

South-East Asia Regional Health Emergency Fund (SEARHEF)

*Report of the second meeting of the Working Group
WHO – SEARO; New Delhi, India
23–24 August 2012*



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Contents

	<i>Page</i>
1. Background.....	1
2. Introduction	1
3. Objectives.....	2
4. Expected outputs	2
5. Expected outcomes.....	2
6. Opening session.....	2
7. Business session	3
7.1 Fund.....	4
7.2 Donations.....	5
7.3 Advocacy.....	5
7.4 Policies and guidelines.....	5
8. Conclusions and recommendations.....	6
8.1 Policies, procedures and guidelines	7
8.2 Processes and use.....	7
8.3 Resource mobilization	7
8.4 Role of working group	8
10. Closing session	8

Annexes

1. List of participants	9
2. Agenda	11
3. Reporting format for SEARHEF funded projects	12
4. Policy, principles and guidelines.....	13
5. Resolutions of the WHO Regional Committee for South-East Asia relating to SEARHEF	20

1. Background

The Sixtyth Session of the Regional Committee organized in Thimphu, Bhutan, 1–3 September 2007 adopted resolution SEA/RC/60/R7 establishing the South-East Asia Regional Health Emergency Fund (SEARHEF) effective January 2008, coinciding with the beginning of the new biennium. The Fund is designed to provide immediate financial support for the first three months in the aftermath of an emergency in Member States. It is meant to meet the immediate and urgent needs and fill in critical gaps.

Policy, principles and guidelines were drafted and formalized to manage the Fund. A working group comprising one representative from each of the 11 Member States was set up to provide oversight and guidance on management of the Fund.

A regional consultation meeting was held in Bangkok, Thailand in June 2007 to discuss and finalize principles, policies and guidelines for managing the Fund and the first meeting of the Working Group for Governance of the Fund was held on 5 July 2008 at New Delhi, India, and a report was prepared.

2. Introduction

The SEARHEF supported emergency response operations for 14 different disasters in the Region during the last four years. It has served as a very useful and life-saving tool. After its inception in 2008, the first working group meeting was organized.

Issues concerning the transfer and replenishment of funds needed revision. Advocacy and mobilization was needed to increase the voluntary contributions and this issue was raised in the first meeting of the working group in 2008. As one of the outputs of the meeting, the working group decided to develop an advocacy packages for fund raising. However, lack of progress in this area demanded immediate attention from the working group.

The second SEARHEF working group meeting was organized to follow up on the outputs of the first meeting, to share experiences learnt during the past four years and, if needed, to modify the SEARHEF supporting documents.

3. Objectives

The objective of the second meeting of the working group was to review experiences from SEARHEF support provided to Member States during the period 2004–2012; review and modify existing funding process, procedures and supporting documents, if necessary, and plan the next steps.

4. Expected outputs

- Sharing of experiences of Member States in utilizing SEARHEF.
- Ways to expend SEARHEF funding mechanism and donor support.
- Update and modify SEARHEF policy document.

5. Expected outcomes

- WCO staff and responsible officers from Ministries of Health are updated on SEARHEF policy, operating procedures and ways to utilize funds effectively in times of disasters.
- Potential donors support funds for voluntary contributions (VC).
- Preparedness and capacity-building activities supported by SEARHEF - VC fund.

6. Opening session

Welcoming the participants to the second meeting of the SEARHEF Working Group, the Deputy Regional Director of the WHO South-East Asia Region, Dr Poonam Khetrapal Singh informed that SEARHEF has been in the agenda for Regional Committee since 2008 and is also one of the items

to be discussed at the upcoming sixty-sixth Session of the Regional Committee. She mentioned that the South-East Asia Region was the first to have established SEARHEF and noted that it is important to hold regular meetings to review utilization and operational modalities of funds. She stressed on using the balance funds at the end of the biennium to purchase emergency health supplies.

Attracting donor contribution to SEARHEF is another major concern. It is noted that the Fund is not able to attract voluntary contributions and WHO has to plan strategies for investing in advocacy and other methods to increase donor funding.

She wished the working group a successful discussion and suggested them to engage themselves in identifying newer approaches to effectively utilize the funds in a further improved manner and focus more on the way forward and learn lessons from past experiences.

Dr Sopida Chavanichkul, Director, International Health Division, Ministry of Public Health, Royal Government of Thailand, was elected as the Chairperson of the meeting.

7. Business session

Dr Athula Kahandaliyanage, Director, Sustainable Development and Healthy Environments, presented the objectives, expected outputs and outcomes of the meeting. This was followed by two presentations from the Coordinator, Emergency and Humanitarian Action, Department of Sustainable Development and Healthy Environments.

The first presentation was on “Use of SEARHEF since 2008”. It outlined the rationale behind the creation of SEARHEF and the various emergencies that the Fund supported since its inception in 2008. It was stated that the funding amount was transferred from SEARHEF for each emergency and described the way the fund was used in each case to alleviate the suffering of the affected population.

The second presentation detailed the current policies, guidelines and procedures along with key issues in the management of SEARHEF. It also

presented in detail the criteria and process for requesting financial assistance and the time frame involved in the process.

Representatives from Member States were encouraged to share their experiences of SEARHEF assistance during emergencies in their respective countries and the discussion points are grouped as follows:

7.1 Fund

- It was important to understand that there is ready support available during times of emergency.
- Member States expressed concern on the budget of US\$ 1 million remaining constant since its inception, in light of the increasing inflation.
- Integrating SEARHEF financial support with technical assistance during emergencies was important.
- SEARHEF should be considered as part of the overall humanitarian support that is extended to a country during an emergency.
- Stress was laid on the importance of flexibility of funds to be used for logistic support. Thailand cited the example of using the funds to buy boats which was very useful during their recent floods. Mobility of health workers to affected areas being critical during an emergency, others also enquired about using the funds for this purpose.
- Regarding stockpiles, countries enquired whether it was possible for them to request for emergency-related items for storage purpose, so that they could be immediately provided during an emergency.
- Member States enquired about procurement of 'essential emergency supplies' using SEARHEF funds and how to keep a steady supply of such items beyond the three-month period after which the SEARHEF cannot be used.
- Replenishment mechanisms to increase Voluntary Contribution part of SEARHEF to support preparedness and recovery phase activities were also sought to be set up.

- It was suggested that the present Assessed Contribution (AC) component could be moved to the Voluntary Contribution (VC) component, then the unused fund could be carried over to the next biennium.

7.2 Donations

- Countries also shared their experience of donations received from agencies in the form of mosquito nets, which at times, are not required and pose a major problem of disposal at a later stage.
- The issue of donors wanting to fund directly to the government during an emergency in order to establish their identity rather than funding through SEARHEF was discussed. It was felt that a smart advocacy strategy can help address the issue.
- Discussions should be initiated with donors to support pre and post-disaster phases of disaster risk reduction programme activities to raise funds at country and regional levels.

The following suggestions were made:

7.3 Advocacy

- Engaging celebrities to popularize SEARHEF and attract funding.
- Addressing important issues relating to donors through the external relations officer.
- Sharing experiences gained on SEARHEF with Member States to further strengthen the fund's implementation.
- Advocating with ministries, external partners and donors to raise awareness and mobilize resources at country and regional levels.

7.4 Policies and guidelines

- Under the section 'Criteria for allocation from the Fund' the term 'Fund to be used for only health related-emergency' to be made prominent.

- Modification to the SEARHEF governance structure suggested by including a short paragraph to suggest what the Regional Committee meant.
- Box on 'Request for support through WRO' to be included in the SEARHEF process and not in the governance structure.
- To have better clarification on the process to utilize the fund by using template with broad headings for expenditure and categories.
- Having small working groups within ministries that can coordinate with WCOs and Regional Office for Sotuh-East Asia during an emergency for financial assistance.
- Country focal points to coordinate with the MoH focal points for SEARHEF administration as there are many other agencies offering assistance during an emergency.
- SEARHEF to be open to cover other health-related emergency needs relating to coordination, operational planning, resource mobilization and response.
- To support health cluster coordination activities led by MoH during emergencies and also cover information and communication-related activities.
- Need to clarify the starting date from when the three-month period for SEARHEF is to be calculated.
- Criteria for release of SEARHEF needs to be simple based on the emergency need rather than being linked to the magnitude of the disaster.

Based on the discussions with Member States, the SEARHEF policy document was revised and updated.

8. Conclusions and recommendations

Based on suggestions received from Member States, the following clarifications, recommendations, amendments and modifications were made.

8.1 Policies, procedures and guidelines

- Clarification made on the purpose of the Fund as targeted for health and health-related needs.
- Brief description of the diagram of the governance structure added.
- A statement added that the SEARHEF can be independent or linked to humanitarian mechanisms that are in place during emergencies.
- WHO to act as the gatekeeper for MoH in times of disasters when there is a major influx of partners and donors.

8.2 Processes and use

- Expedite requests and proposals for SEARHEF by developing a package which includes broad expenditure lines and categories.
- Continue to use existing mechanisms for fund transfer and contractual arrangements.
- Country working groups to be established in Member countries to oversee SEARHEF and other funds-related activities and compliance to its processes.
- SEARHEF working group meeting to be held back to back with technical/partners/donors meetings.
- Commitment funding mechanism to be set up as a prior arrangement with donors so that in case disaster strikes, the funds will be provided and pooled into VC component of SEARHEF.
- Pre-position of supplies with donors for emergencies.

8.3 Resource mobilization

- Voluntary contributions received so far for SEARHEF only from Thailand and Timor-Leste.
- Member States to explore contributing to VC portion of the SEARHEF on a regular basis.

- Advocacy to increase awareness in ministries as well as external partners and donors for resource mobilization.
- Secretariat to develop guidelines in a package for fund raising.
- Organizing side by side meetings with donors during WHO statutory and technical meetings.
- Annual meeting of the working group along with a session with donors to be considered.
- Identifying an appropriate goodwill ambassador for resource mobilization for SEARHEF.
- Expanding VC portion of SEARHEF on receipt of funding from other emergency funds.
- Identifying focal points for follow-up on fund raising or recruiting one TIP for resource mobilization.
- Building capacity in WHO country offices to raise funds.

8.4 Role of working group

- Organize Working Group meeting once a year.
- Membership to the working group to remain a prerogative of the Member country and to be done through nominations.
- Terms of reference of the working group to remain as an overall guidance to the Fund.

10. Closing session

The Deputy Regional Director – Dr Poonam Khetrapal Singh concluded that she was very happy to note that Member States had expressed the usefulness of SEARHEF on many occasions. She highlighted the need to develop a fundraising package and approach donors for their contribution to the VC component of SEARHEF. She encouraged Member States to further strengthen capacity building, preparedness and recovery activities.

Annex 1

List of participants

Bhutan

Mr Rinchen Namgyel
Chief Programme Officer
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Ministry of Health
Royal Government of Bhutan
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Kathmandu

Sri Lanka

Dr RRMLR Siyambalagoda
Deputy Director General of Health Services
Ministry of Health
Colombo

Thailand

Dr Sopida Chavanichkul
Director
International Health Division
Ministry of Public Health
Nonthaburi

Observers

Timor-Leste

Dr Rui Paulo de Jesus (as an observer)
Desk Officer for Timor-Leste
WHO / SEARO

Democratic People's Republic of Korea

Dr Rim Kwang Il (as an observer)
Desk Officer for DPR Korea
Medical Officer – TB
Department of Communicable Diseases

WHO Secretariat

Dr Poonam Khetrpal Singh
Deputy Regional Director

Dr Athula Kahandaliyanage
Director
Department of Sustainable Development
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Dr Roderico H. Ofrin
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Ms Marina Maybel
Secretary
Emergency and Humanitarian Action

Mr Kishore Khanna
Secretary
Emergency and Humanitarian Action

Annex 2

Agenda

1. Registration
2. Introductory Session
 - a. Opening Remarks
 - b. Meeting objectives and expected outcomes
 - c. Introduction of participants
 - d. Administrative announcements
3. Business sessions - I
 - a. Presentation on the use of SEARHEF:
2008 to present
 - b. Presentation on Current Policies, Guidelines and Procedures and
Key issues
 - c. Group discussions
4. Business sessions – II
 - a. Role of the Working Group
 - b. Resource mobilization for SEARHEF
 - c. Group discussions
5. Conclusions and recommendations

Annex 3

Reporting format for SEARHEF funded projects

Please fill in one table PER PROJECT.

<ol style="list-style-type: none">1. Project Title:2. Location of Activities:3. Starting Date:4. End Date:5. Amount Received:6. Allotment Number:7. Background Information: <ol style="list-style-type: none">8. Overall Objectives (as written in proposal):
--

Specific Objectives (as in proposal)	Activities	Location	Fund Used	Achievements/ Expected Results (against indicators, if any)	# of People Reached	Start Date	End Date

Annex 4

Policy, principles and guidelines

Introduction

Considering that the WHO South-East Asia Region is vulnerable to emergencies, accounting for 58% of mortalities of the global total in the past decade (1996–2005)¹, Member States have made requests in various regional meetings to establish a fund to support countries in the Region in the event of emergencies:

- The Regional Consultation for Emergency Preparedness and Response (June 2006), which culminated with the Bali Declaration, highlighted the need to “promote the creation of a Regional Solidarity Fund for Emergency Response”.
- At the 24th Health Ministers Meeting in Dhaka, Bangladesh in August 2006, Member countries recommended the creation of an emergency fund:

“A Regional Emergency Fund should be created on the lines of the one prepared by the Eastern Mediterranean Regional Office and as a follow-up to the Bali Declaration”.

In view of the above, SEARO, with EHA as the secretariat, established a working group to develop the details of the proposal for a regional emergency fund. These proposals were then discussed at the following meetings:

- Meeting of WHO Representatives in November 2006
- Regional Consultation for the South-East Asia Regional Health Emergency Fund (SEARHEF) held from 12–13 April 2007

The principles, purpose and mechanisms for the establishment and use of this fund were further refined, by a subsequent working group meeting composed of representatives from Member countries, held in Bangkok, Thailand, 11–12 June 2007.

¹ World Disasters Report 2006, IFRC Geneva.

The proposal for establishment of SEARHEF was also discussed in the following meetings:-

- Joint Meeting of Health Secretaries of Countries of WHO SEA Region (HSM) and Consultative Committee for Programme Development and Management (CCPDM) held in WHO/SEARO, New Delhi, 2–6 July 2007.
- 25th Meeting of the Ministers of Health of the South-East Asia Region, Thimphu, Bhutan, 31 August to 1 September 2007.

The 60th Session of the Regional Committee, held in Thimphu, Bhutan from 1–3 September 2007 passed resolution SEA/RC/60/R7 establishing the South-East Asia Regional Health Emergency Fund (SEARHEF) effective January 2008

Policy, Principles and Guidelines

Name of the fund: South-East Asia Regional Health Emergency Fund (SEARHEF).

Target date for set-up: 1 January 2008, coinciding with the beginning of the new biennium.

Purpose of the Fund

The Fund is designed to provide financial support in the aftermath of an emergency in Member countries for the first three months. It is meant to meet immediate health and health related needs/critical gaps in an emergency.

Criteria for allocations from the Fund

The Fund will be used for emergencies/disasters, whether natural or man-made, in which the following may occur:

- Declaration of a state of health emergency/disaster; or
- Official request for external assistance by the national government; or

- Appointment of a Humanitarian Coordinator by the UN Secretary- General for that particular emergency.

The criteria may be reviewed and adjusted periodically.

Differentiation from other emergency and relief funds

The South-East Asia Regional Health Emergency Fund (SEARHEF) is not an instrument for funding the bulk relief and recovery or reconstruction and rehabilitation work. Established mechanisms like Flash Appeals, Consolidated Appeals Process (CAP) and Central Emergency Response Fund (CERF) will continue to be the main funding sources.

Governance

The resolution adopted by the 60th session of the Regional Committee will provide the policy basis of SEARHEF.

A working group will be set up to provide oversight and guidance to the management of the Fund in accordance with guidelines and principles outlined in this paper.

The Working Group will:

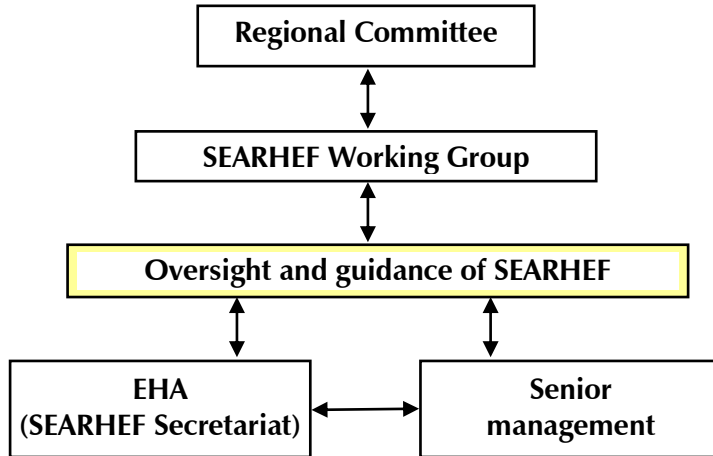
- Consist of one representative from each of the 11 Member States
- Conduct parallel meetings in conjunction with SEARO Statutory Meetings

EHA will act as the Secretariat to the Working Group.

The Regional Committee will consider the continued need for the Working Group after two bienniums.

The fund is linked and will operate in an environment defined by international humanitarian mechanisms established in the country e.g. cluster approach; emergency funding such as flash appeals, CAP, etc.

The following diagram illustrates the governance structure of SEARHEF



The Regional Committee² is the policy setting body of the WHO South-East Asia Region to which the WHO secretariat updates on the use and further development of SEARHEF yearly. The SEARHEF working group oversees and guides the management of, policies, strategies for the fund. Senior management of SEARO and the SEARHEF secretariat provide input and consult with the SEARHEF Working group for policy and strategic directions.

Principles guiding the utilization of SEARHEF

1. Equitable use
 - All Member States will have access to the Fund as per the above criteria.
2. Adequacy and replenishment
 - A ceiling shall be set for each emergency amounting to US\$ 350 000
 - The Fund should be replenished once it is depleted at a certain percentage (30%).

² The WHO Regional Committee meets once every year to set policy and approve budgets and programmes of work for the region. The main functions of the Committee are to (i) formulate policies governing matters of an exclusively regional character; and (ii) to supervise the activities of the Regional Office.

3. Transparency and accountability

- EHA will regularly report to the Working Group regarding the status and utilization of the Fund.
- The Working Group will monitor and review the management of the Fund on behalf of the Member States.
- The Working Group shall report to Member States in statutory meetings of WHO/SEAR.
- Member countries will be accountable for appropriate utilization and reporting requirements.
- The Fund will be subject to WHO auditing processes.

4. Promptness

- The initial allocation should be released not later than 24 hours upon receipt of the request.

5. Ability to mobilize resources

- An action plan for resource mobilization from other sources should be established and ready for implementation from January 2008.

Estimate of funding

1. Based on experience from previous emergencies, expenditures for operations covering a period of six months average around US\$ 450 000 to 500 000.
2. On this basis, with an estimate of five emergencies per biennium, the target corpus for SEARHEF works out to be approximately US\$ 2.5 to 3 million.
3. The main expenditure for medium-sized emergencies include items and services such as procurement of essential medicines and supplies, logistics support (e.g. transport, communication), public health interventions, operational field presence, staff and technical support to national and sub-national health authorities.

Building the corpus of the Fund

1. SEARHEF will act as a revolving fund composed of two distinct portions:
 - a. Assessed Contributions (AC) from biennial allocation, and;
 - b. Voluntary Contributions (VC) from:
 - 1) Donors, countries, and other agencies
 - 2) Member countries
 - 3) Unspecified voluntary contributions
2. Assessed contributions portion: up to an amount of US\$ 1 million per biennium.
3. Voluntary contributions will be mobilized to raise ceilings for allocations; and relieve countries from their part of assessed contributions. The target for the voluntary contributions portion is initially set at US\$ 1.5 to 2 million.
4. Efforts will be made by WHO/SEARO to seek approval for an exception to prevailing financial rules to allow carry-forward of the AC portion of the Fund. This is critical to the spirit and concept of the Fund.
5. Contributions from Member countries for assessed contributions will be reviewed according to the progress made from resource mobilization of voluntary contributions.
6. The Regional Office, Country Offices and Member countries will exercise all efforts to mobilize voluntary contributions for the Fund.

Management of the Fund

- EHA, as the Secretariat of the SEARHEF Working Group, will:
 1. Translate policy guidance from the Working Group and advise the Regional Director accordingly.
 2. Oversee the prompt disbursement to countries.
 3. Facilitate the resource mobilization of voluntary contributions for the Fund.
 4. Facilitate periodic review of principles and guidelines of the Fund.

5. Report to the senior management of Regional Office for South-East Asia and to the Working Group at regular intervals.
 - In the event that both AC and VC funds are available, the AC component will be disbursed first.
 - WHO standard donor agreements for unspecified funds will be used for the VC portion of the Fund.
 - Ceilings for release will be reviewed periodically.

Processing Requests and Reporting

1. The WRs of affected countries, based on preliminary information available on an emergency, would request EHA/SEARO for initial assistance. EHA/SEARO would then, through proper channels, coordinate the release of the first installment of allocations. Subsequent requests for assistance would also follow the same procedure.
2. Turn-around for release of allocations will not exceed 24 hours upon receipt of a request.
3. The initial maximum amount to be released is US\$ 175 000. The time period for expenditure will be for a maximum of one month from the date of the initial release.
4. Subsequent release with a maximum of US\$ 175 000 will depend on, *inter alia*: the scale of disaster, availability of funds under SEARHEF and assessment of future needs. The time period for expenditure for this release will be the next two months from the date of the second release.
5. SEARHEF funding cannot be used beyond three months from the date of the emergency.
6. Reporting requirements in relation to the expenditure of the allocations of the Fund will follow the requirements as per the WHO mechanism chosen (e.g. APW, DFC).
7. Details of expenditure should be kept in the respective WHO Country Office for audit and record purposes as per standard WHO practice.

These principles, policies, and guidelines will be modified/refined during the course of the implementation of the Fund.

Annex 5

Resolutions of the WHO Regional Committee for South-East Asia relating to SEARHEF

SEA/RC66/R3 Proposed Programme Budget 2014–2015

The Regional Committee,

Acknowledging that the Sixty-sixth World Health Assembly in May 2013 approved the Programme Budget 2014–2015 as a primary instrument to express the planned scope of technical work of the Organization, along with planned budgetary allocations;

Noting that the approved Programme Budget 2014–2015 is the first biennial budget of the Twelfth General Programme of Work, and is structured around Categories and Programme Areas, as detailed in the Annex of A66/7;

Reaffirming its concern that the South-East Asia Region has seen a reduction of 11.5% in budget space for the 2014–2015 biennium compared with the 2012–2013 biennium;

Reaffirming further its concern with the methodology in which the first nine months of expenditure data from the biennium 2012–2013 were used as the basis to develop the Programme Budget 2014–2015;

Considering that the Sixty-sixth World Health Assembly approved an integrated budget, authorizing the Director-General to use the assessed contributions (AC) together with voluntary contributions (VC), subject to the availability of resources, to finance the Programme Budget 2014–2015 as approved;

Noting that this integrated budget does not distinguish between assessed and voluntary contributions for the Programme Budget 2014–2015;

Reaffirming that emergencies remain a concern in the South-East Asia Region and that the South-East Asia Region Health Emergency Fund (SEARHEF) is vital in providing immediate financial support for health interventions during these emergencies;

Endorsing the report and the recommendations of the Sixth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM),

1. URGES Member States:

- (1) to conduct country-level review of the programme areas to establish focused priorities in preparation for the 2014-2015 biennial budget;
- (2) to monitor the budget space allocation needs within the categories and programme areas, both during operational planning and implementation, with a view to matching resources to areas of highest programmatic need;
- (3) to collaborate on technical work of regional importance, seeking improved management and optimum utilization of available resources;
- (4) to strengthen programme management capacities with the objective of improving the efficiency and effectiveness of implementation;

2. REQUESTS the Regional Director:

- (1) to ensure efficient management of the budget for the Region, through appropriate consultations with Member States, in light of the budget allocation, in a manner that aligns the budget with priority programme areas as reflected by the Member States of the Region;
- (2) to convey to the Director-General the South-East Asia Region's requirements for adjustments in budget allocations, in consultation with Member States if necessary;
- (3) to convey to the Director-General that additional flexible voluntary contributions for the South-East Asia Region must be

linked to the disease burden and priorities of the Member States in the Region;

- (4) to support the mobilization of voluntary contributions, especially to support countries and programmes that have been unable to achieve full funding of their workplans;
- (5) to communicate actual budget figures for assessed and voluntary contributions by category, for country offices and regional offices, to Member States as soon as possible after the November 2013 Financing Dialogue.

SEA/RC63/R1 Proposed Programme Budget 2012-2013

The Regional Committee,

Having considered the proposed programme budget for 2012-2013, which falls in the third and last biennium of the WHO's Medium-term Strategic Plan (MTSP) 2008 to 2013,

Noting with appreciation the Director-General's proposal to have an increase of US\$ 264 million for the proposed programme budget for 2012-2013, compared with the previous biennium,

Appreciating that the proposed programme budget for 2012-2013 has been developed through a process of consultation with Member States under the guidance of the Organization-wide policy,

Noting that the South-East Asia Region proposes a budget ceiling level of US\$ 505.6 million, consisting of three segments: (i) the base programmes of US\$ 393.6 million with US\$ 102.3 million from Assessed Contribution (AC), and US\$ 291.3 million from Voluntary Contributions (VC); (ii) Special Programme and Collaborative Arrangements (SPA) with US\$ 80.0 million (VC); and (iii) Outbreak and Crisis Response (OCR) with US\$ 32 million (VC),

Concerned that the substantial amount of Voluntary Contributions might not align with programme priorities as reflected in the programme budget documents ,

Further concerned that the capacity of national governments and WHO country and regional offices needs to be strengthened to mobilize and implement the high levels of VC budget,

Noting that the regional programme budget statement for each strategic objective, outlining the scope, key achievements, challenges to date, new areas of work, areas to be given more emphasis or less emphasis, and the resource requirement would guide the operational planning and implementation during 2012-2013,

Recalling Regional Committee resolution SEA/RC60/R7 on the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) by apportioning the WHO Regular Budget (Assessed Contribution), and resolution SEA/RC62/R5, which acknowledged the voluntary contributions by Member States to this fund and also requested the Regional Director to provide US\$ 1 million for the SEARHEF from the WHO Regular Budget (Assessed Contribution) for the 2010-2011 biennium,

Having endorsed the report and the recommendations of the Third Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) (Document SEA-PDM-19), and

Having noted the proposed programme budget 2012-2013,

1. URGES Member States:
 - (1) to make concerted efforts to improve the management and utilization of available resources, and
 - (2) to increase resource mobilization, especially for underfunded programme areas of high-priority, and
2. REQUESTS the Regional Director:
 - (1) to convey to the Director-General the Region's requirements for additional funding that would be flexible and that would align with the priorities of Member States, the large population residing in the Region, as well as the increasing trend in disease burden in the Region;

- (2) to support strengthening of capacity in policy and programme development and in resource mobilization in Member States with the objective of improving the efficiency and effectiveness of planning, implementation and monitoring; and
- (3) to provide US\$ 1 million for the SEARHEF from the WHO Assessed Contribution allocated to Member States of the SEA Region in the proposed regional programme budget 2012-2013.

SEA/RC62/R5 South-East Asia Regional Health Emergency Fund

The Regional Committee,

Recalling Regional Committee Resolution SEA/RC60/R7, which acknowledged the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF),

Appreciating the contribution of Member States of 1% of their WHO Regular Budget allocation (Assessed Contribution) and the additional US\$ 100 000 contribution of the Royal Thai Government to the Fund, and the additional US\$ 10 000 pledged contribution of the Government of Timor-Leste,

Recognizing that SEARHEF was vital in providing immediate financial support for health interventions during various emergencies in the past biennium,

Noting that SEARHEF has been well managed according to the policies, guidelines and procedures and the advice of the SEARHEF Working Group,

Confirming that emergencies remain a concern in the South-East Asia Region, and that the Organization has prioritized emergency preparedness and response through a dedicated Strategic Objective in its Medium-term Strategic Plan,

Having considered the recommendations made by the High-Level Preparatory Meeting of countries of the WHO South-East Asia Region held from 29 June to 2 July 2009,

3. URGES Member States:
 - (a) To continue to contribute on a voluntary basis to the Fund and to advocate for contributions by donors; and
 - (b) to continue active participation in the SEARHEF Working Group; and
4. REQUESTS the Regional Director:
 - (a) To provide US\$ 1 million from the WHO Regular Budget (Assessed Contribution) for 2010-2011 biennium to the SEARHEF;
 - (b) to mobilize Voluntary Contributions from donors and international agencies to the Fund;
 - (c) to continue to respond to emergency requests by Member States in the Region; and
 - (d) to encourage the replenishment of the Fund once contributions from other donors are provided to the affected countries.

SEA/RC61/R2 Proposed Programme Budget 2010-2011

The Regional Committee,

Having considered the proposed Programme Budget for 2010-2011, which is the second biennium covered by WHO's Medium-term Strategic Plan for the period from 2008 to 2013 and follows the same 13 Strategic Objectives used in the 2008-2009 Programme Budget, along with the Regional Programme Budget statement outlining proposed regional work, targets and resource requirements for the 2010-2011 biennium,

Noting the report of the first meeting of the Sub-committee on Policy and Programme Development and Management,

Appreciating that the Programme Budget 2010-2011 was developed through a process of consultation with each Member State in the Region and policy guidance at the global level of the Organization,

Noting that the South-East Asia Region is proposing a budget of US\$ 604.5 million for 2010-2011, consisting of US\$ 103.9 million for Assessed Contributions and US\$ 500.6 million for Voluntary Contributions,

Recognizing that the Member States of the South-East Asia Region face frequent emergencies and responding to these crises in a timely manner requires a flexible and sustainable source of funding,

Concerned that the substantial increase in Voluntary Contributions might not align with the programme priorities as reflected in these documents and that the capacity of national governments and country offices needs to be strengthened to implement these increases, and

Further concerned with the challenges in the programme implementation in the light of the increase in the proposed Programme Budget in the 2010-2011 biennium,

1. ENDORSES the proposed Programme Budget to support the work of the World Health Organization's South-East Asia Region for the biennium 2010-2011;
2. ENDORSES the recommendations of the first meeting of the Subcommittee on Policy and Programme Development and Management*;
3. URGES Member States:
 - (1) to give high priority to reallocation of Assessed Contributions to support programme areas with limited access to Voluntary Contributions, and
 - (2) to ensure adequate Assessed Contributions for effective and efficient administration, management and technical support required to implement country and intercountry collaborative programmes;
4. REQUESTS the Regional Director:
 - (1) to support Member States in identifying and developing practical indicators to measure programme achievements;

* Doc. No. SEA-PDM-14

- (2) to support Member States and WHO country offices in capacity development and strengthening for effective and timely implementation of the Programme Budget;
- (3) to mobilize resources for priority Strategic Objectives of the Region for which Voluntary Contributions are inadequate, and
- (4) to draw and disseminate lessons learned from the previous bienniums for effective implementation of the current and future biennium budgets, and

5. FURTHER REQUESTS the Regional Director to take up with the WHO Director-General for her consideration, while finalizing the proposed Programme Budget for 2010-2011:

- (1) to take steps to mobilize additional Core Voluntary Contributions for the South-East Asia Region, taking into consideration the size of the population and burden of diseases;
- (2) to include a provision in the 2010-2011 budget resolution of the World Health Assembly allowing Assessed Contributions in the South-East Asia Regional Health Emergency Fund to be carried over to the subsequent bienniums;
- (3) to advocate that the Region receive an appropriate share of any increase in the Assessed Contributions to cover increased operational costs due to currency fluctuations, and
- (4) to take steps to ensure that the organizational policy on Programme Support Costs is applied, and that projects to be funded by Voluntary Contributions include budgets to cover all applicable associated direct administrative costs.

**SEA/RC60/R7 South-East Asia Regional Health
Emergency Fund**

The Regional Committee,

Recalling World Health Assembly resolutions WHA58.1 and WHA59.22, and its own resolutions SEA/RC57/3 and SEA/RC58/3, all of which called for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Confirming that emergencies are a priority in the Region, with 58% of the total number of people killed in natural disasters during the decade 1996–2005 from countries of the South-East Asia Region; that the Organization has prioritized emergency preparedness and response, and that a dedicated Strategic Objective has been developed and Health Action in Crises has become a full-fledged cluster in WHO headquarters,

Noting that steps have been taken to create the Fund with a Working Group based in the Regional Office and a series of consultations conducted with WHO Representatives and representatives of Member countries,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as contained in the "Thimphu Declaration International Health Security in the South-East Asia Region",

Appreciating the contribution of US\$100 000 of the Royal Thai Government to the Fund, and

Having considered the recommendations made by the Joint Meeting of Health Secretaries of countries of the WHO South-East Asia Region and the Consultative Committee for Programme Development and Management, held during 2-6 July 2007,

1. URGES Member States:
 - (a) to contribute 1% of their WHO Regular budget allocation to the SEARHEF;
 - (b) to support proper use and management of the Fund to address immediate needs in any emergency, and
 - (c) to actively participate in the management and utilization of SEARHEF through its Working Group, and

2. REQUESTS the Regional Director:
- (a) to lead in the efficient implementation of the Fund so that financial support is provided for immediate needs in countries affected by events;
 - (b) to support further resource mobilization for the Fund;
 - (c) to have a transparent mechanism for the distribution of the Fund;
 - (d) to facilitate linking the SEARHEF with planning and activities for Strategic Objective 5, and
 - (e) to report annually to Member States at the Regional Committee on the status of the Fund usage.

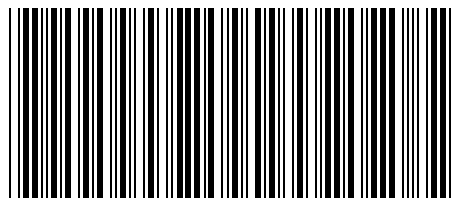
The South-East Asia Regional Health Emergency Fund (SEARHEF) was established by a Regional Committee resolution (SEA/RC60/R7) following requests and advice to that effect from Member States to formalize a mechanism to provide assistance and facilitate rapid response to natural and manmade disasters in the Region. As part of the governance of the Fund, a working group composed of representatives from all Member States oversees the management of the Fund. Regular meetings of the working group are meant to discuss issues, challenges and provide recommendations for efficient utilization of the fund.

The first working group meeting was held in July 2008. This report is of the second working group meeting held in August 2012, reviewed experiences primarily of those Member countries that utilized SEARHEF and valuable inputs were received to strengthen the scope of utilization of Fund, build capacity at country offices to process requests and strengthen resource mobilization efforts.



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