WHO Regional Committee for South-East Asia

Report of the Fifty-seventh Session

Kurumba, Maldives, 7-9 September 2004

World Health Organization
Regional Office for South-East Asia
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Report of the Regional Committee*

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Part I

INTRODUCTION

THE FIFTY-SEVENTH session of the WHO Regional Committee for South-East Asia was held in Kurumba, Maldives, from 7 to 9 September 2004. It was attended by representatives of all the eleven Member States of the Region, UN and other agencies, nongovernmental organizations having official relations with WHO, as well as observers.

A joint inauguration of the Regional Committee session and the Twenty-second Meeting of Ministers of Health was held at Male on 5 September 2004. His Excellency Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, delivered the inaugural address.

The Committee elected Mr Ahmed Abdullah (Maldives) as Chairman and Dr Banshidhar Mishra (Nepal) as Vice-Chairman of the session.

The Committee reviewed the report of the Regional Director for the period 1 July 2003 to 30 June 2004. It considered the Proposed Programme Budget 2006-2007 and the recommendations arising out of the Technical Discussions on Emergency Health Preparedness, held during the 41st meeting of the Consultative Committee for Programme Development and Management in July 2004.

The Director-General of WHO, Dr LEE Jong-wook, addressed the session.

The Committee decided to hold its fifty-eighth session in Sri Lanka in September 2005.

A drafting group on resolutions comprising a representative from each Member State was constituted with Dr (Mrs) Selina Ahsan (Bangladesh) as Convener. During the session, the Committee adopted four resolutions.

Part II

INAUGURAL SESSION

A JOINT INAUGURATION of the Twenty-second Meeting of Ministers of Health and the fifty-seventh session of the WHO Regional Committee for South-East Asia was held at Male, Maldives, on 5 September 2004.

H.E. Mr Ahmed Abdullah, Minister of Health, Republic of Maldives, extended a warm welcome to the Ministers, the WHO Regional Director and other representatives.

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed H.E. Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, Ministers of Health and representatives of Member States. He thanked the Government of Maldives for hosting the two meetings, and the Member States for reposing confidence in him (for full text of the address, see Annex 1).

H.E. Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, in his inaugural address, highlighted the importance of good health for prosperity and happiness by quoting an Arabian saying: "He who has health has hope; and he who has hope has everything." He added that it would be impossible to achieve a 50% reduction in poverty, as required by the Millennium Development Goals (MDG), without a healthier population. Similarly, eliminating gender disparities and increasing school enrolment were vital for better results in health services and systems. His government was committed to achieving the MDGs. In view of the scarcity of resources and the multitude of competing demands, preventive strategies and healthy lifestyles were crucial for sustainability. In conclusion, the President stressed that "we must address our health sector challenges by acting locally, coordinating regionally and collaborating globally. And the greater the cooperation, the greater the chance of success", he added (for full text of the address, see Annex 2).

H.E. Lyonpo Jigmi Singay, Minister of Health, Bhutan, proposed a vote of thanks on behalf of all the Ministers of the countries of the WHO South-East Asia Region. He placed on record the profound gratitude of the Health Ministers to the President of Maldives for gracing the inaugural ceremony.

Part III

BUSINESS SESSION

IN THE ABSENCE of the Chairman of the fifty-sixth session, the Vice-Chairman, Professor Mya Oo, opened the meeting. He extended a warm welcome to the representatives and said that Member States had made significant achievements in health. However, concerted efforts were necessary to mobilize additional resources. At the same time, it was imperative to use the available resources most efficiently and effectively. He hoped that the deliberations of the Regional Committee would provide the necessary guidance in this regard.

SUB-COMMITTEE ON CREDENTIALS *(Agenda item 2, document SEA/RC57/13)*

A SUB-COMMITTEE on Credentials, consisting of representatives from Nepal, Sri Lanka and Timor-Leste was appointed. The Sub-committee met under the chairmanship of the representative of Sri Lanka and examined the credentials submitted by Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. The credentials submitted by all countries except Timor-Leste were found to be in order, thus entitling the representatives to take part in the work of the Regional Committee. The Sub-committee noted that the representative of Timor-Leste had submitted a photocopy of the credentials. It, therefore, recommended that the representative of Timor-Leste be requested to present the credentials in original as soon as possible and that in the meantime he be authorized to take part in the work of the Regional Committee in all respects. The Committee accepted the report of the Sub-committee.

ELECTION OF CHAIRMAN AND VICE-CHAIRMAN *(Agenda item 3)*

MR AHMED ABDULLAH (Maldives) was elected Chairman and DR BANSHIDHAR MISHRA (Nepal) as Vice-Chairman.

Dr Abdullah thanked the representatives for electing him Chairman, which he considered an honour for himself and his country. He recalled the address of the

President of Maldives at the joint inauguration wherein he had broadly outlined the vision and thinking of the Region to combat disease and ensure better health for the people. He said that there were many challenges facing the Region in its quest for health and the biggest investment that the countries could make for their progress was on health. The collective will and commitment of Member States were more than necessary to provide improved health care and ensure better health for the people. He was confident that with the cooperation and support of all concerned, the Committee would successfully cover the agenda. He looked forward to the support of the Regional Director and his team.

ADOPTION OF AGENDA AND SUPPLEMENTARY AGENDA, IF ANY

(Agenda item 4, document SEA/RC57/1 Rev.2)

THE COMMITTEE was informed that the Royal Government of Thailand had proposed two supplementary agenda items: (1) Globalization, trade, intellectual property rights and health, and (2) Establishment of regional cooperation on avian influenza prevention and control, which had been listed as Agenda items 11.3 and 11.4. Both these items had been discussed by the Meeting of Health Secretaries, held in July 2004, and their observations and recommendations were contained in the report of the meeting. In addition, the Government of Sri Lanka had also proposed a supplementary agenda item relating to Control of Rabies. This subject had not been included in the Provisional Agenda since an intercountry meeting on the subject was proposed to be held in December 2004. The recommendations and observations made by this meeting would be submitted to the fifty-eighth session of the Regional Committee.

The Committee thereafter adopted the Agenda as contained in document SEA/RC57/1 Rev.2 (Annex 3).

DRAFTING GROUP ON RESOLUTIONS

THE COMMITTEE constituted a drafting group on resolutions comprising one member from each Member State.

LIST OF PARTICIPANTS

THE LIST of participants is at Annex 4.

LIST OF OFFICIAL DOCUMENTS

THE LIST of official documents is at Annex 5.

THE WORK OF WHO IN THE SOUTH-EAST ASIA REGION: REPORT OF THE REGIONAL DIRECTOR – 1 JULY 2003 – 30 JUNE 2004

(Agenda item 5, documents SEA/RC57/2 and Inf.1 and Inf.2)

INTRODUCING HIS report for the period 1 July 2003 to 30 June 2004, the Regional Director highlighted the progress made in various areas of WHO's collaborative activities in the Member States. The main objective was to improve the health status of the people in the Region, particularly the poor and the marginalized, in the context of sustainable development.

The Regional Director provided an overview of significant developments, the constraints as well as the measures taken to strengthen health development in the Region. The report covered the broad areas of: Communicable Diseases; Noncommunicable Diseases and Mental Health; Family and Community Health; Sustainable Development and Healthy Environments; Health Systems Development, and Programme Planning and Management.

The Regional Director said that in order to achieve the common goal of health for all, a bold vision was required by the international community to recognize health as a right for all, and not as a privilege for a few. Towards this goal it was necessary to strengthen solidarity and cross-country efforts, recognizing that no country could pursue national development in isolation (for full text of the address, see Annex 6).

* * *

The Committee held comprehensive deliberations on the report of the Regional Director and made the following observations:

Lauding the significant role played by WHO in the overall health development of the Region, the Committee acknowledged the new dynamism and vigour brought into its work by the Regional Director, Dr Samlee Plianbangchang. Some of the new initiatives included combating the outbreak of emerging diseases, such as SARS and avian influenza, by providing relevant technical support and information to all Member States; ensuring better health for people through health education,

strengthening country capabilities and capacities, mobilizing additional resources and utilizing them effectively and forging stronger partnerships with Member States.

The efforts made by WHO through several regional and national consultations to formulate national and regional inputs for the revised International Health Regulations (IHR) were appreciated. This was of particular significance and relevance against the backdrop of the recent outbreaks of SARS and avian influenza.

The Committee noted with satisfaction that polio was on the threshold of eradication in the Region. A sharp decline was being witnessed in the number of cases of vector-borne diseases too. Efforts towards achieving the elimination of leprosy by 2005 seemed very much on track.

The Committee noted that most Member States had already signed and ratified the Framework Convention on Tobacco Control (FCTC), while a few were striving to sign the Convention in the near future. Following the ratification, the countries of the Region had enacted laws to enforce a ban on tobacco advertisements; on smoking in public places and sale of tobacco to minors and within 100 metres of educational institutions.

The Committee felt that sustainable development and healthy environment, including occupational health and food safety, were important areas which involved sectors other than health, and sought WHO's assistance to tackle these issues.

The Committee acknowledged the need to organize joint and coordinated initiatives among Member States sharing borders including those with countries in other regions, for implementing relevant cross-border health interventions.

The Committee requested continued WHO support for institutional capacity building; strengthening of health care delivery system; strengthening of country capabilities and regional networks; epidemiological surveillance; emergency preparedness and management including early warning system and response, and for mitigating the impact of emerging infectious diseases like SARS.

The Committee felt that family and community health, adolescent health and research in human reproduction were other important areas where WHO's continued support would be welcome. In view of the fact that maternal and infant mortality continued to remain a major cause of concern in many countries, a more equitable allocation of human resources for health between rural and urban areas was required.

For sustainable human resource development, it was important to enhance workforce skills. In order to augment health systems development, WHO support was vital in training doctors and nurses.

Adolescents, forming a large proportion of the population, were at risk for major diseases such as HIV/AIDS, and required increased attention. A regional strategy needed to be developed for adolescent health.

The Committee recognized that communicable diseases, particularly HIV/AIDS, tuberculosis and malaria would remain the biggest challenge in the foreseeable future. The "3 by 5" initiative was valid even beyond the 2005 target. Country offices had to be equipped for scaling up activities through the provision of additional staff, training and technical guidelines. Considering the demands of Member States to develop outbreak alert and response capacity in the wake of SARS, avian influenza and dengue outbreaks, it was proposed to move technical support from the Regional Office to the country level by setting up a sub-regional centre for outbreak alert and response in Bangkok. In order to build partnerships for communicable disease control, the Regional Office was moving forward with the development of a bi-regional strategy for emerging communicable diseases with the Western Pacific Region.

The Committee noted that noncommunicable diseases and mental health had been recognized as important areas and WHO would move forward to implement the Global Strategy for Diet, Physical Activity and Health which had been endorsed by Member States. The Global Health Promotion Conference, proposed to be held in Bangkok in November 2005, would provide a forum for taking this strategy forward.

The Committee was informed that the awareness programme for this year's World Health Day theme, viz. "Road Safety is No Accident" was a success.

The Committee commended WHO's initiatives in the areas of iodine deficiency disorders and supply of safe drinking water.

The Committee appreciated that as part of the public health initiative, a Regional Advisory Group on Nursing and Midwifery Workforce Management had been established to strengthen the capacity of allied health workers in the Region. There was a need to mobilize additional resources to ensure deployment of qualified allied health personnel in the countries.

Recognizing the need to deal with the impact of globalization and TRIPS in particular, the Regional Office had developed a model legislation to enable countries to formulate appropriate legislation to ensure full use of the provisions contained in the Doha Declaration for public health emergencies such as HIV/AIDS.

The Committee was informed that efforts had been made to improve the quality and utilization of Country Cooperation Strategies (CCS) to strengthen WHO country operations. These strategies were meant to identify the most effective support that WHO could provide to countries based on their needs as well as the role of WHO and other key health partners. The CCS should also be the basis for determining the human resource requirements in the country office, and for developing WHO technical assistance plans. The Regional Director assured the Committee that initiatives to strengthen country operations would not be at the expense of programme activities.

The Committee appreciated the Organization's decentralization policy and commended the Regional Director for delegating more authority to the WHO Representatives. The purpose of this initiative was to enable the WHO country offices to become more responsive to the needs of the countries and to simplify administrative procedures for the implementation of country-specific activities. Decentralization to country offices would be accompanied by increased transparency and accountability.

The Committee recognized the importance of developing public health infrastructure, taking advantage of some WHO programmes, such as HIV-AIDS, TB control and disease surveillance. It was necessary to ensure that health staff in the country received adequate training in public health. There was a need for reasonable balance between medical and public health education in developing health manpower. WHO was willing to collaborate with nongovernmental organizations such as the World Federation of Medical Education in this regard.

The Committee noted with satisfaction WHO support in terms of provision of financial resources, as well as medical supplies during floods in three countries of the Region, in addition to assisting in the mobilization of extrabudgetary resources.

The Committee was informed about the regional strategy developed in the area of Occupational Health. A bi-regional meeting had been organized between the South-East Asia and the Western Pacific Regions in an attempt to further strengthen collaboration. With regard to food safety, the emphasis was on prevention, with the

focus on a 'farm to table' approach for reducing food-borne diseases. An awareness programme using information material for street vendors had been developed and translated into 14 regional languages.

The Committee, after discussing the Report, **noted** with satisfaction the progress made during the period under review in the implementation of WHO's collaborative programmes and activities in the Region. It congratulated the Regional Director and his staff for bringing out a clear and comprehensive report.

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The Committee appreciated the presence of Prof Richard Feachem, Executive Director, Global Fund for AIDS, Tuberculosis and Malaria (Global Fund), who participated at the recently-held Twenty-second Meeting of Ministers of Health. The Committee acknowledged the high burden of three diseases affecting the countries of the Region for which the Global Fund had approved proposals worth US $ one billion over a five-year period. However, it was noted that this was only 11% of the total resources provided by the Fund which was not sufficient to meet the Region's needs. Thus, WHO and the Global Fund needed to work closely with Member States to mobilize additional funds, both from external and internal sources, and to speed up their utilization.

The Committee also stressed the need for the Board member representing the Region on the Global Fund to convey the voice of the Region at the Board meeting in November 2004. Two important issues are on the agenda of the next Board meeting: (a) to agree on and suggest other approaches for launching Round Five, and (b) to ensure commitment by donors for the proposed budget for 2005 and beyond.

Presentation by Chairman, SEA-ACHR

PROFESSOR N.K. GANGULY, Chairman, South-East Asia Advisory Committee on Health Research (SEA-ACHR), reported on the discussions, conclusions and recommendations at the 29th session of SEA-ACHR, held in Myanmar from 14-16 June 2004. The large and high-density population in the Region coupled with environmental and socioeconomic conditions made the countries vulnerable to emerging infectious diseases (EIDs). This situation was further aggravated due to the mixing of animal and human pathogens as well as due to the high volume of international travel. The situational analysis highlighted the broad areas of research

and development in the Region for combating EIDs. The social, behavioural and economic impact of EIDs was analyzed with due consideration of policy and management issues involved in the prevention and control of EIDs.

With regard to surveillance, ACHR discussed the types of studies that needed to be undertaken, the mechanisms to be used, the expected outcome and its time-frame, the benefits of research, and the actors and countries involved in these activities. It also discussed other areas of research including development of new diagnostic tools, discovery of new vaccines and drugs and studies aimed at strengthening laboratories.

The ACHR recommended that health research should be an indispensable means to the effective development of health systems and urged Member States to develop and strengthen their capacities for health systems research (HSR) in order to achieve MDGs. It also recommended that health research in EIDs should lead to: (a) strengthening and development of effective integrated disease surveillance; (b) networking of public health and biomedical laboratories, and (c) capacity-building and budgetary and financial support. The ACHR urged WHO to promote and support the development and dissemination of tools and methodologies (both qualitative and quantitative) that were crucial for extending HSR beyond conventional approaches. The ACHR also recommended that a coordinating centre (within WHO) be established to: (a) coordinate the work of existing disease surveillance network; (b) facilitate capacity-building; (c) conduct situational analysis; (d) provide necessary support for strengthening capacity for disease surveillance and health research; and (e) improve epidemic alert and response by Member States. In relation to prevention and control of EIDs, WHO should facilitate (a) the use of new framework and cutting edge instruments in implementing effective and efficient health research systems; (b) public policy analysis including economic analysis; (c) health research focusing on public and media perception and public responses; (d) development of work plans within the framework of Asia-wide disease surveillance strengthening, and (e) resource mobilization and implementation.

Statements by Representatives of Nongovernmental Organizations

PROFESSOR ARJUNA P.R. ALUWIHARE (World Federation of Medical Education – WFME) stated that the objective of the Federation was to work towards the provision of competent medical and health service personnel for the community and to assure the highest scientific and ethical standards in medical and paramedical education.

The Federation had recently developed and endorsed standards in undergraduate and postgraduate education, which were being incorporated in national standards and accreditation procedures in many countries. WFME had special interest in questions related to global standards and accreditation of educational institutions and programmes. Physicians from the countries of the South-East Asia Region accounted for a major share of medical professions in the developed countries such as UK and USA.

PROF M.G. KARMARKAR (International Council for Control of Iodine Deficiency Disorders – ICCIDD) said that ICCIDD, a non-profit nongovernmental organization, had pledged its technical expertise for tracking progress towards sustainable elimination of IDD. ICCIDD had the mandate to promote collaboration with stakeholders and national governments in a spirit of partnership. Iodine deficiency disorders adversely affected the learning abilities of children and denied them the opportunity of attaining their full mental and physical potential. ICCIDD was providing technical assistance for public distribution of iodized salt to families below the poverty line, thereby helping to counter macro and micro-nutrient deficiency.

ADDRESS BY DIRECTOR-GENERAL, WHO (*Agenda item 6)*

Dr LEE JONG-WOOK, Director-General, thanked the Government of Maldives for hosting the meeting in Kurumba, which he considered an excellent stage for clear thinking and decision-making. He congratulated Dr Samlee for providing excellent guidance to the countries of the South-East Asia Region.

The Director-General suggested security, equity and unity as reference points for discussion at the Regional Committee. Security in health work meant protecting people from disease, disability and premature death. Equity had been WHO's fundamental principle from the very beginning. This aspect needed to be strongly reasserted now as the health effects of extreme disparities between communities became more and more evident. Unity was indispensable for effective action and it required Member States to work more closely than ever before with partners.

He said that the Proposed Programme Budget 2006-2007 had built on results-based budgeting and the lessons learnt from the 2002-2003 Programme Budget and reflected the priorities of Member States. It also reinforced and accelerated the decentralization process initiated last year and proposed an overall increase of 12.8% to be allocated to countries and regions.

He had proposed an increase of 9% in assessed contributions from Member States. The increase represented a break with the past practice of zero nominal growth in the regular budgets, which had been gradually turning WHO into an organization that depended mainly on voluntary contributions.

Dr LEE said that the International Health Regulations, designed to minimize danger from major epidemics, were under revision. It was hoped that the revised Regulations would be adopted by the World Health Assembly in 2005.

The Director-General expressed his satisfaction at the timely and well-managed response to outbreaks of avian influenza in the South-East Asia and the Western Pacific regions.

Commending the rapid response of national health services in the recent floods in Bangladesh, Dr LEE said that the immediate task of relief agencies was to save and sustain lives.

Expressing his concern at the lack of access to AIDS treatment and prevention methods, he said that inequity was the root cause of the danger faced by the world today. Some parts of the SEA Region faced the danger of an expanding HIV epidemic, while some other areas had a wealth of experience and practical information on the effective action that needed to be taken. This presented a great opportunity for solidarity and cross-border learning within the Region.

The Director-General said that intensified eradication efforts launched in India had brought polio to the verge of elimination in the Region. Sustained efforts in India and continued high quality surveillance and routine vaccination in all countries of the Region would be the next great success in this historic effort.

Dr LEE expressed satisfaction at the progress in tuberculosis control in the Region. The target of an 85% cure rate was now nearly achieved while the case detection rate was now 46%.

Major efforts were under way to improve the malaria situation. These aimed at increasing people's access to insecticide-treated bednets and widespread use of effective treatment regimens based on artesunate combination therapy.

Dr LEE said that the WHO Framework Convention on Tobacco Control, aimed at tackling social and economic determinants of health, was proceeding well towards coming into force. He urged the countries that had not already ratified it to do so.

Unity was the key to achieve security and equity that the world so desperately needed. In the coming months, WHO's focus on maternal and child health would provide special opportunities to achieve it.

In conclusion, Dr LEE stated that the Regional Committee had been a powerful means to build unity between Member States. The means of solving health problems themselves should transcend any boundaries. Solidarity was the key to disease control, especially those linked to poverty (for full text of the address, see Annex 7).

The Committee commended the Director-General for his leadership. It congratulated him for his thought-provoking address and expressed full support for initiating decentralization of WHO resources at regional and country levels. Pledging its support in implementing WHO's policies and programmes in the Member States, it urged the Director-General to address the issue of disparity in regional representation across the Organization. In response to the statements made by the representatives, the Director-General stated that measures would be taken to increase the flow of funds to the countries. The Organization was bound to provide services to Member States. With regard to the delisting of five anti-retroviral drugs from WHO's list of pre-qualified drugs, the Director-General informed the Committee that this was done to ensure transparency in the process of quality control of medicines, particularly in the context of the "3 by 5" initiative.

REVIEW OF PROPOSED PROGRAMME BUDGET 2006-2007

(Agenda item 7, document SEA/RC57/7)

THE COMMITTEE was informed that the Proposed Programme Budget 2006-2007 was the fourth successive biennial programme budget based on an Organization-wide, results-based approach, within the framework of 36 Areas of Work. This was the product of joint efforts by the countries, the regional offices and WHO headquarters. It reflected the Director-General's proposal to increase the overall level of the budget by 12.8% as compared to the previous biennium. It also contained some new policy directions and major features, as well as key issues affecting regional and country-level allocations. It reflected an increase of 17.4% in the budgetary allocation to the SEA Region, comprising 12.5% from assessed contributions (AC) and 19.8% from voluntary contributions (VC). There was a need to determine the basis for distribution of these resources between countries of the Region and between Areas of Work. The first stage of preparation of the programme budget by Organization-wide Area of Work statements and resource requirements for 2006-2007 had been under

way since January 2004. The budget proposals of the Director-General as of July 2004 had been reviewed by CCPDM. The WHO integrated budget represented assessed contributions, miscellaneous income and voluntary contributions. The implementation of WHA resolution WHA51.31 that resulted in the shifting of some Regular Budget allocations during the past three biennia was under review. As decided by the World Health Assembly (WHA 57(10)), the Director-General had been requested to prepare, in consultation with Member States, guiding principles for the allocation of all funds to countries and regions for consideration by the Executive Board in January 2005.

The Committee was informed of the policies involved in the preparation of the 2006-2007 programme budget, its major features, and key issues affecting the South-East Asia Region. It noted that there had been an increase in the budget allocation for all regions, but only a slight decrease in the budget allocation for WHO headquarters. It was also noted that budget increases were highest for certain Areas of Work in the SEA Region, including epidemic alert and response, surveillance, prevention and management of chronic noncommunicable diseases, HIV/AIDS, making pregnancy safe, child and adolescent health, and planning, resource coordination and oversight. These Areas of Work received more funds based on recent resolutions of the governing bodies and to support the achievement of the Millennium Development Goals.

The Committee noted with appreciation that the Regional Director had established a working group to: (a) review options and approaches which could be adopted globally in the allocation of funds from all sources to countries and regions, as a successor arrangement to resolution WHA51.31, (b) propose guiding principles to be applied in the distribution of any additional funds to countries of the Region in 2006-2007 resulting from an increase in Assessed Contributions, and (c) recommend ways and means of replacing the existing ICP II mechanism, to continue intercountry activities and promote horizontal collaboration. The Committee endorsed the Group's work programme in anticipation of its recommendations prior to the meeting of the Executive Board in January 2005.

The Committee appreciated the results-based management approach, the concept of a unified budget and increased allocation of funds at the country level. The Committee was informed about the large proportion of funding from voluntary contributions. The voluntary contributions could be expected to increase to over 80% by 2015 if assessed contributions are maintained at the current level. Since there were other restrictions on the use of voluntary contributions, the flexibility provided

by the Regular Budget was needed and a 9% increase in assessed contributions was proposed in the budget. In the absence of this increase, WHO's collaborative activities and expected results would have to be reduced or scaled back.

From the 2006-2007 biennium, WHO would have an integrated budget encompassing both assessed and voluntary contributions. Voluntary contributions should be used for activities already planned under the integrated budget. Collaborative programmes at the country level would be supported from all funding sources and additional voluntary contributions would be sought for shortfalls in budgets.

The Committee expressed concern that the South-East Asia Region had received the lowest proposed increase of voluntary contributions in percentage terms as compared to other Regions. However, the Committee was informed that the budget proposed by the Region was based on consultations with countries and was felt to be a realistic estimate of the resources needed to achieve the expected results in 2006-2007. Furthermore, when all regional proposals were consolidated into the global budget, the SEA Region received full funding while other regions received less than what they had requested. The Committee was informed that more than 59% of voluntary contributions in the Region were for polio eradication. The other major donor-supported programmes include tuberculosis control, disease surveillance, emergency humanitarian assistance and HIV/AIDS. Once the polio programme was scaled down, efforts would be needed to ensure that continued support from donors is achieved for other priority health programmes in the Region. Furthermore, country offices should be strengthened to improve capacity for resource mobilization in line with their needs.

The Committee noted the Proposed Programme Budget 2006-2007, with the above observations.

A resolution on the subject was adopted (SEA/RC57/R2).

OUTLINE OF 11TH GENERAL PROGRAMME OF WORK 2006-2015

(Agenda item 8, document SEA/RC57/8)

THE COMMITTEE was informed that, according to Article 28(g) of the WHO Constitution, the General Programme of Work (GPW) was the policy guide to WHO's programme development covering a specific period and formed the basis for

programme budgets. The 11th GPW would cover a period of ten years, thereby providing a long-term vision on global public health, covering not only WHO but international health in general. It would use the tools for "futures" thinking and action, involving forecasting of trends, exploring alternative scenarios, and establishing and formulating strategies to achieve the goals in the light of these scenarios. Its development would involve WHO staff at all levels, as well as consultation with Member States, partners and experts from outside WHO.

The Committee commended WHO for its intention to develop a visionary document providing a road map for international health over the next 10 years and guiding principles for Member States and WHO. It also mentioned that GPW might not be compatible with some national health development plans. On the contrary, GPW should be seen as a visionary document inspiring national health plans rather than restricting the direction of individual countries.

The Committee felt that GPW should be related to the Millennium Development Goals (MDG) as this was an important international commitment. However, GPW should go beyond MDG since there were other key issues, such as emerging and noncommunicable diseases, human resources for health and globalization that were likely to be important in the coming 10-year period.

The deliberations of the Regional Committee would be sent to the GPW drafting committee as inputs. There would be extensive consultations with Member States regarding GPW between now and May 2005 as the document underwent changes.

The Committee noted that the draft GPW would be reviewed at the next session of the Regional Committee in 2005, prior to its adoption by the World Health Assembly in May 2006.

REPORT OF THE JOINT EVALUATION OF A SPECIFIC INTERCOUNTRY PROGRAMME – INTENSIFICATION OF CROSS-BORDER COLLABORATION IN PRIORITY COMMUNICABLE DISEASES SUCH AS HIV/AIDS, POLIO, TUBERCULOSIS AND MALARIA, KALA-AZAR, DENGUE AND SARS

(Agenda item 9, document SEA/RC57/9)

THE COMMITTEEE emphasized that intercountry collaboration should not only be confined to geographical borders or bordering areas but should also be extended to programmes involving common concerns between countries of the Region. The

Committee commended WHO's role in combating outbreaks of SARS and avian influenza. It urged WHO to assist Member States in taking measures to form cross-border local committees representing bordering countries to facilitate smooth collaboration. Intercountry collaboration was a difficult goal as it not only involved different countries but also sectors other than health. Such collaboration, therefore, needed to be based on intensive consultations within and among countries. WHO's role was crucial in further mobilizing and developing human resources, besides training the existing health professionals along border areas. There was also a need to delegate authority from the centre to border districts so as to accelerate the implementation process. WHO's role was crucial in further mobilizing and developing human resources, besides training the existing health professionals along border areas.

The Committee was informed that WHO was making all-out efforts to intensify cross-border collaboration with countries in other regions as well as with ASEAN and SAARC.

The Regional Committee, having reviewed and discussed the report of the 41st meeting of CCPDM (Annex 8) on the Joint Evaluation of a Specific Intercountry Programme: Intensification of Cross-border Collaboration in Priority Communicable Diseases such as HIV/AIDS, Polio, TB and Malaria, Kala-azar, Dengue and SARS, **noted** with satisfaction the progress made during the year in the intensification of cross-border collaboration in priority communicable diseases in the Region, and endorsed its recommendations.

TECHNICAL DISCUSSIONS *(Agenda item 10)*

Consideration of the Recommendations Arising Out of the Technical Discussions on Emergency Health Preparedness

(Agenda item 10.1, document SEA/RC57/11)

PROFESSOR AZRUL AZWAR, Chairman of the Technical Discussions, presented the report and recommendations contained in document SEA/RC57/11 (Annex 9).

The Committee was informed that the Technical Discussions had focused on the broad strategies to strengthen emergency health preparedness, viz. development of norms and policies; capacity building of institutions and human resources; coordination and liaison with other sectors and mobilization of resources; research and development, and promoting community involvement.

The Committee felt that risk management was the core component for the development of effective and efficient emergency health preparedness and response activities and should be incorporated in all development planning activities so that emergency and disaster management was well linked to sustainable development. Member States should strengthen political will by developing policies and enact legislation to promote and incorporate risk management, vulnerability assessment and risk mitigation into national and local health and development activities and provide resources to support the implementation of such policies.

The Committee stressed that a clear capacity-building strategy should be developed according to the actual needs of each country on risk management, risk communication, emergency preparedness, information management etc. in collaboration with other relevant sectors.

The Committee emphasized that coordination mechanisms should be developed for facilitating inter- and intra-sectoral collaboration and enhancing networking and mapping of resources among partners. It was felt that informed decisions should be promoted based on evidence and lessons learnt and that communities should be involved in the development and implementation of disaster risk reduction efforts.

The Committee felt that mass media can play a significant role in mobilizing political commitment that was needed to set the framework for policy and action. Further, it felt that intersectoral cooperation was vital and could be achieved through identification of focal points in other sectors and by ensuring coordination with them. Besides intersectoral and intercountry cooperation among Member States, community participation in all emergency-related activities was a key element. The Committee acknowledged that capacity building and human resource development were essential to ensure adequate capacity of the health sector, as an essential prerequisite to deal with emergency situations using mock drills, if appropriate.

The Committee was informed that WHO had recently responded to emergency situations like floods in some countries. The recent outbreak of SARS and avian influenza had also been successfully handled. The Committee felt that concerted efforts were necessary to strengthen the existing systems to ensure a better and swift response to such situations.

The Committee recognized the need to set up an Emergency Fund in order to be able to respond quickly to emergency situations in the countries. The Committee

was informed that such a Fund would not cut into the budget allocations for other programmes. The Committee felt that establishment of national focal points in all Member States would ensure efficient management of emergencies and also facilitate similar operations in other countries, if required.

The Committee urged WHO to provide technical support to Member States in establishing adequate laboratory facilities as well as train staff in different types of emergencies. For this purpose, it was essential to identify the type of training required for specific emergencies. Countries could also benefit from the services offered by specialized emergency-related centres available in the Region. There should be a mechanism for coordination so that the health sector could play an effective role, not only during emergencies, but also during the pre- and post-emergency periods. There was a need to establish appropriate communications systems to ensure immediate dissemination of information to the appropriate authorities to enable them to initiate prompt action in all types of emergencies.

The Committee urged WHO to provide technical assistance to develop standard operating procedures (SOPs) where they have not been prepared, in risk assessment, management and communication. In case health facilities and hospitals are affected by a disaster, other alternatives such as mobile hospitals should be taken into consideration.

The Committee discussed the report of the Technical Discussions and endorsed the recommendations contained therein.

A resolution on the subject was adopted (SEA/RC57/R3).

Selection of a Subject for the Technical Discussions to be Held Prior to the Fifty-eighth Session of the Regional Committee

(Agenda item 10.2, document SEA/RC57/6)

RECOGNIZING the persistent high level of maternal mortality in countries of the Region and the low level of coverage by skilled birth attendants during the ante-natal period and childbirth, the Committee decided to hold Technical Discussions on "Skilled care at every birth", during the 42nd meeting of the Consultative Committee for Programme Development and Management (CCPDM), to be held prior to the fifty-eighth session of the Regional Committee in 2005. It urged Member States to participate fully in the Technical Discussions and requested the Regional Director to take steps for the preparation and conduct of the discussions. (SEA/RC57/(1)).

CONSIDERATION OF THE REPORT OF THE NINTH MEETING OF HEALTH SECRETARIES *(Agenda item 11)*

Review of Iodine Deficiency Disorders in the South-East Asia Region

(Agenda item 11.1, document SEA/RC57/Inf.3 Rev.1)

THE COMMITTEE was informed that the subject had been discussed at the Ninth Meeting of Health Secretaries in July 2004, and that the summary of the discussion was available in the report of that meeting.

The Committee noted that Iodine Deficiency Disorders (IDD) programmes were at various stages of development in countries of the Region. While some countries were close to achieving IDD elimination by the end of 2005, others were far from the goal. Although sufficient salt was being produced for consumption in some countries, all of it was not being adequately iodized. Apart from the visible effect of IDD, in the form of goitre, its other alarming effects on human brain development including cognitive losses were not generally known. While noting the commitment of Member States to the prevention of IDD, the Committee stressed the urgent need to strengthen prevention and control programmes in order to achieve the goal of IDD elimination.

The Committee recognized IDD as a serious public health problem and although aware of the various effects, confirmed the need for further research. Stringent quality control measures to ensure adequate iodization of salt needed to be put in place, and monitored closely. It was essential to enhance community awareness at all levels, using electronic and print media such as posters and leaflets translated into local languages. Social marketing campaigns, particularly at the district level, would help in raising community awareness about the health benefits of using iodized salt. Involvement of schoolchildren in educational campaigns on the advantages of iodized salt would also be useful. Regulatory mechanisms were necessary to ensure adequate availability of iodized salt. Member States should also ensure community involvement in the control of IDD.

The Committee was informed that Member States had developed national strategic plans for control of iodine deficiency disorders. Efforts were ongoing to integrate iodine deficiency disorders and universal salt iodization into health curricula. Similarly, control of other micro-nutrient deficiencies such as anaemia and developing national strategies on infant and young child feeding also merited attention.

The Committee expressed satisfaction that, in addition to the IDD control programme, Member States were also according importance to nutrition and maternal and child health care programmes.

The Committee was informed that while iodization of salt had generally been adequate, optimum household coverage as per the WHO recommendations had not been achieved due to inequitable distribution. The Committee, therefore, stressed the need to ensure sustainable and uniform availability of iodized salt in all countries.

The Committee emphasized the need to have an in-built monitoring and evaluation system for assessing the use of iodized salt as well as the progress achieved towards meeting the targets set for 2005.

The Committee also noted that steps needed to be taken to prevent loss of iodine at the manufacturing stage and during transportation, for which appropriate logistic arrangements should be made.

It was recognized that active multisectoral collaboration was essential for the success of the IDD prevention and control programme.

The Committee noted with satisfaction the efforts being made by Member States but emphasized that in order to achieve the target of IDD elimination by 2005 they needed to be further accelerated. WHO would be willing to assist Member States in enhancing advocacy and awareness measures in this regard. As requested by the Health Secretaries in their last meeting held in July 2004, WHO would establish a Regional Technical Group to provide technical guidance to Member States on IDD elimination programmes.

The Committee endorsed the recommendations made by the Ninth Meeting of Health Secretaries and adopted a resolution on the subject (SEA/RC57/R4).

Revision of International Health Regulations

(Agenda item 11.2, document SEA/RC57/Inf.4)

THE COMMITTEE was informed that this subject had been discussed at the Ninth Meeting of Health Secretaries, and that the summary of the discussion was available in the report of that meeting.

The Committee noted that regional consultations on the subject, held earlier, had reached a consensus that the revised International Health Regulations (IHR) would significantly contribute to the strengthening of national surveillance systems and in ensuring global health security. Apart from identifying issues and concerns of major interest to Member States, the consultations also outlined the need for a continuing dialogue by all Member States with various stakeholders in order to prepare themselves for the deliberations of the Intergovernmental Working Group, scheduled to be held in November 2004. The Committee also noted the importance of strengthening national core capacity for communicable diseases surveillance and response for implementation of the revised IHR.

The Committee noted that Member States fully supported the revision of IHR. The significance of providing WHO technical assistance for strengthening national disease surveillance systems, particularly in peripheral and border areas, was highlighted. Networking of public health laboratories was another area where technical assistance from WHO would be needed. Learning from the experience gained during the SARS outbreak, it was felt that efforts should be aimed at enhancing bi-regional collaboration.

The Committee emphasized that additional financial and human resources would be needed for implementing the revised IHR. A multisectoral approach involving all the stakeholders was of crucial importance. WHO was requested to help mobilize additional external resources in this regard.

With regard to the visit of WHO teams to Member States for outbreak verification, the Committee was informed that such missions would be fielded only after close consultation with, and concurrence of, the Member States concerned. It was noted that information on any disease outbreak should, however, be promptly shared with other countries so that effective and timely control measures could be undertaken.

It was clarified that there were established procedures in the revised IHR for settlement of disputes. Accordingly, any disputes arising out of implementation of the revised IHR, would be resolved in compliance with these provisions, with the full involvement of the parties concerned. Some of the related issues would be further discussed in the forthcoming meeting of the Intergovernmental Working Group in November 2004, while preparing the final draft of the revised IHR for submission to the World Health Assembly in 2005.

The Committee underscored the need to have IHR focal points in all countries of the Region, and to convene national workshops and consultations aimed at sensitization and capacity-building. Networking of regional experts and sharing of information among Member States were crucial for implementing the revised IHR.

The Committee felt that WHO should play a leadership role in facilitating smooth implementation of the revised IHR, promoting international, inter-regional and inter-agency collaboration. The Committee was informed that WHO was committed to strengthen the capacity of Member States to implement IHR and provide relevant technical support in its adoption and implementation. WHO proposed to establish a regional mechanism in consultation with Member States, for outbreak alert and response while fully collaborating with the global outbreak alert and response network. WHO's close collaboration with Member States in dealing with the recent SARS outbreak had clearly demonstrated the benefits that could be derived by Member States from such collaboration.

Additional financial resources would be required for effective implementation of the revised IHR. In this regard, the Committee was informed that WHO headquarters had already mobilized considerable resources and would continue efforts towards mobilization of additional resources.

The Committee was informed about the development of a regional strategy for integrated disease surveillance, which involved the assessment of an existing national surveillance system and the preparation of national plans of action in order to develop necessary capacity at the country level. The Regional Office was also developing a Vision Document for emerging and re-emerging diseases. An important element of this document was the strengthening of intercountry cooperation both within and outside the Region.

The Committee endorsed the recommendations on the subject made by the Ninth Meeting of Health Secretaries.

Globalization, Trade, Intellectual Property Rights and Health

(Agenda item 11.3, document SEA/RC57/Inf.5)

THE COMMITTEE was informed that this subject had been discussed at the Ninth Meeting of Health Secretaries, and that the summary of the discussion was available in the report of that meeting.

The Committee acknowledged that globalization, trade and health were a complex issue and required actions beyond the health sector. While some countries had established national multisectoral coordinating mechanisms and identified focal points, others needed to develop similar mechanisms for stronger coordination and collaboration among the various ministries and civil society, in order to share solid evidence of the health implications of multilateral trade agreements.

The Committee felt that WHO should facilitate the preparation of a common regional perspective focusing on the burden of diseases and related health research and development, IPR and public health, other incentives for innovation, traditional systems of medicine and capacity-building, to be presented to the WHO Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH), to support its work.

The Committee urged WHO to work closely with special committees, task forces and working groups established under the regional economic groupings and free trade areas, to develop an appropriate legislative framework and to help ensure that health was taken into account when trade policies were framed.

The Committee noted that Member States had accorded very high priority to resource mobilization and technical support and capacity-building for traditional medicines.

The Committee expressed concern about the issues of patent act and licensing, particularly relating to the export of drugs manufactured by a particular country, and emphasized the need for Member States to reflect the decisions included in the Doha Declaration in this regard. It called upon WTO members from least-developed countries in the Region to expedite the enactment of appropriate legislation so that they were not deprived of the benefits of liberalization and globalization.

The Committee was informed that some countries tended to enter into bilateral agreements with other countries on TRIPS Plus. Ministries of health should actively look into such agreements in order to ensure that efforts at improving access to medicines were not compromised.

The Committee welcomed the establishment of CIPIH. It further noted that the issue of globalization, trade and intellectual property rights required very active consultation and collaboration between WHO and Member States as well as with other stakeholders, in order to evolve a common strategy for universal access and notification.

The Committee endorsed WHO's initiative to establish a network of information and knowledge management, through the fullest utilization of centres of expertise, including WHO collaborating centres, which had already generated and accumulated evidence-based information on the subject. It urged WHO to share country, regional and global experiences, and to facilitate public debates, seminars and workshops for training health personnel who would be involved in the negotiation process of these bodies.

The Committee endorsed the recommendations of the Ninth Meeting of Health Secretaries on the subject.

Establishment of Regional Cooperation on Avian Influenza Prevention and Control *(Agenda item 11.4, document SEA/RC57/Inf.6 Rev.1)*

THE COMMITTEE was informed that this subject had been discussed at the Ninth Meeting of Health Secretaries and that a summary of the discussion was available in the report of that meeting.

The Committee noted that recent epidemics of highly pathogenic avian influenza (H5N1) and SARS had clearly shown that emerging and re-emerging diseases posed a real threat to human welfare and socioeconomic development. It felt that with the ever-changing nature of pathogens, fast population growth, increasing urbanization and growing international tourism, travel and trade, the spread of infectious diseases would continue to pose challenges to health and well-being of humankind. While globalization had boosted opportunities for growth and socioeconomic development, it had also created potential problems arising out of restriction of international trade, due to outbreak of emerging and re-emerging diseases. Challenges posed by emerging and re-emerging infectious diseases were very often difficult to be handled by individual countries without the cooperation of other Member States, agencies etc. Intercountry and inter-regional cooperation by pooling of expertise and resources is essential to combat the spread of infectious diseases. The experiences of, and lessons learnt by, the Global Outbreak Alert and Response Network (GOARN) had shown that technical collaboration to combat the spread and containment of infectious diseases was feasible and effective. Countries of the Region which were affected by the recent outbreaks had accumulated a wealth of experience on which cooperation could be built. The presence of centres of excellence in surveillance, research, laboratory services and training in some countries was an added advantage. Research in this field required sophisticated and costly

laboratory equipment, manpower and resources, which not every country could afford to have; neither was it necessary or cost-effective, to have such a centre in each country of the Region. The presence of three Member States of the SEA Region (Thailand, Indonesia and Myanmar) in ASEAN also had the potential for mobilizing resources and expertise for such inter-regional cooperation. Moreover such cooperation could also contribute to research and development in other areas of emerging diseases.

The Committee noted that the Ninth Meeting of Health Secretaries had recommended four major areas of collaboration: (a) to create an appropriate mechanism for regional collaboration on avian influenza prevention and control; (b) to strengthen existing technical cooperation among Member States in terms of provision of necessary training and support for laboratory investigation during outbreaks; (c) to intensify collaboration between Member States with WHO and other UN agencies such as FAO, and inter-governmental organizations such as OIE, as well as with the donor community, to mobilize support for national efforts and (d) to enhance intercountry and inter-regional cooperation with the Western Pacific and other WHO regions in the prevention and control of avian influenza and other emerging and re-emerging diseases.

While noting the recommendations made by the Ninth Meeting of Health Secretaries, the Committee urged WHO to play a coordinating role in establishing intercountry and inter-regional collaboration. It also urged WHO to play a key role in establishing collaboration with other agencies such as OIE and FAO. The Committee, a while noting that training expertise was available in Thailand and technical and laboratory expertise available in India for early diagnosis, supported the formation of a surveillance network for emerging infectious diseases. The Committee stressed that in order to avoid duplication of efforts there was a need to harmonize WHO advocacy issues with other international agencies.

With the above observations, the Committee endorsed the recommendations on the subject made by the Ninth Meeting of Health Secretaries.

Statement by Representative of Inter-Governmental Organization

DR Y. OKETANI (World Organization for Animal Health – OIE) said that OIE's missions had become increasingly important and its mandate had been expanded to meet requirements from all over the world. In view of the worldwide demand for

improved food safety, OIE sought to work with other relevant organizations in reducing food-borne risks to human health in consideration of the identified need to expand its scientific standard setting activities into safety of food derived from animals. OIE hoped to achieve its goal in collaboration with WHO, FAO and their subsidiary bodies. This was obvious from the joint collaborative consultations held in the wake of the recent instances of avian flu and animal influenza which posed hazards to the health and lives of humans and animals. OIE offered to work further with Member States as well as with the regional offices of WHO and FAO for animal diseases and zoonoses control and food safety. OIE proposed to launch later in the year specific programmes such as the Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) with a view to assisting countries in establishing control programmes against avian influenza and other specific animal diseases.

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-SEVENTH WORLD HEALTH ASSEMBLY AND 113TH AND 114TH SESSIONS OF THE EXECUTIVE BOARD

(Agenda item 12, document SEA/RC57/10)

THE COMMITTEE was informed that only those resolutions and decisions that were relevant to the Region had been selected and included in the working paper, which highlighted the actions to be taken by Member States and WHO. The Committee noted the important subjects covered in the working paper, namely, road safety and health, reproductive health, genomics and world health, HIV/AIDS, diet, physical activity and health, and human organ and tissue transplantation. It also noted with satisfaction the major recommendations made by CCPDM.

The Committee acknowledged the importance and relevance of resolutions relating to road safety and ARV. The need to strengthen capacity-building and planning in Member States for proper implementation of these resolutions was emphasized. Adequate steps should be taken to contain road accidents. Priority should be accorded to this area through multisectoral collaboration aimed at establishing sound surveillance systems for road safety programmes.

The Committee emphasized the need for proper identification and availability of affordable generic ARV drugs of assured quality as well as for finding ways and means to scale up the "3 by 5" initiative. This would involve the establishment of an effective health infrastructure comprising adequately-trained human resources.

The Committee took note of the regional implications of the decisions and resolutions of the above governing bodies and asked the Member States and WHO to take appropriate follow-up actions as noted and proposed by the 41st meeting of CCPDM.

SPECIAL PROGRAMMES *(Agenda item 13)*

UNDP/World Bank/WHO Special Programme For Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on Attendance at 2004 JCB and Nomination of a Member in Place of Thailand Whose Term Expires on 31 December 2004

(Agenda item 13.1, document SEA/RC57/3)

THE COMMITTEE was informed that representatives from India, Myanmar and Thailand had attended the deliberations of the 27th session of JCB held on 28-29 June 2004, and had reported to the 41st meeting of CCPDM.

The Committee took note of the progress made in the working of JCB and noted that TDR would continue to be involved in vaccine research and development.

The Committee **noted** the observations and recommendations of the 41st meeting of CCPDM on this subject.

The Committee **nominated** Bangladesh as a member of JCB for a period of three years from 1 January 2005 and requested the Regional Director to inform WHO headquarters accordingly. (SEA/RC57/(2)).

WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Report on Attendance at 2004 PCC and Nomination of a Member in Place of India Whose Term Expires on 31 December 2004 *(Agenda item 13.2, document SEA/RC57/5)*

THE COMMITTEE was informed that representatives from India and Sri Lanka had attended the deliberations of the 17th meeting of PCC, held in June 2004, and had reported to the 41st meeting of CCPDM.

The Committee was informed of PCC's role, overall policy and strategy to undertake planning and execution of the special programmes. The Committee noted UNDP's decision to actively participate as a co-sponsor of the programme.

The Committee **noted** the observations and recommendations of the 41st meeting of CCPDM on the subject.

The Committee **nominated** Nepal as a member of PCC for a period of three years from 1 January 2005 and requested the Regional Director to inform WHO headquarters accordingly. (SEA/RC57(3)).

TIME AND PLACE OF FORTHCOMING SESSIONS OF THE REGIONAL COMMITTEE *(Agenda item 14, document SEA/RC57/4)*

THE COMMITTEE **decided** to hold its fifty-eighth session in Sri Lanka in September 2005, in conjunction with the Meeting of Ministers of Health. The exact date and venue will be confirmed later.

The Committee also **noted** the invitations of the Governments of Bhutan, Bangladesh and Nepal to host the sessions in 2006, 2007 and 2009 respectively. It further noted that the sixty-first session in 2008, being an election year for the Regional Director, will be held in the Regional Office. The Committee **noted** the invitation of the Government of India to host the Meeting of Ministers of Health in conjunction with the sixty-first session of the Regional Committee. (SEA/RC57/(4)).

ADOPTION OF RESOLUTIONS

THE COMMITTEE adopted the following resolutions:

(1) Resolution of Thanks

(2) Proposed Programme Budget 2006-2007

(3) Emergency Health Preparedness

(4) Iodine Deficiency Disorders in the South-East Asia Region

ADOPTION OF THE REPORT OF THE FIFTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

(Agenda item 14, document SEA/RC57/14)

THE COMMITTEE adopted the draft report of the fifty-seventh session, as contained in document SEA/RC57/14, with certain modifications.

CLOSURE OF THE SESSION *(Agenda item 15)*

THE REPRESENTATIVES of Member States congratulated the Chairman and the Vice-Chairman for their smooth conduct of the session. They expressed their deep gratitude to H.E. Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, for inaugurating the Twenty-second Meeting of Ministers of Health and the fifty-seventh session of the Regional Committee, and for his inspiring address. They expressed their appreciation to the National Organizing Committee for the excellent arrangements and for their gracious hospitality. The representatives thanked the Regional Director and the WHO secretariat for their technical inputs and excellent preparations for the meeting. They also expressed their appreciation to the WHO Director-General, Dr LEE Jong-wook, for attending the session and for his thought-provoking address, which provided a clear direction and guidance for strengthening WHO collaborative activities at the country level.

The Regional Director thanked the representatives of Member States and expressed satisfaction that despite a heavy agenda the meeting concluded in time and provided guidance on several key issues. Useful suggestions were provided by the representatives to strengthen WHO collaborative activities in the Region. The session was marked by a high level of solidarity and understanding, which was one of the strengths of the Region. The fact that the Committee adopted the least number of resolutions reflected the seriousness of purpose to focus on priority issues of special concern to the Region. Although the Region faced formidable challenges, with the determination and commitment of Member States, the goal of a healthier and happier SEA Region could be realized. The Committee had reaffirmed that those in need would not be deprived of their right to good health. He said that to achieve this goal, new partnerships would have to be entered into and existing ones strengthened. This could be achieved by sustained efforts.

The Chairman, in his closing remarks, thanked the representatives for their active participation, constant support and consideration which made his task easier.

He thanked the Vice-Chairman for sharing his task. He also thanked the representatives of Nongovernmental Organizations for their active participation. The success of the session would not have been possible without the serious deliberations on issues of vital concern to the Region. The discussions were held in an atmosphere of cordiality and friendliness and resolutions adopted on important subjects. He hoped that the deliberations and the important decisions taken by the Regional Committee would guide the work of Member States and the Organization in their joint endeavours to achieve the highest possible level of health for the people of the Region.

The Chairman then declared the session closed.

Part IV

RESOLUTIONS AND DECISIONS

RESOLUTIONS

SEA/RC57/R1 RESOLUTION OF THANKS

The Regional Committee,

Having brought its fifty-seventh session to a successful conclusion,

1. THANKS His Excellency Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, for graciously inaugurating the session and for his thought-provoking speech;

2. THANKS the WHO Director-General, Dr LEE Jong-wook, for his inspiring address and participation;

3. CONVEYS its gratitude to Honourable Mr Ahmed Abdullah, Minister of Health, the members of the National Organizing Committee, the staff of the Ministries of Health and Foreign Affairs and other national authorities of the Government of the Republic of Maldives, and

4. CONGRATULATES the Regional Director and his staff on their efforts towards the successful and smooth conduct of the session.

SEA/RC57/R2 PROPOSED PROGRAMME BUDGET 2006-2007

The Regional Committee,

Having considered the Proposed Programme Budget 2006-2007, providing the strategic framework containing objectives, strategies, and Organization-wide expected results, and the Draft Regional Areas of Work Statements outlining the regional

situation and contributions towards the achievement of Organization-wide Expected Results,

Welcoming the strong emphasis and focus on results-based integrated budgeting and the proposals for addressing the global public health challenges and strengthening WHO's country programmes,

Noting with appreciation the Director-General's proposal to increase the overall level of the budget by 12.8% as compared to the previous biennium,

Acknowledging the projected increase in voluntary contributions as an integral part of the proposed budget, but remaining deeply concerned that the present share of the budget from such resources to the South-East Asia Region will not be commensurate with its needs and the burden of disease,

Reaffirming its resolutions SEA/RC55/R2 and SEA/RC56/R4 with respect to implementation of World Health Assembly resolution WHA51.31, and acknowledging the decision WHA57(10), requesting the Director-General to draw up, in consultation with Member States and regions, guiding principles, based on objective criteria, to be applied in the allocation of funds from all sources, taking into account equity, efficiency and performance, and support to countries in greatest need, particularly the least developed countries, and

Having considered the report and the recommendations of the 41st meeting of the Consultative Committee for Programme Development and Management (CCPDM) (document SEA/PDM Meet.41/11),

1. ENDORSES the report of the 41st meeting of the CCPDM, including its recommendations;

2. WELCOMES the Regional Director's initiative to establish a Regional Working Group on Programme Budget Development, with the following terms of reference:

(a) to review options and approaches which could be adopted globally in the allocation of funds from all sources to countries and regions, as a successor arrangement to resolution WHA51.31;

(b) to propose guiding principles to be applied in the distribution of any additional funds to countries of the Region in 2006-2007 emanating from an increase in Assessed Contributions, and

(c) to recommend ways and means of replacing the existing ICP II mechanism, while, at the same time, protecting the ability of the Regional Office to discharge its normative functions and technical cooperation vis-à-vis Member States in the Region, and

3. REQUESTS the Regional Director to convey the following to the Director-General for his consideration while finalizing the Proposed Programme Budget 2006-2007:

(a) to consider allocating a greater proportion of the Organization's funds to the South-East Asia Region, based on the health needs of the countries of the Region, while developing new guidelines for allocation of funds to regions as a follow-up to resolution WHA51.31, and

(b) to consider ways and means, in consultation with international development partners, to increase voluntary contributions to the South-East Asia Region.

4. FURTHER REQUESTS the Regional Director to convey to the Director-General, in the context of the consultation process foreseen in decisions WHA57(10), the recommendations of the Regional Working Group on Programme Budget Development, which shall be considered to represent the views of the Regional Committee as a whole.

SEA/RC57/R3 EMERGENCY HEALTH PREPAREDNESS

The Regional Committee,

Recalling World Health Assembly resolutions WHA34.26, WHA42.16, WHA44.41 and WHA46.6, and its own resolution SEA/RC44/R5 relating to emergency health preparedness and response,

Noting the rising frequency of natural disasters and man-made emergencies in recent years affecting human lives and causing socioeconomic burden,

Acknowledging the considerable efforts made by Member States in dealing with health emergencies with appropriate preparedness and response, and

Having considered the report and recommendations of the Technical Discussions on Emergency Health Preparedness, held during the 41st meeting of the Consultative Committee for Programme Development and Management (document SEA/RC57/11),

1. ENDORSES the recommendations contained in the report;

2. URGES Member States:

(a) To further strengthen the development of national policies, legislation and programmes on emergency health risk reduction, by investing and incorporating risk management, vulnerability assessment and mitigation initiatives in health and development planning;

(b) To strengthen the ministries of health, to take the lead in coordinating actions for preparedness and response to deal with health emergencies,

(c) To enhance the capacity of the health sector and other key institutions for better emergency health preparedness in areas such as risk planning and management, risk communication, information management and emergency management, and

(d) To support key activities such as mapping of resources, involving communities, collaborating with various sectors and mobilizing resources, and

3. REQUESTS the Regional Director:

(a) to intensify collaboration with Member States and relevant partners in strengthening emergency health preparedness and response comprehensively, including logistics, recovery and rehabilitation, mitigation and prevention activities;

(b) to facilitate timely action for enhancing interregional and intercountry cooperation and exchange of expertise and information, and

(c) to assist in the mobilization of resources for ensuring emergency preparedness and response in Member States.

SEA/RC57/R4 IODINE DEFICIENCY DISORDERS IN THE SOUTH-EAST ASIA REGION

The Regional Committee,

Recalling World Health Assembly resolutions WHA49.13 and WHA52.24 on prevention and control of iodine deficiency disorders,

Concerned that iodine deficiency remains a major challenge to the health and development of the population in the South-East Asia Region, and that in addition to causing goitre, dwarfism and other anomalies, it may result in stillbirth and miscarriage, brain damage and intellectual impairment,

Recognizing that the elimination of iodine deficiency will herald a major public health triumph and contribute to national and regional economic development,

Noting further that many Member States have established IDD prevention and control programmes,

Mindful of the concern about existing salt iodine monitoring and quality control mechanisms and legislative procedures,

Concerned that the goal for IDD elimination is 2005, but that progress towards achieving this goal has slowed down, and

Taking into account that the amount of effort required to achieve the goal of IDD elimination will vary in countries,

1. URGES Member States:

(a) to reaffirm their commitment to early and sustainable elimination of IDD by ensuring universal salt iodization including required iodine content at the consumer level through harmonizing partnerships with salt manufacturers, and

(b) to take urgent measures to accelerate the implementation of IDD prevention and control programmes by according due priority so as to eliminate IDD at the earliest, and

2. REQUESTS the Regional Director:

(a) to strengthen cooperation with Member States, at their request, and with international organizations, in providing technical assistance for training, and establishing/strengthening quality control assurance systems in close collaboration with the salt industry, including facilitation of networking of reference laboratories for iodine estimation;

(b) to strengthen advocacy efforts for renewed commitments to these programmes, including, where possible, appropriate research with relevant partners;

(c) to provide technical support for the development/adaptation of different methodologies required to strengthen the programme, preparation of guidelines, and promotion of exchange of information and creating awareness to increase public demand for iodized salt for human and animal consumption, and

(d) to report on the results achieved in implementing this resolution to the sixtieth session of the Regional Committee in 2007.

DECISIONS

SEA/RC57/(1) Selection of a subject for the Technical Discussions to be held prior to the fifty-eighth session of the Regional Committee

Recognizing the persistent high level of maternal mortality in countries of the Region and the low level of coverage by skilled birth attendants during the ante-natal period and childbirth, the Committee **decided** to hold Technical Discussions on "Skilled care at every birth" during the 42nd meeting of the Consultative Committee for Programme Development and Management (CCPDM), to be held prior to the fifty-eighth session of the Regional Committee in 2005. It urged the Member States to participate fully in the

Technical Discussions and requested the Regional Director to take steps for the preparation and conduct of the discussions.

SEA/RC57/(2) Nomination of a member to the Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases

The Committee **nominated** Bangladesh as a member of JCB for a period of three years with effect from 1 January 2005 and requested the Regional Director to inform WHO headquarters accordingly.

SEA/RC57/(3) Nomination of a member to the Policy and Coordination Committee (PCC) of the WHO Special Programme for Research, Development and Research Training in Human Reproduction

The Committee **nominated** Nepal as a member of PCC for a period of three years from 1 January 2005 and requested the Regional Director to inform WHO headquarters accordingly.

SEA/RC57/(4) Time and Place of forthcoming sessions of the Regional Committee

The Committee **decided** to hold its fifty-eighth session in Sri Lanka in September 2005, in conjunction with the Meeting of Ministers of Health. The exact date and venue to be confirmed later.

Annex 1

TEXT OF ADDRESS BY DR SAMLEE PLIANBANGCHANG REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

This is the first occasion for me to attend the Meeting of Health Ministers as WHO Regional Director. I would like to express, once again, my sincere gratitude to Member States in the Region for giving me this opportunity.

Bestowed with this honour and privilege, I have pledged my total commitment to health development in the Region. I will work hard for WHO in South-East Asia in order that it lives up to the expectations of the Member States.

Our Region is still plagued with a multitude of health problems. We in WHO will work closely and diligently with countries to finish the unfinished agenda: polio eradication and leprosy elimination. We will continue pursuing our efforts at elimination of filariasis and start our work on elimination of kala-azar and yaws within a defined time frame.

Most importantly, we urgently need to check the HIV/AIDS epidemic, which has the potential to devastate our Region in the near future. I would like, at this stage, to thank the Global Fund for providing the much-needed financial support to fight this scourge.

We have yet to control malaria, tuberculosis, dengue and dengue haemorrhagic fever, diarrhoeal diseases, and many more. We have to devote a lot of efforts to tackle the challenge of emerging and re-emerging diseases, such as SARS and avian influenza.

At the same time, we have to be well-prepared to fight against noncommunicable diseases such as cardiovascular disease, cancer and diabetes mellitus, which are rapidly becoming problems of public health importance in our Region. Since we have discussed these subjects extensively in the past, I will not dwell more on them now.

Instead, I would like to focus on how to make WHO in the South-East Asia Region more dependable, efficient and effective in providing needed support to health development efforts in countries.

Since taking over as Regional Director on the first of March this year, I have moved forward in a big way to implement the overall WHO policy on decentralization with the focus on our work in the countries.

In order to ensure efficient, effective, timely and flexible services to Member States, I decided to double the delegation of authority to WHO Country Representatives. With their increased role and responsibility, these representatives are now the real focal persons for WHO direct support to countries. They will coordinate more efficiently the inputs from other levels of the Organization to ensure the relevance and integration of our support at the country level.

In order to promote closer collaboration among countries, WHO Country Representatives will now be able to take initiatives to work horizontally. They will have to proceed with this authority in a well-planned manner; with a reliable tool for monitoring the progress, and evaluating the outcomes. And, most importantly in this exercise, the concerned national authorities must be closely consulted before taking action, keeping in mind various sensitivities.

In order to ensure efficient and effective WHO presence in countries, the capability and capacity of WHO country offices in the areas of management, planning and technical competence will be enhanced. The Regional Office is now preparing a plan for such enhancement.

The Country Cooperation Strategy (CCS), which all countries have formulated and implemented, is being used as a basis for strengthening WHO presence in the individual Member States. WHO country staff will receive additional training to ensure high-level quality performance in the management of WHO activities. In the process, we will make sure that the nationals who are collaborating with WHO also benefit from this training programme.

Within the context of WHO country focus, we are now moving towards the realization of country-specific approaches. For each country, specific country situations, needs and requirements for health development will be accurately identified and used as the basis for planning. WHO country programmes will be specifically tailored to those requirements in the individual countries.

In order to move, as much as possible, WHO activities in the Region close to countries, we are contemplating to decentralize some regional and intercountry functions to certain countries. These are areas such as surveillance; health systems development; trade, globalization and health; chemical safety; and more. This is also to ensure the effective use of expertise available in countries in the work of WHO, and to further promote intercountry cooperation.

Strengthening of WHO collaborating centres and national centres of excellence will be supported in a more concrete manner, and their expertise will be utilized optimally by WHO.

Government/WHO coordination mechanisms will be thoroughly reviewed and strengthened to ensure efficient, effective and cordial working relationships between WHO staff and national counterparts.

Certainly, we will give special attention to cooperation among countries, with particular emphasis on joint endeavours to tackle priority health problems, especially in the border areas.

We are all well aware that success in intercountry cooperation depends on the spirit of regional solidarity and unity, which have to be considered within the broad social, cultural and political context. Within the spirit of this cooperation, Member States in the Region will have the best opportunity to work effectively together for the attainment of our health goals.

In this decentralization process, WHO will have to ensure that our initiatives are really beneficial to the Member States. We have to very closely monitor and evaluate our efforts at every step of development.

Therefore, an Internal Review and Technical Assessment Unit is being established at the Regional Office, to help ensure that we are moving in the right direction according to plans, and in compliance with the established policies and strategies, rules and regulations. If there is any evidence of deficiency and shortfalls in the process, corrective action will be taken without delay. This is to ensure that we only effect changes for the better.

Sustaining gains from our development efforts on a long-term basis is really a key issue, particularly in the developing world. Sustainable national development in health needs strong public health systems. With this in mind, we are planning to

pursue, as one of our high priority activities, the strengthening of public health infrastructure in countries of the Region.

First, WHO support will focus on the development of public health workforce. This will be through the development and implementation of educational programmes relevant to the specific needs for health development in the Region.

A high-level task force has been established to prepare a conceptual framework on public health education in the WHO South-East Asia Region in the 21st Century. This framework, which incorporates the socioeconomic, cultural and political contexts specific to our Region, will be used as the basis for WHO to move forward in supporting the development of public health educational programmes in countries.

A regional network of public health institutions has already been established and has started functioning. This mechanism will help promote intercountry cooperation in this important area whereby countries can share information, experience and expertise.

While working towards the decentralization of responsibility and authority to the country level, we also simultaneously reviewed our managerial processes in various areas in the Regional Office. This is to streamline such processes to ensure better management through reduction of internal friction by eliminating bureaucratic hurdles and bottlenecks.

These are some of the initiatives we have undertaken as a management reorientation exercise in the WHO South-East Asia Region during the short time that I have been in office as Regional Director. But we need resources to do all these effectively.

Within this context, we will have to first ensure best use of our existing manpower and funds. Simultaneously, we are devoting all-out efforts in mobilizing extrabudgetary resources for the implementation of our plans. My Deputy Regional Director has been given this critical responsibility for resource mobilization to ensure the availability of necessary funds for us to move forward.

My lines of action in these initiatives are based on two main premises: first, that during many decades of WHO's existence, the capability and capacity of the countries' health sector have increased remarkably, even though in varying degrees; and secondly, that it is an opportune time for WHO now to move, as much as possible, its activities and services close to countries in order to ensure its effective

contribution to health impact at the country level. There are many things to do, and we in WHO have a strong will, commitment and dedication to do all these.

In addition to the untiring efforts of my WHO colleagues, success in this exercise will certainly depend on support from the Member States in the Region, for which we earnestly plead. This is just the beginning of my work, and we still have a long way to go to accomplish the tasks I have mentioned.

Through your wisdom, Excellencies, please advise and guide us on a clearer way on which we can move forward with more confidence in tackling these formidable challenges.

Thank you.

Annex 2

TEXT OF ADDRESS BY H.E. MR MAUMOON ABDUL GAYOOM, PRESIDENT, REPUBLIC OF MALDIVES

It is my great pleasure to extend a very warm welcome to all of you. I wish you a most successful meeting and a very pleasant stay in Maldives.

There is a famous Arabian saying: "He who has health has hope; and he who has hope has everything". These words of wisdom highlight the importance of good health for prosperity and happiness. Health is not merely the absence of disease, but a state of fulfilment and satisfaction.

Today, it is universally accepted that health is not just an end in itself, but is fundamental to social and economic development, as well. This is clearly illustrated in the Millennium Development Goals, where three of the eight goals are directly related to health, and all of the others have a significant bearing on it.

Indeed, development and health are closely inter-related. It will be impossible to achieve a 50% reduction in income poverty, as required by the Millennium Development Goals, without taking steps to ensure a healthier population. Likewise, attaining food security and having access to clean water and essential medicines are critical for development. Similarly, eliminating gender disparities and increasing school enrolment rates are vital for better results in health services and systems.

This is the age of mass communication. People are on the move as never before. But over these positive developments hang the dark clouds of pandemics and the threat of new and re-emerging communicable diseases.

No epidemic has probably ever posed as severe a challenge to humankind as that now posed by HIV/AIDS. More than 20 million people have died from AIDS worldwide. An estimated 40 million are now infected with the virus. More than five million persons are living with the HIV infection in our Region, making it the second most affected in the world.

In Maldives, too, AIDS is a potential public health threat. With the rapid spread of the disease in the neighbouring countries and the drug addiction problem in the country, the threat of HIV infection cannot be ignored. Since 1992, 14 persons have tested positive for AIDS, of whom 10 have regrettably passed away.

For the prevention and control of HIV/AIDS, we have introduced voluntary counselling and testing, and revised surveillance protocols according to WHO guidelines. We have also started anti-retroviral therapy for AIDS patients in Maldives, a measure which, we hope, will contribute towards the "3 by 5" goal of WHO.

Globally, the fight against infectious disease is a continuous battle. Drug-resistant strains of diseases believed to have been controlled are reappearing in the Region, as in the case of malaria, tuberculosis and bacterial pneumonia.

The emergence and the consequent spread of SARS in 2003 and the alarming threat of avian influenza pandemic in 2004 have affected the Region's important economic sectors, such as poultry, travel and tourism. Most of our countries are affected either directly or indirectly. The response requires not only scientific research and inventiveness, but also strong national and regional collaboration, as well as the support of the international community.

Despite the threat posed by communicable diseases, the world today is experiencing an epidemiological transition from communicable to noncommunicable diseases. Heart ailments, mental disorders and road traffic injuries are estimated to be the top three causes in the global burden of diseases by the year 2020. Malnutrition and micronutrient deficiency comprise a further major public health concern, with serious implications for quality of life, development potential, and for future generations. The global strategy on diet and physical activity adopted by the World Health Assembly in May of this year could be an important tool in addressing this problem. It could guide countries towards developing national strategies for control and prevention of noncommunicable diseases.

In Maldives, the government is fully committed to achieving the Millennium Development Goals. Government expenditure on health accounts for over six percent of GDP, and the per capita government expenditure on health is one of the highest in the Region. We have made good progress in attaining health for all, and remain dedicated to realizing further improvements in the health and well-being of the people. Over the past 25 years, infant mortality in Maldives has come down from 120 per 1 000 to 14, child mortality from 180 to 18, maternal mortality from 4 to 1, and

crude death rate from 14 to 4, while life expectancy has increased from 48 to 73 years.

No indigenous case of malaria has been found since 1984. Filaria, leprosy and TB control have achieved the regional targets set by WHO. Vaccine-preventable infections have also been controlled to such an extent that diseases like polio, neonatal tetanus, whooping cough and diphtheria have been eliminated from the country. However, we have not let our guard down on communicable diseases, and new steps are being taken, such as providing vaccines for infections such as rubella and meningitis. I thank the Minister of Health, Mr Ahmed Abdullah, and his distinguished predecessors, and the officials and the professionals of the health sector, as well as those providing health care services in the private sector, for their diligent efforts to improve the health and well-being of the people. I would also like to note the important contribution made by our bilateral donors, and multilateral development partners, particularly WHO, UNICEF, UNFPA and UNDP.

The health burden in Maldives is now going through a transition from communicable to noncommunicable diseases. Coupled with increased access to health care and improved diagnostic facilities, chronic illnesses such as hypertension, cardiovascular complaints, diabetes and cancer are being increasingly diagnosed in all parts of the country.

At the same time, the rise in the living standards of the people has not been matched by a proportionate improvement in their nutritional status. Awareness-raising about proper dietary habits and healthy lifestyles clearly has an important role to play. The National Nutrition Strategic Plan 2002-2007 focuses on achieving rapid gains in the nutritional status of the population, especially of mothers and children.

Another health issue of great concern to Maldives is that of thalassaemia. Nationally, one in five persons is a thalassaemia carrier and one in every 120 newborns suffers from this blood disorder. If preventive steps to reduce the incidence of thalassaemia in Maldives are not taken, informed projections show that in 50 years' time, the cost of treatment could consume over 40 per cent of the per capita health expenditure. And what is worse, half the country might have to become blood donors for the other half, a nightmare situation that would be quite unsustainable. We hope that WHO's scope to respond to country-specific concerns will be further strengthened in order to address such urgent matters.

Clearly, one of the biggest challenges in the health sector for many countries of the Region, including Maldives, is that of matching resources with requirements. Resources are scarce. Needs are plenty. Therefore, preventive strategies and healthy lifestyles would be crucial to ensuring sustainability. Likewise, efficient management of resources and international cooperation are essential to ensure that health for all becomes and stays a reality.

In meeting the health sector challenges and in attaining MDGs, country-level action is vital. International cooperation, global partnerships and coordinated strategies have an equally crucial role to play. We must address our health sector challenges by acting locally, coordinating regionally and collaborating globally. And the greater the cooperation, the greater the chance of success.

Looking forward to very productive results from your deliberations for cooperation at the regional level, may I conclude with a prayer recited by Prophet Ibrahim, and related to us by the Glorious Quran:

[It is] *The Lord and Cherisher of the Worlds, Who created me, and it is He Who guides me, Who gives me food and drink. And when I am ill, it is He Who cures me; Who will cause me to die, and then bring me to life (again), and Who, I hope, will forgive me my sins on the Day of Judgment. O my Lord, bestow wisdom on me, and join me with the righteous!*

Annex 3

AGENDA*

1.	Opening of the session	–
2.	Sub-committee on Credentials:	–
	2.1 Appointment	–
	2.2 Approval of the report	SEA/RC57/13
3.	Election of Chairman and Vice-Chairman	–
4.	Adoption of Agenda and Supplementary Agenda, if any	SEA/RC57/1 (Rev.2)
5.	The Work of WHO in the South-East Asia Region – Report of the Regional Director for the period 1 July 2003 – 30 June 2004	SEA/RC57/2 and SEA/RC57/Inf.1 and Inf.2
6.	Address by the Director-General, WHO	–
7.	Review of Proposed Programme Budget 2006-2007	SEA/RC57/7
8.	Outline of 11th General Programme of Work 2006-2015	SEA/RC57/8
9.	Report of the joint evaluation of a specific intercountry programme – Intensification of cross-border collaboration in priority communicable diseases such as HIV/AIDS, polio, tuberculosis and malaria, kala-azar, dengue and SARS	SEA/RC57/9
10.	Technical Discussions:	
	10.1 Consideration of the recommendations arising out of the Technical Discussions on Emergency Health Preparedness	SEA/RC57/11
	10.2 Selection of a subject for the Technical Discussions to be held prior to the fifty-eighth session of the Regional Committee	SEA/RC57/6

* Originally issued as document SEA/RC57/1(Rev.2) dated 7 September 2004

11.	Consideration of the Report of the Ninth Meeting of Health Secretaries:		
	11.1	Review of iodine deficiency disorders in the SEA Region	SEA/RC57/Inf.3
	11.2	Revision of International Health Regulations	SEA/RC57/Inf.4
	11.3*	Globalization, trade, intellectual property rights and health	SEA/RC57/Inf.5
	11.4*	Establishment of regional cooperation on avian influenza prevention and control	SEA/RC57/Inf.6 (Rev.1)
12.	Regional implications of the decisions and resolutions of the Fifty-seventh World Health Assembly and the 113th and 114th sessions of the Executive Board		SEA/RC57/10
13.	Special Programmes:		
	13.1	UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at 2004 JCB and nomination of a member in place of Thailand whose term expires on 31 December 2004	SEA/RC57/3
	13.2	WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Report on attendance at 2004 PCC and nomination of a member in place of India whose term expires on 31 December 2004	SEA/RC57/5
14.	Time and place of forthcoming sessions of the Regional Committee		SEA/RC57/4
15.	Adoption of the report of the fifty-seventh session of the Regional Committee		SEA/RC57/14
16.	Closure of the session		

* Items proposed by the Royal Thai Government

Annex 4

LIST OF PARTICIPANTS*

1. Representatives, Alternates and Advisers

Bangladesh

Representative
Professor (Dr) Md Mizanur Rahman
Director-General of Health Services
Ministry of Health and Family Welfare
Dhaka

Alternate
Dr (Mrs) Selina Ahsan
Joint Secretary (Public Health and WHO)
Ministry of Health and Family Welfare
Dhaka

Bhutan

Representative
Dr Dorji Wangchuk
Director
Department of Public Health
Ministry of Health
Thimphu

Alternate
Mr Pemba Wangchuk
Head, Policy and Planning Division
Department of Health
Ministry of Health
Thimphu

DPR Korea

Representative
H.E. Dr Kim Su Hak
Minister of Public Health
Pyongyang

* Originally issued as document SEA/RC57/12 (Rev.1) dated 22 September 2004

Alternates

Mr Han Tae Song
Vice-Director
Ministry of Foreign Affairs
Pyongyang

Mr Choe Yong Su
Official
Ministry of Public Health
Pyongyang

India

Representative

H.E. Dr Anbumani Ramadoss
Minister of Health and Family Welfare
New Delhi

Alternates

Mrs P. Jyoti Rao
Additional Secretary (International Health)
Ministry of Health and Family Welfare
New Delhi

Mr Bhanu Pratap Sharma
Joint Secretary (International Health)
Ministry of Health and Family Welfare
New Delhi

Mr K. Dhanavel
Private Secretary to Minister of Health and Family Welfare
Ministry of Health and Family Welfare
New Delhi

Indonesia

Representative

Prof Dr Azrul Azwar
Director-General of Community Health
Ministry of Health
Jakarta

Alternates

Dr Gunawan Setiadi
Chief, Bureau of Planning and Budgeting
Ministry of Health
Jakarta

Dr Dotti Indrasanto
Head of Crisis Center
Ministry of Health
Jakarta

Ms Nasirah Bahaudin
Chief
Division of International Cooperation
Bureau of Planning and Budgeting
Ministry of Health
Jakarta

Maldives

Representative

H.E. Mr Ahmed Abdullah
Minister of Health
Malé

Alternates

Dr Abdul Azeez Yoosuf
Director-General of Health Services
Ministry of Health
Malé

Ms Aminath Rasheeda
Assistant Executive Director
Department of Public Health
Ministry of Health
Malé

Dr Sheena Moosa
Deputy Director Health Services
Ministry of Health
Malé

Myanmar

Representative

H.E. Professor Mya Oo
Deputy Minister of Health
Yangon

Alternates

Dr Kyi Soe
Director-General
Department of Health Planning
Yangon

Dr Tin Win Maung
Acting Director-General
Department of Health
Yangon

Dr Ye Myint
Deputy Director-General
Department of Health
Yangon

Dr Than Zaw Myint
Director
Department of Medical Science
Yangon

Nepal

Representative

H.E. Dr Banshidhar Mishra
State Minister for Health
Ministry of Health
Kathmandu

Alternate

Dr Hari Nath Acharya
Chief
Policy, Planning and International Cooperation Division
Ministry of Health
Kathmandu

Sri Lanka

Representative

Dr Y.D.N. Jayathilake
Additional Secretary (Medical Services – 1)
Ministry of Health Care, Nutrition and Uva Wellassa
Development
Colombo

Thailand

Representative	Dr Sopida Chavanichkul Director International Health Group Bureau of Policy and Strategy Ministry of Public Health Bangkok
Alternates	Mrs Rossukon Kangvallert Director Health Policy group Bureau of Policy and Strategy Ministry of Public Health Bangkok
	Dr Orasa Kovindha Senior Policy and Plan Analyst Bureau of Policy and Strategy Ministry of Public Health Bangkok
	Mrs Tarntip Karunsiri Foreign Relations Officer International Health Group Bureau of Policy and Strategy Ministry of Public Health Bangkok
	Miss Cha-aim Pachanee Health Technical Officer International Health Group Bureau of Policy and Strategy Ministry of Public Health Bangkok

Timor-Leste

Representative	Mr Basilio Martins Pinto, Skm Director Health Policy and Planning Ministry of Health Dili

2. Representatives from United Nations and other Specialized Agencies in the SEA Region

UNAIDS	Dr Emelia Timpo Team Leader UNAIDS South Asia Inter Country Team EP-16/17 Chandragupta Marg Chanakyapuri New Delhi 110021 India
United Nations Children's Fund	Mr Thomas Bergmann-Harris UNICEF Representative Malé Maldives
United Nations Population Fund	Ms Dunya Maumoon Assistant Representative UN Building, Rahdhebai Higun Malé Maldives

3. Representatives from Inter-governmental Organizations

World Organization for Animal Health (OIE)	Dr Yoshiyuki Oketani, DVM. PhD. Deputy Regional Representative Regional Representation for Asia and the Pacific World Organization for Animal Health East 311, Shin-Aoyama Building 1-1-1 Minami Aoyama, Minato-ku Tokyo 107-0062 Japan

4. Representatives from International Nongovernmental Organizations

International College of Surgeons	Miss Yu-Yu Co Co Lee Research Associate
	Mr Li-Chyn Junior Assistant to ICS Hqs. International College of Surgeons Avenue Jean-Gambach 24 1700 Fribourg Switzerland

International Council for Control of Iodine Deficiency Disorders	Prof M.G. Karmarkar Senior Adviser, ICCIDD Centre for Community Medicine All India Institute of Medical Sciences Ansari Nagar New Delhi 110029 India
International Diabetes Federation	Dr Ahmed Razee Advisor and Vice-Chairman Diabetes and Cancer Society of Maldives H Deens Villa Meheli Goalhi Malé Maldives
The International Leprosy Association	Dr C.S. Walter Secretary The Leprosy Mission Trust – India CNI Bhavan 16, Pandit Pant Marg New Delhi 110 001 India
World Association of Girl Guides and Girl Scouts	Ms Nazla Aminath C/o Maldives Girl Guides Association M. 'Muiveyodhoshuge' Malé Maldives
World Federation of Medical Education	Professor Arjuna P.R. Aluwihare Acting President South-East Asian Regional Association for Medical Education University of Peradenyia Medical Faculty Peradenyia Sri Lanka

World Psychiatric Association	Prof. Haroon Rashid Chaudhry WPA Zonal Representative, Zone 14 Head, Department of Psychiatry 83, Shah Jamal Colony Lahore Pakistan

5. Observers

Society for Health Education (SHE)	Ms Mausooma Kamaldeen Society for Health Education (SHE) Kulunu Vehi Malé 20-02
Diabetes and Cancer Society of Maldives	Ms Aishath Shiruhana Director Diabetes and Cancer Society of Maldives H. Deens Villa Meheli Goalhi
Care Society	Ms Fathmath Afiya Executive Director Care Society M Fiyaathoshimaage Fiyaathoshimagu Malé

Annex 5

LIST OF DOCUMENTS*

SEA/RC57/1(Rev.2)	Agenda
SEA/RC57/2	The Work of WHO in the South-East Asia Region – Report of the Regional Director for the period 1 July 2003 – 30 June 2004
SEA/RC57/3	UNDP/World Bank/WHO Special Programme for Research and Training in Tropical diseases: Joint Coordinating Board (JCB) – Report on attendance at 2004 JCB and nomination of a member in place of Thailand whose term expires on 31 December 2004
SEA/RC57/4	Time and place of forthcoming sessions of the Regional Committee
SEA/RC57/5	WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Report on attendance at 2004 PCC and nomination of a member in place of India whose term expires on 31 December 2004
SEA/RC57/6	Selection of a subject for the Technical Discussions to be held prior to the fifty-eighth session of the Regional Committee
SEA/RC57/7	Review of Proposed Programme Budget 2006-2007
SEA/RC57/8	Outline of 11th General Programme of Work 2006-2015
SEA/RC57/9	Report of the Joint evaluation of a specific intercountry programme – Intensification of cross-border collaboration in priority communicable diseases such as HIV/AIDS, polio, tuberculosis and malaria, kala-azar, dengue and SARS
SEA/RC57/10	Regional implications of the decisions and resolutions of the Fifty-seventh World Health Assembly and the 113th and 114th sessions of the Executive Board
SEA/RC57/11	Consideration of the recommendations arising out of the Technical Discussions on Emergency Health Preparedness
SEA/RC57/12 (Rev.1)	List of Participants

* Originally issued as document SEA/RC57/16 dated 21 September 2004

SEA/RC57/13	Report of the Sub-committee on Credentials
SEA/RC57/14	Draft Report of the fifty-session of the WHO Regional Committee for South-East Asia
SEA/RC57/15	Decisions and List of Resolutions
SEA/RC57/16	List of official documents
SEA/RC57/17	Report of the fifty-seventh session of the WHO Regional Committee for South-East Asia

Information Documents

SEA/RC57/Inf.1	List of technical reports and advocacy material issued and meetings and courses organized during 1 July 2003 – 30 June 2004
SEA/RC57/Inf.2	List of plans of action in operation during 2003-2004 (Regular Budget)
SEA/RC57/Inf.3(Rev.1)	Review of iodine deficiency disorders in the SEA Region
SEA/RC57/Inf.4	Revision of International Health Regulations
SEA/RC57/Inf.5	Globalization, trade, intellectual property rights and health
SEA/RC57/Inf.6(Rev.1)	Establishment of regional cooperation on avian influenza prevention and control

Resolutions

SEA/RC57/R1	Resolution of Thanks
SEA/RC57/R2	Programme Budget 2006-2007
SEA/RC57/R3	Emergency Health Preparedness
SEA/RC57/R4	Iodine Deficiency Disorders in the South-East Asia Region

Annex 6

TEXT OF ADDRESS BY DR SAMLEE PLIANBANGCHANG REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION, INTRODUCING HIS REPORT

Since the Report is already before you, I shall only highlight some of the salient features as introduction.

The Millennium Development Goals, adopted at the UN Millennium Summit in the year 2000, broadly set out the strategic directions to help us steer our course of development actions in the years to come. To reiterate the pivotal role of health in development, MDGs have highlighted the need for efficient health systems to respond to the complex and wide-ranging needs of vulnerable populations. MDGs, therefore, play a central role in health development agenda. The report on progress towards achieving MDGs in Member States of the Region was recently submitted to the Twenty-second Meeting of Health Ministers. The Honourable Health Ministers reviewed the progress and provided guidance to further promote and accelerate efforts to ensure achievement of the targets on time.

My report in front of you covers a broad range of activities in different programme areas.

We can see that despite the far-reaching implications of global changes our Member States were able to effectively control the formidable outbreaks of emerging infectious diseases, such as severe acute respiratory syndrome [SARS], and avian influenza. These outbreaks are an alert to the international community of the epidemics of the 21st century, which can have a profound effect on the life and economy of the people in the countries of our Region.

The need for regional cooperation on prevention and control of avian influenza was discussed at the Ninth Meeting of Health Secretaries. Conclusions of the discussions will be submitted to the Committee under Agenda item 11.4.

During the period under reporting, WHO continued to collaborate with countries in their efforts to control disease outbreaks, such as cholera and other

diarrhoeal diseases, dengue/dengue hemorrhagic fever, scrub typhus and Japanese encephalitis. To ensure success of such control, WHO and its partners had provided back-up to the strengthening of disease surveillance and response, and facilitated intercountry networking and information sharing. Ensuring timely stockpiling of reagents, diagnostic kits and other supplies as part of outbreak preparedness greatly contributed to the success of the control measures in countries. This was made possible because of collaboration among countries and between all levels of the Organization and cooperation with other WHO regional offices and partners.

Member States had been fully involved in the review and revision of the International Health Regulations (IHR), which provide a framework for action to prevent and control the spread of epidemics of communicable diseases across international boundaries. The Ninth Meeting of Health Secretaries also reviewed this subject in detail, and their recommendations will be submitted to the Committee under Agenda item 11.2.

Despite sustained endeavours of Member States, leprosy remains a public health problem in a few countries of the Region. Eight Member States have already achieved the elimination target set by the World Health Assembly. WHO is working closely with many partners, including The Nippon and Sasakawa Memorial Health Foundations, to finish work in the remaining Member States. In order to reach the elimination target of less than one case per 10 000 population by the end of next year, we need to double our intervention efforts and extensively promote health education campaigns. Active advocacy for effective political commitment is very essential and will have to continue, even in the post-elimination period.

With regard to HIV/AIDS, it is a matter of grave concern that the epidemic is spreading rapidly to more areas and population groups. Around six million people in the Region are estimated to be affected; with nearly 95% of them in four countries. About 900 000 of these people urgently need therapy with antiretroviral drugs. The main challenge in our Region under the new "3x5" initiative is to accelerate the present coverage of this treatment from 50 000 to 450 000 cases by the end of next year. WHO also assisted Member States in the preparation of quality proposals for submitting to the Global Fund.

In the area of TB control, considerable progress has been made in the expansion of Directly Observed Treatment, Short-Course (DOTS); this is to meet the global target of successfully treating 85% of the newly-detected cases. More than 85% of the population in the Region had access to reliable TB diagnostics and effective treatment

under DOTS, this is as compared to 60% globally. This success is attributable to continued improvement in the quality of services and growing partnerships with other stakeholders. As properly trained health staff are essential for TB Control, we have been supporting regional and national training courses on several subjects, such as surveillance, data management, laboratory methods for TB diagnosis and programme development and management. Since tuberculosis remains a major problem in many countries, we are in the process of formally announcing a "Regional Special Programme for Tuberculosis Control" as has been done in other WHO Regions; this is to ensure a strong partnership for the programme in the years to come.

While the reported cases of malaria remained stable for a decade at around 2.5 million, the proportion of infections by a more virulent strain of parasite, "Plasmodium falciparum", has increased to approximately 48% of all cases. The spread of multidrug resistant malaria also continues to be a cause for concern. Member States have been working more closely with their neighbours, in improving disease surveillance, early detection and prompt treatment of cases, and enhancing cross-border control activities. Intercountry collaboration in the Mekong sub-region under bi-regional support from the WHO regions – Western Pacific and South-East Asia have been intensified.

For combating these three scourges – HIV/AIDS, tuberculosis and malaria, WHO continued assisting Member States in mobilizing more than US$ 1 billion from the Global Fund for a five year operation. Out of these funds, 61% were for HIV/AIDS, 23% for TB and 15% for malaria. We are very thankful to the Global Fund and hope that such generous support would be increased during the future years.

I am happy to inform the Committee that the number of reported polio cases in the endemic country of the Region is the lowest ever. As of today, 46 cases of polio have been detected since January 2004, compared to 740 cases in the year 2002, and 140 in the year 2003, during the same period. We will do our best to ensure effective support for polio eradication which should be reached as soon as possible. The surveillance will be further intensified; at the same time, WHO has initiated its expansion to cover other vaccine-preventable diseases. All 17 polio laboratories in the regional network have been fully accredited. WHO has taken steps to develop regional guidelines for implementing laboratory containment of wild polio viruses; this has been planned particularly for the post eradication era. To date, nine countries have finalized their containment plans of action.

Taking lessons from the successful experience of the polio campaign, WHO had called for a strong emphasis on reduction of measles mortality, and phased introduction of hepatitis B vaccination.

Noncommunicable diseases (NCD) are becoming a major public health problem in the Region. They accounted for 51% of all deaths and 44% of the disease burden. As the Region is going through a demographic and epidemiological transition, further increase in this trend is expected. Noncommunicable diseases should no longer be regarded as a problem confined to the affluent segments of society. Wide application of robust public health measures to address this challenge is urgently required.

In this regard, Member States are advised to tackle the problem through the development of integrated community-based NCD prevention and control. In eight countries of the Region, WHO supported baseline surveys in this important area. The broad application of the WHO standard NCD risk factor surveillance provides a unique opportunity to generate strong evidence for action. We have initiated a regional network for prevention and control of NCDs, linked to the global network forum. This is to facilitate international exchange of experience, sharing of expertise and resources.

In the area of anti-tobacco use, while most Member States had done commendable work to stop tobacco use, a few countries still needed to advance the ratification process for the Framework Convention on Tobacco Control.

Concerning injury prevention, this year's World Health Day theme "Road Safety is No Accident" attracted a very wide range of interest in all countries of the Region. Multisectoral approaches in the development and management of the Road Safety programme was particularly underlined. To help create a critical mass of change agents in road traffic injury prevention and safety promotion, training programmes for concerned staff of all related sectors were developed through an intersectoral effort.

While progress has been made in reducing maternal and child mortalities in most Member States, these problems still remain a major challenge in our Region. Statistically, this Region accounts for 33% of all global deaths of mothers, and 35% of newborns. Nearly 200 000 women die annually during pregnancy and child birth. The coverage of antenatal care during pregnancy varies widely, ranging from 23% to 99%. Lack of attendance at birth by skilled health workers, shortage of facilities and staff to provide emergency services, and inadequate access to essential care and

medicines still pose formidable challenges in our Region. In order to ensure quality care, evidence-based practice in maternal and newborn services had been promoted.

Our special attention was given to strengthening the nursing and midwifery workforce in the Region. The Regional Multidisciplinary Advisory Group on Nursing and Midwifery played a significant role in this initiative. WHO will continue to provide support to capacity building for nurses and midwives to ensure improved performance in the management of their services.

Despite concerted efforts by Member States, the nutritional status of women and children continues to be a problem of public health importance. Around 50 to 70% of pregnant and lactating women are anaemic, and 30 to 50% of under-five children are malnourished. Iodine deficiency disorders continue requiring our priority attention, particularly their impact on mental and intellectual development. The Health Secretaries, at their ninth meeting last July, reviewed the status of the control programme for iodine deficiency disorders. Their recommendations will be submitted to the Committee under agenda item 11.1.

As regard water supply and sanitation, some countries continued to face problems of inadequate access to safe drinking water and sanitation facilities. WHO has been working very closely with the relevant sectors and agencies to develop a regional work plan to reduce the burden of water-borne diseases contributed by these problems. In this exercise, countries were encouraged to implement community-based, low-cost water supply, sanitation and hygiene programmes.

Increasing attention has also been given to chemical safety, management of pesticides use and hazardous wastes. In order to build regional capacity in the diagnosis and management of arsenicosis cases, WHO developed Standard Operating Procedures to ensure uniformity in arsenic testing.

Proper treatment of hospital wastes had assumed greater significance. This is in view of the growing use of disposable syringes and the mixing of infectious and non-infectious wastes. WHO has been working in coordination with other agencies and partners in supporting countries to deal with the issues relating to health impact of environmental pollution, health risks at the workplaces, and food safety.

Concerning health emergencies, WHO and other agencies provided timely humanitarian assistance to the affected Member States, during both relief and rehabilitation phase. WHO worked closely with other UN and development partners

in strengthening national capacities for emergency preparedness and response, by conducting regular training courses.

Even though it happened recently, outside the reporting period, I would like to place on record WHO's prompt action in assisting countries affected by severe floods and subsequent outbreaks of certain communicable diseases.

The countries of our Region have made remarkable progress in health development during the last two decades. There is clear evidence of improvements in health status. Life expectancy at birth in all countries of the Region has substantially increased during the last decade; it ranged in the year 2002 between 55 to 70 years for males; and 61 to 74 years for females. Infant mortality rates in five countries were less than 35 per 1 000 live births; and for the rest it ranged from 51 to 82. Maternal mortality ratios however showed a wide range from 13 to 415/100 000 live births. We need to double our efforts to bring down these ratios to an acceptable level as soon as possible. The trend of the under-five mortality rate in almost all countries is decreasing; as low as 18/1 000 live births in one country. The success had been due largely to the strengthened health systems based on the principle of HFA and PHC approach. Without health systems that can respond effectively to the complexity of current and future challenges, there will be only limited advances in health development.

In the wake of fast changes in epidemiological and demographical trends; availability of new technologies, and rapid globalization, there is a need for priority attention to strengthening public health infrastructure to cope with these challenges. With this in view, I have initiated a special programme, "The South-East Asia Public Health Initiative, 2004-2008". This initiative is to strengthen public health workforce through education and training, to ensure capacity in strategic planning and management of public health programmes; and development of robust health systems; among others things. A network of public health institutions in the Region has also been established to promote intercountry cooperation in this initiative.

With regard to health research, the South-East Asia Advisory Committee on Health Research, at its 29th session, focused its attention on research priorities in the areas of emerging infectious diseases.

Within the framework of WHO's Medicines Strategy, Member States have been urged to improve their access to essential drugs of assured quality at affordable price. WHO worked closely with countries in the area of prequalification schemes and in

accessing global supply systems. WHO also paid special attention to developments in certain areas of traditional medicine. A regional working group was established to develop regional strategies and work plans for such development in countries in this area. Consideration was also given to the development of national policies, strategies and human resource; and formulation of necessary legislation to protect the relevant cultural heritage and natural resources especially herbal plants, available locally.

WHO had been strengthening its information services through streamlining knowledge management and information-sharing, with the use of information and communication technology. Initiatives had been taken to strengthen countries' capacity in this area by providing technology support.

All WHO country offices in the Region now have dedicated internet connectivity, access to the Regional Office and HQ intranets and e-mail facility. Web site development has been supported and information systems have been implemented to best suit the needs of WHO work at country level.

Continued efforts were also made by the Regional Office and the WHO country offices to mobilize more resources to support health development in the Region. At the end of the biennium 2002-2003, US$ 132.6 million had been generated, which was 16% more compared to the last biennium.

WHO's working relationship with other international agencies were also markedly strengthened, especially in the area of humanitarian assistance. We also expanded our partnerships by concluding memoranda of understanding (MoU) with many agencies.

Improvements were made at the country level in the management of WHO programmes, through training and orientation of WHO staff and concerned national health officials. New guidelines on programme planning, monitoring and evaluation were used to ensure effective programme management at the country level.

WHO country offices were regularly revising and updating the Country Cooperation Strategies (CCS) that reflect priority health needs of the countries which are the basis of our collaboration.

One of my overriding priorities is to move forward in a big way to strengthen WHO capacity in the South-East Asia Region. This is to ensure dependable, responsive, efficient and effective WHO service to the Member States. In the process,

I decided to double the delegation of authority to WHO Country Representatives, in order to increase their role and responsibility. In addition, they are now allowed to work horizontally between and among themselves to promote cooperation across countries. We are also contemplating to decentralize certain regional and intercountry functions to some countries, in order to ensure optimal utilization of country expertise in the work of WHO. All these decisions are made within the overall global policy framework of WHO on decentralization. Furthermore, we are also reviewing and streamlining the managerial processes in various areas to ensure operational efficiency by eliminating bureaucratic hurdles and bottlenecks. Measures are being devised to ensure transparency and accountability in the management of the WHO programme budget at both regional and country levels.

Having been closely associated with health development in the Region for nearly three decades, I am proud of the commitment and determination of our Member States to work together towards the ultimate goal of a healthy South-East Asia Region. In these endeavours, WHO fully shares with the countries a common vision, common ideals and common goals.

It is with these sentiments that I present the Work of WHO during the period 1 July 2003 – 30 June 2004. I look forward to your valuable advice and guidance from the Regional Committee to enable us to work more efficiently and effectively for health for countries in the Region.

Annex 7

TEXT OF ADDRESS BY THE DR LEE JONG-WOOK, DIRECTOR-GENERAL, WHO

I would like to thank the Government of Maldives for its generous hospitality in hosting this meeting of the Regional Committee. Having spent some of my younger days as a public health worker in an island setting, I know from firsthand experience that it provides an excellent stage for clear thinking and unhurried decision-making.

A year ago this Regional Committee nominated my old colleague and friend Dr Samlee Plianbangchang as Regional Director. It already seems like a long time ago, and I congratulate him on the smooth transition and the excellent work that is going on under his guidance.

I am going to suggest three reference points for your discussions as you continue them today and draw them to a close tomorrow. These are security, equity and unity in health.

Security in health work means protecting people from disease, disability and premature death. In many parts of South-East Asia, this is an overwhelming need. Meeting it requires constant attention not only to immediate dangers but to the long-term work of reducing them.

Equity has been WHO's fundamental principle from the very beginning, as our Constitution states. It needs to be strongly reasserted now, as the health effects of extreme disparities between communities become more and more evident.

Unity is indispensable for effective action and it requires us to work more closely than ever before with our partners. Your current cooperation on regional and bi-regional disease control reflects this need and points the way forward.

To put these principles into practice we also need to be practical. The first thing to do is ensure that we have enough money to do our work.

Yesterday you discussed the proposed Programme Budget for 2006–2007. I would like briefly to stress some important aspects of this budget.

First, it builds on our experience with results-based budgeting and the lessons learnt from the performance assessment of the 2002–2003 Programme Budget. Second, it reflects the priorities expressed by Member States in recent World Health Assembly resolutions and has been drafted in discussion with many staff in headquarters, regional and country offices. Third, it reinforces and accelerates the decentralization process I initiated last year. You will note that it proposes an overall increase of 12.8%, all of which will be allocated to countries and regions.

The increase is accompanied by measures to ensure maximum efficiency in the use of resources. These measures delegate responsibility while calling for the highest standards of transparency and accountability.

Previous projections of budget growth have been matched by the generosity of our donors, enabling us to achieve the results to which we were committed. But essential activities cannot depend on generosity alone. That is why I am proposing an increase of 9% in assessed contributions from Member States.

The increase represents a break with the practice adopted some years ago of zero nominal growth in the regular budgets of UN agencies, which has been gradually turning WHO into an organization that depends mainly on voluntary contributions. At present, the Regular Budget, consisting of assessed contributions, represents only 30% of WHO's overall expenditure. If the current trend were to continue, it would be only 17% by 2015. To formulate and carry out a well-balanced global policy, a significant regular budget is needed.

The budget question becomes urgent in the context of our General Programme of Work for 2006 to 2015, which sets our longer-term objectives and thereby defines WHO's role in the world. Both of these items - the Programme Budget and the General Programme of Work - will be on the agenda of the Executive Board at its next meeting in January.

Your input through this session of the Regional Committee will make an important contribution to the Executive Board's recommendations, which then go to the Health Assembly.

To return to the question of security, major epidemics continue to be a threat both to this region and to the world. The International Health Regulations are

designed to minimize that danger. The revision now in progress has benefited from a high level of input from Member States through the regional consultations. The next step will be to agree on a revised text in the open-ended Intergovernmental Working Group which meets from 1 to 12 November at the UN Palais des Nations in Geneva.

The working draft will be made available later this month. If progress continues at the current rate, the revised Regulations can be adopted at the World Health Assembly in May 2005. The fullest participation possible of Member States in the Working Group discussions will be our best guarantee of success.

The longer-term challenge will be to ensure that the revised regulations lead to improved international disease control. This will require strong commitment within regions and countries, with the necessary investment in early warning and response systems.

These systems will be supported by WHO's Operations Centre, recently opened at headquarters. Using the most up-to-date technology, it enables us to respond rapidly to the earliest signs of outbreaks and other health emergencies by circulating the latest information and coordinating the necessary action.

Recently we have seen timely and well-managed responses in South East Asia and the Western Pacific to outbreaks of avian influenza in humans, following epidemics of avian influenza in poultry on an unprecedented scale. However, the threat of transmission to humans remains, and we are still in the early stages of building a strong global outbreak alert and response system. It involves not only the national, regional and global information hubs but also our many collaborating centres in the Global Outbreak Alert and Response Network.

Another kind of emergency occurred recently with the floods in Bangladesh. The rapid response of the local and national health services was highly impressive. With 30 million people driven from their homes and a million homes destroyed, a very high death toll was feared. In the event, there were 700 deaths, 260 of them by drowning. These numbers reflect very effective disease prevention and emergency care services, from which all countries can learn.

The immediate task of relief agencies in these situations is to save and sustain lives. The special responsibility of WHO, led by its Health Action in Crises department with Regional and Country offices, is to do this in a way that builds up essential health services for the long term.

Inequity is the root cause of much of the danger we face in the world today. Lack of access to AIDS treatment and prevention methods continues to be a glaring example of that inequity and its impact on societies.

Some parts of this region face the danger of an expanding HIV epidemic which urgently requires accelerated preventive action. Others have a wealth of experience and practical information on the forms effective action can take. This presents a great opportunity for solidarity and cross-border learning within the region.

At the Bangkok conference on HIV/AIDS in July, there was plenty of debate over methods of prevention and treatment, but absolute agreement about the need for both. We know that prevention bolsters treatment and vice versa, and that they must be integrated in a comprehensive way.

Globally, with all sources combined, almost 20 billion dollars have been pledged for integrated AIDS prevention and care over the next five years. At the same time, drug prices continue to fall, with the lowest price triple-drug regimen coming down towards $140 per person per year. HIV treatment is now financially within reach of more countries, and more people, than ever before.

Enormous logistical and technical difficulties remain, but there are signs that they too are yielding to the persistent efforts of our many partners working towards the "3 by 5" target within countries and internationally.

Guidelines for high-quality treatment using standardized regimens and simplified clinical monitoring are now available. We have developed training and monitoring systems to ensure the quality of treatment, and to increase the involvement of nurses and community workers in providing care and support. We expect to have at least 20 "3 by 5" country officers in place by the end of this year, greatly increasing our effectiveness on the ground.

One of our most pressing needs is to improve human resource capacity to support HIV treatment and strengthen activities across the health sector. This means retaining, training and deploying health care workers, and creating new types of treatment supporters, including people living with HIV/AIDS themselves. Social mobilization, with the very active involvement of community health workers, will be a key to achieving our goals in South-East Asia and other regions.

The target of three million patients on antiretroviral treatment by 2005 has provoked much discussion. To many it seemed like an over-ambitious idea one year ago; now it is a strong commitment made by many countries, many organizations and many individuals. To speculate about whether we will meet the deadline is to miss the point. The point in the AIDS treatment emergency is the same as in other emergencies: to do as much as is humanly possible to save lives and reduce danger in the shortest possible time.

The initiative has helped to focus the world's attention on dealing with this emergency and has galvanized action within our own organization. We must not relent in our efforts to reach the target for treatment and to accelerate HIV/AIDS prevention well beyond December 2005.

I am committed to continuing to mobilize all the human and material resources at our disposal to support you in this. It is not just a WHO target, it is your target - set by many organizations and many people acting at every level, from local to international. Effective action on this emergency is an absolute necessity.

Global polio eradication now hangs in the balance in Asia, with just three countries remaining endemic: India, Pakistan, and Afghanistan. In this region, the intensified eradication effort that India launched in January has brought this disease to the verge of elimination. Only 46 cases have been reported here so far this year. That is nearly 70% lower than for the same period last year. More importantly, the virus is now cornered in just a few districts of Uttar Pradesh and Bihar in India.

I know that the Ministry of Health and Family Welfare, the Regional Director and all our partners are committed to rooting out polio from these few remaining districts by the end of this year. And I can assure you that this is a top priority for all of WHO. With a sustained effort in India, and continued high quality surveillance and routine vaccination in all countries of the region, the South-East Asia Region will be the next great success in this historic effort.

There has also been great progress in tuberculosis control in this region. The target of an 85% cure rate is now nearly achieved and the case detection rate is now 46%. DOTS expansion has been rapid and effective in several countries, notably India. TB control in the region still faces many challenges though. Sustainable financing is an urgent need, as is the strengthening of human resources at the local government primary health care level. Co-epidemics, with rising HIV infection, are an increasing danger; so is multidrug-resistant TB. Both these complications make case

management very much more difficult and expensive. DOTS case-finding and management are the best means of preventing them.

Major efforts are under way to improve the malaria situation. These are aimed at increasing people's access to insecticide-treated bednets and widespread use of effective treatment regimens based on artesunate combination therapy. This combination of prevention and treatment measures can control malaria. The challenge before us all is to put the human resources and systems in place to ensure that it is adopted. Meanwhile, malaria still kills 30 000 people in this region, mainly children, every year.

As we see in the case of HIV/AIDS, malaria and tuberculosis, making adequate health services available where they are needed is an enormous challenge in itself. But it is only one part of what it takes to promote health for all. Health also depends to a very significant extent on socially determined factors such as the environment, education and employment.

Knowledge about how these factors affect health enables us to target our activities for maximum effect. To gather and consolidate the evidence needed for effective policies, the Commission on the Social Determinants of Health will begin its work in December. Regional and country-level input will be indispensable for this effort and I encourage you all to contribute to the Commission's work.

The WHO Framework Convention on Tobacco Control, also aimed at tackling social and economic determinants of health, is proceeding well towards coming into force. In this region, our host country, Maldives, has ratified it, as have Bangladesh, Bhutan, India, Myanmar and Sri Lanka. I urge all the rest of you to follow their excellent example, so that the Convention can fulfill its great potential for saving lives.

It is research that has led to public recognition of some of the causes of chronic disease and how they can be tackled. The Ministerial Summit on Health Research, to be held in Mexico in November, aims to accelerate the same process for other causal factors of disease, especially the factors that block the way to the Millennium Development Goals. In addition, the Sixth Global Conference on Health Promotion will be held in Bangkok in August 2005. Its title will be Policy and Partnership for Action. I urge you to attend this important event. Unity is the key to achieving the security and equity the world so desperately needs now. In the coming months, our focus on maternal and child health will provide special opportunities to achieve it. A

particular concern in this region is the high rate of neonatal mortality and low-birth-weight infants.

A large number of key organizations have combined forces to tackle the problems in this area. Their first step, earlier this year, was to draft a road map for attaining the Millennium Development Goals for maternal and child health. The World Health Report and World Health Day for 2005 will build on this momentum. The report will be launched at a major event in India next April to celebrate World Health Day. We are working with our colleagues in UNICEF, UNFPA and the many other organizations involved through the new Partnership for Safe Motherhood and Newborn Health, which is housed in WHO's Geneva office.

The focus on maternal and child health is reinforced by our country-specific cooperation strategies, whose principal aim is to strengthen health systems. Combined with delegation of authority to the WHO Representatives, the work of decentralization, through the single WHO country plan and budget, is well under way in the South-East Asia Region. Your work on this is very much appreciated by all. The Regional Committee itself has been a powerful means of building unity between our Member States over the years. Health problems have no respect for national boundaries and the means of solving them must transcend those boundaries as well. Solidarity is the key to disease control, especially for the diseases linked to poverty.

Your decisions here this week can help to build that strength. For the sake of all the people who stand to gain from it, in South-East Asia and beyond, I wish you every success.

Thank you.

Annex 8

REPORT OF THE FORTY-FIRST MEETING OF THE CONSULTATIVE COMMITTEE FOR PROGRAMME DEVELOPMENT AND MANAGEMENT*

1. Introduction

The Forty-first Meeting of the Consultative Committee for Programme Development and Management (CCPDM) was held at the WHO Regional Office for South-East Asia, New Delhi, India, from 19-21 July 2004. Representatives from all Member Countries of South-East Asia Region participated.

2. Inaugural Session

Opening Remarks by the Regional Director

Welcoming the participants, the Regional Director, Dr Samlee Plianbangchang, stated that the meeting would provide an opportunity to review WHO programme development and management in the Region; assess past performance through a review of the implementation of the WHO collaborative programmes for the 2002-2003 biennium, examine current issues and look ahead to the challenges during the 2006-2007 biennium. He recalled that the Director-General, Dr LEE Jong-wook, had consistently laid emphasis on improvement of the performance of WHO at the country level. In this perspective, the work of the Organization would be built upon its successful past experience and by avoiding past mistakes. The Ministries of Health in all Member States in the Region had substantially augmented their capability and capacity to pursue health development. Other development

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partners in the Region were also involved in supporting health through international initiatives such as the Global Fund for AIDS, TB and Malaria. WHO, as a specialized agency of the UN system, played a major role in providing technical support and backstopping to facilitate and catalyze such a process. It was necessary for WHO to sustain its close relationship with its Member States, its global leadership in health and its ability to provide strategic support to countries in the process of national health development. As a technical agency, WHO must maintain its pivotal role as a lead agency in international health. Sustaining and ensuring efficient and effective technical support to countries called for necessary budgetary resources from the Organization.

Thus, the available resources have to be utilized in the most efficient and effective manner possible to facilitate WHO's collaborative technical activities in the countries. To ensure such efficiency and effectiveness in the Region, 75 per cent of Regular Budget resources had been allocated for supporting country activities, which was the highest proportion of all WHO regions. This enabled the Regional Office to provide timely support to the Member States in crisis situations like the recent SARS outbreak, as well as in developing proposals for the Global Fund. The Regional Director emphasized WHO country presence, which implied WHO country offices along with the regional support programmes provided to countries. He said that the Director-General placed a high priority on strengthening country presence to ensure greater health benefits to the people. SEARO was moving forcefully in this direction. The key instrument for achieving this goal was the Country Cooperation Strategy (CCS). The Strategy analyzed national health problems, current involvement of various health development partners, and the strengths of WHO. CCSs had been developed for all countries of the Region, and at least five countries would revise their CCSs in the coming 12 months. In this context, the Regional Director drew attention to the concept of 'One-country Budget' conceptualized as an integrated budget, derived from funds from all sources and reflecting the support provided to a country from all levels of the Organization. This was expected to facilitate joint planning, involving HQ, SEARO and countries. In line with the policy of decentralization, the delegation of authority to the WHO Country Representatives had been doubled. This had facilitated timely response and reduced bottlenecks.

The Regional Director said that SEAR can take pride in the financial implementation of the Regular Budget achieved during the 2002-2003 biennium, when reserves dropped by about 25% to the lowest level in the past decade. Funds surrendered were just over US$2 million. The accomplishments of the biennium in technical terms were more difficult to quantity, partly because the WHO country programmes were often spread over a large number of areas, with the emphasis on inputs and activities rather than on outputs or outcomes of activities. There was a need to be more focused in our work, with fewer Expected Results, making it easier to monitor and evaluate programme implementation.

The increasing influence of donor funds on WHO work was another important issue. During the last biennium, 59 per cent of funds were from sources other than the Regular Budget, with the latter providing 41 per cent of resources. The proportion of funds from Other Sources during the ongoing biennium - 2004-2005 – had increased to 67 per cent, and was expected to rise to about 69 per cent in the 2006-2007 biennium. More funds from other sources was a good sign. However, it should be ensured that donor funds do not dictate the direction of WHO's work. The Organization and its Member States must decide WHO policy, strategy and collaborative activities before mobilizing funds from donors to fulfil the needs. SEAR work plans for the Regular Budget and funds from Other Sources had been integrated starting this biennium. Issues and procedures relating to this integrated budget would be discussed at the current meeting.

The Regional Director stated that improving WHO's country presence in Member States was important and was aimed at ensuring harmonized Organization-wide support to countries. The Regional Office placed a high priority on support for country activities. Technical Directors and Regional Advisers were advised of their main role to support country programmes and to reinforce the normative functions of the Organization, such as development of technical guidelines, standards and norms and generic training modules for use by the countries. HQ was paying greater attention to country support, and greater responsibility and authority had been delegated to WHO Representatives. Another important initiative in this connection was promoting horizontal technical cooperation between Member States, thus encouraging more technical cooperation among countries. It was important to secure the concurrence of the respective national health authorities, especially when such cooperation had policy, financial and political implications. This

would promote the sharing of information and expertise among countries in the Region. It would provide more opportunities to countries to support each other's health development, with WHO acting as a catalyst and facilitator.

The Regional Director drew attention to the topic of the Technical Discussions, viz. Emergency Health Preparedness. This topic was selected because all countries of SEAR continue to face natural hazards and complex emergencies. In these situations, the protection and promotion of the health of the people was of paramount concern. He expressed the hope that, through these discussions, WHO would be able to provide more effective support for national emergency health preparedness in countries.

The Regional Director concluded by saying that he looked forward to the Committee's guidance and policy directions to carry forward the future work of the Region.

Remarks by the Director, Programme Management

Dr Bjorn Melgaard, Director, Programme Management (DPM), addressing the CCPDM for the first time in his new capacity, recalled that since its establishment in 1980, the Regional Director had entrusted to the CCPDM the task of reviewing all aspects of WHO collaborative programmes. Other functions were entrusted to it by the Regional Director in the area of programme development and management. With amended terms of reference in 1998, the CCPDM had assumed the task of reviewing the Programme Budget and conducting Technical Discussions on the selected subject. Thus, the Committee carried out an in-depth review of the progress of the programme budget. In addition, it evaluated the operational plans for implementing the programme budget, and other subjects entrusted to it by the Regional Director. Given the policy changes in WHO, the constructive suggestions and valuable guidance of the Committee would make WHO's collaboration with the countries more meaningful and relevant.

3. Election of Chairperson and Rapporteur

Dr B.D. Chataut (Nepal) was elected Chairperson, and Dr H.S.B. Tennakoon (Sri Lanka) as Rapporteur.

Professor Dr Azrul Azwar (Indonesia) and Mr Ahmed Salih (Maldives) were elected, Chairperson and Rapporteur respectively of the Technical Discussions on Emergency Health Preparedness.

4. Establishment of Drafting Group *(Agenda item 2)*

A Drafting Group, comprising Dr H.S.B. Tennakoon (Sri Lanka), Dr Md Abdur Rahman Khan (Bangladesh), Ms Nasirah Bahaudin (Indonesia), Dr Tin Win Maung (Myanmar) and Dr Amnuay Gajeena (Thailand) was constituted to prepare the report of the meeting.

5. Review of WHO Collaborative Programmes Implemented During the 2002-2003 Biennium *(Agenda item 3.1)*

Introducing the Agenda item, Dr Bjorn Melgaard, Director, Programme Management (DPM), emphasized that the working paper on this important Agenda item (doc. SEA/PDM/Meet.41/4) had followed a new format, in accordance with an earlier recommendation of the CCPDM. It presented a result-oriented report, on the basis of contributions received from WHO country offices and technical departments in the Regional Office. Parts I and II of the document provided information on the achievements during the biennium of WHO collaborative programmes at both country and intercountry levels. Part III contained information about financial implementation as of 31 December 2003, as well as the latest status of liquidation of reserves of the last biennium.

Dr Melgaard highlighted that SEAR had achieved 100 per cent obligation of the Regular Budget allocation of US$ 91.222 million. The established reserves, carried forward at the end of the biennium 2002-2003 (US$ 9.72 million), showed a decline of nearly 25 per cent compared to US$ 12.7 million at the end of the 2000-2001 biennium.

Dr Melgaard made a short presentation on the key technical aspects of programme implementation, highlighting the success factors that contributed to the good performance and financial implementation during the period

1 January 2002 to 31 December 2003. He placed before the Committee the important issues for its consideration. The highlights of his presentation were:

- The target of 100 per cent obligation of Regular Budget for 2002-2003 had been achieved within 18 months of the biennium, thereby signifying good financial implementation.
- The results-based management approach adopted during the biennium put greater emphasis on indicators and targets.
- The programme budget had built-in flexibility allowing reprogramming of funds for special problems such as SARS.
- Impeding factors, often related to planning, included late finalization of work plans leading to delay in implementation; difficulty in identifying management constraints due to the large number of Expected Contributions (ECs); and targets and indicators that were not always clear, not reflecting achievements of products and activities.
- The lessons learnt following the review were: over-ambitious targets and too many ECs restricted the quality of implementation, while good management and well-defined targets and indicators improved quality; programme changes (PCs) should facilitate achievement of ECs, and new ECs should not be introduced except in emergency situations.
- Some important issues for consideration were: Country Cooperation Strategy (CCS) and work plans, as the core elements, should focus on a more limited number of well-defined areas of work. Strengthened management capacity, as well as integrated, joint planning are essential to improve programme performance. Close monitoring through the AMS should enable assessment of progress of implementation. Strengthened Government-WHO coordination mechanisms are needed for more focused collaborative programmes with fewer outputs. There is a need for closer horizontal coordination among countries and WHO country offices for exchanging experiences and maximizing the impact of WHO's technical support.

Ms Ann T. Van Hulle-Colbert, Director, Administration and Finance, presented the outcome of financial implementation aspects of the WHO

collaborative programme during the biennium, as well as the lessons learnt. The highlights of her presentation were:

- The financial implementation goals were largely met. RB funds (US$ 91 million) had been fully obligated by the end of the biennium. Contingency funding had been made available for Timor-Leste health programmes, SARS and other unforeseen health emergencies. OSD (Organization of Health Services) was the Area of Work with the highest RB outlay. RB allocations to the Region had declined in recent biennia, and this trend continued during the current biennium. This was a consequence of World Health Assembly resolution WHA51.31.
- EB funds from donors to the Region continued to grow, to US$ 129 million for 2002-2003, nearly double those in 1998-1999. IVD (including polio), Tuberculosis, and EHA (Emergency Health and Response) were the Areas of Work with the highest EB support.
- Setting ambitious implementation targets and active monitoring contributed to a significant improvement in SEAR's financial performance. Idle funds could be directed to priority programmes with better absorption capacity if these are identified in time. Timely implementation requires work plans to be developed, approved and in place by the start of the biennium.
- Regarding implications for 2004-2005, recent performance indicates that SEAR's good financial implementation continues. The Region is committed to meeting the targets recommended by the CCPDM (75% implementation by the end of the first year, and 100% by 31 August 2005) without sacrificing quality or compliance with financial rules, in accordance with recent observations of WHO auditors.

Discussion Points

- The CCPDM reaffirmed the success in achieving full financial implementation in the 2002-2003 biennium. This was a result of close cooperation between WHO and ministries of health.
- Some implementation constraints brought out included the late finalization of work plans, difficulties in implementing fellowships, the

long process needed to obtain visas for countries holding meetings, as well as the large number of projects.

- The Committee appreciated WHO's flexible funding policies. There were several instances, such as the SARS crisis, where WHO quickly modified its work programmes to meet the immediate needs of countries.

- The goal of improving country presence was supported by several delegations. WHO country offices had provided much appreciated technical support even beyond the WHO work plans. This included support for GFATM and donor project preparation such as from the World Bank.

- It was pointed out that increased support for country presence should not diminish direct support from WHO for key projects. This was especially critical in smaller countries with limited funds. It was noted that increased resource mobilization would also generate more funds for country presence.

- Several countries asked for WHO country offices to play a greater role in donor coordination. WHO, by virtue of its close working relations with ministries of health, was in an ideal position to assist the governments in ensuring that donor projects are in line with health development priorities of Member Countries.

- Decentralization was mentioned as a key issue by some country delegations. It was hoped that WHO could play a greater role in helping countries deal with transitions to decentralized health systems. This might also be an area where horizontal collaboration between countries could be useful to those countries facing problems with decentralization.

- The increased role of voluntary funds was a concern expressed by several delegations. It was feared that these large projects might divert WHO from high-priority areas of health development. It was suggested that some funds might be redirected from the polio projects to other areas such as TB and malaria, once polio eradication was achieved. However, it was noted that donor funds were often tied to specific programme areas and it was difficult to move funds to new areas.

Recommendations

(5) WHO should play a more active role in supporting the efforts of ministries of health to coordinate donors and other development partners involved in health development.

(6) Efforts in resource mobilization should be strengthened to ensure that WHO receives voluntary funds for high-priority health programmes in the Region.

(7) Horizontal collaboration between countries should be encouraged in high-priority areas such as cross-border health issues.

(8) The special problems of small countries, such as limited country presence and budgetary resources, should be considered in future allocations of budgets and horizontal collaboration.

(9) WHO should maintain and strengthen its ability to respond quickly to urgent and unanticipated health needs of Member States.

6. Review of Evaluation of the Supplementary Intercountry Programme "Intensification of Cross-Border Collaboration in Priority Communicable Diseases (e.g. HIV/AIDS, Polio, Tuberculosis and Malaria, Kala-azar, Dengue, SARS, etc.)" *(Agenda item 3.2)*

Introducing the Agenda item for discussion, Dr Bjorn Melgaard, DPM, stated that in-depth evaluation of the content area, selected by the Regional Committee at its 56th session, had been conducted in four countries of the Region (Bangladesh, India, Myanmar and Thailand) by joint teams comprising WHO staff from HQ and SEARO, high-level officials from Member Countries familiar with the programmes and experts from WHO collaborating centres. The teams had evaluated the subject supplementary intercountry programme for the bienniums 2000-2001, 2002-2003 and 2004-2005 in terms of the appropriateness of the mechanisms and approaches, complementarity, sustainability and replicability, with special attention to indicators and targets. The teams assessed the adequacy of the ICP outputs in the first two bienniums and the catalytic effects of the ICP, including policy changes,

additional funding and strengthening partnerships for continued work, and recommended steps for improvements in the ICP work plans for future.

Dr S. Puri, Programme Development Officer, highlighted the issues addressed by the evaluation team, and the lessons learnt during the exercise:

- The joint evaluation teams worked through interviews, review of documents and field visits, addressing issues of cross-border/priority communicable diseases; examined whether the selected ICP II programme addressed issues of common concern to countries, complemented national and WHO programmes, was implemented according to indicators and targets, provided sustainability and multiplier effect, and facilitated technical cooperation, partnerships, networking and resource mobilization.
- The teams examined the appropriateness of the planning process, covering aspects such as: whether the planned activities and products were interlinked, complemented each other and led towards attainment of ECs; whether the activities complemented and facilitated implementation of country programmes, and whether there was integrated planning with the country budget.
- Some of the major outputs of the evaluation were: the work plans were relevant to countries' priorities as identified by the High-Level Task Force; the joint action plans addressed health issues of common concern to bordering countries; operational guidelines on cross-border interventions for priority communicable diseases had been incorporated into the joint action plans, and funding proposal had been prepared for GFATM consideration.
- The evaluation addressed adequacy of the programmes; the catalytic effects of ICP outputs, key issues and constraints. Several recommendations were put forth for consideration by the CCPDM and the Regional Committee.
- EB resources may be used for cross-border problems such as HIV/AIDS, TB and malaria. These can also be used to fund ICP-II activities. The involvement of both sides of the border was important for solving cross-border health issues.

- Intersectoral partnership should not only be used for intercountry cooperation, but also for country collaboration involving policy issues. There is a need for closer collaboration between WHO and ministries of health of Member States to further improve collaboration with partners, stakeholders, NGOs, and other health development partners.
- International Health Regulations should be discussed at the regional level, considering the findings and recommendations of this ICP-II evaluation.
- The continuity of the ICP-II mechanism was emphasized. WHO should collaborate with partners, intercountry and interregional mechanisms for achieving greater focus on cross-border issues. There was a need for greater high-level advocacy for cross-border collaboration for prevention and control of priority communicable diseases and health care delivery system at the borders.

Discussion Points

- The CCPDM emphasized the need to effectively coordinate the ICP and country work plans, including their timely finalization.
- More efforts are needed to promote coordination between countries sharing the same borders. Differences in resources should be considered in the coordination process.
- Efforts in revising the International Health Regulations (IHR) might be closely linked to cross-border efforts. It was noted that WHO was supporting consultations with countries of the Region with regard to the revised IHR. In addition, WHO might help develop the capacity of countries within the Region to implement these new regulations.
- More donor support is needed for cross-border issues and to develop the capacity of health staff in remote border areas.
- Regional forums, such as ASEAN and SAARC, should be used to promote high-level discussions on key cross-border health issues and to provide the political support for promoting consultations between the countries affected.

Recommendations

(1) Cross-border issues should be a high priority for horizontal collaboration efforts. These must be based on more intensive consultations between countries and WHO country offices.

(2) Efforts in revising the International Health Regulations should consider the special problems in border areas and determine appropriate ways to develop capacities to implement the new regulations.

(3) Additional voluntary funds should be mobilized for border health issues.

(4) More collaboration was called for between the operational level staff on both sides of the border, rather than in capital cities often detached from local issues and solutions.

7. Proposed Programme Budget 2006-2007

(Agenda item 3.3)

Presenting the Agenda item, Dr Bjorn Melgaard, DPM, emphasized the importance of the programme budget 2006-2007 as a key instrument in WHO's ongoing work. He said that it was the fourth successive biennial budget based on an Organization-wide results-based approach. It revolved around a set of objectives, strategies, and Organization-wide expected results, within the framework of 36 Areas of Work. It set forth current and emerging health priorities and highlighted the increased demand on, and expectations from, WHO's work. The views, observations and comments of the CCPDM would go a long way in refining the document in the light of the specific regional perspectives before submitting the budget to the Executive Board and the Fifty-eighth World Health Assembly.

Presenting the key aspects of the proposed programme budget for 2006-2007 biennium, Dr Mark Brooks, Planning Officer, recalled that the first stage of the budget process had been under way since January 2004 with the preparation of Organization-wide Areas of Work statements and resource requirements. The budget proposal was finalized in HQ on 6 July 2004 and sent to regions. The policy directions, major features of the Programme Budget, and key issues affecting SEAR were highlighted as below:

- During the ongoing biennium 2004-2005, 70 per cent of the funds are allocated for regions and countries. This proportion was expected to rise to 75 per cent in the next biennium, with a corresponding decline in the proportion of budget for HQ. The proposed Programme Budget holds out a promise of significant increases to regions.
- There were continued discussions between HQ and regions on the distribution of budgetary resources among regions. The World Health Assembly had, in May 2004, requested the Director-General to prepare new guidelines for distribution of funds. These will be presented to the Executive Board in January 2005.
- The budgetary allocations to SEAR are proposed to increase by 17.4 per cent, comprising of 12.5 per cent assessed contributions and 19.8 per cent voluntary contributions. Thus, voluntary contributions are expected to play a larger role (about 70 per cent) in SEAR funding in the next biennium.
- If the above budget is approved, SEAR will receive an additional US$12 million of RB resources. The basis for distribution of these resources to SEAR countries would be the technical needs of each country, at the same time ensuring that no country suffered a loss in funds allocated to it, even after increased Assessed Contributions.
- Certain areas of work, viz. Epidemic Alert and Response, HIV/AIDS, Noncommunicable Diseases Surveillance and Control, Making Pregnancy Safer, Child and Adolescent Health, and Planning, Resource Coordination and Oversight, will receive large increases.
- The ICP-II mechanism may need to be replaced, mainly because moving funds from countries to the Regional Office goes against the spirit of decentralization. Also, a mechanism was needed for intercountry activities, especially through horizontal collaboration.
- Resource mobilization for voluntary funds should increase, to ensure that these funds are received for priority programmes. At the same time, the capacity of country offices and SEARO needs to be increased to mobilize needed resources and implement projects.

Discussion Points

- The Committee expressed its appreciation to the WHO Director-General for proposing an increase in the allocation of funds to the regions and countries in the Proposed Programme Budget for 2006-2007.
- There was a discussion of the term "technical needs" and how to operationalize this for country allocations. It was noted that a regional working group was needed to agree on a satisfactory definition and funding formula for distribution of additional allocations to Member Countries.
- It was suggested that voluntary funds might be used to support ICP-II activities. However, intercountry cooperation and horizontal support requires greater flexibility than most donors are willing to allow. Therefore, it was likely that regular budget funds would still be needed for ICP-II activities, and regular budget country funds could be earmarked for implementing these intercountry activities.
- Some delegations were concerned that the Area of Work statements might exclude high-priority activities for their countries. The example of traditional medicine was cited. Assurances were given that the Areas of Work would include all health-related activities.
- Delegates enquired how the Region could attract greater WHO funding as a follow-up to discussions on World Health Assembly resolution WHA51.31. It was noted that WHO headquarters had agreed to hold consultations with regions and countries in this regard.
- There were questions about why allocations for malaria and tuberculosis had decreased in the current biennium. At the same time, funding for HIV/AIDS had gone up substantially. It was explained that the Global Fund was providing resources for malaria and tuberculosis and, therefore, WHO was only supporting technical assistance and not large-scale interventions. On the other hand, WHO's strong advocacy for the "3 by 5" initiative had meant large increases in funding for HIV/AIDS, mostly from voluntary contributions.
- The increased mobilization of voluntary funds might pose problems in some countries where tax regulations strictly control the use of funds

from local donors. As this might be a constraint to local resource mobilization initiatives, local bilateral mechanisms needed to be worked out to overcome such constraints.

Recommendations

(1) The CCPDM recommended the endorsement by the Regional Committee of the Proposed Programme Budget 2006-2007 (Document DRAFT PPB/2006-2007), including the Draft Regional Areas of Work Statements outlining the regional situation and contributions towards achievement of Organization-wide Expected Results.

(2) The Regional Director may establish a Working Group for development of guiding principles, based on objective criteria, to be applied in the distribution of any additional funds to the Region. All countries of the Region should be represented in this Group.

(3) Mechanisms to support horizontal collaboration and intercountry activities should be explored to replace ICP-II. The Regional Director's Working Group for the distribution of additional regular budget funding should also provide recommendations for these new mechanisms.

(4) A draft resolution, as appended below, is submitted to the Regional Committee for its consideration and adoption.

DRAFT RESOLUTION ON PROPOSED PROGRAMME BUDGET 2006-2007

"The Regional Committee,

Having considered the Proposed Programme Budget for 2006-2007[1]*, providing the strategic framework containing objectives, strategies, and Organization-wide expected results, and noting the report of the 41st meeting of the Consultative Committee for Programme Development and Management [CCPDM] (Document SEA/ PDM/Meet.41/11),*

Welcoming the strong emphasis and focus on Organization-wide results-based integrated budgeting and the proposals for addressing the global public health challenges and strengthening WHO's country programmes,

[1] Draft PPB/2006-2007

Noting with appreciation the Director-General's proposal to increase the overall level of the budget by 12.8% as compared to the previous biennium, and endorsing the strategic directions and the five global priorities,

Reaffirming its resolutions SEA/RC55/R2 and SEA/RC56/R4 with respect to implementation of resolution WHA51.31, and acknowledging the decision WHA57(10), requesting the Director-General to draw up, in consultation with Member States and regions, guiding principles, based on objective criteria, to be applied in the allocation of funds from all sources, taking into account equity, efficiency and performance, and support to countries in greatest need, particularly the least developed countries,

Endorsing the Regional Director's initiative to establish a Regional Working Group on Programme Budget for development of guiding principles for budget allocations from all sources,

Welcoming the anticipated increase in voluntary contributions, and moreover, deeply concerned that the present share of the budget from such resources to the South-East Asia Region is not commensurate with its health needs and the burden of disease,

(5) *ENDORSES the recommendations of the 41st Meeting of the CCPDM, and*

(6) *REQUESTS the Regional Director to take up with the WHO Director-General, the following for his consideration, while finalizing the Proposed Programme Budget for 2006-2007:*

(a) *to allocate a greater proportion of the Organization's funds to the South-East Asia Region, based on the health needs of the countries of the Region, while developing new guidelines for allocation of funds to Regions as a follow-up to World Health Assembly resolution WHA51.31,*

(b) *to consider ways and means, in consultation with international development partners, for increasing the voluntary contributions to the South-East Asia Region."*

8. Review of Progress on WHO 11th General Programme of Work for the Period 2006-2015 *(Agenda item 4)*

Introducing the Agenda item, Dr Bjorn Melgaard, DPM, emphasized that the General Programme of Work (GPW) was the policy guide to WHO's programme development covering a specific period and formed the basis for its programme budget for that period. He recalled that the Tenth GPW 2002-2005 was set to conclude next year and steps had been initiated to formulate the 11th GPW which would cover a ten-year period 2006-2015. This was in line with the decision of the Director-General. It would provide a longer-term vision on the direction of global public health and would have a broader scope covering not only WHO but international health in general. Countries and Regional Offices were expected to participate widely in the process of developing this GPW, as outlined in the working paper. The preliminary draft outline of the GPW was presented to the CCPDM for its comments, observations and recommendations which would be placed before the Regional Committee for its consideration.

Discussion Points

- The Committee noted the importance of efforts to develop the 11th GPW, positioning public health within the broad development context, including linkages with Health and Poverty, Health and Development, Human Security and Social Justice. This would help countries in developing their own plans and activities towards accomplishment of the Millennium Development Goals.
- While the 11th GPW attempts to provide possible scenarios on new tools, health systems, outcomes, food inequity, AIDS, TB, etc., it will not indicate any new levels of investments by WHO.
- It was clarified that the concept of developing scenarios is a new approach in the GPW, and the intention seemed to be to incorporate major events that might impact on health, such as major economic, environmental or political developments.

The CCPDM noted the progress of work relating to formulation of WHO's 11th General Programme of Work and the preliminary draft outline of its broad contents.

9. Regional Implications of the Decisions and Resolutions of the Fifty-Seventh World Health Assembly and the 113th and 114th Sessions of the Executive Board

(Agenda item 5)

Dr Bjorn Melgaard, DPM, highlighted the key information on the decisions and resolutions adopted by the Fifty-seventh World Health Assembly and the 113th and 114th sessions of the Executive Board of particular concern, relevance and implications for the Region. These were placed before the CCPDM for its review and recommendations for consideration by the fifty-seventh session of the Regional Committee. He further informed the delegates that the regional implications of each decision and resolution had been highlighted, with actions proposed to be taken, both by the countries and the Regional Office.

Discussion Points

- Criteria need to be identified for proper use and allocation of regional allocations for the biennium 2006-2007.
- Countries need to develop their national policies and strategies with the help of WHO for Road Safety and Health in order to mount a coordinated public health response using a multisectoral approach.
- WHO support is required to develop strategies to mitigate the adverse effects of migration of health personnel, strategies for effective retention of health personnel, and human resource development for health as per the need of the countries.
- Following the global strategy on diet, physical activity and health, WHO's support to Member States is needed to inculcate healthy lifestyle through health promotion and education at all levels.
- Proper identification and availability of affordable generic ARV drugs of assured quality was emphasized. Also, ways and means for sustainability of targets beyond "3 by 5" need to be identified.

Recommendations

(1) WHO should support national road injury prevention programmes, including injury surveillance systems, prevention of road traffic injury, appropriate action plans and strengthened emergency as well as rehabilitative services.

(2) WHO should work closely with Member States in developing policies/ strategies to enhance effective retention of health personnel and mitigate the adverse effects of their migration, taking into consideration the provisions of the GATS agreement.

(3) Based on the global strategy on diet, physical activity and health, WHO should work closely with Member Countries to develop a regional strategy and further strengthen national guidelines.

(4) WHO should work closely, especially with high burden Member Countries, for scaling up treatment and care and making available affordable ARV drugs of assured quality. WHO should continue its technical support to countries in consolidating their HIV/AIDS prevention, treatment, care and surveillance mechanisms within the health systems as a whole, to sustain the programmes during and beyond "3 by 5".

10. Reports by Country Representatives on their Attendance at the Meeting of the Coordinating Bodies of WHO's Global Programmes *(Agenda item 6)*

10.1 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) *(Agenda item 6.1)*

Introducing the subject, Dr Bjorn Melgaard, DPM, recalled that India, Myanmar and Thailand had participated in the 27th session of the JCB in June 2004. The Joint Coordinating Board had been established by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), to coordinate the interests and responsibilities of the parties cooperating in this Special Programme, and that UNICEF had also joined the Special Programme as one of the co-sponsors.

On behalf of the representatives who attended the session, Dr Amnuay Gajeena from Thailand presented a report on the deliberations of the JCB meeting.

The 27th session of the TDR Joint Coordinating Board was held in Geneva from 28-29 June 2004. The report of TDR directors presented the progress over the last year and prospects for the future, within the changing global environment. TDR is now moving to a more coherent strategy with output-based reporting, utilizing key indicators, targets and milestones building on the 2000-2005 strategic plan. TDR's uniqueness was derived from its straight-forwardness of mission, combining 'use-inspired' research and building research capacity, its governance structure, with WHO as its executing agency, and the global scope and range of its activities. The Board took note of the progress made and the general orientation of the Programme, and re-emphasized its expectation that TDR would remain involved in vaccine research and development (R&D) as a major concern of its pipeline continuum, thereby ensuring follow-up research.

On HIV-AIDS, the Board took note of the rationale for TDR's proposed engagement in support of the WHO Director-General's "3 by 5" initiative. While it recognized the considerable burden of disease due to HIV/AIDS, its links with poverty, and its biomedical interaction with several TDR target diseases, it noted the current lack of clarity regarding TDR's potential scope of engagement, its added value and the expected level and source of funding. It recommended that the Programme should strengthen its collaboration with WHO, in harmony with WHO's focus on country support.

The CCPDM noted the report.

10.2 WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) *(Agenda item 6.2)*

Dr Bjorn Melgaard, DPM, stated that the Policy and Coordination Committee (PCC), the governing body of the Special Programme for Research, Development and Research Training in Human Reproduction (HRP), is

responsible for its overall policy and strategy. The PCC reviews and decides upon the planning and execution of the Special Programme, including the budget, to ensure that the interests and responsibilities of the parties cooperating in the Special Programme are coordinated. Representatives from India, Sri Lanka and Thailand from our Region had participated in the 17th meeting of the PCC, held in Geneva in June-July 2004.

The representative from Sri Lanka, Dr H.S.B. Tennakoon, reported on the proceedings of the meeting.

The PCC noted the report of major activities of the WHO FCH Cluster, as presented by the Assistant Director-General of the Cluster. It welcomed the news of UNDP confirming its decision to become a more active co-sponsor of the Programme. It recognized that, as the UN's only research programme serving the needs of the developing world in sexual and reproductive health, the Programme was making a unique contribution in helping countries establish a strong evidence base to meet the Millennium Development Goals, not only related to health but also those dealing with education, gender empowerment and elimination of poverty. PCC stressed the importance of the Programme's work as a global reproductive health research programme, involved in capacity building in developing countries, and suggested that WHO Regional Offices and Country Offices provide support and complement efforts towards research and technical capacity strengthening.

The CCPDM noted the report.

11. Technical Discussions on Emergency Health Preparedness

(Agenda item 7)

Technical Discussions on Emergency Health Preparedness were held on 20 July 2004. Professor Dr Azrul Azwar (Indonesia) was elected Chairperson and Mr Ahmed Salih (Maldives) was elected Rapporteur. The report and recommendations arising out of the Technical Discussions will be submitted to the fifty-seventh session of the Regional Committee.

12. Adoption of Report

The CCPDM reviewed the draft report of its forty-first meeting, page by page, concentrating on the discussions and observations made by the members, and the recommendations arrived at on each agenda item, and adopted it with minor modifications.

13. Closure

In his concluding remarks, Dr Samlee Plianbangchang, Regional Director, thanked the members for sparing their time to attend the meeting. He expressed his particular appreciation to the Chairperson of the Committee as also the Chairperson of the Technical Discussions for their leadership and tact in conducting the meetings efficiently and effectively. He noted with satisfaction that the high level of participation had enhanced the value of outcomes and guidance. The meeting had provided an opportunity to explain new policy initiatives and obtain feedback from the countries. The Region could justifiably look back on its improved financial performance during the last biennium, and the sustained support by the countries would lead to maintaining the trend during the current biennium as well. The Secretariat had shared with the participants its vision of future work of the Organization and priorities, where special areas like cross-border collaboration and decentralization posed a new challenge which WHO would be able to meet successfully.

The Regional Director noted the views of the Committee that the ICP-II mechanism should be revised to facilitate increased horizontal and intercountry collaboration. It was gratifying to note that SEAR would be receiving an increase of 17.4% funding for the 2006-2007 biennium, though any increase in the regular budget funding would require the agreement of Member States to increase their assessed contributions. An assurance regarding this increase would be available only after the next World Health Assembly, to be held in May 2005. The Regional Director welcomed CCPDM's recommendation to establish a Regional Working Group to determine the criteria for distributing the increased funding.

SEARO had to be prepared to ensure that it could provide effective technical support efficiently. The Regional Office shall be ready to assist the Member States in their health development efforts, including greater involvement in donor coordination.

Dr Samlee concluded by assuring the members that the recommendations of the Committee would be submitted to the forthcoming session of the Regional Committee for its consideration.

Mr Ahmed Salih (Maldives), speaking on behalf of all the members, expressed appreciation to the secretariat for the excellent arrangements made for the conduct of the CCPDM meeting. He also complimented the quality and timely availability of documentation for the meeting.

The Chairperson, Dr B.D. Chataut, in his closing remarks congratulated the members on the successful completion of the meeting. He complimented the Chairperson of the Technical Discussions for the effective manner in which the Discussions were held. He expressed appreciation to the Rapporteurs and the members of the drafting group for preparing a concise report reflecting the discussions and recommendations. He also congratulated the members of the WHO secretariat for their support and excellent arrangements made for the meeting.

He then declared the Forty-first meeting of the Consultative Committee for Programme Development and Management closed.

Annex 9

CONSIDERATION OF THE RECOMMENDATIONS ARISING OUT OF THE TECHNICAL DISCUSSIONS ON EMERGENCY HEALTH PREPAREDNESS*

1. INTRODUCTION

In conjunction with the forty-first meeting of the Consultative Committee for Programme Development and Management (CCPDM), Technical Discussions were held on the subject of "Emergency Health Preparedness" on 20 July 2004 under the Chairmanship of Prof Azrul Azwar, Director-General of Community Health, Department of Health, Republic of Indonesia. Mr Ahmed Salih, Director, Ministry of Health, Maldives, was elected Rapporteur. The working paper for the Technical Discussions, along with the Annotated Agenda, formed the basis for the Technical Discussions. Together with the CCPDM participants, special invitees from the civil society sector and sister UN agencies participated in the discussions.

1.1 Opening Remarks by the Chairman

The Chair welcomed the participants to the meeting and explained that for this year's Technical Discussions on the topic of "Emergency Health Preparedness" had been chosen because of its relevance to Member States in the Region in the context of the changing global events, recent events in the countries, and the regular cycle of natural hazards affecting communities and populations. The Chair stated that this was a very good opportunity to recall the resolution on disaster preparedness adopted by the forty-fourth session of the Regional Committee and review the progress in the implementation of that resolution. The Chair invited the participants to engage in the discussions within the framework provided by the working paper and the Annotated Agenda.

* Originally issued as document SEA/RC57/11 dated 9 August 2004

1.2 Introduction of the Topic

The Chair requested Dr Luis Jorge Perez, Regional Adviser for Emergency Preparedness and Response, to introduce the working paper. Dr Perez's presentation emphasized that the key factor in emergency health preparedness (EHP) was risk management and its mainstreaming in the planning and implementation of health and development activities. Emergency preparedness and response became more effective when risks were identified as also the ways and means to address them.

The presentation further stressed on the explanation of risk management and related concepts. Risks were characterized in terms of populations affected and that risks varied between communities and within communities. Making risk management central to the disaster cycle was important since the risk approach could be applied at various phases of any emergency or disaster. The links between disasters and development were described with an emphasis on how risk reduction could actually assist in achieving the Millennium Development Goals (MDGs).

The regional situation in regard to emergencies was presented. It highlighted common hazards and vulnerabilities and differences in capacities. Although many of the Member States have common natural hazards, the issue of complex emergencies occurring in several countries of the Region was raised.

A case study of the current floods affecting three Member States (Bangladesh, India and Nepal) was described. An update on the current situation and a description of the response was presented highlighting the strengths, namely, decentralized response, intersectoral collaboration and community-based approaches. The community-based preparedness programme in Bangladesh was cited as an example of a sustainable approach. The success story of Gujarat, India, with health sector action from disaster to development was highlighted. Lastly, the effort of Nepal in addressing the risk of a major earthquake was presented as a focused but comprehensive effort for a specific risk. In conclusion, two important points were highlighted:

- Although Member States have addressed the issue of emergencies, there is a need for more concerted effort; and

- EHP is a cross-cutting issue and thus needs collaboration from all other programmes (e.g. communicable diseases control, mental health, information and advocacy).

The Chairperson summarized the issues raised in the presentation and then opened the floor for plenary discussions.

2. DISCUSSION POINTS

- The key issue in preparedness is strengthening the health infrastructure at all levels, particularly at the grassroots.
- The management of epidemics that follow a natural hazard (e.g. flood and cyclones) needs to be efficient. There is a need to have very good Standard Operating Procedures (SOPs) so that the emergency team and those involved in epidemic management and surveillance are able to manage the event efficiently without gaps.
- The Safe Community Initiative in Indonesia where capacities of communities are built to address specific hazards whereby risks and vulnerabilities in the communities are reduced was mentioned. The initiative also includes community advocacy to involve other sectors and, in the case of Indonesia, through the Red Cross/Crescent and the Scouting Movement. A joint committee under the President of the Republic of Indonesia is responsible for intersectoral collaboration.
- Complex emergencies, refugees and internally displaced persons, mainly due to political, ethnic and cultural issues, are priorities that need to be addressed.
- Logistics and resources are key issues in preparedness and response.
- The military has vast resources, particularly for logistics, but these may not be used in some cases of complex emergencies, e.g. refugees or internal displacement situations.
- There is a need to define the role of the health sector. Since the health sector cannot address emergencies by itself, it is important that the health sector describe clearly what it can deliver.

- Apart from the MDGs, environmental issues are an important area in which risk management principles can be applied.
- Preparedness for emergencies should be closely linked to communicable diseases control units to address issues of post-disaster surveillance and logistics support for surveillance.
- Movement of populations (e.g. refugees, internally displaced persons) has also increased the risk of these communities for communicable diseases such as HIV/AIDS. Addressing vulnerable populations through a strengthened health infrastructure is a key factor.
- Women and children are most vulnerable in emergencies. The example of Gujarat wherein services for pregnancy and child care were the big priorities after the emergency phase, was cited.
- The implications of small-scale disasters for a small country were immense. Ferry accidents, a possible oil tanker spill or an air crash were some aspects that would need guidelines and training for the health sector.
- Risk management is a key factor in emergency health preparedness. In the health sector, the integration of certain aspects of the departments of communicable and noncommunicable diseases may be an initial step towards this.
- Policy development and implementation can bring immense changes in emergency preparedness and response.
- There are recurring emergencies and one-off emergencies and the health sector should be able to respond to both types.
- Many of the issues which determine appropriate and efficient preparedness and risk management relate to governance.
- Strengthening the health system is key in preparedness. One aspect of this is effective routine immunization; this should be ensured.
- Community participation and social mobilization are important strategies in preparedness. Improving health intelligence is also an area that the health sector should address in emergency health preparedness.

- Information and communication is important prior to, during and after an emergency. Managing media means dealing with them even before an emergency and training them as well. During an emergency it is important to ensure that the flow of information within ministries of health and the larger public is consistent.
- Building capacity of the information/media units in ministries of health is key in this regard and policies are important to define this area of emergency management.
- There is a need to provide support to the health staff in remote areas to strengthen preparedness.
- Emergency preparedness and response envisages collaboration with other sectors., The health sector should be able to bring them in as partners.
- It is important to create a mechanism for multisectoral preparedness, planning and action either through a working group or a committee to avoid ad hoc response which very often is inadequate and inappropriate.

Dr Perez further shared the work of other countries in emergency preparedness and response:

Indonesia's efforts in rehabilitation and peace building in Aceh; Sri Lanka's management of the health issues in the Northeast and the floods in May 2003; DPR Korea's management of the Ryongchon blast; Timor-Leste's management of certain natural hazards in spite of having a fledgling programme; and Maldives' management of a recent ferry accident. He stated that these examples showed that the issues mentioned on governance, intersectoral collaboration, effective planning and collaboration among other health programmes are key in emergency health preparedness. Dr Perez then reiterated the issue of the health MDGs and the contribution that can be made by risk reduction measures in their achievement.

3. GROUP DISCUSSIONS

The participants were divided into three groups and asked to identify the main challenges faced in emergency health preparedness and propose solutions to them. Group 1 was represented by Mr Pemba Wangchuk; Group

2 by Dr Ganthimathi, and Group 3 by Mr Anshu Sharma. All the three groups made presentations. The following is a summary of the outputs of the three groups:

Challenges and specific solutions

(1) Political will is needed as this sets the framework for policy and action.

- Advocacy and leadership of ministries of health
- Working and collaborating with media
- National and local plans and focal points needed
- Decentralized action in all phases of the emergency yields more sustainable results
- Resource allocation through budget at various levels of administration
- Institutionalization of disaster management
- Integrating risk management as part of development planning (one group noted that WHO had a key role in advocating this to the health sector as well as its sectoral partners and other UN agencies).

(2) Intersectoral cooperation

- Led by national/ provincial/district/ local and focal point with statutory provisions for authority
- National focal points represented by all relevant sectors
- National sectoral plans supported by a management information system
- Clear guidelines and defined roles for each sector
- Clear mechanism for this cooperation to be established that functions regularly.

(3) Community participation

- To be initiated during non-emergency phase with civil society organizations and other agencies under the national plan
- Training and awareness to prevent and deal with emergencies
- Community contingency action plans
- Private sector involvement
- Participation in vigilance and surveillance
- Recognition of services provided
- Active participation in the restoration of services
- Access to information
- Link with local authorities.

(4) Capacity building of the health sector

- Development and implementation of a clear policy
- Comprehensive and strategic planning based on risk assessments
- Monitoring and evaluation
- Logistics in all phases of an emergency
- Resource allocation and investment in EHP and risk reduction
- Systematic flow of information in prevention, preparedness and action during emergencies linked to surveillance systems.

(5) Intercountry cooperation

- To be initiated in the non-emergency phase
- Focus on common issues and resources
- Establishment of common platforms and mutual support
- Supported by good communication and transportation systems
- Networking
- Led and guided by WHO leadership.

4. BROAD STRATEGIES IN STRENGTHENING EMERGENCY HEALTH PREPAREDNESS

- Development of norms and policies
- Capacity building of institutions and human resources
- Coordination and liaison with other sectors and mobilization of resources
- Research and development
- Community involvement and strengthening

Roles of Member States and WHO

The discussions then addressed the strategies and roles of Member States and WHO in emergency preparedness and response with the working paper as the background document.

The key issues raised were:

(1) Revision of the International Health Regulations in relation to emergency preparedness and response.

(2) Community participation as a main strategy in addressing emergency health preparedness.

(3) Clarification of the role of WHO which participants defined as (in addition to those in the working paper)

- Advocacy in the health sector and other sectors and agencies
- Coordinating role in the health sector in all phases of disaster.

(4) Important role of civil society in community participation as compared to that of government.

The Chair pointed out that additions to the working paper were needed based on the comments made by the participants.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

(1) Risk management is the core method in the development of effective and efficient emergency health preparedness and response activities.

(2) Risk management should be incorporated in all development planning activities so that emergency and disaster management is well linked to sustainable development.

(3) Member States should build political will by developing policies and legislations and invest in their budgets for risk management initiatives and programmes and emergency health preparedness, response, recovery, rehabilitation and mitigation.

(4) Strategies described in the paper provide very good guidance for Member States and each of these strategic directions can be further refined in the context of individual countries and the risks they face.

Defining the roles of the health sector in Member States and that of WHO and other partners is the key to reducing disaster risk.

5.2 Recommendations

(1) Policies should be developed and legislation enacted to promote and incorporate risk management, vulnerability assessment and risk mitigation into national and local health and development activities and provide resources to support the implementation of such policies.

(2) Focal points and units should be identified in the ministry of health for emergency health preparedness and response.

(3) Disaster management in the health sector should be institutionalized.

(4) Comprehensive strategic planning based on risk assessments should be supported.

(5) A clear capacity building strategy should be developed according to the actual needs of each country on risk management, risk communication, emergency preparedness, information management etc. in collaboration with other relevant sectors.

(6) Disaster management principles and activities should be included in school, college and training curriculum.

(7) Coordination mechanisms should be developed for facilitating inter- and intra-collaboration and enhancing networking and mapping of resources among partners.

(8) Resource mobilization mechanisms should be developed to support response in emergencies.

(9) Informed decision should be promoted based on evidence and "lessons learnt" exercise.

(10) Communities should be involved in the development and implementation of disaster risk reduction efforts.

6. CLOSING SESSION

The Chair then invited the Deputy Regional Director to deliver the closing remarks. Dr Poonam Khetrapal Singh thanked the participants for their valuable inputs and said that these would be included in the working paper to be submitted to the Regional Committee. She stated that the challenges and strategies portion in the document would be suitably modified. For preparedness to be enhanced and risks and vulnerabilities reduced, collaboration within and across different sectors needed to be maximized. For this, the roles of various sectors had to be clearly defined. A comprehensive strategic risk approach was needed which would include risk assessment, risk planning and risk management. Integrating risk management as part of development planning was desirable. A coordinating body at the highest level of government would be helpful in implementing this approach. Strengthening community participation needed to be encouraged. Dissemination of correct information was critical. All these needed to be done in a manner that resources were utilized optimally so as to meet the objectives of risk reduction.

The Technical Discussions Group proposed that the fifty-seventh session of the Regional Committee adopt a resolution on the subject. A draft resolution was accordingly prepared for consideration by the Regional Committee.

The Chair closed the session with a vote of thanks.