WHO Regional Committee for South-East Asia

Report of the Seventieth Session

Maldives, 6–10 September 2017

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

This report summarizes the discussions of the Seventieth Session of the WHO Regional Committee for South-East Asia held on Paradise Island, Maldives, on 6–10 September 2017. At this session, the Committee reviewed and discussed a number of public health issues relevant and important to the Region, such as hepatitis, vector control, tuberculosis, access to medicines and the Sustainable Development Goals, among others. The Committee also adopted a number of resolutions and decisions on selected issues.
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Vignettes from the Seventieth Session of the
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1. The Seventieth Session of the WHO Regional Committee for South-East Asia was held in Paradise Island, Maldives, from 6 to 10 September 2017. It was attended by representatives of all 11 Member States of the Region, United Nations and other agencies, nongovernmental organizations (NGOs) having official relations with WHO, as well as Observers.

2. The inaugural session of the Regional Committee was held on 6 September 2017. His Excellency Dr Mohamed Shainee, Special Envoy of His Excellency Mr Abdulla Yameen Abdul Gayoom, President of the Republic of Maldives, delivered the keynote address at the inaugural session.

3. In accordance with Rule 11 of the Rules of Procedure of the WHO Regional Committee for South-East Asia, H.E. Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Government of the Democratic Socialist Republic of Sri Lanka, opened the Seventieth Session of the Regional Committee. The Regional Committee then elected H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Government of the Republic of Maldives, as Chairperson, and H.E. Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan, as Co-Chairperson.
4. H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Republic of Maldives, delivered the welcome address.

5. A Drafting Group on Resolutions comprising a representative from each Member State was established. Dr Mariyam Jenyfa, distinguished delegate from Maldives, was unanimously elected Rapporteur of the Drafting Group on Resolutions.

6. During the Seventieth Session, the Committee adopted five resolutions, including the Malé Declaration. These were:

   - Malé Declaration on Building Health Systems Resilience to Climate Change (SEA/RC70/R1);
   - Programme Budget 2018–2019 (SEA/RC70/R2);
   - Amendment to Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia and Process for the Nomination of the Regional Director for the South-East Asia Region (SEA/RC70/R3);
   - Implementing and Monitoring the Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030 (SEA/RC70/R4); and a
   - Resolution of Thanks (SEA/RC70/R5).

7. The Committee reviewed the Report of the Regional Director on the work of WHO in the South-East Asia Region covering the period 1 January–31 December 2016.
Welcome address by H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Republic of Maldives

8. Welcoming the distinguished delegates, H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Republic of Maldives, expressed his government’s pleasure in hosting the Seventieth Session of the WHO Regional Committee for South-East Asia (SEA).

9. The Minister reiterated the landmark achievements in health recorded by his country over the past few years. Maldives has eliminated lymphatic filariasis, conquered measles, eradicated polio and defeated malaria. The health budget has increased by 130% and out-of-pocket expenditure in the country decreased from 45% to 29% for households over the past few years. The country’s per capita expenditure on health of US$ 810 per annum is one of the highest in the Region and more than or comparable with that of many upper-middle-income countries, he said.

10. Thanking the “visionary” President of the Republic, H.E. Mr Abdulla Yameen Abdul Gayoom, for his dynamic leadership and governance that accorded key priority to health and gave precedence to health in the economic agenda, the Health Minister said Maldives is today “reaping a harvest of successful developments in health care” made available to the people.

11. The Minister also thanked WHO for standing steadfast with the Ministry of Health and making an “immeasurable contribution by providing continuous support” to the achievement of targets by the health sector in Maldives. He thanked the Regional Director, Dr Poonam Khetrapal Singh, and the WHO Country Office for Maldives for strengthening the partnership between WHO and the country, and expressed gratitude for the work and support of the former Director-General, Dr Margaret Chan, whose term ended in 2017.

12. The Minister also mentioned the other continuing and salient health achievements of his country, notably in reducing maternal, infant and child mortality,
and added that life expectancy has improved to a level almost equivalent to that in developed countries. While congratulating health professionals for contributing to these successes, he also highlighted the “huge challenges” that persist in health: growing rates of noncommunicable diseases (NCDs), an alarming rise in cancer and diabetes, and the persistence of depression as a public health threat. Reiterating that noncommunicable and lifestyle diseases account for 80% of total deaths in the country today, the Minister called for according as much importance to preventive care as to curative care to achieve excellence in health.

13. Referring to the unrelenting threat to health from climate change, the Minister drew attention to the Malé Declaration on Building Health Systems Resilience to Climate Change, on the agenda of the Session, calling it the “culminating outcome” of the Regional Committee. Maldives is among the countries most vulnerable to climate change as well as one of the most strident voices against it, he said. Calling climate change a driver of disease migration and a threat to economies, he said he looked forward to constructive deliberations on the subject at the Ministerial Roundtable.

14. The Minister concluded by thanking the WHO regional and country offices, and the government and private agencies, that had contributed towards organizing this event. He wished the Regional Committee productive deliberations.

(For full text of the address see Annex 1)

Address by H.E. Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Democratic Socialist Republic of Sri Lanka, outgoing Chairperson of the Sixty-ninth Regional Committee

15. H.E. Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Democratic Socialist Republic of Sri Lanka, thanked WHO for its continued support to Member States and lauded the Regional Director, Dr Poonam Khetrapal Singh, for her unique leadership, advice and guidance over the past year, especially in stressful situations such as during the dengue epidemic in Sri Lanka. He expressed strong support for her continuing as Regional Director for a second term, as under her leadership the SEA Region had become a dynamic organization and felt like a “family”.

16. Dr Senaratne also congratulated the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, on his appointment. He wished the Seventieth Session of the Regional Committee every success.
Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region

17. Welcoming the representatives of Member States of the SEA Region, the Regional Director, Dr Poonam Khetrapal Singh, thanked the President of the Republic of Maldives, H.E. Abdulla Yameen Abdul Gayoom, and his government for their warm hospitality in hosting the Seventieth Session of the Regional Committee. Recalling the ancient Sanskrit name of the country – Mālavipā or “garland of islands” – she said it was a pleasure to have the meeting in the beautiful Paradise Island.

18. Dr Poonam Singh lauded Maldives for its “proud record in public health”, recalling that Maldives became the first country in the Region in 2016 to eliminate lymphatic filariasis, and was declared malaria-free in 2015. In 2017, measles was eliminated from the country. She also added that Maldives is aiming to end TB by 2020, 10 years ahead of the regional target.

19. Dr Poonam Singh also praised Maldives’ rapid progress since the 1980s to become an upper-middle-income country following years of sustained growth. Sustained investment in health is a vital weapon if governments wish to ensure that hard-won economic progress continues, she added.

20. At the same time, the Regional Director reflected on the other side of the health story: the growing toll of noncommunicable diseases, antimicrobial resistance (AMR), rising instances of injury and morbidity from traffic accidents and violence, drug and substance abuse, and poor diets and sedentary lifestyles.

21. She mentioned the threat from climate change that the country faces. She commended Maldives for starting to address the commercial determinants of ill-health, and lauded measures such as the 40% increase in import duties levied on cigarettes, 58% on energy drinks and 17% on sodas.

22. Dr Poonam Singh highlighted that Maldives was a leader in the Region in terms of per capita spending on health. She pointed out that the key question is not of spending more but of spending wisely and strategically, in order to promote greater equity. Speaking of her commitment to the achievement of universal health coverage (UHC), she said UHC is the best and most powerful means we have at our disposal for changing peoples’ lives through better health.
23. The Regional Director also observed that the “power of WHO is the power of countries working together to catalyse action and nurture partnerships”. In this regard, she said, the Regional Committee is an important platform to chart the course ahead under three overarching themes: (i) achieving a more equitable, effective and results-oriented health sector; (ii) following an across-the-society approach to addressing the social, political and commercial determinants of ill-health; and (iii) promoting equity and rights, basing action on science, evidence and research, and leveraging the immense power of partnerships.

(For full text of the address see Annex 2)

Address by H.E. Dr Mohamed Shainee, Special Envoy of H.E. the President of the Republic of Maldives, Mr Abdulla Yameen Abdul Gayoom

24. H.E. Dr Mohamed Shainee, Special Envoy and Minister of Fisheries and Agriculture, Republic of Maldives, extended a warm welcome to the delegates on behalf of H.E. Mr Abdulla Yameen Abdul, President of the Republic of Maldives. He highlighted some of the major transformational changes made by Maldives under the leadership of the President in the past four years. Both economic and social well-being had improved tremendously; and for a healthy economy, a healthy society is needed, he said.

25. Some of these changes included the new system of health insurance, ensuring the presence of pharmacies on every island (350 pharmacies at present), provision of easy access to tertiary care (within 40 minutes), and substantially increasing the number of ambulance speedboats that provide health care and also help with rescue operations. Other initiatives include building open spaces and green areas in the densely populated city of Malé to encourage people to step out of their homes with the aim of reducing the incidence of depression and other mental illnesses, and increasing physical fitness.

26. The First Lady also runs programmes for the needy, such as creating jobs for people with special needs and ensuring home visits for elderly bedridden people, he said. All persons above 60 years of age receive a pension of Maldivian Rufiyaa 5000. The tallest building in the city of Malé, 25 storeys high, is incidentally a hospital, he said. The President has also invested in people: 46 doctors have been selected for specialization and 26 scholarships have been provided to study medicine.

27. In conclusion, he thanked the Regional Director for her continuing support, and hoped the Director-General would visit the Region often. He also thanked neighbouring countries for their help in several areas. Despite the many achievements made by
Maldives in the area of health, it faced climate change issues for which the country would need help from regional partners, he added.

Address by Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

28. Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization, observed that this was his first trip to the SEA Region since assuming office. The SEA Region is one of the most diverse on earth. Almost one quarter of the world’s population lives in countries of the Region, which vary from tiny islands to huge nations. While people lived in different social, political and economic circumstances, they all had one thing in common – the right to health. The Region faces the full range of health challenges, and is also home to many natural disasters, he said.

29. Dr Tedros assured the Committee that WHO would do everything to assist countries in times of crisis. Climate change is a very real danger, especially in small island nations such as Maldives. He mentioned in this context that he is working on a “Small Island Special Initiative”.

30. Dr Tedros lauded the Region for the huge progress made in eliminating neglected tropical diseases. Maldives and Sri Lanka have eliminated malaria and lymphatic filariasis (LF); Thailand has eliminated mother-to-child transmission of HIV; and India has eliminated yaws. The Regional Committee would formally acknowledge Bhutan and Maldives for eliminating measles, and Thailand for eliminating LF during the course of the Session.

31. However, he cautioned that there was more work to be done. Strong health systems are needed to deliver health services to people who need them. He stressed that this is the best investment that countries can make.

32. He congratulated the Region for the South-East Asia Regional Health Emergency Fund (SEARHEF), which for almost a decade has enabled a rapid response within 24 hours to 33 emergencies in nine countries.

33. Dr Tedros also applauded the Regional Director for the eight Flagship Priority Areas she had launched, which were in line with his own priorities for WHO, especially universal health coverage and emergency risk management.

(For full text of the address see Annex 3)
Opening of the Session (Agenda item 1)

34. In accordance with Rule 11 of the Rules of Procedure of the WHO Regional Committee for South-East Asia, H.E. Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Government of the Democratic Socialist Republic of Sri Lanka, opened the Regional Committee Session. Dr Senaratne extended a warm welcome to all representatives of Member States of the SEA Region and all other participants.

35. On behalf of all the Member States of the Region, Dr Senaratne congratulated Dr Tedros Adhanom Ghebreyesus on his election as Director-General of WHO. Dr Senaratne also expressed his sincere thanks to the Regional Director, Dr Poonam Khetrapal Singh, for her continuing strong leadership and commitment. Despite the recent gains, it was recognized that significant challenges still remain in furthering the public health agenda in the Region. In meeting these challenges, ever greater collaboration between countries and continued assistance from WHO will be key.

Credentials of Representatives (Agenda item 2)

36. The Committee was informed that in line with Rules 3 and 3bis of the Rules of Procedure of the Regional Committee, the credentials of the Representatives had been examined by the Chairperson and Co-Chairperson, and that the validity of the credentials of all Representatives of all Member States, including of all alternates and advisers, had been found to be in order. Following the proposal by the officers, the Regional Committee accepted the credentials of Representatives of all Member States of the Region as valid.

Election of Officebearers (Agenda item 3)

37. The Regional Committee elected H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Government of the Republic of Maldives, as Chairperson, and H.E. Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan, as Co-Chairperson.

38. The Chairperson expressed his sincere gratitude to the Committee for his election, which he deemed a privilege. He looked forward to the guidance that would
be provided by the distinguished delegates during the Regional Committee Session. During the preceding High-Level Preparatory (HLP) and Subcommittee on Policy and Programme Development and Management (SPPDM) meetings held in July in New Delhi, a number of actions had been proposed to ensure the smooth running of the Regional Committee. Dr Nazim Ibrahim expressed his thanks to the Regional Director for implementing these proposals.

39. A Drafting Group on Resolutions was established, comprising a representative from each Member State. He indicated that one member of the Drafting Group should be elected as Rapporteur to present the resolutions drafted by the group.

**Adoption of the Agenda (Agenda item 4, SEA/RC70/1 Rev. 2)**

40. The Committee unanimously adopted the Agenda for its Seventieth 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–31 December 2016 (Agenda item 5.1, SEA/RC70/2)**

41. The Regional Director, Dr Poonam Khetrapal Singh, congratulated the new Director-General, Dr Tedros Adhanom Ghebreyesus, for his “exceptional” election
— in many ways a first — wherein all the Member States voted for the first time and he received a “clear and unambiguous” majority, giving him a powerful mandate to lead the Organization. The SEA Region is home to a quarter of the world’s population as well as global disease burden. Consequently, the health achievements of the Region assume global significance, the Regional Director said.

42. The Regional Director welcomed the opportunity to present her report on the work of WHO in the SEA Region. She highlighted that the face of public health in South-East Asia was changing, both rapidly and in ways that are unprecedented.

43. Dr Poonam Singh said that even as we contribute to public health through our achievements, for example, by eliminating a disease as a public health problem, thereby freeing resources for other needed investments, new and greater challenges are emerging.

44. The Regional Director pointed out that although rapid social and demographic changes can be a force for good, we must anticipate their effects. As populations are becoming more demanding and well-informed about standards of health care, traditional social norms and models of health care are becoming outdated. As health in all our countries becomes an increasingly significant and complex topic, it can no longer be the responsibility of just one ministry, but must be a concern for governments as a whole. While good health will always depend on good science, it also depends on sound political choices. It is important to find ways to engage all those who have a stake in the creation of better health.

45. Dr Poonam Singh proceeded to highlight a range of activities underway in countries of the Region with a strong focus placed on results. Sri Lanka and Maldives had become free of lymphatic filariasis in 2016, and Thailand in 2017, and Bangladesh is close behind. India has removed over 200 million people from the pool requiring treatment, placing it firmly on the road to elimination.
46. The Region is also approaching the final stages of its fight against other neglected tropical diseases, with the elimination of yaws – already eliminated in India – and leprosy and kala-azar all within reach.

47. In 2015 and 2016, Maldives and Sri Lanka were certified malaria-free, respectively. In addition, Thailand has eliminated mother-to-child transmission of HIV and congenital syphilis, becoming the first country in the Asia-Pacific and the second in the world to do so. In 2016, following validation in Indonesia, the SEA Region succeeded in eliminating maternal and neonatal tetanus, becoming the second WHO Region to achieve this. Measles elimination by 2020 is a Flagship Priority, with Bhutan and Maldives having already achieved this goal this year. In addition, the Region maintains its polio-free status.

48. The Committee was also informed that the Region has shown remarkable progress in reducing child and maternal mortality. Against a worldwide decline of 44% since 1990, rates in our Region have declined by nearly 70%. The Democratic People’s Republic of Korea, Maldives, Sri Lanka and Thailand have child mortality rates that are already below the global targets for the Sustainable Development Goals (SDGs) for 2030 and Maldives, Sri Lanka and Thailand have levels of maternal mortality below the global SDG target.

49. But the burden of NCDs is not declining. The threat they pose to individuals, communities, health systems, and to economies as a whole is increasing. Real progress has been seen through big increases in taxation on sugary drinks and tobacco in Maldives; the use of a “traffic lights” system for food and beverage labels to persuade consumers to choose diets lower in fat, sugar and salt in Sri Lanka; legislation on marketing of infant food in Thailand; new legislation and a major drop in smoking rates among men in the Democratic People’s Republic of Korea; the roll-out of human papillomavirus (HPV) vaccines to prevent cervical cancer; and creative use of information technology (IT) to help diabetics in India.

50. The Regional Director stated that antimicrobial resistance (AMR) has the potential to change public health in ways that could cause untold damage. And South-East Asia is likely to bear the highest burden worldwide. The story of AMR follows a similar course to that of NCDs. More awareness is needed and there is political backing at the global and regional levels. Plans and coordination bodies are in place and there is a better sense of the challenges. The magnitude of the risks faced is known, and efforts to combat AMR are attracting financial support. But that is not enough, and the kind of action seen in the field of NCDs is needed here.
51. She also pointed out that the significance of emergency prevention is only seen when disaster strikes. The response to the 2015 earthquake in Nepal was creditable. In 2016, support was provided following landslides and floods in Bhutan, the Democratic People’s Republic of Korea, Myanmar and Sri Lanka, and an earthquake that killed 100 people in Aceh, Indonesia. In the Democratic People’s Republic of Korea, a coordinated effort led by the government succeeded in rebuilding 18 000 homes and 34 health facilities within three months so that primary health care continued to be delivered throughout the recovery phase. Most recently, the WHO Health Emergencies Programme in the SEA Region provided technical and financial support to influenza A H1N1 outbreak responses in Maldives and Myanmar, during Cyclone Mora in Bangladesh, and floods and the dengue outbreak in Sri Lanka.

52. The Committee was informed that the SEARHEF, set up in 2008, has till date provided immediate financial support to 33 emergencies, disbursing a total of US$ 5.1 million for the health response. A resolution in the previous Regional Committee expanded the mandate of SEARHEF to also fund preparedness activities. Scaling up capacity development in emergency risk management has been a Flagship Priority for the Region. Country capacities are being regularly assessed because preparedness is not a one-time initiative. As of now, four countries – India, Indonesia, Sri Lanka and Thailand – have declared themselves compliant with IHR Core Capacity requirements. Since 2016, a new monitoring and evaluation (M&E) framework is being used, which has four parts: joint external evaluation; annual reporting by the State concerned; an action review; and a simulation exercise. These joint external evaluations have been completed in Bangladesh, Maldives, Myanmar, Sri Lanka and Thailand. By the end of this year, Bhutan and Indonesia would have also completed the exercise.
53. She stated that her report last year focused on universal health coverage. UHC is now accepted across the Region as the basis for health sector policy and planning, and as a unifying platform for measuring progress on all SDG3 targets. In Bangladesh, UHC provides the basis for the next health sector plan and investment strategy; in India, it is at the heart of a 15-year health vision paper and underpins the new National Health Protection Scheme; and in Myanmar, it is the key objective of the new National Health Plan. In Sri Lanka, UHC is central to the new Strategic Health Master Plan and the new health policy.

54. The Regional Director emphasized that in 2016 the first regionwide quantitative assessment of UHC was conducted with coverage of 16 service-related indicators and out-of-pocket expenditure. Countries are updating indicator targets and incorporating them into national health measurement and accountability frameworks. Access to medicines and human resources for health are the two priority areas within the UHC agenda.

55. Dr Poonam Singh also highlighted the changing face of public health. All the new challenges faced by the Region find their place in the SDGs. The 2030 Sustainable Development Agenda is of vital importance to health and to all governments in the Region, and has the potential to change the way we all work.

56. The Committee was informed of the three components that will help shape the new health agenda. First, although stewardship of the traditional health sector must be preserved, it cannot be just business as usual. More mature partnerships with the private sector will also be needed to deliver public health outcomes. The health sector will have to be adequately financed by governments. At the moment, only four countries in this Region spend more than 10% of their public budgets on health.

57. Second, it is clear that better health outcomes increasingly depend on coordination with other sectors and political decisions at higher levels of government. Resilience in the face of emergencies requires a strong health sector, but equally it requires strong links with other sectors of the government. The same is true for NCDs: a strong health service is necessary but not sufficient. The SDGs give us the legitimacy to make these changes part of our health agenda but we must learn from the past and apply a more political approach to achieving our aims.

58. Third, a set of cross-cutting issues are central to the work of WHO. These include a respect for human rights, a concern for equity (ensuring that no one is left behind), primacy of evidence as the basis for decision-making, and the need for investment in research and development.
59. Taken together, these three elements will help the Region to chart the way forward on the long road still to be travelled. But as the health agenda in the Region becomes increasingly clear, the Regional Director expressed her confidence that together we will achieve the health goals.

*(For full text of the address see Annex 4)*

**Address by the Director-General (Agenda item 5.2)**

60. Before his formal address, the Director-General, Dr Tedros Adhanom Ghebreyesus, drew attention to the Protocol to Eliminate Illicit Trade in Tobacco Products (United Nations Treaty Collection). He urged all countries of the Region to sign this Protocol so that it could reach the 40 signatories required to bring it into force. He also urged the development of horizontal relationships and linkages between the different WHO regions.

61. Dr Tedros stressed that countries were at the centre of WHO’s work. He looked forward to working very closely with the Regional Director, Dr Poonam Khetrapal Singh, in developing WHO’s work in this Region. He outlined how he viewed WHO’s work during the transition period as he assumed his new duties, and stressed the vital need to continue the ongoing work. Urgent priorities included boosting WHO’s effectiveness in emergencies; enhancing WHO’s governance by making the work of the Executive Board and the Assembly more efficient and strategic; making WHO an even better place to work; strengthening WHO’s global communications infrastructure; rethinking resource mobilization; pursuing greater efficiency in administrative and
travel operations; examining climate change in small island nations; and planning for the polio transition.

62. Apart from the immediate priorities, Dr Tedros noted that the groundwork was being laid for the larger, transformative changes needed to make WHO an organization better able to meet future health challenges. In particular, work had started on shaping the WHO Thirteenth General Programme of Work (GPW), which will guide the strategy of the Organization between 2019 and 2023. A draft Concept Note on the Thirteenth GPW would be examined at this session of the Regional Committee. Dr Tedros explained that the starting point of the GPW was the SDGs. Based on the SDGs, the GPW proposes that the mission of WHO should be to keep the world safe, improve health and serve the vulnerable. To achieve that mission, five Strategic Priorities are proposed for WHO:

(i) To prevent, detect and respond to epidemics and other health emergencies (including eradicating polio and fighting the spread of AMR).

(ii) To provide health services in emergencies and help to rebuild health systems in fragile, conflict-affected and vulnerable states.

(iii) To progress towards UHC, including access to essential medicines.

(iv) To drive progress towards the health-specific SDGs, focusing on four areas: improving the health of women, children and adolescents; ending
the epidemics of HIV, tuberculosis (TB), malaria, hepatitis and neglected tropical diseases; preventing premature deaths from NCDs, including mental health; and protecting against the health impacts of climate change and environmental problems.

(v) To provide the world’s governance platform for health. WHO should play a vital role in orchestrating the increasingly complex global health architecture.

63. Dr Tedros stressed the need for WHO to focus on outcomes and impact; set priorities; become more operational while continuing to play its normative, standard-setting role; put countries at the centre of its work; and provide political leadership by advocating for health with world leaders. WHO must not be afraid to go beyond the technical to the political in pursuit of its mission. The challenges were great, and so must be WHO’s ambitions.

(For full text of the address see Annex 5)

64. The Committee congratulated the Regional Director for her comprehensive and informative report, and acknowledged the contribution that her leadership had made in changing the face of public health in the Region. The hope was expressed that Dr Poonam Singh would continue to provide a strong regional voice and successfully represent the Region at the global level.
65. Issues raised in response to the report of the Regional Director included the observation that eliminating a particular disease was only one step, and that ongoing monitoring and other efforts were required to maintain the gains. WHO was requested to continue to provide specific support in such efforts once elimination had been achieved. The selection of building health systems resilience to climate change as the topic of the Ministerial Roundtable was welcomed, and it was stressed that investments would be needed in this area. More generally, in relation to the low levels of financial resources for health in many countries, and the depletion of such finances in many settings, it was crucial that renewed and concerted efforts be made to effectively advocate for health and its financing.

66. There was widespread acknowledgement that the eight Flagship Priorities aligned very closely with national priorities in the Region and provided a vital focus for country activities. The increased emphasis now being placed on intersectoral collaboration was strongly welcomed. In the era of the SDGs, it will become increasingly vital to collaborate beyond the boundaries of the health sector.

67. Member States outlined selected national achievements illustrating the efforts currently being made by countries in key areas such as working towards UHC, addressing NCDs (including by reducing levels of tobacco use and sugar consumption), ensuring access to medicines, and combating the spread of antimicrobial resistance.

68. The Committee congratulated H.E. Mr Abdulla Nazim Ibrahim, Minister of Health of Maldives, on his appointment as Chairperson of the Regional Committee, and H.E. Lyonpo Tandin Wangchuk, Minister of Health of Bhutan, on his appointment as the Co-Chairperson of the Regional Committee.

69. The Committee congratulated Dr Tedros Adhanom Ghebreyesus on his recent election as Director-General of WHO. Support was expressed for the programme of activities outlined, including working towards achieving the SDGs, and for the ongoing process of WHO Reform. It was felt that the vision expressed by Dr Tedros aligned very well with national priorities in the Region.

Ministerial Roundtable (Agenda item 6)

Building health systems resilience to climate change (Agenda item 6.1, SEA/RC70/3 Rev. 1)

70. The Ministerial Roundtable on building health systems resilience to climate change was chaired by H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Government of Maldives, with WHO Goodwill Ambassador for Sustainable Development Goals, Mr James Chau, as Moderator, and Professor Alistair Woodward, Professor of
Epidemiology and Biostatistics, University of Auckland, New Zealand, as the invited global expert.

71. The Chairperson began the session by briefly outlining the steps leading up to the development of a draft Ministerial Declaration and Framework for Action on Building Health Systems Resilience to Climate Change, which had both been prepared for further discussion during this Ministerial Roundtable. Two short video presentations were then made; one of the series “Nature is speaking”, and the other produced by the WHO Regional Office for South-East Asia on the impacts of climate change on health.

72. Professor Alistair Woodward highlighted that the WHO estimate of an additional 250 000 lives lost annually between 2030 and 2050 due to climate change might in fact be an underestimate, particularly in view of the likely multiplier effects of such change. Professor Woodward outlined the mechanisms through which climate change can undermine health and touched upon the mix of specific and generic components of the proposed Framework for Action document. He concluded by highlighting the vulnerability of the Region, and pointed out that along with the challenges there would also be opportunities.

73. Member States highlighted the significance and need to strengthen health systems resilience to climate change, and expressed their support and appreciation for the attention now being given to this important subject. Member States are increasingly recognizing the nature and drivers of the challenges posed, and have initiated advocacy, training and capacity-building efforts, developed health national adaptation plans and conducted research studies. Many Member States have also initiated innovative greening and other approaches, including setting up high-level committees, solar-powered health-care facilities and reducing hospital carbon emission.
74. Although there is widespread recognition of the need to ensure that climate change is mainstreamed in overall health policy, planning and programming, there often remains a lack of clear understanding of this issue among policy-makers. In addition, efforts to address many of the determinants of health lie outside the health sector, which is often reactive to health problems once they emerge. Far greater intersectoral collaboration will therefore be one of the key steps in taking a more proactive approach. The example was provided of collaboration between the health sector and the Meteorology Department in Bhutan. Another example was the launch of a satellite by India for sharing meteorological and remote-sensing data with neighbouring countries.

75. In all Member States of the Region, challenges and opportunities for action are being identified, action is being taken, and experiences shared. It was recognized that all countries are vulnerable to the impacts of climate change and events, including natural disasters in many forms, vector-borne diseases, waterborne diseases and heat-related illnesses. Above all, countries also face the unnecessary and preventable impact of weak and disrupted health-care systems. However, the specific manifestations of such impacts are notably diverse across different countries and even within countries. Dealing with such a paradox will require local capacity for identifying and addressing threats, greater levels of intersectoral collaboration and an emphasis not only on threat management but also on threat mitigation.

76. Countries have to take the lead role in developing context-relevant climate change programmes. However, collaboration with and support from international development partners, including WHO, can facilitate such programmes by promoting knowledge and sharing experiences across countries. There is also a need to integrate the health adaptation plan into the broader national adaptation plan for climate change.

77. The Regional Director, Dr Poonam Khetrapal Singh, thanked Member States for sharing their experiences during this Ministerial Roundtable. She noted the huge diversity of threats to health caused by climate change in different countries of the Region. Even though the challenges are shared by some countries the solutions may not be, and approaches tailored to the specific national context would be required. WHO’s role has been to assist countries in developing health national adaptation plans, and develop local capacities. The advent of the SDGs will also provide a mechanism for strengthened intersectoral collaboration. Dr Poonam Singh highlighted the key role played by Maldives in placing this issue firmly on the international agenda and expressed the view that the Declaration under consideration would formally signal the commitment of the health sector to play its full part.
78. The Director-General, Dr Tedros Adhanom Ghebreyesus, emphasized that all were affected by this issue, some countries more so than others. Although special initiatives will be needed in some countries, such a strong collective voice at the regional level will serve to increase support for taking action. Dr Tedros reiterated that although adaptation to change will be vital, so too will mitigation. Mitigation in this context means prevention and there should be a clear determination to incorporate this dimension. Dr Tedros concluded by updating the meeting about the current efforts by WHO to achieve formal accreditation to the Green Climate Fund, which will be a key step in accelerating mitigation and adaptation efforts in the context of the health sector.

79. Dr Tedros and Dr Poonam Singh launched two WHO reports titled *Status of the development of health national adaptation plans for climate change in the South-East Asia Region*, and *Immunization achievements in South-East Asia: the platform for measles elimination*.

80. The Chairperson proposed that the Malé Declaration on Building Health Systems Resilience to Climate Change be formally signed by each of the ministers in turn. The Declaration was duly signed and adopted.

81. In his concluding remarks, the Chairperson welcomed the adoption of the Declaration and said that a report on the progress made would be presented at the Seventy-fifth Session of the Regional Committee.

82. The Committee adopted resolution SEA/RC70/R1 on “Malé Declaration on building health systems resilience to climate change”.

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

**Programme Budget 2016–2017: implementation and mid-term review**

(Agenda item 7.1, SEA/RC70/4 and Inf. Doc.1)


84. The approved Programme Budget for the WHO SEA Region for 2016–2017 is US$ 365.1 million. Of this, US$ 282.9 million is the Base Budget, US$ 77 million is
for polio and US$ 5.2 million for Outbreak and Crisis Response (OCR). The revised (allocated) Programme Budget as on 8 August 2017 was US$ 374.4 million. The Operational Budget as per approved workplans is US$ 358.6 million. Implementation (expenditure) stands at US$ 234.4 million, and utilization of funds (encumbrances plus expenditure) stands at US$ 269 million, which is 72% of the allocated Budget and 79% of distributed resources.

85. The Committee also noted that of the total funds available to the Region as on 8 August 2017, US$ 95.4 million are Assessed Contributions (AC) and US$ 246.3 million are from Voluntary Contributions (VC). Funds were distributed to countries and the Regional Office in the ratio of 76:24 approximately. Of the total distributed resources, US$ 105.5 million is allocated for staff costs and US$ 235 million for activities, or 31% and 69% respectively.

86. The Committee was informed that recommendations for action in the area of Budget implementation had been made by the Subcommittee on Policy and Programme Development and Management at its Tenth Meeting held in the Regional Office on 14 July 2017, which were submitted for its consideration.

87. The Committee expressed its support for the recommendations made by the SPPDM and expressed appreciation for the ongoing collaborative efforts, which demonstrated consistently the highest implementation rates due to close monitoring and strong leadership. There was a need to maintain the momentum and the management of resources to ensure utilization of unspent funds and strategically carry forward VC funds to the next biennium in a timely manner.
88. While the Committee was appreciative of the systematic self-assessment review of Top Tasks monitoring in the Global Management System (GSM), it emphasized independent evaluation of the contribution of WHO to the implementation of the various technical areas and to also look into the coherence of these self-reviews based on measurable and objective indicators.

89. The Committee was informed that under a new approach, resource mobilization would be centralized and Member States would be encouraged to proactively engage with partners and peers to advocate for and mobilize resources for high-impact priorities of the global public health agenda.

90. Several representatives lauded the Regional Office for having the highest implementation rate among all regions, and for the high resource utilization rate of 79%. The Regional Office was urged to help Member States in reducing the resource gap, and examine Programme Budget proposals to ensure that the release of funds is smooth. Member States re-emphasized the need to realign regional programmes with the priorities of Member States and in accordance with the WHO mandate. Collaboration was sought for resource mobilization in areas with funding gaps. It was pointed out that 76% of the Region’s Budget is allocated to the countries, which is one of the highest among the regions. The remaining funds and resources should be utilized effectively and efficiently in a strategic and timely manner. All efforts should be made to monitor the staff costs to activities ratio to ensure that funds are distributed proportionately.

91. The Committee expressed appreciation for proactive planning and extensive resource mobilization efforts, including the development of the Global Engagement Management (GEM) tool. However, the Committee cautioned that broadening engagement should be in accordance with the principles outlined in the Framework for Engagement with non-State actors (FENSA) to avoid potential conflicts of interest.

92. The Committee also noted with appreciation WHO’s strong commitment to transparency by joining the International Aid Transparency Initiative (IATI) and developing the Resource Mobilization Management System (RMMS) and GEM tools to monitor VC donor agreements and resources. WHO’s Programme Budget web portal has now been enhanced to publish financial data, which provides a more granular view of data on WHO Budget and financing activities and expenditure.

93. It was clarified that the Flagship Priority Areas were identified through an extensive consultative process and the 80% of funds allocated to these Areas are intended to make an impact on the health development efforts of the Member States. A large proportion of Regional Office funds are used to support priority technical activities in countries.
94. The Committee was informed of the various cost-saving initiatives such as savings in the areas of office rent, travel, meeting management and procurement. There has also been a marked reduction in overdue direct financial contributions (DFCs) as compared with previous years. The Secretariat informed that due efforts have been made to review the usage of this implementation mechanism for effective results.

95. The Secretariat also informed the Committee that over the years, the SEA Region has rationalized its expenditure on staff costs; and made concerted efforts in this regard with the intention of utilizing available funds for activities at the country level. Efforts are also being made to spend the available funds more strategically on high-impact agendas. In line with this and to achieve maximum value for money, various administrative costs – especially those related to travel – are being carefully reviewed. The current staff expenditure of the Region has reduced since 2014, during which time other Major Offices showed a rising trend.

96. The Committee noted that the Emergencies Budget is currently 50% funded. In order to achieve a fully funded Programme Budget, efforts by Member States at resource mobilization, keeping in view the envelope of the global health agenda, would be helpful. Strategic allocation and prioritization to support technically sound activities in line with the “value for money” concept would attract more donors.

97. WHO was also urged to improve coordination mechanisms to enhance programme implementation, mobilize additional resources to address health priorities,
and build the capacity of countries to implement their health plans and align their national priorities with the regional thrust areas.

98. The Secretariat recalled that the Region had come a long way since the US$ 40 million reduction in funds in 2014–2015 due to the perception of under performance during the 2012–2013 biennium. The Region’s voice is now being heard globally with strengthened internal monitoring processes, implementation of programmatic goals accompanied by significant achievements in public health by all Member States, and robust collaboration with governments with a firm emphasis on quality. The Flagship Priority Programmes were cited as an example of alignment of regional plans with country needs and identified priorities.

**Programme Budget 2018–2019**
*(Agenda item 7.2, SEA/RC70/5, Inf. Doc.1, Inf. Doc.2 and Inf. Doc.3)*

99. The Programme Budget 2018–2019 approved by the Seventieth World Health Assembly is the third and last Programme Budget within the Twelfth General Programme of Work. It will be the basis for the detailed 2018–2019 operational planning that has already been initiated, as well as the basis for reporting, evaluating and accountability.

101. The technical highlights of the Programme Budget 2018–2019 may be placed in six Categories: Category 1 consists of six programme areas related to communicable diseases; Category 2 comprises six programmes related to NCDs; Category 3 includes intensified support to countries to end preventable maternal, newborn and child deaths in the Region; Category 4 covers health systems strengthening; Category 12 (E) covers emergency preparedness and response; and Category 6 includes strengthening transparency, accountability, risk management and evaluation, and corporate learning.

102. The Committee was informed that the eight Regional Flagship Priority Areas correlate and link well with the new leadership priorities of the Director-General.

103. The Committee acknowledged the increased Programme Budget of WHO for 2018–2019. Member States appreciated the information provided on Programme Budget 2018–2019 through the working paper and the information documents.

104. The Committee noted that good coordination mechanisms exist in most countries of the Region with the respective WHO country office and national authorities. Some Member States highlighted the need to further strengthen a more structured and formal collaboration at the country office level in the planning process.

105. Some Member States expressed concern about the Programme Area and Category-wise Budget allocations for their respective WHO country offices and requested the Regional Office to allocate a budget in proportion to capacity and utilization. It was clarified that the Budget allocation is Budget Space and not funds, and was based on country priorities as identified by WHO country offices, in consultation with respective ministries of health and national authorities, at the beginning of the bottom-up planning process for 2018–2019. The Committee noted that such requests could be addressed during the course of operational planning and implementation of Programme Budget 2018–2019.

106. The Committee was informed that the Budget (Budget Space) in country and regional reserves will be distributed to countries as and when needed, and be based on implementation progress, improved performance and resources mobilized. Once the planned outputs have been achieved, implementation has progressed and resources mobilized, additional Budget Space could be made available to WHO country offices to achieve further outputs.
107. The Committee was informed that resource mobilization is a matter of concern and that the Organization is actively pursuing it. Some Member States proposed that the WHO Budget should be used to leverage and tap domestic resources for larger programme implementation. This approach was endorsed by the Director-General.

108. With the campaign against polio reaching a transition phase, resources are shrinking. Many programmes were dependent on polio funds and efforts are being made to ensure their continuity. Globally, 16 countries receive the bulk of polio funds, and some are fully dependent on WHO. The Director-General indicated that WHO was working on a transition plan to address this issue, and would discuss the plan with countries as soon as it was ready.

109. The Committee adopted resolution SEA/RC70/R2 on “Programme Budget 2018–2019”.

**Transparency, accountability, monitoring and evaluation**
*(Agenda item 7.3, SEA/RC70/6 Rev.1, Inf. Doc.1 Rev.1 and Inf. Doc.2)*

110. Various initiatives have been undertaken by the WHO Regional Office for South-East Asia to reaffirm and strengthen transparency, accountability, enhanced compliance, risk management and adherence to ethical principles across the Organization. Significant progress was made in the SEA Region during 2016–2017 to improve accountability and transparency, as well as to strengthen the capacity of WHO country offices in working with their implementing partners. The strong performance
in these areas by the Regional Office was commended by the Independent Expert Oversight Advisory Committee (IEOAC) in their reports to the Twenty-fifth and Twenty-sixth meetings of the Programme, Budget and Administration Committee of the Executive Board.

111. Following the World Health Assembly Decision WHA69(8) and thereafter the Regional Committee Decision SEA/RC69(1) in 2016, some further enhancements of procedure were recommended by a working group to ensure full alignment across the WHO regions in the process of election of the Regional Director.

112. In an effort to mainstream and strengthen the culture of evaluation, a Regional Framework for Evaluation was developed and a corresponding plan of work for 2018–2019 has been proposed for review of the Committee.

113. The Committee congratulated the Secretariat on the measurable progress related to the various transparency and accountability initiatives. The Committee noted that the IEOAC in its report to the PBAC commended, recognized and appreciated the Region’s performance on several indicators, and particularly noted that the Regional Office had no outstanding internal or external audit recommendations.

114. The Committee appreciated the development of a web-based resource mobilization system by the SEA Region that automates clearance of donor agreements. This has been selected by WHO headquarters to be implemented Organization-wide as part of the GEM system.
115. The Committee was appreciative of the Evaluation Workplan for 2018–2019 as well as the WHO South-East Asia Framework for Strengthening Evaluation for Learning and Development tabled for review. It suggested that the results from the independent evaluations conducted by the Region be posted on the WHO website in the interest of transparency and accountability.

116. The Secretariat added that progress was strategically being made in evaluation of tobacco control measures in Member States as well as WHO collaborating centres. A directory of WHO collaborating centres in the Region is also available on the Internet.

117. The Regional Director reaffirmed her commitment to strengthening the culture of transparency, accountability and risk management. In this context, she informed that the SEA Region has taken regional ownership of the concept of administrative and programmatic review missions. A tool has also been developed for these reviews.

118. In its effort to further strengthen ownership and accountability, the annual representation letter, in addition to the Regional Director, has been expanded to include WHO representatives and departmental directors to certify compliance and accuracy of financial records.

119. The Committee was supportive of the working group recommendations on the alignment of the process of nomination of the Regional Director with that of other regions, and introduction of a Code of Conduct and curriculum vitae (CV) in addition to the already existing processes. In this context, the Committee endorsed the linked amendment to the Rules of Procedure of the Regional Committee. Member States fully supported the proposed enhancements to the election process for the Regional Director, so that they are further aligned with other regional offices.

120. The Committee adopted resolution SEA/RC70/R3 on “Amendment to Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia and Process for the Nomination of the Regional Director for the South-East Asia Region”.

Draft Concept Note on the Thirteenth WHO General Programme of Work (Agenda item 7.4, SEA/RC70/21)

121. Building on the keynote speech by the Director-General, where he presented the proposed new mission and strategic priorities, the Director for the Department of Planning Resource Coordination and Performance Monitoring (PRP) at WHO headquarters made a short presentation outlining the content of the draft Concept Note towards WHO’s Thirteenth General Programme of Work 2019–2023. The presentation also included a proposal for an accelerated consultation process leading
up to the Seventy-first World Health Assembly in May 2018. The Committee was asked to consider the content as well as the proposed consultation process, including a Special Session of the Executive Board on the General Programme of Work to be held on 22–23 November in Geneva.

122. After the presentation, the Director-General provided to the Committee further background on the mission and priorities, and underlined that some of the key shifts in the ways of working have already started after thorough consultation with Member States, partners and staff from all regions and offices globally. The Director-General informed the Committee that the underlying principles of the GPW are in alignment with his Leadership Priorities. The GPW will be an instrument to push for resource mobilization, and will also address the issues of vulnerable populations.

123. The Committee thanked WHO headquarters and the Regional Office for sharing the draft Concept Note on the Thirteenth WHO General Programme of Work 2019–2023 proposed to be launched in 2018, which seeks to provide the Strategic Vision of the Organization for the next five years. This is the first time that a new WHO Director-General has shared his vision with Member States on the strategy to move forward, it observed. The Committee unanimously agreed with the vision of the Director-General and the five priorities suggested in the Concept Note.

124. The Committee appreciated the focus on equity and quality of care that underpins the GPW, and welcomed its alignment with the SDGs. Some Member States reiterated
that the GPW must not only set priorities but also focus on the means to identify resources to achieve them.

125. While lauding the strong focus on equity, Member States called for more focus on improving the health of populations as well as more emphasis on NCDs. The Committee appreciated the focus on countries, and called for strengthening national institutional capacities as well. It was also requested that the links between UHC and access to affordable medicines be strengthened.

126. The Regional Director stated that the five Leadership Priorities of the Director-General are in conformity with the Flagship Priorities of the Region, and reiterated that in the SEA Region, countries are squarely placed at the centre of all policies and programmes with 76% of funding allocation in support of countries in the current Programme Budget.

127. The Committee also observed that only 60% of the people in the world have access to health care without facing financial hardship. Affordable access to health care is not possible without affordable access to medicines and medical technologies. The issue of access to medicines and medical technologies is inextricably linked to the barriers to such access, including price and trade barriers, and issues relating to research and development of new medicines. The Committee urged WHO to give due priority to this issue in the Thirteenth GPW.

128. The Committee also observed that for the strategic priorities of UHC, achieving the health-related SDGs and effectively tackling the challenges of communicable and noncommunicable diseases, a holistic health-care model encompassing the traditional systems of medicine and traditional medical knowledge may be made an integral part of WHO’s strategy.

129. The Committee expressed agreement with WHO in setting up a measurable results framework and noting its contribution to outcomes and impact. However, it was observed that such an exercise has to have a focus on WHO’s results separately from the results of Member States.

130. Drawing attention to the importance of aligning the GPW with the SDGs, the Committee urged that WHO focus on the means and resources needed to achieving them. Research and development efforts on new medicines must focus on diseases faced by the developing countries. Sustainably funded new investments and ways of raising funds across the globe are key. The Committee called upon WHO to identify the costs to be incurred by countries for the required interventions to meet SDG 2030 targets and suggest means of funding them.
131. The Committee welcomed WHO’s initiative to place countries at the centre of its work and to increase autonomy at the country level. The Committee reiterated the suggested action points on the delivery strategy, which are:

- putting countries at the centre,
- getting value for money,
- promoting a workforce of excellence,
- re-engineering data architecture,
- fostering innovation,
- promoting policy coherence,
- strengthening health diplomacy, resource mobilization and communications,
- strengthening and expanding partnerships, and
- developing a fit-for-purpose administration and management.

132. It was also suggested that due to the tight timelines for the consultation process on the GPW with Member States, a web-based consultation process be considered. The Committee noted the tight timelines for having the GPW approved by the World Health Assembly in May 2018, and emphasized the need for robust consultations.

133. The Committee appreciated the focus on equity and quality of care that underpins the GPW, and welcomed its alignment with the SDGs. The Regional Director agreed to the request of the Committee for organizing a special session in the Regional Office to brief Member States about the GPW before the Executive Board briefing in January 2018 so that an informed view could be taken by countries of the Region on the process of development of the Thirteenth GPW, for it to be approved by the World Health Assembly in May 2018. India informed that they would be hosting the “First World Conference on Access to Medical Products and International Laws for Trade and Health” in New Delhi on 21–23 November 2017 in collaboration with the Regional Office, and requested that a clash in dates with the special briefing session before the Executive Board may be avoided.

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

**Hepatitis (Agenda item 8.1, SEA/RC70/7)**

134. The Committee noted that scientific advances and concerted efforts by countries and WHO had reversed the trend with some communicable diseases, but not viral hepatitis. Hepatitis A poses a significant challenge in the SEA Region due to lack of safe water and sanitation facilities, while 49 million people live with chronic hepatitis B and C. The mortality due to chronic hepatitis B and C is more than that from HIV
and malaria combined. Access to diagnosis of and treatment for hepatitis is limited in the Region.

135. The Committee welcomed the support of Member States to the Regional Action Plan for Viral Hepatitis in the South-East Asia Region (2016–2021), and expressed strong commitment to the SDGs and UHC. Although most Member States have made good progress in routine immunization, coverage with the birth dose of hepatitis B vaccine needs to improve further to cover all newborns. The Committee noted that some Member States needed support for strengthening laboratories to improve access to quality diagnostics.

136. The Committee recognized that Member States had greatly improved blood safety. Health-care workers in several Member States were also being routinely vaccinated against hepatitis B, and health-care facilities were observing universal precautions. Injection safety in health-care settings had also improved, but there was a need to move quickly towards the use of reuse-prevention (RUP) syringes. Needle–syringe exchange programmes were in place in several Member States for people who inject drugs.

137. The Committee was concerned that Member States faced difficulties in expanding provision of drugs for treating hepatitis B and C, and in making available quality drugs at affordable cost. It was suggested that the South-East Asia Regulatory Network (SEARN) should play a more active role in the area of access to affordable drugs.
Flexibilities in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) such as voluntary licensing could also be used to improve access to the newer, highly effective direct-acting antiviral drugs.

138. The Committee noted that national action plans (NAPs) and treatment guidelines had been developed in some Member States or were in process in others. There was awareness of the importance of prevention, and involvement of civil society and patient groups in enhancing social mobilization for diagnosis. Shortage of funds was a common issue. Some of the other issues were the need to set up cross-border initiatives and strengthen surveillance for viral hepatitis.

139. The Committee noted that the second World Hepatitis Summit would be held on 1–3 November 2017 in Sao Paolo, Brazil. The theme would be implementation of the Global Health Sector Strategy towards elimination of hepatitis as a public health threat.

140. The WHO SEA Region Goodwill Ambassador for Hepatitis, Mr Amitabh Bachchan, addressed the Committee via videoconferencing. He thanked WHO for giving him the opportunity to be the Goodwill Ambassador, and offered his “voice and face” to spread the word on viral hepatitis. He mentioned that he too was a victim of viral hepatitis B due to unsafe blood transfusion, but could be treated because the disease had been detected in time. He stressed the need for early diagnosis and treatment, and for
ending discrimination against infected migrant workers, and reducing the social stigma attached to viral hepatitis, especially in the case of women. He stressed the need to be result focused and mindful of the key role played by frontline health workers in order to support and empower them. He strongly reiterated his willingness to help in whatever way he could to reduce the burden of hepatitis and spread awareness.

141. Mr Charles Gore, President of the World Hepatitis Alliance, stated that viral hepatitis was the “neglected child” of infectious diseases. While the Region had succeeded in reducing the burden of HIV, TB and malaria, that due to viral hepatitis had increased. He lauded the Region for the excellent Regional Action Plan. He cautioned that though solutions were available, implementing these would not be simple.

142. The Director-General, Dr Tedros Ghebreyesus, said that hepatitis was a major issue in this Region. In 2016, the World Health Assembly approved the world’s first-ever global strategy for hepatitis. Dr Tedros congratulated the South-East Asia Region for developing its own Regional Action Plan towards ending viral hepatitis by 2030, which would be a great step towards global elimination. He appreciated the commitment of Mr Amitabh Bachchan, Goodwill Ambassador for Hepatitis, to help fight the disease.

143. The Director-General welcomed the fact that more countries were turning commitment into action to tackle hepatitis, and including patient groups in this
commitment. He urged Member States to maintain momentum and be more aggressive in their efforts.

144. Hepatitis B vaccination has radically reduced infections. Revolutionary new medicines that can cure hepatitis C are now available, making elimination a real possibility. The Region produces affordable generic medicines, which makes access possible.

145. Dr Tedros cautioned that more effort was needed to ensure that all injections and blood transfusions are safe. Intensified action is required to increase access to diagnosis and reach those most vulnerable to hepatitis. To achieve elimination, the importance of UHC and strong health systems, with strong governance, dependable financing and good data systems, cannot be overemphasized.

146. The Regional Director, Dr Poonam Singh, expressed her gratitude to Member States for their positive response to the Regional Action Plan, which elaborates how to control, prevent and treat viral hepatitis. Despite the availability of tools, diagnostics and vaccines, many of those infected did not know their status and so could not benefit from the available treatments.

147. About 408,000 people die of viral hepatitis annually in the Region, accounting for one third of deaths due to the disease globally. Dr Poonam Singh stressed the need to act now to achieve the SDG target of eliminating viral hepatitis by 2030. She emphasized the importance of urgent implementation of the five key interventions outlined in the Regional Action Plan, and pointed out how little each of them costs in relation to a lifetime free from viral hepatitis.


TB: ‘Bending the Curve’ *(Agenda item 8.2, S EA/RC70/8)*

149. The Committee noted that the WHO SEA Region bears nearly half the global burden of TB in terms of new cases, even though only around 26% of the global population lives in the Region. The response to TB in the Region will need to be accelerated if the SDG target of ending TB by 2030 is to be met. Such an urgent and extraordinary response will require the highest level of political commitment, increased funding, and a fast-track plan that embraces innovation.

150. Member States indicated their full support for this important initiative, and expressed their appreciation that addressing TB was now a Regional Flagship Priority.
Support was also expressed for the “Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030”, which urges Member States to establish empowered national initiatives, accelerate national efforts to end TB and allocate the required resources. It includes a patient-centred approach and social support. It is apparent that the burden of TB in the Region and the threat it poses cannot be addressed by business-as-usual approaches, and that an even greater emphasis should be placed on expanding and fast-tracking the range of activities needed to bring about progress.

151. Member States outlined a number of initiatives currently underway, and provided updates on their current national situations. By working together and accelerating efforts, the goal of ending TB by 2030 or even earlier could be achieved. Several Member States expressed concern in relation to the issue of TB among migrant and other disadvantaged populations. In some countries, specific migrant-friendly and inclusive plans targeting TB among such populations have now been developed or are being developed.

152. The overwhelming level of support expressed by countries for making TB a Regional Flagship Priority and for accelerating the required actions was welcomed by WHO. As highlighted by several countries, it is apparent that “business as usual” will not bring about the desired results, and the offer made by India to support countries with commodities and set up learning centres (at least one in a high-burden and one
in a low-burden country) for testing and rapid expansion of innovative approaches towards ending TB was noted. The Regional Director agreed that TB was a huge burden in the Region, and assured Member States of continued WHO support to national efforts in this important area.

153. The WHO Director-General reiterated in a message that this was a very important health issue and said he was pleased to see the Region taking the lead in this area. He encouraged Member States to maintain momentum, including through participation in the upcoming first WHO Global Ministerial Conference on TB to be held in Moscow in November 2017. He also looked forward to meeting with delegates again at the 2018 United Nations General Assembly High-Level Meeting on TB.

154. The Committee adopted resolution SEA/RC70/R4 on “Implementing and Monitoring the Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030”.

Access to medicines (Agenda item 8.3, SEA/RC70/9)

155. The Committee acknowledged that access to medicines is a critical factor for the success of the 2030 Sustainable Development Agenda, but noted that ensuring access to safe, efficacious, quality and affordable medical products is a challenge for all Member States of the SEA Region. Access to medicines lies at the core of UHC and the SDGs, and has been a Flagship Priority for the Region since 2014. However, progress over the past decade in improving access to essential medicines in the Region has not been uniform. Furthermore, in the face of evolving health needs, countries face increasing challenges in ensuring equitable access to a growing range of quality essential medicines at affordable prices.

156. The Committee emphasized the critical importance of access to medical products in achieving the SDGs, including UHC. Almost all countries now have comprehensive national medicines policies and updated national essential medicines lists and formularies to guide public procurement. Several have expanded free medicines programmes and encouraged rational use through facility therapeutics committees and clinical audits. In some cases, price controls have also been introduced and forecasting of needs improved.

157. Member States commended the emphasis placed on this priority issue and acknowledged that challenges remain, for example, in maintaining uninterrupted supplies of medicines to facilities, ensuring their safety and quality, and preventing the use of substandard and falsified products.

158. Member States noted the need for capacity development, and for WHO support in: (a) strengthening regulatory systems; (b) strengthening and aligning medical
product distribution and logistics information systems; and (c) ensuring more appropriate prescribing and the rational use of medicines. Several Member States mentioned the urgent need to strengthen antimicrobial stewardship to prevent the further emergence of AMR.

159. The importance of regional collaboration was emphasized, especially in the areas identified in a recent Regional Consultation, namely, greater information-sharing on the price and quality of medical products, and more systematic bilateral and multicountry procurement initiatives.

160. The Committee also took note of the fact that while there is great potential for increased use of regionally produced, quality generic products, there is also a need to increase working within intellectual property and trade rules, and to use TRIPS flexibilities to expand access to new therapies. The formation of the new SEARN will enhance South–South collaboration and improve access to quality medical products in Member States of the WHO SEA Region.

161. The Committee reiterated that the United Nations Secretary-General’s 2016 High-Level Panel Report on Access to Medicines has renewed focus on access to medicines for attaining public health goals. The Report points out that the cost of health technologies is putting a strain on both developed and less developed countries. WHO should take this opportunity to engage with all stakeholders to address both innovation and access, including rising prices of new pharmaceuticals and rapidly changing requirements for health technologies.

162. India observed that its Ministry of Health & Family Welfare in collaboration with the WHO Regional Office is organizing the “First World Conference on Access to Medical Products and International Laws for Trade and Health” on 21–23 November 2017 in New Delhi, India. The three-day event focuses in broad terms on the United Nations 2016 High-Level Panel report; fair pricing of medical products and medicines; quality, research and development (R&D) mechanisms, including innovative mechanisms and product development partnerships; and aspects of trade and intellectual property rights. The meeting would provide an opportunity to address various access issues from different perspectives, and inform the discussion on this agenda at the 142nd Session of the Executive Board in January 2018.

163. The Regional Director noted the strong political commitment of Member States reflected in 10 regional resolutions in the past decade. Five key areas of regional collaboration that will help countries improve access to essential medicines are: (i) collaboration on procurement and price transparency; (ii) regulatory cooperation
through the SEARN; (iii) increased use of TRIPS flexibilities to improve access to new medicines; (iv) expanding efforts to improve the use of antibiotics and effective antimicrobial stewardship; and (v) improving data availability and regular monitoring of progress on access to medicines.

164. At the close of the session the Chairperson and Regional Director launched two WHO publications: *Improving access to medicines in the South-East Asia Region: Progress, challenges, priorities*; and *Technical Briefs on TRIPS*.

165. Dr Anita Saxena of the **World Heart Federation (WHF)** noted that many people living with cardiovascular disease suffer from poor access to essential medicines. The example was given of rheumatic heart disease, a condition that is highly prevalent in the Region. WHF requested that consideration be given: (a) to increasing funding for essential cardiovascular medicines within national health budgets; (b) to establishing pooled procurement mechanisms for NCD medicines within the WHO SEA Region; and (c) to supporting the draft resolution of the WHO Executive Board on “rheumatic fever and rheumatic heart disease”. WHF reaffirmed its commitment to collaborating with WHO Member States in the Region to promote access to cardiovascular medicines.

166. Ms Sheila Nair on behalf of the **Union of International Cancer Control (UICC)** called for national essential medicines lists to be kept up-to-date with regard to cancer
and other NCDs, utilizing the 2015 WHO Model Essential Medicines List. Utilizing guidance such as the WHO list of priority medical devices for cancer management would also help to address the current shortfall in access to crucial technologies such as curative radiotherapy and other cost-effective therapies. UICC stands ready to support countries in reducing the burden of cancer in the Region.

167. Mr Thirukumaran Balasubramaniam of Knowledge Ecology International (KEI) emphasized the need for greater transparency and cooperation in the procurement, pricing and regulation of medical products. Consideration was asked to be given to the preparation of a global-level resolution to enhance transparency of R&D costs, prices and revenues.

168. Ms Pyzik Oksana of the Commonwealth Pharmacists Association (CPA) highlighted that pharmacies are well placed to advise patients on issues such as adherence – a crucial element in treatment success and in reducing the emergence of multidrug resistance. Working with pharmacy organizations and remunerating pharmacies properly will be vital in ensuring the optimal use of medicines. Other important issues include preventing the use of substandard and falsified medicines, and the projected global shortfall of 18 million health-care workers by 2030. Ensuring
the full involvement of pharmacists as part of a multidisciplinary health-care team will be highly relevant in addressing all these issues.

**Vector control (Agenda item 8.4, SEA/RC70/10)**

169. The Committee acknowledged that the WHO SEA Region bears the highest burden of some vector-borne diseases such as malaria and LF and is among those with the highest burden for dengue. The Region is also reporting instances of Zika virus disease and is at risk of introduction of new vector-borne diseases such as yellow fever. Outbreaks of dengue and chikungunya are increasing in frequency in many countries. It also noted that major vector-borne diseases in the Region account for 17% of the global burden of all infectious diseases, and disproportionately affect poor populations. These diseases impede economic development through direct medical costs and indirect costs such as loss of productivity and adverse impact on tourism.

170. It was noted that social, demographic and environmental factors have led to an increase in many vector-borne diseases in recent years, with major outbreaks of dengue, malaria, chikungunya, yellow fever and Zika virus disease since 2014. More than 80% of the global population lives in areas at risk from at least one major vector-borne disease. Most vector-borne diseases are preventable by vector control, if well implemented. The full impact of vector control, however, is yet to be achieved owing to inadequate delivery of interventions, limited investments, a serious shortage of public health entomology capacity, poor coordination within and between sectors, weak or non-existent monitoring systems and limitations in the number of proven tools for interventions.

171. The transmission dynamics and risk of vector-borne diseases are rapidly changing due to unplanned urbanization, increased movement of people and goods, environmental changes, and biological challenges such as insecticide-resistant vectors and evolving strains of pathogens.

172. In order to prepare health systems to detect and respond quickly and effectively to eliminate, control and prevent existing and emerging vector-borne diseases, a Global Vector Control Response
(GVCR) Strategy was developed through a consultative process, with active participation of the SEA Region. The GVCR Strategy was approved by the Seventieth World Health Assembly in 2017. The Regional Office is developing a comprehensive Regional Action Plan for Vector Control to implement and monitor the GVCR Strategy, in consultation with Member States.

173. Effective implementation of the GVCR Strategy in Member States would accelerate progress of eliminating diseases such as malaria and LF, and would strengthen the capacity to control and prevent diseases such as dengue, chikungunya and Zika virus disease. Moreover, there are leading institutions in the Region that could take up a regional/global leadership role in training to build entomological capacity, undertake research and support implementation of the GVCR Strategy.

174. The Committee requested support from WHO to develop or adapt existing national vector control strategies to implement the GVCR Strategy, and to strengthen national and subnational capacity. The Committee also requested WHO support to collaborate in human resources development and train entomologists, provide guidance in research and training for integrated vector control management, and to continue collaboration with countries in the field of public health entomology, particularly in research and capacity-building. There was also a call to strengthen cross-border
collaboration and alignment of national vector control programmes with the GVCR Strategy.

175. The Committee welcomed the Regional Action Plan and requested WHO support and collaboration in several aspects of vector control, including surveillance of resistance to insecticides. Noting the critical importance of cross-border surveillance, the Committee stressed the risk posed by migration from endemic countries to the transmission of diseases such as malaria, leishmaniasis, LF and dengue. The Committee was informed of a series of upcoming meetings on malaria at the regional level, including one in New Delhi organized by the Regional Office in November 2017, and one featuring aspects of cross-border collaboration and vector control in the Greater Mekong Subregion to be held in Myanmar in December.

176. The Committee also reiterated the importance of engaging and mobilizing communities, and the role played by technological (non-toxic, non-chemical and biological) and cost-effective social innovations. Sustained support from WHO was acknowledged, including key inputs on integrated vector management data for training entomologists, strengthening of cross-border collaboration, and alignment of vector control programmes with the development of national action plans.

Road safety (Agenda item 8.5, SEA/RC70/11)

177. Road traffic injuries constitute a major public health burden in terms of morbidity, mortality and disability. Road traffic injuries kill nearly 1.2 million people and injure 50 million each year globally. They are the ninth leading cause of death globally, and the leading cause of death among those aged 15–29 years. Of all the global deaths, 90% are in low- and middle-income countries.

178. The Committee noted with concern that in the WHO SEA Region, approximately 316 000 people die each year from road traffic injuries. Of these, 50% are among vulnerable road users (pedestrians, cyclists and motorcyclists). Apart from death and disability, road traffic crashes also impact on people financially – as those affected are often the working age population (breadwinners who may lose employment, and those in their most productive years) – and due to the cost of treatment.

179. Through resolution 64/255 in 2010, the United Nations General Assembly declared the period 2011–2020 as the UN Decade of Action for Road Safety. It introduces the concept of a “systems approach”: comprehensive actions in promoting road safety through five road safety pillars. SDG 3.6 provides a specific target for road safety – a reduction in the absolute number of road traffic deaths and injuries by 50% by 2020, as part of the Agenda for Sustainable Development.
180. In 2016, World Health Assembly resolution WHA69.7 endorsed the Brasilia Declaration on Road Safety, which highlights the need for road safety policies and strategies to focus on priorities, including improving laws and enforcement on major risk factors, making roads safer through infrastructural modifications, ensuring that vehicles are equipped with life-saving technologies, and enhancing emergency trauma care systems for victims of road traffic crashes.

181. Member States were committed to the UN Decade of Action for Road Safety, and to the World Health Assembly resolution WHA69.7.

182. The Committee noted that in the area of road safety, some Member States reported having established the designated road safety lead agency for working across sectors, as well as a dedicated unit for trauma care, including injuries from road traffic accidents, in their ministries of health. Whole-of-government approaches need to be followed to promote coordination, ownership and accountability, as road safety is beyond the health sector alone. Multisectoral collaboration has shown good results in some Member States.
183. Member States expressed a need for stronger law enforcement, and better information systems for collection of road safety as well as hospital-based data on admissions due to road traffic injuries. Data on injury surveillance also need to be improved.

184. In the area of safer roads, the Committee observed that some Member States requested WHO to provide technical and financial support for capacity-building in traffic engineering and road design, both at the national and subnational levels.

185. The Committee noted that most Member States have put post-crash responses in place. However, these need to be strengthened further. WHO was requested to provide help with promoting knowledge about and raising awareness on road safety. Resource limitation was another area in which Member States requested for the help of WHO.

186. The Committee observed that what needed to be done to reduce road traffic injuries was known, and effective policy tools were also available. The urgent need was to accelerate the use of these tools, which would help to meet SDG 3.6. Thailand, in collaboration with the Regional Office, will be hosting a Ministerial Meeting on road safety in Phuket from 29 November to 1 December 2017, and also hosting a Global Conference on Road Safety in 2018. It was hoped that the Phuket meeting would help identify ways to accelerate the actions needed.

187. Dr Etienne Krug, Director, Management of NCD, Disability and Rehabilitation, and Injury Prevention, WHO headquarters, said that the existing transportation system kills, as it allows the use of unsafe cars and building of unsafe roads. Better standards are needed, along with better trauma care. He informed the Committee that just before the meeting in Thailand, there would be a meeting in Geneva to develop global targets for road safety along with Member States. He requested Member States to participate and send multisectoral delegations to the consultation.

**Sustainable Development Goals and progress towards universal health coverage (Agenda item 8.6, SEA/RC70/12)**

188. Discussions on this item began with reflections from a panel of five experts (Dr Susie Perera, Director, Organization Development, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka; Professor Soonman Kwon, Seoul National University, Republic of Korea; Dr Eduardo Banzon, Principal Health Specialist, Asian Development Bank; Dr Viroj Tangcharoensathien, International Health Policy Programme, Ministry of Public Health, Thailand; and Dr Mukesh Chawla, Adviser, World Bank) on strengthening primary health care (PHC) and the health workforce, and annual progress monitoring of UHC and the SDGs.
189. They noted that there is increasing recognition of the need to revitalize and reform frontline services to respond to changing health needs; without this, there will not be sustained progress on UHC. There are new opportunities to support change – such as improvements in different forms of communication (roads and mobile phones). Evaluation and exchange of experiences was emphasized, not least because reforms may have unexpected and unwanted effects. The discussion on progress monitoring focused on three issues: (i) what to monitor, and that there are ways now to monitor both dimensions of UHC; (ii) how to improve monitoring; and (iii) what monitoring is for. The roles of development agencies to support national efforts were outlined.

190. Key issues raised by Member States included the importance of revitalizing and adapting frontline services to cope with ageing populations and NCDs, with practical examples. Most countries are experimenting with new frontline service delivery models; many are introducing changes in health workforce cadres, education and skills-mix; and several are putting more emphasis on family-based and team-based care. There are new approaches to professional development such as tele-education, information management and financing. The importance of documenting what works or does not, was emphasized, with the comment that this is something development agencies can and should support.
191. There was agreement on the value and importance of improved and regular progress monitoring, and the need to have better national data, rather than relying on international estimates. It was observed that UHC is transformational; it needs to be monitored intensively; transformational approaches to how it is monitored are needed; and duplication must be avoided – a risk with the multisectoral nature of the SDGs. Examples were provided of actions already being taken to monitor SDG3 and UHC, and especially to improve equity monitoring, and improve health workforce data.

192. The Regional Director emphasized the need to rethink frontline services, including ways to engage the private sector. The fact that UHC is an integral part of the SDG agenda makes it important that going forward, it is tackled in an integrated way. Improved equity monitoring is central to “leaving no one behind” and better ways are needed to capture those being left out of national statistics: “universal” has to be universal when we talk about UHC.

193. The Director-General commented on five issues: (i) UHC needs to be put constantly at the highest levels of the political agenda, and both political and technical progress should be monitored; (ii) identifying good indicators to monitor progress depends very much on having clear goals in the first place; (iii) a few key indicators are needed, one critical indicator of progress on UHC is progress on financial protection; (iv) PHC is central to advancing UHC; (v) looking forward, ageing can be turned into an asset by making ageing part of a country’s development agenda.

194. Dr Chandrakant S. Pandav of the South Asia Iodine Global Network noted that iodine deficiency disorders (IDD) affect some 541 million people in the SEA Region, and poor and rural populations continue to have low access to iodized salt. There is a need to accelerate and sustain progress towards universal salt iodization to cover the proverbial “last mile”. Elimination of IDD should be recognized as an essential reproductive and child health intervention.

195. Dr Anita Saxena of the World Heart Federation noted that, of the NCDs, cardiovascular diseases (CVDs) are the biggest killers. To complement ongoing progress to tackle CVD and NCDs in the Region, countries should (i) implement affordable and cost-effective interventions to address NCDs at the PHC level, (ii) continue to support task-sharing and task-shifting, and (iii) increase funding dedicated to research on the effectiveness of innovative service delivery models for primary care.

196. Dr Rita Sood of the World Federation for Medical Education stated that the proliferation of medical schools in many countries of the SEA Region poses a significant challenge to maintaining the quality of medical education. It is important that accreditation of medical education gains strength in the Region. To maintain standards
of medical education it is essential that accreditation agencies follow set guidelines and procedures such as those from the World Federation for Medical Education so as to ensure that a competent health workforce is developed.

197. Ms Sheila Nair, *Union for International Cancer Control*, stressed the financial and social costs placed on families by cancer detection, diagnosis and treatment, largely an out-of-pocket expense. She emphasized the critical role of data for effective public health policy and the role of population-based cancer registries, and highlighted the unique opportunity to significantly improve the survival of cancer patients through its inclusion in UHC plans and annual reporting.

198. Ms Prachi Kathuria, *World Cancer Research Fund International/HRIDAY-SHAN*, referred to the growing burden of NCDs and called on governments, assisted by the WHO Regional Office and respective country offices: (1) to ensure adequate and sustained financial resources for NCDs; (2) to integrate prevention and treatment of cancer and other NCDs into existing programmes; and (3) to leverage the preparatory process for the 2018 UN High-Level Meeting on NCDs.
199. The Regional Office publication *Monitoring health and the Sustainable Development Goals* was jointly launched by the Chairperson, the Director-General and the Regional Director. At the close of the session, the Minister of Health of Indonesia, H.E. Professor Dr Nila Farid Moeloek, calling for the need to exercise in between meeting sessions, led the Committee in a three-minute stretching exercise.

**Progress reports on selected Regional Committee resolutions (Agenda item 9, SEA/RC70/13, Add.1, Add.2 and Add.3)**

200. The attention of the Committee was drawn to the eight progress reports on the agenda: Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6); Challenges in polio eradication (SEA/RC60/R8); Measles elimination and rubella/congenital rubella syndrome control (SEA/RC66/R5); Antimicrobial resistance (SEA/RC68/R3); Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4); South-East Asia Regional Action Plan to implement Global Strategy to Reduce Harmful Use of Alcohol (2014–2025) (SEA/RC67/R4); Capacity-building of Member States in global health (SEA/RC63/R6); and Consultative Expert Working Group on Research and Development (CEWG): Financing and coordination (SEA/RC65/R3).

201. The recommendations of the HLP Meeting in New Delhi in July 2017 on each of the progress reports as contained in Document number SEA-PDM-36 were considered by the Regional Committee.

**Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (Agenda item 9.1, SEA/RC69/R6)**

202. All countries expressed appreciation for the immediate assistance they received from the South-East Asia Regional Health Emergency Fund response stream for emergencies in the past year.

203. As to the preparedness stream of SEARHEF, Thailand announced a contribution of US$ 200 000 for the emergency preparedness stream. India also announced that a contribution had been concurred to by its Ministry of External Affairs and is being processed for approval by its Ministry of Finance. The Regional Director thanked Thailand for its contribution and welcomed India’s gesture. She also noted that, apart from these Member States, only Timor-Leste had made a contribution. Apart from the Secretariat’s efforts to mobilize resources, she urged other countries to come forward and support the preparedness stream of SEARHEF, as it was scheduled to commence operations in January 2018.
Challenges in polio eradication (*Agenda item 9.2, SEA/RC60/R8*)

204. The Region was certified polio-free in March 2014. Countries in the Region are committed to polio transition planning in line with the Polio Eradication and Endgame Strategic Plan 2013–2018, consulting with all stakeholders and ensuring that surveillance plans are in place, particularly in relation to wild poliovirus. Biofarma of Indonesia is one of the companies stockpiling poliovirus type 2 vaccine. Nepal announced that it had enacted a National Immunization Act to cover the immunization of all children, irrespective of geographical location or the ability to pay.

**Measles elimination and rubella/congenital rubella syndrome control**  
(*Agenda item 9.3, SEA/RC66/R5*)

205. All Member States expressed commitment to the goal of measles elimination and rubella/congenital rubella syndrome control. In this context, all Member States stated that they had strengthened measles surveillance, including laboratory capacity for case-based measles surveillance. A number of Member States had ambitious plans to eliminate measles before the regional target of 2020. Extensive immunization campaigns were under way in several Member States throughout the Region.

**Antimicrobial resistance** (*Agenda item 9.4, SEA/RC68/R3*)

206. Ten of the 11 Member States have drafted or approved national action plans for antimicrobial resistance. To implement these plans effectively, it was observed, ministries of health need to work with other ministries. Member States are embarking
on national consultations, establishing national committees, developing and distributing national guidelines, setting up surveillance systems in human and animal health sectors linked to global systems, improving infection prevention and control systems, and establishing laboratory networks.

207. Some Member States felt a lack of necessary data on AMR. It was recognized that the need is to focus on the rational use of antibiotics and to eliminate poor prescription practices. Member States stated that developing training programmes for health and veterinary professionals and community awareness are important initiatives to address the larger problem of AMR. The need to identify champions was suggested. Support for resource mobilization was also requested.

**Patient safety contributing to sustainable universal health coverage (Agenda item 9.5, SEA/RC68/R4)**

208. Member States reported a range of activities in relation to patient safety. Activities included the development of national patient safety policies and strategies; legal and regulatory frameworks; strengthening of regulatory and accreditation bodies; development of new indicators for patient safety; regular training in hospitals; and the establishment of patient safety committees within facilities. In addition, numerous standards and guidelines have been developed, including on infection prevention and control, and safe prescribing. Other activities include the improved training of health-care workers, undergraduates and postgraduates.

**South-East Asia Regional Action Plan to implement Global Strategy to Reduce Harmful Use of Alcohol (2014–2025) (Agenda item 9.6, SEA/RC67/R4)**

209. The Committee acknowledged that there was a need for country capacity-building to implement the “best buys” recommended by WHO (cost-effective policy actions, including increasing alcohol beverage excise taxes; restricting access to retailed alcoholic beverages; and comprehensive advertising, promotion and sponsorship bans). Member States noted a number of actions currently underway; including surveys (and the analysis of survey tools), establishment of expert groups, new legislation, and development of national policies and strategies in line with the Global Strategy. Member States agreed that this was an area for multisectoral collaboration and coordination.

210. Ms Prachi Kathuria of the World Cancer Research Fund International, speaking on behalf of her organization and the NCD Alliance (Healthy India Alliance, IOGT International, and Global Alcohol Policy Alliance), noted that Member States were not on track to achieve the global target to reduce harmful alcohol use by 10% by 2025. She called upon Member States to implement alcohol control-related “best buys” recommended by WHO, and to raise the matter at the Executive Board in January 2018.
Capacity-building of Member States in global health
(Agenda item 9.7, SEA/RC63/R6)

211. The Committee noted the recommendation of the HLP Meeting that Member States effectively engage in capacity-building in global health, and support greater participation in Governing Body meetings and intergovernmental processes.

212. The Committee recalled that the Regional Director had been requested at the Sixty-ninth session of the WHO Regional Committee to conduct an assessment of five years’ experience (2011–2015) in capacity-building in global health in the Region in response to resolution SEA/RC63/R6 and report to the Seventieth Session of the Regional Committee.

213. The Committee was informed that WHO conducted the assessment through the Health Intervention and Technology Assessment Programme (HITAP), an autonomous unit of the Ministry of Public Health, Thailand, to assess the impact of activities and provide recommendations.

214. The efforts of the Regional Office and intercountry collaborative programmes in global health capacity-building were appreciated by Member States. These efforts increase exposure to global health knowledge and issues, and will be especially helpful in emerging health fields. Member States requested the continuation of capacity-building through regional global health diplomacy workshops, including through intercountry cooperation. In addition, collaboration with universities and institutions in the Region towards global health capacity-building of Member States could be explored.

215. The Committee acknowledged the final assessment report and, noting the recommendations, requested Member States and the Regional Director to continue supporting global health capacity-building efforts in the Region.

Consultative Expert Working Group on Research and Development (CEWG): Financing and coordination (Agenda item 9.8, SEA/RC65/R3)

216. The CEWG Strategic Workplan was agreed to in World Health Assembly resolution WHA66.22. Member States recognized that concerted engagement was necessary, including with WHO headquarters, for the Global Observatory on Health Research and Development, in the context of access to medical products.
217. The Committee noted the development of Document WHA70/22 on the subject, detailing the terms of reference and a costed workplan for the Global Observatory on Health Research and Development. The Committee noted that six demonstration projects were finally selected, including a project from this Region, and that the latter also received part funding from WHO in March 2017. The scope for the demonstration project from the SEA Region is significant as it goes beyond Type III neglected diseases and emphasizes engaging the CEWG mechanism for all Type I, II and III diseases for providing access to affordable medical products.

218. The Committee noted that the estimated total financial requirement over the period 2014–2017 for the implementation of the demonstration projects and establishment of the Global Observatory is US$ 85 million. A total of US$ 10.49 million had been contributed by Brazil, Germany, India, Norway, South Africa and Switzerland to the voluntary fund designated for demonstration projects till May 2017. However, mobilizing the required resources is a formidable challenge, and the Committee urged for concerted efforts to meet the funding shortfall, failing which the CEWG’s experiments related to R&D will encounter serious implementation challenges.

219. The implementation of Regional Committee resolution SEA/RC65/R3 and World Health Assembly resolution WHA69.23 on CEWG reiterate a focus on R&D for health products related to developing country needs. Concerted efforts are necessary to fully implement the CEWG Strategic Workplan agreed upon in resolution WHA66.22. The Committee urged that these aspects be reflected in the overall evaluation of the Global Strategy and Plan of Action (GSPA) that is currently under progress.
220. The Committee recalled that Resolution WHA69.23 requested the Director-General to promote policy coherence, and called for an Open-Ended Meeting. This meeting will enable the unfinished discussions on the CEWG follow-up to be carried forward, including negotiating an R&D agreement. The Committee also urged WHO to take note of document WHA A70/22 that called for the Secretariat to hold a “high-level event” to promote increased investment in R&D in areas where the current investment levels are insufficient to meet global public health needs.

221. At the close of the session the Chairperson and Regional Director launched two new publications: From neglecting to defeating NTDs, and Situational analysis on antimicrobial resistance in the South-East Asia Region.

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

**Key issues arising out of the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board (Agenda item 10.1, SEA/RC70/14 Rev.1)**

222. The Committee noted the significant and relevant resolutions adopted, decisions endorsed and Agenda items discussed, from the perspective of the SEA Region, at the
Seventieth World Health Assembly, and the 140th and 141st Sessions of the WHO Executive Board. These resolutions, decisions and Agenda items relate to a range of health matters and to programme, budgetary and other financial matters. These were deemed to have significant implications and merited follow-up action by both Member States and WHO in the SEA Region.

223. The Committee reviewed the working paper (SEA/RC70/14 Rev.1) and agreed with the proposed actions on these Agenda items both on the part of Member States as well as WHO at the regional and country levels. It also considered the recommendations made by the HLP Meeting in July 2017 and agreed that WHO could play the role of facilitator in taking forward many of the important Agenda items, while continuing to support Member States in implementing the resolutions and strategic plans of action.

224. The Committee noted that the Seventieth World Health Assembly endorsed Decision A/70/11 on the implementation of the International Health Regulations (2005), requesting the Director-General to develop a draft five-year Global Strategic Plan to improve public health preparedness and response in time for it to be discussed at the next World Health Assembly in 2018. The Committee requested that this draft document be prepared in consultation with Member States.

225. While Member States welcomed the draft Strategic Plan, India stated that it had already established Core Capacities as described in the IHR (2005). As such, they requested for clarity on the voluntary and mandatory operational and technical aspects in the Global Strategic Plan for IHR (2005). It was also emphasized that India was committed to the mandatory annual self-reporting.

226. The importance of the guiding principles in the Global Strategic Plan for IHR (2005) implementation was reiterated with a view to measure progress and accountability. The Committee emphasized the underpinning role of WHO leadership and governance. It was observed that lack of political support posed a problem in implementing IHR due to the multisectoral engagement required for IHR (2005) to be effective. WHO was requested to advocate for IHR to be placed at a higher level of governance mechanism in countries in order to help strengthen the national IHR focal points in collaboration with the many stakeholders. It was stated that joint external evaluation (JEE) is beneficial in helping countries assess gaps. However, it is not a pre-requisite for resource mobilization.

227. The Committee appreciated the hard work of the IHR Secretariat in preparing the Global Strategic Plan, while stating that evaluation of all dimensions of IHR Core Capacities be completed. It was also highlighted that building on existing national, regional and global mechanisms such as the field epidemiology training networks was important.
228. The Committee was informed that the new monitoring and evaluation framework that was part of the Global Strategic Plan has four means of monitoring progress. These are: State Parties annual reports (self-reporting); after action review; JEE; and simulation exercises.

229. It was noted that seven of the Region’s 11 Member States would have completed their evaluation by the end of 2017. It was also observed that the Global Strategic Plan does not preclude collaboration with partners and intergovernmental organizations. Active participation of Member States in the consultations for the Global Strategic Plan for IHR (2005) implementation was encouraged. This includes the ongoing web consultation till 15 October 2017 and a face-to-face consultation with the Missions in Geneva in the first week of November 2017.

**Review of the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board (Agenda item 10.2, SEA/RC70/15)**

230. The Committee was informed that the 142nd Session of the WHO Executive Board will be held at WHO headquarters in Geneva from 22 to 27 January 2018. 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. Proposals should, therefore, reach the Director-General by 21 September 2017.

231. Following its noting by the HLP Meeting, the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board was placed before the Committee for its review, comment and noting as appropriate. The Committee noted the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board.

**Elective posts for Governing Body meetings (World Health Assembly, Executive Board and PBAC) (Agenda item 10.3)**

232. The Committee noted that some elective posts for Governing Body meetings are due to be filled by Member States of the SEA Region.

233. For the Seventy-first World Health Assembly, the posts of Vice-President, Vice-Chairperson of Committee A, and Member of the Committee on Credentials are available to be filled on a rotational basis by the Region. The Committee proposed Maldives for the post of Vice-President of the World Health Assembly, India for the post of Vice-Chairperson of Committee A, and Nepal for the post of Member of the Committee on Credentials.

234. The Committee also observed that for the 143rd Session of the WHO Executive Board in May 2018, the posts of Member and Vice-Chairperson are available for Member States of the SEA Region. It was proposed that Indonesia be nominated as Member of the Executive Board in place of Thailand whose term ends in May 2018, and that Sri Lanka be nominated as Vice-Chairperson of the 143rd Session of the Executive Board in May 2018. These proposals were unanimously accepted by the Committee.

235. Two Member States of the SEA Region – Bhutan and Sri Lanka – are current members of the PBAC, with their terms of membership due to expire in May 2018 and May 2019, respectively. The proposal to nominate Indonesia for a term of two years in place of Bhutan, whose term expires in May 2018, was unanimously accepted by the Committee.
Management and Governance matters: Status of the SEA Regional Office Building (Agenda item 11, SEA/RC70/16)

236. Comprehensive background information on the status of the WHO South-East Asia Regional Office Building in New Delhi, India, was presented to the Sixty-ninth session of the WHO Regional Committee for South-East Asia held in Colombo, Sri Lanka, in September 2016. This was a follow-up review exercise of the preliminary building report submitted at the previous session held in Dili, Timor-Leste, in September 2015.

237. The Regional Committee Decision SEA/RC69(3) noted the urgent need for the Regional Office to move to temporary premises pending the establishment and implementation of a sustainably funded reconstruction strategy.

238. The Committee conveyed its appreciation to the honourable Minister of Health and Family Welfare, Government of India, for his unstinting support and in-principle commitment of approximately US$ 35 million towards the reconstruction project.

239. In keeping with the commitment from the Government of India and the announcement made at the Sixty-ninth session of the Regional Committee, the Ministry of Health and Family Welfare, India confirmed their in-principle funding of the Regional Office Building reconstruction project, and informed that a project implementation agency had been identified, and that the necessary approvals were being processed. The Ministry of Health & Family Welfare expressed satisfaction with the progress made by the Secretariat regarding shifting to the temporary “swing” space and expressed its appreciation to WHO for funding this move for a period of up to five years. The Ministry was confident that the reconstruction project would
meet the timelines envisioned in the report presented to the Seventieth Session of the Regional Committee.

240. The Committee welcomed the Secretariat’s Report on the Status of the South-East Asia Regional Office Building, including its Annex, and the three options presented therein, and endorsed Option 2 – Redevelopment of the whole campus. This requires relocating the present staff to temporary premises during the dismantling of all building structures at the current site, and undertaking new construction in accordance with all safety and structural building codes. The Committee noted with appreciation the progress made by the Secretariat with regard to moving to temporary premises.

241. The Secretariat expressed its sincere gratitude to India for its generous pledge of US$ 35.4 million, and also expressed its appreciation to Maldives, Sri Lanka, Thailand and Timor-Leste for having already pledged financial support totalling approximately US$ 1 million. The Secretariat also informed that the Joint Standing Committee comprising representatives from WHO headquarters, the Regional Office and the Government of India is working to meet the given timelines for relocation and reconstruction.

242. The Committee adopted Decision SEA/RC70(2) on the subject.

Special Programmes (Agenda item 12)


243. The Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases (TDR) acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy.

244. Currently, Maldives represents the WHO SEA Region until 31 December 2018 under paragraph 2.2.2, and there are two Member States from the Region (India and Thailand) that are members of the JCB under paragraph 2.2.1 until 31 December 2017. Maldives represented the Region at the Fortieth session of the JCB held on 20–21 June 2017 in Geneva, and briefed the Regional Committee on the session. The Seventy-first session of the Regional Committee in 2018 would be required to take a decision on the regional membership for a four-year period from 2019 onwards to replace Maldives.

245. At present, there is no representation from the SEA Region for JCB membership under paragraph 2.2.3.
246. The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction.

247. At present, three Member States from the WHO SEA Region (Indonesia, Myanmar and Sri Lanka) are Members of the PCC in Category 2, while India and Thailand continue to be Members of the PCC in Category 1.

248. Indonesia, as a member of the PCC, attended the last session in Geneva in June 2017 and reported on the meeting. However, the Committee awaits the final report of the PCC meeting.

249. Since the term of office of Indonesia ends on 31 December 2017, the Committee was requested to consider proposing one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2018. India proposed Bhutan for the post, and Sri Lanka seconded it. The Committee unanimously accepted the proposal and requested the Regional Director to inform WHO headquarters accordingly.

**Time and place of future sessions of the Regional Committee (Agenda item 13, SEA/RC70/19)**

250. The Committee observed that as per Rule 4 of the Rules of Procedure, the Committee decides on the date and place of the next Regional Committee session.

251. As the Seventy-first Session of the Regional Committee will feature the election of the Regional Director, the Session will be hosted by the Regional Office in New Delhi on 3–7 September 2018. Since the Regional Office will be shifting to temporary premises, the venue will be decided later.

**Closing session (Agenda item 16)**

252. During the closing session, the Committee was informed by the Director of Administration and Finance that the Seventieth Session of the Regional Committee in Maldives had met most of its objectives towards reducing the carbon footprint through curbs in the use of paper, and thus it was a truly “green” session. The use of
the mobile app and digital binders for all Regional Committee documentation, along with projections of the *Daily Sessions Journal* and other relevant information on digital screens at the venue cumulatively managed to curtail the total use of paper to a mere 25 reams during the entire Session. This was in sharp contrast to the use of 150 reams of paper during the Sixty-ninth session in Colombo in September 2016.

253. While 200 copies of the *Daily Sessions Journal* used to be printed daily in the past, the Seventieth Session did not resort to paper printing of the *Journal* at all. Working papers and other documentation were provided through the mobile app, the digital binder and in pen drives, and only 50 copies of each technical publication by the Regional Office were distributed. In previous sessions, working papers had been distributed in hard copy and 100 copies of each publication had been printed. In Maldives, 19 update notifications on the mobile app activity feed kept participants informed of the latest schedules and programmes/events without resorting to paper notifications. The Committee was informed that there were 260 active users of the mobile app during the Session.

254. Cumulatively, the efforts by the WHO Regional Office at reducing paper usage and greening the Seventieth Regional Committee Session achieved a 75% reduction in paper usage over the previous year, leading to 24 trees being “saved”.

255. In their concluding remarks, representatives unanimously expressed their thanks to the Government of the Republic of Maldives for the excellent hospitality and warmth. They conveyed their deep appreciation to the Health Minister of Maldives, H.E. Mr Abdulla Nazim Ibrahim, for the smooth conduct of the session.
They appreciated the fruitful deliberations and the beautiful environment in which the Regional Committee was conducted. “It was a session truly in Paradise,” they commented.

256. The representatives thanked the Director-General, Dr Tedros Adhanom Ghebreyesus, for his vision, concern for and assurance of support to the 1.8 billion people of the Region, and for his valuable time to be at the meeting.

257. The representatives thanked Dr Poonam Khetrapal Singh for her exemplary leadership throughout the session. They congratulated her and her team for the successful and smooth conduct of the meeting. They appreciated the morning aerobics and yoga sessions, and found the Ministerial Roundtable very useful and informative. They committed to taking forward the various initiatives emanating from the discussions with the help of the Regional Office and other Member States.

258. The Regional Director, Dr Poonam Khetrapal Singh, thanked H.E. Dr Mohamed Shainee, Special Envoy of H.E. the President of the Republic of Maldives, Mr Abdulla Yameen Abdul Gayoom, for gracing the opening ceremony and for his inspiring speech. She conveyed her deepest gratitude to H.E. the President of the Republic of Maldives and to the Government of Maldives for their hospitality, and in particular, the Ministry of Health, for the care and support provided during the meeting.

259. Dr Poonam Singh expressed satisfaction at the very productive and successful Regional Committee. She thanked H.E. Dr Abdulla Nazim Ibrahim, the Minister of Health, for the excellent manner in which he conducted the proceedings as the Chair of the Seventieth Regional Committee. She also thanked the outgoing Chair for his outstanding contributions in the past year. She lauded Maldives and Bhutan for their successful elimination of measles, and Thailand for the elimination of LF. Maldives received the WHO South-East Asia Regional Award for Excellence in Public Health in recognition of the untiring efforts of the government to strengthen health systems and services in the country.

260. This was the first SEA Region Regional Committee attended by the new Director-General, Dr Tedros Adhanom Ghebreyesus. The meeting benefited much from his wisdom. Dr Poonam Singh thanked him for sparing his valuable time, and expressed her gratitude to the several senior staff from WHO headquarters for their support, and Dr Anarfi Asamoa-Baah, Deputy Director-General, for his guidance. The very successful Ministerial Roundtable moderated by Mr James Chau, WHO Goodwill Ambassador for Sustainable Development Goals, culminated in the successful signing and adoption of the Malé Declaration on building health systems resilience to climate change.
261. Dr Poonam Singh appreciated the support of partners such as the World Bank, the Asian Development Bank, Global Fund, GAVI Alliance, DFAT and many others, and also thanked Mr Amitabh Bachchan, WHO SEA Region Goodwill Ambassador for Hepatitis, for addressing the meeting through videoconferencing.

262. She thanked the WHO Representative to Maldives and his team for their hard work. She expressed her gratitude to the Directors, their teams and colleagues from the Regional Office for their efforts in making this meeting a success. She closed by thanking the management and staff of the hotel for their hospitality and loving care.

263. In his closing remarks, the Chairperson, H.E. Mr Abdulla Nazim Ibrahim, Minister of Health, Republic of Maldives, thanked all the representatives for their active participation and contributions towards such a successful and fruitful meeting. He thanked the meeting Co-Chairperson H.E. Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan. He also thanked the Regional Director and commended her continuing leadership and guidance, and praised her initiative in identifying the Flagship Priorities. Thanks were also expressed to the WHO Representative to Maldives and his team.

264. The Chairperson congratulated the Resolutions Drafting Group for their diligent efforts and thanked the WHO Director-General and headquarters team for their participation. The Chairperson then declared the Seventieth Session of the WHO Regional Committee for South-East Asia closed.
Resolutions and Decisions

Resolutions

SEA/RC70/R1 Malé Declaration on building health systems resilience to climate change

The Regional Committee,

Having considered the Malé Declaration on building health systems resilience to climate change;

ENDORSES the Malé Declaration on building health systems resilience to climate change and the Framework for Action in building health systems resilience to climate Change in the WHO South-East Asia Region, 2017–2022, annexed to this Resolution.

Malé Declaration
Building health systems resilience to climate change

We, the Health Ministers of Member States of the WHO South-East Asia Region, participating in the Seventieth session of the WHO Regional Committee for South-East Asia in Malé, Maldives,

Recognizing the increasing body of evidence on the direct and indirect adverse impacts of climate change on human health and health systems, which pose a serious burden to sustainable socioeconomic development,

Concerned that extreme weather events, which are increasing in frequency and intensity in the Region, can overwhelm the already overstretched health sector’s capacity to respond and pose health threats to the vulnerable populations in the Region,

Reaffirming the commitment made to World Health Assembly resolution WHA61.19, and Regional Committee resolution SEA/RC62/R2 on climate change and health; the Parliamentarians’ call for action on protecting human health from climate
change in the South-East Asia Region, and the Dhaka Declaration on South-East Asia Regional Health Concerns for Climate Change Negotiations,

*Recalling* the reference to the right to health in the 2015 Paris Agreement on Climate Change, the Sustainable Development Goal 13 that calls for urgent action to combat climate change and its impacts, and the Sendai Framework for Disaster Risk Reduction 2015–2030,

*Acknowledging* the efforts being made by Member States in the WHO South-East Asia Region and development partners to address the challenges posed by climate change,

*Recognizing* the need to strengthen the capacity and efficiency of health systems to be responsive, reduce vulnerabilities and increase resilience to climate change and extreme weather events,

*Noting* the WHO Operational Framework on building health systems resilience to climate change,

1. **ENDORSE** the Framework for Action on Building Health Systems Resilience to Climate Change in the WHO South-East Asia Region 2017–2022, as annexed to this Declaration, as the operational reference in implementing this Malé Declaration;

2. **CALL UPON** UN agencies and other international organizations, development partners, philanthropic agencies, academic and civil society organizations to support the implementation of this Declaration, and to mobilize human, financial and technical resources for this purpose;

3. **AGREE** at the national level to:

   3.1 continue to raise public and policy awareness on the health impacts of climate change across entire societies, and encourage the leading role of the health sector in addressing such impacts of climate change,

   3.2 advocate and intensify work with health-determining sectors to encourage that climate-sensitive health concerns and risks are taken into account and integrated in their respective policies and programmes,

   3.3 develop and/or strengthen health national adaptation plans (HNAPs) as an integral part of national adaptation plans in order to encourage that climate risks are integrated into health policy, climate-sensitive disease (CSD) programmes and health systems, as appropriate,

   3.4 strengthen national capacity in building health systems resilience to climate change, including establishing and/or strengthening national institutions for training the health workforce,
3.5 enhance health sector preparedness to climate change, particularly in promoting climate-resilient health-care facilities to encourage that these are able to withstand any climatic event, and that essential services such as water, sanitation, waste management and electricity are functional during such events,

3.6 initiate the greening of the health sector by adopting environment-friendly technologies, and using energy-efficient services,

3.7 establish and strengthen climate change and health information systems and research, and promote the dissemination of evidence, including in the operational areas of health vulnerability assessment to climate change, health risk mapping, and CSD surveillance systems,

3.8 encourage that climate change risks are integrated in national disaster risk management, including emergency risk reduction and response,

3.9 mobilize domestic and external resources, including through advocacy for a better share to the health sector of climate change funding mechanisms, and

3.10 designate a national focal point in the Ministry of Health to coordinate and monitor implementation of this Declaration; and

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

4.1 raise awareness and advocate for international attention to, and support Member States of the South-East Asia Region, in mobilizing resources to address the health impacts of climate change,

4.2 promote knowledge- and experience-sharing mechanisms, including through establishing regional research networks and centres of excellence in climate change and health for collaborative research,

4.3 provide technical support to, and strengthen the technical capacity of, Member States in implementing the Malé Declaration, including through monitoring and tracking progress in addressing climate change and health, and relevant Sustainable Development Goals targets, and

4.4 report on the progress of implementing this Malé Declaration at the Seventy-fifth session of the WHO Regional Committee for South-East Asia in 2022.

Malé, Maldives, 7 September 2017
The Regional Committee,

Acknowledging that the Seventieth World Health Assembly in May 2017 approved the WHO Programme Budget 2018–2019 as the primary instrument to express the planned scope of technical work of the Organization, along with planned Budgetary allocation,

Noting that the approved WHO Programme Budget 2018–2019 in its integrated form is based on the needs-based, bottom-up process involving Member States, in response to their requests to identify priorities for technical cooperation at the country level and aligning these with the regional and global commitments,

Noting that Outbreak and Crisis Response and scalable operations are subject to the event-driven nature of the activities concerned and, as such, are not included in the Programme Budget 2018–2019,

Further noting the approval of a 3% increase in Assessed Contributions in the WHO Programme Budget 2018–2019,

Also noting the Director-General’s Priority Focus Areas, i.e., Health for All; Health Emergencies; Women’s, Children’s and Adolescents’ Health; Health Impacts of Climate and Environmental Change; and A Transformed WHO, and finding these in broad consonance with the Regional Flagship Priority Areas,

Reaffirming the authorization by the World Health Assembly for the Director-General to make Budget transfers among the six Categories, up to an amount not exceeding 5% of the amount allocated to the Category from which the transfer is made,

Noting that the South-East Asia Region has received a Programme Budget increase of US$ 2 million in the Base Budget, even after the application of Strategic Budget Space Allocation (SBSA) methodology, and that the budgetary increase is mainly due to an increase in the new Health Emergencies Programme, the Antimicrobial Resistance and Noncommunicable Disease (NCD) programmes,

Recognizing that the budget for polio-related activities in the Region has dropped by US$ 21.5 million and for Promoting health through the life course, Health Systems and Corporate services/enabling functions, by US$ 5.5, US$3.4 and US$ 1.9 million respectively.

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 during emergencies requiring health sector response,
Endorsing the report and the recommendations of the Tenth Meeting of the Subcommittee on Policy and Programme Development and Management,

1. URGES Member States:
   (a) to further collaborate on technical work of national and regional importance, for improved management and optimum utilization of available Programme Budget resources, and
   (b) to strengthen collaborative programme management capacities with the objective of improving the efficiency and effectiveness of WHO’s programme implementation; and

2. REQUESTS the Regional Director:
   (a) to allocate the approved Budget to the Budget Centres while retaining a 5% reserve to be distributed during the biennium based on needs and implementation status of WHO country offices,
   (b) to ensure efficient management of the Budget of the Region, through appropriate consultations with Member States, in the light of the Budget allocation, in a manner that aligns the Budget with priority programme areas as reflected by Member States in the Region,
   (c) to support mobilization of Voluntary Contributions, especially to countries and programmes that have been unable to achieve full funding of their workplans, and
   (d) to continue efforts, in consultation with Member States, to develop programme management, monitoring and evaluation capacities in Member States with the objective of improving the efficiency and effectiveness of programme implementation.

SEA/RC70/R3  Amendment to Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia and Process for the Nomination of the Regional Director for the South-East Asia Region

The Regional Committee,

Recalling the discussions held by the Regional Committee since its Sixty-fifth session on the modalities to increase the fairness and transparency of the process for the nomination of the Regional Director, also recalling its resolution SEA/RC65/RC1 by which the Regional Committee amended its Rules of Procedure in order to improve the effectiveness of the procedure for nominating the Regional Director,
Recalling World Health Assembly decision WHA69(8) on increasing harmonization across the Regional Committees in relation to the nomination of Regional Directors in accordance with decision WHA65(9) (2012), and to invite each Regional Committee to consider measures to improve the process of nomination of Regional Directors taking into consideration best practices from the six regions,

Recognizing and endorsing the recommendations of the Working Group constituted in accordance with decision SEA/RC69(1) to further review the measures adopted by the other regional offices and Regional Committees of the World Health Organization in aligning the process of nomination of the Regional Director,

Acknowledging that the overall process of nomination, including the activities carried out by candidates and by Member States nominating or supporting those candidates, will benefit from agreed principles of good conduct,

1. ADOPTS the Code of Conduct for the Nomination of the Regional Director of the South-East Asia Region of the World Health Organization, contained in Annex 1 to this resolution;

2. CALLS UPON Member States to implement and abide by the Code of Conduct, to make it widely known and easily accessible, and to bring it to the attention of persons they wish to propose for the post of Regional Director in future nomination processes;

3. REQUESTS the Regional Director to support the implementation of the Code of Conduct as envisaged in the Code;

4. FURTHER REQUESTS the Regional Director to impress upon the Secretariat of the Regional Office the importance of complying with the obligations laid out in the Staff Regulations and Rules with regard to the conduct to be observed during the process of nomination of the Regional Director, as provided in the section on internal candidates in the Code of Conduct;

5. DECIDES that the Code of Conduct will become effective as of the closure of this Session;

6. APPROVES the standard form for a Curriculum Vitae, as set out in Annex 2 to this resolution, which shall be used henceforth by Member States proposing persons for the post of Regional Director as the sole document to be submitted;

7. DECIDES that the Curriculum Vitae of each candidate shall be limited to 3500 words and shall also be submitted in electronic format in order to enable the Director-General to verify that this limit is not exceeded; and

8. ADOPTS the amendments to the Rules of Procedure of the Regional Committee for South-East Asia Region set out in Annex 3 to this resolution, to be effective from the closure of this Session.
Annex 1: Draft Code of Conduct for the Nomination of the Regional Director of the South-East Asia Region of the World Health Organization

This Code of Conduct (Code) aims to promote an open, fair, equitable and transparent process for the nomination for the Regional Director of the South-East Asia Region of the World Health Organization (WHO). In seeking to improve the overall process, this Code addresses a number of areas, including submission of proposals and the conduct of electoral campaigns by Member States and candidates.

The Code is a political understanding reached by the Member States of the WHO South-East Asia Region. It recommends desirable behaviour by Member States and candidates with regard to the nomination of the Regional Director to increase the fairness, openness and transparency of the process and thus its legitimacy, as well as the legitimacy and acceptance of its outcome. As such, the Code is not legally binding, but Member States and candidates are expected to honour its contents.

The Code builds on, and reinforces, the provisions pertaining to nomination of Regional Director for the South-East Asia Region as set out in Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia.

A  General requirements

I.  Basic principles

The whole nomination process, as well as electoral campaign activities related to it, should be guided both by the provisions of the Rules of Procedure of the WHO Regional Committee for South-East Asia and by the following principles that further the legitimacy of the process and of its result:

- Fairness
- Equity
- Transparency
- Good faith
- Dignity, mutual respect and moderation
- Non-discrimination
- Merit

II.  Authority of the Regional Committee and its Rules of Procedure

1.  Member States accept the authority of the Regional Committee for South-East Asia Region to conduct the nomination of the Regional Director in
accordance with its Rules of Procedure and the relevant resolutions of the Regional Committee.

2. Member States that propose persons for the post of Regional Director have the right to promote their candidature. The same applies to candidates with regard to their own candidature. In the exercise of that right, Member States and candidates should abide by all rules governing the nomination of the Regional Director contained in the Rules of Procedure of the Regional Committee as well as in relevant resolutions and decisions of the Regional Committee.

III. Responsibilities

1. It is the responsibility of Member States and candidates to observe and respect this Code.

2. Member States acknowledge that the process of nomination of the Regional Director should be fair, open, transparent, equitable and based on merits of the individual candidates. They should make this Code publicly known and easily accessible.

B Requirements concerning the different steps of the nomination process

I. Submission of proposals

1. When proposing the name of one or more persons for the post of Regional Director, Member States will be requested by the Director-General to submit the necessary particulars of each person’s qualification and experience using the standard form for a Curriculum Vitae approved through resolution SEA/RC70/R3.

II. Electoral campaign

1. This Code applies to electoral activities related to the nomination of the Regional Director whenever they take place until the nomination by the Regional Committee.

2. All Member States and candidates should encourage and promote communication and cooperation among one another during the entire nomination process. Member States and candidates should act in good faith bearing in mind the shared objectives of promoting equity, openness, transparency and fairness throughout the nomination process.
3. Member States and candidates should refer to one another with respect; no Member State or candidate should at any time disrupt or impede the campaign activities of other candidates. Nor should any Member State or any candidate make any oral or written statements or other representations that could be deemed slanderous or libellous.

4. All Member States and candidates should disclose their campaign activities (e.g. hosting of meetings, workshops, visits). Information disclosed will be posted on a dedicated page of the website of the Regional Office.

5. Member States and candidates should refrain from improperly influencing the nomination process, by, for example granting or accepting financial or other benefits as a quid pro quo for the support of a candidate, or by promising such benefits.

6. Member States and candidates should not make promises or commitments in favour of, or accept instructions from, any person or entity, public or private, when that could undermine, or be perceived as undermining, the integrity of the nomination process.

7. Member States that have proposed a candidate should facilitate meetings between their candidate and other Member States, if so requested. Wherever possible, meetings between candidates and Member States should be arranged on the occasion of conferences or other events involving Member States of the Region rather than through bilateral visits.

8. Member States nominating candidates for the post of the Regional Director should consider disclosing grants or aid funding for the previous two years in order to ensure full transparency and mutual confidence among Member States.

9. Travel by candidates to Member States to promote their candidature should be limited in order to avoid excessive expenditure, which could lead to inequality among Member States and candidates.

   In this connection, Member States and candidates should consider using as much as possible existing mechanism (regional committees, Executive Board, World Health Assembly) for meetings and other promotional activities linked to the electoral campaign.

10. Electoral promotion or propaganda under the guise of technical meetings or similar events should be avoided.

11. After the Director-General has dispatched copies of all proposals for nomination as Regional Director in accordance with the provision of Rule
49(d) of the Rules of Procedure, he/she will open on the website of WHO a password-protected question-and-answer web forum open to all Member States in the South-East Asia Region and the candidates who request to participate in such a forum.

12. After the Director-General has dispatched the names and particulars of candidates to Member States, the Regional Office will post on its website information on all candidates who so request it including their curricula vitae as received from Member States, as well as their contact information and the relevant rules and decisions points pertaining to the nomination process as Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia. The website will also provide links to individual websites of candidates upon request. Each candidate is responsible for setting up and financing his/her own website.

III. Nomination

1. The nomination of the Regional Director is conducted in private meetings of the Regional Committee in accordance with Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia. Attendance at the private meetings is prescribed by the Director-General and limited to essential Secretariat staff besides Member States. Candidates should not attend those meetings even if they form part of the delegation of their country. The votes in the private meeting are conducted by secret ballot. The results of the ballots should not be disclosed by Member States.

2. Member States should abide strictly by Rule 49 of the Rules of Procedure and other applicable resolutions and respect the integrity, legitimacy and dignity of the proceedings. As such, they should avoid behaviours and actions, both inside and outside the conference room where the nomination takes place, which could be perceived as aiming at influencing its outcome.

3. Member States should respect the confidentiality of the proceedings and the secrecy of the votes. In particular, they should refrain from communicating or broadcasting the proceedings during the private meetings through electronic devices.

IV. Internal candidates

1. WHO staff members, including the incumbent Regional Director, who are proposed for the post of the Regional Director are subject to the obligations
contained in the WHO Staff Regulations and Rules, as well as to the guidance that may be issued from time to time by the Director-General.

2. WHO staff members who are proposed for the post of Regional Director must observe the highest standard of ethical conduct and strive to avoid any appearance of impropriety. WHO staff members must clearly separate their WHO functions from their candidacy and avoid any overlap, or perception of overlap, between campaign activities and their work for WHO. They also have to avoid any perception of conflict of interest.

3. WHO staff members are subject to the authority of the Regional Director and the Director-General, in accordance with the applicable regulations and rules, in case of allegations of breach of their duties with regard to their campaign activities.

4. The Regional Committee may suggest that the Director-General consider applying Staff Rule 650 concerning special leave to staff members who have been proposed for the post of Regional Director.

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**Annex 2: Form for Curriculum Vitae**

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<thead>
<tr>
<th>Family name (surname):</th>
<th>Attach recent photograph</th>
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<td>First/other names:</td>
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<td>Gender:</td>
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<tr>
<td>Place and country of birth:</td>
<td>Date of birth (day/month/year):</td>
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<td>Citizenship:</td>
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<td>If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars:</td>
<td></td>
</tr>
<tr>
<td>Civil Status:</td>
<td>Number of dependents:</td>
</tr>
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</table>
Address to which correspondence should be sent:

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<tr>
<th>Telephone:</th>
<th>Mobile phone:</th>
<th>Fax:</th>
<th>Email:</th>
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**Degrees/certificates obtained:**

(Please indicate here the principal degrees/certificates obtained, with dates and names of institutions. Additional pages may be added)

<table>
<thead>
<tr>
<th>Knowledge of languages</th>
<th>Mother tongue</th>
<th>Speak</th>
<th>Read</th>
<th>Write</th>
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<tbody>
<tr>
<td>For language other than mother tongue, enter the appropriate number from the code below to indicate the level of your language knowledge. If no knowledge, please leave blank.</td>
<td>Arabic</td>
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Code: 1. Limited conversation, reading of newspapers, routine correspondences

2. Engage freely in discussions, read and write more difficult material

3. Fluent (nearly) as in mother tongue
Positions held

Please indicate here the positions and work experience held during your professional career, with the corresponding, dates, duties, achievements/accomplishments and responsibilities. Additional pages may be added.

Please state any other relevant facts that might help in the evaluation of your application. List your activities in civil, professional, public or international affairs.

Please list here a maximum of 10 publications – especially the main ones in the field of public health, with names of journals, books or reports in which they appeared. An additional page may be used for this purpose, if necessary. (Please feel free also to attach a complete list of all publications). Do not attach the publications themselves.

Please list hobbies, sports, skills and any other relevant facts that might help in evaluation of your application:

Written statement

1. Please evaluate how you meet each of the “Criteria of candidates for the post of the Regional Director of the South-East Asia Region of World Health Organization”. In so doing, please make reference to specific elements of your curriculum vitae to support your evaluation. The criteria that should be used for assessing candidates for the post of Regional Director are contained in resolution SEA/RC65/R1, Annex C, and are the following:
   i. A strong technical and public health background and extensive experience in global health;
   ii. Competency in organizational management;
   iii. Proven historical evidence for public health leadership;
   iv. Sensitiveness to cultural, social, and political differences;
   v. A strong commitment to the work of WHO;
   vi. The good physical condition required of all staff members of the Organization;
   vii. Commitment to personal compliance with the WHO policy on non-recruitment of smokers or other tobacco users; and
   viii. Sufficient skill in the official working language of the Region

2. Please state your vision of priorities and strategies for the World Health Organization, in particular the South-East Asia Region.
### Annex 3: Proposed amendments to the Rules of Procedure of the Regional Committee for the South-East Asia Region

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| **XI. Nomination of Regional Director**  
**Rule 49**  
(b) Any Member of the Region may propose the name of one person from within the Region who has indicated willingness to act as Regional Director, submitting with the proposal particulars of the person’s qualifications and experience. Such proposals shall be sent to the Director-General so as to reach him/her not less than twelve weeks before the date fixed for the opening of the session. | **XI. Nomination of Regional Director**  
**Rule 49**  
(b) Any Member of the Region may propose the name of one person from within the Region who has indicated willingness to act as Regional Director, submitting with the proposal particulars of the person’s qualifications and experience. Member States shall be mindful of the Code of Conduct adopted by the Regional Committee and shall bring it to the attention of such persons. Such proposals shall be sent to the Director-General so as to reach him/her not less than twelve weeks before the date fixed for the opening of the session. |

**SEA/RC70/R4 Implementing and Monitoring the Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030**

The Regional Committee,

*Recognizing* that the WHO South-East Asia Region continues to have the highest burden of tuberculosis (TB) cases in the world, with more than 4.7 million new TB cases emerging in the Region in 2015 that accounted for over 46% of the global burden, out of which 227 000 cases were HIV-positive,

*Considering* that the estimated incidence of multidrug-resistant and rifampicin-resistant tuberculosis (MDR/RR-TB) in the Region was 200 000 with extensively drug-resistant TB being reported by six countries in the Region by 2015,

*Noting* that TB disrupts social and economic progress in countries, stigmatizing individuals and reducing household and national incomes, and traps the poorest and most vulnerable in a vicious cycle of disease and poverty,
Recognizing that an effective fast-track plan for ending TB will significantly contribute to improve health as well as social and economic development in South-East Asia,

Acknowledging the need to improve the scope, extent and reach of TB services in line with the End TB Strategy and the commitment to support the Global Plan and Regional Plan 2016–2020, and national multiyear plans to end TB, in order to achieve the TB targets set under the Sustainable Development Goals,

Noting further the need for increased investment in accelerated implementation of strategies and adaptation of innovations at the country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,

Acknowledging that progress in tuberculosis control requires action within and beyond the health sector in order to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction,

Recognizing the leadership provided by the Regional Director of the WHO South-East Asia Region in convening the first Ministerial Meeting towards Ending TB in the Region in March 2017 and subsequent issuance of the Delhi Call for Action to End TB in the WHO South-East Asia Region that reaffirms the highest level of commitment by Member States,

Considering that with the existing interventions, Member States would not be able to reach the End TB targets and that “Bending the Curve” offered a path to accelerate reaching the goals in time – this approach having been embraced in the Delhi Call for Action to End TB in the WHO South-East Asia Region – and that the task at hand now is to make these approaches operational to accelerate the progress towards End TB goals,

1. URGES Member States to:
   (a) Review the current national plans to align them with the Delhi Call for Action to End TB in the South-East Asia Region by 2030 and strengthen the national programmes for its full implementation, and
   (b) Jointly develop regional and multicountry efforts in sharing innovation, best practices, commodities and a joint approach to address the challenges of TB prevention, treatment and control, including in vulnerable populations; and
2. REQUESTS the Regional Director to:
   
   (a) Support Member States to strengthen the national and regional plans and implement the “Delhi Call for Action to End TB in the South-East Asia Region by 2030”, and
   
   (b) Engage with policy- and decision-makers at the highest levels in the Member States to accelerate the implementation of the Delhi Call for Action.

SEA/RC70/R5 Resolution of thanks

The Regional Committee, having brought its Seventieth Session to a successful conclusion,

1. THANKS the Special Envoy of His Excellency President Abdulla Yameen Abdul Gayoom, Dr Mohamed Shainee, Minister of Fisheries and Agriculture of the Republic of Maldives, for inaugurating the Session and for his inspiring address;

2. THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address and participation;

3. CONVEYS its gratitude to H.E. Mr Abdulla Nazim Ibrahim, Minister of Health of the Republic of Maldives, members of the National Organizing Committee, staff of the Ministry of Health and other national authorities for their efforts in ensuring the success of the Session; and

4. CONGRATULATES the Regional Director and her staff for their efforts towards the successful and smooth conduct of the Session.
Decisions

SEA/RC70(1) Annual progress monitoring of UHC and health-related Sustainable Development Goals

The Committee having considered the working paper on Agenda item 8.6 SEA/RC70/12 on the Sustainable Development Goals (SDGs), of the Seventieth Session of the Regional Committee for South-East Asia and progress towards universal health coverage (UHC) presented to the Seventieth Session, decided to request the Regional Director to:

1. Include an “Annual report on monitoring progress on UHC and health-related SDGs as a substantive Agenda item of the Regional Committee until 2030, and
2. Link relevant elements of the health-related SDGs, including UHC, as appropriate, to the topic selected by the host Member State for discussion at the Ministerial Roundtable annually until 2030.

SEA/RC70(2) Management and Governance matters: Status of the SEA Regional Office Building

The Committee, recalling the discussions held at its Sixty-eighth session in Dili, Timor-Leste, in 2015, and at its Sixty-ninth session in Colombo, Sri Lanka, in 2016; and further recalling its decision SEA/RC69(3) on the Status of the SEA Regional Office Building, decided to:

1. WELCOME the Secretariat’s Report on the Status of the South-East Asia Regional Office Building, including its Annexe, and the three Options presented therein;
2. NOTE the signature of lease agreements for appropriate temporary accommodation of the Regional Office in New Delhi, in accordance with decision SEA/RC69(3);
3. ADOPT Option 2: Redevelopment of the whole campus (relocation of the staff to temporary premises and construction of a new building), as presented in the report on the Status of the SEA Regional Office Building and its Annex 1, for a total estimated budget of US$ 55.89 million, with WHO covering the cost of the relocation of the staff to temporary premises for a period of up to five years for an estimated amount of US$ 20.49 million;
4. EXPRESS its deep appreciation to the Government of India for its continued generosity in hosting the Regional Office for South-East Asia, including through its agreement in principle to take responsibility for financing and managing the construction of the new SEA Regional Office Building amounting to US$35 million (approximately) and for providing a building ready for occupancy to WHO within the outlined five-year timeframe;

5. URGE Member States of the Region to make generous contributions to the project, including to ensure that the building may be truly representative of the countries of South-East Asia, and to express its sincere gratitude to Maldives, Sri Lanka, Thailand and Timor-Leste for having already pledged their financial support;

6. AGREE that the Chairperson of the Regional Committee may include an update on the status of the SEA Regional Office Building in its summary report of the Seventieth session of the Regional Committee to the Executive Board pursuant to decision WHA65(9);

7. REQUEST the Secretariat and call on the Government of India to continue their constructive dialogue in relation to the new building project, and to conclude swiftly a comprehensive agreement regarding the financing, construction and ownership of the new building meeting all safety, structural and other applicable building codes, in collaboration with WHO; and

8. REQUEST the Secretariat to report to the Seventy-first Session of the Regional Committee on progress on this matter.

SEA/RC70(3) Access to medicines

The Committee, having considered the working paper on Agenda item 8.3, SEA/RC70/9 on Access to Medicines, presented to the Seventieth Session of the Regional Committee for South-East Asia, welcomed the emerging messages and the suggested way forward therein, including collaboration on procurement to reduce prices and improve quality, other collaboration in regulation, working within intellectual property and trade rules, using TRIPS flexibilities, increase equitable access to and appropriate use of antimicrobials, and improved monitoring of access to medicines, and decided to request the Regional Director to:

1. CONVENE technical consultations to develop inter-country cooperation on the following four priorities, on a voluntary basis:
(a) share information on medicines prices, building on an existing WHO platform;
(b) share information on medicines quality, through the functions of the South-East Asia Regulatory Network,
(c) initiate a concrete collaboration in procurement of antidotes for improved access to these limited supplies of medicines for life-threatening conditions,
(d) support bilateral cooperation agreements on improved access to medicines;
and

2. REPORT progress, achievements and challenges on the implementation of this Decision to the Seventy-third Session of the Regional Committee.

**SEA/RC70(4) Time and place of future sessions of the Regional Committee**

The Committee decided that its Seventy-first Session will be hosted by the Regional Office for South-East Asia in New Delhi on 3–7 September 2018. The Committee also noted that due to the temporary move of the Regional Office, the Secretariat will identify an alternative venue in New Delhi for the Session.
Annex 1

Text of welcome address by the Honourable Minister of Health, Republic of Maldives

I feel privileged to stand here as the Health Minister of the first nation in the South East Asia Region that is free of lymphatic filariasis, has beaten measles, defeated polio and conquered malaria.

It is my pleasure to warmly welcome you to our beautiful country, the sunny side of life, the Maldives.

Maldives is pleased to host the Seventieth Session of WHO Regional Committee for South-East Asia at a time when the country is relishing landmark accomplishments in the health sector.

Our people are benefiting from a government-funded health insurance scheme. The government expenditure on health has increased to a dramatic 130% while the percentage of health spending paid out-of-pocket by households declined from 49% to 29%. We now spend a whopping US$ 810 per head per annum for health; an amount that is double the average of upper-middle-income countries.

The people of Maldives are indeed most fortunate to be reaping the harvest of development in the health care made available to them under the able and efficient leadership of our visionary president H.E. Abdulla Yameen Abdul Gayoom. I would like to take this opportunity to thank His Excellency the President for making health care a priority in the government agenda, for giving precedence for health in the economic agenda that he promotes, and for proving by means of action that health is indeed wealth.

WHO has always stood steadfast with the Ministry of Health. The contribution of WHO in the accomplishments of the health sector of Maldives is surely immeasurable. I would like to thank WHO for their continuous support. The partnership between WHO and Maldives has strengthened under the leadership of Regional Director Dr Poonam Khetrapal Singh. I extend my sincere gratitude for your support. At the same time I acknowledge and appreciate the great work of former Director-General Dr Margaret Chan.
I hope it is not a mere coincidence, Dr Tedros, that your first regional conference as the new Director-General of WHO happens to be here, in paradise. Welcome to Maldives, Dr Tedros. I have full confidence that under your leadership WHO will reach new heights.

Indeed, Maldives has achieved a lot in the provision of better health for its people. We continue to make notable achievements in reducing maternal, infant and child mortality. Life expectancy has improved to a level almost equivalent to developed countries.

It is with much respect that I congratulate and thank all the health professionals who have contributed to such remarkable success. While enjoying the achievements, we are facing huge challenges from the growing rates of noncommunicable diseases; the cancer rate is alarming; diabetes is on the rise; and depression is a public health threat. These and many more lifestyle-related diseases now account for over 80% of total deaths in the country. Unless we consider preventive care to be as important as curative care, we are not going to achieve excellence in health. I call upon all the ministries and agencies to work together as a nation for excellence in health. Immediate and collective action is required to integrate health beyond health.

Our discussion at the Ministerial Roundtable will culminate in the major outcome of this Regional Committee, Male’ Declaration on building health systems resilience to climate change.

All populations are affected by climate change but some more than others. Maldives is among the countries most vulnerable to climate change. Maldives is also one of the most strident voices in climate change among small vulnerable nations; we may be small in size, few in number, but we are loud in climate change and environment advocacy.

Here on the island of paradise with its renowned beauty and a touch of vulnerability to climate change, we happen to have the most congenial and befitting surroundings to carry out deliberations on building health systems resilience to climate change.

Nations across the globe are just beginning to understand the gravity of the health impact of climate change. Extreme temperatures, natural disasters, variable rain patterns and similar weather patterns have a direct impact on people’s health. It is a driver of disease migration. It is a threat to economies. It impacts social and environmental determinants of health. This is an opportune time to bring a global
health concern to the roundtable for deliberations, to address climate change is to take the SEA Region on to a more healthy and resilient path.

I am happy to see that the conference has got off the ground but to get here, a lot of people have put in much thought, time and energy. I would like to acknowledge the WHO Regional Office, the WHO country office in Male’, and the team from the Ministry of Health for their patience in difficult times. I am also grateful for their commitment to making this event a reality and a success.

Many government and private organizations and agencies have contributed to this event in various capacities. I would like to particularly mention the assistance extended to us by MNDF, MTCC, Paradise Island, ADK, Immigration and Kurumba. I extend my sincere gratitude for their generous support.

In conclusion, I wish for productive and successful discussions that will generate innovative ideas addressing the challenges to health systems in the South-East Asia Region and globally.

Let me also assure you that you will have an obliging and hospitable team to ensure that your stay in the Paradise Island is fruitful and memorable.
Text of address by the Regional Director, WHO South-East Asia Region

It is a pleasure to add my warm welcome to the Regional Committee for the WHO South-East Asia Region and to thank our hosts, the Government of Maldives, for their warm hospitality.

It is wonderful to have this meeting on such a beautiful example of your “garland of islands” – mālādvāpa – as Maldives is called in Sanskrit.

Maldives has a proud record in public health. In 2016, Maldives was the first country in the South-East Asia Region to eliminate lymphatic filariasis. The year before, in 2015, Maldives was declared malaria-free. This year, measles has been eliminated. These are outstanding achievements. We warmly congratulate you.

I know that you are aiming to end TB by 2020 – 10 years ahead of the overall regional target. I know too you are doing pioneering work on vector control to combat dengue and other vector-borne diseases.

For those here who may not know: in the early 1980s Maldives was among the poorer countries of the world. Now, following years of sustained growth, Maldives is an upper-middle-income country with resources to ensure its people live healthy and prosperous lives.

The achievements I referred to show what economic growth can do for public health. But it is the other half of the story that I want to emphasize today. A side of the story that is relevant to every country in our Region. Sustained investment in health is a vital weapon if governments wish to ensure that hard-won economic progress continues.

Do not be in any doubt at all about the risks to growth. They are serious: the growing toll of noncommunicable diseases. Antimicrobial resistance. Traffic accidents and violence. Drug and substance abuse. Poor diets and sedentary lifestyles. And the threat that I know that you live with daily on these islands – the impact on health of a changing climate.

Success is a product of skilled governance – in the health sector, of course. But, critically, across society.

Maldives has followed other countries in the Region in starting to address the commercial determinants of ill-health: a 40% increase in the import duties levied on cigarettes, 58% on energy drinks and 17% on sodas. This is laudable.
But we all know there is more to do, and that the politics of doing so will be tough, whether it be controlling the prices of medicines or ensuring the safety of our food.

As we look across the Region, there remains an unacceptable gap between what we say about the importance of health to our economies and the resources that governments actually commit to health.

Maldives is a leader in terms of spending per capita. As resources for health increase, though, it is no longer just a question of spending more, but of spending wisely – and spending strategically.

People’s expectations are changing: they want the best health care possible and are increasingly vocal if their demands are not met.

*Strategic* use of resources promotes greater equity. Using the purchasing power of the government *wisely* can help redress the balance between prevention and curative care. It can create the incentives that people need to make healthy life choices.

In this Region, we are committed to the achievement of universal health coverage. Every single country is making headway and we have powerful means to measure progress. Universal health coverage must never be just a slogan. The challenges we all face are real and complex. But UHC is the best and most powerful means we have at our disposal for changing peoples’ lives through better health... The power of WHO is the power of countries working together, catalysing action, nurturing partnerships.

We have a lot to learn – from each other, and from the rest of the world. The Regional Committee is an opportunity to reflect on our achievements. But it is also an opportunity to chart the course ahead.

As we debate and discuss over the next few days, I see three overarching themes that should underpin all our work:

First: we must strive for a more equitable, effective and results-oriented health sector. Second: we must build bridges across society to address the social, political and commercial determinants of ill-health. And third: we must follow our principles: promoting equity and rights; basing action on science, evidence and research; and leveraging the immense power of partnerships.

With these few words, I once again welcome you all to Maldives and thank H.E. Dr Mohamed Shainee, Chief Guest, Special Envoy of H.E. President Abdulla Yameen Abdul Gayoom, for inaugurating the Seventieth Session of the WHO Regional Committee for South-East Asia.
Annex 3
Text of address by the Director-General, World Health Organization

What a privilege it is to be with you today for this important meeting in this beautiful location! Thank you for being in here with me when you could be outside enjoying the sun and the sea.

This is my first trip to the South-East Asia Region since becoming Director-General of WHO. One of the privileges of my job is the opportunity to travel to different parts of the world and meet people from so many different backgrounds. Just last week I was in Zimbabwe for the African Regional Committee meeting, and next week I will be in Budapest for the European Regional Committee.

These are very different places, with very different social, political and economic circumstances.

But the more I travel, and the more people I meet, the more I realize that as humans, our similarities are greater than our differences. We all share the hope of living happy, peaceful and healthy lives.

The South-East Asia Region is one of the most diverse on earth. Almost one quarter of the world’s population lives in the countries you represent, from tiny islands to huge cities. Your people also live in different social, political and economic circumstances. But they all have one thing in common: the right to health.

In one sense, there is much to worry about. Your Region faces the full range of health challenges, from neglected tropical diseases to the ballooning epidemics of noncommunicable diseases such as diabetes, and the ever-present threats of climate change and antimicrobial resistance.

Your Region is also, tragically, home to many natural disasters, as we have witnessed in recent days with flooding affecting large parts of Bangladesh, India and Nepal. My heart goes out to you and your people as you respond to this emergency, and I assure you that WHO will do everything it can to assist you in this time of crisis.

These disasters illustrate all too clearly that in this part of the world you are also confronting the effects of climate change. Extreme weather events and rising sea levels have the potential to damage health infrastructure, cripple economies and cause great loss of lives.
In small island nations such as Maldives, this is not a theoretical problem; it is a very real and present danger. You are the least responsible for climate change, but you are the most vulnerable. These are the challenges you face.

But in another sense, you have much to be proud of. For instance, the South-East Asia Region has made huge progress in eliminating neglected tropical diseases.

Maldives and Sri Lanka have eliminated malaria and lymphatic filariasis; Thailand has eliminated mother-to-child transmission of HIV; and India has eliminated yaws. Tomorrow we will formally acknowledge the elimination of measles in Bhutan and Maldives, and lymphatic filariasis in Thailand.

These are all cause for celebration. But I am pleased to see that you are not sitting back and congratulating yourselves. There is more work to do, and I applaud your Regional Director, Dr Poonam Singh, for the eight Flagship Priority Areas she has launched. Many of these align closely with my own priorities for WHO, especially universal health coverage and emergency risk management.

In fact, these two priorities are two sides of the same coin. The best preparation any government can make for emergencies, whether they are natural disasters, disease outbreaks or manmade conflicts, is to extend universal health coverage to its population. This must be based on strong health systems that deliver the health services people need, when and where they need them, without exposing them to financial hardship.

This is the heart of my message to you today: there is nothing better you can do for the people of your countries than to invest in strengthening your health systems.

This includes ensuring the right number of health workers with the right skills, in the right places, to give the right care, at the right time.

It means ensuring that essential medicines are available, and that people do not have to choose between buying medicine and buying food.

That type of health system doesn’t only help to keep people healthy, it is also the best defence against outbreaks and epidemics.

You know only too well that viruses do not need visas. In our globalized world, a deadly outbreak is only ever a plane flight away. It is, therefore, essential that as neighbours, you work together for your common protection. None of us are safe until all of us are safe.

In that regard, I congratulate you for the Regional Emergency Response Fund, which for almost a decade has enabled a rapid response – within 24 hours – to 33 emergencies
in nine countries. Almost all of you have experienced the benefits of this Fund. These investments have saved countless lives and prevented much suffering.

We live in a world of challenges and contradictions. But we also live in a world of great opportunity and hope. The question we all face is whether we will allow ourselves to be overwhelmed by the challenges, or whether we will choose to hold on to hope and grasp the opportunities to improve the health of the world’s people.

I put it to you that in fact, this is no choice at all. The health of your people can only improve when you, their political leaders, choose opportunity over challenges, and hope over fear.
Annex 4

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 2016

It is once again my pleasure to speak to you about the work of WHO and the health of the people in our Region.

But first, let me welcome Dr Tedros Adhanom Ghebreyesus

Last year, Dr Tedros, you were at our meeting in Colombo as an aspiring candidate. It is now my great privilege and honour, on behalf of the governments and peoples of the WHO South-East Asia Region, to welcome you as WHO’s new Director-General.

Your election was exceptional in many ways. For the first time ever, the Director-General was elected following a vote by all WHO Member States. Winning with a clear and unambiguous majority gives you a powerful mandate to lead our Organization.

It is early days. But we all look forward to hearing more from you on your strategic plan for the Organization.

The **South-East Asia Region** is home to one quarter of the world’s population and accounts for 27% of the global burden of disease. What happens here really matters to the countries and peoples of the Region first and foremost. But I want to stress that what happens to health in this part of Asia – what we achieve in health – will be of global significance.

The theme of my report this year – which you have before you – is that **the face of public health in South-East Asia is changing.** It is changing rapidly. And it is changing in ways that are unprecedented.

In one sense, we are changing public health through our achievements. A disease eliminated as a public health problem frees resources for other needed investments. I will highlight some of our key country achievements.

But while we are tantalizingly close to conquering health threats that have been with us for centuries, we know they are being replaced by new and even greater challenges. And the new threats are with us before the old ones have been fully laid to rest.
Let me set the scene:

- Our environment is changing. Climate change threatens health, life and livelihood. For some countries it threatens their very existence.
- Urbanization brings many blessings, but too often they are shrouded in a toxic cloud of health-threatening pollution.
- We face a mounting toll of death and disability on our roads, with the health system consigned – literally – to picking up the pieces, unless other parts of the government take action.
- NCDs are on the agenda, but we still see persistent hunger living side by side with obesity and, in too many countries, a shocking neglect of mental health.
- We see the plight of migrants and the adversity facing those forced to leave their homes by conflict.

Rapid social and demographic change can be a force for good, but we must be ready for its effects. More demanding and well-informed populations want better standards of health care, with automatic deference to the views of the medical profession now a thing of the past.

The urban young increasingly reject what they see as outdated social norms. They want access to services – including sexual and reproductive health services – that are supportive, not judgmental or punitive.

Models of care for the elderly that rely solely on the extended family may no longer be sustainable. Even if you believe that “sixty is the new forty”, policies for an ageing population need to look to the future and not to the past.

My opening point here is a simple one: Health in all our countries is an increasingly significant topic. It can no longer be the responsibility of just one minister, but must be a concern for the Cabinet as a whole.

Good health will always depend on good science. But one thing is crystal clear: **good health depends on sound political choices**. Ministers of Health will always be at the centre of action. We need the evidence and the science to inform key decisions. But equally, we need ways to engage all those – across society and across government departments – who have a stake in the creation of better health.

The report we present today celebrates your achievements. I would like to highlight what is happening in our countries.

You may not know this, but last year’s annual report from this Region was the second most downloaded publication in the whole of WHO; second only to the *World Health*
Statistics report. I should add, also, that the SEA Regional Office report on UHC came in third.

A strong regional voice at the global level was one of my commitments to you. So I can now assure you we are being heard.

**This year’s report has a strong focus on results.** We also have included a section on health inequities as a special feature preceding the individual country and Flagship reports.

Let me just touch on some of the highlights.

- Sri Lanka and our hosts Maldives were declared free of lymphatic filariasis in 2016; Thailand in 2017. Bangladesh is close behind. India has removed over 200 million people from the pool requiring treatment, and is firmly on the way to elimination.

- We are approaching the final stages in our fight with other neglected tropical diseases. Yaws, already eliminated in India, leprosy and kala-azar are all in our sights.

- Sri Lanka and the Maldives were certified malaria-free in 2016 – a magnificent achievement. Thailand has eliminated mother-to-child transmission of HIV and congenital syphilis – the first country in the Asia-Pacific Region and second in the world to do so.

- Also in 2016, following validation in Indonesia, the South-East Asia Region has eliminated maternal and neonatal tetanus, the second WHO Region to achieve this.

- Measles elimination by 2020 is a Flagship Priority. My congratulations to Maldives and Bhutan for having already achieved this goal this year.

- The Region is polio-free and we are determined that it will stay that way. As India shows us, transition from polio to public health programmes is now the order of the day.

Our Region has shown remarkable progress in reducing child and maternal mortality. Against a worldwide decline of 44% since 1990, rates in our Region have declined by nearly 70%. The Democratic People’s Republic of Korea, Maldives, Thailand and Sri Lanka have child mortality rates that are already below the global targets for the Sustainable Development Goals, and Maldives, Sri Lanka and Thailand have levels of maternal mortality below the global SDG target for 2030.
This is commendable, but – and it is a big “but” – as with any unfinished agenda, the closer you get to the goal, the tougher it gets. We have to do more – to reach unimmunized children, to tackle alarmingly high levels of neonatal mortality, and to increase institutional deliveries.

The country reports from, Bangladesh, Bhutan, India, Myanmar, Nepal and Sri Lanka show the range of work that is in hand, particularly on the demand side as well as community-based initiatives.

When we come to noncommunicable diseases, the burden of disease is not declining. The threat they pose – to individuals, communities, health systems and to our economies as a whole – is increasing. We are in for the long haul.

But it does not mean that we cannot talk about results. We have the attention not just of ministers, but also of heads of state. We have the backing of the UN General Assembly and our UN partners, and we have multisectoral actions in place.

We see real progress: big increases in taxation on sugary drinks and tobacco here in Maldives; the use of “traffic light” food and beverage labels to persuade consumers for less-fat-sugar-and-salt diets in Sri Lanka; legislation on marketing of infant food in Thailand; new legislation and a major drop in male smoking rates in the Democratic People’s Republic of Korea; the roll-out of HPV vaccines to prevent cervical cancer; and creative use of information technology to help diabetics in India.

But this is an agenda in which we need to do much more.

As I have said many times, antimicrobial resistance has the potential to change public health in ways that could cause untold damage. And South-East Asia is likely to bear the highest burden worldwide.

The story of antimicrobial resistance follows a similar course to that of NCDs. We have created more awareness; and we have the political backing at the global and regional levels. We have plans and coordination bodies in place. We also have a better sense of the challenges.

We are not dealing simply with a technical problem, but with multiple systems failure: failures in the health system – to prevent the irresponsible use of antibiotics; failures in governance – that allow commercial interests in agriculture, fisheries and food production to avoid regulation; and market failures in pharmaceutical research and development – that provide few incentives for the development of new antibiotics.

We have done the situation analyses. We know the magnitude of the risks we face. Our work in AMR is attracting some money. But that is not enough. The platforms
are in place, but in too many places the train has not left the station. We need to see the kind of action that we are seeing in the field of NCDs.

The significance of emergency prevention is only seen when disaster strikes.

Our response was severely tested, but emerged with credit during the 2015 earthquake in Nepal.

In 2016, we provided support following landslides and floods in Bhutan, Myanmar, Sri Lanka and the Democratic People’s Republic of Korea, and an earthquake that killed 100 people in Aceh, Indonesia.

In the Democratic People’s Republic of Korea, a coordinated effort led by the government succeeded in rebuilding 18 000 homes and 34 health facilities within three months so that primary health care continued to be delivered throughout the recovery.

Most recently, the WHO Health Emergencies Programme of the South-East Asia Region provided technical and financial support to influenza A H1N1 outbreaks in Maldives and Myanmar, Cyclone Mora in Bangladesh, and floods and a dengue outbreak in Sri Lanka.

The South-East Asia Regional Health Emergency Fund, set up in 2008, has till date provided immediate financial support to 33 emergencies, disbursing a total of US$ 5.1 million for the health response. A resolution in the last Regional Committee expanded the mandate of SEARHEF to fund preparedness as well.

What happens on the ground is what hits the headlines, but it is preparedness that makes the real difference.

Scaling up capacity development in emergency risk management has been a Flagship Priority for the Region. Country capacities are being regularly assessed because preparedness is not a one-time initiative. As of now, four countries – India, Indonesia, Sri Lanka and Thailand – have declared themselves compliant with IHR Core Capacity requirements.

Since 2016, a new monitoring and evaluation framework is being used, which has four parts: joint external evaluation; annual reporting by the State concerned; an action review; and a simulation exercise. These joint external evaluations have been completed in Bangladesh, Maldives, Myanmar, Sri Lanka and Thailand. By end of this year, Bhutan and Indonesia would have also done the exercise.

With the new Health Emergencies Programme, we are working with all Member States, partners and all stakeholders to identify the direction in which we would be
working together. We began this process in November 2016 at a regional meeting, since preparing for, responding to and recovering from emergencies can only be effective if it is done in partnership.

Last year my report focused on universal health coverage. It is exciting and encouraging to see how much has happened over the last year. UHC is now accepted across the Region as the basis of health sector policy and planning and as a unifying platform for measuring progress on all SDG3 targets.

The key elements of UHC – equitable access to quality services, financial protection and leaving no one behind – have become the driving principles that underpin everything that we do, bringing together all major programmes in the health sector.

What does this mean in practice? When you read the country reports, you will see references to UHC throughout. For example: in Bangladesh, UHC provides the basis for the next health sector plan and investment strategy; in India, it is at the heart of a 15-year health vision paper and underpins the new National Health Protection Scheme; and in Myanmar, it is the key objective of the new National Health Plan. In Sri Lanka, UHC is central to the new Strategic Health Master Plan and the new health policy.

We are ahead of the game in measuring progress. In 2016, we produced the very first Region-wide quantitative assessment of coverage of 16 service-related indicators and out-of-pocket expenditure.

Earlier this year we have gone further: working with countries to update indicator targets and incorporating them into national health measurement and accountability frameworks.

I am now keen that we move resolutely on two priority areas within the UHC agenda: access to medicines – an issue which is now critical to all countries, rich and poor – and human resources for health.

This rapid review of what we have achieved over the last year shows how much is possible, and how much remains to be done.

But let me be clear about this: the credit for improvements in health outcomes is yours. The monies needed to put in place the infrastructure, the health facilities, the commodities and medicines and the people that provide care come primarily from domestic resources.

By our reckoning the Region as a whole spends a total of roughly US$ 148 billion a year on health. I will of course continue to make the case that both national governments and WHO should spend considerably more.
But the key point here is that WHO has to be strategic and catalytic. This is why we have focused on seven, now eight, Flagship Programmes. It is also why we always need to think about how we can work most effectively.

It means seeking multiplier effects so that work in one country has benefits for several more – as we have done, for example, with the roll-out of new drugs for MDR-TB. It means helping to forge partnerships between countries, sharing experience in areas such as technology assessment and disaster preparedness. It means recognizing that our support will change as institutions mature and economies grow: No longer supplying vaccines but providing technical guidelines and building national regulatory capacity to ensure drugs and vaccines are safe and efficacious.

In closing, let me return to our main theme: the changing face of public health.

I started by reviewing the new challenges we face, all of which find their place in the SDGs. The 2030 Sustainable Development Agenda is of vital importance to health and to all governments in our Region. I believe that it can change the way we work.

I see three components that will shape the new health agenda.

First, the health sector. In our rush to embrace the interdependence of the SDGs we must not overlook our core business – stewardship of the traditional health sector.

We have seen there is still much to be done. Completing the elimination of NTDs. Sustaining the gains we have made in HIV and malaria. Recognizing that we may have underestimated the threat still posed by tuberculosis.

But it is not just business as usual. We have to reconfigure (and probably start to completely rethink) frontline health services. They have to be designed to provide continuity of integrated care for people with NCDs and multiple chronic disorders. We need more mature partnerships with the private sector that delivers public health outcomes. We need staff well trained to deal with NCDs.

Critically, the health sector has to be adequately financed. We have seen the reports. Governments and WHO need to raise more funds. Governments need to spend more of the budget on promoting better health. At the moment, only four countries in this Region spend more than 10% of their public budgets on health. Maldives tops the list with 26.6%, followed by Thailand with 13.3%, Sri Lanka with 11.2% and Nepal 11.26%. Most of the other countries spend around 2% to 5%. We can do better as a Region.

Second, it is clear that better health outcomes increasingly depend on coordination with other sectors and political decisions at higher levels of government.
Resilience in the face of emergencies requires a strong health sector, but equally it requires strong links with other parts of government. The same is true for NCDs, a strong health service is necessary but not sufficient.

To reduce NCD risk factors needs action in many other domains: advertising, food and beverage marketing, promotion of exercise, trade policy and many others. Our ageing populations need person-centred health care, but their ability to function effectively depends just as much on pension, taxation and employment policies, urban planning, transport and connectivity.

The SDGs give us the legitimacy to make these changes part of our health agenda. But – and this is an important message – we must learn from the past. We can no longer treat intersectoral collaboration and health in all policies as technical planning exercises. We have to apply a more political lens.

What have we learned from the fight against tobacco? A ruthless focus and persistence in the face of organized opposition. Taking on the commercial and other vested interests requires that leaders form coalitions, issue by issue.

It requires the investment of serious political capital on the part of our leaders. Our leaders are moving ahead; however, we must not underestimate the challenges that ministers and senior officials will face, nor the kind of support that they will need.

The third element underpins the other two. A set of cross-cutting issues that are central to the work of WHO: a respect for human rights; a concern for equity and no one being left behind; the primacy of evidence as the basis for decision-making; and the need for investment in research and development.

There are three messages:

- a more equitable, effective and results-oriented health sector;
- more practical and issue-focused work across society that addresses the social, political and commercial determinants of ill-health; and
- a continuing insistence on equity and rights, backed by good science, evidence and research.

These three elements help us chart the way forward.

We have a long road to travel, but our agenda in this Region is increasingly clear. And together we will make it.
Annex 5

Text of address by the Director-General, World Health Organization, at the Business session

I am very proud to stand before you as Director-General for the first time. During the course of my campaign, I had the privilege of meeting many of you, visiting your countries and hearing about your priorities for WHO. This was the best possible preparation for my new job. Because as you will hear me say, it is countries that are at the centre of WHO’s work.

Dr Poonam Singh, I have very much enjoyed getting to know you, and look forward to working with you closely.

The campaign may be over, but our work together is just beginning. In the days and weeks ahead, I will continue to seek your support and ideas.

The Region you represent accounts for more than one quarter of the world’s population. Almost 2 billion people look to you for their health. This is an enormous challenge, and a wonderful opportunity.

Your discussions this week, and the decisions you make, must result in improvements to the health of those people. That is why we’re here.

Let me start by describing what for me was the most compelling moment since I began as Director-General. I visited Yemen where I met a mother and her malnourished child. They had travelled for hours to reach the health centre. The mother was begging the medical staff to take care of her child. But when I looked at the mother, I could see that she was skin and bone. She could well die before her child. But she was focused only on her child, not herself.

It’s this moment of human suffering that was my moment of truth. That moment defines what WHO does and why WHO exists. We must not rest until that child and that mother are saved, and until there are no mothers and children in that circumstance. Let us all work together to that noble end.

Now, I am sure many of you are wondering how WHO will change in the weeks and months and years ahead, so I would like to start by outlining how I view our work during this transition period.

In times of transition it’s vitally important that we continue our important ongoing work; what I call our day-to-day business. Every day, WHO staff around the world are
working hard to improve health at the country level in thousands of ways, small and large. This must continue.

But I have also heard from you that there is a set of urgent priorities on which we can and must act immediately. So far, I have launched several “fast-track initiatives” such as:

- boosting our effectiveness in emergencies through daily briefings;
- enhancing our governance by examining the work of the Executive Board and the World Health Assembly to make it more efficient and strategic;
- making WHO an even better place to work;
- strengthening WHO’s image through better communications;
- rethinking resource mobilization by learning from others;
- pursuing greater value for money in our travel and other expenditures;
- examining climate change in small-island nations; and
- planning for the polio transition.

These are the immediate priorities. But we have also begun to lay the groundwork for the larger, transformative changes we need to make WHO an organization better able to meet future health challenges.

We started by listening. I initiated an “Ideas for Change” programme within WHO to stimulate fresh thinking and innovative ideas at all levels of the organization. We have harvested hundreds of great suggestions that we are now organizing into a strategic plan.

In that regard, we have started work on shaping our next General Programme of Work which will guide the strategy of WHO between 2019 and 2023.

You will be considering a draft Concept Note on the General Programme of Work. I urge you to think of this as a first draft of the ideas that will define our work in the years to come. It is the first draft of our contract with the people of the world. Its purpose is to stimulate your feedback.

This Concept Note was first discussed at the Regional Committee for the WHO African Region last week, and I was very encouraged by the feedback that we received. Health ministers were deeply engaged.

The most consistent feedback was to elaborate on how countries can progress toward universal health coverage by developing stronger and more resilient health systems, a robust health workforce, including community health workers, and adequate domestic health financing. Naturally, based on my experience in Ethiopia, I very much agree with these points.
Now it is your turn. This is your WHO, and its priorities are ultimately determined by you, the Member States. Over the coming days, weeks and months, we will need your feedback and ideas to shape the General Programme of Work; to shape the WHO you want.

Let me take a few moments to describe it to you.

Most importantly, the starting point of our General Programme of Work must be the Sustainable Development Goals. The SDGs are the lens through which we must see all our work. They are the priorities that you, the Member States, have agreed on, and must therefore be our priorities.

The SDGs feature one goal devoted explicitly to health, but health either contributes to, or benefits from, almost all the other goals. And some of the biggest health gains will come from improvements outside the health sector. It is, therefore, essential that WHO engages with partners in all relevant sectors to drive progress.

Within the context of the SDGs, the Concept Note for the General Programme of Work proposes the following mission for WHO: to keep the world safe, improve health and serve the vulnerable. Let me repeat: keep the world safe, improve health and serve the vulnerable. This is how I see the mission of WHO. To achieve that mission, we propose five strategic priorities.

First, the world expects WHO to be able to prevent, detect and respond to epidemics and other health emergencies. I do not need to convince you of that. This year you have endured a large outbreak of dengue in Sri Lanka. And even as we speak, Bangladesh, India and Nepal are suffering from severe flooding, with about 16 million children in urgent need of humanitarian assistance. These are the moments when WHO must prove its worth.

Our work on health emergencies must also include finishing the job of wiping polio from the face of the earth, and fighting the spread of antimicrobial resistance. Both demand the same urgency as a sudden outbreak.

The second priority is linked closely to the first: to provide health services in emergencies and help to rebuild health systems in fragile, conflict and vulnerable States.

For example, in the aftermath of the flood and landslide in Nepal last month, WHO was there, distributing diarrhoeal disease kits and chlorine tablets, training health workers, and providing technical support to the Government of Nepal.
The third priority is helping countries strengthen health systems to progress towards universal health coverage. This includes access to essential medicines, which is a major driver of out-of-pocket health spending in this Region. Health systems are the glue that binds together all the priorities in the General Programme of Work. Health is a human right, and universal health coverage is a political choice I urge countries to make.

The fourth priority is to drive progress towards the specific SDG health targets. I have already spoken about the SDGs as the frame within which we see all our work, but we also carry the responsibility of providing the practical tools and technical knowhow to help countries advance towards the specific health targets.

We will focus our attention on four areas: improving the health of women, children and adolescents, including a commitment to tackling neonatal mortality; ending the epidemics of HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases; preventing premature deaths from noncommunicable diseases, including mental health; and protecting against the health impacts of climate change and environmental problems. These are all issues that you will be discussing this week.

Finally, we provide the world’s governance platform for health. This is one of WHO’s key comparative advantages; only WHO has the authority and credibility to convene the numerous players in global health and to build consensus towards achieving shared goals. WHO can and must, therefore, play a vital role in orchestrating the increasingly complex global health architecture.

Now, we all know that strategies sometimes just sit on the shelf. So the draft Concept Note pays attention not only to what WHO will do but how we will do it, and also of course why we should do it. It lists several big shifts I would like to highlight.

First, we will focus on outcomes and impact. It’s one thing to write an action plan; it’s another to put a plan into action. The end result of everything we do is not the publication of a report or a guideline, but the people whose health is protected or promoted by it. As the General Programme of Work takes shape, we will develop a score card with key indicators and measurable targets to ensure that we maintain our focus on projects and programmes that get results.

Second, we will set priorities. WHO cannot do everything; nor should we try. With your guidance, we will need to make tough decisions about where best to invest our finite resources to maximize impact. Again, the SDGs will be our guide.

Third, WHO will become more operational, especially in fragile, vulnerable and conflict States. At the same time, we will continue to play our normative, standard-setting
role – and indeed will strengthen those functions. But to do that, we need to better measure how our norms and standards are being used and implemented to improve health and save lives.

Fourth, we must put countries at the centre of WHO’s work. This seems obvious, but it bears repeating. Results don’t happen in Geneva or in regional offices; they happen in countries. Our role is to support you, our Member States, and to strengthen your health systems, achieve universal health coverage for your people and protect against epidemics in your countries. To do that, you must be in the driver’s seat.

Finally, or fifth, WHO will provide political leadership by advocating for health with world leaders. I have already had first-hand experience of the importance of mobilizing political commitment for health. My first trip as Director-General was to Addis Ababa to the African Union Summit, and a few days later, I had the honour of addressing the G20 Summit in Hamburg. Both in the African Union and Hamburg I have seen heightened political commitment, and we made the case for health security and universal health coverage to some of the most powerful leaders at the G20.

Just a couple of weeks ago, I enjoyed a successful trip to the People’s Republic of China, which has generously agreed to increase its voluntary contribution to WHO by 50%, and another successful trip to the US and others.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high. Meaningful change happens when political leaders are engaged. WHO must therefore not be afraid to go beyond the technical to the political in pursuit of its mission.

Everywhere I go, I am heartened by the enthusiasm I see for health at the highest political level. I also see huge enthusiasm for WHO and the work that you all do. I know from my own personal experience that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve. For a paradigm shift, we need political intervention.

We are here because we care about the health of the world’s people. They must be foremost in all our minds this week.

The challenges we face are great. So must be our ambitions.

Let me return to the image of that mother and child I met in Yemen. That’s why I’m here. Many of you will have had your own moments of truth in public health. In your work this week, keep those people in the front of your minds. They are the reason you are here.

Thank you for your hard work and dedication to our noble cause.
Annex 6

Agenda

1. Opening of the Session

2. Credentials of Representatives

3. Election of Officebearers

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 2016–31 December 2016
   5.2 Address by the Director-General

6. Ministerial Roundtable
   6.1 Building health systems resilience to climate change

7. Programme Budget matters:
   7.1 Programme Budget 2016–2017: Implementation and mid-term review
   7.2 Programme Budget 2018–2019
   7.3 Transparency, accountability, monitoring and evaluation
   7.4 Draft Concept Note on the Thirteenth WHO General Programme of Work

8. Policy and technical matters:
   8.1 Hepatitis
   8.2 TB: ‘Bending the Curve’
   8.3 Access to medicines
   8.4 Vector control
   8.5 Road safety
   8.6 Sustainable Development Goals and progress towards universal health coverage:

9. Progress reports on selected Regional Committee resolutions
9.1 Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)
9.2 Challenges in polio eradication (SEA/RC60/R8)
9.3 Measles elimination and rubella/congenital rubella syndrome control (SEA/RC66/R5)
9.4 Antimicrobial resistance (SEA/RC68/R3)
9.5 Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4)
9.7 Capacity-building of Member States in global health (SEA/RC63/R6)
9.8 Consultative Expert Working Group on Research and Development (CEWG): Financing and coordination (SEA/RC65/R3)

10. Governing Body matters

10.1 Key issues arising out of the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board

10.2 Review of the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board

10.3 Elective posts for Governing Body meetings (World Health Assembly, Executive Board and PBAC)

11. Management and Governance matters: Status of the SEA Regional Office Building

12. Special Programmes


13 Time and place of future sessions of the Regional Committee

14 Adoption of resolutions

15 Adoption of the Report of the Seventieth Session of the Regional Committee

16 Closing session
Annex 7

List of participants

1. Representatives, Alternates and Advisers

Bangladesh

Representative: H.E. Mr Zahid Maleque
State Minister
Ministry of Health and Family Welfare

Alternate: H.E. Admiral Kazi Sarwar Hossain
High Commissioner of Bangladesh to Maldives

Dr Rouseli Haq
Director (MBDC) and PM, National TB Programme
Directorate-General of Health Services
Ministry of Health and Family Welfare

Dr Mohammad Arifur Rahman Sheikh
Personal Secretary to the State Minister
Ministry of Health and Family Welfare

Bhutan

Representative: H.E. Lyonpo Tandin Wangchuk
Minister of Health
Ministry of Health

Alternate: Dr Ugen Dophu
Secretary
Ministry of Health

Adviser: Mr Tenzin Chophel
Director, Directorate Services
Ministry of Health

Mr Sonam Phuntsho
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Democratic People’s Republic of Korea

Representative: H.E. Mr Jang Jun Sang
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Ministry of Public Health

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Ministry of Public Health

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Senior Officer
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Adviser  
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Interpreter  
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India

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Ministry of Health and Family Welfare

Alternates  
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Additional Secretary  
Ministry of Health and Family Welfare
  
Mr Amal Pusp  
Director  
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Ministry of Health

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Ministry of Health

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Special Adviser to the Minister of Health for Partnership Improvement and SDGs  
Ministry of Health
  
Dr Acep Somantri  
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Ministry of Health
  
Drg. Oscar Primadi  
Director for Bureau of Communication and Public Health  
Ministry of Health
  
Dr Imran Agus Nurali  
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Maldives

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Ministry of Health

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Ministry of Health
  
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Minister of State for Health  
Ministry of Health
  
H.E. Dr Mohamed Habeed  
Minister of State for Health  
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Mr Mohamed Zaheen
Senior Policy Executive
Ministry of Health

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Maldives Food and Drug Authority
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Mr Hussain Maaniu
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Mr Sudharshan Prasad Parajuli  
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Office of the Minister of Health  
Ministry of Health and Population

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Minister of Health, Nutrition and Indigenous Medicine  
Ministry of Health, Nutrition and Indigenous Medicine

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Ministry of Health, Nutrition and Indigenous Medicine

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Dr HSRP De Silva  
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Dr Upul M. Gunasekara  
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Mr Banlu Supaaksorn
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**Timor-Leste**

*Representative*

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*Alternates*

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Ministry of Health
Dr Merita Antonia A. Monteiro  
Head of CDC Department  
Ministry of Health  
Ms Tomázia de Sousa  
Head of Environmental Health Department  
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2. Representatives of the United Nations and Specialized Agencies

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Male, Maldives  

*International Organization for Migration*  
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Regional Office for the Asia and the Pacific  
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3. Intergovernmental Organizations

*SAARC Development Fund*  
Dr Sunil Motiwal  
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4. Representatives from Nongovernmental Organizations in Official Relations with WHO

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*Indian Cancer Society*  
Ms Sheila Nair  
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*World Federation for Medical Education*  
Dr Rita Sood  
Professor and Head, Department of Medicine  
All India Institute of Medical Sciences  
New Delhi, India  

*International Alliance of Patients’ Organizations*  
Mr Bejon Misra  
Board Member  
New Delhi, India
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Position/Role</th>
<th>Location</th>
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<tbody>
<tr>
<td>Medical Women’s International Association</td>
<td>Dr Piyanetr Sukhu</td>
<td>Vice-President, Central Asia Region</td>
<td>Bangkok, Thailand</td>
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<tr>
<td>Commonwealth Pharmacists Association</td>
<td>Ms Pyzik Oksana</td>
<td>Global Health Adviser</td>
<td>London, United Kingdom</td>
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<td>Caritas Internationalis: Health Working Group</td>
<td>Dr Judith Esmay Ah Leong</td>
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<td>Samoa</td>
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<td>International Society for Telemedicine and eHealth (ISfTeH)</td>
<td>Professor Piotr H. Skarzynski</td>
<td>Board Member</td>
<td>Geneva, Switzerland</td>
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<td>Knowledge Ecology International</td>
<td>Mr Thirukumaran Balasubramaniam</td>
<td>Geneva Representative</td>
<td>Geneva, Switzerland</td>
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<td>Christian Medical Association of India</td>
<td>Dr Bimal Charles</td>
<td>General Secretary</td>
<td>New Delhi, India</td>
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<td>5. Observers</td>
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<td>GAVI, the Vaccine Alliance</td>
<td>Dr Charlie Whetham</td>
<td>Regional Head</td>
<td>Geneva, Switzerland</td>
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<td>Mr Santiago Cornejo</td>
<td>Geneva, Switzerland</td>
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<td>Director, Immunisation Financing and Sustainability</td>
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<td>Diabetes Society of Maldives</td>
<td>Ms Aishath Shiruhana</td>
<td>CEO</td>
<td>Malé, Maldives</td>
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<tr>
<td>Tiny Hearts of Maldives</td>
<td>Ms Faiz Hishmath</td>
<td>Co-Founder</td>
<td>Malé, Maldives</td>
</tr>
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<td>Department of Foreign Affairs and Trade, Australia</td>
<td>Mr Stuart Dingle</td>
<td>Policy Officer</td>
<td>Canberra, Australia</td>
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<td></td>
<td></td>
<td>Ms Julianne Cowley</td>
<td>Barton, Australia</td>
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<td></td>
<td></td>
<td>Assistant Secretary</td>
<td></td>
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<tr>
<td>Asia Pacific Infant and Young Child Nutrition Association</td>
<td>Ms Giovanna Juarez</td>
<td>Secretariat</td>
<td>Singapore City, Singapore</td>
</tr>
<tr>
<td>Global Fund to fight HIV, Tuberculosis and Malaria</td>
<td>Dr Stefan Stonjanovik</td>
<td>Senior Fund Portfolio Manager</td>
<td>Geneva, Switzerland</td>
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<td>Dr Marijke Wijnroks</td>
<td>Geneva, Switzerland</td>
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</table>
Hope for Women  Ms Ahmed Aneesa  Founder Member  Malé, Maldives

Maldives Autism Association  Ms Ifham Hussain  Founder Member  Maldives Autism Association  Malé, Maldives

Asian Medical Students’ Association  Ms Xinyuan Liu  Overall Chairperson  Shanghai, People’s Republic of China

Roll Back Malaria Partnership  Dr Winnie Mpanju-Shumbusho  Secretary-General  Geneva, Switzerland

Stop TB Partnership  Dr Lucica Ditiu  Secretary-General  Geneva, Switzerland

Tiny Hearts of Maldives  Ms Jeehan Mahmood  Board Member  Malé, Maldives

Maldives Red Crescent  Ms Mohamed Aishath Noora  Secretary-General  Malé, Maldives

Cancer Society of Maldives  Dr Abdul Malik  Co-Founder  Malé, Maldives

Iodine Global Network  Dr Anamika Wadhera  Program Coordinator, South Asia  New Delhi, India

6. Others in Attendance (Special Invitees)

WHO Goodwill Ambassador for Sustainable Development Goals  Mr James Chau  Beijing, People’s Republic of China

Oversight Committee for Hepatitis, WHO  Dr Jayant Barve  Mumbai, India

World Hepatitis Alliance  Dr Charles Gore  President  London, United Kingdom

Seoul National University  Professor Soonman Kwon  Seoul, Republic of Korea

World Bank  Mr Mukesh Chawla  Adviser  Washington DC, USA

Asian Development Bank  Dr Eduardo Banzon  Principal Health Specialist  Manila, Philippines

University of Auckland  Professor Alistair Woodward  Professor of Epidemiology & Biostatistics  Auckland, New Zealand
Annex 8
List of official documents

SEA/RC70/1 Rev. 2 Adoption of the Agenda

SEA/RC70/2 Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January 2016–31 December 2016

SEA/RC70/3 Rev. 1 Building health systems resilience to climate change


SEA/RC70/5, Inf. Doc. 1, Inf. Doc. 2 and Inf. Doc. 3 Programme Budget 2018–2019

SEA/RC70/6 Rev. 1, Inf. Doc. 1 Rev. 1 and Inf. DOC. 2 Transparency, accountability, monitoring and evaluation

SEA/RC70/21 Draft Concept Note on the Thirteenth WHO General Programme of Work

SEA/RC70/7 Hepatitis

SEA/RC70/8 TB: ‘Bending the Curve’

SEA/RC70/9 Access to medicines

SEA/RC70/10 Vector control

SEA/RC70/11 Road safety

SEA/RC70/12 Sustainable Development Goals and progress towards universal health coverage:
   i. Strengthening PHC and health workforce
   ii. Annual progress monitoring of UHC and SDGs

SEA/RC70/13 Rev. 1, Add. 1, Add. 2 and Add. 3 Progress reports on selected Regional Committee resolutions
Key issues arising out of the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board

Review of the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board

Management and Governance matters: Status of the SEA Regional Office Building


Time and place of future Sessions of the Regional Committee

Adoption of the Report of the Seventieth Session of the Regional Committee

List of resolutions and decisions

List of participants

List of official documents

Report of the Seventieth Session of the WHO Regional Committee for South-East Asia
Vignettes

from the
Seventieth Session of the
WHO Regional Committee
for South-East Asia
Maldivian folk stories and characters
Maldives and Bhutan were felicitated at a side-event of the Regional Committee for the elimination of endemic measles transmission in their countries. The Director-General, Dr Tedros Adhanom Ghebreyesus, and the Regional Director, Dr Poonam Khetrapal Singh, felicitated H.E. Mr Abdulla Nazim Ibrahim (above), Minister of Health of Maldives, and H.E. Lyonpo Tandin Wangchuk (below), Minister of Health of Bhutan, for their public health achievement.
Thailand was also felicitated at the Regional Committee for eliminating lymphatic filariasis. The Director-General, Dr Tedros Adhanom Ghebreyesus, and the Regional Director, Dr Poonam Khetrapal Singh, felicitated H.E. Dr Thawat Suntrajarn (above), Vice-Minister of Public Health of Thailand, with a citation for the public health achievement.
In 2016, Thailand becomes the first country in Asia, second globally, to eliminate mother-to-child transmission of HIV, syphilis.
The Regional Committee for South-East Asia is the World Health Organization’s governing body in the South-East Asia Region, with representatives from all 11 Member States of the Region. It meets in September every year to review progress in health development in the Region, formulate resolutions on health issues for the Member States, as well as to consider the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventieth Session of the WHO Regional Committee for South-East Asia held on Paradise Island, Maldives, on 6–10 September 2017. At this session, the Committee reviewed and discussed a number of public health issues relevant and important to the Region, such as hepatitis, vector control, tuberculosis, access to medicines and the Sustainable Development Goals, among others. The Committee also adopted a number of resolutions and decisions on selected issues.