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Fifty-seventh Meeting of the Regional Director with the WHO Representatives

WHO/SEARO, New Delhi, 28 November - 3 December 2005

Report of the Meeting

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Regional Office for South-East Asia
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CONTENTS

1. BACKGROUND

The Fifty-seventh Meeting of the Regional Director with the WHO Representatives (WRs) was held at WHO/SEARO, New Delhi, from 28 November to 3 December 2005.

The Agenda, Programme and the List of Participants are at Annexes 1, 2 and 3 respectively.

This report presents the highlights of discussions under each agenda item along with recommendations. It documents the important issues discussed at the meeting, and shall be the basis for follow-up action in countries and in the Regional Office.

This meeting represented a significant change in the way that WRs meetings have been conducted in the past. A change had been made in its agenda and programme. In order to have a "closer" and "more collegial" working relationship between country offices and the Regional Office, the agenda and programme of the meeting were modified.

A drafting group comprising Dr J. M. Luna (WR Maldives) and Dr Adik Wibowo (WR Myanmar) was formed to review the recommendations of the meeting.

2. BUSINESS SESSION

2.1 Regional Director's Opening Remarks

Welcoming the WHO Representatives, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region said that it was the most important internal meeting of WHO and it was time for "close dialogue" and interaction between WRs and the Regional Office staff. He said that instead of following the traditional way of organizing and conducting the meeting, a change had been made in its agenda and programme. He hoped that this new arrangement would lead to a more effective dialogue and interaction and would lead to a "closer" and "more collegial" working relationship between country offices and the Regional Office.

Dr Samlee mentioned that 2005 had been a year of hard work and of daunting challenges. This included the earthquake and tsunami at the end of last year, persistence of avian influenza with human cases in two countries of the Region, severe floods in India and the resurgence of polio in Indonesia. These were in addition to the emerging situations in some countries, which made our collaboration with them more difficult. However, with understanding, patience and a supportive approach, especially of WRs, the Region came through these difficulties successfully. The Regional Director thanked the staff members, particularly WRs, for their hard work throughout the year. He emphasized that our dialogues in the specific areas of work would continue, and that there would be new and emerging challenges in the future.

While touching upon the WHO biennial programme budget, Dr Samlee stated that it was the main tool for collaboration with the Member States. The workplans for programme budget 2006-2007 had already been finalized for implementation. He highlighted the need for thorough preparation to implement these workplans so that "right from the first of January next year, financial obligations can be effected and activities started without delay. He also stressed that from the next biennium onward, there would be no carry over of the unliquidated obligations and all activities in the workplans would have to be completed and funds liquidated by the end of the biennium, otherwise, the budget balance after liquidation would lapse.

In connection with the Multi-Country Activities (MCAs) in the workplans, the Regional Director stated that these were not compulsory and the decision to have or not to have these activities was with the WRs and concerned national authorities. The MCAs depend entirely on the spirit and will at the country level to provide intercountry cooperation and there should not be any imposition from the regional level.

While touching upon an important issue relating to the regional budget, Dr Samlee informed that, a decade ago, not less than 80% of the budget of the Region came from assessed contributions; this was what we called the Regular Budget. The remainder of the budget, which was only a small portion, used to come from extrabudgetary sources or voluntary contributions. Today, this ratio had been reversed. For the 2006-2007 biennium, the assessed contributions or Regular Budget was only 28%, with the remainder from voluntary contributions. The assessed contributions were always available for use from the beginning of the biennium to finance most of the staff posts. Only a small amount of voluntary contributions would be available through transfer from the previous biennium. However, for the coming biennium, almost all voluntary contributions were yet to be mobilized. Therefore, resource mobilization will have to be a high-priority activity of all technical units. He emphasized the need to strengthen the area of resource mobilization and asked all the departments and technical units to prepare and implement vigorously their strategies and plans for resource mobilization, working closely with their counterparts at Headquarters. They should identify funding agencies without delay so that activities supported with voluntary contributions, indicated in the workplans, can be implemented fully.

The Regional Director informed the group that coordination of resource mobilization was the responsibility of DRD/ERO and they were ready to help departments and units in facilitating the process to mobilize resources. He further added that resource mobilization at the country level should also be given high priority. WRs and their offices needed to actively mobilize voluntary contributions to support WHO country activities.

In view of the trend in budget mix of the Regular Budget versus voluntary contributions, Dr Samlee also highlighted the need to reform the management of resources and to improve efficiency and effectiveness. He stressed the need to achieve maximum results from what was already available. There should be transparency, full responsibility and accountability in utilizing resources. Most importantly, the countries should benefit from the work of WHO in ways that are tangible and measurable.

Dr Samlee emphasized the need to ensure that WHO helped countries to reduce health problems and raise the health status of their populations. For this purpose, effective tools should be devised to measure achievements. Priority would be given to monitoring, evaluation and oversight of the work to ensure efficiency and effectiveness.

On the issue of delegation of authority, Dr Samlee said that he had liberally delegated authority to WRs and Department Directors with the view to help facilitate the efficient implementation of WHO's work. He hoped that this would be used responsibly and effectively with full accountability. He said that the decision to delegate authority was not permanent and, if warranted, delegation might be reduced or more authority might be delegated in an emergency situation.

Referring to the anticipated budgetary deficit of 3.5 million US Dollars for the 2006-2007 biennium, the Regional Director said that certain economy measures had been put in place for some time already to curtail unnecessary or unproductive activities to balance the overall budget at the end of the biennium. However, in spite of a small increase in the Regular Budget for 2006-2007, a budget deficit of about 4.5 million US Dollars was expected. This was due mainly to the cost increase from inflation and increased statutory staff costs. Economy measures would need to be implemented systematically. He expected cooperation from everyone in enforcing these measures from the beginning of the biennium.

Dr Samlee further stated that application of economy measures was not new in the Organization and, during 1990s, the whole Organization had faced deficits for several biennia. These were successfully overcome by implementing economy measures. Dr Samlee stressed that both the Regional Office and Country Offices need to work together to reduce budget deficits.

Dr Samlee pointed out that the work of the Regional Office should give the highest priority to support WHO activities in countries. Starting from the coming biennium, more staff support from the Regional Office to countries would be needed and the Regional Office must be ready to respond to the increasing demand for such support.

With regard to staffing at WHO country offices, the Regional Director mentioned that some counties were reluctant to increase the number of staff members in WHO country offices, especially when posts were financed from the Regular Budget. Furthermore, the countries did not want WHO Country Offices to increase operational expenses from Regular

Budget. They had voiced their concern at the Regional Committee session every year and had requested streamlining operations of WHO country offices. The Regional Office was studying these issues and would review country office operations and staff in each country. Headquarters had discussed a global, standard framework for WHO presence in countries, including staffing of the WHO country offices, but nothing practical had come out so far. Furthermore, it was difficult to implement such a global framework worldwide. The best solution, therefore, was to review the individual cases within the context of specific country situations and apply pragmatic approaches case by case.

As already mentioned, the future work of WHO relied more and more on voluntary contributions. Both country offices and the Regional Office should have workable strategies to ensure strengthening of their capacities to support WHO's work. This might be done in the process of implementing programmes supported with voluntary contributions. This should also include staffing to support programme implementation as well as strengthening the capacity of the countries' health systems. Additionally, there should be negotiations with the funding agencies to finance staff posts in collaborative areas. Overall, the Regional Office was responsible for its staff and other support to countries. Therefore, close and cordial working relationships between the two levels were essential. Communication between country offices and the Regional Office must always be kept open. The Regional Office must be the first source of support to country offices which should not seek help from outside the Region without consulting the Regional Office.

In view of the important issues to be discussed, the Regional Director expected all Directors and staff members to attend every session of the meeting.

The Regional Director drew the attention of the participants to the fact that next year's Health Ministers' Meeting and the Regional Committee session would be held in Dhaka, Bangladesh. The joint inauguration of the two meetings would take place on Sunday 20 August, (August, not September), followed by the two meetings ending on 26 August. According to the Rules of Procedure of the Regional Committee, all working documents must be despatched to country representatives six weeks before the commencement of the session.

With this in view, the HSM and the meeting of the CCPDM would be convened between 12 and 16 June 2006 at the Regional Office. All WRs

were expected to attend and were requested to block the dates in their programme.

The Regional Director concluded by wishing the meeting successful and productive deliberations.

2.2 Review of Actions Taken on Recommendations of the 56th Meeting of RD with WRs (*agenda item 2*)

Discussion Points

Arrangements for ICP-II Successor Mechanism

- It was re-emphasized that Multi-Country Activities (MCA) are country-driven, planned in consultation with the concerned national authorities and reflected in the country workplans. Although MCA are country-driven, the Regional Advisers need to assist proactively, identifying MCA for the country needs and assisting with implementation. The MCA mechanism is new and is still evolving. Clearly, the need now is to be innovative and determine modalities to ensure that MCA are implemented effectively.

Preparing for 42nd CCPDM: Issues beyond ICP-II

- SEARO received an additional $5,797,000 under RB for 2006-2007 and allocated 81.1% of the additional funds to all its Member States. The increased allocation to the countries was distributed to countries depending on the criteria for countries in "greatest need". Accordingly, Timor-Leste received 13% of the increase whereas Bhutan, DPR Korea and Maldives received a 12% increase. Nine percent of the increase was allocated to Bangladesh, Myanmar, Nepal and Sri Lanka. India, Indonesia and Thailand received 5% of the increase. This additional RB was noted by the Regional Committee in September 2005.

Review of Progress in Delegation of Authority

- STP/STCs recruited by Country Offices:

  SEARO departments periodically update their roster of experts which needs to be periodically communicated to the country offices to facilitate recruitment of STPs/STCs. The roster needs to include qualified candidates from countries within the Region as their

availability may be easier and their experience relevant to SEAR countries.

Guidelines to determine the grades of the potential STPs/STCs, based on the terms of reference, need to be developed. Training of country staff for classification, a rather complex issue, will be required.

The salary rates for STPs/STCs are lower than other agencies. WRs were informed that HQ has recently increased the rates and the Regional Office will soon be updating its rates.

- Training of Country Staff:

  Recent training workshops for country staff in Administrative, Finance and HR areas were found to be useful, especially in terms of the enhanced delegation of authority. Training workshops need to be organized for professional staff in the country offices.

- Visits of DAF, BFO and IRA to Country offices:

  The recent visits to several countries by DAF, BFO and IRA to assess the enhanced delegation of authority was useful and should continue. The visits were conducted in a frank and conducive environment and allowed the concerned WRs and country staff to highlight the practical problems faced in their offices. Such assessments can facilitate creative solutions within the rules and regulations and strengthen the capacity of country offices in the context of accountability. Sharing the experiences of these visits with other WRs could be helpful.

- Simplified Programme Changes procedures are needed. A review of delegation of authority for programme changes will be implemented in the 2006-2007 biennium.

Preparedness of Country Offices for Emergency Situations: Lessons Learnt from the Tsunami, SARS, and Avian Influenza Experiences

- WCO EPR plans for Bangladesh, Myanmar, Nepal and Sri Lanka have been formulated in close consultation with other partners and UNCT. During November 2005, a meeting was held in Bangkok with representatives from SEAR countries to review the status of such plans.

- Efforts of all departments (particularly CDS, EPR and IVD) involved in managing crises, need to be coordinated effectively.

- The Polio Eradication Nepal (PEN) Staff have been trained in EPR and the feedback is positive. A draft reporting format is being developed.

- EPR has been working well with other units, in particular WSH, FOS and NMH. Information sharing with all SEARO units has been encouraged. An inter-departmental task force has been set up for avian influenza.
- SEARO is developing an Operational Management Package as a management tool for emergencies. Also, the SOP is being revised with inputs from other technical units. appropriate training and simulation exercises, taking into account the tsunami and SARS experience.

Other Issues Discussed

- Programme Support Cost

  Many WRs pointed out that the 13% PSC was rather high as compared to other agencies. It was clarified that, given the increasing overheads especially for IT and security issues, the present PSC rate is justified. The rate was determined by World Health Assembly resolution WHA 51.31 and was agreed by all the Member States. However, in special circumstances, DAF may pursue with HQ to see if lower rates are possible.

  WHO provides technical services and as long as the proposals are sound, donors are much more concerned with the quality and timeliness of technical support, rather than with PSC. WRs felt that there should be more transparency on how PSC (AS) funds are distributed to different levels of the Organization.

2.3 Reports by WRs on (i) Current Health and Health-related Situation, and (ii) WHO Activities and Contributions Reflecting Programme Development and Management during the Past Year *(agenda item 3)*

Bangladesh

Key points

WR Bangladesh highlighted the health problems and priority areas for WHO's work in the country. WHO support is based on the country specific needs which include:

- Strengthening skilled birth attendants' training and services.

- Strengthening implementation of child health programme (IMCI, essential newborn care and EPI)
- Expanding support to adolescent health to address issues of maternal mortality and HIV/AIDS.
- Strengthen major communicable diseases control programmes (TB, Malaria, Kala-azar, and HIV/AIDS).
- Initiating NCD prevention and control, which includes NCD surveillance and tobacco control.
- Control of environmental hazards, especially arsenic contamination of ground water.
- Building capacity in disaster preparedness and emergency response as well as human resources for health development in public health, medicine and nursing.
- Strengthening the health system response, especially for increasing access of poor women during pregnancy and childbirth through "Demand Side Financing" scheme.

Issues

- Although Bangladesh has a reasonable health infrastructure, more must be done to ensure that it is better utilized and provides quality services.
- There are frequent changes of national programme managers disrupting project implementation.
- WHO implementation should be in line with the Health, Nutrition Population Sector Programme (HNPSP).
- There has been less WHO support to the nutrition programme as there is a separate nutrition component in the NHPSP with intensified support from other development partners.

Bhutan

Key points

- The performance of the health sector in the area of safe motherhood is reviewed every year at the Annual Health Conference. As an interim measure, WHO has also supported the country in building

national capacity by training doctors and nurses in emergency obstetrical care.

- Although the normal immunization programme is doing well, new requirements have emerged over the years. WHO has provided technical support for the Hepatitis B assessment which took place in October-November 2005. Technical support was also provided to the rubella situation. Furthermore, as requested by the government, WHO will now provide technical support to prepare the mass measles-rubella (campaign) in the country. A National Commission for Polio Eradication has already been established.
- The avian influenza pandemic is a major concern. There are flights connecting Bhutan to endemic areas in South-East Asia and Bhutan falls in the path of bird migration in Asia. With technical guidance from WHO, Bhutan has now prepared its National Pandemic Preparedness Plan with the health and agriculture sectors as key players. WHO assisted in preparing the National Plan for the donors' meeting in Geneva in early November 2005. Information and guidance was provided to other UN agencies to prepare the UN contingency plan for avian influenza.
- After the SARS experience, the country increased its attention on emerging diseases and sought support from WHO, especially in capacity building.
- Bhutan has recognized the need to have district plans for natural disasters and other emergencies. In line with this, the Ministry of Health broadened its emergency plan, originally used at the end of 2003, to incorporate all types of emergencies.
- Health information has been identified as an area for improvement. The Ministry is now looking into health information system at all levels of the health sector.
- A tele-health programme was initiated to support the country and WHO has helped in reviewing the situation and develop a master plan for the health telematics project.
- As spelt out in the CCS document, human resource development remains one of the most important requirements for the health sector. WHO has supported programmes for specific human resources and has also supported human resource development at the Royal Institute of Health Sciences.

- Although not formally communicated, it appears that the implementation of the 9th Five-Year Plan will be delayed by one year, which means that the current 9th Plan will end by mid-2008 instead of mid-2007. Hence, the preparation of WHO's next CCS should be in place by the end of 2006.

DPR Korea

Key points

- Important public health programmes have continued to improve over the past year. This has been possible through strong commitment from the Ministry of Public Health and health workers throughout the country, combined with sustained external financial support.
- In 2005, the Global Drug Facility (GDF) completed its first three-year support, supplying the full country requirement for TB medicines. A new application to GDF will be submitted in December this year. Financial sustainability remains one of the key challenges for the TB control programme.
- The "vivax malaria meeting" in Shanghai between DPRK, Republic of Korea (ROK) and China in November 2004 recommended that the countries should report and consult each other when new trends occurred of the disease. The majority of malaria cases are clinically diagnosed but the quality of malaria laboratory activities is weak.
- ROK has continued to support the malaria control programme through WHO, and this has contributed to an uninterrupted supply of anti-malaria drugs and laboratory consumables.
- GFATM rejected support for the malaria control programme of DPRK in spite of the fact that the proposal was technically approved in 2003. Therefore, malaria control requires multi-year funding. Based on the success of the current programme, a three-to-five-year-plan for malaria control needs to be developed.
- Strengthening of disease surveillance and response capacity for disease outbreaks requires substantial training of manpower, and is closely linked to the necessity for upgrading public health laboratories. The public health laboratories at all levels are inadequate, and substantial investments in physical facilities, equipment and human resources are required.

- On 26 August 2005, the government announced that all humanitarian assistance programmes should stop by the end of this year and that the UN and other international organizations should carry out only development programmes from next year onwards. In the short-term, this could affect the supply of essential medicines. The end of humanitarian assistance will require more national resources and provides an opportunity for reviewing development and financing of the health sector.
- The major donor for the supply of essential medicines is currently the European Union (ECHO). ECHO has been asked by the government to stop all their programmes in DPR Korea by the end of 2005.
- Fellowships remain an important activity in the country workplan. All the planned fellowships under the 2004-2005 workplans have been completed. Limited language skills, high focus on health topics of marginal significance and learning of skills and knowledge that are difficult to apply in DPR Korea are continuing challenges for the fellowships programme.
- WHO's programmes in DPR Korea have only been able to address health system issues to a limited extent. The new economic realities will require adaptation of the current health care system to ensure financial sustainability.

India

Key points

- The burden of disease in India is shifting to noncommunicable diseases (NCD), especially cardiovascular diseases. Therefore, a higher proportion of the country's Regular Budget is being used for programmes in the NCD area. Voluntary Contributions (VC) accounted for 86% of the country budget in 2004/2005 and this proportion is likely to increase. Over half of the VC funds are for polio and another 40% for communicable diseases, leaving only a small portion of VC funds for other programmes.
- India is a large country with a highly decentralized health system. Therefore, WHO has continued to expand its work at the state level. It is important that these efforts be linked to the government's New Rural Health Mission. In addition, the country programmes make extensive use of WHO Collaborating Centres located throughout the country. The work of the Organization has continued to expand with

activities related to the tsunami in southern India and the floods in Maharashtra. However, the WHO office in Gujarat was closed. With increased activities, WHO staff has expanded in recent months, requiring special attention. In this connection, additional office space has been acquired in New Delhi.

- Communicable disease control programmes dominated the work during the current biennium. Significant efforts were made in the HIV/AIDS programme with a major commitment to the ARV treatment programme. Tuberculosis control continues its successful implementation with the major involvement of WHO. Other major initiatives included disease surveillance, leprosy, malaria, kala-azar, dengue and Japanese encephalitis. The situation regarding polio continues to improve and it is hoped that transmission of wild polio will be interrupted next year. More efforts are now being given to vaccine regulation and the introduction of new vaccines, with attention continuing to be paid to the issues of polio surveillance that is likely to continue for at least four more years.

- Maternal and neonatal mortality remains a significant problem in India. Programmes promote skilled birth attendants and the expansion of the Integrated Management of Newborn and Childhood Illnesses. Efforts are being made to strengthen nursing and midwifery, as well as to improve nutrition, particularly among vulnerable groups. WHO continues to provide support for environmental programmes such as water quality, waste management, air quality and control of poisons and toxic substances. Health systems development concentrates on health financing issues, health information, the impact of globalization, essential medicines and the regulation of pharmaceuticals.

- As mentioned above, WHO's work is concentrating more on noncommunicable diseases and mental health. A large number of projects related to NCD surveillance, cardiovascular diseases, diabetes, tobacco control, cancer, blindness, deafness, injuries and oral and mental health were undertaken.

- The large number of projects and programmes emphasizes the need for refocusing WHO's work in India. In this context, the country office is finalizing the Country Cooperation Strategy that should be available in early 2006.

Indonesia

Key points

- During the last 12 months, Indonesia faced a number of major, unforeseen developments that transformed the nature of WHO's work in the country. This included the tsunami, the polio outbreak with over 300 new cases and, recently, human cases of avian influenza. At the same time, the country office continued to implement its 2004-2005 biennium workplans.
- More activities and responsibilities led to an increase in human resources from the Regional Office and Headquarters, as well as a large number of short-term consultants and staff in Jakarta and field offices. The number of local staff has increased to over 200 STE and almost 250 SSA. This was accompanied by a large increase in funding, with Voluntary Contributions rising to about $50 million. Communication facilities were strengthened with the installation of the GPN system.
- WHO efforts resulted in significant achievements, with no outbreaks in Aceh and the health situation stabilized in tsunami-affected areas. A unique community mental health programme was developed for Aceh. WHO was recognized as a leader in health and coordination. Besides the tsunami relief efforts, WHO intensified ARV treatment for HIV/AIDS patients and supported activities of the Global Fund. During the polio outbreak, WHO responded immediately to support mass immunization campaigns and surveillance.
- Despite these successes, there are still a number of issues faced by the country office. The tsunami relief efforts led to a large increase in WHO personnel and a high turnover of staff. There was an uneven mix of expertise in response teams and many were not familiar with WHO administrative procedures. In the case of avian influenza, the response to problems in Indonesia was slow. Finally, the attention on health emergencies detracted from efforts to renew the Country Cooperation Strategy (CCS), needed to guide the medium-term work of WHO in the country.

Maldives

Key points

- Resources required for the tsunami recovery phase have been identified from the WCO-Workplan 2006-2007 under "Planned

Other Sources" (OS), as these complement activities already included in the RB that are a continuation of activities initiated with Flash Appeal funds.

- On 4 December 2005, the Government of Maldives plans to launch Measles Rubella campaign by H.E. the President of Maldives. The target population is 145,000 (all population 5-25 years of age and woman from 25-35 years of age also). GoM plans to introduce MMR as part of the routine EPI from next biennia.
- The country is engaged in developing the National Preparedness Plan for Human Pandemic Influenza as well as avian influenza. The ministries of heath and agriculture are working together to develop a national plan and operational protocols. The Department of Public Health has a major role in developing the plan, raising awareness and disseminating information to health care professionals and the public. A UN plan has also been drafted and will soon be submitted to the UNCT for approval.
- Capacity building, both for institutions and human resources, has been a key issue for WHO and other agencies in their collaboration with the Ministry of Health as part of the tsunami response. In the area of communicable disease surveillance and outbreak response, human resources have been developed through national training programmes and workshops and by sending health officials for training within the South-East Asia Region.
- No emergency preparedness and response (EPR) plans existed in the Maldives before the tsunami hit, except for the airport emergency contingency plan. Since July 2005, the Ministry of Health has started developing a comprehensive health sector EPR plan, supported by WHO.
- The psychosocial response in support of people affected by the tsunami was timely, well coordinated and appropriate and has been highly commended by all parties. There was good coordination and collaboration between the government and different organizations / INGOs and local NGOs.
- There is strong interest in the government on telemedicine and e-health.

Myanmar

Key point

- Although Myanmar has passed through many political and financial problems, the country has made considerable progress in WHO-supported programmes. The new CCS has been developed and sent to the Regional Office for review and comments.

Issues

- Support for the Global Fund from the first round of the proposals has helped the country to achieve some priority objectives particularly for drugs. However, now that the funds have been withdrawn, alternative sources have to be identified to avoid disruption of programme implementation.
- The country has adequate technical human resources, but lacks financial (hard currency) resources, which is the main concern in financial sustainability.
- The capital has now been moved from Yangon to a new city (Pyinmanar) about 500 kilometres from Yangon. The office has difficulties in communicating with the Ministry of Health in this new location.
- Myanmar has the highest prevalence of malaria among all SEAR countries. Control measures are difficult to implement as many areas are not accessible and there are shortages of anti-malaria drugs,
- Establishing the GPN in the country needs to be followed-up with Government of Maldives for approval.

Nepal

Key points

- A decade-old conflict, slow economic growth, need for health system reform, decentralization and the Nepal Health Sector Programme all influence the health sector and related environment.
- The UNCT team has developed a UN Contingency Plan for Complex Emergency based on the priority scenarios and strengthened strategic and operational links across UNCT actors.

- Nepal has established a multi-sectoral National Influenza Task Force and developed a contingency plan to prevent and contain avian influenza outbreaks in poultry and other birds. The animal health sector is also undertaking sentinel surveillance of avian influenza in high-risk areas, including poultry, ducks and migratory birds.
- Malaria still persists as a public health problem, with more than 100,000 clinical malaria cases reported annually.
- There is an urgent need to review the human resources management policy and work with the government to develop policies and plans for its proper implementation. WHO support has concentrated on areas of medical education. It is now time for a shift to a broader public health initiative for further comprehensive strengthening of the health system.
- At 539 per 100,000 live births, the MMR is the highest in the South-East Asia Region. A majority (71%) of the maternal deaths are due to direct obstetric causes, the vast majority of which can be effectively managed and prevented with skilled care. However, 90% of the deliveries take place at home, mostly without the assistance of health care providers.
- It is crucial that WHO, at the country level, continue to maintain its presence as a prominent technical pillar, providing reliable and consistent technical support appropriate to the country.
- Health actions are progressing despite internal conflicts and political disturbances, and a remarkable achievement has taken place in terms of health sector reform.
- Approaches need to be flexible enough to move along the humanitarian-development continuum. It is essential, within the prevailing context of the spatial nature of conflict, to explore new strategic approaches to maximize the reach of health services to the communities, especially the vulnerable groups.
- The challenges ahead include: (1) Strengthening response capacity to emergency situations; (2) Impact of the conflict and fragile state control; (3) Need for a stronger health system and appropriate human resource development; (4) Ensuring skilled birth attendants for all births; (5) Mobilizing efforts for resource mobilization; (6) Strengthening effective coordination – maintaining role of technical pillar and (7) Integrated MIS – Intelligence Unit/WCO

Sri Lanka

Key points

- The demographic transition shows an increasing proportion of adolescents and youth in the country. Though it has been successful in improving the overall health of the population, adolescent and reproductive health continues to be a priority. There is a high incidence of RTI and STI, raising concerns also about HIV/AIDS.
- Epidemiological transition: emerging diseases such as cardiovascular diseases, cerebro-vascular illnesses, diabetes and cancer are now more significant in the morbidity and mortality patterns. Tobacco, substance and alcohol abuse has increased in magnitude over the past two decades, and pesticide poisoning remains a problem.
- A number of health system-related issues in the country remain unresolved.
- Human resource development and deployment continues to be a major challenge in the state health sector, adversely affecting the peripheral health system particularly in the North-East.
- The challenges which surfaced after the tsunami persist necessitating greater emphasis on disease control activities including improving disease surveillance.
- The CCS document (2002–2005) was reviewed spelling out WHO's principles, core functions and medium-term strategy to guide the collaborative programmes in Sri Lanka from 2006 through 2011.
- Priority areas for 2006-2011 CCs are: (1) Strengthening of Health System; (2) Human Resource Development for Health; (3) Control of Communicable Diseases; (4) Control of Noncommunicable Diseases; (5) Strengthening Child, Adolescent and Reproductive Health; and (6) Strengthening of Emergency Preparedness and Response.

Thailand

Key points

- The emerging problem of avian influenza has out-paced the biennial planning process.

- The Thailand Country Office hosted a large number of international meetings - 62 in 2005 with 2,767 participants. Improved planning and information sharing is needed, and a proposal is now being finalized for consideration by the Regional Office.
- WHO's work in Thailand must reflect the continuing problems of communicable diseases, with ominous emerging threats including avian influenza; the re-emerging problem of HIV/AIDS; instability along Thailand's borders and in the southern provinces, with its attendant social and epidemiological risks; and continuing needs for policy analysis and implementation monitoring for health service reforms including decentralization.
- The proposed multi-country surveillance unit will support surveillance and control of emerging communicable diseases and will facilitate implementation of the International Health Regulations (IHR) in Thailand and other SEAR countries, as well as implementation of the Asia Pacific Strategy for Communicable Disease Control.
- WHO must strengthen Thailand's capacity to deliver horizontal technical cooperation (e.g., through training at the ASEAN Institute for Health Development at Mahidol University and through international FETP training).
- Emergency preparedness and response capacity, both at the Country Office itself and for Thai health institutions, must be improved, primarily using extra-budgetary sources.

Timor-Leste

Key points

- The period 2004-2005 could be seen as the most successful years since the establishment of MoH in 2001. The dedicated, hard work carried out by the staff of MoH has been recognized by the National Government, the people, international institutions, donors and UN Agencies.
- The WHO Country Cooperation Strategy for Timor-Leste has suggested reducing direct involvement of the WHO office in the implementation of programmes, with more emphasis placed on health policies and legislation development, donor coordination and partnerships for health development, health systems development and interventions for priority health problems.

- The Prime Minister has recommended the establishment of a sector-wide Working Group; the Working Group for Health will be chaired by the Minister for Health. WHO supports this initiative and there is a possibility for WHO to support adequate resource allocation as well as to provide direction to the health sector development initiative in Timor-Leste.

2.4 Discussions with Departments – Priority Issues

(agenda item 4)

DRD Department

Priority Issue 1: Regional Business Plan for Resource Mobilization

Discussion Points

- The Regional Business Plan for Resource Mobilization has been developed in order to ensure that the next biennium target is met in a coordinated and strategic manner.
- Resource mobilization must be based on the need as shown in the workplan of PB 2006-2007 and the Country Cooperation Strategy.
- The Business Plan covers the following components: Operation, management and coordination.
- The Resource Mobilization Support Team (RMST) will be established in the Regional Office with staff involved in the various processes of resource mobilization (PLN, ERO, BFO, ERM, RMI, and PIA).

Recommendation/Action Point

(1) The Regional Business Plan for Resource Mobilization should be reviewed and agreed by the WHO country offices for finalization by the end of 2005.

(Action: DRD/ERO)

Priority Issue 2: Active involvement of all staff from country offices and technical units in the Regional Office in resource mobilization work

Discussion Points

- Funds should not be diverted from MoH to WHO and the MoH needs to be involved/informed of resource mobilization efforts.

- There are areas of work and countries where it is difficult to raise funds. Resource mobilization often has a political dimension.
- Country offices and the headquarters of donors do not always have clearly established communication and coordination mechanisms.
- Training is needed for WHO staff at both the regional and country levels.
- Credibility is the key to successful fundraising, and this takes time to build.
- Realistic proposals matched with capacity and good donor communication is needed for successful resource mobilization.
- Information should be available about donor agencies. Currently, this is available on the SEARO intranet.
- Most WRs have close interaction with donor representatives.
- Donors should be informed about what WHO can deliver. Good work will speak for itself.
- It is important to liaise with WHO/HQ to access funds to be shared with regional and country offices.
- SEARO will support countries in training and other areas such as reviewing proposals to match donor requirements and supporting in external partner meetings.

Priority Issue 3: Link between communication strategy and resource mobilization

Discussion Points

- There needs to be a clear link between the communication strategy and resource mobilization.
- It is necessary to distinguish promotion of WHO (PR) from public information dissemination on important health issues.
- Most of the interaction with the media at country level needs to be coordinated with the MoH.
- One WHO can be both a boon and a bane, e.g. the issue of Avian Influenza mortality estimates in September 2005.

- Communications can be an effective method of sensitizing donors, e.g. AUSAID support for the deworming programme in Timor-Leste following national coverage of a girl's death from asphyxiation.
- PIA to be included on RMST.

Priority Issue 4: Capacity building for media for country offices

Discussion Points

- There is a danger of 'crying wolf' too often and of losing credibility. WHO has been accused of exaggerating dangers to health (tsunami and avian influenza) to raise funds. It is better to present the real problem and voice our concerns in a balanced way, taking the media into confidence.
- The media may approach WHO to obtain country data not available from the government. Our task is not to contradict the government.
- The media can play a very important role and can project our programmes and technical concerns. When our technical issues (disease eradication) are given a human face, media focus can bring additional financial support from donors.
- Countries seek support from the Regional Office to strengthen capacity to communicate more strategically with the media, including training and tools.
- Websites can be used more strategically as a source of technical information for the media, particularly in small countries and outlying areas in large countries.
- WHO should address media in countries together with the MoH representative, particularly on controversial issues.
- WHO as a source of technical information can, and should, interact with the media with confidence.
- Media training including Risk Communications training is extremely important. The Regional Office can provide support and help build country capacity in this area.
- The Regional Office can support capacity in packaging information for different audiences.

Recommendation/Action Point

(1) The Regional Office should strengthen the capacity of the WHO country offices in dealing with the media. If possible, countries should employ communications/media experts to guide them in information, public relations and public events management.

(Action: WRs/DRD/PIA)

Priority Issue 5: WHO coordination with other United Nations agencies at country level including the UN Resident Coordinator System

Discussion Points

- Extensive documentation was provided on UN reform, coordination at country level, the management process, the UN Development Group (UNDG), harmonization and alignment and the 2005 World Summit.
- The World Health Assembly has adopted resolutions directing WHO offices to harmonize and align activities with the national agenda and support the UN reform and UN Country Teams coordination under the collegial leadership of the Resident/Humanitarian Coordinator (RC/HC).
- There is increasing pressure from Member States for the UN to coordinate and function as one 'simple' organization. There is a move for RC/HC to be the supervisor of the representatives of EXCOM agencies.
- The UNDG is currently revising the ToR and the management of RC/HCs, such as selection, recruitment, training, assessment, etc. and WRs' inputs is useful.
- WHO chairs the UNDG working group on RC/HC issue. WHO is also involved in the selection of RC/HCs.
- In some countries, WRs have observed the EXCOM agencies (UNDP, UNFPA, UNICEF, WFP) function as an inner cabinet with a pre-discussed agenda. There is also concern as to the RC/HC being seen as the overall and sole UN representative.
- There is consensus that personality affects coordination.
- No consensus was reached on the benefits of common UN premises or office in promoting coordination. One factor bound to influence

the choice is the economies of scale in terms of security and maintenance.

- The state and quality of CCA and UNDAF varies between countries. The UNDAF process does not usually reflect national ownership and, moreover, the emphasis on health varies greatly between the CCA and UNDAF of the same country. An analysis of these issues will be useful.

Recommendation/Action Point

(1) WRs should provide inputs to the ongoing two processes: (a) revision of UN RC/HC system and (b) the UN reform in general with special focus on health in the CCA/UNDAF. The Regional Office will facilitate the process by providing relevant information (including the ToR for RC/HC) and an analysis of CCA/UNDAF.

(Action: WRs/DRD/SAP)

Priority Issue 6: Emergency Preparedness and Response Plan for WHO country offices and the Member States

Discussion Points

- Workshops, such as those held in Nepal and Myanmar, should be conducted to orient all staff in the work of WHO during emergencies.
- Potential EHA focal points and staff should be identified and recruited through various means - APO, STPs, etc. From the experience of WRs, the EHA activities will be better implemented if the EHA/SEA is the sole focal point rather than having multiple focal points.
- SOPs for countries should be finalized in line with those developed for the Regional Office.
- Assistance should be provided to country offices that do not have preparedness plans and finalize those which are in draft form.
- Support should be extended to UN Country Teams in emergency health related training upon request.
- It is important to link resource mobilization efforts with work prior, during and after emergencies.
- Countries should be supported in addressing the benchmarks defined and described by the participants and incorporate them in their national preparedness plans.

- Resource mobilization is needed to support the implementation of the action plans.

Recommendations/Action Points

(1) Prioritize action and strengthen capacity of WHO country offices in emergency preparedness (plans, SOP development and training of country office staff).

(Action: WRs)

(2) Address country needs to support the achievement of preparedness and response benchmarks as proposed by the Bangkok Statement in November 2005.

(Action: DRD/EHA)

IVD Group

Priority Issue 1: Achieving and sustaining polio eradication

Discussion Points

- IVD highlighted the six regional goals endorsed by the SEAR Technical Consultative Group for 2006-2009, which includes achieving regional certification for polio eradication.
- The WHO Representative, Indonesia, appreciated the support provided by IVD and WHO/HQ for dealing with the polio outbreak.
- India is favourably poised to interrupt transmission of polio virus. In week 47, there were only 52 cases in 2005 as against 91 reported cases in 2004.
- The polio outbreak in Indonesia resulted in 326 cases. Three rounds of NID were successfully conducted and these should interrupt transmission. Indonesia can soon achieve polio-free status.
- Nepal has mounted an aggressive immunization and surveillance response to deal with the imported polio virus.

Priority Issue 2: Addressing gaps in routine EPI and VPD surveillance

Discussion Points

- Suspected Japanese Encephalitis (JE) cases in India and Nepal highlighted the lack of: comprehensive surveillance; quality vaccine; standardized lab kits or system; and a clear response plan.

- In spite of selected improvement, SEAR still has large number of unimmunized children.
- Surveillance Medical Officers' networks in Bangladesh, Indonesia and Nepal are being effectively used for other vaccine-preventable disease surveillance activities.

Recommendations/Action Points

(1) The surveillance network that presently covers polio, MNT and rubella can also be used to cover other emerging and vaccine-preventable diseases in coordination with CDS and donors, implementing partners and the government.

(Action: WRs/IVD)

(2) A standardized SEAR lab network should be developed, linked to regional surveillance.

(Action: IVD/BCT)

Priority Issue 3: Advancing vaccine R&D

Discussion Points

- In SEAR, there are three vaccine producing countries – India, Indonesia and Thailand.
- SEAR has a Regional Vaccine Policy.
- Chinese vaccine for JE has been successfully used and is known to be safe and effective. However, the Chinese vaccine has not yet been pre-qualified by WHO. Country NRAs also need to endorse this vaccine. This vaccine, when approved, will be available at a much cheaper price.
- There is no production facility for influenza vaccine in SEAR.

Recommendations/Action Points

(1) The National Regulatory Authority (NRA) network in the Member States needs to be strengthened to ensure production of quality economical vaccines.

(Action: WRs/IVD)

(2) IVD should provide technical assistance to countries for assessing the feasibility of vaccine production.

(Action: IVD)

Priority Issue 4: Assessing implication of GAVI Phase II

Discussion Points

- GAVI Phase I (2000-2005): $1.7b ((>$250m to SEAR countries).
- GAVI Phase II (2006-2015): target is to raise to $6b for immunization.
- International Finance Facility for Immunization (IFFIm) (2006-2007): Target disbursement - $1.1b – 5% of the share for Bangladesh, India and Indonesia.
- Immunization Strengthening Services (ISS) funded projects cover immunization and related activities based on sub-national data from the countries and provide flexibility for use of funds.
- GAVI funds are paid directly to the governments, with the exception of Myanmar where funds are channelized through WHO.
- The funding mechanism of IFFIm is to be decided at the GAVI Board Meeting in December 2005.

Recommendation/Action Point

(1) Eligible countries for GAVI funding must develop multi-year plans including costing and introduction of new vaccines. Country offices should coordinate with MoH for implementation of GAVI immunization activities.

(Action: WRs/IVD)

CDS Department

Priority Issue 1: Avian Influenza: Responding to the Pandemic Threat

Discussion Points

- Preparation of National Pandemic Preparedness Plans (NPPP) should be integrated with multisectoral involvement of concerned sectors, i.e. health and agriculture. Continuous dialogue and collaboration with agricultural/animal husbandry sectors is essential to prevent the transmission of infection from poultry to humans.

- In Indonesia, AI human cases have occurred primarily in the urban and periurban areas mainly around Jakarta, because of dense population and backyard poultry. Hence, special attention must be given to develop interventions in such areas.
- The constant updating of pandemic preparedness plans is an ongoing activity. Country offices should assist countries in calculating appropriate resource requirements and inform the Regional Office as soon as possible.
- The stockpiling of antivirals at WHO headquarters is expected to reach three million treatments by the middle of 2006. This stockpile is expected to be utilized for containing the pandemic wherever it breaks out. However, the mechanisms to distribute these antivirals to the countries from this stock is still not clear. Therefore, some countries have already stockpiled their own antivirals. Appropriate guidelines for prophylaxis and treatment are needed for utilization of this stockpile.
- In view of the limited manufacturing capacity of antivirals, it is unlikely that countries will have access to the antivirals. Hence, more focus should be given to non-pharmaceutical, public health strategies.
- The availability of rapid test kits is doubtful and the sensitivity and specificity of the kits is not fully known. However, PCR-based laboratory tests are recommended for diagnosis for H5N1 infections.
- There is a need for a national programme on Emerging Infectious Diseases, to plan and coordinate overall response to such diseases including avian influenza and for pandemic preparedness.
- Improving the health system's response will help not only in responding to the avian influenza pandemic threat, but also for other emerging diseases.
- There should be investments in capacity building for responding to the pandemic threat and for strengthening public health infrastructure.
- Many WHO country offices do not have a separate focal point to deal with emerging diseases, particularly for avian influenza and there is a need to provide resources for full-time staff to address this issue.

- Technical support from the Regional Office is required e.g. on laboratory strengthening and provision of rapid test kits for carrying out diagnosis in the field.
- The UN Contingency Plan has been circulated from HQs and it is expected that country offices will initiate action according to the guidelines. It was felt that undue publicity should not be given to evacuation of UN staff in case a pandemic breaks out.

Recommendations/Action Points

(1) The Regional Office and country offices should assist Member States in preparing and finalizing the multisectoral and integrated National Influenza Pandemic Preparedness Plans (NPPPs) before the Beijing meeting scheduled on 17-18 January 2006.

(Action: CDS/WRs)

(2) Priority should be placed on public health measures to contain the spread of a pandemic and appropriate risk communication should be developed and disseminated on a large scale.

(Action: CDS/WRs/PIA)

(3) The Regional Office and country offices should assist in establishing national programmes to plan and coordinate overall response to Emerging Infectious Diseases (EID) including Avian Influenza and assist in building core capacities in the implementation of International Health Regulations 2005.

(Action: CDS/WRs)

(4) There should be enhanced technical assistance to public health laboratories with special attention to bio-safety.

(Action: CDS/WRs/BCT)

(5) All country offices should identify a focal point for epidemic preparedness and response. Full-time staff should be assigned as needed.

(Action: WRs)

(6) Preparedness plans for United Nations staff in countries should focus on defining essential functions, relocation plans, stockpiling of antivirals, Personal Protective Equipment (PPE), antibiotics etc.

(Action: WRs/CDS/RSP)

Priority Issue 2: Global Fund to Combat AIDS, TB and Malaria

Discussion Points

- Since 2000, WHO has been assisting Member States in mobilizing resources for AIDS, TB and malaria programmes from the Global Fund. Investments of WHO in terms of staff time and financial support have been considerable. Technical support is needed from WHO to assist countries in developing proposals for the next rounds as well as in implementing GF projects.
- The current issues of concern are the financial gaps in countries, especially DPR Korea and Myanmar, where the funding pledged by the Global Fund has been cancelled.
- Implementation rates of the on-going projects in most countries with a few exceptions, are low and this will affect the approval of the next phases. In this context, poor communications between the Global Fund and WHO, and within WHO itself, makes it difficult for WHO to assist countries through timely interventions to ensure results-based disbursement.
- Five countries from the Region, i.e., India, Bhutan, Sri Lanka, Thailand and Timor-Leste have been invited to attend the next GF Board Meeting in December 2005 to observe the dynamics and issues that underpin the GFATM.

Recommendations/Action Points

(1) WHO should assist in mobilizing resources from non-GFATM sources to fill the financial gaps of the countries where GFATM funds have been withdrawn.

(Action: WRs/CDS/ERO)

(2) Communications between WHO and the Global Fund and within the Organization should be improved and more countries should participate in GFATM meetings.

(Action: CDS/WRs)

Priority Issue 3: Neglected Tropical Diseases (NTD)

Discussion Points

- Most of the neglected tropical diseases, namely leprosy, lymphatic filariasis, kala-azar and yaws are targeted for elimination as a regional and national priority.

- This group of diseases is considered neglected because they are results of failure of public policy, resource allocation, research and effective implementation of available interventions. They predominantly affect poor people and marginalized sections of society living in remote areas with limited access to primary health care. They cause life-long disabilities and, as a result, sustain the poverty cycle, impairing economic development. However, they are easily amenable to elimination/eradication since safe, simple and cost-effective interventions are available but need to be scaled up.
- Ensuring and sustaining political commitment and adequate resources to tackle NTD are major challenges. There is a need for strengthening the existing partnerships and involving new partners. WHO has been assisting Member States in mobilizing resources, providing technical guidance and assisting with implementation, including monitoring and evaluation. Despite resource constraints, Member States have made progress on some of the elimination interventions. The impact of these on transmission has been encouraging in places where WHO-recommended strategies have been implemented. In addition, most Member States in the Region have implemented mass chemotherapy strategies at a low cost. Some drugs used in these interventions are donated by pharmaceutical manufacturers. Therefore, the emphasis should be on implementing available, proven, low cost strategies. In addition, strategies may need to be revisited/revised for such interventions as lymphatic filariasis elimination in Indonesia.

Recommendations/Action Points

(1) Strengthen advocacy with national authorities and donors to ensure appropriate allocation of resources to the neglected tropical diseases.

(Action: WRs/ERO/CDS)

(2) Ensure that realistic provisions are made under WHO RB and VC budgets for these neglected diseases, including MCA, if applicable.

(Action: CDS/WRs)

DPM Department

Priority Issue 1: Medium-Term Strategic Plan

Discussion Points

- There was a discussion on the timing of the six-year MTSP and how this is linked to other planning cycles, especially in the countries. How

can the MTSP be synchronized with national plans and those of other partners? Why was the MTSP for six years instead of five? It was explained that the budget for WHO is for a two-year period as required by the Constitution. Therefore, a five-year period would not coincide with these biennium periods.

- The Country Cooperation Strategies (CCS) are a key document used to formulate the MTSP. These were compiled in headquarters in analysing inputs for the MTSP. In addition, the cycles of the CCS can also be harmonized with the planning cycles in each country to facilitate better support to the country's health development.
- Time and efforts are needed to communicate information about the MTSP to the WHO Country Office staff and the MoH counterparts. Given the time constraints, the communication should start as soon as possible.

Recommendation/Action Point

(1) Efforts should begin as soon as possible to communicate the new Medium-Term Strategic Plan (MTSP) and how it links to the 2008-2009 Programme Budget. This will help facilitate better inputs from the country in the development of the MTSP and PB 2008-2009.

(Action: PLN)

Priority Issue 2: Multicountry Activities (MCA)

Discussion Points

- The MCA were a mixture of activities proposed by countries and by Regional Advisers. Many felt that once activities had been suggested by the countries, the Regional Advisers should lead in the implementation since this was more difficult at the country level.
- There was concern that some of the MCA proposed did not fit into the category of MCA and should be revised. This includes activities where only one country benefits.
- MCA should be more innovative and reflect creative ways of countries working together. If the majority of MCA are meetings, it will seem as if there has been no improvement compared to the ICP-II programmes which were criticized for having too many meetings.
- A matrix was prepared showing the MCA included in the latest country workplans arranged by Areas of Work. SDE had developed an

innovative way of presenting MCA activities in matrix form across countries. This helped in showing the MCA that were to be implemented and which countries planned to participate.

- The issue of variable country costs were pointed out. Countries such as DPR Korea and Timor-Leste were likely to pay more to participate in MCA since they are further away from the Regional Office. Something should be done to share the transportation costs.
- There was still time to make changes in the MCA. However, country workplans must be finalized soon in order to avoid delays at the beginning of 2006. Additional changes might be made through programme changes.
- It is important to determine who is responsible for implementing the planned MCA. Without this, there might be serious delays in implementation.

Recommendations/Action Points

(1) The PPC Unit should work with the Regional Advisers to show the proposed MCA in the matrix form developed by SDE.

(Action: PLN)

(2) A mechanism should be developed to compensate countries with high travel costs for MCA.

(Action: WRs/PLN/BFO)

(3) Based on the newly developed matrix of MCA by Area of Work, country offices should review the MCA in their current workplans. Any changes should be transmitted to the PPC Unit as soon as possible to include in the final workplans.

(Action: WRs/RAs)

(4) Designated focal points for each MCA should begin developing detailed implementation plans including the detailed technical content, budget and timing of each activity to be agreed by all those participating countries.

(Action: WRs/RAs as applicable)

(5) The Regional Office should be responsible for evaluating MCA by the beginning of 2007.

(Action: RAs/PLN)

Priority Issue 3: Performance Assessments

Discussion Points

- Performance assessments are a key part of Results-Based Management. There should be accountability in the implementation of workplans. The proposed performance assessment is a modified version of the End-of-biennium assessment carried out at the end of the 2002/2003 biennium.
- The emphasis of the performance assessment will be on assessing the performance of work in countries by Area of Work. In order to have sufficient details to make this assessment, countries should provide information at the product-level in the templates provided.
- Regional Advisers will analyze the country data by AoW and provide feedback to the countries, emphasizing the improvements that might be made in the 2006-2007 biennium.
- In order to maintain the required timetable of this Organization-wide performance assessment, countries should complete their reports by 16 December 2005 and Regional Advisers in January 2006.

Recommendation/Action Point

(1) Countries should complete performance assessment forms by 16 December 2005 and send them to the Regional Office. Regional Advisers will complete their analysis of the country information for the respective area of work and provide the regional contribution by 16 January 2006 and provide feedback to country offices by 31 January 2006.

(Action: WRs/RAs)

NMH Department

Priority Issue 1: NCD Prevention and Control

Discussion Points

- Several guidelines on NCD surveillance, prevention and control and other related documents have been prepared by the technical unit and sent to all countries.
- The Regional Network for NCD Prevention and Control (SEANET-NCD) linking national NCD networks and programmes creates an appropriate forum for multidisciplinary, multisectoral and multilevel interaction and collaboration for NCD prevention and control.

- While problems of chronic diseases are emerging in all SEAR countries, they are still given low priority in some countries. The Regional Office has to assist countries on advocacy work in this area.
- In addition to US$ 112,000 of RB, US$ 50,000 from OS is now available. The technical unit is planning to mobilize US$ 1 500 000 for intercountry activities during 2006-2007.

Priority Issue 2: Mental Health and Substance Abuse

Discussion Points

- There is evidence for the success of mental health promotion programmes. The Regional Office has just concluded two workshops on mental health promotion and selected Member States are developing their own strategies for mental health promotion.
- There is a universal shortage of psychiatrists and neurologists in most SEAR Member States. Implementation of MHS programmes has to involve other health professionals with psychiatrists and neurologists serving the core function of programme development, training and supervision.
- The Regional Office has developed training manuals for paramedical health professionals on many issues related to mental health and psychosocial support.
- Countries expressed concern that the Regional Office should support policy and programme development on a national scale rather than small projects. It was clarified that pilot projects form the basis of developing evidence-based response to community-mental health problems. It should be noted that there is virtually no precedence in SEAR Member States for developing programmes that reach out to the community. Thus, testing of programmes in pilot projects is crucial before they can be scaled up to national levels.

Priority Issue 3: Tobacco Control

Discussion Points

- SEARO will share prevalence data on tobacco use with country offices for sharing with national authorities. Copies of the Tobacco Atlas, which contains prevalence data from countries around the world, has already been shared with the WR's offices with a request to share the same with the national authorities.

- Since most countries have signed and ratified the convention, SEARO will now give more emphasis in supporting countries in the area of education, training, communication and public awareness and supporting projects that lead to development of policies on tobacco control as well as development of national tobacco control legislation.

Priority Issue 4: Health Promotion

Discussion Points

- In order for the health promotion concept to be embraced by those outside health, reorienting has to start with health professionals. This should be part of capacity building.
- Maldives has a School Health Policy, a Strategic Plan of Action for school health and numerous information, education and communication (IEC) materials. There is need for training and reorientation of staff. The settings approach, namely, healthy island approach, was considered the most appropriate because of its comprehensiveness. School health issues should include a wide variety of issues in addition to substance use/abuse and HIV/AIDS.
- The WRs should encourage the participation of non-health professionals, including civil society groups. They were informed that health promotion encourages the participation of various players including intended beneficiaries.
- The WRs mentioned that focal points are often overwhelmed because they have multiple responsibilities. It is, therefore, critical that the focal point for health promotion be given support through training and capacity building. Reorientation of staff to move away from IEC to health promotion was discussed.

Priority Issue 5: Disability, Injury Prevention and Rehabilitation

Discussion Points

- WR Indonesia requested the Regional Office to support blindness, deafness and general rehabilitation. Myanmar had country-specific issues such as snake bites, trachoma control and health care of elderly which needs resource mobilization. WR Sri Lanka was concerned about road traffic injuries.
- Country offices should serve as the clearing house for technical information to countries.

- Country offices should seek technical assistance from experts in the Regional Office.

Recommendation/Action Point

(1) Since all programmes under NMH are multidisciplinary and multisectoral in nature, the following points should always be taken into consideration for effective programme implementation:

- Always work with other agencies as equal partners and give them due credit for the work they do;

(Action: WRs/NMH)

- Programme priorities should be primary prevention and address determinants of disease. We should strongly support such programmes. For secondary and tertiary prevention, we should provide information.

(Action: WRs/NMH)

SDE Department

Priority Issue: Health and Human Rights

Discussion Points

- The video conference on the subject was focused on advocacy and clarification of the basic concepts of health and human rights, their genesis and what it means to WHO in operational terms.
- This entails knowing the comparative advantage that the health and human rights approach brings to the advocacy of health and health services equity through a better understanding of underlying determinants.
- Key challenges that the countries would face is the immaturity of the understanding of the rights to health, inter-disciplinary implications, the development of an evidence base, and promoting capacity for implementing this approach.
- Discussions focused on what should be WHO's role vis-à-vis other agencies which also promote human rights, such as UNDP, UNICEF, etc.
- Human rights should be integrated into the health systems development issue. How the poor can be reached with better services of a non-discriminatory nature.

- There are difficulties in balancing the limitations of existing laws and regulations in countries with the broader application of the freedom the human rights framework necessitates.
- How can countries be helped to use the human rights tools in a way the rights approach can be packaged to generate greater human "well being" as opposed to merely human "health"?
- How to weave human rights principles into health programming in countries?
- Training of health sector staff in other sectors should be followed up.
- Advocacy is needed to enlighten various sectors on the added value of using the rights approach to health for promoting health equity and policy directions.
- Inter-disciplinary approaches to opertionaliize health and human rights should be developed.
- An evidence-base on good practices and examples on health and human rights should be developed.

Recommendations/Action Points

(1) Develop an evidence-base on good practices and examples on national and local level health and human rights actions.

(Action: SDE)

(2) Train health sector staff on creating awareness of the health and human rights linkage and promoting practical approaches for incorporating health and human rights principles into national health programming. This will be done through national workshops.

(Action: WRs)

DAF Department

Priority Issue 1: Administrative Issues

Discussion Points

Fraud prevention and its linkage with matters of accountability and delegation

- WRs acknowledged the importance of policy on fraud prevention and found the visits of DAF/BFO and IRA beneficial.

- WRs were requested to ensure that the Fraud Prevention Policy and Guidelines are distributed to their staff and that they have familiarized themselves with the contents.
- Consideration should be given to having a web-based training on Fraud Policy and Accountability. After completion, a certificate would be issued which would then entitle the staff to assume their duties.

National Professional Officers (NPOs)

- The original criteria established for NPOs at the country level was explained. Many NPOs have been on continuous service for several years. It was observed that in the Regional Office, the situation was most effective and had worked well but NPOs should not be considered as a parallel career structure. In country offices there should be flexibility where it works well and there are no problems with governments. Some governments consider that their staff are being kept too long and should be rotated.
- It was confirmed that NPO posts were similar to any other fixed-term posts as far as post creation/abolition rules and procedures are concerned.
- The policy on NPOs needs to be formalized and should reflect the de facto situation in countries for both short- and long-term situations. The two categories are necessary to reflect this.

MOSS and MORSE requirements

- HQ/RO had requested information on the cost to WHO of these arrangements. Statistics on costs can be difficult to gather but such data are necessary. The cost information should be sent to the Regional Office.
- Security provisions for SSAs were ongoing with HQ and New York.

Travel documents by countries

- There is a need to be flexible with travel costs. Local agents should be used where they can offer an economical alternative to using SEARO's travel agent.
- The notice periods for staff/STP/STC travel to country and also for in-country travel are important and should be observed.

Other Personnel Matters

- PMDS, though perhaps not a perfect tool, was the current means of evaluating staff and should be used. Timely feedback from WRs on the system should be transmitted to DAF/RPO.
- PMDS is being changed to paperless ePMDS with the major improvements including , inter-alia, behavioural component and will focus on competencies (as defined in the WHO Competency Model), supervisor and supervisee to discuss developmental needs and how to address those needs.
- The present form should be used as required until the new version is introduced in due course.
- Capacity building is necessary for reclassification and other complex areas of contract administration matters.
- The UN is looking into some form of flexibility in the grading structure. A broad banding pilot is currently being implemented in UNAIDS. For example, P1 and P2 may be in one band and P3 to P5 in another band, etc.
- A centralized system to maintain STC/STP information is already in use in SEARO and can be implemented in country offices upon approval from IRA/RD.
- A DVD would be disseminated as briefing material to new staff on the work of administration and finance.
- The work on Global Policy on Rotation and Mobility is continuing but will not be finalized before 2006 at the earliest.
- The time-frame for establishment of posts should be reduced so that there would be no need for the retention of a redundant post. It is sound practice to abolish posts which are no longer required.
- It is not difficult to establish EB-funded posts as these are within the authority of the Regional Director. Hence, it would be better to abolish unfunded EB posts that have been vacant for a long time.
- In establishing a new RB-funded post, normally another RB post is abolished simultaneously so that it could be established within the RD's authority. A RB post can be established without abolition of another RB post, after seeking approval of the DG.
- The reason for using SDL funds for an individual is not encouraged as the priority is to cover the group training. This criteria ensures coverage of maximum trainees within the limited funds.

- While the guidelines call for use of funds for group activities, in a few cases it could be possible to use them for individual learning activity. In this case, a proposal has to be submitted to the RD for approval. However, the fund should definitely not be used for studies of individuals to pursue or obtain degrees, higher degrees, certificates, or other similar academic qualifications.
- SDL efforts should be allocated for administrative issues to strengthen the relevant country office staff.

Supply Matters

- Due to increases in extrabudgetary funding, the need to purchase supplies in an expeditious manner had increased. Dissemination of clear practices for local procurement would be helpful as well as the introduction of a 'template' to assist with bidding procedures.

Regional Committee and other WHO meetings

- WRs need to provide appropriate briefing to country delegates before RC, EB and WHA meetings. Also, other matters such as nominations and payment of per diem should be clarified with the delegates. Both country staff and liaison officers are needed to facilitate delegates and provide feedback (to DAF, DRD/DPM or RD) on sensitive issues.

Avian influenza emergency strategies

- WHO had been involved in the development of a UN contingency plan. UN physicians will be focal points at the country level.
- Psychosocial support was already available for UN agencies in New Delhi.
- Public health interventions should be applied as the supply of drugs or vaccines is likely to be insufficient. Other treatments, such as use of antibiotics, should be considered.

Priority Issue 2: Financial Matters

Discussion Points

New Financial Policies in 2006-2007 bienniu m

- The changes in income recording were appreciable since donor funds will now be available upon signed agreement rather than receipt of cash contribution. This will permit speedier implementation and should reduce the need to request no-cost extensions.

- Changes in financial rules will require careful advance preparation, especially for fellowships and procurement which require substantial lead time.
- Application of the "delivery principal" requires that activities must be completed and RB funds fully utilized within the biennium. Carryover of unliquidated obligations (ULOs) into the subsequent biennium would no longer be allowed.
- It was clarified that funds would continue to be available after the end of the biennium to make payments for work that was completed during the biennium.
- Implementation would have to be carried out earlier in the biennium, but financial targets would be replaced with qualitative measures.

Local Costs changed to WHO Financing of Government Activities

- There was concern about the name which may lead to the expectation that WHO would fill gaps in government budgets. HQs would be informed about this concern.
- There was some concern that financial reporting requirements could delay implementation of time-sensitive vaccination programs like polio, or activities in conflict areas. It was clarified that technical reporting has primacy over financial reporting. Certified statements of expenditure supported by original invoices are no longer required. Instead, governments must confirm and technical units must verify that activities were conducted and completed as planned, and report on outcomes in order to be eligible for further releases. The technical report must be accompanied by a summary statement of expenditure, for which supporting documents must be retained for possible inspection by WHO.
- Funds will be withheld from department/partners who have not reported on prior releases on-time. Withholding would typically not apply to an entire Ministry of Health, for example, but to the responsible individual or government department.

Economy Measures in WROs in 2006-2007

- Country offices need strengthening in order to assume additional responsibilities and ensure accountability for their increased level of delegated authority

- The Regional Director noted that many of the cost-saving measures had been discussed for a decade without noticeable effect. There needs to be a means of evaluating the efficiency and effectiveness of program implementation in WROs.
- At the WRs' meeting in 2006, the effect of the policy changes and efforts to economize in the areas of fellowships, travel, procurement and LCS would be discussed to determine whether there were any improvement or not and why. Costs must be commensurate with the products that are delivered.

Priority Issue 3: Informatics

Discussion Points

The Global Private Network (GPN)

- The GPN infrastructure sharing with the concerned ministries of health shall be a beneficial venture after adding the desired security model, particularly where there are shared premises. ISM explained that all logs of activities of network were fully secure and would only be accessed when required (which, as experience shows, is rare).
- Practical solutions need to be explored to proceed with the GPN implementation in Myanmar. WR Myanmar and ISM should discuss various alternates and propose the most appropriate way to go ahead.
- There is a special situation in Maldives. The cost of GPN connectivity is 50% higher than other countries since Maldives is not covered by the same satellites as other SEAR countries. It is an issue and the cost benefit needs to be established. However, GPN is a pre-requisite for GSM implementation, so we need to proceed with the GPN implementation. There seems to be no better alternate suitable for Maldives.
- GPN has been implemented at 11 sites in SEAR and 3 sites are in progress.
- The date for installation of GPN needs to be finalized for Timor-Leste.

Recommendations/Action Points

(1) All WRs should ensure budget provision in Country Office workplans for GPN recurring charges for the biennium 2006-2007. The cost for GPN recurring charges have been provided to each Country Office separately.

(Action: WRs)

(2) The GPN infrastructure sharing with concerned ministries of health shall be a beneficial venture after adding the desired security model, particularly where there are shared premises.

(Action: WRs/ISM)

(3) Practical solutions should be explored to proceed with the GPN implementation in Maldives and Myanmar.

(Action: WRs Maldives and Myanmar)

(4) The date for installation of GPN is to be finalized for Timor-Leste.

(Action: WR Timor-Leste)

ICT Strategy

- WHO is developing a global ICT strategy.
- ISM thanked WRs for providing valuable feedback on WHO global ICT Strategy, the proposed Governance model and Security Policy.
- SEARO has already taken the initiative to develop and update standardized Regional IT policies, such as Internet access and e-mail policy, comprehensive data and systems backup policy, etc.

STC/STP Roster System

- The need for a centralized system to maintain an STC/ST P roster was expressed.

Recommendation/Action Point

(1) A centralized system to maintain STC/STP information is already in use in SEARO and can be implemented in country offices upon approval from IRA/RD.

(Action: IRA)

Internet Access

- WR DPRK enquired about a facility for easy access to documents of meetings, e.g. RD's meetings with WRs.

- The meeting was informed that documents related to important meetings can be made available on SEARO Intranet website. SEARO Intranet website is accessible to all WR Offices.

Recommendations/Action Points

(1) All Departments and units in SEARO should ensure that relevant documents are published on SEARO website (Internet and/or Intranet) and kept up-to-date.

(Action: All Directors)

(2) For better document management, solutions to access the documents through Document Management System (DMS), SharePoint, Shared drives, etc. should be considered.

(Action: ISM)

Activity Management System (AMS)

Discussion Points

- AMS has been found very useful. In general, WRs appreciated all the IT support provided by the ISM team.

IT Support

- WR DPR Korea explained that there are no commercial IT services available in DPRK. He informed that IT support from UNICEF is not satisfactory and enquired about providing remote maintenance services from ISM/SEARO.
- ISM informed that extensive remote services have been provided to WR DPR Korea even for installing servers which had saved several duty travels. However, some local support is required for basic IT operations, even if high-level support is provided remotely from SEARO.

Recommendation/Action Point

(1) ISM shall work with WR DPR Korea to explore the best possible local service model and provide backup from SEARO through remote maintenance services as the next level of support.

(Action: WR DPR Korea and ISM)

Country Office Web Sites

- Eight WR Offices have their own web sites.
- As a follow-up on the recommendation of the 52nd meeting of RD with WRs, Web Site Builder Tool (WBT) should be used by all country offices to develop their web sites in order to have a coherent corporate look of all WHO web portals. Five WR Offices - web sites have been developed using the WBT.
- Two WROs (India, Thailand) and two technical programmes in SEARO (IVD and CDS) are using the WBT to maintain their web sites on their own.
- Training on the usage of the WBT has been provided to WR Offices in India, Indonesia, Maldives, Sri Lanka, Thailand and two programmes in SEARO(IVD and CDS).
- WRs expressed interest in developing and keeping their web sites up-to-date using the WBT.

Recommendations/Action Points

(1) Each country office should identify a web focal point for SEARO to interact with, as per Web Coordination Committee (WCC) advice.

(Action: WRs)

(2) Three WROs (DPR Korea, Nepal and Timor-Leste) with no web sites should provide content to develop the in itial web site framework and three WROs (Bangladesh, Bhutan and Indonesia) having web sites outside the Web Site Builder Tool (WBT) are encouraged to use WBT.

(Action: WRs concerned)

(3) Training to be conducted for country office staff on the usage of WBT.

(Action: ISM)

Information Systems for Country Offices

- Relevant Information Systems need to be implemented at Country Offices in three areas - duty travel reports and recommendations management, staff contact information and procurement services. Some Country Offices are already using some of these systems.

Recommendation/Action Point

(1) Training should be conducted for country office staff on the following information systems :

- Duty Travel Management System (DTMS)
- SEAR Address List Management System (SAL)
- Security Alert System (SAS)
- Supplies Management Information System (SMIS)

(Action: ISM/ASO/FSO/MSO)

FCH Department

Priority Issue 1: Quality of Data

Discussion Points

- The numbers do not reflect the actual situation. What are the RO's plans to address this issue?
- For data quality, there are issues beyond technical factors. There are, however, enough tools available for implementation.
- The Health Metrics Network would be able to address this to some extent.
- Transparency at the country level is paramount for correct data to be circulated.

Recommendation/Action Point

(1) The Regional Office should facilitate improvement of quality of data for maternal and child health indicators.

(Action: FCH/EHI)

Priority Issue 2: Skilled Care at Every Birth

Discussion Points

- Policies on human resources for maternal and newborn health need to be developed and the quality of training improved.
- There is a multiplicity of cadres in some countries that must be rationalized to improve maternal and child services. In some cases this

may involve the delegation of authority to community-level workers, for example, in antibiotics.

- Poor maternal and child services often reflect of health system issues and poor management in health facilities.
- Issues need to be addressed in ways specific to the country context. Activities need to be tailored to country needs/situation.
- The nursing unit is working on developing curriculum and training for nurses and midwives at the country level.

Recommendation/Action Point

(1) The Regional Office and country offices should facilitate the development of skilled birth attendants for maternal and child health within the national master plan for human resources for health.

(Action: FCH/WRs)

Priority Issue 3: Integrating newborn and maternal health

Discussion Points

- Maternal and child health need to be integrated. At the country level, newborn health falls between the maternal and child health divisions.
- Newborn health issues need to be integrated in the training and curriculum for community level health workers.

Recommendation/Action Point

(1) The Regional Office and country offices should facilitate integration of newborn health care and maternal health.

(Action: FCH/WRs)

Priority Issue 4: Gender-Based Violence

Discussion Points

- Gender-based violence is an important issue in SEAR countries, especially in Sri Lanka
- There is a need to consider gender dimensions for maternal and newborn health
- Gender perspectives might be integrated into medical education

Recommendation/Action Point

(1) Issues relating to gender and nutrition should be integrated with relevant technical units and programme areas in countries.

(Action: FCH)

Priority Issue 5: Programmatic integration

Discussion Points

- There is need to integrate various programmatic areas for addressing issues related to FCH, especially in the areas of nutrition and gender, that are cross-cutting issues.
- Approaches should be regional and country-specific rather than following global approaches.
- The focus should be on concrete activities rather than on workshops.
- There is a need to consider the ecological and socio-anthropological situations, especially for nutrition.

Priority Issue 6: Unsafe abortions

Discussion Points

- Unsafe abortions are becoming an important cause of maternal mortality and are dependant on legal provisions of each country. The Regional Office needs to work on strategies to address unsafe abortions in each country.
- Prevention of unwanted pregnancy and post-abortion care should be addressed through RHR programmes at the country level.

Priority Issue 7: Access to contraceptive and other reproductive health services for adolescents and unmarried youth

Discussion Points

- These are culturally sensitive issues within countries
- Judgmental attitudes of providers often result in unwritten restrictive policies by default
- Access to services for adolescents and young people are mandated in the Convention on the Rights of the Child.

- There is a need to find an entry-point for improving access of adolescents and unmarried young people to contraceptive and other reproductive health services.

Priority Issue 8: Elimination of Iodine Deficiency Disorders (IDD)

Discussion Points

- RC and WHO resolutions have requested compliance to IDD elimination
- The focus should be on sustainability of services and activities rather than time-bound targets

HSD Department

Priority Issue 1: Public Health Initiative

Discussion Points

- Public health expenditures and workforce is gradually being reduced in Nepal
- A new school of Public Health has been established in Nepal and WHO is providing technical and financial support.
- WHO is actively collaborating with Public Health institutes in Thailand. Two courses are planned for 2006. There was a request by Indonesia to send trainees for these courses.
- Strengthening of human resources in health are included in RB activities for 2006 in Indonesia.
- $700,000 is planned for 2006-07 for training in public health and management in WR DPRK.
- Increased financial support is needed for public health training, particularly for post-graduate level training in NIPSOM, Bangladesh.
- SEAPHEIN is requested to assist in strengthening public health training and services, particularly for identifying strategic directions that NIPSOM should take to become a leading organization in public health, both nationally and regionally. An expert may visit for this purpose.
- A National Institute of Health Sciences is being established and public health training will be emphasized in Timor-Leste.

- Thailand is providing bilateral support for training of health professionals for Timor-Leste.
- The government would like to have an STC for curriculum development for the new public health institute in Myanmar.
- The highest budget for MCA in Myanmar is in the area of public health and collaboration with SEAPHEIN has been established.
- Admission of non-medical personnel in public health institutes in Myanmar should be encouraged.
- The Kandy School of Public Health in Sri Lanka is to be strengthened.
- Funds are needed for strengthening infrastructure and networking of institutes in Bhutan.

Recommendations/Action Points

(1) WHO should facilitate networking of public health institutions in the Region.

(Action: PHI)

(2) Individual proposals for resource mobilization may be submitted for establishing/strengthening schools of public health.

(Action: WRs/PHI)

Priority Issue 2: Health Information System and related developments

Discussions Points

- Health Metrics Network (HMN): WRs have been involved in varying degrees in the HMN proposal development process at the country level. While WR Indonesia was not involved in the process, WR Bangladesh was fully involved and will continue during the second round. In DPRK, the government was not in favour of applying for the HMN grant. In Myanmar, some funds have been received for capacity building as part of the HMN proposal. HMN is important and its coordination with the Regional Strategy for HIS should be clarified.
- Technical support through three STCs was provided to Timor-Leste for the development of its health information system.
- Health Care Financing (HCF): Support of the Regional Office to Maldives is appreciated and further support will be required regarding

health insurance development. The GIS should be assessed. HCF is important since only a small portion of the population is covered under SHI. Project support to Indonesia would be required.

Recommendations/Action Points

(1) WHO should collaborate closely with the Health Information System (HIS) Units at the ministries of health to provide technical inputs and strengthen capacity of the National HIS Development group.

(Action: EHI)

(2) Some countries, which were not included in the first round for submission of proposals for the Health Metrics Network (HMN) because their earlier proposals were late, should submit their proposals for the second round during 2006.

(Action: WRs concerned)

Priority Issue 3: Other HSD Issues

Discussion Points

KMS Strategy

- Technical support is required for information management at the country level. (Bangladesh, Bhutan, Indonesia, Nepal, Timor-Leste). Country information and knowledge assets need to be identified, collected and man aged.

World Health Day 2006

- Support to WHD celebrations from WR offices was appreciated. The WHO calendar for 2006 is being printed and will be sent to countries by December 2005 for dissemination. Theme kits will be ready by mid-February 2006.

Patient Safety

- HQ has recently conducted an orientation workshop in Maldives for Essential Emergency Surgical Care at District level (IMEESC). Equipment has been purchased for Atolls. WR/Government have requested technical and financial support for training, for which HSY/HSD will coordinate with the HQ technical unit.

- Quality assurance is needed at the district level but there are plans to start initially at national level. HSY/HSD to provide technical support in light of the subject for Technical Discussions during the CCPDM Meeting in 2006.

Regional Health Forum

- Efforts will be made to improve the quality and usefulness of the Regional Health Forum. There are a number of excellent studies and reports available from research studies and findings of WHO Collaborating Centres (e.g. Thailand) conducted under APW mechanism. These could be published in the Forum.

Directory of Regional Training Institutes

- The directory includes 298 training institutes and web-pages are available. The support of WRs was appreciated. Further updating would be necessary through updated information from WRs.

WHO Collaborating Centres

- There have been requests for horizontal collaboration between India and Indonesia and Thailand – WR Timor-Leste. A provision of 2-3% of the WHO country regular budget may be considered for health research support through WHO CCs.

Health in Asia 2006 – A Bi-regional Publication

- SEARO and WPRO are working on a bi-regional publication on Health in Asia. A draft of the publication will be distributed to WRs for their inputs related to accurate and up-do-date data, success stories, issues and challenges.

Fellowships in Public Health

- Initially, the CDS group will provide fellowships starting from the 2006 budget. Country funds are welcome for public health training.

Essential Medicine

- The support to the National Medicinal Drug Policy is appreciated. Assistance is needed for implementing the NMDP. Funds could be explored by EDM/SEARO for one national technical staff, if required.

- The ministries of health are aware of TRIPS and access to medicine issues. However, they need to move into activities. EDM to provide technical support and modest "seed" funding.

District Health System

- Support is needed for strengthening district health system. HSY will provide continued technical support.

Decentralization

- Nepal was decentralizing health services in 14 districts which need WHO support. HSY will provide technical support in the area of district health planning and strengthening management capacity. Indonesia's decentralization experience could be shared.

3. CLOSING SESSION

Concluding Remarks by the Regional Director

In his concluding remarks, the Regional Director stated that there were intensive discussions on a wide range of issues related to WHO's work in the Region. He thanked the WRs and the Regional Office staff for their attention and active participation. He also noted the contribution of Dr Paolo Hartmann and hoped that he would report back to the CCO Department at HQs about the major issues discussed at the meeting and would continue to provide support to the Region.

He noted that the reports by the WRs highlighted the different conditions in each country office. He urged implementation of new region-wide policies, but the special conditions in each country should be considered.

Dr Samlee further mentioned that the meeting had shown the large amount of information that needed to be exchanged between the WRs and the Regional Office. This applied to both technical and administrative areas. There was a need to continually streamline the processes to improve communications between the Regional Office and countries, both in WRs meetings and on a regular basis.

The Regional Director asserted that the delegation of authority to the country offices had increased the responsibilities of the WHO Representatives. The Regional Office would continue to support the WRs in their implementation of this delegation and, at the same, ensure appropriate accountability.

While appreciating the comments and suggestions from the Regional Advisers, Dr Samlee emphasized that the major priority of Regional Advisers was to support the work in countries. He further emphasized the need to take necessary measures to ensure strengthening of Regional Office support.

Regarding Multi-Country Activities, Dr Samlee said that it was a new and innovative approach to support work between countries and promote the potential benefits of the countries working together to solve similar problems. Several steps had been discussed, but there was a need to plan

and implement the MCA effectively. He expected that the Regional Advisers and WRs would follow this up without delay.

While referring to new financial procedures and organizational changes, Dr Samlee said that detailed attention and follow-up was required. He asked the Regional Office staff to continue ensuring understanding and compliance with new rules and procedures so that these could be implemented smoothly.

The Regional Director thanked the WRs for their efforts in strengthening WHO's collaborative activities in their respective countries. While emphasizing that WHO's main function was to collaborate with its Member States in their health development activities, he mentioned that it was here that the role of WRs assumed an added importance. He was glad that the WRs were playing their roll well and looked forward to accelerated efforts to further strengthen this role.

As Dr Eigil Sorensen had been reassigned as WR Papua New Guinea, Dr Samlee thanked him for his contributions as WR DPR Korea. He mentioned that Dr Sorensen was the first WR in DPR Korea and had helped set the tone for future collaborative activities there.

Dr Samlee also thanked Dr Brent Burkholder, who will be returning soon to CDC, Atlanta. He appreciated Dr Burkholder's leadership in steering the immunization programme in the Region which was laudable indeed. The Regional Director was sure that Dr Burkholder could be justifiably proud of the progress made in this area over the past few years. He wished Dr Burkholder all success in his new assignment.

Dr Samlee thanked the WRs again for their suggestions on how to improve these meetings in future and said that the Regional Office would continue to try to make these meetings as effective as possible to benefit both WRs and the Regional Office staff.

Dr Samlee informed the participants that the next meeting of the Regional Director with WRs will be tentatively held during 13-21 November 2006. He also informed that the WRs will attend the CCPDM meeting in New Delhi during 12 to 16 June 2006 to ensure that the follow up of the key issues raised during this meeting could be discussed.

Annex 1

AGENDA

1. Opening
2. Review of Actions Taken on Recommendations of the 56th Meeting of the Regional Director with WHO Representatives
3. Reports by WRs on:
   - Current Health and Health-related Situation
   - WHO Activities and Contributions reflecting Programme Development and Management during the past year
4. Discussions with Departments – Priority Issues
5. Conclusions and Recommendations
6. Closing

Annex 2

PROGRAMME

Monday, 28 November 2005

0900-0930 Opening

1000-1230 Review of actions taken on recommendations of the 56th Meeting of RD with WRs (*agenda item 2*)

1400-1615 Reports by WRs on (i) Current Health and Health-related Situation, and (ii) WHO activities and contributions reflecting Programme Development and management during the past year *(agenda item 3)*

[Presentation by WRs (20 minutes) followed by Discussions (25 minutes)]

- WR Bangladesh (1400-1445 hrs)
- WR Bhutan (1445 -1530 hrs)
- WR DPR Korea (1530-1615 hrs)

1630-1715 Contd…Report by WRs (*agenda item 3*)

- WR India

Tuesday, 29 November 2005

0900-1030 Contd…Report by WRs (agenda item 3)

- WR Indonesia (0900-0945 hrs)
- WR Maldives (0915 -1030 hrs)

1045-1215 Contd…Report by WRs (agenda item 3)

- WR Myanmar (1045-1130 hrs)
- WR Nepal (1130-1215 hrs)

1400-1530 Contd…Report by WRs (agenda item 3)

- WR Sri Lanka (1400 -1445)
- WR Thailand (1445-1530 hrs)

1545-1630 Contd…Report by WRs (agenda item 3)

- WR Timor-Leste (1545-1630)

Wednesday, 30 November 2005

0830-1100 Discussions with Departments –Priority Issues (*agenda item 4*)

- DRD Department

1115-1245 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- IVD Group

1415-1730 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- CDS Department

Thursday, 1 December 2005

0830-0930 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- DPM Department (Session One)

0930-1100 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- NMH Department

1115-1300 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- HSD Department

1400-1600 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- SDE Department

1600-1730 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- DPM Department (Session Two)

Friday, 2 December 2005

0830-1100 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- DAF Department (Session One)

1115-1315 Contd…Discussions with Departments –Priority Issues (*agenda item 4*)

- FCH Department

1445-1730 *WRs' Internal Meeting*

Saturday, 3 December 2005

0830-0900 Drafting Committee Meeting

0900-1030 Contd… Discussions with Departments – Priority Issues (*agenda item 4*)

- DAF Department (Session Two)

1030-1130 Review of Recommendations (*agenda item 5*)

1145-1215 Tsunami Anniversary Issues

1215-1245 Closing

Annex 3

LIST OF PARTICIPANTS

WHO Representatives

Dr Duangvadee Sungkhobol
Bangladesh

Dr Ei Kubota
Bhutan

Dr Eigil Sorensen
DPR Korea

Dr Salim J. Habayeb
India

Dr Georg Petersen
Indonesia

Dr Jorge M. Luna
Maldives

Dr Adik Wibowo
Myanmar

Dr Kan Tun
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Dr Agostino Borra
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Dr William L. Aldis
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Resource Persons

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Coordinator, GMG/PRP
WHO/HQ

Dr Paolo Hartmann
Scientist, SDE/CCO
WHO/HQ

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External Relations Officer
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Secretary

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Department of Non-communicable Diseases
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Dr Jai P. Narain
Director
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Dr Abdul Sattar Yoosuf
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Dr P.T. Jayawickramarajah
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Department of Family & Community Health

Dr Sangay Thinley
Ag. Director
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Dr Sawat Ramaboot
Short-Term Professional
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Programme Management)

Dr Myint Htwe
Chief
Internal Review & Technical Assessment

Dr A.S. Abdullah
Coordinator
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Dr Brent Burkholder
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Dr R.M. Brooks
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