

(a) to allocate the approved Budget to the Budget Centres while retaining a 5% reserve to be distributed during the biennium based on needs and implementation status of WHO country offices;

(b) to ensure efficient regional Budget management, through appropriate consultations with Member States, in the light of the Budget allocation, in a manner that aligns the Budget with priorities as reflected by Member States in the Region and as prioritized by the Programme Budget 2022–2023;

(c) to support mobilization of Voluntary Contributions, especially to countries and programmes that have been unable to achieve full funding of their workplans;
(d) to submit annual reports on the progress of the results framework of the Thirteenth General Programme of Work, including contribution of the Secretariat towards the achievement of programmatic outcomes and impacts, measured through an assessment of the delivery of the 42 outputs articulated in the Programme Budget 2022–2023;

(e) to submit, for information, the revised Programme Budget 2022–2023 as approved by the Seventy-fifth World Health Assembly in May 2022, as appropriate, to the Regional Committee, reflecting the rapidly changing health situation of the world due to the COVID-19 pandemic, in light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing;

(f) to continue efforts, in consultation with Member States, to develop programme management, monitoring and evaluation capacities in Member States with the objective of improving the efficiency and effectiveness of programme implementation; and

(g) to submit regular reports to the Regional Committee on the state of financing and implementation of the Programme Budget, including a mid-term results report and recommendations therein.

Ninth session, 10 September 2021
The Regional Committee,

CONCERNED over the health of children and adolescents who comprise 22% of the regional population, and the unacceptably high burden of diseases and exposure to risk factors such as the burden of noncommunicable diseases, nutrition,¹ ² traffic injuries,³ violence,⁴ drowning,⁵ mental health problems,⁶ teenage pregnancy⁷ and other significant health problems,⁸

RECOGNIZING the importance of schools in promoting the health, development and well-being, and securing the safety of children and adolescents and in ensuring a progressive increase in school enrolment in the Region,

NOTING that the school is an essential and integral delivery platform to encourage healthy lifestyles and lifelong healthy behaviours to promote the quality of life, and to nurture human capital for sustainable development of any society,

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RECALLING the WHO Health Promoting Schools (HPS) Initiative that was launched in 1995, and that aimed to strengthen the capacity of schools in the Region to promote healthy “living, learning, and working”, and the several follow-up meetings such as the International Health Promoting Schools Meeting in 2015 in Bangkok,

FURTHER NOTING that, despite the initiatives, progress has been varied between the Member States owing to common factors such as the need to strengthen leadership and coordination between ministries, mainly education and health, suboptimal investment in terms of financial and human resources, and inadequate engagement with adolescents and the community,

CONCERNED over the ongoing COVID-19 pandemic and the public health measures thereto, especially related to closure of schools, and their impact on learning and growth and other aspects of health of young children and adolescents, and the need to ensure the safe reopening and operationalization of schools, and

APPRECIATING the recent and timely efforts by WHO, UNESCO, UNICEF and Inter-Agency partners that have worked together to provide a holistic approach to health-promoting schools and effected the launch of the guideline Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems;¹⁰

(1) WELCOMES the WHO and UNESCO technical guideline, Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems;

(2) URGES Member States to:

(a) adopt, as appropriate, and implement the global standards and indicators for health-promoting schools and systems to strengthen national policy and actions;

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(b) strengthen collaboration between relevant partners in implementing “health-promoting school” initiatives in all schools, in particular, between the health and education sectors, inclusive of all line ministries as well as local governments and communities;

c) address the need for high-risk and vulnerable children and young populations, including children living with disabilities, migrant and stateless children, to attend health-promoting schools;

d) collect evidence-based information, good practices and lessons learnt in health-promoting school initiatives and programmes to contribute to the advancement of the agenda at the global level;

e) support regional initiatives related to health-promoting schools; and

f) establish immediate actions during the pandemic for safe school operations and plan the foundation for building back better to ensure the best learning and health outcomes from the education system post-pandemic;

(3) REQUESTS the Regional Director:

(a) to develop a regional roadmap with monitoring framework and targets to implement global standards and indicators for health-promoting schools and systems, before the end of 2022, in consultation with Member States, to prioritize health issues and indicators for monitoring progress at the regional level;

(b) to provide technical guidance and assistance to strengthen the capacities and capabilities at the regional and country levels, including in establishing knowledge hubs and community of practices in the Region, and ensure that all relevant partners, especially in the health and education sectors, are actively engaged in the shared agenda that includes collaboration with regional United Nations systems and international agencies;

(c) to urgently develop a recovery plan that is responsive to the health needs of students to minimize the impact of COVID-19; and

(d) to report on the progress towards the implementation of the global standards and indicators for health-promoting schools and systems and targets every two years until 2030.

Ninth session, 10 September 2021
SEA/RC74/R4 Resolution of thanks

The Regional Committee,

Having brought its Seventy-fourth Session to a successful conclusion,

(1) THANKS the honourable H.E. Mr Sher Bahadur Deuba, Prime Minister, Government of the Federal Democratic Republic of Nepal, for inaugurating the Session and for his inspiring address;

(2) THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address;

(3) CONVEYS its gratitude to the honourable H.E. Mr Umesh Shrestha, State Minister of Health and Population, Government of the Federal Democratic Republic of Nepal, and honourable Chairperson of the Seventy-fourth Session, members of the National Organizing Committee and staff of the Ministry of Health and Population, Government of the Federal Democratic Republic of Nepal, and other national authorities for their efforts in ensuring the success of the Session;

(4) EXPRESSES its appreciation and thanks to the Vice-Chairperson, the honourable H.E. Ms Dechen Wangmo, Minister of Health, Royal Government of Bhutan, for contributing to the efficient conduct of the Regional Committee Session, and

(5) CONGRATULATES the Regional Director and her staff for their efforts towards the smooth and successful conduct of the virtual Session.

Ninth session, 10 September 2021
Decisions

SEA/RC74(1) Special Procedures to regulate the conduct of the Seventy-fourth Session of the WHO Regional Committee for South-East Asia

The Regional Committee decided to adopt the Special Procedures to regulate the conduct of the virtual Seventy-fourth Session of the WHO Regional Committee for South-East Asia, set out in the Annex to this Decision.

Annex 1

Special Procedures to regulate the conduct of the Seventy-fourth Session of the Regional Committee for South-East Asia

Rules of Procedure

1. The Rules of Procedure of the Regional Committee for South-East Asia will continue to apply in full, except to the extent that they are inconsistent with these Special Procedures, in which case the Regional Committee’s decision to adopt these Special Procedures will operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 50 of the Rules of Procedure of the Regional Committee.\(^\text{11}\)

Attendance

2. Attendance by Member States of the South-East Asia Region, invited representatives of the United Nations, its specialized agencies and other regional international organizations as well as nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO will be through videoconference or other electronic means.

Addressing the Regional Committee

3. Member States, as well as invited representatives of the United Nations, its specialized agencies and other regional international organizations will be

\(^{11}\) This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for South-East Asia:
- Rule 3 bis (examination of credentials by the Officers of the Regional Committee);
- Rules 42 and 46–48 (voting by show of hands and secret ballot);
- Rule 51 (amendments of and additions to the Rules of Procedure).
provided with the opportunity to take the floor. Nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO may also be given the floor at the invitation of the Chairperson.

4. Member States, invited representatives of the United Nations, its specialized agencies and other regional international organizations, as well as nongovernmental organizations, international business associations and philanthropic foundations in official relations with WHO may submit written statements related to items on the agenda of the Seventy-fourth Session of the Regional Committee for South-East Asia for posting on the South East-Asia Regional Office’s website. Written statements should be submitted in English, should not exceed 500 words (A4 size, one page), and may be submitted until the closure of the Seventy-fourth Session of the Regional Committee. Written statements will not form part of the report of the Seventy-fourth Session of the Regional Committee.

5. Member States will also have the opportunity, if they so wish, to submit pre-recorded video statements of no more than seven minutes in duration in advance of the opening of the session under the Agenda Item 5: “Key addresses and report on the work of WHO”. The video statements so submitted will be broadcast at the virtual meeting in lieu of a live intervention.

6. Any representative wishing to take the floor should signal their wish to speak. Any Member State wishing to raise a point of order or exercise a right of reply in relation to either an oral or a pre-recorded video statement made at the virtual session of the Regional Committee should signal their intention to do so. The right of reply shall be exercised at the end of the relevant virtual meeting.

Credentials

7. Member States should communicate to the Regional Director, South-East Asia Region, the names of their representatives, including all alternates and advisers, if possible, no later than Monday, 16 August 2021.

7. In addition, the electronic scanned copies of credentials, as per the format, should be sent to the Regional Office in advance of the commencement of the Regional Committee Session, not later than COB, 1 September 2021.

8. The Officers of the Seventy-third session of the Regional Committee will assess, before the opening of the Seventy-fourth Session, whether the credentials of
Member States are in conformity with the requirements of the Rules of Procedure and will report to the Regional Committee accordingly during the opening with a view to the Regional Committee making a decision thereon.

Meetings
9. All meetings of the Regional Committee will be held in public.

Decision-making
10. All decisions of the Regional Committee taken in virtual meetings should, as far as possible, be taken by consensus. In any event, given the virtual nature of the meeting, no decision will be taken by show of hands or by secret ballot. In the event of a roll-call vote, and in line with normal practice, should any delegate fail to cast a vote for any reason during the roll call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation shall be recorded as absent.

Report of the Regional Committee Session
11. Following closure of the Session, the Secretariat will prepare a draft summary report of the Session, reflecting the discussions on the various agenda items and containing the resolutions and decisions adopted, if any, and will circulate it electronically to all Member States of the Region. Comments will be sent electronically to the Secretariat at a dedicated email address not later than fifteen days from the dispatch of the draft summary report. The Secretariat, following consultation with the Chairperson of the Regional Committee, will finalize the summary report, which will be considered to have been validly adopted by the Regional Committee.

SEA/RC74(2) Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region

The Regional Committee,

HAVING CONSIDERED the Working Paper on Agenda item 8.1, SEA/RC74/6 Rev. 1, on accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region, presented to its Seventy-fourth Session, noted the progress made in the prevention and control of NCDs, the establishment of oral health programmes, and in the reduction of...
the prevalence of blindness and visual impairment, and the suggested way forward therein, decided to:

(1) EXTEND the current Regional Action Plan for the prevention and control of NCDs (2013–2020) till 2030, taking into account the targets set for 2030 as part of the Sustainable Development Agenda;

(2) REQUEST the Regional Director to convene technical consultations to develop:

(a) A Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and the context of the COVID-19 pandemic,

(b) A Regional Action Plan on oral health with monitoring framework and measurable targets, and

(c) A Regional Action Plan for integrated patient-centred eye care, taking into consideration the 2030 global targets for effective cataract coverage and refractive error coverage that were endorsed by the Seventy-fourth World Health Assembly.

SEA/RC74(3) Promoting healthy meetings in the WHO South-East Asia Region

The Regional Committee,

RECOGNIZING the established benefits of promoting healthy meetings and the existing practices followed by both the WHO Regional Office and Member States, and to support progress in efforts to control noncommunicable diseases, decided to:

(1) ADOPT the Guide to healthy meetings, as set out in the Annex of Addendum 1 of Agenda 8.1, titled “Promoting healthy meetings in the WHO South-East Asia Region” (SEA/RC74/6 Add. 1);

(2) URGE Member States to consider implementing the Guide to healthy meetings in their meetings, in particular health-related meetings; and

(3) REQUEST the Regional Director to implement the Guide to healthy meetings in meetings, events and workshops organized by WHO.
SEA/RC74(4)  Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region

The Regional Committee,

RECOGNIZING that viral hepatitis, HIV and sexually transmitted diseases (STIs) remain a significant disease burden in the WHO South-East Asia (SEA) Region impeding the achievement of the Sustainable Development Goals (SDGs) 2030, in particular, SDG Target 3.3,

WELCOMING the World Health Assembly Decision WHA74(20) titled “The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections”, which requested the Director-General to build on the work already under way, and thereof undertake a broad consultative process to develop the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,

NOTING the relevant and related strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the views of all stakeholders, ensuring that the health sector strategies remain based on qualitative and quantitative scientific evidence for the achievement of regional commitments on viral hepatitis, HIV and STIs, including the achievement of the SDGs and other related goals and targets,

TAKING INTO ACCOUNT the progress of implementation of the three Global Health Sector Strategies (2016–2021) on viral hepatitis, HIV and STIs in the Region, specifically through progress on the regional action plans on viral hepatitis (2016–2021) and HIV (2017–2021), respectively, decided to:

REQUEST the Regional Director to undertake a consultative process with Member States and other relevant stakeholders to develop an integrated Regional Action Plan on viral hepatitis, HIV and STIs for the post-2021 period that will build on the current regional action plans and in alignment with the SDGs and the Global health sector strategies on, respectively, HIV, viral hepatitis, and STIs (2022–2030) that WHO is currently working on at the global level, for the consideration of and endorsement by the Seventy-fifth Session of the WHO Regional Committee for South-East Asia in 2022.
The Regional Committee welcomed with appreciation the invitation from the Royal Government of Bhutan and decided to hold its Seventy-fifth Session in the Kingdom of Bhutan from 5 to 9 September 2022.

In the event that limitations to physical meetings preclude the holding of the Seventy-fifth Session of the Regional Committee for South-East Asia as envisaged, the Seventy-fifth Session hosted by the Royal Government of Bhutan will be held virtually from 5 to 8 September 2022.
Annex 1

Welcome address by H.E. Mr Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand, at the inaugural session

We had expected and looked forward to hosting the Seventy-third session of the Regional Committee and welcoming you to Thailand last year. However, the COVID-19 pandemic disappointed us all. This year, we had expected to go to Kathmandu in Nepal for this Session. COVID-19, once again, does not allow us to travel. We confirm our willingness to host a Regional Committee session in Thailand in the near future, whenever possible.

COVID-19 reminds us that every crisis includes an opportunity. We must collectively fight the dangers of the pandemic in parallel with looking at the many opportunities presented during such a crisis. Never before have we seen such strong solidarity between all sectors to fight this health challenge. And never before has health been at the top of national priorities.

Our capacity to prevent, respond to, and mitigate the pandemic has to continue to be stronger. These are the great opportunities and assets that we must sustain well beyond the COVID pandemic. We must continue our commitment to put public interest as first priority in order to sustain public trust that has come from our dedicated work during this crisis. I welcome you all to the Regional Committee Session. Thank you.
Annex 2

Opening remarks by His Excellency Mr Sher Bahadur Deuba, honourable Prime Minister of the Federal Democratic Republic of Nepal, at the inaugural session

I am pleased to welcome you all to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia. At the outset, I would like to take this opportunity to commend the Regional Director of WHO for organizing this important Governing Body Session and for including the important agenda item on “COVID-19 and measures to 'build back better’ essential health services to achieve UHC and the health-related SDGs”. Likewise, I would like to appreciate the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, who leads this Organization during such a difficult time.

I recall the Sixty-second session of the Regional Committee held in Kathmandu, Nepal, in 2009. We were prepared to welcome you all in Kathmandu again for this Session. However, the protracted COVID-19 pandemic compelled us to adopt a virtual format.

Our Region is home to one fourth of the global population. The Region is exceptionally rich in biodiversity and sociocultural heritage and has diverse climatic conditions. It has pioneered Ayurveda and yoga, and has given to the world many traditional medicines that can be further explored to prevent diseases and improve the health and well-being of our people.

Despite such huge potential, our people are vulnerable to many infectious and communicable and noncommunicable diseases, including health risks associated with climate change and environmental degradation. The ongoing COVID-19 pandemic has had a severe impact on livelihoods, economy, public health and social security systems across the Region. Therefore, the ongoing international and regional efforts are crucial to tackle such a widespread pandemic. We must not forget that no one is safe until everyone is safe.

With this in mind, my government has adopted measures such as prevention, control, isolation, quarantine and treatment, and initiated various health and safety protocols in compliance with WHO guidelines to combat the pandemic. Nepal is focused on strengthening its health-care system, protecting people’s lives, and building a sustainable and resilient recovery.
We are committed to the development of strong and resilient health systems and the primary health care system in particular, underpinned by universal health coverage focusing on equitable access, quality and financial protection. We look forward to a catalytic role played by the regional body to ensure easy and affordable access to vaccines and extend technical support in achieving the regional health targets that also include the health-related targets of the SDGs.

This Session is expected to take important decisions on improving the health status of the people in this Region at a time when our health systems are overstretched to cater to essential health services for the people. Let us ensure equitable access to vaccines, medicines, tools and technologies for the sake of humanity. Reaching out to the unreached should be our priority.

I am confident that this five-day ministerial-level meeting will discuss pertinent health issues of the Region and shape WHO and Member States’ joint actions to promote, protect and restore the health of the people of South-East Asia. I urge you to explore a common framework for sharing new knowledge, tools and technologies for the pandemic and beyond that will strengthen health-care systems in tackling multihazard emergencies with a holistic approach.

I would like to thank Director-General Dr Tedros and Regional Director Dr Poonam Singh for their able leadership and the continuous support provided by WHO to Member States to tackle the COVID-19 pandemic. I wish you successful and productive deliberations ahead. Thank you.
Annex 3

Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

Suprabhat, good morning. Greetings from Rome, where the Meeting of the G20 Ministers of Health is under way.

When I spoke to you last year, I had said that I hoped we would be able to meet in person this year. Unfortunately, that has not been possible. The COVID-19 pandemic continues to take a heavy toll on lives, livelihoods, societies and economies.

I am pleased to see a decline in cases and deaths in the South-East Asia Region following the devastating surge in May this year. However, I know the situation varies widely from country to country and place to place, with steep increases and overwhelmed hospitals in some areas.

I would like to acknowledge the efforts of Nepal in the face of this extremely challenging time, and I am glad to see cases and deaths declining in your country. I commend the Government of Nepal for its efforts to strengthen epidemic response systems, including laboratory capacity, risk communication and case management. I also commend Nepal for its efforts to continue essential health services during the pandemic, including immunization campaigns for polio, measles and rubella, vaccinating millions of children.

I am pleased to see that 15% of Nepal’s population has been fully vaccinated, and that you aim to reach 40% by the end of this year, in line with WHO’s global targets. We are committed to supporting you in these efforts.

But as the experience with this pandemic shows, no country can let down its guard. Complacency can be as dangerous as the virus itself. We must continue to be vigilant. WHO continues to recommend that all countries implement a comprehensive, risk-based approach, including the tailored and consistent use of public health and social measures, in combination with equitable vaccination.

One year ago, we were still waiting for, and hoping that, a safe and effective vaccine would be developed, and that if it was, it would be available equitably to all countries.
The first part of that hope was realized – the development and approval of several safe and effective vaccines in record time has given the world real hope of bringing the pandemic under control. But I don’t need to tell you that the distribution of vaccines has been terribly unfair. We are all disappointed by the injustice.

I am speaking to you from Rome, as I said earlier, where yesterday I addressed the G20 Health Ministers’ Meeting. I said that we must never again allow a pandemic on this scale. And that we must never again allow an injustice on this scale.

As you know, there have been several reviews of the global response to the pandemic, with many recommendations for how to strengthen pandemic preparedness and response. But the one that we think could make the biggest difference is a treaty or other international agreement on pandemic preparedness and response, which will provide a much-needed foundation for global cooperation, setting the rules of the game for a more coherent and coordinated response to future epidemics and pandemics. We seek the support of all SEA Region countries for this idea, as we prepare for the Special Session of the World Health Assembly in November.

Thank you all for your continued support, and your continued efforts to respond to the pandemic and to safeguard the health of your people. I assure you all that you have WHO’s ongoing full support, as we work together to promote health, keep the world safe and serve the vulnerable. I thank you, dhanyavad.
Annex 4

Address by Dr Poonam Khetrapal Singh, Regional Director for WHO South-East Asia, at the inaugural session

It is a great pleasure to add my words of welcome to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia. For the second year in a row, we meet in a virtual session.

My special thanks go to our hosts, the Government of the Federal Democratic Republic of Nepal, for helping to make this happen. I know that everyone here will join me in looking forward to the time when we can all meet again in person.

Getting there – by which I mean returning to a more normal world – is the challenge that underpins everything we will be discussing at this meeting. Getting there will not be easy. Getting there means fighting on many fronts.

It means retaining a sense of optimism and confidence about what we can achieve when we work together. But it also requires honesty about the magnitude and nature of the challenges we face.

We are seeing success as more than half a billion doses of COVID-19 vaccines are administered across the Region. We have seen resource sharing between countries. We are on the way towards the goal of having 10% of the population fully vaccinated by the end of this month, and 40% by the year-end. But progress is highly unequal within the Region, and even more so across a world where 75% of vaccines have been administered by less than a dozen countries.

The task of vaccinating the whole adult population in any country is a task of enormous complexity. It is harder still when vaccine supplies are uncertain, sporadic, and dependent on donations of different products each with its own requirements.

COVID-19 has taken a massive toll on our health systems. This is what I mean by fighting on many fronts. Services have been disrupted and health-care workers are exhausted. The pandemic has increased demand for mental health care and for the treatment of NCDs. Childhood vaccination has been disrupted. Lockdowns have established their own patterns of morbidity.

Our challenge is multifaceted: We have to regain lost ground in terms of health outcomes; we must rebuild health systems that have lost capacity; and we must
restore trust where it has been lost… And, the biggest challenge of all: we have to do this at a time when government revenues in all countries will be under intense pressure.

Advocacy for health – which realistically means asking for a greater share of government spending – has to be at the heart of our discussions with the ministries of finance if we are to sustain progress toward universal health coverage.

We have learned much over the past year. We have lived through false dawns when we thought the worst was over. We have learned to expect the unexpected. We have learned that vaccines alone are essential but not sufficient. We have seen the damage caused by more transmissible variants and understand the risk that more could be on the way.

We have learned more about preparedness. We have always known it is about good information, about logistics and supplies, about training and planning. But the pandemic has taught us more.

It has taught us that preparedness means being ready to make difficult decisions quickly and with limited information. It has shown the need for strong leadership and trust between governments and the people they serve – and the dangers that can befall us when these are lacking. I express my heartfelt gratitude to doctors, nurses and all health-care workers who have toiled hard and gone beyond their call of duty to respond to the pandemic. COVID-19 has shown us beyond any possible doubt the importance and the fragility of international solidarity.

As we are virtually (and spiritually) in Nepal, let me put it this way: we have a mountain to climb, and we have a long trek ahead to reach the summit. Few rest-stops and much of the trail will be ukalo (uphill).

But we can put this pandemic behind us. Working together, supporting each other, seeking solidarity and cooperation over competition. In WHO we will do all in our power to support you. Thank you.
Annex 5

Opening remarks by H.E. Mr Umesh Shrestha,
State Minister of Health and Population of Nepal,
and Chair of the Seventy-fourth Session

Namaskar! I am pleased to welcome you all to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia. I would also like to extend warm greetings to the distinguished delegates from the Member States and UN representatives, as well as representatives from professional societies, academic institutions, collaborating centres and other stakeholders.

We are delighted to host this virtual session. Had the COVID-19 situation permitted, we were planning to invite you all to a physical meeting in our city of world heritage, Kathmandu. Let us hope that we will be able to meet and interact physically next year. I am glad that modern technology allows us to meet and conduct productive sessions virtually despite the challenges posed by the pandemic.

I express my deepest condolences for all the lives that we have lost to the deadliest pandemic this century has seen. On the other hand, I sincerely appreciate and recognize the tireless and selfless efforts of front-line health workers, health professionals and support personnel who are working relentlessly to save lives amidst this humanitarian crisis.

The COVID-19 pandemic underscored the significance of building resilient health systems that can withstand the shocks of public health emergencies. This is the second time in this decade that Nepal’s health system has been severely strained due to a public health emergency (after the earthquake of 2015).

The COVID-19 pandemic is one of the greatest tests of global solidarity that we have faced in contemporary history. We must join hands in tackling this crisis and avoid global socioeconomic consequences. Here, I would like to emphasize the need for regional cooperation among our countries in South-East Asia.

So far, international cooperation in health is limited mainly to a donor–recipient relationship between the global “North” and the global “South”. While we have been advocating for South–South cooperation for a long time, we have not been able to put it into practice in a significant way. Let us start with our Region ... let us lead the way.
We can capitalize on the opportunities presented by the COVID-19 crisis and develop mechanisms to foster regional cooperation and partnerships to tackle many diseases, including the pandemic, and work together to build more resilient health systems in the Region. I firmly believe that we have enough knowledge, experiences as well as opportunities within countries to harness the collective effort to improve the Region's health status.

Although vaccination rates for COVID-19 are rising in our Region, the fact that just 10% of the population has been fully vaccinated in South-East Asia is a worrying reminder that we have still a long way to go to protect our citizens. We must not forget that “no one is safe unless everyone is safe”. Therefore, we must come together in solidarity for the regional and global public good.

I am confident that WHO can play an important catalytic role in fostering regional cooperation among our countries. I offer Nepal’s total commitment and support for regional cooperation and solidarity. While the Region is focused on COVID-19, we must also provide routine health services and maintain the momentum of our past public health achievements.

To avoid being derailed from our path towards universal health coverage, we must expand our health coverage and access while also protecting our citizens from financial risk. This requires strong political commitment, increased strategic investment in the health sector, and prudent resource allocation. The health investments we make in our Region in the face of the pandemic could be the “highest-return” public investments we would have ever made in our history.

I wish everyone productive sessions ahead.
Annex 6

Text of introductory remarks by the Regional Director on the Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2020

A year has passed since we last met at this forum. It has been a momentous year; an exhausting year. For many people a year of fear and tragic loss. For all of us, a year that has seen achievements and disappointments. Another year in which one health issue – and its economic and social consequences – has dominated our lives.

So how does the COVID-19 balance sheet look?

Eighteen months into a global pandemic, we have seen over 4.5 million people die – a figure we all know drastically underestimates the real total. WHO itself has lost several staff in our Region, and I take this opportunity to express my sincere condolences to the bereaved families and friends. We have seen how the Delta variant has been a game-changer, fuelling new waves in countries across our Region and beyond.

To those that did not survive infection we must add the millions more whose lives and livelihoods have been disrupted. Years of progress in reducing extreme poverty are being slowly eroded.

But on the other side of the ledger, the fight back is under way: community leaders keeping friends, family and fellow citizens safe. Health workers toiling day and night to deliver life-saving care, battling fatigue, infection, and burnout.

We, with our partners, delivering tons of medical supplies: oxygen, respirators, PPE … even entire field hospitals. Hundreds of hours of virtual and in-person health worker training, with technical guidance on a vast range of pressing needs. Scientists and the regional research community contributing to the global effort to produce diagnostics, therapeutics, and vaccines.

A year ago, we hoped for vaccines. Today safe and effective vaccines are a reality. Immunization workers and volunteers across our Region have administered more than 750 million COVID-19 vaccine doses.
But progress is unequal in this Region, as in others. Globally, a vastly disproportionate share of vaccine has been purchased and administered by a relatively small number of the wealthiest countries.

With the combination of effective vaccines and tried and tested public health interventions we have at our disposal all the tools to end the pandemic. At the same time, case numbers and deaths are still rising. The risk of new variants is ever present. So, an honest review of the balance sheet tells us that the virus still has the upper hand.

We acknowledge the seriousness of the challenges we face. However, I want to convey a message of hope and not despair: without solidarity and collaboration, without good judgement and leadership and without the principles of good public health, the virus will keep its thumb firmly on the scale.

Earlier today I had spoken about the challenges of returning to normal, I spoke about fighting on many fronts. Our prime focus right now is the pandemic itself and increasing vaccine coverage. Vaccinating the whole eligible population in any country is a task of enormous complexity. More so when resources are scarce.

More vaccines are now available but, with growing reliance on donations, they come with different cold-chain requirements, dosing schedules, different levels of efficacy and potential side-effects.

Distinguishing disinformation, misinformation, and product preference from genuine fears about immunization takes patience and skill. Supply and staffing constraints are easily confused with vaccine hesitancy and require different remedies. And, of course, reaching levels of coverage commensurate with herd immunity becomes harder the closer we get to the target.

Our health systems have been hard hit, not just by COVID-19 but also by the additional demands the pandemic has created. We see this in mental health, in noncommunicable diseases, and the multiple health impacts of lockdown. But even more we see it in terms of widening inequity.

Not least between those with the good fortune and financial means to shelter, digitally connected to friends and family, and supported by essential health workers who may not have all these securities. They are not so much left *behind*, but left *exposed*. 

Report of the Seventy-fourth Session

151
In these circumstances, universal health coverage becomes ever more vital. The Declaration on the Collective Response to COVID-19 reaffirms the importance of achieving universal health coverage, of maintaining essential health services and public health programmes now and in the future.

I am proud to say that the country and Flagship Priority sections in the Annual Report demonstrate how our work over the past year has continued on universal health coverage and on many other fronts: 35 million children vaccinated against measles and rubella; increased taxation on tobacco products; the launch of a new patient safety action plan; increases in health worker recruitment … to highlight just a few achievements.

The challenge is not just about restarting health systems that have been disrupted. We have to regain lost ground in health outcomes; rebuild capacity; and restore trust where it has been lost. Despite the pandemic, we cannot focus on one set of tasks to the exclusion of all others. At the same time, when bandwidth is limited and resources are scarce, neither can we just continue with business as usual.

Our priority has to be maintaining the integrity of basic frontline services – no matter who provides them. This means focusing less on the needs of every individual health programme and more on making sure that the vulnerable are not abandoned. A mindset and perspective that is even more relevant for countries in conflict or those facing crises in governance.

We need to start thinking now about making health a key component of post-pandemic recovery. After the damage inflicted by the pandemic, nobody can deny the link between health and the economy. The only way business, trade and every other aspect of life is going to return to any kind of normality is through controlling the spread of COVID-19 worldwide.

We may believe that increasing health spending is a good in its own right and that investment in health should be at the centre of strategies for post-pandemic recovery. But persuading others may not be as easy as we imagine.

In the face of one of the most serious economic downturns in decades, there is no guarantee that ministries of finance will agree that increasing health investment offers a sure and certain route to economic recovery. We have to make the most compelling case possible.

Health investment strategies will also need to show how non-health sector spending (in areas such as education, employment, and social security) can make a
contribution to health outcomes. Restoring health must be our watchword. This is not a time for thinking in silos.

Our friends and colleagues in the World Bank have been looking at the potential impact of the pandemic on health spending. Their conclusions help us understand the challenges we will face in sustaining progress towards universal health coverage.

It is likely that overall government spending per capita is likely to fall in all countries this year and next. This in turn will impact health spending for some years to come. Different scenarios are possible but the most likely is that health spending will fall and that it could take until 2024 or 2025 to reach pre-pandemic levels again.

The message is crystal clear: unless ministries of finance are prepared to increase the share of government spending on health, ministries of health are going to be faced with significantly reduced budgets. In addition, out-of-pocket payments are likely to decline as incomes fall and treatment is deferred. Support from external development assistance is, at best, uncertain, and in all likelihood may well decrease.

Our task therefore is urgent. Two things are required: convincing advocacy to make the case for an increased share of government revenues and strategic advice on investment priorities, designed to limit the health impact of reductions in spending.

Let me say a few words on priority setting. We do not yet have a complete audit of the effects of the pandemic on health. Each country is different. For some it has been the absence of any kind of social safety net leading to a sudden loss of income for those affected. For others the risks of forced migration. In others again the effects of hunger and malnutrition. Lockdown measures have had an impact on mental health, domestic violence, alcohol, and drug abuse.

Understanding who has been harmed and how can help in setting priorities and in understanding how spending in other sectors can contribute to health. When the fundamental problem is falling state revenues, strategies that raise resources and positively impact health seem like an obvious step to take.

Pro-health taxes are not new in this Region and, as you will see in the Report, new initiatives are being actively considered in several Member States. The usual targets are well-known: tobacco, alcohol, and sugar-sweetened drinks. To prepare the case for health we need convincing estimates, not just of health gains but realistic projections in terms of revenue generation. The Decade of Strengthening Human Resources for Health has sought to address shortfalls in the number of health-care workers, particularly nurses.
Post-COVID-19 recovery presents opportunities and challenges. Increasing recruitment at the primary care level benefits health service provision and universal health coverage. It can have a positive effect on the overall labour market – as an economic stabilizer, on poverty reduction, on the position and employment of women and on income redistribution.

But more spending on salaries can crowd out non-salary costs and create shortages of essential commodities. Caps on recruitment can result in even existing staff being unable to find a job. A coherent position on health worker recruitment – consistent with each country’s circumstances – will be a key element of post-pandemic strategic planning.

And finally, some of the changes that have happened by necessity during the pandemic have potentially positive effects on equity and efficiency. They include task-shifting, delinking health insurance from employment, greater use of telemedicine and information platforms, and more imaginative use of public–private partnerships.

Taking stock in each country should highlight positive changes but must also look out for changes that pose risks. When relaxation of spending rules compromises financial accountability or when scarce tax revenues are used to subsidize care for the better off.

As I said earlier, we still have a mountain to climb. But we have learned a great deal in the past 18 months that stands us in good stead for the task ahead. We have to be ready for more surprises – expecting the unexpected. But we have learned that preparedness is not only about technical systems, supplies and logistics. It is about leadership, imagination, and solidarity.

We have learned too that health security is not only about protecting people from disease. Health also has a stake in protecting livelihoods. COVID-19 has shown us the intimate and fragile links between health and social care. It has cast an unforgiving light in some places on how we protect the health of the elderly.

Disruption to trade and supply systems has prompted renewed debate about national and regional self-sufficiency in medicines, vaccines and health technology. Given what we have learned, how should we approach this long-term strategic issue in ways that benefit all countries in the Region?

And lastly, to conclude, the standout lesson from the pandemic is that the problem is not a lack of knowledge or technical tools. Ending the pandemic is in our hands.
We have the means. What is needed is the leadership required to overcome divisions within and between countries. Divisions that erode the solidarity and collaboration needed to finish the job in relation to the pandemic.

The pandemic has shown that governments *can* take radical and unprecedented action to protect peoples’ lives. We have seen – through sharing of resources and mutual support between countries in this Region how solidarity and collaboration can make a difference.

The greatest risk when it is over is that the pleasure of returning to normal life blunts the important debates about our common future that the pandemic has provoked. For the health community across the Region and beyond, our challenge is to keep these debates alive, seeking ways toward more sustainable, equitable and healthy lives for all.

I thank you for your attention and your unwavering support.
Annex 7

Address by the Director-General

Subha diumšō. It is a great honour to be with you again. Once again, I would like to thank His Excellency Mr Sher Bahadur Deuba, the honourable Prime Minister of Nepal, for hosting this Session of the Regional Committee, although virtually. I hope that next year we can meet in person.

More than 41 million cases of COVID-19 have now been reported from the South-East Asia Region, and we have lost more than 646 000 of our brothers and sisters. We know that these numbers are likely to be underreported. And of course, the damage from the pandemic is far greater than the disease itself, when we consider the impact on people who could not access overwhelmed hospitals or have suffered the economic and mental health effects of emergency measures.

I am pleased to see that cases and deaths in the Region have been declining over the past month, although I know some of your countries are now facing steep increases. More than 845 million vaccine doses have now been administered in the South-East Asia Region. This represents 16% of all vaccines administered globally, even though your Region accounts for 26% of the global population.

WHO’s global targets are to support every country to vaccinate at least 10% of its population by the end of this month, at least 40% by the end of this year, and 70% of the world’s population by the middle of next year. WHO and our partners are doing everything we can to find ways of scaling up the production and distribution of vaccines as much as possible, as fast as possible.

More than 49 million doses have been distributed to eight South-East Asia Region countries through COVAX, and we are pleased to see that COVAX is picking up speed. Between now and the end of the year, COVAX aims to deliver more than 500 million doses to SEA Region countries. That makes it crucial that all countries step up their preparations to roll out vaccines.

The vaccine crisis illustrates the fundamental weakness at the root of the pandemic: the lack of global solidarity and sharing – sharing of information and data, biological samples, resources, technology and tools. That is why there is now an emerging global consensus for the idea of an international treaty or other legal instrument to provide the basis for improved international cooperation to prepare for, detect and respond to epidemics and pandemics.
At the (Seventy-fourth) World Health Assembly in May, Member States agreed to discuss this idea at a Special Session of the Assembly in November. We seek the support of all Member States of the Region for this very important initiative.

WHO also remains committed to further scientific studies to understand the origins of the COVID-19 pandemic. Recently, we announced our proposal for a permanent International Scientific Advisory Group for Origins of Novel Pathogens, or SAGO, to establish a more systematic way of identifying the source of new outbreaks.

Two weeks ago, we shared the draft terms of reference with Member States, and we have now issued an open call for experts to join SAGO. We urge experts from South-East Asia to apply. I wish to emphasize that SAGO is not only about the next phase of studies into the origins of SARS-CoV-2; it is a long-term initiative to support studies into the origins of all future emerging pathogens.

And even while we respond to the pandemic, it is critically important that routine immunization and other essential health services are restored as quickly as possible. Last year, millions of children missed out on vaccines against preventable diseases because of disruptions to essential health services.

As always, your agenda this week reflects the wide range of challenges you face as a region, including oral health, eye care, immunization, viral hepatitis, HIV and STIs, school health, access to medicines, vital statistics, patient safety and more. You will also be discussing the challenges facing our Organization, including the challenge of sustainable financing.

The pandemic has shown that the world needs an empowered and sustainably financed WHO at the centre of the global health architecture. WHO has a unique global mandate, unique global reach and unique global legitimacy. We should avoid the creation of competing institutions and structures.

But a strong WHO demands that we face up to the longstanding challenge of sustainable financing. Currently, only 16% of our funds come through Assessed Contributions. Adjusted for inflation, our Assessed Contributions today are US$ 340 million less than they were in 1980.

More than 80% of our funds are voluntary, and most of that is earmarked. This imbalance effectively makes WHO a contractor for donors and means we cannot do the long-term programming at the country level that the biggest health challenges require. It also means we have an overreliance on consultants and temporary
contracts, which destabilizes our workforce and makes it difficult for us to train and retain the experts we need.

The Member State Working Group on Sustainable Finance will make its recommendations to the Executive Board in January. You have a historic opportunity to put WHO’s finances on a new track and I urge you to seize it.

WHO is committed to supporting each of your countries to respond to the pandemic, and to build forward better. And we will leave no stone unturned in our efforts to dramatically increase the equitable production and distribution of vaccines through COVAX.

I would like to leave you with four specific requests: first, we seek your commitment to stay the course with the proven public health and social measures that we know work. We can work with you to tailor these measures to your context. Not vaccines alone, not masks alone, not distancing or hand hygiene or ventilation alone. Let’s do it all. Second, we urge you to invest in the local production of vaccines and other health products, as part of your investment in pandemic preparedness and response. Third, we seek your support for the idea of a treaty or other international instrument on pandemic preparedness and response. And fourth, we seek your support for building a stronger WHO that is empowered and financed sustainably.

Thank you all once again for your hard work and support for WHO at this critical time. And we look forward to your continued support as we work together to promote health, keep the world safe and serve the vulnerable. I thank you, dhanyavad.
We have come to the close of a successful Regional Committee. I extend my sincere gratitude to our hosts, the Federal Democratic Republic of Nepal, and give special thanks to H.E. the honourable Prime Minister Mr Sher Bahadur Deuba, for gracing the inaugural session; it was an honour. My thanks to the honourable Deputy Prime Minister and Minister of Public Health, Royal Thai Government, for opening this Seventy-fourth Session.

H.E. Mr Umesh Shrestha, honourable State Minister of Health and Population, and his team have prepared and executed this virtual Regional Committee Session with seamless efficiency and deserve our highest appreciation. I commend them for their efforts.

I thank Excellencies for their keen engagement and participation and for their appreciation of our work. Solidarity, teamwork and ambition. A shared commitment to speak with one voice, mindful of each country’s priorities, challenges and needs – these are our values, and I thank Excellencies for deliberating in a spirit commensurate with them. Specific requests have been made. Thailand emphasized multisectoral collaboration and WHO’s social and intellectual capital in making this possible.

The Ministerial Roundtable was a great success. Primary health care-oriented health systems are the key to strengthening the COVID-19 response, enhancing emergency preparedness, and achieving universal health coverage and the health-related Sustainable Development Goals. History shows that big crises can lead to big opportunities. WHO stands committed to supporting Member States to implement the Ministerial Declaration, which you have unanimously adopted.

It was a pleasure to share with you progress on implementing Programme Budget 2020–2021. The Output Scorecard has proven to be an essential tool in gauging impact, and also in planning for the next biennium. The Regional Office will continue to prioritize impact at the country level and in areas where you believe we can add maximum value. Amid the COVID-19 crisis, our ambition remains bold, as your deliberations on policy and technical issues demonstrated.
You have adopted four resolutions and five decisions. We will single-mindedly execute the requests made to us. I look forward to the same commitment from you. Together, we will continue to advance our agenda.

And as the progress reports highlighted, we continue to make progress on all priorities, from improving access to essential medical products, to enhancing patient safety and strengthening health systems to accelerate delivery of NCD services at the primary health care level. Our “Sustain. Accelerate. Innovate” vision is more important than ever, both in terms of how we conceptualize and define our priorities, and how we plan to achieve them.

I thank the Chair, His Excellency Mr Umesh Shrestha, State Minister of Health and Population, Government of the Federal Democratic Republic of Nepal, for his ongoing support, and for so effectively chairing the meeting. I thank the Vice-Chair, Her Excellency, Mrs Dechen Wangmo, Minister of Health, Royal Government of Bhutan, for her many contributions, including for chairing the World Health Assembly in May this year. I also thank Her Excellency, Dr Maria Freitas Belo Odete, Minister of Health, Government of the Democratic Republic of Timor-Leste, for so efficiently chairing select sessions in the absence of the Chair and Vice-Chair.

I thank the Director-General of WHO for attending multiple sessions despite a busy schedule at the G-20 in Rome. I thank Nobel Laureate Professor Abhijit Banerjee for sharing his wisdom and expertise. My thanks to the Chair and Vice-Chair of the Working Group on Sustainable Financing, Mr Bjorn Kummel and Ms Metia Hasan, as well as the Co-Chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, Her Excellency Ms Grata Endah Werdaningtyas and Mr Colin Mciff, for sharing the progress of the Working Groups.

I thank my UN partners and the nongovernmental and intergovernmental organizations that participated, and who continue to partner with us. My thanks to our colleagues from WHO headquarters for participating in various key sessions. And my sincere thanks to the Secretariat from the Regional Office, whose hard work made this Regional Committee a success, which is greatly appreciated. You have worked day and night to make this a successful Regional Committee.

Together, we move forward with hope and ambition. I look forward to continued success and lasting achievements for the South-East Asia Region. Thank you.
# Annex 9

## Agenda

1. Opening of the Session
2. Election of Officebearers
3. Credentials of Representatives
4. Adoption of the Agenda
5. Key addresses and report on the Work of WHO
   5.1 Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2020
   5.2 Address by the Director-General
6. Ministerial Roundtable
   6.1 COVID-19 and measures to ‘build back better’ essential health services to achieve UHC and the health-related SDGs
7. Programme Budget matters
   7.1 Programme Budget 2020–2021: Implementation and mid-term review
   7.2 Programme Budget 2022–2023
8. Policy and technical matters
   8.1 Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region
   8.2 Annual report on monitoring progress on UHC and health-related SDGs
   8.3 Strategic Framework of the South-East Asia Regional Vaccine Action Plan 2022–2030 as aligned with the Global Immunization Agenda 2030
8.4 Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region

8.5 Strengthening public health emergency preparedness and response in the South-East Asia Region

8.6 Revitalizing school health and health-promoting school in the South-East Asia Region

9 Progress reports on selected Regional Committee resolutions

9.1 Measles and rubella elimination by 2023 (SEA/RC72/R3)

9.2 Challenges in polio eradication (SEA/RC60/R8)

9.3 Delhi Declaration on improving access to essential medical products in the Region and beyond (SEA/RC71/R2)

9.4 Covering every birth and death: improving civil registration and vital statistics (SEA/RC67/R2)

9.5 (a) South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7)
(b) Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)

9.6 Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4)

9.7 Delhi Declaration on Emergency Preparedness in the South-East Asia Region (SEA/RC72/R1)

9.8 Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (SEA/RC69/R1)

10. Governing Body matters

10.1 Key issues arising out of the Seventy-fourth World Health Assembly and the 148th and 149th sessions of the WHO Executive Board

10.2 Review of the Draft Provisional Agenda of the 150th Session of the WHO Executive Board

10.3 Elective posts for Governing Body meetings (WHA, EB and PBAC)

SEA/RC74/9

SEA/RC74/10

SEA/RC74/11

SEA/RC74/12, SEA/RC74/12 Add. 1 and SEA/RC74/12 Add. 2

SEA/RC74/13

SEA/RC74/14
11. Management and Governance matters

11.1 Transformation in the WHO South-East Asia Region  
SEA/RC74/15

11.2 Evaluation: Annual report  
SEA/RC74/16

11.3 Status of the SEA Regional Office Building  
SEA/RC74/17

12. Special Programmes

SEA/RC74/18

SEA/RC74/19

13 Time and place of future Sessions of the Regional Committee  
SEA/RC74/20

14 Adoption of resolutions

15 Closing session
Annex 10

List of participants

1. Representatives, Alternates and Advisers

**Bangladesh**

*Representative*

H.E. Mr Zahid Maleque  
Minister of Health and Family Welfare  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

*Alternates*

Mr Md Saidur Rahman  
Additional Secretary (Development)  
Health Services Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

Mr Nilufer Nazneen  
Joint Secretary (World Health)  
Health Services Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

Dr Afreena Mahmud  
Director, Planning and Research,  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

Dr Md Raiful Hasan  
Medical Officer, Planning and Research  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

**Bhutan**

*Representative*

H.E. Ms Dechen Wangmo  
Minister of Health  
Ministry of Health  
Royal Government of Bhutan
Alternates

Dr Pandup Tshering
Secretary
Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Dr Karma Lhazeen
Director
Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Advisers

Mr Tashi Penjor
Chief Planning Officer
Programme and Planning Division
Ministry of Health
Royal Government of Bhutan

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

Ms Tashi Chozom
Senior Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Ugyen Tashi
Deputy Chief Pharmacist
Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Mr Ugyen Tshering
Senior Programme Officer
Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Mr Sangay Phuntsho
Senior Programme Officer
Department of Public Health
Ministry of Health
Royal Government of Bhutan
Mr Kinley Wangchuk
Senior Programme Officer
Department of Public Health
Ministry of Health
Royal Government of Bhutan

Mr Mongal Singh Gurung
Senior Research Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Jayendra Sharma
Deputy Chief Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Tandin Dendup
Senior Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Tshering Wangdi
Senior Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Ms Kinely Zam
Senior Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Samten Lhendup
Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Yeshey Pelden
Assistant Programme Officer
Department of Public Health
Ministry of Health
Royal Government of Bhutan
Democratic People's Republic of Korea

Representative
H.E. Mr Kim Hyong Hun
Vice-Minister of Public Health
Ministry of Public Health
Government of the Democratic People's Republic of Korea

Alternates
Dr Pak Jong Min
Director
Department of External Affairs
Ministry of Public Health
Government of the Democratic People's Republic of Korea

Mr Kim Myong Hyok
Director
Ministry of Foreign Affairs
Government of the Democratic People's Republic of Korea

Dr Jang Ra Son
Senior Officer
Ministry of Foreign Affairs
Government of the Democratic People's Republic of Korea

Mr Ri Song Kwang
Officer
Department of International Organization
Ministry of Foreign Affairs
Government of the Democratic People's Republic of Korea

Ms Han Un Ju
Officer
Korea International Public Health Office
Ministry of Public Health
Government of the Democratic People's Republic of Korea

India

Representative
H.E. Mr Mansukh Mandaviya
Union Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India
Alternates  

H.E. Dr Bharati Pravin Pawar  
Minister of State for Health and Family Welfare  
Ministry of Health and Family Welfare  
Government of India  

Mr Rajesh Bhushan  
Secretary  
Ministry of Health and Family Welfare  
Government of India  

Ms Arti Ahuja  
Additional Secretary  
Ministry of Health and Family Welfare  
Government of India  

Mr Lav Agarwal  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Mr Vishal Chauhan  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Dr Mandeep Kumar Bhandari  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Ms Gayatri Mishra  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Ms Rekha Shukla  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Dr P. Ashok Babu  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Mr Govind Jaiswal  
Director (International Health)  
Ministry of Health and Family Welfare  
Government of India
Indonesia

Representative
H.E. Dr Dante Saksono Harbuwono
Vice-Minister of Health
Ministry of Health
Government of the Republic of Indonesia

Alternates
Mr Kunta Wibawa Dasa Nugraha
Secretary-General
Ministry of Health
Government of the Republic of Indonesia
Dr Maxi Rein Rondunuwu
Acting Director General for Disease Prevention and Control
Ministry of Health
Government of the Republic of Indonesia

Advisers
Mr Andreano Erwin
Director for International Cooperation
Ministry of Health
Government of the Republic of Indonesia
Drs Bayu Teja Muliawan
Director for Planning and Budgeting
Ministry of Health
Government of the Republic of Indonesia
Drg Saraswati
Director for Planning and Budgeting
Ministry of Health
Government of the Republic of Indonesia
Dr Siti Nadia Tarmizi
Director for Communicable Diseases Prevention and Control
Ministry of Health
Government of the Republic of Indonesia
Dr Erna Mulati
Director for Family Health
Ministry of Health
Government of the Republic of Indonesia
Mr Sodikin Sadek
Director for Medical Devices and Household Health Products Evaluation
Ministry of Health
Government of the Republic of Indonesia
Dr Prima Yosephine  
Acting Director for Surveillance and Health Quarantine  
Ministry of Health  
Government of the Republic of Indonesia  

Drg Farichah Hanum  
Director  
Dr Kariadi General Hospital, Semarang  
Ministry of Health  
Government of the Republic of Indonesia

**Maldives**

*Representative*

H.E. Mr Ahmed Naseem  
Minister of Health  
Ministry of Health  
Government of the Republic of Maldives

*Alternates*

H.E. Dr Shah Abdulla Mahir  
State Minister of Health  
Ministry of Health  
Government of the Republic of Maldives  

Ms Aishath Samiya  
Permanent Secretary  
Ministry of Health  
Government of the Republic of Maldives  

Ms Aminath Shaina Abdulla  
Deputy Director General  
Ministry of Health  
Government of the Republic of Maldives  

Mr Hassan Mohamed  
Deputy Director  
Health Protection Agency  
Ministry of Health  
Government of the Republic of Maldives  

Mr Ali Ahmed Manik  
Assistant Director  
Ministry of Health  
Government of the Republic of Maldives
Nepal

Representative
H.E. Mr Umesh Shrestha
State Minister of Health and Population
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Alternate
Dr Roshan Pokhrel
Secretary, Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Advisers
Dr Dipendra Raman Singh
Chief Specialist
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Ms Sewa Lamsal
Joint Secretary
Ministry of Foreign Affairs
Government of the Federal Democratic Republic of Nepal

Ms Rita Bhandari Joshi
Chief, Health Coordination Division
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Guna Raj Lohani
Chief, Policy, Planning & Monitoring Division
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Madan Kumar Upadhyaya
Chief, Quality Assurance and Regulation Division
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Ram Padarath Bichha
Officiating Director General
Department of Health Services
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal
Dr Vasudev Janardan Upadhyay
Director General
Department of Ayurveda and Alternative Medicine
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Mr Bharat Bhattarai
Director General
Department of Drug Administration
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Krishna Paudel
Director
Epidemiology & Disease Control Division, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Tara Nath Pokharel
Director
Family Welfare Division, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Bhim Singh Tinkari
Director
Management Division, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Pawan Jung Rayamajhi
Director
Curative Services Division, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Ms Roshani Laxmi Tuitui
Director
Nursing and Social Security Division, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal
Dr Sudha Devkota
Director
National Center for AIDS and STD Control
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Radhika Thapaliya
Director
National Health Education, Information and Communication Centre
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Runa Jha
Director
National Public Health Laboratory, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Yedu Chandra Ghimire
Director
National Health Training Center, DoHS
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Anuj Bhattachan
Director
National Tuberculosis Centre
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Dr Guna Nidhi Sharma
Senior Health Administrator
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal

Ms Yeshoda Aryal
Senior Public Health Administrator
Health Coordination Division
Ministry of Health and Population
Government of the Federal Democratic Republic of Nepal
Mr Bhim Prasad Sapkota  
Senior Public Health Administrator  
Health Coordination Division  
Ministry of Health and Population  
Government of the Federal Democratic Republic of Nepal

Dr Samir Kumar Adhikari  
Senior Health Administrator  
Health Coordination Division  
Ministry of Health and Population  
Government of the Federal Democratic Republic of Nepal

**Sri Lanka**

*Representative*  
H.E. Dr Keheliya Rambukwella  
Minister of Health  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

*Alternates*  
Dr S.H. Munasinghe  
Secretary, Health  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr Sunil De Alwis  
Additional Secretary (Medical Services)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr TLC Somatunga  
Additional Secretary (Public Health Services)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr Asela Gunawardene  
Director General of Health Service  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka
Dr S.C. Wickramasinghe
Deputy Director General (Noncommunicable Diseases)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr Vindya Kumarapeli
Director (Noncommunicable Diseases)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr HSR Perera
Deputy Director General (Public Health Services II)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr Mahendra Arnold
Deputy Director General (Public Health Services I)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr S. Sridharan
Deputy Director General (Planning)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr Ananda Jayalal
Deputy Director General (Dental Services)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr Lal Panapitiya
Deputy Director General (Medical Services)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka

Dr DRK Herath
Deputy Director General (Medical Supply Division)
Ministry of Health
Government of the Democratic Socialist Republic of Sri Lanka
Dr Samitha Ginige  
Chief Epidemiologist  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr HDB Herath  
National Coordinator, Disaster Preparedness & Response Unit  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr Dilshani Samarasekara  
Director (Quarantine Division)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr E.A. Fernando  
Director (Planning)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr Chithramalee De Silva  
Director (Maternal & Child Health)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr Ayesha Lokubalasuriya  
Consultant Community Physician (Family Health Bureau)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr A.G. Ludowyke  
Director (International Health)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  

Dr Kapila Wickramanayake  
Director (Medical Supplies Division)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka
Dr Palitha Karunapema  
Director (Health Information Unit)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr Dewanee Ranaweera  
Director (Health Care Quality & Safety)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr Priyantha Athapattu  
Director (Primary Care Services)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Ms M.M. Darshanie  
Senior Statistician (Medical Statistics Unit)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

**Thailand**

*Representative*  
H.E. Mr Anutin Charnvirakul  
Deputy Prime Minister and  
Minister of Public Health  
Ministry of Public Health  
Royal Thai Government

*Alternates*  
Dr Suwit Wibulpolprasert  
Adviser to the Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Dr Viroj Tangcharoensathien  
Adviser to the Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Dr Pongsadhorn Pokpermdee  
Medical Officer, Advisory Level  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government
Dr Walaiporn Patcharanarumol  
Director, Global Health Division  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government  

Dr Thaksaphon Thamarangsi  
Director, International Health Policy Program  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government  

Dr Aratta Rangpueng  
Public Health Technical Officer, Senior  
Professional Level  
Division of Epidemiology  
Department of Disease Control  
Ministry of Public Health  
Royal Thai Government  

Dr Chaa-aim Pachanee  
Foreign Relations Officer  
Senior Professional Level  
Global Health Division  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government  

Dr Wachiraporn Arunothong  
Medical Officer, Senior Professional Level  
Lampang Hospital  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government  

Ms Ornuma Poksombut  
Public Health Technical Officer, Senior  
Professional Level  
Bureau of Health Promotion  
Department of Health  
Ministry of Public Health  
Royal Thai Government  

Dr Warisa Panichkriangkrai  
Dentist, Professional Level  
Global Health Division  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government
Dr Alisa Yanasan  
Medical Officer, Professional Level  
Division of Public Health Emergency Management  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Dr Kasemsuk Yothesamutr  
Medical Officer, Professional Level  
Lerdsin Hospital  
Department of Medical Services  
Ministry of Public Health  
Royal Thai Government

Dr Patcharawan Sukhumalind  
Dentist, Professional Level  
Bureau of Dental Health  
Department of Health  
Ministry of Public Health  
Royal Thai Government

Mr Kanate Temtrirath  
Medical Scientist, Professional Level  
Bureau of Quality and Safety of Food  
Department of Medical Sciences  
Ministry of Public Health  
Royal Thai Government

Ms Rachaneekorn Maneesiri  
Foreign Relations Officer, Professional Level  
Office of International Cooperation  
Department of Disease Control  
Ministry of Public Health  
Royal Thai Government

Mr Wattana Masunglong  
Foreign Relations Officer, Practitioner Level  
Office of International Cooperation  
Department of Disease Control  
Ministry of Public Health  
Royal Thai Government

Mr Chatdanai Sornchai  
Public Health Technical Officer  
Practitioner Level  
Srithanya Psychiatric Hospital  
Department of Mental Health  
Ministry of Public Health  
Royal Thai Government
Ms Somruetai Kantiwong
Foreign Relations Officer, Practitioner Level
Center for International Cooperation
Department of Health
Ministry of Public Health
Royal Thai Government

Ms Vipavee Pasuriyun
Foreign Relations Officer, Practitioner Level
Division of Medical Technical and Academic Affairs
Department of Medical Services
Ministry of Public Health
Royal Thai Government

Ms Amornwadee Chawsuancharoen
Pharmacist, Practitioner Level
International Affairs Division
Food and Drug Administration
Ministry of Public Health
Royal Thai Government

Dr Angkana Lekagul
Researcher
International Health Policy Program
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Ms Orana Chandrasiri
Researcher
International Health Policy Program
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Mr Somtanuek Chotchoungchatchai
Researcher
International Health Policy Program
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Piyawan Limpanyalert
Deputy Chief Executive Officer
Healthcare Accreditation Institute
Ministry of Public Health
Royal Thai Government
Dr Chaiyaporn Suchartsoonthorn  
Assistant Secretary-General  
National Institute of Emergency Medicine  
Ministry of Public Health  
Royal Thai Government  

Ms Dangfun Promkhun  
Operating Officer, International Relations  
National Institute of Emergency Medicine  
Ministry of Public Health  
Royal Thai Government  

Dr Patiphak Namahoot  
Assistant Director  
Monitoring and Evaluation Cluster  
National Health Security Office  
Ministry of Public Health  
Royal Thai Government  

Ms Milin Sakornsin  
Senior International Relations Officer  
Partnership and International Relations  
Thai Health Promotion Foundation  
Ministry of Public Health  
Royal Thai Government  

Mr Worawit Boonyatistan  
Vaccine Technical Officer  
Bureau of National Vaccine Capacity  
Development  
National Vaccine Institute  
Ministry of Public Health  
Royal Thai Government  

Timor-Leste  

Representative  
H.E. Dr Maria Freitas Belo Odete  
Minister of Health  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste  

Alternates  
Mr Narciso Fernandes  
Director of Health Policy  
Planning and Cooperation  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste  

Dr Frederico Bosco A. dos Santos  
Head, Department for Control of  
Noncommunicable Diseases  
Ministry of Health  
Government of the Democratic  
Republic of Timor-Leste

### 2. Representatives of the United Nations and Specialized Agencies

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
<th>Position/Office</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Nations Resident Coordinator in Nepal</td>
<td>Ms Sara Beysolow Nyanti</td>
<td>UN Resident Coordinator</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>United Nations Development Programme (UNDP)</td>
<td>Ms Ayshanie Medagangoda-Labé</td>
<td>Resident Representative</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>Ms Carolin Spannuth Verma</td>
<td>UNHCR Representative in Nepal</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)</td>
<td>Dr Srinivas Tata</td>
<td>Director, Social Development</td>
<td>Bangkok, Thailand</td>
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<tr>
<td></td>
<td>Dr Rajan Sudesh Ratna</td>
<td>Deputy Head and Senior Economic Affairs Officer</td>
<td>South and South-West Asia Office New Delhi, India</td>
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<tr>
<td>International Civil Aviation Organization</td>
<td>Dr Manjit Seva Singh</td>
<td>Deputy Regional Director (Management)</td>
<td>Asia and Pacific Regional Office Bangkok, Thailand</td>
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<tr>
<td></td>
<td>Mr Dissanayake Mudiyanselage Parakrama</td>
<td>Regional Officer for Technical Assistance</td>
<td>Asia and Pacific Office Bangkok, Thailand</td>
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<tr>
<td>UNICEF South Asia Regional Office (UNICEF ROSA)</td>
<td>Dr Günter Boussery</td>
<td>Senior Health Specialist</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>United Nations Population Fund (UNFPA)</td>
<td>Ms Breen Kamkong Elisabeth Catherine</td>
<td>SRHR Technical Adviser</td>
<td>UNFPA Asia-Pacific Regional Office Bangkok, Thailand</td>
</tr>
</tbody>
</table>
3. Representatives from Intergovernmental Organizations

**International Atomic Energy Agency**
- Professor (Dr) Omar Alonso
  - Nuclear Medicine and Diagnostic Imaging
  - Department of Human Health
  - Vienna, Austria

- Ms Lisa Stevens
  - Director, Programme of Action for Cancer Therapy
  - Vienna, Austria

**International Organization for Migration**
- Dr Montira Inkochasan
  - Regional Migration Health Programme
  - Support Officer
  - Bangkok, Thailand

**International Civil Defence Organization (ICDO)**
- Ms Saltanat Tashmatova
  - Director
  - International Relations Department
  - Geneva, Switzerland

**South Asian Association for Regional Cooperation (SAARC)**
- Mr Ismail Mamdhooh
  - Director
  - Social Affairs Division, SAARC Secretariat
  - Kathmandu, Nepal

**World Customs Organization**
- Mr O’Hearn Charles Brendan
  - Deputy Director
  - Procedures and Facilitation
  - Brussels, Belgium

- Mr Ricardo Treviño Chapa
  - Deputy Secretary-General
  - Brussels, Belgium

- Ms Vyara Filipova
  - Technical Officer, Procedures and Facilitation
  - Brussels, Belgium

**World Organisation for Animal Health (OIE)**
- Dr Hirofumi Kugita
  - Regional Representative
  - Tokyo, Japan

- Dr Pasang Tshering
  - Consultant
  - OIE Regional Representation for Asia and the Pacific
  - Tokyo, Japan
4. Representatives from non-State actors in official relations with WHO

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
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<tbody>
<tr>
<td>Handicap International Federation</td>
<td>Mr Sunil Pokhrel</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation Specialist</td>
</tr>
<tr>
<td></td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>International Alliance of Patients’ Organizations</td>
<td>Dr Sita Ratna Devi Duddi</td>
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<tr>
<td></td>
<td>Chair of the Board</td>
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<tr>
<td></td>
<td>Gurugram, India</td>
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<tr>
<td>International Diabetes Federation</td>
<td>Professor Shashank R Joshi</td>
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<td></td>
<td>Chair, South-East Asia</td>
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<td>Mumbai, India</td>
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<tr>
<td>International Federation of Medical Students’</td>
<td>Mr Mathew Siu Chun Chow</td>
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<tr>
<td>Associations (IFMSA)</td>
<td>Regional Director for Asia-Pacific</td>
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<td></td>
<td>Copenhagen, Denmark</td>
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<tr>
<td>International Federation of Pharmaceutical</td>
<td>Ms Ada Wong</td>
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<td>Manufacturers and Associations</td>
<td>Asia Public Affairs Lead</td>
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<td>Singapore City, Singapore</td>
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<tr>
<td>International League Against Epilepsy</td>
<td>Dr Man Mohan Mehndiratta</td>
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<td></td>
<td>President- Indian Epilepsy Society</td>
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<tr>
<td></td>
<td>Senior Director and Senior Consultant</td>
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<td></td>
<td>Department of Neurology</td>
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<td>New Delhi, India</td>
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<td>International Pediatric Association</td>
<td>Professor Aman Bhakti Pulungan</td>
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<td></td>
<td>Executive Director</td>
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<td>Jakarta, Indonesia</td>
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<tr>
<td>International Pharmaceutical Students’ Federation</td>
<td>Ms Florensia Rahati Pujiani</td>
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<td></td>
<td>Chairperson of the Asia Pacific Regional Office</td>
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<td></td>
<td>Amsterdam, Netherlands</td>
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<td>The International Society for Quality in Healthcare</td>
<td>Ms Salma Jaouni Jaouni</td>
</tr>
<tr>
<td>Incorporated</td>
<td>Board Member</td>
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<tr>
<td></td>
<td>Dublin, Republic of Ireland</td>
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<tr>
<td>International Society of Paediatric Oncology</td>
<td>Professor Michael James Sullivan</td>
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<td></td>
<td>WHO Liaison and Paediatric Oncologist</td>
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<td>SIOP Secretariat</td>
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<td></td>
<td>Geneva, Switzerland</td>
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<td>Public Services International</td>
<td>Ms Susana Barria</td>
</tr>
<tr>
<td></td>
<td>Coordinator</td>
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<td></td>
<td>New Delhi, India</td>
</tr>
</tbody>
</table>
5. Observers

**Japan International Cooperation Agency**

Ms Rio Ohguchi  
Representative, India Office  
New Delhi, India

Mr Shusaku Takada  
Representative, India Office  
New Delhi, India

Mr Shinya Kimura  
Representative, Nepal Office  
Kathmandu, Nepal

---

**Handicap International Federation**

Mr Sunil Pokhrel  
Rehabilitation Specialist – Asia  
Humanity and Inclusion  
Kathmandu, Nepal

**Rotary International**

Mr Deepak Kapur  
Chairman INPPC  
PolioPlus  
South Asia Office  
New Delhi, India

**The Network: TUFH**

Ms Kamayani Bali Mahabal  
Pennsylvania, United States of America

**World Organization of Family Doctors (WONCA)**

Dr Raman Kumar  
President, South Asia Region  
Ghaziabad, India

**World Heart Federation**

Dr Monika Arora  
SEARO Representative  
New Delhi, India

**World Hypertension League**

Dr Xin-Hua Zhang  
President  
Hong Kong SAR, People's Republic of China

**World Obesity Federation**

Ms Margot Neveux  
Senior Policy Manager  
London, United Kingdom of Great Britain and Northern Ireland

**World Stroke Organisation**

Professor Jeyaraj Durai Pandian  
Vice-President and Principal, Christian Medical College  
Ludhiana, India
Mr Krishna Prasad Lamsal  
Representative, Nepal Office  
Kathmandu, Nepal

Dr John MacArthur  
Regional Director  
Southeast Asia Regional Office  
Ho Chi Minh City, Viet Nam

Dr Meghna Desai  
Country Director – India  
Embassy of the United States of America to India  
New Delhi, India

Dr Preetha Rajaraman  
Health Attache and Regional Representative, South Asia  
US Department of Health and Human Services  
Embassy of the United States of America to India  
New Delhi, India

Ms Gabrielle Lamoureille  
Deputy Director for Multilateral Relations  
Office of Global Affairs  
Washington DC, United States of America

Ms Mara Burr  
Director for Multilateral Relations  
Office of Global Affairs  
Washington DC, United States of America

Mr Pin-Chun Chen  
Chairperson, AMSA International

Ms Rezqita Ramadhani  
Vice-Overall Chairperson (External)

Mr Ming Zien Yu  
Liaison Officer to governmental organizations and NGOs

Mr Wit Jensukap  
Member

Ms Chawisa Teansue  
Member

US Centers for Disease Control and Prevention (CDC)

United States Department of Health and Human Services

Asian Medical Students’ Association (AMSA) International
Ms Harshita Umesh  
Member

Ms Zi Qi Ang  
Director of Global Health

International Alliance of Patients’ Organizations  
Mr Kawaldip Singh Sehmi  
Chief Executive Officer  
London, United Kingdom of Great Britain and Northern Ireland

Ms Orajitt Bumrunghkulswat  
Observer  
London, United Kingdom of Great Britain and Northern Ireland

International Society of Paediatric Oncology  
Dr (Professor) Rashmi Dalvi  
Continental President, Asia  
Mumbai, India

Professor Vikramjit Kanwar  
Member  
Geneva, Switzerland

International Federation of Medical Students Association (IFMSA)  
Ms Aarya Tejas Shah  
Delegate  
Ahmedabad, India

Mr Bhoowit Lerttiendamrong  
Delegate  
Bangkok, Thailand

Mr Salman Khan  
Delegate  
Mumbai, India

Mr Wilsen Widal Kho  
Delegate  
Yogyakarta, Indonesia

Ms Angelica Riadi Alim Suprapto  
Delegate  
Jawa Barat, Indonesia

Ms Michelle Angelica De Jesus Choa  
Delegate  
Makati, Philippines

International Pharmaceutical Students’ Federation  
Mr Nehemia Immanuel Blessing  
Delegate  
The Hague, Netherlands
Mr Rajesh Sharma  
Delegate  
The Hague, Netherlands  

Ms Angela Judia Arkandhi  
Delegate  
The Hague, Netherlands  

Ms Sabita Rimal  
Delegate  
The Hague, Netherlands

**International League Against Epilepsy**

Professor Akio Ikeda  
Kyoto University Graduate School of Medicine  
Department of Epilepsy, Movement Disorders and Physiology  
Kyoto, Japan  

Dr Ding Ding  
Fudan University  
Shanghai, People’s Republic of China

**International Pediatric Association**

Dr Naveen Thacker  
President-Elect  
Ahmedabad, India  

Dr Nina Dwi Putri  
IPA Immunization Expert  
Jakarta, Indonesia  

Professor Manzoor Hussain  
IPA Standing Committee  
Dhaka, Bangladesh

**Médecins Sans Frontières**

Ms Runjun Dutta  
Policy and Advocacy Officer  
Access Campaign  
New Delhi, India

**Public Services International**

Ms Fathimath Zimma  
MPHU General Secretary  
Malé, Maldives  

Ms Jeni Jain Thapa  
Organizer  
Kavrepalanchok, Nepal  

Ms Pallavi Deepak Waghale  
Mumbai, India
<table>
<thead>
<tr>
<th>Organization</th>
<th>Officer/Member</th>
<th>City/Location</th>
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<tbody>
<tr>
<td>World Heart Federation</td>
<td>Ms Kelcey Armstrong-Walenczak</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>World Hypertension League</td>
<td>Ms Yu Zhang</td>
<td>Hong Kong SAR, People’s Republic of China</td>
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<tr>
<td>World Obesity Federation</td>
<td>Dr Banshi Saboo</td>
<td>Ahmedabad, India</td>
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<td></td>
<td>Dr Lalit Kumar Upadhyay</td>
<td>Pune, India</td>
</tr>
<tr>
<td>Indian Academy of Geriatrics</td>
<td>Ms Kamakshi Bansal</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>Students’ Chapter</td>
<td>Ms Bhargavi Yadav</td>
<td>Maharashtra, India</td>
</tr>
<tr>
<td>Birat Nepal Medical Trust (BNMT)</td>
<td>Mr Suman Chandra Gurung</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>Center for Public Health and Environmental Development (CEPHED)</td>
<td>Mr Ram Charitra Sah</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>Damien Foundation</td>
<td>Dr Sushil Koirala</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>GIZ</td>
<td>Ms Alexandra Plueschke</td>
<td>Kathmandu, Nepal</td>
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<tr>
<td>FHI 360</td>
<td>Mr Bhagawan Shrestha</td>
<td>Kathmandu, Nepal</td>
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<td>Health Environment and Climate Action Foundation (HECAF360)</td>
<td>Mr Mahesh Nakarmi</td>
<td>Kathmandu, Nepal</td>
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<td>HERD International</td>
<td>Dr Sushil Baral</td>
<td>Kathmandu, Nepal</td>
</tr>
</tbody>
</table>
National Association of PLWHA in Nepal  Mr Rajesh Didiya
President, Department of HIV Care & Advocacy
Kathmandu, Nepal

Nepal Anti-Tuberculosis Association  Mr Madan Kaji Shrestha
President, Central Office
Kathmandu, Nepal

Resource Centre for Primary Health Care  Mr Shanta Lall Mulmi
General Secretary
Lalitpur, Nepal

RTI International  Mr Dharmapal Prasad Raman
Chief of Party, NTD Control Programme
Lalitpur, Nepal

Transcultural Psychosocial Organization of Nepal  Dr Kamal Gautam
Executive Director, Management and Research
Kathmandu, Nepal

6. Ambassadors/High Commissioners

Embassy of Sri Lanka in Nepal  H.E. Ms Himalee Arunatilaka
Ambassador
Kathmandu, Nepal

High Commission for the Democratic Socialist Republic of Sri Lanka in New Delhi  Ms Niluka Kadurugamuwa
Acting High Commissioner
New Delhi, India

Embassy of Bangladesh in Nepal  Ms Ishrat Jahan
Deputy Chief of Mission
Kathmandu, Nepal

Embassy of Pakistan in Nepal  Mr Adnan Javed Khan
Charge d'affairs
Kathmandu, Nepal

7. Special invitees

RBM Partnership to End Malaria  Ms Xenya Scanlon
Strategic Communications Partner Committee
Geneva, Switzerland

WHO Framework Convention on Tobacco Control  Dr Adriana Blanco Marquizo
Head of the Convention Secretariat
Geneva, Switzerland
Partnership for Maternal, Newborn and Child Health
Ms Helen Clark
Board Chair
Geneva, Switzerland

WHO Goodwill Ambassador
Mr James Chau
Hong Kong SAR, People’s Republic of China

Special Envoy of the WHO Director-General
Dr Palitha Abeykoon
Special Envoy on COVID-19 preparedness and response

Special Adviser to the Regional Director
Dr JVR Prasada Rao
Special Adviser to the Regional Director on HIV/AIDS

Nobel Laureate
Mr Abhijit Banerjee
Nobel Laureate, 2019

Indian Council of Medical Research (ICMR)
Professor (Dr) Balram Bhargava
Department of Health Research and Director General, Indian Council of Medical Research
New Delhi, India

NITI Aayog Government of India
Professor (Dr) Vinod Paul
Member
New Delhi, India

Others Invitees
Mr Björn Kümmel
Chairperson
Working Group on Sustainable Financing

Ms Meutia Hasan
Vice-Chairperson
Working Group on Sustainable Financing

H.E. Ms Grata Endah Werdaningtyas
Co-Chairperson
Working Group on Strengthening WHO Preparedness and Response to Health Emergencies

Mr Colin Mciff
Co-Chairperson
Working Group on Strengthening WHO Preparedness and Response to Health Emergencies
### Annex 11

**List of official documents**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEA/RC74/1 Rev. 1</td>
<td>Adoption of the Agenda</td>
</tr>
<tr>
<td>SEA/RC74/2</td>
<td>Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January to 31 December 2020</td>
</tr>
<tr>
<td>SEA/RC74/3</td>
<td>Ministerial Roundtable: COVID-19 and measures to ‘build back better’ essential health services to achieve UHC and the health-related SDGs</td>
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<td>SEA/RC74/5, SEA/RC74/5 Add. 1, SEA/RC74/5 Inf. Doc. 1, SEA/RC74/5 Inf. Doc. 2 &amp; SEA/RC74/5 Inf. Doc. 3</td>
<td>Programme Budget 2022–2023</td>
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<td>SEA/RC74/6 Rev. 1, SEA/RC74/6 Add. 1</td>
<td>Accelerating progress on prevention and control of NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region</td>
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<tr>
<td>SEA/RC74/7</td>
<td>Annual report on monitoring progress on UHC and health-related SDGs</td>
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<tr>
<td>SEA/RC74/8, SEA/RC74/8 Inf. Doc. 1</td>
<td>Strategic Framework of the South-East Asia Regional Vaccine Action Plan 2022–2030 as aligned with the Global Immunization Agenda 2030</td>
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<td>Beginning of the Decade of Action for ending viral hepatitis, HIV and STIs as public health threats by 2030 in the South-East Asia Region</td>
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<tr>
<td>SEA/RC74/10</td>
<td>Strengthening public health emergency preparedness and response in the South-East Asia Region</td>
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<td>Revitalizing school health and health-promoting schools in the South-East Asia Region</td>
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<tr>
<td>SEA/RC74/12, SEA/RC74/12 Add. 1 and SEA/RC74/12 Add. 2</td>
<td>Progress reports on selected Regional Committee resolutions</td>
</tr>
<tr>
<td>SEA/RC74/13</td>
<td>Key issues arising out of the Seventy-fourth World Health Assembly and the 148th and 149th sessions of the WHO Executive Board</td>
</tr>
<tr>
<td>SEA/RC74/14</td>
<td>Review of the Draft Provisional Agenda of the 150th Session of the WHO Executive Board</td>
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<tr>
<td>SEA/RC74/15</td>
<td>Transformation in the WHO South-East Asia Region</td>
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<tr>
<td>SEA/RC74/16</td>
<td>Evaluation: Annual report</td>
</tr>
<tr>
<td>SEA/RC74/17</td>
<td>Status of the SEA Regional Office Building</td>
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<tr>
<td>SEA/RC74/18</td>
<td>UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2021</td>
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<tr>
<td>SEA/RC74/20</td>
<td>Time and place of future Sessions of the Regional Committee</td>
</tr>
<tr>
<td>SEA/RC74/21</td>
<td>Report of the Seventy-fourth Session of the WHO Regional Committee for South-East Asia</td>
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The WHO Regional Committee for South-East Asia is the World Health Organization's governing body in the South-East Asia Region. It has representatives from all its 11 Member States. The Regional Committee meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for Member States and review past resolutions. It also considers the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-fourth Session of the Regional Committee for South-East Asia held virtually, with Nepal in the Chair, on 6–10 September 2021. This was the second full-fledged Regional Committee Session to be held virtually because of the COVID-19 pandemic. Representatives from 10 of the Region's Member States participated in the Session.

The Ministerial Roundtable featured a discussion of the honourable health ministers on key measures to 'build back better' essential health services in the context of the ongoing pandemic to achieve the Sustainable Development Goals. The Committee also discussed, through a special procedure of 'Written Silence', several public health issues relevant to the Region such as progress on prevention and control of noncommunicable diseases including oral health and integrated eye care, monitoring progress on universal health coverage, the Regional Vaccine Action Plan, strengthening public health emergency preparedness and response, and revitalizing school health. The Committee reviewed reports on progress in the implementation of several of its past resolutions. The Committee adopted a Ministerial Declaration on essential health services during COVID-19.