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 Member States. The Regional Committee meets in September 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-fifth Session of the Regional Committee for South-East Asia held in Paro, Bhutan, on 5–9 September 2022. Representatives from 10 of the Region’s 11 Member States attended the Session.

The Committee discussed relevant public health issues such as monitoring progress for the control of noncommunicable diseases including oral health and integrated eye care; strengthening health emergency preparedness and response, building on the lessons learnt from COVID-19; monitoring regionwide progress on UHC and the health-related SDGs; the road to achieving the 2023 UN High-Level Meeting targets towards ending TB; accelerating the elimination of cervical cancer; and achieving UHC, SDGs and health security through comprehensive PHC. The Committee also reviewed reports on progress in the implementation of many of its past resolutions.

The Ministerial Roundtable featured a discussion by the honourable health ministers on ‘Addressing mental health through primary care and community engagement’. The Committee adopted the Paro Declaration on universal access to people-centred mental health care and services.
WHO
Regional Committee for South-East Asia

Report of the Seventy-fifth Session
Paro, Bhutan, 5–9 September 2022
WHO Regional Committee for South-East Asia – Report of the Seventy-fifth Session

SEA/RC75/23

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vi WHO Regional Committee for South-East Asia
Introduction

1. The Seventy-fifth Session of the WHO Regional Committee for South-East Asia was held in Paro, in the Kingdom of Bhutan, on 5–9 September 2022. It was attended by delegates of all Member States of the Region except for the Union of Myanmar; and by representatives of 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. This was the first Regional Committee Session to be held in a face-to-face format since the Seventy-second session in New Delhi, India. On account of the COVID-19 pandemic, the Seventy-third session was conducted virtually in 2020 with Thailand as the host, and the Seventy-fourth session was held virtually in 2021 with Nepal as the host.

3. The honourable Prime Minister of Bhutan, His Excellency Lyonchhen Dr Lotay Tshering, delivered the keynote address at the inaugural plenary, welcoming the delegates to the Kingdom of Bhutan and enumerating the public health responses in Bhutan over the past two years to combat the COVID-19 pandemic.

4. Her Excellency Dasho Lyonpo Dechen Wangmo, honourable Health Minister of the Royal Government of Bhutan, inaugurated the Seventy-fifth Session in her capacity as Chairperson of the Seventy-fourth session, and welcomed the distinguished delegates, representatives and participants. She was also unanimously elected as the Chairperson of the Seventy-fifth Session by the Regional Committee. The Committee also unanimously elected His Excellency Mr Ahmed Naseem, Minister of Health of the Republic of Maldives, as the Vice-Chairperson of its Seventy-fifth Session.
5. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, addressed the distinguished delegates through video link from Geneva at the inaugural session and also delivered the keynote address.

6. A Resolutions Drafting Group was established, with at least one representative of each Member State attending, to assist the Regional Committee in drafting resolutions and decisions. The Resolutions Drafting Group unanimously appointed Mr Kinga Jamphel, Director, Ministry of Health, Royal Government of Bhutan, as its Chair, and Mr Govind Jaiswal, Director, Ministry of Health and Family Welfare, Government of India, as Rapporteur.

7. A Ministerial Roundtable was held on the subject "Addressing mental health through primary care and community engagement in the WHO South-East Asia Region". H.E. Dasho Lyonpo Dechen Wangmo chaired the Roundtable. Participating ministers from Member States presented their interventions and observations during the Roundtable discussions. Based on the deliberations at the Roundtable, the Committee adopted the Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services.

8. For the first time in two years, the Committee presented the Draft Report of its Seventy-fifth Session to the distinguished delegates at the final plenary session on the concluding day. The Draft Report was adopted by the Committee with some minor comments and observations.

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

**Resolutions**

- **Paro Declaration** by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services (SEA/RC75/R1).

- Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region (SEA/RC75/R2).

- Enhancing social participation in support of primary health care and universal health coverage (SEA/RC75/R3).

- Resolution of thanks (SEA/RC75/R4).
Decisions

- Building health systems resilience to climate change and extension of the Framework for Action on building health systems resilient to climate change in the WHO South-East Asia Region 2017–2022 till 2027 (SEA/RC75(1)).
- Proposed additional Agenda item for the 152nd Session of the WHO Executive Board (SEA/RC75(2)).
- Time and place of future Sessions of the Regional Committee (SEA/RC75(3)).

10. 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 2021.
11. The Seventy-fifth Session of the WHO Regional Committee for South-East Asia was held on 5–9 September 2022, with the Royal Government of Bhutan as the host. It was attended by delegates of all Member States of the Region, except for the Union of Myanmar; and by representatives of 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. Amid the ongoing COVID-19 pandemic, this was the first session of the Regional Committee to be held in a face-to-face format since the Seventy-second session in 2019.

His Excellency Lyonchhen Dr Lotay Tshering, Prime Minister of Bhutan, and the Regional Director jointly launch the book ‘The people’s pandemic: how the Himalayan Kingdom of Bhutan staged a world-class response to COVID-19’, a joint production of the WHO Country Office for Bhutan and Bhutan’s Ministry of Health.
12. The opening ceremony reflected the splendour of majestic religious rituals, held in the Paro College of Education, with a young student of the college acting as the master of ceremonies. The event began with a large ceremonial procession, which wended its way to the courtyard of the college, where the Chipdrel ceremony, first performed in 1831, was held. This auspicious ritual is performed to purify the venue and invoke the blessings of the local deity for the success of the Regional Committee Session.

13. This was followed by the energetic Tharadewa Chham dance to the beat of cymbals and drums, and closed with the Marchang ceremony, in which the honourable Prime Minister, His Excellency Lyonchhen Dr Lotay Tshering, was offered the symbolic elixir from the “ocean of churn” by the Governor of Paro Dzongkhag (district). The delegates then moved to the college auditorium for the inaugural session.

**Welcome address by the Officiating Health Secretary, Royal Government of Bhutan**

14. In his welcome address, Mr Pemba Wangchuk, Officiating Health Secretary, Ministry of Health, Royal Government of Bhutan, welcomed H.E. the Prime Minister of Bhutan saying his presence signified “higher hopes and inspirations”. Mr Wangchuk welcomed the Speaker of the National Assembly and the Leader of the Opposition, whose presence “marked the importance the Parliament of Bhutan gives to the health agenda in the overall development journey”.

*Mr Pemba Wangchuk, Officiating Health Secretary, Ministry of Health, Royal Government of Bhutan, welcomed the delegates to the Session*
15. Mr Pemba Wangchuk welcomed the delegates of Member States, representatives of the United Nations, nongovernmental organizations (NGOs) and non-State Actors to experience the “beautiful valley of Paro and the warmth of Bhutanese hearts”. He welcomed the Regional Director under whose dynamic leadership the “collaboration between WHO and Bhutan has been greatly strengthened”. He added that Bhutan could successfully mitigate the effects of the COVID-19 pandemic largely due to the “selfless leadership of His Majesty The King who forged a unified all-of-government and all-of-society response approach”.

16. Mr Wangchuk acknowledged and appreciated WHO’s stewardship in transforming Bhutan’s “health-care system through consistent support and continuous technical guidance”. He welcomed the presence of Ms Catharina Boehme, Chef de Cabinet at WHO headquarters, Geneva, representing the Director-General of WHO, and conveyed the sincere gratitude of the Bhutanese people to Dr Tedros for “leading WHO to greater heights”. Mr Wangchuk further acknowledged the support received for health sector development through bilateral and multilateral cooperation.

17. Mr Pemba Wangchuk expressed hope that the deliberations at the Seventy-fifth Session of the Regional Committee would address mental health issues and called for collective support and increased investment in mental health services. He said that “mental health is under-reported; it is elusive, it is complicated”. He reported that “Her Majesty The Queen of Bhutan is the Royal Patron for mental health in Bhutan”. He concluded by saying that Bhutan takes pride in hosting the Seventy-fifth Session of the Regional Committee.

[For the full text of the Officiating Health Secretary’s welcome address, see Annex 1]

Opening address by the Vice-Chairperson of the Seventy-fourth Regional Committee session

18. Her Excellency Dasho Lyonpo Dechen Wangmo, honourable Health Minister, welcomed the distinguished delegates in her capacity as the outgoing Vice-Chairperson of the Seventy-fourth Regional Committee session. She said Bhutan was honoured to host the Regional Committee meeting in the spiritual valley of Paro, home to the famous and holy Tiger’s Nest monastery. She conveyed the warm greetings of His Majesty The King, Her Majesty The Queen and the people of Bhutan.
19. It has been a difficult two-and-a-half years for the world and especially the health fraternity. The fact that this meeting is being held face-to-face is testimony to the collective perseverance of all. She cautioned that the battle was not yet over, and challenges continue, especially for health systems. These include shortage of human resources, difficulties in accessing essential medicines for routine health services, and managing the intricacies of securing the required therapeutics and diagnostics for COVID-19. In the past few months, there has been a new challenge; the uncertainty of monkeypox.

20. Her Excellency Dasho Lyonpo Wangmo said that COVID-19 has been far more than a health crisis. It has deepened social, health and economic inequalities in all countries. These widening gaps have slowed down the collective momentum in achieving the shared goals of universal health coverage and continue to threaten the health and economic gains made thus far. She emphasized that health is central to development. This meeting would give delegates a unique chance to rethink, redesign and rewrite strategies and interventions to accelerate and enhance equitable quality health services and systems for the South-East Asia Region.

21. The Region has advanced steadily in public health areas with a focus on the eight Flagship Priority Programmes of the Regional Director, and driven by a determination to sustain, accelerate and innovate state-of-the-art public health technology and interventions under the able guidance and leadership of the Regional Director, she said.

22. Although indicators such as infant mortality rate and maternal mortality ratio continue to improve across the Region, epidemics of tuberculosis (TB), malaria, hepatitis and other communicable diseases are often reported. Access to health services remains poor for many and noncommunicable diseases (NCDs) are on the rise. In addition, the Region is highly vulnerable to climate-related disasters. These issues and gaps merit deeper reflection to seek innovative, effective and sustainable solutions. H.E. Dasho Lyonpo Dechen Wangmo hoped that the Regional Committee would help to identify such solutions.

23. The health minister thanked everyone for their commitment to achieving better health. She thanked the honourable Prime Minister of Bhutan, H.E. Lyonchhen Dr Lotay Tshering, for his commitment to “leaving no one behind”. She hoped the delegates would have a memorable stay in the land of Gross National Happiness.

[For the full text of H.E. the Health Minister’s remarks, see Annex 2]
The Regional Director is joined by the honourable Prime Minister of Bhutan, the honourable ministers of health of Member States and other high dignitaries at a formal moment during the inauguration of the Session

Keynote address by His Excellency Lyonchhen Dr Lotay Tshering, honourable Prime Minister of the Royal Government of Bhutan

24. In his address at the inaugural session, the honourable Prime Minister of Bhutan, H.E. Lyonchhen Dr Lotay Tshering, called it an honour to welcome, on behalf of His Majesty the King, Her Majesty the Queen, the honourable Health Minister, and the Royal Government and people of the Kingdom of Bhutan, all the distinguished delegates and representatives to Paro.

25. He thanked the venerable representatives of the Central Monastic Body of Bhutan for performing the august rituals at the inaugural ceremony to herald an auspicious start to the Regional Committee Session.

26. As he took in the veritable surroundings and the solemn occasion, His Excellency pensively recollected that the same auspicious rituals of the morning were performed two years ago at the Paro International Airport when his Health Minister accompanied him to receive the first consignment of COVID-19 vaccines from India. From the first cohort of 20 vaccination centres in Paro district, the nation soon stepped up the drive to set up more than 1100 centres across the country in a short time, and achieved record milestones in COVID-19 immunization in the Region. The Prime Minister attributed this success to the blessings of the Gods and deities sought at the start of the vaccination drive.
27. He described the Regional Committee Session to be a timely beginning of a new phase of pandemic response and recovery. He called the Committee’s first physical session in more than two years a “reunion of the family of the Region’s health fraternity comprising individuals who share similar dreams of improving the health and well-being of the people.” Calling the distinguished assemblage a team filled with “passion to get the job done”, H.E. Dr Tshering said the timing was propitious as the pandemic, though not over, appears to be receding and “we can see the light burning at the end of the tunnel”.

28. “We are at the receding end of the pandemic and looking to a new start. As we remember the precious lives the world lost during the pandemic, we now owe it to them to work harder hereafter,” His Excellency the Prime Minister stated with solemnity.

29. First, he said he wanted to thank the World Health Organization, and the leadership of Dr Tedros Adhanom Ghebreyesus, Director-General, for “showing us the way to walk the uncharted path of the pandemic”. He then expressed “particular gratitude” to Dr Poonam Khetrapal Singh, Regional Director, and her team for their unconditional support that went beyond expectations in Bhutan’s response to and recovery from the pandemic. Further, he recalled with appreciation the support and collaboration of his “good friend” Dr Rui Paulo de Jesus, WHO Representative to Bhutan, and his team for “working beyond official mandates to provide excellent health services under the guidance of the Regional Director”. “WHO’s timely intervention has helped save millions of lives across the planet. You have lived up to every word and spirit of WHO’s founding principles,” the Prime Minister stated.
30. Earlier during the programme, Dr Tshering and Dr Poonam Singh had jointly launched the book *The people's pandemic: how the Himalayan Kingdom of Bhutan staged a world-class response to COVID-19* (a joint production by the WHO Country Office and the Ministry of Health). The Prime Minister recalled the launch and said the book encapsulates the diligent response of the Kingdom of Bhutan to the COVID-19 pandemic under the selfless and compassionate leadership of His Majesty the Fifth Druk Gyalpo. “As we launched the book, for which I was happy to engage in a long discussion with the author, it reminded me of the pandemic journey we embarked on. I am glad that the book captures the finer details that will inform our future generations how Bhutan fought this unique battle,” he said.

31. The honourable Prime Minister then elaborated on an inspirational recollection of Bhutan’s response to the COVID-19 pandemic since the detection of the very first case in the Himalayan nation. The first COVID-19-positive case in the Kingdom was detected on 5 March 2020. The sample was tested thrice to leave no room for doubt. A COVID-19 Task Force was set up immediately with the Prime Minister and the Health Minister at the helm. When the Task Force sat for its first meeting that evening, the Prime Minister recalled with great admiration that “His Majesty The King walked in to offer his guidance”. Health officials were at work through the night to set up the protocols and trace all 90 primary contacts of the first case that tested positive. On the morning of 6 March 2020, His Majesty announced a comprehensive lockdown of three districts – Paro, Thimphu and Punakha – that had been visited by the positive patient, a tourist, and his contacts.

32. The most stringent and unflinching of COVID-19 protocols “unmatched anywhere else in the world” were followed by Bhutan under His Majesty’s guidance. The Royal Command to the Health Ministry was precise: “the life of every Bhutanese living in and outside of Bhutan had to be protected”. “We claim to be health experts, but our King gave us the best of public health guidance. I guess it is the care, concern and compassion for his people that pushed him to know the subject like an expert. I have lost count of the travels my King made across the country to monitor, work together and boost the morale of our frontline workers. To lead by example, His Majesty himself followed every COVID-19 protocol that was in place.”

33. Bhutan followed a three-week State-sponsored facility quarantine for international travellers (during the peak of the Delta outbreak), which was gradually reduced to 14 days and then five days during the Omicron waves. Currently, it is enforcing the “self-test and go” method for arrivals into the country.

34. His Excellency also enumerated how under the guidance of His Majesty, Bhutan took the opportunity to use the pandemic response as a “reset button”. “We
put all resources together not only to withstand the pandemic but also to ensure delivery of routine health services.” During major health crises there is a chance of routine services falling through the cracks. Special emphasis was placed on routine immunization, maternal and child health services, cancer and surveillance for noncommunicable diseases (NCDs). Besides sustaining the human papillomavirus (HPV) vaccine for girls, for the first time Bhutan rolled out HPV vaccines for boys amid the pandemic. In places where hospitals were under lockdown, doctors went to villages and homes in a herculean effort to bring health services to the doorstep of the people, he said.

35. Hundreds of volunteers were trained as basic health responders to fill in as paramedics and offer other emergency services. This was possible through the Royal initiative called “Desuung”. The “Desuups” are the social footsoldiers in this scheme “who are still in action, safeguarding the country and taking part in numerous nation-building programmes”.

36. The impact of COVID-19 on health had implications for the economy and also had a humanitarian fallout. Lockdowns affected livelihood. His Majesty introduced a relief fund amounting to more than 15% of the country’s GDP. This was His Majesty’s “kidu”, a term used to describe the King’s benevolent generosity and magnanimous largesse, to the people of Bhutan. Thousands of individuals and businesses continue to receive the support today.

37. The Prime Minister recalled other, and sometimes hidden, aspects of the pandemic that too had an indelible impact on the people. “When people remained indoors because of the COVID-19-related restrictions, they were locked in with their problems, be it livelihood, mental instability, alcohol withdrawal or abuse, or domestic violence.” It is here that Her Majesty Gyaltsuen Jetsun Pema Wangchuk led by personal example to reach out to everyone who needed psychosocial support, he reiterated. Her Majesty ensured that supplies of the simplest but most essential items, such as contraceptives and medicines, as well as counselling services reached homes, and guided that call centres be set up to ensure that help was both manifold and at hand, he added.

38. “It takes a noble heart with an empathy beyond normal to pay attention to such details on the ground. Her Majesty’s compassionate gestures will have a lasting imprint on the mental health and well-being profile of our people.” All this led to the creation of the Pema Centre, roughly translated as “lotus born”, which is an apex agency for mental well-being that was envisioned by Her Majesty and will become a centre of excellence for wholesome mental health care and services, he said.
39. The Prime Minister lauded the proposed Paro Declaration on people-centred mental health care and services that will be adopted at the Ministerial Roundtable. “This will give us the platform and confidence to tackle mental health issues in the Region together,” he observed. The Declaration envisages a knowledge hub for capacity-building for mental health in the Region, and the Pema Centre can be an ideal candidate for the same, he enunciated.

40. Sharing a farsighted perspective, the Prime Minister said the innate nomenclature of “SARS-CoV-2” indicates that there remains a veritable threat of a third or fourth strain of the virus emerging in the future. “There have been enough lessons for us to know that we must invest more in health. Our health system must be more resilient and accessible, and there should be collective actions in the area of science and technology to maximize results.”

41. Drawing inspiration from His Majesty’s call for an overhaul of the system post-pandemic, the Prime Minister observed that with the path henceforth being literally new for the country, Bhutan is undergoing historic reform in all public sectors. “While the health sector itself is bound for this reform, the health of our people is a critical ingredient to make all reform initiatives a success. This is where the relevance of the Regional Committee Session as a means to improving health-care services is heightened,” he said.

42. H.E. the Prime Minister concluded by wishing all delegates a very successful meeting and hoped that the outcomes would herald greater peace, well-being and prosperity in the Region and, ultimately, the world.

[For the full text of His Excellency the Prime Minister’s address, see Annex 3]
Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

43. Addressing the inaugural session of the Seventy-fifth Regional Committee virtually from Geneva, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, thanked His Majesty the Fifth Druk Gyalpo, The King of Bhutan, and the Royal Government and people of Bhutan, for their hospitality in hosting the Regional Committee Session. He also had a particular word of thanks for Her Excellency Dasho Lyonpo Dechen Wangmo, Health Minister of the Royal Government of Bhutan, for “her patient and skilled leadership as President of the Seventy-fourth World Health Assembly in May 2021 during the peak of the COVID-19 pandemic”. He also congratulated the Regional Director, Dr Poonam Khetrapal Singh, whom he addressed as “my dear sister Poonam”, for the tangible public health successes WHO has achieved in the Region.

44. Dr Tedros expressed relief at the significant decline in the number of cases and deaths in the South-East Asia Region in the early months of 2022 after the devastating surge of COVID-19 in the summer of 2021. He commended the Royal Government of Bhutan and the Health Minister for their leadership of the pandemic response. “With just 21 reported deaths, Bhutan has one of the lowest mortality rates in the world.”

45. Dr Tedros also expressed delight that for the first time in three years, delegates were able to meet face-to-face. He, however, regretted that he could not attend the session personally. He added that “the fact that you are able to meet in person is testament to your hard work in saving lives from the pandemic”.

46. The number of reported deaths from COVID-19 in the South-East (SE) Asia Region are at their lowest since the pandemic began. However, Dr Tedros reiterated that “as much as we all wish it were, the pandemic is not yet over. The virus is still circulating, and still changing.”

47. The Director-General observed that it is heartening to note that a very high proportion of the Region’s health workers are vaccinated. At the same time, a quarter of the Region’s population, including a quarter of the total number of the elderly, remain unvaccinated. This vaccination gap continues to pose a risk to the Region’s health systems, economies and societies. He urged all Member States to commit to vaccinating all health workers and all people aged over 60 years, as a matter of the highest priority, on the way to reaching the overall target of 70%
vaccine coverage. “This is the best way to save lives and drive a truly sustainable recovery,” he said.

48. Dr Tedros referred to the significant disruption to essential health services that the pandemic has wrought in many Member States. The latest WHO Pulse Survey shows that more than half of the essential services continue to be disrupted across the Region. Restoring these services as quickly as possible is essential for recovery, and for driving progress towards the health targets of the Sustainable Development Goals (SDGs).

49. The Director-General thanked all Member States of the South-East Asia Region for their support for his re-election at this year’s World Health Assembly, following which he officially assumed charge of his second term from mid-August 2022.

50. He enumerated the many achievements to be proud of in the Region, and drew attention to the many challenges that persist. “If the pandemic has taught us anything, it has taught us that health is the most precious commodity on earth; a commodity that must be cherished, prized and fought for every day … not as a luxury for the privileged but as a fundamental human right.”

51. The Director-General concluded by reassuring delegates that he remains “wholeheartedly committed” to ensuring that right “for all the people of the Region, and the people of our world”.

[For the full text of the Director-General’s opening remarks, see Annex 4]

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

52. The Regional Director, Dr Poonam Khetrapal Singh, welcomed the distinguished delegates to the Seventy-fifth Session of the Regional Committee. She said that it gave her great pleasure to be in Bhutan, as it was the first Regional Committee to be held in person after a gap of two years.

53. The Regional Director especially thanked Her Majesty the Queen of Bhutan, Gyaltsuen Jetsun Pema Wangchuck, for her visionary guidance. She thanked His Excellency the Prime Minister, Lyonchhen Dr Lotay Tshering, for gracing this occasion. She also thanked the honourable Minister of Health, Her Excellency Dasho Lyonpo Dechen Wangmo, for her warm welcome and inspiring words.
54. The Regional Director expressed her sincere gratitude to the Royal Government of Bhutan for hosting this Regional Committee meeting at a “defining moment in the history of public health”.

55. Dr Poonam Singh said that it was apparent that countries and communities are learning to live with COVID-19 and commended them for the tremendous resilience they have shown during this difficult time. She highlighted their achievements.

56. Bangladesh had fully restored routine immunization coverage by June 2020 and continues to maintain it, which is a remarkable and globally recognized achievement.

57. Bhutan has reached almost 90% coverage of the primary COVID-19 vaccine series and has also trained more than 20,000 frontline workers in psychological first aid.

58. The Democratic People’s Republic of Korea (DPR Korea) has continued to strengthen surveillance for influenza-like illness and severe acute respiratory infections.

59. India has mobilized its accredited social health activists (ASHAs) to participate in the world’s largest vaccination drive against COVID-19. By mid-July 2021, more than 2 billion doses had been administered – “a historic achievement”.

The Regional Director delivering the inaugural address
60. Indonesia became the first country globally to start production of the novel oral polio vaccine Type 2. This vaccine is being used extensively in several countries to control outbreaks of Type 2 vaccine-derived polio virus.

61. Maldives became one of the first countries of the Region to complete a post-introduction evaluation of the COVID-19 vaccine jointly with the HPV vaccine, which is now part of the routine vaccination schedule for girls 10 years of age.

62. Noting that Nepal is implementing a new National Strategic Plan for TB, Dr Poonam Singh described this as “a commendable show of commitment and intent”.

63. Sri Lanka has become the first country of the Region to develop a National Strategic Plan to reach the global targets for cervical cancer elimination by 2030.

64. Thailand has reached the second highest level in the WHO classification of national regulatory systems for vaccines.

65. Timor-Leste has finalized an essential services package for primary care so that all Timorese could have access to the “right care in the community”.

66. Dr Poonam Singh commended the ministries of health and government health agencies in Bhutan and India and an NGO in Indonesia for being nominated for the 2022 UN NCD Taskforce and WHO Special Programme on Primary Health Care Awards, which will be announced later in September at the United Nations General Assembly in New York.

67. Dr Poonam Singh congratulated the delegates and commended them on the outstanding resilience and solidarity that they showed throughout the COVID-19 response. “This must continue to define how we as a Region prepare for, prevent, respond to, and recover from acute public health events”.

68. The Region has also been preparing for and responding to a new public health emergency of international concern – the multicountry outbreak of monkeypox. “In public health we can never relax,” Dr Poonam Singh said, cautioning that these and other health emergencies and the broader health, social and economic recovery would have to be dealt with amid a global economic downturn that will reduce global growth from 5.7% in 2021 to 2.9% in 2022, as predicted by the World Bank.
69. Dr Poonam Singh stated that this first in-person Regional Committee since the beginning of the COVID-19 pandemic gave cause for both optimism and concern: “How we as a Region choose to recover from the COVID-19 crisis will determine how we protect our many public health achievements, from maintaining our polio-free status, to continuing to eliminate neglected tropical diseases (NTDs) and other diseases on the verge of elimination, be it lymphatic filariasis, kala-azar, trachoma or malaria.”
70. Dr Poonam Singh stated that recovery from COVID-19 would determine if and how the Region sustains and accelerates progress towards the eight Regional Flagship Priorities, the Triple Billion targets of the Thirteenth General Programme of Work (GPW13) of WHO and the health-related Sustainable Development Goals (SDGs). All these depend on hastening progress towards universal health coverage (UHC), with a focus on reorienting health systems towards strong primary health care. It will also determine the level of preparedness and resilience with which the Region faces the next public health crisis.

71. The Regional Director called it “a privilege” to be in Bhutan, a country “that has pioneered Gross National Happiness and that has for decades championed accessible, affordable and quality primary health care, not just for health, but for overall social and economic development”.

72. She welcomed Bhutan’s leadership at this Regional Committee to highlight the need to promote and protect mental health, and to ensure that mental health services reach all those in need, closer to where they live, without financial hardship.

73. Dr Poonam Singh thanked the delegates and wished the Seventy-fifth Session of the Regional Committee all success in achieving “a South-East Asia Region that continues to ‘build back better’, more equitable and resilient health systems, together”.

[For the full text of the Regional Director’s opening remarks, see Annex 5]

Vote of thanks by the Governor of Paro dzongkhag

74. Dasho Karma Thinley, Governor of Paro dzongkhag (district), Royal Government of Bhutan, proposed the vote of thanks on behalf of the host government. He expressed his gratitude to His Excellency Lyonchhen Dr Lotay Tshering, Prime Minister of Bhutan, for providing “reassuring and inspirational leadership”. He also thanked the WHO Director-General, Regional Director, Ministerial representatives and delegates from Member States attending the Seventy-fifth Session of the Regional Committee for their participation and contributions.
3

Business session

Opening of the Session (Agenda item 1)

75. The Business session of the Seventy-fifth Session of the WHO Regional Committee for South-East Asia, the first face-to-face session of the Regional Committee to be held since the COVID-19 pandemic struck in 2020, began with a welcome address by Her Excellency Dasho Lyonpo Dechen Wangmo, honourable Health Minister of the Royal Government of Bhutan. Her Excellency the Health Minister formally opened the Regional Committee Session in her capacity as outgoing Vice-Chairperson of the Seventy-fourth session held virtually from Kathmandu, Nepal, in September 2021.

76. H.E. Dasho Lyonpo Dechen Wangmo extended a warm welcome to the delegates to the face-to-face session after a long gap of three years. She congratulated Dr Tedros for his admirable leadership throughout his first term and welcomed him into his second term that commenced in August 2022. She expressed unequivocal appreciation for the Regional Director Dr Poonam Singh for her outstanding stewardship of the Organization during the pandemic and beyond.

77. The Regional Committee is an annual Governing Body meeting of the Region that allows Member States to raise and address important public health issues concerning the Region. She mentioned that the enhanced collaboration achieved through such a high-level forum will support Member States to respond to public health challenges in a more effective and collaborative manner. The recommendations of the High-Level Preparatory Meeting and the Fifteenth Meeting of the Subcommittee on Policy and Programme Development and Management held virtually in New Delhi in July 2022 will help chart the roadmap for decision-making by the Regional Committee, she said.
78. Her Excellency thanked Dr Poonam Khetrapal Singh, Regional Director of WHO South-East Asia, for her “excellent leadership and continuous support to Member States”. Her eight Regional Flagship Priority Programmes have achieved commendable success and enabled progress on health across the Region. The Regional One Voice statements by Member States of the Region at the Seventy-fifth World Health Assembly in Geneva in May 2022 reflected the high degree of solidarity among the delegates that has been ushered in under her leadership, she added.

79. The Committee then elected its Officebearers for its Seventy-fifth Session.

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

80. Her Excellency Dasho Lyonpo Dechen Wangmo, honourable Minister of Health, Royal Government of Bhutan, was unanimously elected Chairperson of the Seventy-fifth Session by the Regional Committee, following a proposal by Her Excellency Dr Odete Maria Freitas Belo, Minister of Health, Government of the Democratic Republic of Timor-Leste. This proposal was seconded by Her Excellency Dr Bharati Pravin Pawar, Union Minister of State for Health, Ministry of Health and Family Welfare, Government of India.

![Her Excellency Dasho Lyonpo Dechen Wangmo, Minister of Health of Bhutan, chaired the Session](image)
81. His Excellency Mr Ahmed Naseem, Minister of Health, Government of the Republic of Maldives, was elected Vice-Chairperson following the unanimous acceptance of a proposal to this effect by His Excellency Dr Keheliya Rambukwella, Minister of Health, Government of the Democratic Socialist Republic of Sri Lanka. This proposal was seconded by His Excellency Mr Sathit Pitutecha, Deputy Minister of Public Health, Royal Thai Government.

82. The Chair and Vice-Chair thanked the distinguished delegates for their election to key positions for the Session. The Chair assumed her office with a word of welcome to all the distinguished and honourable delegates and representatives, thanked them for their trust, and looked forward to “working with them to strengthen the agenda for health in the spirit of collaboration”. She expressed the hope that they would be able to transact the Session’s business and complete the agenda in a constructive manner.

83. The Committee then instituted a Resolutions Drafting Group with at least one representative from each Member State attending, to assist the Regional Committee in drafting resolutions and decisions. It was observed that the High-Level Preparatory (HLP) Meeting of the Regional Committee held virtually in New Delhi in July 2022 had formed a Working Group for the identification of regional resolutions and decisions for deliberations by the Regional Committee. The Resolutions Drafting Group would continue the work of the HLP Meeting in the finalization of the resolutions and decisions to be promulgated by the Regional Committee.
84. Her Excellency proposed the names of 10 members of the Working Group. The proposal was unanimously accepted by the Committee. She informed the plenary that the Chairperson and Rapporteur would be elected by the Resolutions Drafting Group.

85. The members of the Resolutions Drafting Group were as follows: (1) Mr Khandokar Zakir Hossain, Deputy Secretary, Health Services Division, Ministry of Health and Family Welfare, Bangladesh; (2) Mr Kinga Jamphel, Director, Ministry of Health, Bhutan; (3) Mr Kim Myong Chol, First Secretary, Embassy of the Democratic People's Republic of Korea to India; (4) Mr Govind Jaiswal, Director, Ministry of Health and Family Welfare, India; (5) Dr Dwi Puspasari, Member, Centre for Global Health and Technology, Ministry of Health, Indonesia; (6) Ms Aishath Rishmee, Director, Ministry of Health, Maldives; (7) Dr Sangeeta Kaushal Mishra, Additional Health Secretary, Ministry of Health and Population, Nepal; (8) Dr A.G. Ludowyke, Acting Director for International Health, Ministry of Health, Sri Lanka; (9) Dr Walaiporn Patcharanarumol, Director, Global Health Division, Office of the Permanent Secretary, Ministry of Public Health, Thailand; and (10) Mr Narciso Fernandes, Director of Health Policy, Planning and Cooperation, Ministry of Health, Timor-Leste.

86. The Resolutions Drafting Group then unanimously elected Mr Kinga Jamphel, Director, Ministry of Health, Royal Government of Bhutan, as its Chair, and Mr Govind Jaiswal, Director, Ministry of Health and Family Welfare, Government of India, as the Rapporteur.

Credentials of Representatives (Agenda item 3)

87. Her Excellency Dasho Lyonpo Dechen Wangmo, Minister of Health of the Royal Government of Bhutan, informed that she had, in her capacity as Vice-Chairperson of the Seventy-fourth session of the Regional Committee, examined the validity of the Credentials of Representatives, including alternates and advisers, from all participating Member States of the Region. The credentials of the participating Member States were found to be in order.

88. The Regional Committee then duly recognized the validity of all credentials. The Committee accepted the Credentials of Representatives from participating Member States for the Seventy-fifth Session as valid.
Adoption of the Agenda (Agenda item 4, SEA/RC75/1)

89. The Director of Administration and Finance at the Regional Office, Mr Robert Chelminski, read out the Agenda to the delegates item by item. The Committee unanimously adopted the Agenda for its Seventy-fifth Session (see Annex 9).

90. The Chairperson and the Secretariat 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” in promoting physical activity at its meetings.

91. A morning physical activity session organized by the Royal Government of Bhutan was announced, which involved invigorating walks in the pristine mountain air of Paro and all delegates were invited to participate. 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 healthy practice that was pioneered by the Regional Director of the South-East Asia Region among all WHO regions and followed over the past several sessions to promote “healthy meetings”. Delegates were invited to stretch themselves during these exciting sessions to break the unhealthy monotony of the seated posture. Promotional videos on reinvigorating exercises to the accompaniment of music were played by the Secretariat at the plenary venue for the delegates to follow.

The Regional Director leading the delegates at one of the ‘healthy breaks’ that punctuated the Session
Key addresses and report on the Work of WHO (Agenda item 5)

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 2021 (Agenda item 5.1, SEA/RC75/2)

92. Introducing her Annual Report on the Work of WHO in the South-East Asia Region for the period 1 January to 31 December 2021, the Regional Director Dr Poonam Khetrapal Singh stated that after every financial crisis, natural disaster and civil war, and now in the context of the COVID-19 pandemic, it is always observed that “we must build back better”.

93. The Regional Director invited the distinguished delegates to “look beyond the slogans and recurrent themes that have emerged and ask: what does ‘building back better’ after a global pandemic really mean?” “How has COVID-19 changed the political and economic context for health across the Region? How has it changed the way people live and work? How has it changed the choices that ministries of finance in Member States have to make about the way health is funded by governments?”

94. The Regional Director also underscored another important question that must not be forgotten, “what positive lessons can we glean from the experience of the past two-and-a-half years?”

95. Seeking to provide the answers to these very consequential questions, the Regional Director at the outset emphasized the “most important fact” about the COVID-19 pandemic – that it is not over. While WHO and nations are preparing for the future, the present is still with them. There are emergent variants that evade immunity and can transmit more easily, and therefore can still prove catastrophic. “We have to keep up our guard,” she affirmed, even though WHO and the world “has come a long way” since the first outbreak.

96. Dr Poonam Singh outlined the situation in the Region with regard to the COVID-19 impact on different sectors and vaccination updates. Three billion doses of the COVID-19 vaccine have been administered across the Region to eligible recipients, and about 1.5 billion people have received both doses. Four countries have already achieved the targeted coverage of 70% of the eligible population by mid-2022. Five more are on track to do so. Social and economic life has in many places returned to what it was like before the pandemic. Children are back at school. Offices and markets are open. Industry is back in business, and tourism has started taking off as many Member States open up.
97. “This is all good news, but this is not the time to ignore the needs of the many millions who still remain unprotected,” she said. “By now [mid-2022] everyone should have access to tests, treatments and vaccines and every country should have the capacity to carry out laboratory and genomic surveillance. But they do not. We still have much to do to enhance emergency preparedness and strengthen overall community and health systems resilience.”

98. The fast-spreading monkeypox outbreak in the summer of 2022 is a reminder, if at all needed, that public health emergencies respect no timetable and can take many forms, she told the delegates. “COVID-19 has changed many things, but our North Star remains the same – building equitable and resilient health systems that provide universal coverage and financial protection,” she said, adding that “the route to these ideals has become more difficult.”

99. Health is doubtlessly critical to pandemic recovery. Strategic and long-term thinking is necessary, but equally important is the need to act quickly if the place of peoples’ health and well-being has to be secured among what will be fiercely competing interests. She said her Annual Report provides many examples of what can be achieved, and the reports from countries also leave room to be optimistic.
100. The link between health and the economy has been conspicuously highlighted by the pandemic. It is now time to recognize the full magnitude and complexity of the economic challenges facing governments across the Region and around the world. “It is our job to argue for increasing health spending as a good in its own right and as a priority on the route to recovery. But our colleagues in ministries of planning and financing face tough choices,” she added.
101. She observed that war in Europe and heightened food insecurity have led to soaring food and fuel costs, increasing consumer prices. This has made controlling the pandemic more difficult and has added fuel to the fire of economic distress. Across the Region, job recovery rates have been highly uneven. Delayed recovery and the removal of social safety nets makes it harder for families to cope. This means forgone health care, reduced food consumption, sale of assets and loans at high interest. All this will compel large swaths of the Region’s population to face substantial economic pain despite improvements from the worst days of the COVID-19 crisis.

102. “Building back better” essentially represents the twin goals of addressing present priorities while seeking a safer and healthier future. In this context she enumerated two critical challenges for WHO: to anticipate and respond to near- and medium-term health threats, with a focus on addressing social and economic determinants, leaving no one behind; and identify and invest in the best means to prepare for and prevent similar crises in future, while at the same time accelerating towards the Region’s Flagship Priorities, the Triple Billion targets and the health-related SDGs.

103. For the first challenge, the Region’s Ministerial Declaration of 2021 – 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 – adopted in September 2021 is a roadmap. The way forward along this road is the new Regional Strategy for Primary Health Care (PHC) that aims to help all countries reorient health systems towards strong PHC. The Strategy is based on the values of universality, equity, solidarity and accountability, she informed, and is evidence-driven and aligned with the global operational framework for PHC.

104. The path to building strong PHC-oriented health systems must take account of each country’s unique social, economic, political and administrative context. And while the core values of PHC remain central to our cause, a convincing case for health investment has to be made.

105. The second major challenge, Dr Poonam Singh elaborated, is to prepare for and prevent future public health emergencies. The WHO South-East Asia Regional Strategic Roadmap on health security and health system resilience for emergencies is for tackling this challenge. It draws on and reflects the Region’s
long-standing focus on strengthening emergency risk management, a Flagship Priority. It is aligned with and builds on the 2019 Delhi Declaration on Emergency Preparedness and is fully compliant with the International Health Regulations (2005).

106. According to the Regional Director, if there is one lesson the world has learnt from the pandemic, it is that plans without political support and adequate investment do very little – and help to prolong the cycle of panic and neglect. Of critical importance to both pillars of the Region’s “build back better” vision is to strengthen human resources for health (HRH). On this, she said that the Region has "done well". Since 2015 the Region has increased the density of doctors, nurses and midwives by more than one fifth. Almost all countries have surpassed the original WHO threshold for nurses and midwives, and three have surpassed the revised threshold density of 44.5 doctors, nurses and midwives per 10 000 population. But all countries still need more people to work in health care as well as make smarter investments aligned with future health needs and changing health service requirements. With 70% of all health workers being women, gender-sensitive policies to attract and retain health-care personnel are especially needed.

107. “We are at a history-defining juncture. Over the past two-and-a-half years, the Region and the world have witnessed immense, transformative change – some good, some bad, and some with as-yet-unknown consequences. We must now leverage those trends that will accelerate our mission, driving rapid and sustained progress towards UHC, health security and Health for All in the months, years and decades ahead,” the Regional Director said, enumerating those changes.

108. First, public health and well-being must continue to be a core fiscal and policy priority. Although nine out of 10 countries increased domestic government expenditure on health by a factor of 2 or more between 2008 and 2018, in most, private spending per capita remains higher than public spending per capita. Just two countries allocate 10% or more of domestic government expenditure to health. Advocacy, made effective with reliable data, is essential to sustain spending on PHC.

109. Second, the importance of public engagement and community empowerment for health is growing. Throughout the COVID-19 response, decision-makers and influencers have underscored the value of working alongside communities to inform, engage and empower. That momentum must be harnessed to strengthen emergency preparedness and response, and to increase participation and empowerment across all areas of health.
110. Third, throughout the COVID-19 response, inadequate housing and insufficient access to clean and safe water facilitated viral spread. Exposure to ambient and indoor air pollution negatively impacts clinical outcomes.

111. Between 2030 and 2050, climate change is expected to cause an additional 250 000 deaths per year globally from an array of climate-sensitive hazards such as malnutrition, malaria, diarrhoea and heat stress. The Region strives to be one in which clean air, water and food are available to all, where economies promote physical and mental health and well-being, where cities are livable, and where people have greater control over their health and the health of the planet. “These issues are not optional extras but are those that will determine our people’s health,” Dr Poonam Singh said.

112. Fourth, the collateral damage caused by the pandemic has shown beyond any doubt that where inequities exist, a crisis makes them worse, across a wide socioeconomic gamut such as from wage labourers to women suffering domestic violence.

113. “We have to identify the vulnerable and excluded. Better information systems are necessary but not sufficient. We need to harness all the means at our disposal – health systems, policies and programmes – to break down the barriers
to good health,” the Regional Director observed. Vaccine hesitancy has shown us the importance of understanding the complex factors that influence demand, and the power of bad actors on social and other media to disrupt it. WHO and Member States must continually look out for those who are missing out and why?

114. Strong, inclusive, sustainable and well-coordinated partnerships will continue to be critical to WHO’s work, and to the Region’s overall efforts to strengthen the COVID-19 response, build health system resilience, and reorient health systems towards strong primary health care, she said. The WHO-led UHC Partnership, a platform for international cooperation on UHC and PHC, is a good example of how this should be done by reinforcing national leadership and capacity.

115. “We need a unified, cohesive approach aligned with national priorities and plans, and which provides countries flexible yet predictable support. In 2019 when we launched the ‘Sustain. Accelerate. Innovate’ vision to complement the updated Flagship Priorities, we could not have anticipated a crisis of the magnitude of COVID-19,” Dr Poonam Singh said. “But amid the first hopeful-yet-uncertain glimmerings of the recovery, that vision remains very much central to how we as a Region see our future and define our priorities.”

116. “Towards that goal, let our vision be clear, our partnership productive, and our progress swift and sustained, for a healthier, more equitable, sustainable, and health-secure South-East Asia Region and the world,” the Regional Director said in conclusion.

[For the full text of the Regional Director’s Introduction on the Work of WHO in the SE Asia Region in 2021, see Annex 6]

Keynote address by the WHO Director-General (Agenda item 5.2)

117. The Director-General, Dr Tedros Adhanom Ghebreyesus, addressing the session live from Geneva virtually, highlighted the complex and diverse range of challenges faced by all Member States of the Region. These challenges also reflect the five priorities that he had outlined in his address to the World Health Assembly three months ago. These were: promoting health; providing health; protecting health; powering health; and performing and partnering for health. He then discussed each one briefly.
118. First, promoting health means realizing that “our vision for the highest attainable standard of health starts not in the clinic or the hospital, but in schools, streets, supermarkets, households and cities”.

119. Much of the work done by ministries of health is dealing with the consequences of poor diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health. He requested all Member States to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes and creating the conditions for health to thrive. This is especially true for addressing the burden of NCDs.

120. Dr Tedros said that this meeting would be considering an Action Plan for Oral Health in South-East Asia and a Draft Regional Action Plan for integrated people-centred eye care. The success of both these will depend largely on the ability to work with colleagues across government to address the drivers of poor oral and eye health.

121. The second priority, Dr Tedros stated, is providing health by reorienting health systems towards primary health care as the foundation of universal health coverage. Ninety per cent of essential health services can be delivered at the primary health care level.
122. Although service coverage in the Region has improved significantly since 2010, the challenge remains to ensure that services are available to the poorest, most marginalized and hardest-to-reach groups. Only then would it be universal health coverage.

123. The Director-General urged all Member States to address the significant barriers to financial protection that many people continue to face, with unacceptably high levels of catastrophic and impoverishing health spending. This must be complemented by attention to disease-specific programmes. Accelerating progress towards the SDG target on TB, as well as the elimination of cervical cancer, are both on the agenda this week.

124. The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience. The global monkeypox outbreak is yet more evidence that the world’s collective failure to address neglected diseases in neglected communities puts the entire world at risk.

125. Dr Tedros informed the meeting that Member States are now negotiating a new international accord or treaty on pandemic preparedness and response and, at its last meeting, the International Negotiating Body agreed that this instrument
would be legally binding. He urged all Member States of the South-East Asia Region to engage actively in this process.

126. Dr Tedros also welcomed the Regional Strategic Roadmap on health security and health system resilience for emergencies (2023–2027), as well as the Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance (2023–2027), both of which will strengthen health security. He especially thanked Indonesia for its leadership in making health emergency preparedness and response as part of its G20 Presidency.

127. The fourth priority, Dr Tedros stated, is powering health, by harnessing science, research, innovation, data and digital technologies. Advances in science are pushing back boundaries.

128. The fifth priority is performing and partnering for health, by building a stronger WHO that delivers results, and is reinforced to play its leading role. The pandemic has demonstrated not only why the world needs WHO, but why the world needs a stronger, empowered and sustainably financed WHO.

129. The Director-General thanked all Member States for the historic commitment made at this year’s World Health Assembly to gradually increase Assessed Contributions to 50% of the Base Budget over the next decade. This commitment will transform the Secretariat’s ability to deliver results where it matters most – in the lives of the people.

130. Dr Tedros emphasized that maintaining momentum is vital, as the first step towards sustainability comes with the proposed 20% increase in Assessed Contributions in the 2024–2025 budget.

131. Major improvements in effectiveness and efficiency have already been made through the transformation journey ongoing over the past five years. The focus in the coming years is to significantly strengthen the country offices to support greater country capacity and greater country ownership – especially by strengthening the health workforce of every Member State.

132. The Director-General pointed out that ultimately, “our work is not about roadmaps, action plans, strategies and agenda items. Our work is about people – and particularly the people who are poorest; the people who are most marginalized; the people who are furthest behind.”

[For the full text of the Director-General’s keynote address, see Annex 7]
In their respective interventions, all Member States congratulated the Director-General, Dr Tedros Adhanom Ghebreyesus, on his re-election for the second term at the World Health Assembly held in May 2022. The Regional Director made a special mention of this achievement and all the delegates applauded and wished him a successful second term. All the Member States thanked Bhutan for hosting the Seventy-fifth Session of the Regional Committee and for its generous hospitality and excellent arrangements.

Member States expressed their appreciation for the Regional Director's Annual Report that reflected her visionary and exemplary leadership not only at the regional level but also at the global level. Member States unequivocally praised Dr Poonam Khetrapal Singh’s continued support, particularly during the COVID-19 pandemic. All countries requested WHO for continued technical support for post-COVID prevention and rehabilitation efforts and for strengthening health systems. Her emphasis on “build back better” drew enthusiastic appreciation from across the countries.

Bangladesh thanked the Regional Director for her Report containing the remarkable progress and headway made so far in key areas such as COVID-19 vaccination coverage, post-COVID-19 health system reform, and the management of strains of monkeypox viruses circulating in the Region. It expressed its gratitude to WHO for the largest support of COVID-19 vaccines, which allowed it to
vaccinate more than 70% of its population with the second dose. Bangladesh believed that the Regional Office would take the lead in strong coordination and communication among countries to disseminate information required for the immediate actions to be taken in case of emerging and re-emerging diseases. It also requested the Regional Office to implement the comprehensive risk communication strategy and timely and transparent review of the situation.

136. Bangladesh reminded the Committee of the humanitarian needs of the 1 million displaced Myanmar nationals residing in Bangladesh, who need to be vaccinated and looked after. It requested WHO’s leadership and engagement at providing health services to this population and hoped that all Member States would extend their support in peaceful repatriation and sustainable return of these displaced persons. This would help to reduce social and health problems such as HIV, hepatitis C, among others.

137. Bhutan thanked the Regional Director for considering mental health as the topic for the Ministerial Roundtable, as it is a pressing concern across the Region. In this context, Bhutan considers itself blessed to have Her Majesty Gyaltsuen Jetsun Pema Wangchuck as the Royal Patron to take forward mental health initiatives in the country. This signifies that the highest levels of attention are accorded to address mental health issues as a pressing health concern. To realize this, an institution named the “Pema Centre” has been established to create awareness on mental health and to harmonize and consolidate all related interventions.
138. Bhutan also ensured that there was minimum disruption to health-care services during the pandemic. It holds the distinction of not losing a single health worker to the pandemic. The target population was vaccinated in the shortest possible time with help from multilateral and bilateral partners. To protect the most vulnerable members of society, Bhutan also established reverse isolation facilities to keep elders and those with comorbidities safe during the successive waves of high transmission.

139. DPR Korea mentioned the remarkable progress made in the area of public health in the country, notwithstanding the rise in the number of cases of communicable diseases over the recent past. The household doctor system is available at the PHC level. Telemedicine has now been extended to the ri (zonal) level, which is helping to increase the technical capacity of health workers.

140. As a priority, DPR Korea is focusing on bringing up healthy children. The country managed to control COVID-19 in 91 days, which was a tremendous achievement. The health budget had been increased exponentially to accommodate these measures. As different countries have different policies and needs, it suggested that WHO support each Member State according to its need.

141. India reiterated the point highlighted by DPR Korea that project selection by WHO should be done in consultation with the concerned Member State to ensure that the priorities of Member States are undertaken at the right time.

142. In the wake of the pandemic, India initiated digital interventions such as teleconsultation facilities for COVID and non-COVID services and launched e-Sanjeevani, a national telemedicine service operational across the country. It has provided more than 57 million consultations. India also developed an end-to-end vaccine management platform Co-WIN, a web portal for COVID-19 vaccine management. So far, more than 2 billion vaccines have been administered, covering 96% of the eligible population. The programme is also being offered as a digital public good to the world. India has supplied more than 164 million vaccines to 99 countries through the Vaccine Maitri initiative.

143. India proposed the creation of a platform for promoting skilled expertise within the Region, which can be a success story at the regional level. The country is willing to provide the required support to WHO in achieving UHC and the SDGs in the Region.
144. Indonesia observed that despite achievements, homework needs to be done. Indonesia is moving forward with its health system transformation initiative. First is primary care transformation. Second is secondary care transformation through the improvement of access and quality of secondary health care across the country. Third is transformation of health system resilience through strengthening of the emergency response. Fourth is health financing transformation. Fifth is transformation of human resources for health to improve the quantity and quality of Indonesia's health professionals. Sixth is health technology transformation that encompasses digital health and biotechnology.

145. Maldives highlighted some of the lessons learnt from the pandemic. One of the important lessons was that health is everyone's responsibility. Local communities play a critical role in health, and it is important to reach everyone. The immense power of the digital health system cannot be underestimated. Perhaps the most important change required is to reorient PHC closer to the people.

146. Maldives has also stepped up its pandemic preparedness and made a new plan. It has integrated NCDs in the new health plan. It highlighted its problem with climate change, which is predicted to get worse, in addition to the problem of huge amounts of plastic waste in the ocean.

147. Nepal welcomed the Regional Director’s Annual Report, which has “effectively captured the major achievements of the Region” while also highlighting
the collective challenges faced by the Region. Nepal appreciated the continued technical support received from WHO in responding to the COVID-19 pandemic, in strengthening health systems, and in accelerating the progress of targeted public health priorities.

148. During the pandemic, when many public health services were affected, Nepal made every effort to ensure the uninterrupted delivery of essential health services to the population. Despite the pandemic, Nepal was able to attain significant progress towards elimination targets for diseases such as measles–rubella and malaria; to achieve enhanced public health surveillance through a strengthened laboratory network and to bring in policy reforms through the development of key national strategies and action plans related to human resources for health, health financing and a multisectoral action plan on NCDs. Nepal was also one of the first countries of the Region to launch a national COVID-19 vaccination programme at the beginning of 2021.

149. Of the several important lessons learnt, Nepal highlighted the following three: (i) strengthening of the health systems must be an integral part of any emergency preparedness and response efforts; (ii) significant investment and work is required to make health systems resilient to multihazard public health emergencies; and (iii) continuity of essential health services during emergencies requires adoption of alternative service delivery networks and platforms, which must be developed and tested during the normal periods so that the system can function smoothly during emergencies.

150. Sri Lanka expressed unqualified appreciation for the Regional Director for her dedication to support the Flagship Priorities, which will lead the way forward. It reported on the lessons learnt during the COVID-19 pandemic: preparedness and health system resilience; strengthening surveillance and treatment of patients at home – the home-based care system in Sri Lanka is unique in the Region; UHC and financial protection; the need to react and act quickly to secure health; link between health and recovery of the economy; and care for health needs spending – planning and financing. Sri Lanka observed that controlling the pandemic is more difficult due to the economic collapse and appreciated the help received from the WHO Director-General, Regional Director and Member States. It noted that food inflation has reduced consumption and increased interest on loans, with people selling assets to procure food, which is a matter of concern.
151. Sri Lanka highlighted two critical challenges: health threats in ensuring that “no one is left behind”; and preparing for the future while accelerating the achievement of the Flagship Priorities. Sri Lanka welcomed the South-East Asia Regional Strategy for primary health care: 2022–2030, appreciating that the Strategy is driven by universality, equity, solidarity and accountability.

152. Sri Lanka stressed the need for plans to have political backing and adequate funding; strengthening human resources for health in the face of brain drain; make smarter investments and change health service requirements/priorities; advocate for using data for PHC; and address issues of climate change. It observed that crises worsen inequities and breaking down barriers to good health is the way forward for which partnership is critical.

153. Thailand thanked the Regional Director for her exceptional leadership and continued support to Member States in their active engagement in the process of the Intergovernmental Negotiating Body (INB), especially the key negotiations slated for 2023 and 2024, to safeguard regional concerns and interests. Thailand supported two recommendations made by the Regional Director: First, reorienting health systems towards PHC and second, preventing and preparing for future public health emergencies and pandemics. It reported that during the pandemic, WHO mobilized financial support from Japan, Australia and the European Union to boost its capacity for coping with COVID-19.
154. Thailand observed that the Regional Strategy for PHC will support Member States in strengthening people-centred PHC as well as in making health systems resilient and adaptive. PHC is the foundation for implementing UHC. The public health functions of PHC can support detection, prevention and response to small and large public health emergencies. On the flip side of catastrophic health spending, policy-makers cannot accept low catastrophic spending if caused by foregone care, especially by the poor who cannot afford such care. Thailand urged WHO to work with the UN Inter-agency Expert Group on the SDG indicator to consider inclusion of unmet needs into the SDG indicator.

155. COVID-19 has accelerated the need for a global “Pandemic Treaty”. This is currently “work in progress” through the INB established by Decision SSA2(5) of the World Health Assembly’s historic Special Session in Geneva in December 2021. Thailand thanked Member States of the Region for their support to the Royal Thai Government representing the Region in the INB Bureau. Thailand “strongly” expressed the wish that the pandemic treaty would be adopted by the World Health Assembly in 2024 as planned.

156. Thailand observed that the pandemic posed a double shock: a “health shock” and an “economic shock”. To end the acute phase of the pandemic, countries need to ramp up vaccination to cover 70% of their population with both doses by
mid-2022 – four Member States of the Region had reached this target by the date. Despite fiscal constraints due to the economic reversals and slowing down of GDP growth, Thailand is committed to continuing to prioritize finances for the health sector, sustain UHC, strengthen preparedness capacity, public health functions and PHC especially in urban areas. Thailand recently shared experiences on UHC and health systems development with senior officials from Bangladesh through WHO Country Office in Dhaka. Thailand recognized WHO’s important role in supporting collaboration across countries on UHC.

157. Timor-Leste strongly endorsed the Annual Report presented by the Regional Director, which it termed as “excellent, comprehensive and informative”. It appreciated the progress made over the past years in the WHO programmatic reform areas where priorities have been defined and addressed in a systematic, transparent and focused manner – both at the regional and country levels. Addressing new emerging diseases, communicable and noncommunicable diseases, mental health, NTDs, dental diseases, maternal and child health issues, road safety and water and sanitation concerns remain priority areas for Timor-Leste. It is also focusing on the needs of its ageing population and tertiary care through referrals abroad. The government has approved a comprehensive tobacco control law and the country has adopted the WHO package of essential services to combat major NCDs.

158. Timor-Leste remained in a “state of emergency” for almost two years due to COVID-19, which “killed more people, distressed more families, and destroyed more livelihoods than we can remember in our lifetimes”. The COVID-19 vaccine was in the process of integration into the national immunization programme. Timor-Leste recognized that despite progress a large number of people are still being “left behind” in terms of access to health care. It hoped that strengthening implementation of the Saude na Familia programme will assist in improving access to those who were “left behind”. Timor-Leste appreciated the support provided by the WHO Country Office to the Ministry of Health and especially the Regional Director, Dr Poonam Khetrapal Singh, in implementation of the programme.

159. At the end of the session, the Regional Director launched the book Sustain, Accelerate, Innovate, South-East Asia: Flagship Priority Programmes – driving impact in countries for the health of billions.
Stills from the Ministerial Roundtable on 'Addressing mental health through primary care and community engagement' during the Regional Committee. The honourable ministers made significant interventions and adopted the 'Paro Declaration on universal access to people-centred mental health care and services'.
Ministerial Roundtable (Agenda item 6)

Addressing mental health through primary care and community engagement in the WHO South-East Asia Region (Agenda item 6.1, SEA/RC75/3)

160. The Chair, Her Excellency Dasho Lyonpo Dechen Wangmo, Minister of Health, Royal Government of Bhutan, welcomed the delegates to the Roundtable and said that this was a unique opportunity for discussion and deliberations on mental health as this forum represented the highest decision-making body for health systems in the Region. She cited the World mental health report 2022: transforming mental health for all to reiterate that “there is no health without mental health”. She appreciated the Regional Director’s farsightedness in selecting this subject as the topic of the Roundtable discussion of ministers.

161. Her Excellency Dasho Lyonpo Wangmo welcomed the moderator, Dr Manuel Carballo, a well-known epidemiologist who is well versed in mental health issues. Dr Carballo is currently Executive Director of the International Centre for Migration, Health and Development, Vernier, Switzerland, and former member of the Faculty of the Mailman School of Public Health of Columbia University in New York, United States of America.

162. Dr Carballo said that much had been spoken about mental health for many years, but its importance is being realized only now. Calling mental health “an existential issue in an increasingly fragile world”, he said that mental and psychological well-being is fundamental to overall well-being and health. He drew attention to the Working Paper for this Ministerial Roundtable (SEA/RC75/3) that stresses the importance of a whole-of-government, whole-of-society approach, involving multiple stakeholders to address the determinants of and barriers to prevention, promotion and care programmes. The paper also makes a case for adequate investment in mental health. In this connection the need to think out of the box cannot be over-emphasized.

163. Dr Carballo then introduced the Guest Speaker, Professor Mohan Isaac, Clinical Professor of Psychiatry at the Faculty of Medical and Health Sciences, University of Western Australia, Perth, and currently in charge of the “Early Interventions in Psychosis” (EIP) Team at Fremantle Hospital, Fremantle, Australia. Professor Mohan has also served as the Professor and Head of the oldest and largest academic Department of Psychiatry in India at the National Institute of Mental Health and Neurosciences (NIMHANS), in Bengaluru, and has been
actively involved in the development and implementation of India’s National Mental Health Programme.

164. Professor Mohan said he was pleased that the Regional Committee had chosen mental health as the subject for its Ministerial Roundtable for the Seventy-fifth Session. He said that the pandemic had exposed painfully the inadequacy of our health, especially mental health, services. An analysis of the situation of mental health in the Region shows that “we have miles to go before we can sleep”. He appealed fervently for this to be translated to political commitment and proposed an increase in finances consistent with the gamut of mental health needs. “The burden of disease caused by mental health is about 13% and without funding it will remain a wish [to tackle it],” he said.

165. Professor Mohan reminded delegates that there is no health without mental health, and WHO’s original definition of health in its Constitution of 1948 encompassed mental health along with physical well-being. He made suggestions in three broad areas:

166. First, he said that a paradigm shift is needed in mental health care. This change is already occurring in hospitals and medical schools, but care needs to shift from hospitals to the primary care level through community engagement. Apart from treatment, prevention and promotion are needed. Care should also involve non-health personnel. He said that epigenetics plays an important role in mental health, as the environment determines if one will develop mental health problems.
167. Professor Mohan highlighted the role of training as the second area. There was a great need for mental health professionals, and the number of psychiatrists and psychologists and all mental health-care workers needs to increase. More non-specialists could be trained as well as primary care doctors and those in other specialties, as those with mental illnesses often have comorbid conditions.

Dr A.G. Ludowyke, Acting Director, International Health, Ministry of Health of Sri Lanka, expressing the views of his delegation

168. The third point highlighted by Professor Mohan is to mainstream mental health in the health agenda. This means involving other sectors such as housing, social welfare, education. Thus, a whole-of-government, whole-of-society approach is needed.

169. Professor Mohan concluded by emphasizing that community-based mental health care has a lasting impact on reducing stigma. He made an appeal for increased funding for mental health.

170. During the discussions and replies of Member States to questions posed to them, the following generic views emerged across the Roundtable: The Committee reiterated the need to reorient mental health services by strengthening the capacity of primary health care systems in countries as the foundation for provision of mental health services and progress towards UHC, the health-related SDGs and the targets of the WHO Comprehensive Mental Health Action Plan 2013–2030.

171. All Member States expressed commitment to ensuring an effective and comprehensive response to their mental health needs by establishing
evidence-based and rights-oriented community mental health networks, and by systematically planning the process of deinstitutionalization of care for people with severe mental disorders.

172. The honourable ministers and heads of delegations participating agreed on prioritizing fiscal space for health and UHC, securing adequate investment for mental health services at the primary and secondary care levels, and mobilizing the required additional resources in partnership with local and international stakeholders. In this context, specialized and non-specialized mental health workforces will be expanded through identification of new cadres of health-care personnel who are specially trained, equipped and competently skilled for the delivery of mental health services at the primary care level. The role of multidisciplinary teams must be bolstered through planning and sustained investment and by establishing training and quality standards and enhancing the capacity of mental health units of the ministries of health in Member States.

173. Combating stigma and discrimination against people with mental disorders, family members and caregivers through community empowerment and active engagement of people with lived experience is a key action and need that must be urgently addressed, to which all Members States agreed. The Committee also agreed on strengthening national- and subnational-level prevention and promotion programmes to achieve well-being of all by addressing suicide and self-harm, substance use, consumption of harmful digital entertainment, bullying and parenting issues, and ensuring allocation of resources for continuous supply of medicines and rehabilitation, including occupational therapy for people with mental disorders.

174. The Committee acknowledged the need to strengthen data gathering and reporting, implementation research and performance monitoring, to ensure context-sensitive improvement of mental health systems. The Committee endorsed the recommendations to pilot and scale up successful models and innovative interventions, harness digital technologies and telemedicine to improve access to services and counselling, including e-learning in support of health-care workers at the PHC level, and data analysis for programme improvement.

175. The Committee expressed its commitment to leading the multisectoral mental health response by guiding and harmonizing the social, education, development and economic sectors to address the determinants of mental health, including poverty, lack of education, social isolation, emergencies and impact
of climate change, in order to mainstream mental health in policy planning, implementation and evaluation and to establish culturally relevant, integrated systems of medicine to improve the overall mental health response.

176. The Moderator invited Member States to answer country-specific questions that were posed to the honourable ministers and heads of the delegations, which are presented below in alphabetical order.

177. **Bangladesh**: Bangladesh has faced several natural disasters and humanitarian emergencies. Over the years, the country has invested in strengthening the preparedness and response capacity for emergencies, including policies and programme interventions for mental health and psychosocial support. Please share with us your experience and key lessons learnt that could benefit other countries within the Region and beyond.

178. Bangladesh responded to the COVID-19 pandemic with a holistic approach to combating the infection, preventing further infection, treating the infection and reducing panic situations and anxiety. The country has controlled the situation successfully, despite its huge population of 165 million. The government adopted a whole-of-society approach to promote, protect and care for mental health issues. The country has adopted a National Preparedness and Response Plan for COVID-19 in line with the global plan and published a handbook for health workers.

179. The country has recruited more than 11 000 medical officers, about 13 200 nurses and more than 2000 support staff. It has also trained all levels of health staff. The community was actively engaged in this war against the pandemic. Various committees have been set up at the district and subdistrict levels. As an institutional response, beds have been set up in dedicated hospitals across the country along with the requisite equipment. Laboratory capacity has been strengthened; from one laboratory initially, currently there are 881 centres, including 161 laboratories that can perform reverse transcriptase-polymerase chain reaction (RT-PCR) tests.

180. Innovative digital means were used to train doctors and provide 24-hour services including mental health and psychosocial support. Online education services were also provided to schoolchildren. The economy was boosted with a US$ 12 billion package, and financial support provided to the poor. Vaccination was started as early as possible and, so far, more than 90% of the targeted population and 70% of general population have been vaccinated.
181. In response to the overwhelming need for mental health and psychosocial support following the humanitarian crisis in Cox’s Bazar, the Directorate General of Health Services of the Ministry of Health and Family Welfare of Bangladesh, in collaboration with the World Health Organization, the National Institute of Mental Health and the National Institute of Neurosciences, implemented the WHO Mental Health Gap Action Programme starting November 2017.

182. Over the course of two trainings and supervision visits, general physicians, counsellors and other health professionals from both government facilities and nongovernmental organizations, working with both the host and Rohingya populations, have improved their capacity to assess and manage priority mental, neurological and substance use conditions using the mhGAP intervention guidelines.

![H.E. Mr Sathit Pitutecha, Deputy Minister of Public Health, Royal Thai Government, at the Session](image)

183. After the first training, over 75% of participants reported feeling confident to apply their learning to their work. Participants receiving the supervision visit valued this follow-up modality and demonstrated a high level of competency during an observed consultation. This was the first instance of the implementation of the mhGAP by the Government of Bangladesh following a humanitarian crisis. Recent survey findings suggest that trainees are providing better-quality services to assess and manage mental health conditions and that mental health is being integrated into primary health care service delivery in Cox’s Bazar.
184. Mental health services in Cox’s Bazar, especially among the Rohingya population, have seen sustained development and improvement over the last couple of years. There are 42 PHCs in the Rohingya camps as of 2022, and almost every one of them has MHPSS integrated services embedded with at least one counsellor or psychologist. The WHO MHPSS team has actively contributed to achieve the health sector target to place at least one mhGAP-trained doctor/clinician working in the camp in each of the 132 health facilities, including PHCs and health posts.

185. As of 2022, there are 58 agencies providing MHPSS services in different capacities in the camps. There are 187 centres, including PHCs, health posts and counselling and psychosocial centres that are involved in providing psychosocial services to the camp residents. Nearly 650 community psychosocial volunteers (CPVs) are currently deployed in the camps comprising mainly refugee populations. However, the available MHPSS services for the host community are significantly fewer, creating a big gap and impeding the accessibility of MHPSS services for the local community.

186. Bhutan: The country has given the Gross National Happiness Index to the world; mental health is a top priority for the government. What lessons would Bhutan like to share with other countries on securing political commitment and action on mental health?
187. A paradigm shift is needed in mental health in Bhutan and in the Region. COVID-19 has highlighted the fundamental cracks in the health system and the relevance of addressing mental health at the population level. Mental health needs cannot be entirely addressed by specialized professionals. In the case of Bhutan, for example, there are only three registered psychiatrists in a country of 770,000 people.

188. Mental health by its essence is an intersectoral area of work that goes well beyond the health sector and involves education, justice, employment and other sectors. Bhutan needs a central agency that is mandated with addressing all mental health-related aspects and is accountable for the same. For this reason, the “Pema Centre” initiative was envisioned by Her Majesty the Queen of Bhutan with the overall aim of coordinating all mental health-related initiatives and services.

189. **DPR Korea:** Mental health is not only the absence of illness but an intrinsic part of our individual and collective health and well-being. How is mental health and well-being integrated into the health system in the country?

190. The Mental Health Protection Law was adopted in July 2020 in DPR Korea for protecting and promoting mental health of the people. Mental health is incorporated into the national NCD programme, which is a priority health agenda, and prevention and control activities are being implemented with a focus on PHC through a section doctor system.

191. In DPR Korea, people-oriented policies such as the universal free health care system, universal 12-year compulsory education and free allocation of houses are in place. The mental health programme is implementing significant interventions that include promotion and prevention, integrated primary care, technical and logistic support, capacity-building of health workers, and information, education and communication (IEC). Household doctors provide health care to households in their areas, which includes IEC, screening, diagnosis, treatment and management in the community for improved mental health of the people.

192. During the 91 days when the top-level emergency anti-epidemic system was activated since 12 May 2022 due to the onset of COVID-19, the entire population joined in to safeguard their well-being and health. This resulted in a remarkable victory in the war against the epidemic, under the “wise leadership” of the President of the State Affairs of DPR Korea.
193. DPR Korea proposed that all Member States further strengthen collaboration to control NCDs and mental disorders through primary care and community engagement to ensure sound mental health of the people. The Government of DPR Korea will continue to make efforts to reduce the risk of premature death and disability due to NCDs and mental disorders and safeguard the well-being, mental and physical health of its people, and contribute towards achieving the WHO targets and the UN SDGs.

194. **India:** With the recent call to action on decentralized mental health service delivery, please share with us some of the key lessons, opportunities and challenges for district-level mental health service delivery that the country has been providing for many years now.

195. Decentralized health service delivery is one of the key policy principles in India’s National Mental Health Policy 2014. The Mental Health Act 2017 provided the required legal framework and included provisions for a rights- and evidence-based approach to mental health-care delivery.

196. The District Mental Health Programme, as a component for structured implementation, was launched under the National Mental Health Programme. The District Mental Health Programme is operational in more than 700 districts, and teams of psychiatrists, psychologists, psychiatric social workers and nurses are available. Special attention is given to capacity-building of non-specialized health workforce in all public health facilities to deliver mental health care.

197. There are 43 government state-of-the-art psychiatric hospitals, and several medical colleges have departments of psychiatry. Through a special scheme for human resource development, there are 25 centres of excellence in mental health, and 120 postgraduate departments and psychiatric wings of medical colleges have been upgraded and all facilities modernized. India would soon be launching the National Tele Mental Health Programme, which would provide 24x7 telemental health services throughout the country.

198. Key challenges include limited ability of a specialized workforce, ensuring continuing care of persons with special needs, uniform recording and reporting of mental illnesses and coordinated involvement of all stakeholders.

199. **Indonesia:** What are the various initiatives on mental health by the Ministry of Health in Indonesia? How can these be leveraged to improve mental health at the community level?
The Regional Director underlines the robust work on mental health by the WHO Regional Office to the distinguished delegates

200. Indonesia noted that mental health is paramount to achieving the highest attainable standard of health. It is the leading cause of loss of years due to illness or disability and remains the world's most pressing global health issue. The country supported the proposed Paro Declaration on mental health that is being promulgated at the Roundtable and stands ready to contribute to its implementation. Indonesia remains committed to including mental health as one of the national health priority programmes by incorporating mental health in the National Health Strategy 2020–2024, and as part of the health systems transformation initiative.

201. Mental health is integrated into PHC services. Early detection of mental health disorders among pregnant women and breastfeeding mothers is integrated into maternal health programmes. For the general adult and elderly population, integration is through PHC facilities through their polyclinics and community outreach programmes.

202. Programmes to detect mental health disorders exist in schools, workplaces and hospitals, as well as for vulnerable populations such as people with disabilities, prison inmates, and victims of violence, in collaboration with other ministries/agencies.

203. Strengthening parenting, as well as monitoring and early detection to identify child developmental disorders are integrated into the national stimuli, detection and early intervention of child growth and development programme (SDIDTK). Mental health counselling services are also available for young people.
of all ages. Indonesia is committed to maximizing its efforts in providing mental health services at the community level.

204. **Maldives:** Provision of primary health care is pivotal in reducing the risks and vulnerabilities of the population. Maldives has initiated the process of reorienting primary health care to bring in far-reaching changes to the health system to increase accessibility and to improve the quality of care. How is mental health incorporated and integrated in these programmes and what mechanisms are in place for providing access to secondary and tertiary levels of care through the primary health-care delivery system?

205. The Government of Maldives considers PHC as the cornerstone to achieving the SDGs and is committed to strengthening PHC to ensure an inclusive, effective and efficient approach towards enhancing people’s physical and mental health as well as social well-being. In 2019, Maldives inaugurated the Centre for Mental Health at the Indira Gandhi Memorial Hospital in Malé, which became the first centre to provide treatment and services through a holistic system at the national level.

206. To accelerate response to the growing needs in mental health, the Central and Regional Mental Health Plan endorsed earlier this year provides guidance on implementing sustainable mental health services across Maldives. The Plan emphasizes on the need to train health professionals on the WHO mental health Global Action Programme (mhGAP) training package and scale up services using evidence-based interventions.
207. **Nepal**: Nepal is in the process of restructuring and decentralizing mental health services through planning at the provincial and district levels. What are the major tasks undertaken at the provincial and district levels, and what are the expected benefits?

208. The Constitution of Nepal mandates free basic health services and equal access to health services for every citizen. Mental health care has been included in the list of basic health services in the Public Health Services Act, 2018. Mental health services have been included in the “basic and emergency health services” of the Public Health Regulations 2020, and service arrangements are to be made for mental health at the federal, provincial and local levels. The Act Relating to Rights of Persons with Disabilities, 2017 confers all citizens with the rights to health, rehabilitation, social security and recreation.

209. Nepal has recently enacted the National Mental Health Strategy and Action Plan 2020, where increasing access to care is a major focus area. The Strategy has the vision of “enabling all Nepalese to lead a productive and quality life by improving their mental health and psychosocial well-being”. The Strategy aims to achieve the vision by strengthening the promotion of mental health and including essential mental health services at the primary care level and referral care services at the secondary care level and above.

210. As guided by these legal and strategic frameworks, the Ministry of Health and Population (MoHP) is revising its Community Mental Health Care Package 2017 as a new national district mental health care programme, which focuses on integrating mental health services into primary care services and strengthening mental health services in district hospitals through dedicated human resources.

211. In addition, the MoHP is implementing a specific programme to set up 10-bed acute care in-patient units in 13 larger general hospitals across the country. With this, all the bigger hospitals in all seven provinces will have outpatient services, acute care inpatient services and outreach services to support the community at the primary care level. In parallel, the government is also strengthening national systems by revising the health information system and including mental health medicines in national schemes such as the National Free Essential Medicines List and the social health insurance scheme.

212. The national recording and reporting tools have been revised to include mental health-related information and indicators, which will help to understand
the magnitude of the problem and make data-informed policy decisions. While Nepal is still at the initial stage of implementing these important strategic actions, in the medium term, Nepal expects that access to quality mental health care will improve in the country as per the Global Mental Health Action Plan 2013–2030. Nepal appreciated the support from WHO through the WHO Special Initiative for Mental Health, which has enabled it to initiate these reforms to increase access to mental health.

Still from a cheerful break for physical exercises as part of the healthy meetings initiative of the Regional Office

213. Sri Lanka: Post-tsunami, Sri Lanka embarked on developing and expanding community-based mental health services. How have these services been sustained and leveraged to address mental health during various other crises, including COVID-19 and current economic crises?

214. Sri Lanka appreciated the many international resources received during the post-tsunami recovery period to develop community-based mental health services. Furthermore, during this period, a multidisciplinary team approach to health promotion was initiated. The creation of the cadre of Community Support Officer enabled service delivery at the grassroots level via field services. The financial assistance being provided by WHO till this cadre is regularized into the government health sector was appreciated.
215. The Medical Officer Mental Health cadre created before the tsunami of December 2004 was expanded throughout the country, strengthening community-based service provision at the primary care level. The aforementioned health-care workers were most beneficial in providing home-based care during the COVID-19 pandemic and the recent economic crisis.

216. To overcome barriers due to physical restrictions, a helpline for those who need mental health support was initiated in 2018 at the National Institute of Mental Health and expanded islandwide, providing the patient the option to obtain support closer to their homes or from the National Institute of Mental Health according to their preference. Sri Lanka’s suicide rate of 14 per 100 000 population is expected to increase due to the ongoing financial crisis, hence “gatekeeper training” for community leaders on mental well-being, prevention and factors leading to suicide will help to improve the capacity of community leaders.

217. **Thailand:** Thailand has made significant progress in mental health policies and programmes. Under the Mental Health Act of 2008, a high-level Mental Health Board was established and chaired by the honourable Minister of Health/Deputy Prime Minister. Under your leadership and the strong Mental Health Department at MoPH, an integrated system for mental health with effective governance is established. During the COVID-19 pandemic, the community mental health programme is the foundation of key strategies for mental health preparedness and response. Can you share with us Thailand’s experience, best practices, and innovations in strengthening people’s resilience through the community mental health programme?

218. Thailand recognized mental health as an important public health issue. The Mental Health Act was legislated and implemented since 2008. Several challenges led to its amendment in 2019. The key provisions of the Act include the protection of persons with mental disorders, caretakers and society; ensuring full access to the whole range of mental health promotion, prevention, treatment and rehabilitation services without financial barriers; protecting human dignity and ensuring confidentiality and ethical research; and the right to protection, diagnosis, treatment and rehabilitation for patients in criminal cases before and after the court ruling.

219. The development of the mental health workforce includes pre-service, in-service and post-service training and deployment. Importantly, a million village health volunteers around the country provide support to community members.
on mental health matters. During the past decade, online self-assessments for stress, depression and suicidal ideation have been fully implemented. Counselling is provided through hotlines and activities of the MoPH, many NGOs and the private sector. Hua Sai district is one of the best examples in Thailand of how the community mental health programme has evolved and supports individuals and communities in boosting their resilience.

220. **Timor-Leste:** Almost 75% of the country’s population is below 35 years of age. The COVID-19 pandemic has adversely impacted the mental health of the population. What key actions were undertaken to address the mental health needs of the population during the pandemic and what are the major lessons learnt and your way forward?

221. Emergencies expose the vulnerabilities in mental health. Mental health and psychosocial support (MHPSS) is a fundamental component of the overall emergency response. The COVID-19 crisis has brought recognition of and priority for mental health. It should be maintained and leveraged to improve services and preventive and promotive efforts. The present district case managers were trained on mental health earlier and hence there is lack of clarity and coordination in terms of the actual grassroots services provided by them. Timor-Leste has just finalized an essential package for primary and secondary health care, which includes mental health.

222. There is one tertiary mental health treatment facility at the National Hospital in Dili, the capital, where the country’s only two psychiatrists and the only clinical psychologist work. There are 12 beds for mental health patients at this hospital. An essential services package that includes mental health at the primary and secondary levels of care has been developed. The *Saude na Familia* programme, which takes a comprehensive package of primary care, including mental health, to every household, is robust and functional. All health services, including mental health services, are provided free by the government.

223. A short video was projected during the ministerial discussions, which highlighted some of the successful interventions in addressing mental health within primary care and community engagement across the Region.

224. The Chairperson then invited Dr Catharina Boehme, Chef de Cabinet to the WHO Director-General at headquarters, to address the Ministerial Roundtable on behalf of the Director-General.
225. Dr Boehme said that every family has encountered someone with a mental health issue. There are about one billion people with mental health disorders worldwide, of which 13% are in the South-East Asia Region. She highlighted the huge treatment gap in mental health. It is about 70–90% in middle-income countries and about 50% in high-income countries. These gaps are more apparent at the PHC level.

226. Dr Boehme stated that all Member States had mentioned strong tertiary services for mental health care, but such care needs to move closer to the community, such as half-way homes, among other initiatives. Funding for mental health also falls short at best of times, and after COVID-19, it is likely to fall further, which is worrying. She urged all Member States to develop mental health policies that are rights-based and equitable. A Regional Mental Health Plan could be an important stepping stone and this Region could set an example to the world. She emphasized that monitoring and evaluation of implementation was necessary.

227. Dr Boehme was joined by Dr Devora Kestel, who is Director, Department of Mental Health and Substance Abuse (MSD), in WHO headquarters.

228. Dr Carballo stated that construction of new psychiatric hospitals may not be as important as strong PHC. He reiterated that mental health was not about psychiatric problems, but much wider, and often a result of the epigenetic outcomes of the environment in which we live. He invited the Regional Director to make the concluding remarks.
229. The Regional Director thanked the honourable ministers and distinguished representatives of Member States for outlining the status of mental health in the Region. Dr Poonam Khetrapal Singh appreciated the central role that PHC can play in changing that status and ensuring mental health care for all. She noted the critical need for countries to strengthen community empowerment and expand the specialized and non-specialized mental health workforce. She noted how policy-makers can develop and implement multisectoral policies across the life-course, while at the same time address stigma, discrimination and inequities associated with mental health.

230. Dr Poonam Singh appreciated the fact that throughout the deliberations, Member States have stressed that there is no health without mental health – a message that she fully endorsed, which is reflected in the Flagship Priority Programme on preventing and controlling NCDs. Having good mental health means that people are better able to connect, function, cope and thrive. It enables a person to better realize his or her own abilities, and to work productively and contribute to his or her community. Mental health conditions are common in all countries and regions of the world.

231. Dr Poonam Singh observed that in the South-East Asia Region, around one in seven people live with a mental health condition; however, the COVID-19 pandemic has exacerbated mental health risks. Globally, in the first year of the pandemic, anxiety and depression went up by more than 25% at a time when many mental health services were disrupted. And yet across the Region, there are examples of positive change.

232. Over the course of the COVID-19 response, several countries significantly reduced the mental health treatment gap by better integrating mental health into PHC, with a focus on training non-specialist health workers to detect, diagnose and treat priority mental health conditions. Other countries strengthened existing community initiatives, with a focus on increasing social and informal support in non-health settings, while at the same time enhancing formal service provision at the primary level.

233. Dr Poonam Singh noted that several Member States have stepped up suicide prevention by applying a series of low-cost interventions such as limiting access to highly hazardous pesticides – a globally recognized best practice that in some countries has resulted in a 70% drop in suicide mortality. She highlighted that a critical note in the deliberations was the outstanding value of investing in mental health, including for preventive and promotive interventions.
234. The World Economic Forum has calculated that in 2010 a broadly defined set of mental health conditions cost the world economy approximately US$ 2.5 trillion, which by 2030 is expected to rise to US$ 6 trillion. At the same time, evidence shows that investing just US$ 1 per capita annually for priority mental health conditions could reduce years lived with disability by close to 5000 per million population each year. Increased investments and/or allocations, therefore, will help reach more people as well as increase productivity and employment and improve the quality of life.

235. The Regional Director said that in all countries of the Region, three types of political commitment are needed to drive the mental health agenda forward – expressed, institutional and budgetary. She urged Member States and partners to intensify action to address each one, fully mindful that every country, no matter what its current situation, or from where it starts, has an array of opportunities to significantly improve mental health for its population.

236. Dr Poonam Singh assured Member States of WHO’s ongoing technical support, with a focus on reorienting mental health services to strengthen the capacity of PHC systems, move tangibly closer towards UHC, the health-related SDGs and the objectives of the WHO Comprehensive Mental Health Action Plan 2013–2030. She reiterated WHO’s intention to partner with Member States to build a South-East Asia regional knowledge and training hub to help generate evidence and share best practices, including for the provision of mental health and psychosocial support in humanitarian crises, and in response to the health, social and economic impacts of climate change.

237. The Regional Director extended her special thanks to the honourable Minister of Health of Bhutan for leading this Agenda. “Member States must together promote and protect mental health, and ensure that mental health services reach all those in need, close to where they live, without financial hardship,” she said.

238. The Chair read out the Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services. She invited Member States for any comments, objections or modifications, and asked them if they wished to make any additions. As there were no objections, comments or proposed additions, the Chairperson declared the Paro Declaration adopted. The Ministerial Roundtable was then concluded.
**Programme Budget matters (Agenda item 7)**

**Programme Budget Performance Assessment: 2020–2021**  
(*Agenda item 7.1, SEA/RC75/4 and Inf. Doc. 1*)

239. The Thirteenth General Programme of Work 2019–2023 (GPW13) marked a new strategic direction for WHO. Measurable impact in countries lies at the heart of this strategy. The tenure of GPW13 was extended to 2025 by the Seventy-fifth World Health Assembly in May 2022 to intensify and strengthen the Organization’s support to countries in recovering from the impact of the pandemic and accelerate progress towards the achievement of the SDGs.

240. Although the COVID-19 pandemic response took centre stage in 2021, the Organization’s achievements during that year go beyond how WHO responded to the COVID-19 pandemic. The outbreak of COVID-19 early in 2020 posed unprecedented health and economic challenges worldwide and placed new and urgent demands on the Organization. Nonetheless, the Organization was able to respond and maintain its focus on the effective implementation of programmatic activities with the help of partners and stakeholders.

241. Appreciating the leadership of the Regional Director that focused on health priorities in the Region as well as the high quality of technical support provided by WHO, Member States acknowledged the extension of GPW13 and the accelerated progress of the Regional Flagship Priorities in spite of the COVID-19 pandemic. The degree of programmatic implementation and resource mobilization efforts were also commended.

242. Member States observed that the pandemic introduced unique challenges during the biennium and a sustainable financing mechanism will be key to addressing these and moving towards a more financially independent WHO. The 35% increase in the Base Budget for the Region for Programme Budget 2020–2021 in comparison with the Base Budget for Programme Budget 2018–2019 (mostly due to transition of key polio activities to essential public health functions) was noted. Member States commented that the new Output Scorecard methodology also aided in improving overall monitoring of the Programme Budget. Sri Lanka participated in the pilot-testing of the WHO Results Measurement Framework for GPW13.

243. Member States acknowledged the use of structured methodologies for measuring and analysing the achievements and challenges faced using the Output
Scorecard methodology. The Committee was informed that the global document on “WHO Results Report: Programme Budget 2020–2021 – For a safer, healthier and fairer world” was presented at the Seventy-fifth World Health Assembly. It highlighted the key achievements, challenges and lessons learnt from country offices and Major Office outputs, including highlights of country case studies that showcase public health achievements and success stories of WHO’s work at the country level.

244. Major extracts relevant to the SE Asia Region from the WHO Results Report Programme Budget 2020–2021 and regional progress with the key performance indicators (KPIs) is summarized and presented as a compilation of information documents for each country office and Major Office outcome areas as an Information Document, which was made available to the Committee for its review. The biennium has shown the highest levels of financing across the Organization to cater to unprecedented health and economic challenges worldwide.

245. Maldives thanked all Member States and other donors for their support in driving finances for the needed costs during the COVID-19 pandemic. Additionally, India apprised the Committee about prioritizing health systems strengthening through the Ayushman Bharat Programme and Ayushman Bharat Digital Mission, with intense focus on human resources for health (HRH) and essential medicines.

Dr Asela Gunawardena, Director-General of Health Services, Ministry of Health, Sri Lanka, at the Session
246. Highlighting the issue of uneven distribution of resources and lower funding of Strategic Priority 2, Member States requested support for country priorities in areas such as strengthening funding for NCDs, building climate-resilient health systems and mental health where there are limited resources available at the country level. The Committee advocated for detailed discussions within WHO, country offices and Member States should define country priorities so as to ensure meaningful contributions and required support to the countries of the Region.

247. Noting the implementation challenges highlighted in the report, Member States urged the Secretariat for focused collaboration and efforts to broaden the donor base and for effective resource mobilization for the Region.

248. The Secretariat informed the Committee that despite the surge in demands on the Regional Office, the South-East Asia Region under the leadership of the Regional Director managed to respond to the needs of the Member States in a timely and responsive manner. The biennium 2020–2021 saw the highest level of financing and implementation. The total amount of distributed resources for the Region was US$ 515.1 million against an approved Programme Budget of US$ 446.6 million. The approved Programme Budget was thus funded at 115%. There were US$ 141.8 million more of resources in 2020–2021 compared with the 2018–2019 biennium, which represented an increase of 38%.

249. The implementation levels were at US$ 476.3 million, which amounted to 92% of the distributed resources and 107% of the approved Programme Budget. It may be highlighted that implementation increased by 37%. Despite the pandemic and its aftermath, it is encouraging to note that the Region implemented funds worth US$ 128.1 million more in 2020–2021 compared with 2018–2019. Full implementation of Flexible Funds was achieved.

250. The country priorities and Regional Flagships, which were envisioned by the Regional Director at the start of her tenure in 2014, with a focus on the health needs of the people of the Region, continued to guide the allocation of resources. The Regional Director’s untiring focus on driving impact at the country level ensured that 83% of the regional resources were distributed to the WHO country offices. For COVID-19 resources, this figure stood at 92.5%.

251. The Regional Director reiterated the focused efforts and joint planning process followed for biennium planning, involving national counterparts in addition to the Regional Office and WHO country offices. The Regional Director
noted that the percentage of staff expenditure for the SE Asia Region was less than the global average among all Regions of the Organization, thus ensuring more funds for activities. The Flagship Priority Programmes and country priorities identified in consultation with Member States were the driving force of the Region’s work. More than 80% of the regional resources are committed to the countries and for any emergent needs that have not been planned; the balance resources are directed to the respective programmatic areas.

Programme Budget 2022–2023: Implementation
(Agenda item 7.2, SEA/RC75/5)

252. The Programme Budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021 vide resolution WHA74.3. It aims to turn the bold vision of the Thirteenth General Programme of Work (GPW13) 2019–2023 (extended to 2025 by the Seventy-fifth World Health Assembly) into reality by delivering impact for people at the country level. It is the second Programme Budget developed under GPW13 and is vital for the operationalization of the Director-General’s “Triple Billion” Strategy and the achievement of the results and targets set forth in GPW13.

253. The Committee was informed that the Working Paper SEA/RC75/5 includes the progress made on: (i) revision of the Programme Budget 2022–2023 as approved by the Seventy-fifth World Health Assembly; and (ii) financing and implementing the Programme Budget 2022–2023. The original approved Programme Budget 2022–2023 for the Organization amounted to a total of US$ 6121.7 million, comprising US$ 4364 million for the “Base” segment, US$ 558.3 million for the “Polio eradication” segment, US$ 199.3 million for the “Special Programmes” segment and US$ 1 billion for the “Emergency Operations and Appeals” segment (or OCR segment). The Seventy-fifth World Health Assembly in May 2022 has approved an increase of US$ 604.4 million in the Base Budget segment of the revised Programme Budget for 2022–2023, which brings the level of the approved Programme Budget 2022–2023 Base segment to US$ 4968.4 million.

254. Member States welcomed the implementation status and recognized WHO’s efforts to track the progress of GPW13 and SDGs under the competent leadership of the Regional Director. The increased Budget and implementation are a testament of the capacity of the Secretariat to execute planned activities that are geared towards mitigating the effects of the COVID-19 pandemic and hastening
pandemic recovery as well as accelerating Programme Budget implementation. The Secretariat informed the Committee that lessons learnt from the COVID-19 pandemic have formed the basis for driving the planning exercise and determining how best to focus on the key strategies to achieve results at the country level.

255. Member States observed that the 2022–2023 Programme Budget has been approved at a critical juncture when the world is grappling with the health, social and economic consequences of the pandemic. This is thus an opportune time to incorporate the recommendations of various working groups and evaluations.

256. Member States noted with concern the low funding under Strategic Priority-2 – Health Emergencies – and expressed the need for enhanced budget provisions as well as effective accountability and compliance measures.

257. Member States commended the dynamic and visionary leadership of the Regional Director and urged for WHO support to ensure the preparedness of health systems to deal with various emerging issues, namely climate change, monkeypox, among others, to serve people living in environmentally threatened and hard-to-reach areas.

258. Thailand observed that the new Country Cooperation Strategy for Thailand 2022–2026 focuses on six priority programmes. It expressed its unqualified
appreciation of WHO and the Regional Director for continued support, both technically and financially to programme implementation and requested further tailored and specific support at the country level. In addition, Indonesia proposed more intensified collaboration with national counterparts for a focused monitoring and implementation process, including programme evaluation.

259. Member States highlighted the need for accountability of implementation of funding and monitoring the progress of the planned objectives. In this context, it was suggested that the monitoring exercise with Member States be held quarterly, and the country level programmes incorporate programme evaluation in the workplans. Any increase in Assessed Contributions should be linked with the value-for-money approach, besides undergoing regular monitoring.

260. The Secretariat highlighted that the Programme Budget increased by 13% following the Seventy-fifth World Health Assembly and funds to the tune of 65% of the approved revised Budget have already been received by the first semester of the biennium. The Secretariat requested Member States to work on the agreed deliverables during planning in a collaborative way to achieve results. In this regard, joint monitoring will help to achieve more at the end of the biennium.

261. It was observed that country support plans are monitored to provide coordinated support from all three levels to achieve the agreed results. There is a chance to review the progress at the mid-year review at the end of 2022. The progress in implementation of the Flagship Priority Programmes should be closely monitored to achieve their targets while sustaining the gains already made, and at the same time accelerate and innovate in the quest for the final results.

262. The Secretariat apprised Member States of the progress till date. The percentage of resources secured for the Approved Programme Budget was 62% during the reporting exercise at the SPPDM Meeting in July 2022 and now stands at 65%. There has been a 20% increase in distributed resources compared with the same figure at the same point in time during the previous biennium.

263. Similarly, the ratio of utilization to the Approved Programme Budget has gone up from 29% at the time of reporting during the SPPDM Meeting in July 2022 to 33% as of 16 August 2022, the date of preparation of the Working Paper for the Regional Committee (SEA/RC75/5), and this has further increased to 36% as of 5 September 2022, the date of the start of the Committee’s Seventy-fifth Session. Similarly, percentages for implementation ratio to the Approved
Programme Budget are 18%, 22% and 25%, respectively, for these three dates. The percentages of utilization vis-à-vis distributed resources are 47%, 52% and 55%, respectively, for these three dates and the corresponding percentages for the ratio of implementation to distributed resources are 29%, 34% and 38%, respectively.

264. The Secretariat reaffirmed that while 80% of the resources are being directed to the countries at the planning stage itself, it may be useful for the WHO country offices and ministries of health to utilize a part of the funding towards ensuring quality control, monitoring and evaluation.

Proposed Programme Budget 2024–2025
(Agenda item 7.3, SEA/RC75/6 and Inf. Doc. 1/Rev. 1)

265. The Secretariat reiterated to the Committee that the development of the Programme Budget 2024–2025 comes at a crucial juncture. The world is facing multiple crises: the ongoing COVID-19 pandemic, worsening of the global health situation, and recurring humanitarian and natural emergencies. Not only are these aggravating the health situation in countries, but in addition there are also socioeconomic crises that have been triggered by disruptions from the pandemic in several Member States. And all this at a time when the pandemic definitely cannot be said to be over, and is far from entering an endemic stage. All these factors have significant implications on the work of WHO, more so during the next biennium of 2024–2025.

266. The Committee noted that as part of the refinements to the ongoing mechanism to develop the Proposed Programme Budget for 2024–2025, the WHO Secretariat has introduced an enhanced process of prioritization that is data driven and evidence-based. A key principle adopted in this prioritization is that the entire Organization should invest its limited capacities and resources in areas where it will maximize impact, especially in the countries. The starting point of this prioritization process will be based on the five focus areas as suggested in the GPW13 extension, which will be further refined under each heading that can accelerate progress following a data-driven and evidence-based approach.

267. The Committee was informed about the resolution of the Seventy-fifth World Health Assembly to increase the Base Programme Budget 2022–2023 by 14%. It is, however, proposed to retain the Programme Budget 2024–2025 at the same level (US$ 4968.4 million) as of the increased Base Programme Budget 2022–2023 that was approved at the Seventy-fifth World Health Assembly, i.e. there is no budgetary increase.
268. The major focus of the Programme Budget 2024–2025 will be on a further increase in country allocations. In the revised Programme Budget 2022–2023, overall country-level allocations represented 46.3% of the total Budget. An increase of up to 51% of the total Base Budget is to be allocated to the country office level across several bienniums and this has been considered to be a good target. The first step towards reaching this target comes through the Programme Budget 2024–2025 wherein there is an increase in allocation by ~1.6% to the countries, and this has been proposed in the draft Programme Budget 2024–2025.

269. The Member States were informed that the overall country-level allocation is proposed to increase from 46.3% to 47.9% in the draft Proposed Programme Budget 2024–2025 compared with the revised Programme Budget 2022–2023.

270. Within a zero-budget increase parameter, the initial proposal to achieve this 1.6% increase in the share of countries in their budgets is by shifting 3% of the budgets of WHO headquarters and the regional offices to country offices in the draft Proposed Programme Budget 2024–2025. However, final Budget allocation within major offices has to be driven by the country-level priority settings. Therefore, further Budget adjustments between levels (country and region), among strategic priorities and outcomes, as well as a budgetary shift from headquarters, will follow the prioritization exercise. One of the implications of this prioritization should be an increase in budgetary allocation for high-priority outcomes.

271. The one major takeaway from the past two years is that resilient, flexible and practical budgets – especially in mobilizing resources for unexpected events – should now be the hallmark of the Organization’s operations. While the global health architecture is changing, there are new initiatives that also require funding. Member States called upon the guidance of WHO and the astute leadership of the Regional Director on how to collaborate with global health players and initiatives without competing in terms of fund-raising and avoiding duplication of work.

272. The Committee noted that the draft Proposed Programme Budget 2024–2025 for the South-East Asia Region is US$ 487.3 million. This would be a 25% increase from the corresponding figure of the approved Programme Budget 2020–2021. The country allocation in the South-East Asia Region, as per the revised Programme Budget 2022–2023, is US$ 354.4 million, which is 73.8% of the Region’s total of US$ 480.3 million, the balance of US$ 125.9 million being earmarked for the Regional Office. In the draft Proposed Programme Budget 2024–2025, country allocation in the Region is proposed at US$ 365.2 million.
(an increase of US$ 10.8 million in absolute terms), with the balance of US$ 122.2 million for the Regional Office. With this proposed increase, country allocation will reach 74.9% of the total, which is the highest among all the major offices.

273. The Committee noted that a phased approach to engage Member States in the development of the draft Proposed Programme Budget 2024–2025 has been enabled through consultations over multiple channels, particularly with regard to
setting priorities at the country level. These include consultations at the county level, during the Regional Committee sessions, consultations following meetings of the Regional Committees, discussions before the Thirty-seventh Meeting of the Programme, Budget and Administration Committee (PBAC) in Geneva and the 152nd session of the Executive Board, after the 152nd session of the Executive Board and during the Seventy-sixth World Health Assembly in May 2023.

274. Member States welcomed the development of the draft Proposed Programme Budget 2024–2025 and the extension of GPW13 to meet the Triple Billion targets and the health-related Sustainable Development Goals in a consultative approach. Member States expressed appreciation of the Regional Director in envisioning these across-the-board, substantive consultations that will help maximize funding for the countries and address the priorities.

275. Member States noted and appreciated the 1.6% increase in the share of country-level Budgets from the previous biennium, which will allow countries more flexibility in implementation. They mentioned that they have initiated the consultative process at their country levels for the identification of priority areas and outputs for Programme Budget 2024–2025.

276. Member States also congratulated the Regional Director for her singular guidance on the prioritization exercise that will be initiated by the Regional Office to enable the use of limited resources for maximizing benefits. Member States said they are looking forward to the upcoming Regional Consultation of countries on Programme Budget 2024–2025 in October–November 2022 to discuss the regional priorities for the development of the global Programme Budget.

277. Member States commended the Regional Director and the Secretariat for providing tailored technical assistance to their respective ministries of health, especially during the COVID-19 pandemic and requested continuous engagement and support to overcome the current and ongoing challenges being endured by countries under the dexterous stewardship of the Regional Director, Dr Poonam Singh.

278. The Secretariat assured Member States that it is fully committed to translating the recommendations made for the Proposed Programme Budget 2024–2025 and requested for committed participation in the Member States’ consultation on priorities for the Programme Budget 2024–2025. The Regional Director reiterated, to considerable acclaim and appreciation, that the major
portion of the increase in Assessed Contributions coming from the Sustainable Financing mechanism will be used by the country offices. The Committee was reassured of the Organization's commitment to country focus and impact at the country level with coordinated technical support across the three levels of the Organization to achieve the Triple Billion targets and the SDGs.

Delegates attend an event on recent medical innovations conducted by the Indian Council of Medical Research on the sidelines of the Session

279. It was emphasized that the South-East Asia Region will continue to apply and build on its results, priorities and country-focused budgeting to deliver on commitments at the country and regional levels while at the same time addressing global priorities and undertakings.

280. The Secretariat thanked Member States for their sustained support in bringing about a radical change on how WHO will be financed in the coming years. It highlighted that the increase in Assessed Contributions has come with some parallel governance reforms, which are discussed at the Member State-led Agile Task Group that was established following the recommendations of the Working Group on Sustainable financing.
**Sustainable financing (Agenda item 7.4, SEA/RC75/7)**

281. The Chairperson stressed how the COVID-19 pandemic has highlighted the mismatch between what the world expects of WHO and what it is able to deliver with the available resources, laying a strong rationale for a sustainable financing model for a strong, credible and independent WHO. The Working Group on Sustainable Financing, established by the Executive Board at its 148th session, submitted its final report with its recommendations, which were adopted by the Seventy-fifth World Health Assembly in May 2022.

282. These recommendations are being implemented mainly through:
   i) the preparation of Budget proposals that factor in an increase in Assessed Contributions to reach a level of 50% of the 2022–2023 Base Budget that is sustainably funded. This is being planned through a phased approach as described in Decision WHA75(8);
   ii) a feasibility study of a replenishment mechanism to broaden WHO’s financing base (as per the World Health Assembly Decision); and
   iii) constituting a Member States’ Agile Task Group on strengthening WHO budgetary, programmatic and financing governance.

283. Member States lauded the ongoing efforts to improve WHO’s financing model and pledged full support to the implementation of the World Health Assembly decision on sustainable financing and the recommendations of the Working Group on Sustainable Financing. They also agreed on the need to enhance the independence of the Organization, and to empower it to fulfil its mandate of playing a central role in the global health architecture.

284. Member States agreed on the phased approach to increasing the level of Assessed Contributions according to the terms of the World Health Assembly decision. They appreciated that the Working Group’s recommendations acknowledge the financial hardships in many countries as a result of the COVID-19 pandemic. There was also broad support for the establishment of a Member States’ Agile Task Group for budgetary, programmatic and financial governance. Member States reiterated their support for an increase of flexible funding accompanied with reforms that would lead to stronger oversight from Member States. Some Member States committed to participate in the Task Group and encouraged others to do so.

285. A proposal was made that the Agile Task Group should provide a clearly defined accountability framework and value for money. It was also suggested that
the Secretariat organizes periodic regional and national consultations to update Member States on the progress of the Task Group. Emphasis was placed on the need to improve effective allocation of flexible funds, with budgetary proposals aligned with the GPW13, and to increase efficiency and transparency in the utilization of funds.

286. The Secretariat expressed appreciation for Member States extending support to the discussions on sustainable financing and recommended that they actively participate in the Agile Task Group to ensure that the voice and concerns of the Region are taken into consideration. The Secretariat also recommended that Member States continue demonstrating commitment to sustainable financing, particularly in the lead-up to the next biennium, when Budget decisions will need to be made. In this context, the Secretariat recommended that Member States ensure that all domestic preparations are timely so that they are ready when budgetary decisions including on increased Assessed Contributions need to be adopted.

**Policy and technical matters** *(Agenda item 8)*

Monitoring progress and acceleration plan for NCDs, including oral health and integrated eye care, in the WHO South-East Asia Region *(Agenda item 8.1, SEA/RC75/8)*

287. The Committee was informed that at its Seventy-fourth session in 2021, vide its Decision SEA/RC74(2), the Regional Director was requested to develop: (i) a Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and in the context of the COVID-19 pandemic; (ii) a Regional Action Plan on oral health with a monitoring framework and measurable targets; and (iii) 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, which were endorsed by the Seventy-fourth World Health Assembly.

288. The Seventy-fourth session of the WHO Regional Committee for South-East Asia extended the “Regional Action Plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020” until 2030, aligned to the targets of the 2030 Sustainable Development Agenda. The Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and context of the COVID-19 pandemic, will provide the tools and guidance to implement the extended Regional Action Plan (https://apps.who.int/iris/handle/10665/359075).
289. The Regional NCD Implementation Roadmap 2022–2030 provides strategic directions to sustain the progress made in countries, prioritize interventions based on their impact on achieving the SDGs target for NCDs, and promote accountability through reliable and timely data. The NCD impact assessment tool for the Region will serve as a simulation to assess the impact of interventions in the national context.

290. The Action Plan for Oral Health in South-East Asia 2022–2030 is aligned with the WHO Global Strategy on Oral Health 2022–2030, which was adopted by the Seventy-fifth World Health Assembly in May 2022. The goal of the Action Plan is to provide guidance to Member States to develop appropriate and impactful national actions to improve oral health through aligned approaches that are also in line with the UHC goals.

291. Member States highlighted the burden of NCDs, and the premature mortality caused by them, and are making efforts to prevent and control NCDs. They asked WHO for technical support to address policies for alcohol control and other areas. Tobacco control is being advanced, and tobacco cessation needs more support for scaling up. Multisectoral actions are needed, and tools and more guidance can help to advance these areas. Sharing of experiences and learning platforms can help. Integration of NCD services using the WHO Package of Essential Noncommunicable disease (PEN) interventions and other packages is progressing.

292. Member States indicated the importance of oral health and noted that the Regional Action Plan comes at an opportune time to strengthen oral health promotion and care. They noted that the targets are ambitious, but with political commitment, partnerships and investment, it is possible to achieve universal coverage for oral health. Thailand highlighted its national oral health plan and the need for monitoring using reliable and comparable indicators. Countries highlighted the importance of oral health promotion as part of NCDs, given the cross-cutting nature of risk factors such as tobacco, sugar and alcohol. Primary care is the best vehicle for integrating oral health care, but more work is needed.

293. The Regional Action Plan for integrated people-centred eye care in South-East Asia 2022–2030 envisions that “all people in the South-East Asia Region have equitable access to high-quality, comprehensive eye health services to achieve universal eye health by 2030”. The Action Plan focuses on core strategic areas aligned with the PHC Framework and the WHO Global Report on Vision.
Successful implementation of the Action Plan will contribute towards achieving the global targets of refractive error and cataract surgery and the two regional targets set for diabetic retinopathy and trachoma elimination.

294. Member States shared their respective experiences in implementing policies and programmes for the prevention and control of vision impairment and blindness. They took note of the need for having an action plan to counter the burden of vision impairment and blindness through adoption of strategic approaches to tackle cataract and refractive errors, as per global guidance. In view of the growing burden of diabetes and the related complication of diabetic retinopathy, priority should be given to prevent vision impairment and blindness among those with diabetes. As some countries have already eliminated trachoma and others have made substantial progress towards elimination, accelerated efforts will help to eliminate trachoma from the Region by 2025.

295. Bangladesh said it is establishing eight divisional hospitals to treat NCDs. It has also established NCD corners in 500 upazila health complexes to ensure screening of citizens above 40 years as well as increase awareness on NCDs and modify health behaviours at the primary care level. It plans to be a tobacco-free country by 2040. For notable contribution to the anti-tobacco campaign, the National Tobacco Control Cell (NTCC) has received the appreciation of WHO headquarters in Geneva.

296. Bhutan has developed an approach of “service with care and compassion”. It was one of the first countries to adopt the PEN intervention and incorporated it into PHC in 2010. The PEN package has been expanded to nine out of 20 districts. By next year, it will be rolled out across the country. It has integrated oral health in the Maternal and Child Health (MCH) programme and has conducted an oral health survey.

297. DPR Korea emphasized the availability of universal and free health care, including oral and eye health in the counties and zones of the country. Prevention and control activities are conducted through primary care. Self-care for oral and eye health should be encouraged and prevention and promotion activities actively implemented through multisectoral partnerships.

298. Indonesia stressed the need for adjustment of policies and strategies. The country has established a policy for organizing dental and oral health programmes, which serves as the operational basis for dental and oral health
services at the PHC *(puskesmas)* level through the Minister of Health Regulation. Meanwhile, preparations for the implementation of the 2020–2024 National Action Plan (NAP) for dental and oral health are ongoing. The country is preparing an NAP and working on health systems transformation. One of the major initiatives is the newly launched Biomedical and Genome Science Initiative (BGSI) to improve detection, therapy and management of NCDs.

299. Maldives proposed the setting up of a demonstration atoll to strengthen NCD prevention and control with a focus on primary health care, with the support of WHO. A physical activities policy and guidelines have been developed for all age groups and persons living in different conditions. Access to facilities for physical activities continues to be enhanced through outdoor community gym facilities, better land-use planning, and awareness. Development of local evidence for salt reduction, sugar-sweetened beverages (SSBs) and transfats, including taxations, are at an advanced stage. A new campaign on healthy lifestyle includes the risks related to the use of areca nut. Smoke-free jurisdictions have been expanded. HPV vaccination is now included in the routine vaccination schedule.

300. In Nepal, in early 2022, the Cabinet endorsed the Multisectoral Action Plan for Prevention and Control of NCDs (2021–2025), which is a blueprint for actions up to 2025. Policy advocacy for tobacco tax increase; incremental tax raise to 39%; 90% pictorial warning; smoke-free policy; implementation of a ban on tobacco advertisement, promotion and sponsorship, and capacity-building
for tobacco cessation were conducted for tobacco interventions. The ImPACT review for cancer control was conducted in 2021, which provided key policy recommendations for tobacco control. The Nepal SAFER Initiative for alcohol control was launched in April 2022.

301. Nepal is a focus country for the WHO Global Childhood Cancer Initiative. The ImPACT review for cancer control was conducted in 2021, which provided key policy recommendations for tobacco control. Among its challenges, it mentioned that alcohol laws and policies need to be updated and enforcement and monitoring of alcohol advertisement are weak. Tobacco cessation services with pharmacological and non-pharmacological services are non-existent and national experts are currently not available.

302. Sri Lanka is in the process of approving the national NCD policy. During the lockdown, there was disruption in the services for NCDs, as people did not attend healthy lifestyle centres. The government used the postal services to deliver medicines to persons with NCDs during the pandemic. Among its achievements, the control of hypertension has improved greatly, and telemedicine facilities have been extended to peripheral areas. E-learning modules have been developed. Palliative care services are being expanded and home-based oxygen therapy is being established. The country has a well-established school health programme. The country thanked Member States for helping them with essential drugs during the current economic crisis.

303. Thailand focused on oral health. It appreciated the Secretariat for preparing the document on the “Action Plan for Oral Health in South-East Asia 2022–2030”. This is a prompt response of our
Region to turn the World Health Assembly resolution into actions with a regional context.

304. The availability and quality of surveillance and monitoring systems at the country level are important for planning and evaluating oral health programmes. Comparability of data across countries within the Region and across other regions needs to be ensured. Thailand urged WHO to update the manual on oral health surveys and support Member States in conducting these. It emphasized the importance of government commitment to address the social and commercial determinants of health.

305. Timor-Leste is addressing tobacco control in a major way. It has a National Tobacco Law since 2016 and is now working on diet and alcohol control. It has revised tobacco taxes by about 50% over the past two years. It has community mobile clinics for eye health, with WHO support. One of the major problems is that people with NCDs are not diagnosed.

306. In a statement on this Agenda item Ms Komal Kalha, of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), said the ongoing fight against COVID-19 is a reminder that those with chronic conditions and comorbidities are often the most vulnerable and have suffered the most throughout the pandemic. IFPMA congratulated the Regional Office on keeping NCD-related issues high on the regional agenda. The link between strong PHC systems and resilience against any health emergency has never been clearer.

307. At a global level, IFPMA has been a strong voice in WHO’s private sector dialogues on NCDs, discussing meaningful ways forward on how to improve access to and affordability of NCD medicines and products within the areas of diabetes and hypertension. It is keen to play its part in developing fit-for-purpose solutions that can improve access to medicines especially for people living with NCDs in lower-resource settings. In this spirit, IFPMA has joined the newly launched Access to Oncology Medicines (ATOM) Consortium to work together with others to drive forward improved access to cancer medicines in some of the world’s poorest countries. Looking ahead to 2025 and 2030, achieving SDG 3.4 will be a tall order if combined efforts are not made on NCDs.

308. On future health emergencies, the innovative biopharmaceutical industry is keen to work collaboratively to ensure better preparedness. A strong innovation ecosystem and regulatory agility for timely access to pathogens and genetic
sequencing data have been enablers to develop successful COVID-19 vaccines and therapeutics. To achieve health equity, the industry tabled the Berlin Declaration, which proposes a collaborative solution for more equitable roll-out of vaccines, treatments and diagnostics for future pandemics. The private sector has been and remains a necessary and critical partner in addressing the gaps in response to NCDs, COVID-19 and future crises.

309. Mr Pubudu Sumanasekara, Vice-President, Movendi International, Colombo, welcomed WHO's programmes to better address alcohol as a driver of NCDs. Stating that there is no safe or healthy amount of alcohol use, he highlighted that alcohol policy solutions must be cost effective, proven and impactful to improve population-level health.

310. Since 2010, South-East Asia has seen a 29% increase in per capita alcohol consumption. Communities are being increasingly harmed by the products and practices of multinational alcohol companies. Movendi International urged WHO and Member States to make alcohol policy-making a regional priority and called for a regional interagency initiative for improving alcohol taxation norms. To make further advances for alcohol-free youth in the Region, he called for the launch of “SAFER” initiatives across all countries of the Region, which Movendi and its member organizations stand ready to partner with and support.

311. The Secretariat welcomed the work by countries and reiterated its support. WHO is developing digital tools: the PEN package, a multisectoral action plan tool, impact assessment tool and an NCD data portal are available for easy access. The PEN package is being expanded to include HEARTS. The NCD roadmap will also be developed as a digital solution with easy access to the toolkit. The Secretariat will also share experiences from across and outside the Region.

312. The Secretariat acknowledged the comments and indicated that there will be support for oral health national plans and national surveys. It also acknowledged the request for a platform for sharing experiences and said that a meeting will be held shortly. The Secretariat noted the comments of Member States and assured them of all possible support for implementation and monitoring of the Regional Action Plan for integrated people-centred eye care in South-East Asia 2022–2030 at the country level. It suggested that Member States use PHC as a driver to accelerate progress.
313. The Regional Director encouraged Member States to develop NAPs aligned with the directions of the Regional NCD Implementation Roadmap 2022–2030, Regional Action Plan for oral health 2022–2030, and Regional Action Plan for integrated people-centred eye care 2022–2030 to facilitate implementation and monitoring at the country level. Dr Poonam Singh reminded delegates of the major role played by non-State actors in cataract surgery.

314. She further assured the support of WHO to achieve the stated targets in the South-East Asia Region by 2030. In response to the request by Indonesia for a platform for sharing of experiences, she informed delegates that a meeting is being planned in one of the states of India, which has implemented eye care in a unique way. She urged all Member States to try and integrate NCD care at the PHC level.

Strengthening health emergency preparedness and response in the South-East Asia Region building upon lessons learnt from COVID-19 (Agenda item 8.2, SEA/RC75/9)

315. The Committee was informed that at its Seventy-second meeting in 2019, it had adopted the five-year Regional Strategic Plan to strengthen public health preparedness and response 2019–2023 enabled by the ministerial-level political commitment encapsulated in the Delhi Declaration on Emergency Preparedness in the South-East Asia Region. The Committee noted that Member States of the Region have progressed in advancing core capacities mandated by the International Health Regulations (IHR) 2005 for health emergency preparedness and response, bolstered by the Regional Flagship Programme on Emergency Risk Management.

316. The Committee acknowledged that the intra-action reviews (IAR) of the COVID-19 response undertaken by Member States in 2020 and 2021 revealed that the existing levels of preparedness and readiness for response were not sufficient to effectively manage such a severe health emergency and its Seventy-fourth session recommended “further synthesis of the lessons learnt from the COVID-19 response at a regional level” and the “development of a regional roadmap to strengthen health security in the Region”. Some Member States, such as Bangladesh, have used the outputs from these reviews to adjust and strengthen the COVID-19 response and ultimately incorporate them into the Bangladesh National Action Plan for Health Security (NAPHS) to strengthen emergency preparedness and response.
317. The Committee noted that regional consultations of Member States and representatives of partner agencies and experts in October 2021 discussed and consolidated the lessons learnt from the COVID-19 response and provided key recommendations to address the gaps identified in the IHR core capacities.

318. In compliance with the recommendations, a Regional Strategic Roadmap for health security and health system resilience for emergencies 2023–2027 and a companion South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance 2023–2027 were drafted and reviewed and discussed at virtual regional meetings of representatives of Member States, WHO country offices and partners held in June 2022.

319. The Committee was informed that the Regional Strategic Roadmap for health security and health system resilience for emergencies seeks to provide guidance on the well-articulated steps to be taken during different phases of a health emergency to reduce its multidimensional impact on people and service providers, protect the vulnerable, safeguard and ensure health system resilience and enable rapid recovery. The Committee welcomed the focus of the Roadmap on the interventions needed to strengthen the capacity of Member States to detect, contain and mitigate any future health emergency through developing sustainable health security systems and enhancing health system resilience for emergencies through strengthening the health system building blocks. Regional initiatives and platforms linked with global initiatives that are critical to augment and support Member State capacity at the regional level were also welcomed.

320. The Committee noted the pandemic’s impact on increasing the existing inequities in accessing essential diagnostics and laboratory services. The Committee appreciated the focus of the Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance (2023–2027) to provide strategic technical guidance to increase political commitment, investments and high-level partnerships to modernize diagnostics, laboratory and surveillance systems with strong early warning functions. India has made efforts in line with the WHO draft report on diagnostic preparedness, laboratory network and genomic surveillance.

321. In December 2021, through Decision SSA2(5), the World Health Assembly, at its Second Special Session, established an Intergovernmental Negotiating Body (INB) open to all Member States and Associate Members, and with a mandate
to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

322. Ms Precious Matsoso, one of the co-Chairs of the Intergovernmental Negotiating Body, participated virtually in the Regional Committee Session. She appreciated the active involvement of Member States of the Region in the INB process and requested their continued engagement. Dr Viroj Tangcharoensathien, one of the Vice-Chairs of the INB, briefed the Committee on the timeline of INB and the Working Group on IHR amendment discussions. The Committee was informed of the way forward for the INB process, including the need for provision of written comments by Member States by 15 September 2022 for the development of the conceptual zero draft to be considered by the third Meeting of the INB (INB-3) to be held in December 2022.

323. The Committee appreciated and welcomed the two regional roadmaps. Many important concerns and priorities were raised by the Committee, including the need for political commitment and strong leadership; and multisectoral involvement through whole-of-government and whole-of-society approaches. Other concerns were strengthening health emergency preparedness and response capacity through implementation of the National Action Plan for Health Security guided by and integrated with the regional roadmaps. An enabling legislative environment is needed for health security, along with a health security system and capacity-building tailored to the Region, which includes health workforce augmentation.

324. The Committee expressed the crucial need for ensuring the availability of a variety of critical emergency response logistics through regional, national and subnational stockpiles managed well by optimal digitalization and support for local manufacturing in the Region. All Member States have national health emergency operations centres (HEOCs), though these need to be strengthened, and some have these centres at the subnational level. Sri Lanka has already established subnational emergency operations centres in five of its nine provinces.

325. Sri Lanka has also established accident and emergency services in a large number of strategically located hospitals. All major hospitals in the country have their own disaster management plans, disaster drills are conducted in hospitals, and standard operating procedures for various aspects of emergency preparedness have been developed or are in development. The country has incorporated
emergency preparedness into the basic training curricula of all health workers and in-service training is carried out regularly.

326. The Committee requested the Regional Office for support in strengthening multi-source surveillance and field epidemiology capacity, as well as for strengthening diagnostic, public health laboratory and genomic surveillance capacity. Another area where support was requested was institutionalization of operational readiness through integration with PHC through a One Health approach.

327. The Committee acknowledged the need for all Member States to develop or revise and implement national action plans on health security (NAPHS) by appropriate use of the IHR Monitoring and Evaluation Framework and other relevant tools and guided by the Regional Roadmap on health security and health system resilience for emergencies. The Committee also acknowledged the need for continued assessment, increased political commitment, investments and high-level partnerships to modernize diagnostics, public health laboratories and epidemiological and genomic surveillance systems with strong early warning functions. The Committee welcomed and endorsed the proposal for the establishment of the Regional Health Emergency Council in consultation with Member States and in line with the Global Health Council.

328. The Committee requested WHO’s support in strengthening regional and local capacity for manufacturing, stockpiling and distribution of pandemic products such as vaccines, therapeutics and diagnostics, and critical equipment such as ventilators for equitable access. Diagnostics and national public health laboratory networks need to be strengthened, a regional platform for the sharing of pathogens established, and technical support provided for systematic development of IHR core capacities guided by the regional roadmaps.

329. India made a few suggestions: The Regional Office should take the initiative to have a Region-specific approach towards capacity-building, surveillance and availability of medical countermeasures. An IT-enabled surveillance platform and real-time online data-sharing could be considered for collaboration among Member States. A regional-level research network can be created in the Region, besides focusing on harmonization of regulatory practices. The South-East Asia Region can work towards creating platforms for rapid and broad sharing of pathogens. India also suggested that the Region should collectively focus on institutionalizing the “One Health” approach within the Region under the broader framework of pandemic management.
330. Indonesia has enacted and implemented Law No. 24/2017 on Disaster Management, which categorizes disasters into three groups: natural disasters, non-natural disasters and social disasters. This regulation divides the management of emergencies into three steps: pre-disaster management, emergency response and post-disaster management. It is still developing guidance for the Emergency Medical Team based on the Minister of Health's Regulation number 64/2015.

331. DPR Korea has achieved great success in stabilizing and restoring the pre-epidemic situation over 100 days since COVID-19 made inroads into the territory and 91 days since it allocated the national prevention work to a top-level emergency anti-epidemic system against the rapid nationwide spread of the disease. The President of State Affairs of DPR Korea took the lead and initiated active steps to control the epidemic and ensure that medicines reached patients.

332. Mr Draygel Dorjee, from the Bhutan Red Cross Society, speaking on behalf of the International Federation for Red Cross and Red Crescent Societies (IFRC), highlighted the collective opportunity for strengthening emergency preparedness and response through community engagement. He urged that the new pandemic instrument encompass equity, comprehensive whole-of-government, whole-of-society approaches and the right legal environment for frontline health workers as well as equitable access to pandemic countermeasures.
333. The Committee **endorsed** the Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027 and the WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027.

334. The publications of the two regional roadmaps were officially launched by the Regional Director during the discussions on this Agenda item: *Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027*; and the *WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027*.

335. The Secretariat thanked Member States and said it was heartening to know that all Member States were building on the lessons learnt from COVID-19. Two workshops were held in 2021 one on health systems strengthening and resilience and the other on lessons learnt from COVID-19. It observed that all the suggestions made are already in the Roadmap. A consultation with Member States is planned later in September on surveillance and field surveillance mechanisms.

336. The Secretariat expressed pleasure in noting that HEOCs have been established in all Member States, and in some even at the subnational level. On diagnostics, the Secretariat said that the Regional Office would work in the area of diagnostic innovation. All Member States have been reporting to the States Parties annual evaluation since 2016. The Secretariat appreciated the mention of threats of chemical, biological and radiological warfare.

337. The Regional Director remarked that the Region has been facing various hazards and different types of emergencies, including COVID-19 and monkeypox, compounded by reduced adherence to public health and social measures and decline in testing and genomic sequencing. She requested Member States to sustain their efforts to manage the prolonged pandemic and other emergencies.

338. Dr Poonam Singh urged Member States to proactively engage in the INB processes, sustain the momentum of political commitment and leadership for health emergency preparedness and response, apply lessons learnt from previous and ongoing emergencies to sustain the gains, think out of the box and innovate to tackle gaps and bottlenecks. She also asked them to accelerate critical interventions needed for better response to future emergencies while maintaining operations to continuously monitor the evolution of SARS-CoV-2 in the Region and contain it.
Annual report on monitoring progress on UHC and the health-related SDGs (Agenda item 8.3, SEA/RC75/10)

339. The Committee was informed that at its Seventieth session in 2017, vide Decision SEA/RC70(1), the Regional Director was requested to include an “Annual Report on monitoring progress on UHC and health-related SDGs” as a substantive Agenda item of the Regional Committee until 2030. The latest publication, officially released during this Agenda item, titled Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2022 update, provides a regional update on UHC, health-related SDGs and Thirteenth General Programme of Work (GPW13) target indicators.

340. The thematic focus of the 2022 report is on the “status of financial protection in the South-East Asia Region”, which is critical for UHC. Also, the report provides trajectories on selected health-related SDGs to enable Member States to track progress towards the 2030 targets. Part 3 of the report provides country profiles and informs the status on GPW13 indicators that include all the health-related SDG indicators.

341. The Committee welcomed the annual report of 2022 and acknowledged its comprehensive overview of the progress made towards the UHC and the health-related SDGs. All Member States indicated their commitment towards UHC and health-related SDGs. Member States noted that the inclusion of health-related SDG indicators in their national health plan and health strategies was a way to align and integrate SDG indicators into the national framework.

342. Member States underscored the importance of comprehensive PHC as a main driver to achieve UHC. Member States highlighted significant progress made towards the health-related SDGs, such as reduction in the maternal mortality ratio (MMR), under-five mortality rate (U5MR) and neonatal mortality rate (NMR), improvement in water, sanitation and hygiene (WASH), and increased availability of doctors, nurses and midwives.

343. Member States outlined some challenges such as the need to improve routine health information systems to produce timely, reliable and quality data, enhance capacities for its analysis and use, strengthen different health system building blocks, enhance and integrate digital health (including electronic medical records) with health information systems, reduce out-of-pocket (OOP) health spending and increase sustainable government spending on health, build stronger capacity to monitor and track progress towards UHC and the health-related SDGs at the national and subnational levels, including tracking those left behind.
344. Member States reiterated their request for WHO’s continued support in strengthening their local capacity to monitor progress towards UHC and the health-related SDGs; mobilize support from partners to strengthen health systems; establish a regional mechanism to share good practices; and track indicators for the underserved and unserved segments of the population.

345. Thailand suggested that WHO work closely with the UN Inter-Agency and Expert Group on the Sustainable Development Goal Indicators (IAEG-SDGs) to consider the inclusion of unmet needs as part of the SDG 3.8.2 indicator.

346. Sri Lanka requested that population-wide data collected through the routine health information system be used for monitoring progress on the SDGs rather than survey data that are not updated annually.

347. Mr Bill Gallo, representing the Task Force for Global Health and in the capacity of the Secretariat Director for the Global Partnership for Zero Leprosy (GPZL), said that GPZL is committed to building the systems necessary to protect the health of entire populations as well as eliminating diseases that have plagued humankind for centuries. GPZL recognizes that a strong health-care system with universal access is inherently linked to the success of disease elimination. Leprosy and other neglected tropical disease (NTD) programmes provide an important indicator of the effectiveness of efforts aimed at UHC as well as the impact that a pandemic can have on those efforts. This is because leprosy and other NTDs are diseases of poverty, often impacting the most underserved, hard-to-reach and impoverished populations. These diseases also provide a key indicator of the
comprehensiveness of UHC. Fully-functioning leprosy and NTD programmes include a range of services, from prevention, early detection, diagnosis and treatment to long-term care and psychosocial support.

348. The Regional Director commended Member States on accelerating progress towards UHC and the health-related SDGs despite the setback faced as a result of the COVID-19 pandemic. The Region has witnessed an increase in the universal health service coverage index from 47 in 2010 to 61 in 2019. However, the Region is not expected to meet the 2030 target of 80 based on the current rate of improvement. Moreover, in the Region, 299 million people face catastrophic spending at the 10% threshold. Of all the WHO regions, the SE Asia Region has the lowest level of public spending on health and the highest level of OOP health spending as a share of current health spending.

349. The Region continues to face the highest burden of tuberculosis. These challenges indicate the need to use innovative approaches. Dr Poonam Singh stressed that “It is important for us not just to spend more, but to spend efficiently and spend equitably.” Further, the resources must translate into strong PHC and health systems, such as better health information systems, improved access to health services and health products. It is also critically important to identify those most in need and reach vulnerable populations to ensure that “no one is left behind” when in need of health services and that they face no financial hardship when doing so.

350. Another publication produced by the Regional Office was launched by the Chairperson and the Regional Director during these discussions: Regulations and laws promoting health and well-being goals (SDG 3) in WHO South-East Asian countries.

WHO South-East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones towards ending TB – challenges and opportunities (Agenda item 8.4, SEA/RC75/11)

351. The Committee was informed that in pursuance of the resolution at the UN High-Level Meeting (UNHLM) on tuberculosis held in New York in September 2018, Member States committed to intensified efforts and investments towards reaching the SDGs and targets for ending TB by the 2030 deadline. Member States would be expected to report on the progress against these commitments during the planned UNHLM on TB in 2023. The Committee noted that Member States would need to adopt new tools, technologies and treatment regimens to accelerate progress towards ending TB.
352. Member States in their interventions acknowledged that the South-East Asia Region has the highest TB burden, with around 43% of the global TB cases annually. All Member States reiterated their commitment towards ending TB and praised the Regional Director for including ending TB as one of her Regional Flagship Priorities. Member States also commended WHO for continued technical support provided for the adoption of new guidelines and technologies in their respective countries.

353. The COVID-19 pandemic has reversed progress towards ending TB. The pandemic has also exacerbated the social determinants of the disease such as poverty, inequity and undernutrition. All Member States saw a decline in TB case notifications during the peak impact of the pandemic as well as related lockdowns. However, almost all Member States have maintained good treatment success rates among those initiated on treatment by using innovative adherence and care delivery models. Specific treatment gaps in coverage of rifampicin-resistant and multidrug-resistant TB (RR-/MDR-TB), and coverage of TB preventive treatment (TPT) were also highlighted by Member States.

354. The Committee noted that Member States have embarked on intensified case-finding activities to cover the lost ground in case notification due to the COVID-19 pandemic, with some Member States reaching pre-COVID notification levels. Member States reiterated the need for multisectoral collaboration in efforts towards ending TB, increased use of technologies such as artificial intelligence in screening and diagnosis, and the need for research and innovation.

355. WHO support was sought by Member States for adoption of new tools and guidelines, providing platforms for increased experience-sharing, South–South collaboration, promoting research, including on new vaccines, and mobilizing resources to plug the gaps in funding.

356. Ms Runjun Dutta representing Médecins Sans Frontières International (MSF International) urged Member States to make urgent efforts towards prevention, screening, early diagnosis and treatment of cervical cancer among adolescent girls and women. Particular attention should be given to on high-risk groups such as women living with HIV, who are at a sixfold higher risk of developing cervical cancer. MSF International requested Member States to provide regular screening, vaccination and treatment for HPV as part of their HIV/AIDS response to save lives.
357. The Secretariat congratulated Member States on the progress made as per the Regional Strategic Plan towards ending TB, 2021–2025 despite the challenges faced. The Meeting of national TB programme managers, partners and experts to review progress on End TB milestones in the South-East Asia Region, held in New Delhi on 10–12 August 2022, provided an opportunity for NTP representatives to exchange best practices while recovering from the impact of COVID-19.

358. WHO will continue to utilize existing platforms and create new platforms for the gap areas for greater South–South collaboration and promote collaborative efforts towards ending TB. The intervention from the MSF Access Campaign, which was in alignment with the South-East Asia Regional Action Plan towards ending TB, was also commended. The Regional Office looks forward to working with MSF International and other partners for collective and synergistic action towards ending TB in the Region.

359. The Regional Director commended Member States for showing collective political commitment as well as commitment at the individual country level. She highlighted the Presidential Decree issued in Indonesia, Jan Andolan started in India under the leadership of the Prime Minister, TB-free initiative started in Nepal and the Prime Minister-led pledge in Timor-Leste.

360. Dr Poonam Singh also acknowledged the increase in investments in Member States, which reached US$ 1.4 billion in 2021 for TB programmes in the Region. However, she cautioned that these investments are less than half of the estimates.
required to end TB in the Region, which stand at US$ 3 billion annually. TB in
the Region was accorded increased attention during the G20 deliberations with
Indonesia as Chair of the G20, and this momentum needs to continue when India
takes over the Chair in December 2022.

361. The Regional Director enumerated several steps as the way forward. These
include: plan for UNHLM 2023, including stakeholder consultation, and holding
of side-events to showcase regional progress; rapid adoption and wider use of new
diagnostics and regimen for improving case notification and treatment success
rates for meeting the UNHLM targets and beyond; specific attention to be paid to
expansion of TPT services and provision of social support to TB patients; greater
South–South collaboration on research and innovation for increased access,
treatment adherence and people-centred services; and increased investments in
TB programmes to close the annual funding gap of US$ 1.5 billion, specifically
through domestic sources and multisectoral collaboration.

362. The Regional Director assured Member States of WHO’s support in
prioritization of interventions and resource mobilization for ending TB. WHO
would provide a platform for Member States to share best practices that also feed
into the technical strategic guidance towards ending TB.

363. An advocacy publication titled Act now: end TB in the South-East Asia
Region was launched. The document provides a snapshot of the current TB
situation, progress towards ending TB, specifically the UNHLM targets, impact of
COVID-19, and the way forward in accelerating efforts towards ending TB in the
South-East Asia Region.

Accelerating the elimination of cervical cancer as a public health problem:
Towards achieving 90–70–90 targets by 2030 (Agenda item 8.5, SEA/RC75/12)

364. The Committee was informed that cervical cancer is a preventable disease
and curable if detected early and adequately treated, and that considerable
progress has been achieved so far in the Region under the overarching Global
Strategy to accelerate the elimination of cervical cancer as a public health problem
2020–2030. The Global Strategy has set goals for 2030 with a view to accelerate
progress towards the elimination target of an incidence of four per 100 000. In
2020, 190 874 new cases of cervical cancer and 116 015 deaths from the disease
were estimated in the WHO South-East Asia Region.

365. The Global Strategy also proposed reaching the interim targets of the three
pillars of the elimination strategy by 2030, as follows – vaccination: 90% of girls
fully vaccinated with the HPV vaccine by the age of 15 years; screening: 70% of women screened using a high-performance test by the age of 35 years, and again by the age of 45 years; and treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. Each country should meet these “90–70–90” targets by 2030 to be viably on track to eliminate cervical cancer. The Committee unequivocally reiterated its commitment towards meeting the “90–70–90” targets on cervical cancer.

366. It was noted that the achievement of the 2030 interim targets will also contribute to achieving SDG 3, Target 3.4 (that of reducing by 30% the number of cervical cancer deaths by 2030) and reaching the WHO Regional Flagship Priority of “Prevention and control of noncommunicable diseases through multisectoral policies and plans, with focus on best buys”. Member States agreed that progress on cervical cancer elimination in the Region is on the right track, but the current trends are not enough to achieve the interim targets. Rapid acceleration is needed with proper strategic choices to achieve the 2030 interim targets.

367. Member States reiterated the need to introduce the HPV vaccine without further delay. If already introduced, high coverage of HPV vaccination should be attained and sustained. The Committee highlighted the need to adapt screening programmes to the new HPV test and scale up in a phased manner, integrating screening into other programmes such as HIV/AIDS, sexual and reproductive health services and family planning and delivery through the PHC system. The possibility of integrating HPV testing into existing laboratory networks must also be explored. All countries have committed to reaching the incidence rate of cervical cancer of below four per 100 000 women as per the global targets and to fulfilling the “90–70–90” targets.
368. Member States expressed unstinted support for the recommendations made during the High-Level Preparatory Meeting in July 2022 on strengthening HPV vaccination efforts, introduction of cervical screening in related programmes, strengthening diagnosis and treatment as well as scaling up of cancer registries. India observed that the implementation of population-based screening of oral, breast and cervical cancers under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke has been robust with 41 million persons screened so far for cervical cancer under the Ayushman Bharat initiative.

369. Several Member States have initiated virtual training modules for screening and management of cervical cancer to train various health professionals at all levels to increase the capacity of those engaged in population-based screening. Some have also launched mobile applications for population-based screening in tandem with screening and management of common NCDs. All countries reported that on account of more institutional deliveries, decreasing parity and better genital and menstrual hygiene, a decreasing trend in the incidence rate for cancer cervix is being witnessed.

370. It is universally acknowledged that HPV vaccination is an effective strategy to control cervical cancer. However, since there are limited manufacturers for the vaccine, it is a global responsibility to ensure its equitable distribution particularly in the context of more vulnerable countries by promoting research and development (R&D), and local manufacturing. The Committee urged the Regional Director to prioritize this.

371. In several countries where the incidence and mortality due to cervical cancer remain high such as Nepal (age-standardized incidence rate being 16.4 per 100 000 women and age-standardized mortality rate being 11.1 per 100 000 women), efforts are being made to ensure nationwide access to screening and prevention programmes for cervical cancer.

372. All Member States reiterated their high prioritization of breast and cervical cancer programmes in their annual plans and policies, as well as allocation of funds in the workplans and budgets. There are, however, significant gaps in the availability of dedicated human resources and expertise to initiate and expand the HPV DNA test for cervical cancer screening. Gaps also remain in the availability of data on coverage of cervical cancer-related services in routine health management information systems.
373. Member States lauded the guidance and support from the Regional Director and requested dedicated collaboration from WHO to adapt its global and regional guiding strategies and protocols for the prevention and management of cervical cancer in countries under three parameters: develop evidence-based protocols for palliative care considering existing capacities for diagnosis and treatment; define quality assurance and monitoring mechanisms for screening services (onsite monitoring, data monitoring through health management information systems [HMIS]); strengthen and expand cancer registries and periodic surveys. The importance of focused communications to raise awareness on vaccination, prevention and screening with close collaboration among stakeholders was also highlighted.

374. Some Member States took note of the report on progress in the implementation of the Global Strategy stressing the importance of inclusion of cervical cancer screening as part of their PHC transformation agenda. Lowering cervical cancer incidence through screening for early detection is key to enhanced progress towards the target.

375. Several countries have launched the HPV immunization programme for 9–12-year-old girls in 2022 as a priority with the aim of expanding HPV vaccination coverage in the coming years. Countries committed to ensure quality in achieving the “90–70–90” targets through an integrated multi-disease approach under UHC for a sustainable and resilient health system to reduce morbidity and mortality. They also called for the development of effective strategies based on the experiences to address the impact of COVID-19 on essential health service delivery.

*The Regional Director with the honourable Chair and Vice-Chair*
376. Many Member States urged other relevant UN organizations to collaborate with the ministries to achieve the 90–70–90 targets and provide high-quality technical assistance to Member States in accelerating the elimination of cervical cancer and its associated goals and targets for the period 2020–2030. Member States reiterated the importance of improving the quality of surveillance for cervical cancer and its analysis to arrive at the most effective strategies to achieve the “90–70–90” targets. The attention of the Committee was also drawn to the viability of extending the deadline to meet these targets because of the ongoing situation in low- and middle-income countries in view of the current pandemic. Further consideration on this was requested.

377. The Secretariat thanked Member States for their acknowledgement of WHO’s support for cervical cancer elimination and the leadership of the Regional Director and appreciated Member States’ commitment to the introduction of HPV vaccination into national immunization programmes, launching of the quadrivalent vaccine by India, development of national strategies on cervical cancer control, the introduction of screening in almost all Member States and HPV DNA screening and testing in some settings.

**Achieving UHC, SDGs and health security through stronger and more comprehensive PHC (Agenda item 8.6, SEA/RC75/13)**

378. The Committee was informed that the Working Paper on “Achieving UHC, SDGs and health security through stronger and more comprehensive PHC (SEA/RC75/13)” emphasizes the importance of strengthening comprehensive primary health care as the most efficient and equitable approach to simultaneously advance towards UHC, the health-related SDGs and health security. The document provides an update on progress on the strengthening of PHC in the Region, including the recently released South-East Asia Regional Strategy for primary health care 2022–2030 (or South-East Asia Regional PHC Strategy).

379. The Committee commended the Regional Office for catapulting the ongoing discussions on this key agenda and for the development of the South-East Asia Regional PHC Strategy. The Committee emphasized the importance of comprehensive primary health care through the delivery of a package of essential health services and capacities for key public health functions, as the operational platform for synergizing action on the Triple Billion goals that are related to UHC, health emergencies and healthier populations.
380. The Committee reiterated commitment to strengthening PHC orientation of respective health systems through informed policies, plans and activities. The Committee, however, identified challenges posed by the COVID-19 pandemic and subsequent economic challenges to the operationalization of these plans, and the need to promote health system resilience.

381. Moving forward, the Committee emphasized the need for greater focus on social participation processes; community engagement and empowerment; focus on quality services and associated health facilities; strengthening of health system components especially human resources for health and access to essential medical products; integration of vertical programmes; importance of community-based team models, including the role of community health workers; urban PHC models; engagement of multisectoral stakeholders, including the private sector; and the underlying need to strengthen health information systems for regular monitoring and policy action.

382. The Committee identified new opportunities for and models of PHC services, such as home care, door-to-door medicine distribution and community outreach, with digital transformation, including telemedicine, as a key enabling factor. Member States highlighted the importance of unwavering political commitment from the highest levels of governance towards advancing this agenda.

383. The Committee thanked and sought continued technical and financial support from the Regional Office to strengthen PHC orientation of health systems in the Region. The Committee, in particular, recognized the need to both capture PHC implementation-focused learning in the Region and to synergize partner activities. The Committee welcomed WHO’s work towards the development of a regional knowledge mechanism to support Member States in operationalizing PHC. The Committee resolved to take a proactive role at the UN General Assembly’s High-Level Meeting on UHC in 2023 and welcomed discussions on a draft resolution on this Agenda tabled by the Royal Government of Thailand.

384. Ms Marie-Consolee Mukangendo, from the UNICEF Regional Office for South Asia, who is based in the Bhutan Office, addressed the delegates on this Agenda item. She described the Regional Committee discussions on this Agenda item as an example of global collaboration and investment in the fight against COVID-19 as the Region advances towards “building back better” our health and social service systems to benefit every child in South Asia. In the past two decades, South Asia has made landmark advancements in child survival, and governments
and partners have together reduced the maternal mortality ratio by 57% from 395 to 163 maternal deaths per 100 000 live births during this period. At the same time, the neonatal mortality rate has also been reduced by 59% compared with the 1990 figures. South Asia now has the highest reduction in neonatal mortality compared with other regions. Routine immunization for diphtheria–pertussis–tetanus (DPT)3 among children has been bolstered by 27%, an increase from 64% in 2000 to 91% in 2019.

385. Despite these remarkable gains, South Asia remains off track in achieving the United Nations SDG 2030 targets for mothers and children: (i) the Region has recorded 838 000 deaths among newborns; (ii) more than 50 000 maternal deaths and 615 000 stillbirths continue to be registered yearly in our Region; and (iii) an estimated 6–8 million mother-and-newborn pairs faced the hazards of birth without a skilled birth attendant every year. The COVID-19 pandemic has further exacerbated the situation for women and children. Disruptions to regular health and immunization services due to drastic public health measures and budget cuts have hindered access to and utilization of essential maternal and child health services for the most vulnerable mothers and children living in remote, rural communities.

386. Congratulating WHO for finalizing the South-East Asia Regional Strategy for Primary Health Care 2022–2030 with 12 clear Strategic Actions, UNICEF requested WHO’s leadership and support in accelerating the PHC agenda to build strong and resilient health and community systems. Renewed commitment and
investments, including institutionalizing community health as an integral part of the overall efforts to revitalize PHC, can make a difference for the future.

387. The Secretariat thanked the Committee for its actions and recommendations. It noted the link between action on this Agenda item and Regional Committee discussions on related agendas on the subject of mental health, NCDs, health security and cervical cancer, among others, since UHC in the context of PHC has overarching coverage. The discussions reaffirmed the critical role of PHC as the platform for delivery of essential health services and essential public health functions.

388. The Secretariat reiterated WHO's holistic support to Member States to strengthen PHC orientation of health systems, including through the establishment of a regional knowledge management mechanism that will provide operational learning and enable synergized support.

**Progress reports on selected Regional Committee resolutions (Agenda item 9, SEA/RC75/14 and Add. 1 and Add. 2)**

Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change 2020–2030: Healthy Environments for Healthier Populations (SEA/RC72/R4), and Malé Declaration on Building Health Systems Resilience to Climate Change (SEA/RC70/R1) (Agenda item 9.1)

389. The Framework for Action on Building health systems resilience to climate change in the WHO South-East Asia Region 2017–2022 was endorsed by the Seventieth session of the Regional Committee for South-East Asia as a pathway for the implementation of the Malé Declaration on Building health systems resilience to climate change.


391. The Secretariat was requested to present the progress of implementation of the Malé Declaration and the Regional Plan of Action at the Seventy-fifth Session of the Regional Committee. This report describes the progress made by Member States of the Region in implementing the Action Plan as well as the Framework for Action in building health systems resilient to climate change in the WHO South-East Asia Region 2017–2022.
392. The Committee was informed that the progress report was discussed at the High-level Preparatory (HLP) Meeting held virtually from Delhi in July 2022 and its recommendations thereof were noted.

393. Member States expressed their gratitude to the Regional Office for the technical support received to prepare and strengthen their health national adaptation plans. They appreciated the Regional Action Plan and Malé Declaration in shaping the environmental health agenda and appreciated the support provided by the Secretariat. However, they requested for further technical guidance and support, as well as resources, including through the Green Climate Fund. They appreciated the community-level training and capacity-building provided over the past two years.

394. Many Member States described the progress they have made in this area. They highlighted their vulnerability to climate change, in particular, Bhutan and Nepal, with their mountainous terrain and fragile ecosystems. Many countries have taken measures to address indoor air quality. Member States added that factors contributing to climate change in their countries included urbanization and the construction sector, had been given due consideration.

395. Timor-Leste and Maldives, as small island developing states, expressed their special vulnerability. They have taken measures such as strengthening surveillance, developing/strengthening health national adaptation plans and capacity-building to address the climate-sensitive disease burden. Surveillance for climate-sensitive diseases, such as malaria, diarrhoea, acute respiratory infections, has been rolled out by some Member States. Member States are also carrying out health and vulnerability assessments.

396. Member States highlighted the progress made in implementing the Regional Plan of Action on climate change – including the ambitious health sector commitment made as part of Conference of Parties (COP)26 for building climate-resilient health systems and decarbonizing the health sector. Indonesia is conducting a baseline assessment of the greenhouse gas (GHG) emissions from health facilities to reduce emission by the health sector, and is implementing the water and sanitation for health facility improvement tool (WASH FIT) in health facilities.

397. Maldives has been working towards a health-care waste management plan – green smart hospital initiative, WASH national plan, greening the health sector,
solar usage, mercury-free equipment and green smart island initiative in four islands.

398. Thailand informed that a new area on the climate change nexus was included in the criteria for the Prince Mahidol award. Bangladesh has contributed as a member of the Climate Vulnerable Forum.

399. Maldives proposed extending the Framework for Action on building health systems resilient to climate change in the WHO South-East Asia Region 2017–2022 for an additional five years till 2027. All Member States supported the proposal.

400. The Secretariat affirmed WHO’s commitment for continued support to Member States in implementing the Regional Action Plan on health, environment and climate change 2020–2030.

Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 (SEA/RC69/R5) \( (\text{Agenda item 9.2}) \)

401. At its Sixty-ninth session, the Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 was endorsed by the Regional Committee. This report describes the Regionwide progress made by Member States in implementing the Action Plan in 2021 at mid-term.
402. The Committee noted the progress in undernutrition through reduction in the prevalence of stunting and wasting, improvements in exclusive breastfeeding rates and in creating a healthy food environment. These include regulatory actions to eliminate transfats from the food supply, actions aimed at salt reduction and fiscal policies. Commercial determinants impede the effective implementation of WHO-recommended regulatory and fiscal policies to promote healthy diets and an enabling food environment. The COVID-19 pandemic has increased food insecurity and threatens to reverse the gains made in improving nutrition. The rise in obesity across the life-cycle is a concern and Member States need to focus on addressing obesity in addition to undernutrition.

403. The Secretariat assured the Committee that technical support will be provided to Member States for systems strengthening to implement essential nutrition-specific interventions, nutrition surveillance and coordination with partners to implement multisectoral nutrition-sensitive interventions to mitigate the impact of food insecurity. The work on creating healthy dietary environments through population-based actions, including regulatory environments, and in mitigating commercial influences on policy-making will be further supported. Advocacy will be conducted with Member States to prioritize and implement the recent recommendations adopted by the Seventy-fifth World Health Assembly for preventing and managing obesity over the life-course, including potential targets, and given technical inputs through the obesity acceleration plan to prevent the rising prevalence of obesity.

404. The Committee was informed that the progress report was discussed at the HLP Meeting and recommendations were noted for action. Member States commended the Secretariat for its support and accepted the progress report. Additional comments were made by Thailand, who reported on its regulatory actions to support a healthy dietary environment, the regulation to eliminate trans-fatty acids from the food supply implemented in 2019 and the ongoing work on regulating the marketing of foods and non-alcoholic beverages to children.

**South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7), and Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6) (Agenda item 9.3)**

405. Countries in the South-East Asia Region are vulnerable to a wide range of emergencies, including natural disasters such as flood, tsunami, earthquake and volcano eruption or the outbreak of pandemic diseases such as severe acute
respiratory infection (SARS) and COVID-19. Since the South-East Asia Regional Health Emergency Fund (SEARHEF) was established in 2008, it has played a key role in the health emergency responses of Member States by providing immediate financial support within 24 hours of an outbreak or emergency and has emerged as a symbol of regional solidarity.

Dr Poonam Singh and H.E. Mr Ahmed Naseem, Minister of Health Maldives, raise their hands in unison during a coordinated healthy break exercise

406. The Committee expressed appreciation for the timely assistance provided by SEARHEF in times of disaster and acknowledged SEARHEF as a “path-setter” in enhancing the regional capacity for disaster response and preparedness.

407. The Committee noted that since its inception in 2008, SEARHEF has provided immediate financial support amounting to US$ 6.77 million to 43 emergency events occurring in 10 Member States of the Region, including the ongoing pandemic response.
408. The Committee acknowledged the efforts of the SEARHEF Secretariat in streamlining the governance of the Fund through regular meetings of the Working Group. The most recent meeting was held in July 2022. The Committee further noted the efforts of the Secretariat in increasing accountability through monitoring and evaluation and improving transparency with the launch of the SEARHEF website during the 11th meeting of the Working Group.

409. The Committee observed that the COVID-19 outbreak has demonstrated the vulnerability of the health sector to emergencies and the need for innovative mechanisms to rapidly mobilize resources such as SEARHEF. The Committee emphasized that it is essential that SEARHEF expands its corpus to cover multiple hazards, both during the preparedness and response phases.

410. The Committee acknowledged that the preparedness stream of SEARHEF needs to be scaled up and clear criteria developed for activation of funding for the preparedness stream. The Committee encouraged the Secretariat to continue engaging with donors to channel funds for health emergency preparedness through SEARHEF and enhance multisectoral collaboration.

Strengthening emergency medical teams (EMTs) in the South-East Asia Region (SEA/RC71/R5) (Agenda item 9.4)

411. On 7 September 2018, the Seventy-first WHO Regional Committee for South-East Asia adopted a resolution on “Strengthening emergency medical teams (EMTs) in the South-East Asia Region (SEA/RC71/R5)”. This was one of the first such resolutions adopted by any of the six WHO regions. The resolution called for establishment of a Regional EMT Working Group comprising representatives of Member States to support the implementation of the EMT initiative and requested the WHO Regional Office to support the establishment and management of the Regional EMT Working Group. The South-East Asia Regional EMT Working Group was established in 2019. The Regional Office for South-East Asia, as the Secretariat of the Working Group, has since been collaborating with the South-East Asia Regional EMT Working Group.

412. The Regional Office is committed to providing technical assistance and support for training, quality assurance, coordination and other activities for strengthening EMTs in Member States of the Region. To guide the work of strengthening the capacities of Member States, a dedicated team within the Health
Emergencies Department of the Regional Office has been working in collaboration with WHO country offices to support implementation of the EMT resolution.

413. The Committee expressed appreciation for the support from the Secretariat in building the capacity of Member States through intensive refresher training of the Emergency Medical Team Coordination Cell (EMTCC) in collaboration with the EMT Secretariat from WHO headquarters as well as the WHO Regional Office for the Western Pacific. The aim of this training was to update trained members of the global EMTCC cadre on the methodology and skills inherent to EMT coordination, with a focus on case management during the mobilization and operations phases, particularly during the COVID-19 pandemic.

414. The Committee was informed that during the current and ongoing response to the COVID-19 pandemic, all EMTs from Member States were deployed domestically to support the COVID-19 response; no EMT from the Region was internationally deployed.

415. The Committee observed that in the Region, there are many national EMTs with varying capacities. The Thailand EMT was classified as Type 1 in 2019, three other teams – Bhutan, Indonesia and Sri Lanka – are in the process of global EMT classification. The focus on capacity-building has been on natural disasters.

416. The Committee reiterated the need for WHO support for the development of national EMTs for in-country deployment during emergencies and to respond to outbreak situations, as necessary. This should be in line with national requirements, adapting standards and quality assurance processes relevant to the national contexts.

417. The Committee noted the coordination between EMTs and the surveillance and rapid response teams. These consist of epidemiologists and public health staff, which are critical for an effective response to COVID-19. The Committee suggested that the Secretariat needs to provide opportunities for Member States to share and learn from the best practices of other countries to further enhance the national and regional response.
Ending preventable maternal, newborn and child mortality in the South-East Asia Region in line with the Sustainable Development Goals and Global Strategy on women’s, children’s and adolescents’ health (SEA/RC69/R3) (Agenda item 9.5)

418. The Committee expressed satisfaction that Member States had achieved considerable progress towards the target of ending preventable maternal, newborn and child mortality in the South-East Asia Region in line with the Sustainable Development Goals (SDGs) and the Global Strategy on women’s, children’s and adolescents’ health.

419. The Committee appreciated the substantial reduction of mortality in the Region, which was higher than the global reduction, as demonstrated by a 64% reduction in the under-five mortality rate (U5MR) and a 56% reduction in neonatal mortality in 2020 compared with the levels in 2000. There has been a 75% reduction in U5MR and a 66% reduction in newborn mortality compared with the 1990 levels. As of 2020, five countries in the Region – the Democratic People’s Republic of Korea, Maldives, Indonesia, Sri Lanka and Thailand – have achieved a U5MR below the 2030 SDG target of 25 per 1000 live births. The neonatal mortality rate (NMR) in these countries has also fallen below the 2030 SDG target of 12 per 1000 live births; another four countries are on track to achieve the U5MR; and two countries are on the way to achieving the NMR SDG targets by 2030.

420. The Committee further noted that between 2000 and 2017, the Region witnessed the most significant decline in maternal mortality ratio (MMR): a 57% reduction in mortality compared with 38% globally, and that Nepal and Timor-Leste are on track to achieve the SDG country target of a two third reduction in MMR from the 2010 value. The new data on maternal mortality estimates are expected to be released by the end of 2022.

421. The Committee appreciated a 50% reduction in the stillbirth rate for the 2000–2017 period in countries of the South-East Asia Region, which is the second-highest reduction among all WHO regions, as well as the achievement of the country target by six Member States, namely Bhutan, DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand.

422. The Committee congratulated Member States of the Region for eliminating maternal and neonatal tetanus in all districts across all 11 countries. Maldives, Sri Lanka and Thailand have also eliminated mother-to-child transmission of HIV and syphilis.
423. The Committee observed that a significant reduction in the total fertility rate (TFR) has been achieved in most countries, with the weighted average for TFR in the Region being 2.2. Bhutan, DPR Korea and Thailand report below replacement fertility levels. The Region has already reached the GPW13 target of 66% demand satisfied for family planning.

424. The Committee appreciated the regional achievements in increasing the population-based coverage of essential reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions during the past 10 years. The reduction in maternal, newborn and child mortality and stillbirths are attributed to the increase in the regional average of high-impact, evidence-based interventions.

425. The Committee appreciated the strategic guidance of programme implementation and new innovations of RMNCAH programmes in the past. These included quality of care, early childhood development (ECD), maternal–perinatal death surveillance and response (MPDSR), birth defects prevention, programme planning in RMNCAH, and addressing sexual and reproductive health (SRH) issues such as comprehensive abortion care. The Committee urged Member States to continue to keep RMNCAH at the centre of the focus on UHC in order to sustain the gains and accelerate progress towards achieving the targets of the SDGs and the Regional Flagship Priority Programmes.
426. The Committee stressed the importance of mitigating the risks due to the COVID-19 pandemic through continuous monitoring of RMNCAH services to understand the degree of service disruption and recovery. The Committee reiterated the need to establish/strengthen the national technical advisory groups on RMNCAH as a substantial value addition at the country level, support appropriate health system actions based on domestic financing, and address human resource issues related to RMNCAH.

427. The Committee was informed that the progress report was discussed at the HLP Meeting and recommendations were noted for action. Member States commended the Secretariat for its support and accepted the progress report.

Challenges in polio eradication (SEA/RC60/R8) (Agenda item 9.6)

428. The Committee noted the progress report on polio eradication and polio transition in the South-East Asia Region, which includes efforts to maintain the polio-free status, challenges, and the way forward to overcome these challenges and sustain the regional achievements.

429. Observing that the WHO South-East Asia Region was certified polio-free in 2014 and has maintained its polio-free status since then, the Committee also noted the risk of resurgence of polio in the Region. There have been continued efforts in the Region to maintain surveillance sensitivity for poliovirus detection as well as maintain high immunity against polio through routine and supplementary immunization activities.

430. The Region saw a slight decline in programme performance during the COVID-19 pandemic. All Member States, with support from WHO, have been making strong efforts to revive the immunization coverage as well as improve surveillance sensitivity. Despite the COVID-19 pandemic, all countries ensured that laboratory-supported surveillance (for acute flaccid paralysis and environmental surveillance) is sustained to detect any poliovirus transmission. In 2021, overall surveillance indicators in the Region were maintained above the global certification standards. Member States are also making efforts to ensure outbreak response preparedness as well as poliovirus containment activities as outlined in the Global Action Plan III for containment of polioviruses.

431. The Region is leading in polio transition activities. Member States with significant polio infrastructure and assets are taking actions towards sustainability of these assets for supporting other public health goals. The Region has a single
integrated network for surveillance and immunization that provides support not only for polio eradication, but also for measles and rubella elimination, surveillance of other vaccine-preventable diseases, strengthening immunization and responding to emergencies. The integrated network makes the Region the most advanced among all WHO regions for polio transition.

432. The Committee noted the report of the HLP Meeting and the recommendations made during the meeting, including continued commitment of Member States to sustain high routine immunization coverage, maintain a sensitive surveillance system and a strong outbreak response capacity, as well as containment of polioviruses in facilities. It also noted the recommendations made during the HLP Meeting on polio transition, including the long-term sustainability of polio infrastructure through domestic/alternative funding resources to maintain the gains in polio eradication and to achieve other public health goals.

Measles and rubella elimination by 2023 (SEA/RC72/R3) *(Agenda item 9.7)*

433. The Committee noted the progress report on measles and rubella elimination by 2023, including the challenges, and deliberated on the way forward. The Committee recalled that the Seventy-second session of the WHO Regional Committee for South-East Asia held in September 2019 had endorsed resolution SEA/RC72/R3 on “measles and rubella elimination by 2023”, which is also one of the Flagship Priority Programmes of the Region.

434. Significant progress has been made in the Region towards measles and rubella elimination. Five countries – Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste – have maintained their measles elimination status, while two countries – Maldives and Sri Lanka – have maintained rubella elimination.

435. All Member States are providing two doses of measles- and rubella-containing vaccine through their routine immunization programmes and have laboratory-supported surveillance for measles and rubella. All Member States of the Region have at least one proficient national laboratory to support measles and rubella case-based surveillance. The measles–rubella (MR) laboratory network has expanded from 23 laboratories in 2013 to 58 in 2022, with 56 of these laboratories accredited as “proficient” for measles and rubella testing.

436. The annual reported incidence of measles decreased by 79% between 2014 and 2020 (from 23.4 to 4.8 cases per million population). Similarly, the reported incidence of rubella declined from 5.1 in 2014 and to 0.8 cases per million
population in 2020. More than 619 million persons were vaccinated with MR-containing vaccine through supplementary immunization activities between 2014 and 2021.

437. While significant progress was made during recent years, challenges in the form of subnational immunity gaps, suboptimal sensitivity of surveillance and financial insufficiency remain and pose a risk to achieving the goal. The COVID-19 pandemic also had an impact on the implementation of strategies for measles and rubella elimination.

438. The Regional Committee noted the report and the recommendations of the HLP Meeting, including the need to translate the political and programmatic commitment into actions to accelerate progress towards measles and rubella elimination, develop and refine strategic, operational and policy guidelines for reviving immunization and surveillance activities and ensure targeted implementation of local-specific strategies to plug gaps in immunization and surveillance that have emerged following the outbreak of the COVID-19 pandemic.

Strengthening health workforce education and training in the Region (SEA/RC67/R6) (Agenda item 9.8)

439. The Committee was informed that at its Sixty-seventh session in 2014, vide resolution SEA/RC67/R6, the Regional Director was requested to report on the progress on health workforce development to the Regional Committee every two years, starting from 2016, for a decade. The latest publication is the fourth progress report, covering the period 2020 to 2022, to the Regional Committee. The progress report identifies continued gains made across priority areas of the South-East Asia Decade for Human Resources for Health (HRH) Strengthening, including in the availability of HRH in the Region. The progress report includes focused connection between service delivery and HRH, quantifying and highlighting the importance of a PHC workforce in the Region. The report underlines the need to accelerate progress in the area as critical to advancing towards UHC and health security.

440. The Committee emphasized the importance of introducing medical humanities in health professionals’ education as a means to realize people-centred health care.
441. The Secretariat provided a collective response to Member States on these progress reports. The Secretariat thanked the Committee for discussing the issue of introducing medical humanities in health professionals’ education. The Secretariat identified the intent of Member States to systematically review the role of medical humanities in advancing people-centred care and transformative education, with findings to guide and advance regional action on this issue.

442. On climate change, the Secretariat said that it was an existential crisis and thanked Member States for taking appropriate action. The Secretariat appreciated the suggestion made by India to strengthen the preparedness stream of SEARHEF.

443. The Committee was informed that the Regional Office has taken various initiatives in the area of strengthening emergency preparedness and response, the details of which are available on the web toolkit. The Regional Office will continue to support vulnerability assessments and the setting up of green “smart” hospitals. Meetings on various related issues, including strengthening of surveillance and risk assessment, IHR core capacity monitoring and evaluation, emergency response coordination, and pandemic influenza preparedness, have been requested by Member States. Many of these meetings will be conducted in the last few months of 2022, the Secretariat informed. A group has been set up for COP27 to be held in November 2022 in which eight Member States are represented.

444. The Regional Director, Dr Poonam Khetrapal Singh, observed that climate change was a common theme among all Member States, as the Region is highly disaster-prone. She especially pointed to the small island developing states (SIDS) of Maldives and Timor-Leste, both of which are extremely vulnerable to climate change.

445. On SEARHEF, Dr Poonam Singh added that the Fund is the only mechanism within all the WHO regions to provide funds within 24 hours to meet immediate needs before other funding mechanisms are operational. SEARHEF was conceptualized at a request from Sri Lanka following the tsunami in 2004 and was started in 2008. The Regional Director assured Member States that efforts will be made to strengthen SEARHEF, including mobilizing funding for the Preparedness Stream and improving overall accountability of the SEARHEF. However, she observed that receiving funds during an emergency is relatively easy, but funds for preparedness take much longer to come.
Governing Body matters (Agenda item 10)

Key issues arising out of the Seventy-fifth World Health Assembly and the 150th and 151st sessions of the WHO Executive Board (Agenda item 10.1, SEA/RC75/15 and Add. 1)

446. The Committee was informed that the Seventy-fifth World Health Assembly held in May 2022 and the 150th and 151st sessions of the WHO Executive Board held in January and May 2022, respectively, endorsed a record number of resolutions and decisions during the course of their deliberations.

447. The Committee reviewed the Working Paper (SEA/RC75/15) comprising the summaries of the resolutions on technical matters that have significant implications for the South-East Asia Region and considering the implications of the resolutions/decisions and actions already taken and to be taken. The Committee was also informed that the HLP Meeting in July 2022 had reviewed and noted this Working Paper and made recommendations for the consideration of the Regional Committee.

448. The Committee noted Addendum 1 of the Working Paper (SEA/RC75/15 Add. 1) containing the “Integrated Regional Action Plan for viral hepatitis, HIV and sexually transmitted infections in South-East Asia, 2022–2026”, submitted for endorsement by the Committee. The Committee was informed that the Integrated Regional Action Plan was developed through a detailed consultative process, as mandated by the Regional Committee decision SEA/RC74(4) adopted at its Seventy-fourth session held in 2021.

The Regional Director, the Vice-Chair and members of the Senior Management at the Regional Office and WHO headquarters launch the publication ‘Integrated Regional Action Plan on viral hepatitis, HIV and STIs, 2022–2026’
449. The Committee noted the significance of these relevant resolutions and decisions that were adopted and endorsed and the agenda items discussed at the global Governing Bodies of the World Health Organization from the perspective of the South-East Asia Region. 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 are deemed to have significant implications for Member States of the WHO South-East Asia Region and merit follow-up action by both Member States and WHO in the South-East Asia Region.

450. The Committee unanimously endorsed the *Integrated Regional Action Plan for viral hepatitis, HIV and sexually transmitted infections in South-East Asia, 2022–2026* and the Action Plan document was launched during this discussion module.

451. 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), were appreciated. Member States were urged 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-fifth World Health Assembly, the 150th and 151st sessions of the WHO Executive Board.

452. In a statement, the International League Against Epilepsy (ILAE), represented by *Dr Vinayan Kollencheri Puthenveettil*, highlighted the promotion of evidence-based treatment for people with epilepsy through its 128 national chapters. ILAE thanked Member States for their unanimous approval of the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders at the World Health Assembly. ILAE, together with the International Bureau for Epilepsy, wishes to work in partnership with Member States and WHO.

453. Through ILAE’s global network of over 26 000 epilepsy professionals, ILAE can provide support in (i) gathering information on the health and economic burden of epilepsy; (ii) developing patient-centred models of care for epilepsy diagnosis and treatment; (iii) increasing knowledge through education and training; (iv) advancing research; (v) using expanded epilepsy services to strengthen care for other neurological disorders. ILAE looks forward to working with Member States and WHO to close the current epilepsy treatment, inclusion and research gaps and achieve a world where no person’s life is limited by epilepsy.
454. At the end of the session, the publication on the Integrated Regional Action Plan for viral hepatitis, HIV and sexually transmitted infections in South-East Asia, 2022–2026 was launched.

Review of the Draft Provisional Agenda of the 152nd Session of the WHO Executive Board (Agenda item 10.2, SEA/RC75/16)

455. The Committee was informed that the 152nd Session of the WHO Executive Board will be held at WHO headquarters in Geneva from 30 January to 7 February 2023.

456. 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 19 September 2022.

457. 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 by an explanatory memorandum.

458. The draft Provisional Agenda of the 152nd Session of the WHO Executive Board, following its noting by the High-Level Preparatory Meeting in July 2022, was placed before the Committee for its review, comments and noting, as appropriate. The Committee noted the draft Provisional Agenda of the 152nd Session of the WHO Executive Board and the last date for sending the proposals.

459. The Committee was informed that following the receipt of the proposals by Member States, the WHO Executive Board will consider the draft Provisional Agenda of the 152nd Session of the WHO Executive Board, together with the proposals received from Member States for items to be included in the Agenda.

460. The Committee considered the United Nations General Assembly Resolution A/RES/74/2 on Global health and foreign policy, titled “Political declaration of the High-Level Meeting on universal health coverage”, wherein Member States decided to hold a High-Level Meeting on universal health coverage in 2023 with the aim of driving the UHC agenda.

461. Understanding that UHC together with well-functioning PHC is one of the most effective measures to cope up with the aftermath of the COVID-19 pandemic...
and to achieve the SDGs, the Regional Committee decided to support the proposal submitted by the Royal Thai Government on “Preparation for a High-Level Meeting of the UN General Assembly on universal health coverage”.

462. The Committee requested the Regional Director to communicate the proposed additional substantive Agenda item to the Director-General on behalf of the Regional Committee by 19 September 2022, with an explanatory memorandum submitted by the Royal Thai Government, for consideration by the Executive Board. The Committee also urged Member States to remain committed to achieving UHC.

The Regional Director greets H.E. Mr Ahmed Naseem, Minister of Health of Maldives, at the Regional Committee

463. The Regional Director commented that UHC is a very important agenda not only at the regional but also at the global level and thus assured Member States full support from the Organization. She further informed that the Regional Office, as guided by Member States, would be regularly monitoring UHC and present an annual report to Member States.

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

464. The Committee was informed that a number of elective posts for Governing Body meetings were to be filled by Member States of the South-East Asia Region.

465. For the Seventy-sixth World Health Assembly in May 2023, the posts of Vice-President, Vice-Chairperson of Committee B, Member of General
Committee, and Member of the Committee on Credentials are available to be filled on a rotational basis by Member States of the South-East Asia Region.

466. The proposals for nomination of Bhutan for the post of Vice-President of the Seventy-sixth World Health Assembly; Thailand for the post of Vice-Chairperson of Committee B; India for the post of Member of General Committee; and Indonesia for the post of Member of the Committee on Credentials, were unanimously agreed by the Regional Committee.

467. The Committee noted that three Member States of the Region – India, Maldives and Timor-Leste – are the current members of the WHO Executive Board. From among these, India is completing its three-year term in May 2023 and the post will become available, along with the post of the Vice-Chairperson of the Executive Board.

468. The Regional Committee unanimously agreed to the proposals that DPR Korea be nominated as the third Member from the South-East Asia Region in place of India and that Timor-Leste be nominated as the Vice-Chairperson of the 153rd Session of the WHO Executive Board.

469. Two Member States of the Region – Maldives and Timor-Leste – are current members of the Programme, Budget and Administration Committee (PBAC), with their terms due to expire in May 2024 and May 2023, respectively. The proposal to nominate DPR Korea for a two-year term in place of Timor-Leste was unanimously accepted by the Regional Committee.

470. The Committee also noted that the WHO Executive Board, vide its decision EB151(2), has established a Standing Committee on Health Emergency Prevention, Preparedness and Response. The Executive Board Members from the Region have proposed the nominations of India and Timor-Leste to represent the Region in the Standing Committee. The Regional Committee agreed to the proposal.

471. The Regional Committee requested the Regional Director to convey its decision to the WHO Director-General.

472. The Regional Director conveyed her gratitude and appreciation to Member States for agreeing to the proposals and informed that a rotation policy is strictly followed in the South-East Asia Region to nominate Member States for various elective posts. She added that the Regional Committee’s recommendations would be placed before the upcoming Seventy-sixth World Health Assembly and the
153rd Session of the Executive Board for consideration and decision by Member States.

Management and Governance matters (Agenda item 11)

Status of the SE Asia Regional Office Building (Agenda item 11.1, SEA/RC75/17)

473. Regular updates on the status of the new WHO South-East Asia Regional Office Building at Indraprastha Estate in New Delhi, India, have been presented to the Regional Committee since its Sixty-eighth session in September 2015. Following Decision SEA/RC70(2) of the Seventieth session of the Regional Committee in Maldives in September 2017, the Regional Committee decided to redevelop the whole campus. Securing excellent cooperation from and substantive contributions extended by the Government of India, as the host country, to finance and manage the demolition and reconstruction of a new building at the site, the Regional Office made a smooth relocation to two temporary swing spaces in central New Delhi from 14 May 2018.

474. The Secretariat informed that the Regional Office has been engaged in continuous dialogue and is working closely with the Ministry of Health and Family Welfare of the Government of India towards efficient and successful completion of the project within the agreed timelines.

475. The Ministry of Health and Family Welfare, Government of India, informed the Committee that the Government of India has been closely monitoring and reviewing the construction work despite the ongoing COVID-19 pandemic and the associated delays. The Government of India presented an update on the current status of the project and reaffirmed that all efforts were being made for an early handover of towers “W” and “H” (of the three towers named “W”, “H” and “O”). While the estimated budget for the project is INR 2.28 billion, additional funding of INR 110 million has been approved towards the project, including COVID-19-related measures to be implemented at the site.

Evaluation: Annual report (Agenda item 11.2, SEA/RC75/18)

476. The Committee was informed that the 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 on the progress of the South-East Asia Region’s Evaluation Workplans for 2020–2021 and 2022–2023.
477. The Region collaborated with the WHO Global Evaluation Office at WHO headquarters in Geneva to improve the management of evaluation in line with the Global Evaluation Policy and the guiding principles provided by the South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development.

478. Subsequent to the review undertaken by the Regional Office and after incorporating the lessons learnt over the past few years, the WHO Regional Framework for Strengthening Evaluation for Learning and Development was revised, and the updated version has been published online ahead of the Session on the website of the WHO South-East Asia Region. The Working Paper on this issue was presented to the High-Level Preparatory (HLP) Meeting in July 2022 for noting the progress on streamlining the regional evaluation functions, namely identifying the criteria for evaluation, developing concept notes, commissioning the evaluation and assessing the status of the evaluation workplans for 2020–2021 and 2022–2023.

479. The Committee recalled that the HLP Meeting held in New Delhi in July 2022 made the following recommendations for consideration of the Seventy-fifth Session of the Committee: (i) revise the South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development and publish it on the Evaluation website; and (ii) ensure that relevant recommendations of the evaluations are planned and executed during the implementation of the

480. The Committee was informed that the evaluation recommendations are already being incorporated during the implementation of the Programme Budget 2022–2023 and are being followed up. These recommendations have also been used for country-level consultations for prioritization of outputs and outcomes related to the Programme Budget 2024–2025. The South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development has been published online on the website of the WHO South-East Asia Region. The Committee noted the progress and appreciated the work done by the Secretariat in advancing the culture of “Evaluation” in the Region.

Strengthening country capacity for measurable impact
(Agenda item 11.3, SEA/RC75/19)

481. The Committee was informed that the Seventy-fifth World Health Assembly held in May 2022 approved, through its resolution WHA75.6, the extension of the tenure of the Thirteenth General Programme of Work (GPW13) from 2023 to 2025 and requested the Secretariat to consult with Member States regarding the Director-General’s report on the proposed five focus areas for GPW13, namely: (i) support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes; (ii) support a radical reorientation of health systems towards primary health care as the foundation of UHC; (iii) urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO; (iv) harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities; and (v) urgently strengthen WHO in its capacity to operate as the leading and directing authority on global health that is at the centre of the global health architecture.

482. The Committee noted that the objective for the GPW13 extension is to strengthen country capacity for measurable impact, accelerate progress towards equitable and resilient recovery from COVID-19, achieve the Triple Billion targets of GPW13 and the health-related SDGs.

483. The Committee welcomed the regional perspective on the five proposed areas for GPW13 extension provided through the Working Paper (SEA/RC75/19)
and noted that the Regional Director’s Flagship Priority Programmes are well aligned with the health-related SDGs and the GPW13 Triple Billion targets.

484. The Committee noted that the five proposed areas for GPW13 extension provide strategic directions for the Proposed Programme Budget 2024–2025. Hence, active participation of Member States in the ongoing discussions on the proposed five focus areas will be required to identify priorities for Programme Budget 2024–2025.

485. Further, Member States were encouraged to participate actively in the ongoing discussions on strengthening the health security system in the Region and to work collaboratively with partners in strengthening the systems and tools for pandemic preparedness and response to achieve measurable impact, guided by long-term vision, effective governance and Sustainable Financing.

486. The Committee noted that a coordinated engagement of Member States, the Secretariat and partners in implementing resolutions and translating partnership initiatives into concrete action at the country and regional levels will be key to achieving the Regional Flagship Priorities, GPW13 Triple Billion targets and health-related SDGs.

487. The Committee urged Member States, WHO and partners to collectively seek to operationalize stronger and more comprehensive PHC across the Region as well as focus on identifying and addressing the leading risk factors for premature mortality and morbidity. This could be achieved through sustained technical support, health leadership, a multisectoral approach and strengthened partnerships.

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 2022 and nomination of a member in place of Myanmar whose term expires on 31 December 2022 (Agenda item 12.1, SEA/RC75/20)

488. The Committee considered the Working Paper SEA/RC75/20 on the report on attendance at the Joint Coordinating Board (JCB) in 2022 and nomination of a member in place of Myanmar whose term expires on 31 December 2022. The Committee took cognizance of the Report of the 45th Session of the JCB held in Geneva in June 2022 that was presented at the Session.
The JCB of the WHO Special Programme for Research and Training in Tropical Diseases Research (TDR) acts as the governing body of the Special Programme and is responsible for its overall policy and strategy.

The Committee noted the membership of Sri Lanka under Paragraph 2.2.3 till 31 December 2023, and that of India and Thailand under section 2.2.1 as TDR contributors.

As recommended by the HLP Meeting in July 2022, the Committee unanimously endorsed the nomination of Bangladesh under Paragraph 2.2.2 of the memorandum of understanding (MoU) as a member of the JCB for a four-year term starting from 1 January 2023 to 31 December 2026 to replace Myanmar.

The Committee unanimously accepted the proposal and requested the Regional Director to inform WHO headquarters accordingly. The Committee also considered the report on attendance at the JCB in 2022.

Mr Narciso Fernandes, Director of Health Policy, Planning and Cooperation, Ministry of Health, Timor-Leste


The Committee considered Agenda item 12.2 on attendance at the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in 2022 and
nomination of a member in place of Maldives whose term expires on 31 December 2022. 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. The Committee took cognizance of the report of the 35th Meeting of the PCC held in April 2022 in Geneva, that was presented to it.

494. The Committee was informed that one Member State was to be elected for the three-year term effective 1 January 2023. The HLP Meeting in July 2022 had recommended that Timor-Leste replaces Maldives, whose term of office was due to expire on 31 December 2022. The Committee unanimously accepted the proposal for the nomination of Timor-Leste as a member of the PCC for a three-year term effective 1 January 2023 and requested the Regional Director to inform WHO headquarters accordingly.

Time and place of future Sessions of the Regional Committee
(Agenda item 13, SEA/RC75/22)

495. As per Rule 4 of the Rules of Procedure of the WHO Regional Committee for South-East Asia, the Committee decides on the date and place of its next Session.

496. Since the election of the next WHO Regional Director for South-East Asia is scheduled during the Seventy-sixth Session of the Regional Committee, this Session of the Committee will be hosted by the Regional Office in New Delhi, India, on 11–15 September 2023, the dates subject to confirmation. The Committee adopted Decision SEA/RC75(3) to this effect.

Adoption of Resolutions and Decisions (Agenda item 14)

497. The Committee was informed that the Resolutions Drafting Group had met during the lunch breaks to finalize the resolutions and decisions for adoption by the Committee. The Rapporteur of the Resolutions Drafting Group, Mr Govind Jaiswal, read out the resolutions and decisions to the Committee. The Rapporteur reminded the Committee that it had already adopted the decision on “Time and place of the future Sessions of the Regional Committee”.

498. During the Ministerial Roundtable, the Committee had unanimously agreed to the Ministerial Declaration titled Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care
and services (SEA/RC75/R1) by ministerial consensus with their signatures being affixed electronically. The Committee now unanimously adopted resolution SEA/RC75/R1 endorsing the Paro Declaration.

499. The Chairperson then announced that the representatives of all Member States constituting the Drafting Group had conveyed their agreement with resolutions SEA/RC75/R2 (Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region), SEA/RC75/R3 (Enhancing social participation in support of primary health care and universal health coverage), and SEA/RC75/R4 (Resolution of Thanks). These three resolutions were also unanimously endorsed by the Committee with no further modification.

500. The Resolutions Drafting Group had also endorsed two more decisions – SEA/RC75(1) on Building health systems resilience to climate change and extension of the Framework for Action on building health systems resilient to climate change in the WHO South-East Asia Region 2017–2022 till 2027, and SEA/RC75(2) on proposed additional Agenda item for the 152nd Session of the WHO Executive Board. These too were unanimously adopted by the Committee.

Adoption of the report of the Seventy-fifth Session of the Regional Committee (Agenda item 15)

501. The Chairperson, H.E. Dasho Lyonpo Dechen Wangmo, asked the participants to review the copies of the draft report that had been circulated to them ahead of the final plenary. The draft report was also projected on the screen. She invited Member States to comment on it and raise objections or propose modifications, if any. A few observations proposing minor changes and modifications were made and accepted. The Chair observed that the Secretariat would incorporate these changes in the final report.

502. As there were no other comments from Member States, the Chairperson thanked them for their excellent cooperation and active participation. She declared the report of the Seventy-fifth Session of the Regional Committee adopted. She then invited Member States to make their final statements.

503. Member States thanked the host country, Bhutan, for the warm welcome, excellent organization and conduct of the Session, and for its outstanding hospitality. They appreciated the opportunity to work together in person after a long gap, and 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 the solidarity within the Region and promised better health for the population of the Region.

504. Member States unanimously agreed that mental health was a very important issue that posed many challenges, which were enhanced due to the pandemic. They hoped that the resolutions produced would be sustainable and implementable. They were hopeful that the Paro Declaration would be a milestone for UHC, as various sectors would need to be involved.

505. Member States observed that the leadership of WHO was important at every level. 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. They thanked the WHO Director-General, Dr Tedros, for his excellent guidance, and the Regional Director, Dr Poonam Khetrapal Singh, for her visionary leadership of the Region.

506. The distinguished delegate from Bhutan thanked all delegates and guests with particular warmth and gratitude for their participation. He observed that the Committee had been an “excellent guest” enabling Bhutan to reciprocate with the highest standards of hospitality.

Closing of the Session (Agenda item 16)

507. The Chairperson, H.E. Dasho Lyonpo Dechen Wangmo, invited the Regional Director to deliver her closing remarks at the end of the final plenary.

508. In her concluding remarks, the Regional Director, Dr Poonam Khetrapal Singh, described it as a “privilege” to come together for a face-to-face Session and meet all delegates in person after three years. She thanked the honourable Prime Minister of Bhutan for his “valuable time and astute guidance at the inaugural session and for his very warm hospitality”.

509. She also thanked Her Excellency, the “able” Minister of Health of Bhutan, “for making this Session special in many ways”. She greatly appreciated the very detailed preparations made in making the Session a success. She also appreciated the role of the Vice-Chairperson.

510. She thanked the Excellencies and distinguished delegates for their valuable contributions over the course of this Session. “Your invaluable insights have enriched the discussions,” she said. She thanked the Co-Chair of the
Intergovernmental Negotiating Body Ms Precious Matsoso and Vice-Chair Dr Viroj Tangcharoensathien for the deliberations on the global pandemic treaty. She also thanked the representative of the Government of India for organizing two Side-events “on issues of extreme relevance to the Region”.

511. The contributions from Member States will help to bolster health security; help end TB and eliminate cervical cancer; and reorient health systems towards strong primary health care to meet the health needs of the people, she said. She described the resolutions and decisions adopted to pertain to “critical aspects” of the regional and global health agenda. “I thank you for your beneficial and productive discussions, perspective and support,” she reiterated. She assured delegates of WHO’s continued support to drive ever harder towards the eight Flagship Priorities, the Triple Billion targets and the quest to achieve the health-related SDGs.

512. Dr Poonam Singh described the importance accorded to the mental health agenda as “crucial”. “The Paro Declaration on universal access to mental health care marks a bold, timely and world-leading commitment to invest in and reorient mental health services towards primary health care. In the months and years ahead, together we must build on this commitment, reshape environments, and strengthen care to protect, promote and transform mental health in our Region,” she enumerated.

513. She also thanked the Director-General for joining the meeting and the team from WHO headquarters for their participation. She expressed gratitude to the Organizing Committee of the Royal Government of Bhutan and all the staff “who looked after the participants day and night”. She had a special word of praise for
the staff of WHO from the Regional and Country Office for their hard work and behind-the-scenes contribution to the success of the Session.

514. Calling Bhutan “truly a land of happiness from which the world has a lot to learn”, the Regional Director urged Member States to continue to untiringly strive to “build back better” towards a South-East Asia Region that is healthier, fairer, more health-secure and sustainable, and in which all people can access quality mental health care, close to where they live, without financial hardship.

515. She concluded by calling the meeting “indeed a great success” for which sincere gratitude was expressed for the impressive and timely efforts of the honourable Chairperson.

[For the full text of the Regional Director’s concluding remarks, see Annex 8]

516. The Chairperson, H.E. Dasho Lyonpo Dechen Wangmo, said that Bhutan was honoured and blessed to have hosted the Seventy-fifth Session of the Regional Committee. In her concluding remarks, she had effusive praise for the work of the Regional Director. She applauded the Regional Director for her extraordinary and dynamic leadership, her vision extraordinaire, and diligent and tireless pursuit of health goals and targets, and the many “public health firsts” and best practices recorded by the Region during her tenure, which have been replicated and emulated by other regions.

517. Among these “firsts”, Her Excellency enumerated, were the formation of the health emergency fund, the public health investiture awards, and the “visionary” Flagship Priorities. Dr Poonam Singh led the Region in practising all that was envisaged, such as the healthy breaks during meetings for physical exercise, which has been replicated by every WHO Region across meetings.

518. All this enabled the WHO South-East Asia Region to play a stellar role among the regions in ensuring the health and well-being of nearly 2 billion people of the Region and in making possible “the elimination of pestilence after pestilence by Member States in collaboration with WHO” during the past decade. In response, and in an unprecedented and heartwarming gesture, the plenary accorded the Regional Director a round of thunderous applause and resounding standing ovation.

519. Her Excellency Dasho Lyonpo Dechen Wangmo thanked the delegates for their participation and cooperation throughout the Session in a spirit of camaraderie and good cheer. She then declared the Seventy-fifth Session of the Regional Committee closed.
Resolutions and Decisions

Resolutions

SEA/RC75/R1  Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services

The Regional Committee,

Having deliberated upon at length and considered the Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services,

ENDORSES the Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services, annexed to this resolution, and

REQUESTS the Regional Director to report on the progress in implementation of the Paro Declaration to the Committee every two years until 2030.

Eighth session, 9 September 2022
WE, THE HEALTH MINISTERS OF MEMBER STATES OF THE WHO SOUTH-EAST ASIA REGION, participating in the Seventy-fifth Session of the WHO Regional Committee for South-East Asia,

RECOGNIZING the negative impacts of the COVID-19 pandemic on mental health of the population and of health-care workers, on economic growth and the fiscal space for health, wherein health systems recovery and universal health coverage (UHC) requires continued investment,

FURTHER RECOGNIZING the importance of mental health as a determinant of social and economic development and the fundamental role it plays for individuals, families and communities to function optimally, work productively and contribute to their families and societies,

TAKING COGNIZANCE OF the active engagement by the Member States of the Region at the Second Special Session of the World Health Assembly in November-December 2021 that passed the Decision "WHASS A21(9): The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response”

UNDERSTANDING the high prevalence of mental disorders across the world, which represents one of the leading causes of disease burden globally,

WHILE ACKNOWLEDGING that their extensive prevalence and negative impacts will be further exacerbated by public health and humanitarian emergencies, climate change and economic downturns that contribute to poverty, stigmatization and discrimination and cause renewed or extend existing health disparities,

APPLAUDING the actions thus far by Member States to strengthen policies, plans, laws and services and efforts to address challenges in improving mental health of populations,

CONCERNED by the current burden of mental disorders including high prevalence of suicide and self-harm in the Region and its negative impact on health, societies and economies, all of which is further exacerbated by the COVID-19 pandemic, as well as rapidly changing patterns of alcohol and drug use; and the continued negative outcomes from consumption of harmful digital entertainment,

NOTING the necessity of addressing stigma, discrimination and inequities, and the crucial role of primary health care, with full engagement of communities and community health workers, in the prevention and promotion of mental health and management of mental disorders, including promotion of resilience at the individual, family and community levels as an integral component of universal health coverage,

ALSO NOTING WITH CONCERN, the scarcity of data on the prevalence of mental disorders, widespread stigma related to mental disorders and the paucity of services and trained health workforce that together contribute to the large treatment gaps in many countries of the Region,

RECOGNIZING the need for whole-of-government, multisectoral and whole-of-society approaches for effective public health as well as societal, educational and economic responses across the life-course, and at the community, family and individual level, to address the burden of mental disorders, and involvement by those with lived experience and their families, in order to ensure people-centred, comprehensive and effective response,

EMPHASIZING the importance of networking at regional and global levels to exchange information, ensure access to technical support, and share successful experiences as well as challenges, especially in relation to community-level prevention, treatment and re-integration services,

UNDERSCORING the urgent need for investment in health workforce for mental health, especially at the primary health care level, and the adequate supply of affordable, effective, quality-assured and safe medical products, and to building resilient mental health systems in consonance with the principles of UHC,

APPRECIATING regional initiatives such as the South-East Asia Regional Experts Group on Mental Health for generating regional and global public goods to respond to the Member States’ challenges for universal access to mental health services and other social supports,

RECALLING previous commitments towards strengthening initiatives for mental health, including: resolution SEA/RC59/R8: Alcohol consumption control – Policy options; resolution SEA/RC65/R5: Noncommunicable Diseases; Mental Health and Neurological Disorders; resolution SEA/RC65/R8: Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; and resolution SEA/RC67/R4: SEA Regional Action Plan to Implement the Global Strategy to reduce harmful use of alcohol (2014–2025),

DO HEREBY CONCUR AND RESOLVE TO ACCOMPLISH the following:

(a) ENGAGE fully in the Intergovernmental Negotiating Body in negotiating for a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and safeguarding the world from future pandemics and catastrophic impacts, including those for mental health;

(b) REORIENT mental health services by strengthening the capacity of the primary health care system as the foundation for provision of mental health services and progress towards UHC; the health-related Sustainable Development Goals and the targets of WHO Comprehensive Mental Health Action Plan 2013–2030;

(c) COMMIT to ensure an effective and comprehensive response to the mental health needs by establishing evidence-based and rights-oriented; community mental health networks and systematically plan the process of deinstitutionalization of care for people with severe mental disorders;

(d) PRIORITIZE fiscal space for health and universal health coverage, secure adequate investment for mental health services at the primary and secondary level, and mobilize required additional resources in partnership with local and international stakeholders;

(e) EXPAND the specialized and non-specialized mental health workforce through identification of new cadres of health-care personnel who are especially trained, equipped and competently skilled for the delivery of mental
health services at the primary care level, and strengthen the role of multidisciplinary teams through planning and sustained investment and by establishing training and quality standards and enhancing the capacity of mental health units of the ministries of health of Member States;

(f) COMBAT stigma and discrimination against people with mental disorders, family members and caregivers through community empowerment and active engagement of people with lived experience;

(g) STRENGTHEN national and subnational level prevention and promotion programmes to achieve well-being of all by addressing suicide and self-harm, substance use, consumption of harmful digital entertainment, bullying and parenting issues;

(h) ENSURE allocation of resources for continuous supply of medicines and rehabilitation, including occupational therapy for people with mental disorders;

(i) STRENGTHEN data gathering and reporting, implementation research and performance monitoring, to ensure context-sensitive improvement of mental health systems;

(j) PILOT and SCALE UP successful models and innovative interventions, harness digital technologies and telemedicine to improve access to services and counselling, including e-learning in support of health care workers at the primary health care level, and data analysis for programme improvement;

(k) LEAD the multisectoral mental health response by guiding and harmonizing the social, education, development and economic sectors to address determinants of mental health including poverty, lack of education, social isolation, emergencies and impact of climate change, in order to mainstream mental health in policy planning, implementation and evaluation;

(l) ESTABLISH culturally relevant, integrated systems of medicine to improve the overall mental health response;

(m) DEVELOP country-specific targets to achieve universal primary care-oriented mental health services; and

REQUEST the WHO Regional Director for South-East Asia to:

(a) Provide technical support in strengthening capacity of the Member States in mental health, with a special focus on reorienting primary health care for mental health services;

(b) Raise awareness on mental health and provide support in mobilizing financial resources to bridge the mental health treatment gap and move towards UHC;

(c) Establish a regional knowledge and training hub to coordinate the process of generating evidence in mental public health, prioritize areas of research, facilitate exchange of experiences and build capacity according to identified needs;

(d) Provide technical cooperation in the area of mental health and psychosocial support (MHPSS) to strengthen the response of Member States to address mental health impacts consequent of climate change and humanitarian crises; and

(e) Report on the progress of the implementation of this Paro Declaration on universal access to people-centred mental health care and services to the WHO Regional Committee for South-East Asia at an interim of two years until 2030.

Adopted on the Sixth day of September, Two Thousand and Twenty Two

[Signatures of officials from various countries]
The Regional Committee,

HAVING CONSIDERED the three strategic instruments named hereinafter:

(a) Implementation Roadmap for the prevention and control of noncommunicable diseases in South-East Asia 2022–2030;1

(b) Action Plan for oral health in South-East Asia 2022–2030; and

(c) Action Plan for integrated people-centred eye care in South-East Asia 2022–2030;

RECOGNIZING the high burden of morbidity and mortality due to cardiovascular diseases, the large number of untreated cases of dental caries and oral health conditions, and challenges in the provision of comprehensive eye care,

NOTING that while progress has been made and the trends are in the right direction, acceleration is needed to achieve the global, regional and national goals,

ACKNOWLEDGING the importance of country leadership, political commitment, multisectoral and multistakeholder actions, and the need for adapting the three plans into the national health/NCD/oral health/eye health plans in the Member States, as appropriate to the country context, with the necessary allocations for resources, and

EMPHASIZING the crucial role of data and information systems at all levels to promote accountability,

1. ENDORSES the three strategic instruments:

(a) Implementation Roadmap for the prevention and control of noncommunicable diseases in South-East Asia 2022–2030;

(b) Action Plan for oral health in South-East Asia 2022–2030; and

(c) Action Plan for integrated people-centred eye care in South-East Asia 2022–2030;

2. URGES Member States to:

(a) Consider adopting and implementing, in accordance with their national priorities and contexts, the three strategic instruments including multisectoral actions related thereto, in order to accelerate the progress in NCD prevention and control, and to speed up actions for oral health and eye health in primary health care and within the ambit of universal health coverage;

(b) Strengthen policy and legislative frameworks for this purpose, as well as advance primary health care, universal health coverage, human resources, accountability and quality of national health information systems; and

3. REQUESTS the Regional Director to:

(a) Provide adequate technical support to Member States in the implementation of the three strategic instruments including strengthening of the related monitoring and evaluation systems;

(b) Continue to collaborate with the Specialized Agencies of the United Nations, Funds and Programmes related thereto, and other relevant partners and stakeholders, in order to advocate and leverage assistance for aligned and effective implementation of the three Strategic instruments in Member States; and

(c) Report on the progress and achievements of the three strategic instruments to the Regional Committee every two years until 2030.

Eighth session, 9 September 2022
SEA/RC75/R3  Enhancing social participation in support of primary health care and universal health coverage

The Regional Committee,

REAFFIRMING the commitment made to achieve the health-related Sustainable Development Goals (SDGs), in particular Goal 3 – to ensure healthy lives and promote well-being for all at all ages,

RECALLING 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 to achieve universal health coverage and the health-related SDGs (SEA/RC74/R1),

NOTING with concern the inadequate progress in achieving UHC and other health-related SDGs in the Region, notably financial protection; and the impacts of COVID-19 on fiscal constraints which can impede progress towards achievement of UHC and the SDGs,

REAFFIRMING that comprehensive primary health care is an effective and efficient approach for achieving the health-related SDGs and universal health coverage; a cornerstone for promoting resilience and health security including through the provision of essential public health functions; and a foundation for sustainable integrated people-centred health care,

APPRECIATING the participatory process in developing the South-East Asia Regional Strategy for Primary Health Care 2022–2030 in consultation with Member States of the South-East Asia Region and partners,

NOTING the outcomes of the SE Asia Regional Consultation on PHC held in March 2022, including the need to further strengthening national capacity in monitoring progress, synergizing support from WHO and partners, and strengthening platforms for sharing knowledge and experience across Member States and partners,

COGNIZANT OF the fiscal constraints, arising as a result of the economic downturn from the pandemic, to strengthening health systems and primary health care and advancing UHC, and noting that orienting health systems towards PHC is the cost-effective approach in advancing UHC and achieving the health-related SDGs,
EMPHASIZING that social participation is a key element of health systems governance that promotes inclusiveness, responsiveness and equity through a whole-of-society approach with the involvement of communities, civil society organizations, professional organizations, the private sector and academia, and especially enables the enhancement of access and coverage of UHC and PHC policies while promoting health security,

NOTING the availability of good practices in the Region on promoting social participation in health systems; while expressing concern over the need to strengthen monitoring and reporting mechanisms on progress of social participation,

APPRECIATING the WHO publication on “Voice, agency, empowerment – Handbook on social participation for universal health coverage” that aims to provide practical guidance on strengthening meaningful government engagement with the population, communities and civil society,

TAKING cognizance of the High-Level Meeting of the United Nations General Assembly on UHC in 2023 which will reaffirm commitment to the achievement of UHC,

1. ENDORSES the South-East Asia Regional Strategy for Primary Health Care 2022–2030;

2. CALLS UPON international agencies including UN families, civil society organizations, professional bodies and academic organizations to provide synergized support to Member States of the South-East Asia Region in their efforts to reorient health systems towards comprehensive primary health care tailored to national systems and contexts;

3. APPRECIATES the WHO publication on “Voice, agency, empowerment – handbook on social participation for universal health coverage”;

4. URGES Member States to:
   4.1 review, develop and implement national policy/strategy to strengthen the comprehensive primary health care system as a foundation to achieve UHC guided by the SE Asia Regional Strategy on PHC as appropriate;
4.2 strengthen national capacity in monitoring progress and challenges in implementing a comprehensive primary health care system, and through participation in regional knowledge and experience-sharing mechanisms and activities;

4.3 enhance social participation, community engagement and empowerment including by strengthening collaborative platforms and government capacities to facilitate participatory processes in addressing UHC, health-related SDGs and health security; and

4.4 engage in the upcoming UN High-Level Meeting on UHC in 2023, as well as the relevant preparatory processes, and collectively promote the South-East Asia Regional Strategy on PHC and social participation towards UHC; and

5. REQUESTS the Regional Director to:

5.1 Provide technical support to Member States of the South-East Asia Region in strengthening comprehensive primary health care as a means to accelerate progress of UHC, health-related SDGs as well as health security in the Region;

5.2 Establish and strengthen regional knowledge and experience-sharing mechanisms on PHC through mobilizing expertise from development, implementation and academic partners in the Region;

5.3 Provide technical support to Member States in enhancing social participation, community engagement and empowerment which contributes to health system governance, and convene a Regional Consultation on social participation and document case studies and experiences on social participation in the Region;

5.4 Provide technical support to Member States of the South-East Asia Region in preparation for the UN High-Level Meeting on UHC in 2023; and

5.5 Report progress in implementation of this resolution to the WHO Regional Committee for South-East Asia every two years beginning from 2024 until 2030.
SEA/RC75/R4 Resolution of thanks

The Regional Committee,

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

1. THANKS His Excellency Lyonchhen Dr Lotay Tshering, Prime Minister of the Royal Government of Bhutan, for inaugurating the Session and for his inspiring address,

2. THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address delivered virtually,

3. CONVEYS its gratitude to Her Excellency Dasho Lyonpo Dechen Wangmo, Minister of Health, Royal Government of Bhutan and honourable Chairperson of the Seventy-fifth Session, members of the National Organizing Committee and staff of the Ministry of Health, Royal Government of Bhutan, and other national authorities for their efforts in ensuring the success of the Session,

4. EXPRESSES its appreciation and thanks to the Vice-Chairperson, His Excellency Mr Ahmed Naseem, Minister of Health, Government of the Republic of Maldives, for the efficient conduct of the Regional Committee Session, and

5. CONGRATULATES the Regional Director and her team for their efforts towards the successful and smooth conduct of the Session.

Eighth session, 9 September 2022
Decisions

SEA/RC75(1) Building health systems resilience to climate change and extension of the Framework for Action on building health systems resilient to climate change in the WHO South-East Asia Region 2017–2022 till 2027

The Regional Committee, having considered the updates on progress on specific Regional Committee resolutions and documents presented to its Seventy-fifth Session, including the Progress Report on Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change 2020–2030: Healthy Environments for Healthier Populations (resolution SEA/RC72/R4); and the Malé Declaration on building health systems resilience to climate change (resolution SEA/RC70/R1) in the WHO South-East Asia Region, and having noted the progress made for the implementation of the Malé Declaration and the Framework for Action in building health systems resilience to climate change, and the suggested way forward therein, decided to:

1. EXTEND the current Regional Framework for Action in building health systems resilient to climate change (2017–2022) till 2027, taking into account that among the WHO regions, South-East Asia has the highest estimated deaths due to climate change that remains a huge challenge for the future, and recognizing that climate action is health action and that the targets set for 2030 are part of the Sustainable Development Agenda;

2. REQUEST the Regional Director to:

   (a) CONVENE technical consultations including constituting of a Regional Expert Group on environmental determinants of health and climate change and to continue to provide technical support to the Member States as outlined in the Malé Declaration and the Framework for Action in building health systems resilience to climate change,

   (b) SUPPORT and prioritize the control of air pollution, WASH, urbanization, improved work settings, sound management of chemicals, and climate change, including potential targets as identified in the monitoring framework of the Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change 2020–2030: Healthy Environments for Healthier Population, and
(c) REPORT progress, achievements and challenges related to the implementation of this Decision to the Seventy-eighth and Eightieth Sessions of the Regional Committee.

SEA/RC75(2) Proposed additional Agenda item for the 152nd Session of the WHO Executive Board

The Regional Committee,

Considering the proposal from a Member State for an additional Agenda item on “Preparation for the High-Level Meeting of the UN General Assembly on Universal Health Coverage” for inclusion in the Provisional Agenda for the 152nd Session of the WHO Executive Board, and

In response to the United Nations General Assembly Resolution A/RES/74/2 on Global Health and Foreign Policy: Political Declaration of the High-Level Meeting on Universal Health Coverage, in which it decided to hold a High-Level Meeting on Universal Health Coverage (UHC) in 2023 with the aim of driving the UHC agenda in the Sustainable Development Goals, decided to:

1. ENDORSE the proposal by the Member State for an additional Agenda item on “Preparation for a High-Level Meeting of the UN General Assembly on Universal Health Coverage” for inclusion as a substantive Agenda item in the Provisional Agenda of the 152nd Session of the WHO Executive Board;

2. REQUEST Member States to work together in submitting a proposal with an explanatory memorandum on behalf of the Member States of the WHO South-East Asia Region in a timely manner for consideration by the Executive Board for inclusion as a substantive Agenda item for the 152nd Session of the WHO Executive Board; and

3. REQUEST the Regional Director to communicate the proposed additional substantive Agenda item for the 152nd Session of the WHO Executive Board to the Director-General on behalf of the Regional Committee.

SEA/RC75(3) Time and place of future Sessions of the Regional Committee

The Regional Committee decided that its Seventy-sixth Session will be hosted by the Regional Office for South-East Asia in New Delhi, India, on 11–15 September 2023 (dates subject to confirmation).
Annex 1

Welcome address by Mr Pemba Wangchuk, Officiating Health Secretary, Ministry of Health, Royal Government of Bhutan

I have the honour to welcome His Excellency the Prime Minister of Bhutan to this very important and august gathering of the Regional Committee Session for WHO South-East Asia. As a passionate health professional, the presence of His Excellency [the Prime Minister of Bhutan] is a reinforcement of Bhutan’s strong leadership for and commitment to contributing towards realizing our shared common goals. Your Excellency [Prime Minister], your presence gives us higher hope and inspiration.

I welcome Your Excellencies, the honourable Speaker of the National Assembly and the honourable Leader of the Opposition. Your presence here is exemplary and comforting as it highlights the importance that the Parliament of Bhutan gives to the health agenda in the overall development context.

Your Excellencies, delegates of Member States, members of the UN System, NGOs and non-State actors, it is my pleasure to welcome you all to Bhutan to experience the beautiful valley of Paro and the warmth of Bhutanese hearts. September is a good month to be in Bhutan as it is the beginning of autumn. After more than two gruesome years of the pandemic, we must have a moment of fresh air and rejuvenate ourselves so as to prepare for better times ahead.

I take this privilege to welcome the Regional Director of the WHO South-East Asia Region. The collaboration between the WHO Regional Office for South-East Asia and Bhutan has been greatly strengthened under the dynamic leadership of Dr Poonam Khetrapal Singh, Regional Director.

The COVID-19 pandemic, an unprecedented public health emergency, has led to the loss of about 6.4 million precious lives till date and has decimated the global economy with millions of people pushed into poverty. This has caused a major setback to social and development gains the world over. It is a global tragedy.

Bhutan has been fortunate in our fight against the pandemic largely due to the selfless leadership of His Majesty The King who forged a unified all-of-government and all-of-society response approach. Bhutan could successfully mitigate the pandemic in time and with minimum loss.
Bhutan appreciates WHO’s stewardship in transforming our health-care system through consistent support and continuous technical guidance. We acknowledge this and remain grateful to WHO. In this regard we welcome the presence of Dr Catharina Boehme, Chef de Cabinet, who represents the Director-General of WHO; and we wish to convey our sincere gratitude to Director-General Dr Tedros Adhanom Ghebreyesus, for his able leadership and for leading WHO to greater heights. Bhutan also acknowledges the support received for health sector development through bilateral and multilateral cooperation.

Over the next five days, the Regional Committee will deliberate, among others, on the most important and pressing health issues faced in the Region. We are excited that the Ministerial Roundtable with its thoughtful and visionary wisdom will deliberate on addressing mental health and call for collective support and increased investment in mental services. This is timely. Mental health is underreported, it is elusive, it is complicated. Bhutan has noted with concern the rising cases of mental health exacerbated by the past two years of the pandemic. I am happy to report that Her Majesty The Queen of Bhutan is extending royal patronage to address mental health issues in the country.

Bhutan takes pride in hosting this Seventy-fifth Session of the Regional Committee and we are happy to have you with us. This is a proud moment as our joint efforts have played a key role in making this physical convening possible to discuss important agendas. I also hope our distinguished delegates will find some time to see around and experience our unique culture and natural beauty. Enjoy the fresh air and the smell of the first week of autumn in Bhutan. I wish you a successful Regional Committee. Tashi delek!
Annex 2

Address by Her Excellency Dasho Lyonpo Dechen Wangmo at the Inaugural Session (in her capacity as outgoing Vice-Chairperson of the Seventy-fourth session of the Regional Committee)

Bhutan is honoured to host the Seventy-fifth Session of the Regional Committee in the spiritual valley of Paro, home to the famous Tiger’s Nest monastery, or Taksang, a global heritage site for Tantric Buddhism.

At the outset, I would like to convey the warmest greetings of His Majesty The King, the Fifth Druk Gyalpo, Her Majesty The Queen, and the people of Bhutan to all the delegates joining us for the Session starting today.

It has been a difficult two-and-a-half years for the whole of humanity and in particular for our health fraternity. And today, being able to convene this meeting face-to-face for the first time after the unprecedented wave of the pandemic and the turmoil caused around the world, is indeed a testament to our collective perseverance.

We all know that the COVID-19 pandemic has tested the resilience of our health systems, and human emotions, at all levels. Unfortunately, the battle is not yet over.

Health systems across the world continue to face challenges such as a shortage of human resources, difficulties in accessing essential medicines for routine health services, managing the intricacies of securing the required therapeutics and diagnostics for COVID-19, and now, the uncertainties of monkeypox, which in just a few months has become a household name.

You will agree with me that the COVID-19 pandemic has been far more than a health crisis. It has deepened economic, social and health inequalities in all countries and, more importantly, countless vulnerable groups have been pushed into extreme poverty.

These widening gaps have slowed down our collective momentum in achieving our shared goals of universal health coverage and continue to threaten the health and economic gains made so far. Concomitantly, the pandemic has made it clear that health is central to development.

Thus, the Regional Committee Session today presents us with a unique opportunity to “rethink, redesign and rewrite” strategies and interventions to accelerate and
enhance equitable quality health services and systems for the South-East Asia Region that is home to more than one fourth of the global population.

While we continue to fight to limit the pandemic, and now the surge of monkeypox virus, it is timely that the leaders, experts and partners take stock of the gaps in areas needing more attention in the context of our commitments to realize the Triple Billion targets and the health-related Sustainable Development Goals.

Under the resourceful leadership of the Regional Director, Dr Poonam Khetrapal Singh, despite challenges, our Region has advanced steadily in public health areas with a focus on the eight Flagship Priorities driven by the determination to sustain, accelerate and innovate state-of-the-art public health interventions. In our Region, key health system performance indicators have been progressive; life expectancy at birth has increased steadily; and the decline in maternal and under-five mortality has been consistent.

Despite the magnitude of these positive developments, our health systems in the Region continue to face challenges and issues. We continue to see epidemics of communicable diseases such as HIV-AIDS, TB, hepatitis, malaria and now monkeypox. The majority of socially exposed populations continue to live with poor sanitation and access to basic quality health services.

In parallel, noncommunicable diseases including cancers and mental health disorders are on the rise. Apart from public health diseases, countries in the Region are also highly vulnerable to climate-related disasters and emergencies. These issues and gaps merit deeper reflection to find innovative, effective and sustainable solutions to transform and revolutionize our health systems.

I, therefore, hope that this first face-to-face Regional Committee Session post-pandemic will provide the much-needed platform to meaningfully engage all Member States to resonate and address these competing public health issues urgently.

I thank you all for your resolute commitment to achieving a healthier, safer and fairer world. And I thank the honourable Prime Minister of Bhutan for his unwavering commitment to the global agenda of “health for all” and “leaving no one behind”.

Without further ado, once again, may I wish your Excellencies and distinguished delegates a successful meeting and memorable stay in the land of Gross National Happiness. Tashi delek!
Annex 3

Address by His Excellency Lyonchhen Dr Lotay Tshering, honourable Prime Minister of the Royal Government of Bhutan

It is my honour to convey the warm greetings of His Majesty The King, Her Majesty The Queen and the people of Bhutan. Once again, welcome to Paro.

Looking around the hall and listening to the speakers, it feels like a reunion of a family – the health fraternity of the Region comprising individuals who share similar dreams of improving the health and well-being of the people.

Health Minister Lyonpo Dechen was giving the updates about your arrival and site visits yesterday. It had me thinking that the timing could not be better than this. We are at the receding end of the pandemic and looking to a new start. As we remember the precious lives the world lost during the pandemic, we now owe it to them to work harder hereafter.

But first, I want to thank the World Health Organization, and the leadership of (Director-General) Dr Tedros, for showing us the way to walk the uncharted path of the pandemic. I want to particularly offer gratitude to (Regional Director) Dr Poonam Khetrapal Singh and her team at the Regional Office, and our good friend Dr Rui Paulo de Jesus and the WHO country team in Bhutan for working beyond the official mandates and supporting us.

WHO’s timely intervention has helped save millions of lives across the planet. You have lived up to every word and spirit of WHO’s founding principles.

When we launched the book [The People’s Pandemic: How the Himalayan Kingdom of Bhutan staged a world-class response to COVID-19], for which I was happy to engage in a long discussion with the author, it reminded me of the pandemic journey we embarked on. I am glad that the book captures the finer details that will inform our future generation how Bhutan fought this unique battle.

When the first case of COVID-19 was detected in Bhutan on 5 March 2020, we tested, and then re-tested the patient twice, because we simply couldn’t believe the virus was here in the country. I also remember how our King personally led the first meeting of the COVID-19 Task Force. As we prepared to start the meeting at around 6 p.m., His Majesty walked in and personally guided the discussions.
In less than 10 hours that night, we had traced all primary contacts of the patient and isolated them. Since the first case was a tourist who landed in Paro and travelled to Punakha via Thimphu, we initiated the COVID-19 restrictions in these three districts at the break of dawn the next day, 6 March 2020.

Since then, you all must be aware that Bhutan had adopted the most stringent COVID-19 protocols anywhere in the world. Ultimately, His Majesty’s guidance and leadership made all the difference. We claim to be health experts, but our King gave us the best of public health guidance. I guess it is the care, concern and compassion for his people that enabled him to understand the subject like an expert.

The Royal command was to protect every Bhutanese from the disease, within the country and beyond. So we sent flights, bought tickets and reached out to everyone who wanted to return to the country where we could give them the best protection from COVID-19. I have lost count of the travels my King made across the country to monitor, work together with and boost the morale of our frontline workers. And to lead by example, His Majesty followed every COVID-19 SOP put in place.

Soon, we introduced a three-week facility quarantine for international travellers, which gradually reduced to 14, and then seven, which was effectively five, days. And now it has come down to the test-and-go system. We also had to make arbitrary distinctions between high- and low-risk zones in the country because of the porous border we share with India.

Ours is a modest health system. Yet, we put all resources together not only to withstand the pandemic but to ensure delivery of routine health services. While dealing with major health crises, there are tendencies for routine services to fall into the cracks. Therefore, special emphasis was placed on routine immunization, maternal and child health, cancer and NCD surveillance. Besides sustaining HPV vaccination for girls, for the first time we even rolled out HPV vaccines for boys amid the pandemic. Where the hospitals were under lockdown, we sent doctors to villages and homes.

I want you all to know that hundreds of volunteers were trained as basic health responders to fill in as paramedics and to offer other emergency services. This was possible through the Royal initiative called “Desuung”. The “Desuups” are the social footsoldiers who are still in action, safeguarding the country and partaking in numerous nation-building programmes even as we speak.

Controlling infection meant extensive impact on livelihood, and His Majesty introduced a relief fund amounting to more than 15% of the country’s GDP. Thousands of individuals and businesses continue to receive the support today.
In the maze of activities, we often overlook the most critical components. When people remained indoors because of the COVID-19-related restrictions, they were locked in with their problems, be it livelihood, mental instability, alcohol withdrawal or abuse, or domestic violence. I know these problems are not unique to us, but I would like to share some anecdotes with friends here today.

For Bhutan, Her Majesty The Queen took the lead to reach out to everyone who needed support. From as simple acts as delivering packed food, sanitary pads and contraceptives, Her Majesty also ensured that counselling services reached homes and call centres were set up. It takes a noble heart with an empathy beyond normal to pay attention to such details on the ground. We offer our heartfelt gratitude to Her Majesty.

These are compassionate gestures that will have a lasting imprint on the mental health and well-being of our people. And it all led to the creation of the “Pema Centre”, roughly translated as “lotus born”.

The apex agency for mental well-being that emanated from Her Majesty’s heart will go on to become the centre of excellence for wholesome mental health-care services. We have no doubt that the aspirations will come true because we are talking about an institution that is blessed with an inspiring figure no other than Her Majesty.

I am excited to learn that the Ministerial Roundtable at the Committee will adopt the Paro Declaration on people-centred mental health care and services. This will give us the much-needed platform and confidence to tackle mental health issues in the Region together. An organic disease will only take away a life, but an unmanaged mental illness will deprive life and livelihood of an entire community.

With the impact of the pandemic, climate change, rising food prices and the ever-evolving geopolitics that is filled with uncertainties, I am unable to comprehend the magnitude of the epidemic of mental health issues that will overwhelm us soon. Imagine the mounting stress of COVID-19, of losing loved ones, of job losses and of not knowing what will happen next.

The devastating consequence of all this will weigh heavy on the poorer sections of society disproportionately, and the nation will never find peace and stability with this. Therefore, there is no better time to focus on this topic than now and I find our land of Gross National Happiness very appropriate to host this.

We will offer all our support to this initiative. It includes a proposition to establish a regional knowledge and training hub for information exchange and capacity-
building in our Region, for which as I said earlier, the Pema Centre can be an ideal institute.

I have highlighted on many occasions that the nomenclature of SARS-CoV-2 itself indicates that the threats of a possible “SARS-CoV-3” and “SARS-CoV-4” are imminent. There were enough lessons for us to know that we cannot do without investing more in health hereafter. Our health systems must be more resilient and accessible and there should be collective action in science and technology for health.

Meanwhile, His Majesty repeatedly reminded us to use the pandemic to reset ourselves so that the post-pandemic path is literally new for us. Therefore, Bhutan is undergoing historic reform in all public sectors. While the health sector itself is bound for reform, the health of our people is a critical ingredient to make all the reform initiatives a success. Which is why a Regional Committee geared towards improving health-care services means a lot to us.

Finally, I am very happy to note that the delegates to the Seventy-fifth Session are here in person after two years of virtual meetings to share their thoughts and expertise. I wish you open and meaningful discussions over the next five days.

I pray that the outcomes bring more peace, well-being and prosperity in our Region and ultimately the world. I look forward to meeting you all at the dinner reception (tonight). Thank you.
Annex 4

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

I thank Your Majesty, and the Royal Government and people of Bhutan, for your hospitality in hosting this year’s Session of the Regional Committee for South-East Asia.

I would especially like to thank Your Excellency Dasho Lyonpo Dechen Wangmo for your patient and skilled leadership as Chair of the World Health Assembly last year, during the peak of the COVID-19 pandemic. I also commend you for your leadership at home during the pandemic. With just 21 reported deaths, Bhutan has one of the lowest mortality rates in the world.

I am delighted that for the first time in three years, you are able to meet face-to-face, and I am very sorry that I cannot be with you.

The fact that you are able to meet in person is testament to your hard work in saving lives from the pandemic. I am very pleased to see that reported deaths from COVID-19 in the Region are now at their lowest since the pandemic began.

However, as much as we all wish it were, the pandemic is not yet over. The virus is still circulating, and still changing. And testing and sequencing have both dropped dramatically, which makes it harder to see how the virus is evolving.

It is very pleasing to see that a very high proportion of the Region’s health workers are vaccinated. However, one quarter of the Region’s people, including one quarter of older people, remain unvaccinated.

This vaccination gap continues to pose a risk to your health systems, your economies and your societies. So, we continue to urge all Member States to commit to vaccinating all health workers and all people aged over 60, as the highest priority on the way to reaching the overall target of 70% vaccine coverage.

This is the best way to save lives and drive a truly sustainable recovery. There is a lot of talk about “learning to live with COVID-19”. But that does not mean we accept people dying of COVID-19 when those deaths can be prevented.

I know that the pandemic has also caused significant disruption to essential health services for many Member States. The latest WHO Pulse survey shows that more...
than half of the services continue to be disrupted across the Region. Restoring these services as quickly as possible is essential for the recovery, and for driving progress towards the health targets of the Sustainable Development Goals.

Excellencies, two weeks ago I began my second term as Director-General. I thank all Member States of the South-East Asia Region for your support for my re-election at this year’s World Health Assembly.

We have many achievements to be proud of in the Region, but we also face many challenges, as you well know. If the pandemic has taught us nothing else, it has taught us that health is the most precious commodity on earth. A commodity that must be cherished, prized and fought for every day; not as a luxury for the privileged, but as a fundamental human right.

It is that right for which I remain wholeheartedly committed – for all the people of your Region, and the people of our world. Kadrin chhe. Thank you.
Annex 5

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

It is my immense pleasure to be here today, in person, to embark on this Seventy-fifth Session of the WHO Regional Committee for South-East Asia.

My special thanks to Her Majesty The Queen of Bhutan Jetsun Pema Wangchuck. I thank Your Excellency the Prime Minister Lyonchhen Dr Lotay Tshering for gracing this occasion. My thanks also to Your Excellency the honourable Minister of Health, Dasho Lyonpo Dechen Wangmo, for your warm welcome and inspiring words.

And my sincere gratitude to our host, the Royal Government of Bhutan, for bringing this Regional Committee together at what is a defining moment in the history of public health.

The COVID-19 pandemic is not over. We know all too well to expect the unexpected. But across the Region, it is apparent that countries and communities are learning to live with COVID-19, while at the same time refusing to give the virus a free ride.

We have witnessed tremendous resilience in all Member States:

Bangladesh has continued to maintain routine immunization coverage, which by as early as June 2020, it had fully restored – a remarkable and globally recognized achievement.

Bhutan has reached almost 90% coverage of the primary COVID-19 vaccine series, and has also trained more than 20 000 frontline workers in psychological first aid.

The Democratic People’s Republic of Korea has continued to strengthen surveillance for influenza-like illnesses and severe acute respiratory infections.

India has mobilized accredited social health activists, or ASHAs, to participate in the world’s largest vaccination drive against COVID-19, which by mid-July 2022 had administered more than 2 billion doses – a historic achievement.

Indonesia became the first country globally to start production of the novel oral polio vaccine Type 2. This vaccine is being used extensively in several countries to control outbreaks of Type 2 vaccine-derived polio virus.
Maldives became one of the first countries in the Region to complete a post-introduction evaluation of the COVID-19 vaccine, jointly with the HPV vaccine, which is now part of the routine vaccination schedule for girls of 10 years of age.

Nepal is now implementing a new National Strategic Plan for TB – a commendable show of commitment and intent.

Sri Lanka has become the first country of the Region to develop a National Strategic Plan to reach the global targets for cervical cancer elimination by 2030.

Thailand’s National Regulatory Authority for vaccines has reached maturity level 3, the second highest in the WHO classification of national regulatory systems.

Timor-Leste has finalized an essential services package for primary care, so that all Timorese have access to the right care right within the community.

Ministries of health and government health agencies in Bhutan and India – and a nongovernmental organization in Indonesia – have also been nominated for the 2022 UN NCD Taskforce and WHO Special Programme on Primary Health Care awards, which will be announced later this month, at the UN General Assembly High-Level Meet.

My congratulations to you all. I commend Your Excellencies on the outstanding resilience and solidarity you have shown throughout the COVID-19 response, which must continue to define how we as a Region prepare, prevent, respond to, and recover from acute public health events.
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 2021

We have heard it said many times before. After financial crises, after natural disaster and civil war. And now after the Covid pandemic. “We must build back better”. I want to look beyond the slogans in our discussions today. And ask: What does “building back better” after a global pandemic really mean?

How has it changed the political and economic context for health across the Region? How has it changed the way people live and work? How has it changed the choices ministries of finance have to make about the way health is funded?

And let us not forget an important question: what positive lessons can we glean from the experience of the last two-and-a-half years?

First, we have to start with the most important fact about the COVID-19 pandemic: it is not over. Yes, we are preparing for the future, but the present is still with us. Emergent variants that evade immunity, transmit more easily can still prove catastrophic. We have to keep up our guard.

We have come a long way: Three billion vaccine doses have been administered across the Region and around 1.5 billion people have been double vaccinated. Four countries (Bangladesh, Bhutan, Maldives and Thailand) achieved the 70% coverage target by mid-2022. Five more are on track to do so. Social and economic life has in many places returned to what it was like before the pandemic. Children are back at school. Offices and markets are open. Industry is back in business. Tourists are beginning to return.

This is all good news. But this is not the time to ignore the needs of the many millions that still remain unprotected.

By now, of course, everyone should have access to tests, treatments and vaccines and every country should have the capacity to carry out laboratory and genomic surveillance. But they do not.

We still have much to do to enhance emergency preparedness – and to strengthen overall community and health systems resilience.
We should not need a reminder but, in case we do, monkeypox now shows that public health emergencies respect no timetable and can take many forms. I repeat, we have to keep up our guard.

COVID-19 has changed many things, but our North Star remains the same – building equitable and resilient health systems that provide universal coverage and financial protection. But let me be very clear: the route to these ideals has become more difficult.

That health is critical to pandemic recovery should go without saying. We have to be strategic and think long-term, but equally we have to act quickly if we are to secure the place of peoples' health and well-being among what will be fiercely competing interests.

You will see in this year’s report many examples of what can be achieved. The country reports show we can be optimistic. But dark clouds are looming. We must not ignore the big picture.

As I have said many times before, after the damage caused by the pandemic, nobody can deny the link between health and the economy.

We now have to recognize the full magnitude and complexity of the economic challenges facing governments across the Region and around the world.

It is our job to argue for increasing health spending as a good in its own right and as a priority on the route to recovery. But our colleagues in ministries of planning and financing face tough choices. We need to make the case for health in the most convincing way possible.

Against a backdrop of war in Europe and heightened food insecurity, food and fuel costs have soared, increasing consumer prices. Controlling the pandemic has been made more difficult by conflict and has added fuel to the fire of economic collapse.

Across the Region, job recovery rates have been highly uneven – especially for women and those with low levels of education.

In the worst-case scenario, food inflation could stay high well into 2023, requiring the expansion of targeted support measures. Delayed recovery and the removal of social safety nets makes it harder for families to cope. This means forgone health care, reduced food consumption, selling assets and high-interest loans.

Even in the best-case scenario, large swathes of the Region’s population will continue to face substantial economic pain, despite improvements from the worst days of the COVID-19 crisis.
As I see it, we have two critical challenges:

- first, to anticipate and respond to near and medium-term health threats, with a focus on addressing social and economic determinants, leaving no one behind; and

- second, to identify and invest in the best means to prepare for and prevent similar crises in future, while at the same time accelerating towards our Flagship Priorities, the Triple Billion targets and the health-related SDGs.

This is what we mean by “building back better”. Addressing present priorities, while seeking a safer and healthier future.

For the first challenge, we have a roadmap – the Region’s Declaration on COVID-19 and measures to build back better essential health services, which we adopted in September last year.

The way forward along this road is the new Regional Strategy for Primary Health Care (PHC) that aims to help all countries reorient health systems towards strong PHC. The Strategy is based on the values of universality, equity, solidarity and accountability. It is grounded in the conviction that PHC services must be people-centred, resilient and adaptive, and informed by local knowledge. It is evidence-driven and aligned with the global operational framework for PHC.

The PHC approach is the best approach to deliver on our goals. But there are two very important caveats. The path to building strong PHC-oriented health systems must take account of each country’s unique social, economic, political and administrative context. We are working with a roadmap and a strategy, not a prescription.

And while the core values of PHC remain central to our cause, we cannot rely on values alone to convince those that hold the purse strings. We have to make a convincing case for health investment in ways that show its political value and economic return.

We will be under pressure to make hard choices. The economic fallout from the pandemic puts pressure on all aspects of public spending in every country in the world. Setting realistic priorities and sticking to them – if we are not prepared to make tough choices, others will make them for us.
The second major challenge is to prepare for and prevent future public health emergencies. Again, we are prepared – we have a plan: the Strategic Roadmap on Health Security and Health System Resilience for Emergencies.

The Roadmap draws on and reflects the Region’s longstanding focus on strengthening emergency risk management, a Flagship Priority. It is informed by extensive Member State and expert consultations. It is aligned with and builds on the 2019 Delhi Declaration on Emergency Preparedness. And it supports full compliance with the International Health Regulations.

But if there is one lesson the world has learnt from the pandemic, it is that plans without political support and adequate investment do very little – and help to prolong the cycle of panic and neglect.

Of critical importance to both pillars of the Region’s “build back better” vision is strengthening human resources for health, or HRH. On this, we are doing well. Since 2015 the Region has increased the density of doctors, nurses and midwives by more than one fifth.

Almost all countries of the Region have surpassed the original WHO threshold for nurses and midwives. Three countries have now surpassed the revised threshold density of 44.5 doctors, nurses and midwives per 10 000 population.

In all countries, we still need more people to work in health care. But equally we need smarter investments aligned with future health needs and changing health service requirements.

Given that an estimated 70% of all health workers are women, gender-sensitive policies to attract and retain health workers are especially needed, as are family and lifestyle incentives, hardship allowances and grants.

We are at a history-defining juncture. Over the past two-and-a-half years, the Region and the world have witnessed immense, transformative change – some good, some bad, and some with as-yet-unknown consequences.

We must now leverage those trends that will accelerate our mission, driving rapid and sustained progress towards UHC, health security and “Health for All” in the months, years and decades ahead.

First, public health and well-being must continue to be a core fiscal and policy priority. Although nine out of 10 countries increased domestic government expenditure on health by a factor of two or more between 2008 and 2018, in most
countries private spending per capita remains higher than public spending per capita.

Just two countries allocate 10% or more of domestic government expenditure on health. And only six provide data on primary health care as a percentage of GDP in their national health accounts.

The upshot of all this? Advocacy is going to be essential if we want to sustain spending on PHC. And advocacy is a lot more effective if we have reliable data on which to base it.

Second, I want to highlight the growing importance of public engagement and community empowerment for health. Throughout the COVID-19 response, decision-makers and influencers have learnt the value of working alongside communities to inform, engage and empower. Without this, mobilizing buy-in and support would have just not been possible.

We now have a chance to harness that momentum to strengthen emergency preparedness and response, and to increase participation and empowerment – particularly among youth – across all areas of health, especially for NCDs and NTDs.

Third, healthier environments. Throughout the COVID-19 response, inadequate housing and insufficient access to clean and safe water has facilitated viral spread. Exposure to ambient and indoor air pollution negatively impacts clinical outcomes.

This, in a context in which one in four people globally lack access to safe drinking water in their homes, and just 50% of health-care facilities in low-income countries provide basic water services.

Between 2030 and 2050, climate change is expected to cause an additional 250 000 deaths per year globally from an array of climate-sensitive hazards such as malnutrition, malaria, diarrhoea and heat stress.

We are striving for a Region in which clean air, water and food are available to all, where economies promote physical and mental health and well-being, where cities are livable, and where people have greater control over their health and the health of the planet. If we are serious about “building back better”, these issues are not optional extras, they are the issues that will determine our peoples’ health.

Fourth, the collateral damage caused by the pandemic has shown beyond any doubt that where inequities exist, a crisis makes them worse. From wage labourers to women suffering domestic violence, we have to identify the vulnerable and excluded.
Better information systems are necessary but not sufficient. We need to harness all the means at our disposal – health systems, policies and programmes – to break down the barriers to good health.

This is not just about making sure that services and supplies are available. Vaccine hesitancy has shown us the importance of understanding the complex factors that influence demand, and the power of bad actors on social and other media to disrupt it. We must continue not just to ask but to answer a simple question: Who is missing out and why?

Lastly, strong, inclusive, sustainable and well-coordinated partnerships will continue to be critical to WHO’s work, and to the Region’s overall efforts to strengthen the COVID-19 response, build health system resilience, and reorient health systems towards strong primary health care.

The WHO-led UHC Partnership, a platform for international cooperation on UHC and PHC, is a good example of how this should be done, with a specific focus on reinforcing national leadership and capacity.

We do not need fragmentation and duplication of effort. We need a unified, cohesive approach aligned with national priorities and plans, and which provides countries flexible yet predictable support.

A corner has been turned, but our journey continues.

In 2019 when we launched the “Sustain. Accelerate. Innovate” vision to complement the updated Flagship Priorities, we could not have anticipated a crisis of this magnitude.

But amid the COVID-19 response, and the first hopeful-yet-uncertain glimmerings of the recovery, that vision remains very much central to how we as a Region see our future and define our priorities.

Towards that goal, let our vision be clear, our partnership productive, and our progress swift and sustained, for a healthier, more equitable, sustainable, and health-secure South-East Asia Region and the world.
Annex 7

Keynote address by the WHO Director-General

You have highlighted the complex and diverse range of challenges faced by all Member States in the SE Asia Region, and which are reflected by your agenda this week.

They also reflect the five priorities I outlined in my address to the World Health Assembly three months ago:

Promoting health.
Providing health.
Protecting health.
Powering health.
And performing and partnering for health.

Allow me to discuss each one briefly.

First, promoting health. It is about realizing our vision for the highest attainable standard of health starts not in the clinic or the hospital, but in schools, streets, supermarkets, households and cities.

Much of the work that you do in the ministries of health is dealing with the consequences of poor diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health.

That's why we are calling on all Member States to make an urgent paradigm shift – towards promoting health and well-being and preventing disease by addressing its root causes, and creating the conditions for health to thrive. This is especially true for addressing the burden of noncommunicable diseases.

This week you will consider an Action Plan for oral health in South-East Asia and a Draft Regional Action Plan for integrated people-centred eye care.

The successful implementation of both plans will depend largely on your ability to work with your colleagues across governments to address the drivers of poor oral and eye health.
The second priority is providing health, by reorienting health systems towards primary health care as the foundation of universal health coverage. We know that 90% of essential health services can be delivered at the primary health care level.

I am very pleased to note that service coverage in the Region has improved significantly since 2010, although of course the challenge remains to ensure that services are available to the poorest, most marginalized and hardest-to-reach groups. After all, it is not universal health coverage if it’s not universal.

I also urge all Member States to make addressing the significant barriers to financial protection that many of your people continue to face, with unacceptably high levels of catastrophic and impoverishing health spending, a priority.

Of course, attention to service coverage and financial protection must be complemented by attention to disease-specific programmes. So I am pleased to see that accelerating progress towards achieving the SDG target on TB, as well as the elimination of cervical cancer, are both on your agenda this week.

The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience.

The global monkeypox outbreak is yet more evidence – if any were needed – that the world’s collective failure to address neglected diseases in neglected communities puts us all at risk.

As you know, Member States are now negotiating a new international accord or treaty on pandemic preparedness and response and, at its last meeting, the Intergovernmental Negotiating Body agreed that this instrument would be legally binding. This is very good news. I urge all Member States of South-East Asia to engage actively in this process.

I also welcome the Regional Strategic Roadmap on health security and health system resilience for emergencies, as well as the Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance. Both roadmaps are an important complement to global and national plans to strengthen health security.

I would especially like to thank Indonesia for its leadership in making health emergency preparedness and response a part of its G20 Presidency.

The fourth priority is powering health, by harnessing science, research, innovation, data and digital technologies.
And the fifth is performing and partnering for health, by building a stronger WHO that delivers results, and is reinforced to play its leading role.

The pandemic has demonstrated not only why the world needs WHO, but why the world needs a stronger, empowered and sustainably financed WHO.

I thank all Member States for the historic commitment you made at this year’s (Seventy-fifth) World Health Assembly to gradually increase Assessed Contributions to 50% of the Base Budget over the next decade. This commitment will transform the Secretariat’s ability to deliver results where it matters most – in the lives of the people we all serve.

Maintaining momentum is vital, as the first step towards sustainability comes with the proposed 20% increase in Assessed Contributions in the 2024–2025 Programme Budget.

As you know, even before the pandemic, we had already made major improvements in effectiveness and efficiency through the transformation journey that we have been on over the past five years.

Building on the lessons of the pandemic, we are committed to continuing that journey, and to making WHO even more effective and efficient.

In particular, our focus in the coming years is to significantly strengthen our country offices to support greater country capacity and greater country ownership – especially by strengthening the health workforce of every Member State.

In the past five years, I have had the honour of meeting many of the people we serve, in this Region and around the world. Ultimately, our work is not about roadmaps, action plans, strategies and agenda items, important as these things are.

Our work is about people – and particularly the people who are poorest; the people who are most marginalized; the people who are furthest behind.

That is why we’re here. And that is why I look forward to working with you for the next five years, as we work together to promote, provide, protect, power, perform and partner for health.

_Kadrin chhe_. Thank you.
Annex 8
Remarks by the WHO Regional Director for South-East Asia at the closing session

It has been a privilege to come together for an in-person Regional Committee Session and meet all of you after three years. My sincere thanks to the honourable Prime Minister of Bhutan for his valuable time and astute guidance at the inaugural session and for his very warm hospitality.

My thanks to Her Excellency the able Minister of Health of Bhutan for making this Session special in many ways. We greatly appreciate the very detailed preparations you have made in making this meeting a success. And indeed, it has been a great success.

My thanks to Your Excellencies and distinguished delegates for your valuable contributions over the course of this Session. Your invaluable insights have enriched the discussions.

My thanks to the Intergovernmental Negotiating Body Co-Chair Ms Precious Matsoso and Vice-Chair Dr Viroj Tangcharoensathien, for sharing the updated information on the ongoing deliberations of the Body.

My thanks to the Government of India for organizing two side events on issues of extreme relevance to the Region and for showcasing India’s first BSL-3 mobile laboratory.

The contributions from Member States will help bolster health security; help end TB and eliminate cervical cancer; and reorient health systems towards strong primary health care wherein the health needs of most people can and should be met throughout the life-course.

You have adopted four resolutions and three decisions, each pertaining to critical aspects of the Regional and global health agenda, ranging from noncommunicable diseases – including oral health and integrated eye care – to social participation in primary health care and universal health coverage. I am certain that each one of them will contribute to how we as a Region aim to build back better, which I have covered in detail in the introduction to my Annual Report on the Work of WHO in the Region during 2021.

You have assessed Programme Budget performance from the last biennium. You have taken stock of its implementation in the present biennium. You have held beneficial and productive discussions on sustainable financing. I thank you for your perspectives and continued support.
You have surveyed eight progress reports, including on health, environment and climate change; on reducing the double burden of malnutrition; on strengthening emergency medical teams; and on strengthening health workforce education and training.

You can be certain of WHO’s continued support to drive ever harder, towards our eight Flagship Priorities, the Triple Billion targets and health-related Sustainable Development Goals.

Crucially, you have advanced the mental health agenda. The Paro Declaration on universal access to mental health care marks a bold, timely and world-leading commitment to invest in and reorient mental health services towards primary health care. In the months and years ahead, together we must build on this commitment, reshape environments, and strengthen care to protect, promote and transform mental health in our Region.

My sincere gratitude to the Chair for making this Seventy-fifth Session of the Regional Committee such a huge success. My special gratitude to the Vice-Chair for conducting the meeting in an impressive and timely manner.

My thanks to the Director-General for joining the meeting and for his valuable contribution. And my thanks to Dr Catharina Boehme, Chef de Cabinet, and the WHO headquarters team for their participation. Your ongoing support is very much appreciated.

My thanks are due to Dr Manuel Carballo, who moderated the Ministerial Roundtable, and to our Expert Speaker, Professor Mohan Isaac, for his address.

My thanks to the Organizing Committee of the Royal Government and all the staff who looked after the participants day and night. My thanks to the UN agencies, and the many nongovernmental and intergovernmental organizations who participated, and continue to partner with us.

And, my heartfelt thanks to my WHO teams both at the country and regional levels who have been working behind the scenes, and whose contribution was very valuable and much appreciated.

As we come to the close of this meeting, you all would agree with me that this is truly a “Land of Happiness” from which the world has a lot to learn.

Together, let us continue to build back better, towards a South-East Asia Region that is healthier, fairer, more health-secure and sustainable, and in which all people can access quality mental health care, close to where they live, without financial hardship. 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 to 31 December 2021
   5.2 Address by the Director-General
6. Ministerial Roundtable
   6.1 Addressing mental health through primary care and community engagement in the WHO South-East Asia Region
7. Programme Budget matters
   7.1 Programme Budget Performance Assessment 2020–2021
   7.2 Programme Budget 2022–2023: Implementation
   7.3 Proposed Programme Budget 2024–2025
   7.4 Sustainable financing
8. Policy and technical matters
   8.1 Monitoring progress and acceleration plan for NCDs, including oral health and integrated eye care, in WHO South-East Asia Region
   8.2 Strengthening health emergency preparedness and response in the SE Asia Region building upon lessons learnt from COVID-19
   8.3 Annual report on monitoring progress on UHC and the health-related SDGs
8.4 WHO South-East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones towards ending TB – challenges and opportunities

8.5 Accelerating the elimination of cervical cancer as a public health problem: Towards achieving 90–70–90 targets by 2030

8.6 Achieving UHC, SDGs and health security through stronger and more comprehensive PHC

9. Progress reports on selected Regional Committee resolutions

9.1 Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change 2020–2030: Healthy Environments for Healthier Populations (SEA/RC72/R4), and Malé Declaration on Building Health Systems Resilience to Climate Change (SEA/RC70/R1)

9.2 Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 (SEA/RC69/R5)

9.3 South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7), and Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)

9.4 Strengthening emergency medical teams (EMTs) in the South-East Asia Region (SEA/RC71/R5)

9.5 Ending preventable maternal, newborn and child mortality in the South-East Asia Region in line with the Sustainable Development Goals and Global Strategy on Women’s, Children’s and Adolescents’ Health (SEA/RC69/R3)

9.6 Challenges in polio eradication (SEA/RC60/R8)

9.7 Measles and rubella elimination by 2023 (SEA/RC72/R3)

9.8 Strengthening health workforce education and training in the Region (SEA/RC67/R6)
10. Governing Body matters

10.1 Key issues arising out of the Seventy-fifth World Health Assembly and the 150th and 151st sessions of the WHO Executive Board

10.2 Review of the Draft Provisional Agenda of the 152nd Session of the WHO Executive Board

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

11. Management and Governance matters

11.1 Status of the SE Asia Regional Office Building

11.2 Evaluation: Annual report

11.3 Strengthening country capacity for measurable impact

12. Special Programmes

12.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2022 and nomination of a Member in place of Myanmar whose term expires on 31 December 2022

12.2 UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2022 and nomination of a Member in place of Maldives whose term expires on 31 December 2022

13 Time and place of future Sessions of the Regional Committee

14. Adoption of resolutions

15. Adoption of the report of the Seventy-fifth Session of the Regional Committee

16. 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

Ms Kazi Zebunnessa Begum
Additional Secretary (World Health)
Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Mr Khandokar Zakir Hossain
Deputy Secretary (WH-2)
Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Mahammad Shahadat Khandakar
Deputy Secretary (Construction)
Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Dr Mekhala Sarkar
Associated Professor (Psychiatry)
National Institute of Mental Health
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Mr Arafatur Rahman
Deputy Programme Manager (Planning)
Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Bhutan

Representative

H.E. Dasho Lyonpo Dechen Wangmo
Minister of Health
Ministry of Health
Royal Government of Bhutan
Alternate

Mr Pemba Wangchuk
Officiating Secretary
Ministry of Health
Royal Government of Bhutan

Advisers

Mr Rinchen Dorji
Office of the Directorate-General
Department of Medical Supplies and Health Infrastructure
Ministry of Health
Royal Government of Bhutan

Mr Kinga Jamphel
Director, Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Mr Rixin Jamtsho
Officiating Director, Department of Public Health
Ministry of Health
Royal Government of Bhutan

Ms Thinley Choden
District Health Officer, Samtse
Ministry of Health
Royal Government of Bhutan

Mr Namgay Dawa
Assistant District Health Officer, Punakha
Ministry of Health
Royal Government of Bhutan

Dr Thinley Pelzang
Chief Medical Officer
Phuentsholing Hospital, Chukha
Ministry of Health
Royal Government of Bhutan

Dr Gautam Rana
Officiating Chief Medical Officer
District Hospital, Pemagatshel
Ministry of Health
Royal Government of Bhutan

Dr Ugyen Dema
Head of Department
Department of Psychiatry
Jigme Dorji Wangchuck National Referral Hospital
Ministry of Health
Royal Government of Bhutan
Mr Sonam Phuntsho
Senior Planning Officer
Policy and Planning Division
Ministry of Health
Royal Government of Bhutan

Mr Samten Lhendup
Senior Planning Officer
PPD (Technical Adviser)
Ministry of Health
Royal Government of Bhutan

Democratic People's Republic of Korea

Representative
H.E. Mr Choe Hui Chol
Ambassador of the Democratic People's Republic of Korea to the Republic of India
Embassy of the Democratic People's Republic of Korea to the Republic of India
New Delhi

Alternate
Mr Kim Myong Chol
First Secretary
Embassy of the Democratic People's Republic of Korea to the Republic of India
New Delhi

India

Representative
H.E. Dr Bharati Pravin Pawar
Minister of State
Ministry of Health and Family Welfare
Government of India

Alternates
Dr Balram Bhargav
Chief, All India Institute of Medical Sciences, and Director-General, Indian Council of Medical Research
Ministry of Health and Family Welfare
Government of India

Dr R.S. Sharma
Chief Executive Officer
National Health Authority
Ministry of Health and Family Welfare
Government of India

Mr Vishal Chauhan
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  
Ministry of Health and Family Welfare  
Government of India

Mr Kiran Gopal Vaska  
Director  
National Health Authority  
Ministry of Health and Family Welfare  
Government of India

Dr Yogesh  
Senior Chief Medical Officer  
Ministry of Health and Family Welfare  
Government of India

Dr Vibha Chahal  
Private Secretary to Minister of State  
Ministry of Health and Family Welfare  
Government of India

Dr Nivedita Gupta  
Scientist ‘F’  
Indian Council of Medical Research  
Ministry of Health and Family Welfare  
Government of India

**Indonesia**

*Representative*  
Dr Oscar Primadi  
Chief Policy Analyst  
Ministry of Health  
Republic of Indonesia

*Alternates*  
Ms Dwi Puspasari  
Member, Centre for Global Health & Health Technology Policy  
Ministry of Health  
Republic of Indonesia

Mr Armaji Kamaludi Syarif  
Member, Centre for Global Health and Health Technology Policy  
Ministry of Health  
Republic of Indonesia
Maldives

Representative
H.E. Mr Ahmed Naseem
Minister of Health
Ministry of Health
Republic of Maldives

Alternates
Ms Maimoona Aboobakuru
Director General of Public Health
Ministry of Health
Republic of Maldives
Ms Aishath Rishmee
Director (International Coordination)
Ministry of Health
Republic of Maldives
Ms Aishath Najuwa Waheed
Public Health Programme Officer
Ministry of Health
Republic of Maldives

Nepal

Representative
H.E. Mr Hira Chandra K.C.
State Minister of Health and Population
Ministry of Health and Population
Government of Nepal

Alternates
Dr Roshan Pokhrel
Secretary
Ministry of Health and Population
Government of Nepal
Dr Sangeeta Kaushal Mishra
Additional Health Secretary
Ministry of Health and Population
Government of Nepal

Advisers
Dr Bibek Kumar Lal
Director, Family Welfare Division
Department of Health Services
Ministry of Health and Population
Government of Nepal
Mr Mohan Niraula
Under-Secretary
Ministry of Health and Population
Government of Nepal
Mr Amit Sharma  
Personal Secretary  
Office of the State Minister of Health and Population  
Ministry of Health and Population  
Government 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 Asela Gunawardena  
Director General of Health Services  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka  
Dr A.G. Ludowyke  
Acting Director, International Health  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

**Thailand**

**Representative**  
H.E. Mr Sathit Pitutecha  
Deputy Minister of Public Health  
Ministry of Public Health  
Royal Thai Government

**Alternates**  
Mr Somsak Paniengtong  
Adviser to the Deputy Minister of Public Health  
Ministry of Public Health  
Royal Thai Government  
Mr Kanawat Chantaralawan  
Adviser to the Deputy Minister of Public Health  
Ministry of Public Health  
Royal Thai Government  
Ms Intira Narksakul  
Secretariat of the Deputy Minister of Public Health  
Ministry of Public Health  
Royal Thai Government  
Ms Chitdara Nopaket  
Secretariat of the Deputy Minister of Public Health  
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
Senior Adviser to the Ministry of Public Health
Ministry of Public Health
Royal Thai Government

Dr Amporn Benjaponpitak
Director-General
Department of Mental Health
Ministry of Public Health
Royal Thai Government

Dr Preecha Prempree
Deputy Director-General
Department of Disease Control
Ministry of Public Health
Royal Thai Government

Dr Dutsadee Juengsiragulwit
Director, Bureau of Mental Health Service Administration
Department of Mental Health
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 Withita Jangiam
Medical Officer, Senior Professional Level
Vachira Phuket Hospital
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Chai-aim Pachanee
Foreign Relations Officer, Senior Professional Level
Global Health Division
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government
Dr Warisa Panichkriangkrai  
Dentist, Professional Level  
International Health Policy Programme  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Dr Pisut Chunchongkolkul  
Medical Officer, Professional Level  
Office of Disease Prevention and Control  
Department of Disease Control  
Ministry of Public Health  
Royal Thai Government

Dr Kumpoo Foofoengmonkolkit  
Medical Officer, Professional Level  
Rajavithi Hospital  
Department of Medical Services  
Ministry of Public Health  
Royal Thai Government

Mr Banlu Supaaksorn  
Foreign Relations Officer, Practitioner Level  
Global Health Division  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Ms Isariyaporn Kanta  
Plan and Policy Analyst, Practitioner Level  
Strategy and Planning Division  
Office of the Permanent Secretary  
Ministry of Public Health  
Royal Thai Government

Assistant Professor Weerasak Putthasri  
Deputy Secretary-General  
National Health Commission Office  
Ministry of Public Health  
Royal Thai Government

Ms Waraporn Suwanwela  
Assistant Secretary-General  
National Health Security Office  
Ministry of Public Health  
Royal Thai Government

Ms Nanoot Mathurapote  
Head, Global Collaboration Unit  
National Health Commission Office  
Ministry of Public Health  
Royal Thai Government
Ms Pensom Pengsombat  
Specialist, Policy Advocacy Unit  
National Health Security Office  
Ministry of Public Health  
Royal Thai Government

**Timor-Leste**

*Representative*  
H.E. Dr Odete Maria Freitas Belo  
Minister of Health  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste

*Alternates*  
Dr Odete Da Silva Viegas  
Director-General for Health Services  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste  

Mr Narciso Fernandes  
Director of Health Policy, Planning and Cooperation  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste  

Ms Herminia Brigida Aurora Ornai  
Executive Assistant to the Minister of Health  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste  

Dr Geovania Isabel Reis Corsino  
Head, Mental Health Section  
Ministry of Health  
Government of the Democratic Republic of Timor-Leste

2. **Representatives of the United Nations and Specialized Agencies**

*United Nations Office on Drugs and Crime*  
Ms Tandin Wangmo  
Head of Office  
Thimphu  
Bhutan

*International Telecommunication Union*  
Mr Calvin Chan  
Programme Administrator  
Bangkok  
Thailand
<table>
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<tr>
<th>Organization</th>
<th>Name</th>
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<tbody>
<tr>
<td>United Nations Population Fund</td>
<td>Mr Phuntsho Wangyel</td>
<td>Head of Office</td>
<td>Thimphu, Bhutan</td>
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<td></td>
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<td>Bhutan Country Office</td>
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<tr>
<td>United Nations Environment Programme</td>
<td>Ms Dechen Tsering</td>
<td>Regional Director</td>
<td>Thimphu, Bhutan</td>
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<tr>
<td>United Nations Children's Fund</td>
<td>Ms Marie Consolee Mukangendo</td>
<td>Representative</td>
<td>Thimphu, Bhutan</td>
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<td></td>
<td>Dr Indrani Chakma</td>
<td>Health and Nutrition Specialist</td>
<td>Thimphu, Bhutan</td>
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<td></td>
<td>Dr Chandralal Mongar</td>
<td>Health and Nutrition Officer</td>
<td>Thimphu, Bhutan</td>
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<td></td>
<td>Mr Kinley Dorji</td>
<td>Nutrition Officer</td>
<td>Thimphu, Bhutan</td>
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<td></td>
<td>Dr Asheber Gaym</td>
<td>Health Specialist</td>
<td>Kathmandu, Nepal</td>
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<td></td>
<td>Ms Arjanne Rietsema</td>
<td>Health Specialist</td>
<td>Kathmandu, Nepal</td>
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<td></td>
<td>Dr Azhar Raza</td>
<td>Regional Immunization Specialist</td>
<td>Kathmandu, Nepal</td>
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<td></td>
<td>Dr Diksha Pokhrel</td>
<td>Consultant</td>
<td>Kathmandu, Nepal</td>
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</table>
Dr Manpreet Khurmi
Consultant
Kathmandu
Nepal

Ms Laura Haskins
Project Officer
Vienna
Austria

Dr Miriam Lette
IAEA Diagnostic Radiologist
Wagramer Strasse, Vienna
Austria

Dr Alexia Alford
Nutrition Specialist
Vienna
Austria

Dr Kamal Akbarov
Technical Officer
Vienna
Austria

Dr Olivera Ciraj-Bjelac
Section Head
Vienna
Austria

Mr Taoufik Bakkali
Regional Director
Bangkok
Thailand

3. Representatives from Intergovernmental Organizations in official relations with WHO

Islamic Development Bank
Mr Nasser Mohammed Yakubu
Operations Team Leader for Social Infrastructure
Dhaka
Bangladesh

South Asian Association for Regional Cooperation
Mr Ismail Mamdhooh
Director
Social Affairs Division
SAARC Secretariat
Kathmandu
Nepal
International Federation of Red Cross and Red Crescent Societies

Mr Dragyel Tenzin Dorjee
Secretary General
Thimphu
Bhutan

SAARC Development Fund

Mr Satya Shiva Saswat
Officer-in-Charge
SAARC Development Fund
Thimphu
Bhutan

4. Representatives from non-State Actors in official relations with WHO

International Federation of Medical Students' Associations

Ms Michelle Angelica Choa
Regional Director
Copenhagen
Denmark

Task Force for Global Health

Mr Bill Gallo
Secretariat Director
Decatur, State of Georgia
United States of America

Bill & Melinda Gates Foundation

Dr Rajani Ved
Director, Health Division
New Delhi
India

International Federation of Gynecology and Obstetrics

Professor Mary Ann Lumsden
Chief Executive
London
United Kingdom of Great Britain and Northern Ireland

Médecins Sans Frontieres

Ms Runjun Dutta
Policy and Advocacy Officer
Access Campaign Department
New Delhi
India

International Council of Nurses

Dr David Stewart
Associate Director, Nursing and Health Policy
Geneva
Switzerland

World Heart Federation

Dr Monika Arora
Member of the Advocacy Committee
SE Asia Representative
New Delhi, India

International Alliance of Patients Organizations

Mr Kawaldip Singh Sehmi
Chief Executive Officer
London
United Kingdom of Great Britain and Northern Ireland
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
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</thead>
</table>
| **International Society of Paediatric Oncology** | Professor Claire Wakefield  
SIOP Oceania Continental President  
Sydney  
Australia |
| **International Pediatric Association** | Professor Aman Bhakti Pulungan  
Executive Director  
Jakarta  
Indonesia |
| **WONCA: World Organization of Family Doctors** | Dr Tariq Aziz  
President, South Asia  
Lahore  
Pakistan |
| **World Stroke Organisation** | Professor Jeyaraj Durai Pandian  
Vice-President and Principal and Professor of Neurology  
Christian Medical College  
Ludhiana  
India |
| **Movendi International** | Mr Sumanasekara Pubudu  
Vice-President  
Stockholm  
Sweden |
| **International League Against Epilepsy** | Professor Vinayan Kollencheri Puthenveettil  
Asia Oceania Board  
Cochin  
India |
| **Cochrane India Network** | Dr Anju Sinha  
Consultant Scientist  
New Delhi  
India |
| **International Pharmaceutical Students' Federation** | Mr Bill Whilson A. Baljon  
Regional Relations Office  
Manila  
Philippines |
| **Public Services International** | Ms Ananya Basu  
Health Equity Coordinator  
Chennai  
India |
| **World Hypertension League** | Dr Xin-Hua Zhang  
President  
Beijing  
People’s Republic of China |
5. Observers

Dr Meghna Desai
Country Director – India
Embassy of the United States of America in India
New Delhi
India

Ms Sinead Mulders-Jones
Assistant Director
Barton, Canberra
Australia

Ms Camilla Burkot
Senior Technical Adviser
Barton, Canberra
Australia

Dr Corine Karema
Chief Executive Officer
Geneva
Switzerland
<table>
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<th>Organization</th>
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<tbody>
<tr>
<td>U.S. Department of Health and Human Services</td>
<td>Dr Preetha Rajaraman</td>
<td>Health Attaché and Regional</td>
<td>New Delhi, India</td>
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<td></td>
<td></td>
<td>Representative, South Asia</td>
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<td>Embassy of the United States of</td>
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<td>America in India</td>
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<tr>
<td>United States Agency for International Development</td>
<td>Mrs Sangitaben Patel</td>
<td>Health Office Director</td>
<td>New Delhi, India</td>
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<td>India</td>
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<tr>
<td>International Federation of Medical Students’</td>
<td>Mr Wilsend Widal Kho</td>
<td>General Delegate</td>
<td>Pekanbaru, Indonesia</td>
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<tr>
<td>Associations</td>
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<tr>
<td></td>
<td>Dr Neil M. Salian</td>
<td>General Delegate</td>
<td>Bengaluru, India</td>
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<td></td>
<td>Dr Asadur Rahman Nabin</td>
<td>General Delegate</td>
<td>Dhaka, Bangladesh</td>
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<td>Mr Phatthanamon Sinsawat</td>
<td>General Delegate</td>
<td>Ban Laem, Thailand</td>
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<td>Dr Woon Shi Sien</td>
<td>General Delegate</td>
<td>Kuala Lumpur, Malaysia</td>
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<td>Ms Sirirudee Chanthachaiwat</td>
<td>General Delegate</td>
<td>Bangkok, Thailand</td>
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<td>Dr Vedant Sunit Shukla</td>
<td>General Delegate</td>
<td>Mumbai, India</td>
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<td>Dr Salman Khan</td>
<td>General Delegate</td>
<td>Mumbai, India</td>
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</tbody>
</table>
Ms Kosha Gala  
General Delegate  
Mumbai  
India

Ms Anisya Gabrieli Putri Dianty  
General Delegate  
Surabaya  
Indonesia

Dr Putri Azzahra Nur Azrina  
General Delegate  
Copenhagen  
Denmark

Task Force for Global Health  
Dr Patrick Lammie  
Director, Neglected Tropical Disease Support Center  
Decatur, Georgia  
United States of America

Japan International Cooperation Agency  
Mr Tomoyuki Yamada  
Chief Representative  
Thimphu  
Bhutan

Bhutan Foundation  
Ms Sonam Yangden  
Programme Manager  
Thimphu  
Bhutan

World Heart Federation  
Ms Kelcey Armstrong-Walenzak  
Advocacy and Policy Officer  
Geneva  
Switzerland

Jeremiah Mwangi  
Director of Policy and Advocacy  
Geneva  
Switzerland

World Wide Fund for Nature  
Ms Carreon Lilian Mercado  
Regional Director  
Regional Office for the Asia-Pacific  
Manila  
Philippines

Dr Emiko Matsuda  
Tokyo  
Japan
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<th>Organization</th>
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<tr>
<td><strong>Asian Medical Students’ Association International (AMSA)</strong></td>
<td>Mr Muhammad Mikail Athif Zhafir Asyura</td>
<td>Overall Chairperson</td>
<td>Jakarta, Indonesia</td>
</tr>
<tr>
<td></td>
<td>Mr Gladson Vaghela</td>
<td>General Treasurer</td>
<td>Ahmedabad, India</td>
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<tr>
<td><strong>Draktsho Vocational Training Centre for Special Children and Youth</strong></td>
<td>Ms Deki Zam</td>
<td>Executive Director</td>
<td>Thimphu, Bhutan</td>
</tr>
<tr>
<td><strong>Pallium India Trust</strong></td>
<td>Ms Smriti Rana</td>
<td>Head, Strategic Programmes and Partnerships</td>
<td>Thiruvananthapuram, India</td>
</tr>
<tr>
<td><strong>World Hepatitis Alliance</strong></td>
<td>Mr Danjuma Adda</td>
<td>President</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td><strong>RENEW Secretariat</strong></td>
<td>Ms Tshering Dolkar</td>
<td>Executive Director</td>
<td>Thimphu, Bhutan</td>
</tr>
<tr>
<td><strong>WHO Framework Convention on Tobacco Control</strong></td>
<td>Dr Tibor Szilagyi</td>
<td>Coordinator</td>
<td>Geneva, Switzerland</td>
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<tr>
<td></td>
<td>Ms Guangyuan Liu</td>
<td>Coordinator, Governance and External Relations</td>
<td>Geneva, Switzerland</td>
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<td></td>
<td>Mr Kelvin Chuan Heng Khow</td>
<td>Programme Manager</td>
<td>Geneva, Switzerland</td>
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<tr>
<td><strong>International Alliance of Patients Organizations (IAPO)</strong></td>
<td>Dr Sita Ratna Devi Duddi</td>
<td>Member</td>
<td>Gurugram, India</td>
</tr>
</tbody>
</table>
Ms Orajitt Bumrungskulswat
Board Member
London
United Kingdom of Great Britain and Northern Ireland

The GAVI Alliance
Ms Marie-Ange Saraka Yao
Managing Director
Grand Saconnex, Geneva
Switzerland
Ms Selman Colette
Director
Grand Saconnex, Geneva
Switzerland

International League
Against Epilepsy
Professor Zarine Mogal
ILAE Asia Oceania Board
Karachi
Pakistan
Professor Jithangi Wanigasinghe
ILAE Asia Oceania Board
Colombo
Sri Lanka

Public Services
International
Ms Trimita Chakma
Communications and Campaigns Consultant
Seoul
Republic of Korea

Bhutan Youth Development
Fund
Mr Jigme Thinley
Director
Thimphu
Bhutan

Johns Hopkins Program for
International Education in
Gynecology and Obstetrics
Dr Bulbul Sood
Senior Regional Strategic Adviser
New Delhi
India

Bhutan Kidney Foundation
Mr Tashi Namgay
Founder and Executive Director
Thimphu
Bhutan

Ability Bhutan Society
Mr Kunzang Namgyal Tshering
Executive Director
Thimphu
Bhutan
6. Ambassadors/High Commissioners

**Bangladesh Embassy for Bhutan**
- H.E. Mr AKM Shahidul Karim
  - Ambassador
  - Thimphu
  - Bhutan

**Embassy of India, Bhutan**
- H.E. Mr Sudhakar Dalela
  - Ambassador
  - Thimphu
  - Bhutan
- Ms Megha Arora
  - Second Secretary
  - Embassy of the Republic of India to the Kingdom of Bhutan
  - Thimphu
  - Bhutan
- Mr Vaibhav Chawla
  - Personal Assistant
  - Embassy of the Republic of India to the Kingdom of Bhutan
  - Thimphu
  - Bhutan
- Ms Kinzang Choden
  - Librarian
  - Embassy of the Republic of India to the Kingdom of Bhutan
  - Thimphu
  - Bhutan
## Annex 11

### List of official documents

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<tr>
<td>SEA/RC75/2</td>
<td>Regional Director's Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January to 31 December 2021</td>
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<td>SEA/RC75/3</td>
<td>Ministerial Roundtable: Addressing mental health through primary care and community engagement in the WHO South-East Asia Region</td>
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<td>SEA/RC75/4 and</td>
<td>Programme Budget Performance Assessment 2020–2021</td>
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<td>SEA/RC75/5</td>
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<td>Proposed Programme Budget 2024–2025</td>
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<td>SEA/RC75/7</td>
<td>Sustainable financing</td>
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<td>Monitoring progress and acceleration plan for NCDs, including oral health and integrated eye care, in WHO South-East Asia Region</td>
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<td>Strengthening health emergency preparedness and response in the SE Asia Region building upon lessons learnt from COVID-19</td>
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<td>SEA/RC75/10</td>
<td>Annual report on monitoring progress on UHC and the health-related SDGs</td>
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<tr>
<td>SEA/RC75/11</td>
<td>WHO South-East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones towards ending TB – challenges and opportunities</td>
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</table>
SEA/RC75/12 Accelerating the elimination of cervical cancer as a public health problem: Towards achieving 90–70–90 targets by 2030

SEA/RC75/13 Achieving UHC, SDGs and health security through stronger and more comprehensive PHC

SEA/RC75/14, SEA/RC75/14 Add. 1 and SEA/RC75/14 Add. 2 Progress reports on selected Regional Committee resolutions

SEA/RC75/15 and SEA/RC75/15 Add. 1 Key issues arising out of the Seventy-fifth World Health Assembly and the 150th and 151st sessions of the WHO Executive Board

SEA/RC75/16 Review of the Draft Provisional Agenda of the 152nd Session of the WHO Executive Board

SEA/RC75/17 Status of the SE Asia Regional Office Building

SEA/RC75/18 Evaluation: Annual report

SEA/RC75/19 Strengthening country capacity for measurable impact

SEA/RC75/20 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2022 and nomination of a Member in place of Myanmar whose term expires on 31 December 2022

SEA/RC75/21 UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2022 and nomination of a Member in place of Maldives whose term expires on 31 December 2022

SEA/RC75/22 Time and place of future Sessions of the Regional Committee

SEA/RC75/23 Report of the Seventy-fifth Session of the Regional Committee
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 Member States. The Regional Committee meets in September 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-fifth Session of the Regional Committee for South-East Asia held in Paro, Bhutan, on 5–9 September 2022. Representatives from 10 of the Region’s 11 Member States attended the Session.

The Committee discussed relevant public health issues such as monitoring progress for the control of noncommunicable diseases including oral health and integrated eye care; strengthening health emergency preparedness and response, building on the lessons learnt from COVID-19; monitoring regionwide progress on UHC and the health-related SDGs; the road to achieving the 2023 UN High-Level Meeting targets towards ending TB; accelerating the elimination of cervical cancer; and achieving UHC, SDGs and health security through comprehensive PHC. The Committee also reviewed reports on progress in the implementation of many of its past resolutions.

The Ministerial Roundtable featured a discussion by the honourable health ministers on ‘Addressing mental health through primary care and community engagement’. The Committee adopted the Paro Declaration on universal access to people-centred mental health care and services.