

High-Level Preparatory (HLP)
Meeting for the Sixty-third Session
of the WHO Regional Committee
for South-East Asia

WHO-SEARO, New Delhi, 28 June – 1 July 2010



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Introduction

The High-Level Preparatory (HLP) Meeting for the Sixty-third Session of the WHO Regional Committee for South-East Asia (SEA) was held at the WHO Regional Office for South-East Asia (SEARO), New Delhi, from 28 June to 1 July 2010. High-level government representatives from Member States of the SEA Region participated in the meeting. The agenda and list of participants are attached to the report as Annexure 1 and 2, respectively.

1. Inaugural session *(agenda 1)*

Opening remarks by the Regional Director

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, welcomed the distinguished participants to the meeting. He described the background of the two meetings: the High-Level Preparatory (HLP) Meeting for the Sixty-third Session of the WHO Regional Committee and the Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), which would be held on 2 July 2010. The Regional Director said that the role and functions of the Regional Committee are reflected in Articles 46 to 52 of the WHO Constitution. The most important function of the Regional Committee is to formulate policies governing matters of an exclusively regional character. The annual meeting of the Regional Committee is the most important event for WHO in the Region. The organization and conduct of the annual session of the Regional Committee are governed by the Rules of Procedure, while the preparation of the Provisional Agenda for the Committee is governed by Rules 7, 8 and 9 of the Rules of Procedure. Dr Samlee said that in recent years, the duration of the Regional Committee session had been very much reduced. The duration of the 2010 session would only be three days, even though a large number of agenda items would have to be covered by the Regional Committee. That was the reason for organizing the HLP meeting to assist the Regional Committee by:

- Reviewing and discussing in detail the substantive items on the agenda of the Regional Committee; and
- Formulating conclusions and recommendations for submission to the Regional Committee, through the Regional Director, for its decisions.

The HLP meeting acts as an advisory mechanism for the Regional Director. The agenda for the HLP meeting is drafted in the same way that the Provisional Agenda for the Regional committee is drawn up. The Regional Director stated that technical units concerned had prepared the relevant working papers on the various agenda items to be discussed by the Regional Committee. These working papers would form the basis for review and discussion by the HLP meeting. After the meeting, the working papers would be revised in the light of the suggestions made at the HLP meeting. Also, the conclusions and recommendations made at the HLP meeting on various subjects would be incorporated and reflected appropriately in the working papers for consideration of the Sixty-third Session of the Regional Committee. Dr Samlee urged the participants of the HLP meeting, upon their return, to thoroughly brief their country delegations, who would be attending the forthcoming session of the Regional Committee to be held in September 2010, on the discussions held and conclusions reached on each agenda item at the HLP meeting. This would facilitate the Regional Committee to arrive at appropriate decisions on the various agenda items. Furthermore, it would help ensure that the Regional Committee is able to complete discussions on all agenda items within the limited time available.

In conclusion, Dr Samlee wished the meeting success, and hoped that the participants would collectively try their best to arrive at the most practical conclusions and recommendations on all substantive items comprising the Regional Committee agenda.

Nomination of Chairperson, Co-chairperson, Rapporteur and the Drafting Group

His Excellency Professor Mya Oo, Deputy Minister of Health, Ministry of Health, Myanmar, was nominated as Chairperson. Dr Gado Tshering, Secretary, Ministry of Health, Bhutan, was nominated as Co-Chairperson. Dr Ibrahim Yasir Ahmed, Director-General of Health Services, Ministry of Health and Family, Maldives, was nominated as Rapporteur. A drafting

group was also constituted with members: Dr Gita Maya, Head, Strategic Policy Planning and Programme, Bureau of Planning and Budgeting, Ministry of Health, Indonesia; Dr Laxmi Raj Pathak, Chief, Policy Planning and International Cooperation Division, Ministry of Health and Population, Nepal; and Dr Pairoj Saonuam, Medical Officer, Senior Professional Level, Office of Disease Prevention and Control, Ministry of Public Health, Thailand.

2. Technical matters (*agenda item 2*)

2.1 Strategic planning for development of human resources for health in the Region (*RC63 Provisional Agenda item 9*)

Introduction

The Fifty-ninth session of the Regional Committee for South-East Asia held in 2006 in Dhaka, through its resolution SEA/RC59/R6 on Strengthening the Health Workforce in South-East Asia, requested the Regional Director to report on the progress made in its implementation at the Sixty-second session of the Regional Committee in 2009. The Health Ministers' Meeting held in Dhaka, in September 2006 adopted the Dhaka Declaration entitled "Strengthening Health Workforce in countries of the South-East Asia Region". The Regional Office developed the "Regional Strategic Plan for Health Workforce Development in the South-East Asia Region" identifying development activities on human resources for health (HRH). The Regional Committee, held in Dhaka in 2006, while endorsing this strategic plan requested the Regional Director to facilitate Actions in relation to regional health workforce development. The overall goal was to ensure equitable access to effective health services through adequate and balanced distribution of sufficient, competent and highly motivated health workforce. The working paper presented to the HLP reviewed the status of implementation in Member States of the Regional Committee resolution SEA/RC59/R6 and the World Health Assembly resolution WHA58.23 respectively. Member States are requested to follow-up implementation Actions on the resolution WHA63.16 adopted by the Sixty-third World Health Assembly in May 2010, on the Global Code of Practice. The future strategic directions required for implementing the relevant resolutions, including the World Health Assembly resolution WHA63.16, were also shared.

Discussion points

- There is a need to harmonize and standardize training for community-based health workforce through development of an appropriate community-oriented and competency-based training module/curriculum to address the public health needs, especially in the context of the present-day challenge of health workforce access and retention.
- Medical, nursing and midwifery education should be strengthened to meet new public health challenges. Also family medicine/family physician in the context of communicable and noncommunicable diseases should be promoted.
- Reforms in education and training should be introduced by shifting the focus from clinical health care to public health care, and professionalism and leadership among the public health workforce should be encouraged.
- The HRH networking should be further strengthened through professional bodies such as the Asia-Pacific Actions Alliance for Human Resources for Health (AAAH); the South-East Asian Public Health Education Institutes Network (SEAPHEIN); the South-East Asian Nursing And Midwifery Education Institutes Network (SEANMEIN); the South-East Asian Regional Association for Medical Education (SEARAME); and the South East Asian Health Ethics Network (SEAHEN); and the Network of Medical Councils.
- In order to achieve the Millennium Development Goals (MDGs) by 2015, private-public partnerships in the health sector should be promoted.
- The World Health Assembly resolution WHA63.16 on the Global Code of Practice should be implemented.

Recommendations

Actions by Member States

- (1) To develop national strategic plans for health workforce development with special emphasis on strengthening the community-based health workforce.

- (2) To strengthen public health workforce through training in specific public health areas including International Health Regulations (IHR), trade agreements, health-care financing and health insurance, etc.
- (3) To strengthen curricula of medical, nursing and midwifery, and other health-care professional education focusing on public health e.g. promoting family medicine model in the national context as appropriate.
- (4) To implement the World Health Assembly resolution WHA63.16 on the Global Code of Practice by addressing issues related to recruitment, retention, and migration of health workforce.

Actions by WHO-SEARO

- (1) To support Member States in developing and sustaining the progress made by them in strategic planning of the health workforce and in establishment of the SEA-HRH Observatory.
- (2) To support Member States in designing task and competency-based training modules for health professionals, including community-based health workers and community health volunteers, and evaluating the impact of the training modules.
- (3) To review and revise regional guidelines on medical, nursing and midwifery, and other health-care professional curricula in the context of revitalization of primary health care and public health.
- (4) To support Member States in implementing the World Health Assembly resolution WHA 63.16 on the Global Code of Practice adopted in May 2010, and to organize a regional consultation to develop a roadmap for implementation of the Code of Practice in countries.

2.2. Development of national health plans and strategies

(RC63 Provisional Agenda item 10)

Introduction

WHO has recently revised the practice of developing national health plans (NHP) and strategies to provide effective support to countries in addressing the increasingly complex global health issues. The practice is aimed at

formulating and implementing national policies, plans and strategies efficiently and effectively within and outside national boundaries. The global activities envisaged by WHO in this regard are to: address various challenges and issues involved in strengthening NHP and strategies; and using the framework of national policy, strategies and plans to develop managerial toolkits, and strengthen capacity of WHO country offices and also of Member States. WHO-SEARO has already planned to organize a regional consultation on the topics of this agenda item to identify needs of countries of the Region, and to identify means of addressing them.

Discussion points

- There has been a shift in focus towards the detailed technical and financial inputs for health development over the past decades. There is a need to revive WHO's support for developing NHP. National health planning today is significantly different from the planning carried out during the 1970s and the 1980s. It has become more comprehensive with inclusion of a much broader range of significant influences on health outcomes, such as:
 - issues like climate change that require a multisectoral approach to NHP;
 - private sector activities and social determinants of health that require a participatory approach with respect to inclusion of all stakeholders in the NHP process; and
 - the overall financial and development agenda to which the NHP must be explicitly aligned.
- NHP continue to be the key to strengthening of health systems, and to the consolidation of vertical programme plans and subnational plans focusing on achieving the MDGs and implementing the IHR (2005).
- Countries are at different levels of development with respect to NHP in terms of the timeline (5-, 10- and 25-year plans), the drafting agency (Ministry of Health versus Planning Commission), as well as decision-making body (Ministry of Finance in case of budget-driven planning). Accordingly, country needs for strengthening NHP will differ.

- As a starting point, it would be useful to assess NHP in countries with respect to their process and content, including best practices on issues such as links of NHP to health policy; flexibility to correct misalignments; and multisectoral approach to NHP.
- To ascertain different types of country needs, some of which may be as specific as the need for training in costing for universal coverage, while others may be as general as the need to improve support to subnational plans. Accordingly appropriate set of tools and capacity-building exercises should be developed.
- There was a general feeling among the Member States that they were strong in conceptual issue and weak in practical skills. As such, it was felt that intercountry collaboration would be more conducive to capacity building than training activities. The representative from Bhutan requested that his country should be included in the first set of capacity-building activities to be undertaken by WHO-SEARO.

Recommendations

Action by Member States

- Both health and health-related sectors should be represented in the proposed regional consultation on the development of national health plans and strategies.

Actions by WHO-SEARO

- (1) To organize the regional consultation on development of national health policy, plans and strategies, as planned, to implement the above-mentioned recommendation, and also
- (2) To discuss country-specific priority requirements for building capacity to develop national policy, plans and strategies.

2.3 Coordinated approach to prevention and control of acute diarrhoea and respiratory infections

(RC63 Provisional Agenda item 11)

Introduction

Acute diarrhoea and respiratory infections cause more than 2.1 million deaths among children and adults in the SEA Region each year—more deaths than are caused by HIV/AIDS, TB and malaria put together. The burden has remained high in spite of the availability of simple, effective and low-cost interventions for both prevention and control. Without prevention and control of acute diarrhoea and respiratory infections, it will not be possible to achieve the MDG 4. The situation, therefore, calls for a coordinated response through scaling up of the comprehensive package of interventions that should be implemented in an integrated manner. These interventions include not only case management but also disease prevention and health promotion in such areas as nutrition, infant feeding, immunization, promotion of handwashing, exclusive breastfeeding and improved personal hygiene. Coordinating the roles and efforts of various actors both within and outside the health sector is crucial in this regard. Taking these factors into consideration, WHO-SEARO, in consultation with regional experts, has developed a regional strategy that centres on an integrated package of interventions and supports its implementation in Member States across all age groups.

Discussion points

- The cost-effectiveness and role of newer vaccines and their affordability, logistics, and transfer of technology for local manufacture within the available timeframe to be able to meet the related MDGs, are the key issues.
- Research is needed in areas of vaccine development; cost-effective, common and safe antibiotics for use in both diarrhoeal diseases and pneumonia in remote areas; alternative technology for safe water supply in rural areas; and interventions for indoor and outdoor air pollution.

- There is a need to address the problem of diarrhoeal diseases and pneumonia among people with HIV/AIDS.
- Coordination and collaboration within the health sector needs to be strengthened. Also the health sector needs to collaborate with sectors outside health; a coordinated approach is required in providing appropriate response during outbreaks and natural disasters.
- Indicators need to be specified for the process and outcomes, as well as for the impact of interventions.
- The role of the Integrated Management of Childhood Illnesses (IMCI) strategy in the improvement of facility-based care, and the need to develop linkages between community and facility-based interventions, should be emphasized.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting, including the draft resolution on “Coordinated approach to prevention and control of acute diarrhoea and respiratory infections”.

Actions by Member States

- (1) The most cost-effective interventions should be prioritized and implemented, as appropriate for a given country situation, in developing national strategies and workplans.
- (2) Training needs should be assessed and training curricula developed for undergraduate medical students, midwives and nurses, with regard to the coordinated approach to prevention and control of acute diarrhoea and respiratory infections based on the regional strategy.
- (3) Advocacy and educational activities should be included in schools by integrating the coordinated approach for prevention and control of acute diarrhoea and respiratory infections into school health programmes.

- (4) Coordination and collaboration should be established with various sectors, both within and outside the health sector for prevention and control of acute diarrhoeal diseases and respiratory infections.
- (5) Rational use of medicines should be promoted at different levels of health care.

Actions by WHO-SEARO

- (1) To provide support to Member States in developing and adopting a coordinated approach to prevention and control of acute diarrhoea and respiratory infections based on the regional strategy, and in implementing specific cost-effective interventions that suit the specific needs of individual Member States.
- (2) To assist Member States in assessing training needs, developing curricula and conducting training activities at various levels.
- (3) To provide support in the area of operational research, surveillance, and monitoring and evaluation.

2.4 Prevention and containment of antimicrobial resistance

(RC63 Provisional Agenda item 12)

Introduction

Antimicrobial resistance (AMR) is considered the single biggest threat facing the world in area of infectious diseases. The emergence and spread of resistance in several microorganisms have rendered the management of many infectious diseases difficult. The impact of resistance is greater in developing countries. To combat this problem, WHO-SEARO has developed a regional strategy that advocates a multipronged approach to mitigate the consequences of resistance and preserve the efficacy of antimicrobial agents. The implementation of the strategy at country level requires key actions pertaining to governance and coordination, capacity-building, educating communities and prescribers, and strengthening surveillance, as well as regulatory mechanisms. The regional strategy was presented to the HLP meeting for consideration and discussion.

Discussion points

- Antimicrobial resistance has a substantial impact on patient care, public health programmes, achieving MDGs and technical advances in the medical sciences.
- A nationally coordinated multisectoral approach, with active participation of the private sector, is essential to combat AMR.
- The need for continuous education of prescribers of antimicrobials as well as of users for their rational use is critical and it should be established as a top priority.
- Reduction in the disease burden through the use of vaccines and other non-pharmaceutical measures, as well as efficient management of disease control programmes can reduce reliance on antimicrobials and hence diminish AMR.
- Research needs to be encouraged with regard to the use of products made available through traditional medicine in treating infectious diseases.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting, including the draft resolution on “Prevention and containment of antimicrobial resistance”.

Actions by Member States

- (1) Establish a nationally coordinated, multisectoral alliance against AMR with a designated focal point in the Ministry of Health (MoH).
- (2) Strengthen national surveillance mechanisms for AMR.
- (3) Initiate and sustain awareness and educational activities for prescribers and users of antimicrobials for their rational use.

Actions by WHO-SEARO

- (1) Provide technical support in development of national governance mechanisms and surveillance networks in accordance with the regional strategy on AMR.
- (2) Facilitate sharing of knowledge and information between and among countries of the SEA Region, and with other regions.
- (3) To develop technical and educational material that can be adapted by Member States.

2.5 Strategic framework on healthy ageing in the Region

(RC63 Provisional Agenda item 13)

Introduction

In the SEA Region, ageing of the population (defined as the increase in the proportion of persons aged 60 years and above) has emerged as a dominant demographic trend. The proportion of this group of population with persons aged 60 years and above is showing an increasing trend in all 11 Member States, and it is estimated that by 2050 in over half (55%) of the Member States, 20% or more of the population will be 60 years old or more. At the same time, it is estimated that the average life expectancy at birth in Member States of the Region will have reached 75 years in 2050. Rising life expectancy and increase in the proportion of population 60 years and above require that older persons be provided with the same access to social, preventive, curative and rehabilitative support as other population groups. National social and health services will have to cater for an increasingly aged population, which will place demands on these services. Following several regional activities, WHO-SEARO organized a regional consultation in 2009, at which a draft regional strategic framework for healthy ageing was developed. The framework was introduced to Member States to help them develop national policies and strategies for healthy aging. The principal objective of the regional strategic framework is to provide technical support to Member States in developing and implementing policies and programmes for active and healthy ageing and old-age care.

Discussion points

- Healthy ageing is a continuum that spans the period from birth to death. Hence, interventions to promote healthy ageing should follow a life-course approach, which would require coordinated Actions between programmes such as reproductive health, nutrition and maternal and child health.
- The long-term strategy for healthy ageing should be to ensure that populations, as they age, should remain active and productive and the last years of life should be active and free of illness for the maximum duration.
- With rapid changes in urbanization and industrialization, families are no longer nuclear in type and require additional help in providing care to elderly family members. Care for the elderly should be provided within a community-based approach and as such, the regional strategic framework for healthy ageing emphasizes community-based elderly care.
- Raising awareness on healthy ageing among the population should be considered a priority in which all partners and stakeholders need to be involved.
- Large- and small-scale projects on healthy and active ageing have been introduced in several Member States, and some have established comprehensive social welfare and health development programmes for the elderly population. Sharing of experiences and knowledge about such projects and programmes would be useful to identify the best practices for promoting healthy ageing.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) Increase political commitment for promoting healthy ageing.
- (2) Scale up activities to establish a national policy on ageing and establish/strengthen the national authority responsible for promoting healthy ageing.
- (3) Enhance and sustain support for existing mechanisms of collaboration with other sectors of the government and interested stakeholders involved in healthy ageing-related interventions.

Actions by WHO-SEARO

- (1) Provide technical assistance to Member States to help align existing national interventions that address ageing issues with the regional strategic framework on healthy ageing.
- (2) Collaborate with Member States to identify mechanisms for improving coordination between reproductive health, maternal and child health, nutrition, adolescent and school health, and chronic diseases control and prevention, in order to promote a life-course approach towards healthy ageing.
- (3) Develop and disseminate appropriate interventions for building awareness on healthy ageing among Member States of the Region.

2.6 Accelerating the achievement of MDG5: Addressing inequity in maternal and neonatal health

(RC63 Provisional Agenda item 14)

Introduction

Improving maternal and neonatal health requires an effective and efficient health-care system that allows all women to plan for their pregnancy and to get skilled care during antenatal, childbirth and postnatal periods, as well as neonatal care, and that these are backed up by referral services. Providing such health-care services is an important element of implementing human rights that governments are obliged to provide for all their citizens without

discrimination. However, the health inequities across and within countries are the major issues in the Region. Some of the main causes of inequity in maternal and neonatal health (MNH) care are: (i) inadequate commitment and low budget allocation for the MNH programme at national and subnational levels; (ii) social and cultural barriers in accessing MNH care; and (iii) inadequate quality of MNH care.

The recommendations proposed to address the inequities in MNH care are: (i) to strengthen commitment and ensure adequate budget allocation for the MNH programme; (ii) to improve leadership and management of the MNH programme at all levels; (iii) to ensure women and community empowerment for MNH care and community-based Actions; (iv) to forge multisectoral collaboration/ partnership in achieving universal access for MNH/reproductive health; and (v) to facilitate exchange of information and experience within and among countries.

Discussion points

- Member States acknowledged the importance of addressing inequity in maternal and neonatal health that would have a direct impact on coverage of basic MNH services based on continuum of care.
- It was also emphasized that allocating more resources for: reaching the unreached; multisectoral collaboration; and improving leadership and community empowerment and involvement, is a priority policy and strategic direction aimed at improving access and quality of care.
- The importance of increased attention to neonatal/perinatal health, including the issue of premature births, was also emphasized.
- Information including data contained in the working paper pertaining to certain countries needs to be updated.
- The issue of effectiveness of training skilled birth attendants was discussed. It was felt that a thorough evaluation of this type of training would provide necessary information on how the issues of health workforce for MNH can be addressed.

- All countries have attained a higher level of achieving MDG goals especially in the area of MNH, compared to their situation in the 1990s. However, the challenge is very complex.
- There is need to collaborate with other sectors in addressing factors beyond the health sector that affect MNH, such as socio-cultural factors including early marriage, education, gender disparity and employment. In addition, traditional health sector issues such as inadequate human resources for MNH, lack of access to and quality of care and continuum of care for MNH, insufficient referral system, and reduced attention to family planning during the last few decades and also need to be addressed.
- The MNH programme needs policy guidance and managerial mechanisms that could function as platforms for increasing its funding in many countries, which have mobilized resources for other programmes from the Global Fund (GFATM), GAVI and other bilateral and multilateral funding sources. WHO is requested to facilitate establishment of such platforms in collaboration with other UN agencies.
- The UN Summit Meeting for MDG to be held in September 2010 in New York is an important forum for Member States to come up with the way forward in achieving the MDG targets by 2015. Indonesia in collaboration with UN and other development agencies is planning to organize an Asia-Pacific Ministerial MDG Summit on 3-4 August 2010, and it was proposed that WHO should support the participation of high-level delegates from Member States of the Region in the Summit. A side-meeting of participants from the Region could be arranged at that Summit for reviewing the progress of Member States on MDGs 4, 5 and 6, and also to prepare the regional contribution for the UN MDG Summit Meeting in New York. The Sixty-third Session of the Regional Committee could also consider the regional contribution for the UN Summit.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) Leadership and management of the MNH programme should be strengthened at all levels through capacity building.
- (2) Women and community empowerment for MNH care and community-based actions should be ensured.
- (3) Multisectoral collaboration and partnership should be forged for achieving universal access for MNH/reproductive health.

Actions by WHO-SEARO

- (1) To facilitate resource mobilization for the MNH programme in collaboration with other UN agencies and potential donors.
- (2) To provide support for exchange of information and experience within and among countries,
- (3) To support programmes responsible for MDGs 4, 5 and 6, in preparation for Asia-Pacific Ministerial MDG Summit in August, and the UN MDG Summit Meeting to be held in September 2010.

3. Technical Discussions: Selection of a subject for the Technical Discussions to be held prior to the Sixty-fourth session of the Regional Committee

(RC63 Provisional Agenda item 8.2)

Introduction

The purpose of the Technical Discussions was to provide a forum for an in-depth and wide-ranging review of technical subjects of regional interest (Ref. Regional Committee resolution SEA/RC5/R3). The discussions and recommendations arising out of the Technical Discussions would provide an opportunity to determine the strengths, weaknesses and usefulness of WHO collaborative programmes. The outcome of discussions would also enable WHO and Member States to reorient and modify policies and strategies, and appropriately plan for its present and future programmes.

The working paper enumerated the technical subjects that had been selected for Technical Discussions since 1998, and also put forward the following four subjects for consideration:

- (1) Tobacco control – meeting the obligations of the WHO Framework Convention on Tobacco Control (FCTC);
- (2) Teaching of public health at undergraduate level in medical schools;
- (3) Strengthening of community-based health workforce in the context of revitalization of primary health care; and
- (4) Occupational health: Formulation of policy and strategy.

Discussion points

- While the representatives of all Member States acknowledged the importance of all four subjects proposed for selection, they also discussed whether to include a new subject, Implementation of IHR (2005), as the subject for Technical Discussions to be held in 2011.
- It was also noted that a regional meeting on review of implementation of IHR (2005) will be organized in 2010, and thus, the proposal for inclusion of this subject was just noted.
- After deliberations, the HLP meeting recommended that the Regional Committee should select the topic of “Strengthening of community-based health workforce in the context of revitalization of primary health care” as the subject for Technical Discussions to be held prior to the Sixty-fourth session of the Regional Committee in 2011.

Recommendation

- The Regional Committee to consider the topic of “Strengthening of community-based health workforce in the context of revitalization of primary health care” as the subject for Technical Discussions to be held prior to the Sixty-fourth session of the Regional Committee in 2011.

4. Governing Bodies

4.1 Key issues and challenges arising out of the Sixty-third World Health Assembly and the 126th and 127th sessions of the WHO Executive Board (RC63 Provisional Agenda item 18.1)

Introduction

The working paper, while presenting all the resolutions of the Sixty-third World Health Assembly, highlighted the following significant and relevant resolutions emanating from it:

- (1) Advancing food safety initiatives (WHA63.3)
- (2) Partnerships (WHA63.10)
- (3) Availability, safety and quality of blood products (WHA63.12)
- (4) Global strategy to reduce the harmful use of alcohol (WHA63.13)
- (5) Marketing of food and non-alcoholic beverages to children (WHA63.14)
- (6) Birth defects (WHA63.17)
- (7) Viral hepatitis (WHA63.18)
- (8) WHO HIV/AIDS strategy for 2011-2015 (WHA63.19)
- (9) WHO's role and responsibilities in health research (WHA63.21)
- (10) Infant and young child nutrition (WHA63.23)
- (11) Improvement in health through safe and environmentally sound waste management (WHA63.25).

The objective of this agenda item was to inform the Regional Committee of all decisions and resolutions adopted by the Governing Bodies, and to review them within the regional perspective, particularly those resolutions that are relevant to the South-East Asia Region, have obvious and immediate implications for the Region, and which would merit follow-up actions both by Member States as well as by WHO at the Regional Office and country levels. Highlights from the operative

paragraphs of selected resolutions, as well as the regional implications of each decision and/or resolution, as applicable, and actions proposed for Member States and WHO, were presented.

Discussion points

- While all decisions and resolutions of the Sixty-third World Health Assembly are relevant, it was proposed that the working paper should include the additional briefings on the following WHA63 resolutions:
 - Pandemic Influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (WHA63.1),
 - Monitoring of the achievement of the health-related millennium development goals (WHA63.15),
 - WHO global code of practice on the international recruitment of health personnel (WHA63.16),
 - Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality; prevention and treatment of pneumonia (WHA64.24).

- Member States noted that during the Sixty-third World Health Assembly, discussions on Agenda item 11.20 on “Counterfeit medical products” could not be concluded, and that further debate on the topic would be required. While the Regional Committee at its Sixty-second Session in September 2009 adopted a resolution (SEA/RC62/R6) on “Measures to ensure access to safe, efficacious, quality and affordable medical products”, the subject is still open for discussion. Thus the Regional Committee may provide guidance at its Sixty-third Session on necessary steps to be taken before the forthcoming session of the Executive Board and the World Health Assembly in 2011 on the same subject. The Regional Office was requested to provide an update on this topic.

Recommendation

Action by WHO-SEARO

- The working paper on this agenda item needs to be updated and revised with additional items (resolutions and topics of regional interest related to the Sixty-third World Health Assembly), and the revised version needs to be submitted to the Sixty-third Session of the Regional Committee for its consideration.

4.2 Review of the draft Provisional Agenda of the 128th session of the WHO Executive Board (*RC63 Provisional Agenda item 18.2*)

Introduction

The draft provisional agenda of the 128th session of the WHO Executive Board will be available around the time of the Sixty-third Session of the Regional Committee.

Member States are requested to review the draft Provisional Agenda of the 128th session of the Executive Board to be held in Geneva in January 2011, and they may propose inclusion of any additional item on the draft agenda, as per Rule 8 of the Rules of Procedures of the Executive Board.

Any proposal from a Member State or Associate Member to include an item on the agenda should reach the Director-General not later than 12 weeks after circulation of the draft provisional agenda, or 10 weeks before the commencement of the session of the Executive Board, whichever is earlier. The proposals should therefore reach the Director-General by 10 September 2010.

Following receipt of proposals, the Director-General will draw up the provisional agenda in consultation with officers of the Executive Board. The provisional agenda will be annotated and explain any deferral or exclusion of proposals made, and will be dispatched to Member States eight weeks before the 128th session of the Executive Board.

The HLP meeting noted the above-mentioned explanation provided on the subject and recommended that Member States should review and consider the draft provisional agenda of the 128th session of the Executive Board as per Rules of Procedures of the Executive Board.

5. Follow-up Actions on pending issues and selected Regional Committee resolutions/decisions of the last three years *(RC63 Provisional Agenda item 19)*

5.1 Collaboration within the UN system and with other international agencies and partnerships *(RC63 Provisional Agenda item 19.1)*

Introduction

The recognition of health as a key element for sustainable development and global security has resulted in a substantial increase in global resources for health in recent years. At the same time, the diversity and number of health actors have increased significantly with private and non-state actors contributing significant resources to development assistance for health. With such proliferation of actors in health, WHO particularly at country level has to coordinate its work through effective partnerships not only with government authorities but also with other United Nations (UN) agencies, donors, and civil society organizations, in order to ensure alignment of health strategies and goals and improve health development outcomes at country level.

At its Sixty-second Session held in September 2009, the Regional Committee requested WHO to support Member States during the process of preparing the United Nations Development Assistance Framework (UNDAF) and to build capacity of Member States to take forward the harmonization and alignment agenda at country level. The WHO Regional Office has to support country offices to become key actors in national health partnerships, and to provide Member States with an analysis of the impact of “Delivering as One” UN reform processes on health outcomes at country level from the eight pilot countries.

The working paper presented an overview of WHO’s efforts over the last year in line with the recommendations of the Regional Committee, in collaborating with a diverse and complementary array of partners to

enhance the effectiveness of the global health community to improve health outcomes. In order to help streamline WHO's engagement with such a multiplicity of partners, the Sixty-third World Health Assembly endorsed the policy on "WHO engagement with global health partnerships and hosting arrangements", which provides a framework for guiding the Organization's assessment of and decisions concerning potential engagement in different types of health partnerships, as well as specific principles to be applied by the Organization in hosting formal partnerships.

The working paper also focused on three main areas of collaboration: (i) engagement in Global Health partnerships; (ii) coordination and collaboration with the United Nations System and (iii) collaboration with regional intergovernmental organizations. Examples include WHO's engagement in Global Health Partnerships, ranging from the International Health Partnerships (IHP+) in Nepal, the Global Fund, GAVI, the Stop TB Partnership, the Partnership for Maternal, Newborn and Child Health and the Roll Back Malaria Partnership. Collaboration with the United Nations System includes active participation in the United Nations Development Group (UNDG) for Asia Pacific and the United Nations Economic and Social Commission for Asia and Pacific (UNESCAP), as co-Chair with UNFPA of the Health Thematic Group of the UN Regional Coordination Mechanism for Asia and the Pacific.

At country level, WHO is supporting Member States as requested, in the United Nations Development Assistance Framework (UNDAF) development process, to help ensure that the health section is aligned with priorities in the national health sector plan. The analysis of the impact of "Delivering as One" UN reform processes on health outcomes at country level can only be completed in 2012, when the final reports on these evaluations would be submitted to the Sixty-sixth Session of the UN General Assembly in advance of the Quadrennial Comprehensive Policy Review (QCPR) planned for 2012.

WHO-SEARO has collaborative arrangements with intergovernmental organizations, including with South Asian Association for Regional Cooperation (SAARC) in the areas of HIV/AIDS, TB, malaria and the Tobacco Free Initiative and with Association of Southeast Asia Nations (ASEAN), with which a Memorandum of Understanding was renewed in 2009, with focus on joint activities in the areas of prevention and control of communicable and noncommunicable diseases; health systems strengthening; food safety; climate change; emergency preparedness and response; and traditional medicine.

Discussion points

- The HLP meeting discussed the difficulties experienced by Member States in implementing national health priorities in a situation where alongside WHO, a complex array of actors play an increasingly significant role in global health governance and financing, each accountable to a different constituency and with different mandates, guiding principles, expertise, resources, governance structures and authority.
- The increasingly political nature of global health was highlighted, as well as the need for WHO to help maximize the benefits to Member States and to mitigate the effects on health outcomes, of this wide array of interests.
- Member States highlighted the issue that often donors are not aligned with, and can undermine and potentially even distort country's public health priorities. Challenges for countries include duplication and aid ineffectiveness, as well as the difficulties in ensuring that partners align behind country-driven priorities.
- Nepal updated the meeting on the country's involvement with IHP+, and the potential of this country-led partnership mechanism to improve coordination and aid effectiveness in support of the National Health Strategy Plan, including through joint planning and joint annual reviews among all stakeholders. The increase in pooled funding to the country in response to a greater coherence, harmonization and alignment among multiple stakeholders was also reported.
- National governments must take the lead in coordinating external assistance for health, and ensuring alignment with national health development goals and strategies. Country ownership of development processes is essential.
- The need for the division of labour between UN system agencies at country level to be better defined was highlighted, with special emphasis on ways in which the UN system can provide support to health sector needs, taking into consideration the respective mandates, roles and competencies of the UN funds, programmes and specialized agencies. It was emphasized that integration is a continuum and that a true melding of diverse

entities is a challenge, if not an ideal, that has to be approached within the context of each particular Member State.

- Maldives updated the meeting on its successful UNDAF development process, and recognized the benefits at the policy development and strategic planning levels, of the UNDAF mechanism, for harmonizing and aligning the work of UN agencies at country level. However, challenges had been encountered during the implementation of the UNDAF, given the variety of reporting, monitoring and evaluation, and procurement systems still used by different UN agencies, which continue to present difficulties to Member States, particularly smaller countries with limited capacity and resources; the associated overhead costs of satisfying a diversity of reporting systems, as well as the serious limitations thereby imposed on the country's ability to implement programmes, were mentioned as concerns.
- Attention was drawn to the limitations of the UNDAF in leveraging actions in the health sector. Discussion ensued regarding the strong support of donors for the UNDAF process, as well as for the "Delivering as One" approach. The need for ministries of health and WHO to be proactive and to ensure that health outcomes are included in the UNDAF was stressed.
- Given the substantial implications of the UN reform agenda for health at global, regional and country levels, delegates recognized the importance for health authorities to increasingly collaborate with the Ministry of Foreign Affairs officials to enhance their understanding of the implications of UN reforms on health development activities at the country level.
- The costs to WHO, both financial and in terms of increased workload of providing technical support to countries to deal with rising partnership financing, were highlighted, as well as the fact that these were not being matched by predictable core resources from global health partnerships or from donors.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Action by Member States

- To strengthen national coordination mechanisms for external assistance for health, based on the principles of national ownership and alignment with national health development goals and strategies.

Actions by WHO-SEARO

- (1) To continue to support Member States, as requested, during the UNDAF development process in order to enrich the health dimension of the UNDAF through the country cooperation strategy (CCS).
- (2) To support Member States and WHO country offices to build capacity in strategically integrating health into the Climate Change; Human Rights; Social Protection; and Emergency Preparedness and Response components of UNDAFs.

5.2 Nutrition and food safety in the South-East Asia Region (SEA/RC60/R3) (RC63 Provisional Agenda item 19.2)

Introduction

The working paper provides information on the status of nutrition and food safety programmes in Member States. It mentions that while the overall food consumption has increased and nutrition indicators have shown improvement, the global economic crisis and climate change may lead to food insecurity and increase in the number of malnourished individuals. The paper describes the key nutrition and food safety indicators and provides an account of activities already undertaken as well as proposed to be undertaken during the biennium.

The paper concludes by identifying the range of supportive actions needed on the part of Member States with regard to the promotion of nutrition and food safety in the Region, including increased political commitment to promote national nutrition and food safety programmes; mainstreaming of nutrition and food safety issues into national health policies and strategies; strengthening of nutrition surveillance systems through full integration of the WHO Child Growth Standards and

References into national child and adolescent health programmes; and developing and maintaining comprehensive preventive measures for reducing the burden of foodborne diseases.

Discussion points

- Nutrition and food safety issues are cross-cutting in nature and involve other sectors such as agriculture, animal husbandry, food industry, trade and commerce. To bring about coherence in the activities of all these sectors so that they could lead to productive outcomes, the areas of nutrition, food safety and food security need to be strongly coordinated. Additional issues like eating and cooking practices and behaviour patterns are equally important contributing factors.
- In most Member States, nutrition and food safety programmes remain vertical in nature; efforts to integrate the two have not been successful. Against this background, getting additional inputs from other sectors like agriculture, animal husbandry and trade will be more complicated. Even at the international level several organizations are involved in nutrition and food safety programmes, often without much coordination.
- Strengthening of national nutrition surveillance, accurate data gathering systems and early-warning nutrition indicators should be considered priority nutrition activities. To augment the utility of these activities, findings from other regional- and national-level surveys should also be considered. The Regional Office could provide the necessary technical assistance to build competency of health personnel to analyse data.
- The public health implications of heavy metal contamination of food items and chemical safety were also discussed. Member States requested WHO-SEARO to provide technical assistance for improving national capacities in this area.
- Several delegates briefed the participants about different nutrition and food safety activities undertaken in their countries; areas for which WHO-SEARO could provide technical support were also described.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) Political commitment should be increased in order to promote national nutrition and food safety programmes.
- (2) The nutrition, micronutrients, food safety and chemical safety elements should be mainstreamed and integrated into national health policies and strategies.
- (3) National nutrition surveillance systems should be strengthened by fully integrating the WHO Child Growth Standards and Growth References into national child and adolescent health programmes.

Actions by WHO-SEARO

- (1) The Regional Office should continue to provide appropriate technical assistance and tools including food-based dietary guidelines that meet the requirements of Member States for developing integrated nutrition, food safety and food security policy/plan of Actions.
- (2) The Regional Office should develop, in collaboration with Member States, appropriate monitoring and evaluation mechanisms to record achievements, constraints and trends in the implementation of nutrition, food safety and food security programmes.

5.3 South-East Asia regional efforts on measles elimination (SEA/RC62/R3) (RC63 Provisional Agenda item 19.3)

Introduction

The working paper covered the feasibility of and progress towards measles elimination globally and in all WHO regions. The “global measles

eradication” is defined as “the worldwide interruption of measles transmission” and it is equivalent to “simultaneous elimination of measles in all WHO regions”. The regional consultation on measles elimination, organized by WHO-SEARO, in August 2009, defined the regional elimination as the “absence of endemic measles cases for a period of 12 months in the Region, in the presence of adequate surveillance”. This regional consultation also endorsed that measles elimination was technically, biologically and programmatically feasible. The Sixty-third World Health Assembly in May 2010 reviewed the Director-General’s report on the “Global eradication of measles” and concurred that it was biologically possible and operationally feasible, but substantial challenges remained in terms of resources including vaccine availability and maintaining the high coverage of more than 90%.

As a milestone towards global eradication of measles, the Sixty-third World Health Assembly approved the interim global measles targets, that by 2015, all Member States should:

- exceed 90% coverage with the first dose of measles-containing vaccine nationally, and exceed 80% vaccination coverage in every district or equivalent administrative unit;
- reduce annual measles incidence to less than five cases per million and maintain that level; and
- reduce measles mortality by 95% or more in comparison with 2000 estimates.

Discussion points

- All countries, while noting the achievement of significant reduction of measles mortality in the Region, and agreeing on the feasibility of elimination of measles by 2020, felt that there was a need to sustain the effort for improving and sustaining the high level of routine immunization coverage and maintaining the high-quality surveillance system.
- Some Member States urged the Regional Committee to consider an earlier elimination target of 2015. However, a few countries need to achieve and maintain the high coverage with measles vaccine in routine immunization and to ensure adequate coverage for hard-to-reach areas.

- Crossborder collaboration of immunization and surveillance activities would be an important element in regional efforts to achieve and sustain measles elimination.
- Since further review and technical discussions on the subject, including setting of the target/goal for elimination or eradication, are required, the HLP meeting agreed that the request for establishing a goal for the regional elimination of measles by the Region by 2020 would not be put up to the Regional Committee this year.
- The HLP meeting participants also expressed their concerns on funding and vaccine supply, quality, cold-chain and adverse events following immunization.
- Member States would need technical and financial support to achieve the elimination goal.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) Member States should consider adopting the interim goals approved by the Sixty-third World Health Assembly by incorporating them into their national immunization policies and strategies with the focus on strengthening routine immunization services.
- (2) Resources should be mobilized to support laboratory-based surveillance.

Actions by WHO-SEARO

- (1) Resources should be mobilized to strengthen capacity of Member States to improve immunization systems including laboratory-based measles surveillance.
- (2) Technical support should be provided to Member States in the analysis of surveillance and immunization coverage data in support of national immunization policies and strategies.

5.4 Challenges in polio eradication (SEA/RC60/R8) (RC63 Provisional Agenda item 19.4)

Introduction

The working paper on this agenda item states that India is the only country in the SEA Region that is still endemic for poliomyelitis. As long as India remains endemic for polio, the Region remains vulnerable for spread of polio infection. The challenge in India continues to be maintaining high-quality supplemental immunization activities to eliminate the final chains of transmission of type 1 and then type 3 wild polio viruses. The other challenges for the polio-free countries of the Region continue to be maintaining the high level of routine immunization coverage with oral polio vaccine; and the high-quality acute flaccid paralysis surveillance system, and maintaining and sustaining them until regional and then global eradication is achieved. The working paper summarizes the current epidemiologic situation in the Region with the focus on India and Nepal, and the challenges to achieving polio eradication.

Discussion points

- Indonesia continues to make significant efforts to sustain the acute flaccid paralysis (AFP) surveillance system, as well as the high-level OPV vaccination coverage in line with global and regional standards since there was an importation of polio case in 2005. Technical and financial assistance for polio and measles campaigns in 2010-2011 would help to ensure and maintain its polio-free status.
- Nepal experienced numerous cases of importations of poliovirus during the last ten years including the two cases detected recently in 2010; efforts are being made to minimize the risk through immunization campaigns and routine immunization.
- India faced many challenges towards eradication of polio. However, despite the setbacks faced in the past, the prospect of polio eradication by the end of 2010 seems possible.
- The HLP meeting participants while noting the efforts made in all Member States in achieving the polio eradication goal, agreed that each country needed to focus on maintaining the high-

quality AFP surveillance including crossborder monitoring, increasing and sustaining the high routine immunization coverage, improving water supply and sanitation, and addressing issues of importation of polio.

- The participants also noted that the current polio eradication goals for the Region are the eradication of type-1 poliovirus in 2010 and type-3 poliovirus in 2011.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) National efforts should be focused on maintaining the AFP surveillance system, and also on increasing and sustaining the high level of routine immunization coverage, improving water and sanitation, and addressing issues of importation of polio cases.
- (2) High-quality supplemental immunization activities (SIAs) should be conducted in the Member States that still have polio-endemic areas, in order to eliminate the final chains of transmission of type-1 and then type-3 wild poliovirus.

Action by WHO-SEARO

- The Regional Office should continue to conduct regular risk assessments and review the AFP surveillance indicators, immunization coverage and epidemiology at regular intervals, and provide support to Member States as requested.

5.5 Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region (SEA/RC60/R4) (RC63 Provisional Agenda item 19.5)

Introduction

The Actions by WHO in the Region in the area of prevention and control of noncommunicable disease (NCDs) is guided by the Regional Framework for Prevention and Control of NCDs, which was formulated in 2006. The WHO Regional Committee for South-East Asia, through its resolution SEA/RC60/R4 – “Scaling up prevention and control of chronic noncommunicable diseases (NCDs) in the South-East Asia Region”, endorsed the regional framework and requested the Regional Director to report to the Sixty-third Session of the Regional Committee in 2010 on the progress achieved in its implementation. The working paper reflected on the health and socioeconomic impact of NCDs in the Region, and reported on Actions taken by Member States and by the WHO Secretariat, since the adoption of the Framework to scale up prevention and control of NCDs.

Discussion points

- NCDs present a serious and growing health and developmental challenge in the Region. Their distant determinants (beyond the health sector) require the application of multisectoral, multilevel approaches, and this has important policy implications.
- The HLP meeting also took note of the United Nations General Assembly resolution adopted in April 2010 for NCD prevention and control, and of the meeting of Heads of State and Government in September 2011 on the same issue. Partnership and collaboration within and outside the health sector are critical for NCD prevention and control.
- Member States of the SEA Region are in the process of scaling up their capacity to respond to NCDs, such as collecting data and addressing NCD risk factors, developing and implementing national policies and strengthening the NCD programme infrastructure.

- Current allocations to public health programmes for prevention and control of NCDs are largely misdirected. Efficient and feasible health promotion and disease prevention interventions should form the core of national NCD programme.
- The issue of persisting gap in the availability and accessibility of core NCD data (including trends) in most Member States needs to be addressed.
- The HLP meeting also highlighted the need for comprehensive strategies for NCD prevention and control and of integrating programmes of vertical nature; and also improving the availability of information, education and communication (IEC) materials on NCD prevention and control.
- Member States need to make essential medicines for management of NCDs available, accessible and affordable.

Recommendations

The Regional Committee was requested to review the working paper and consider the following recommendations made by the HLP meeting.

Actions by Member States

- (1) Prevention and control of NCDs should be accorded high priority in national health and developmental programmes.
- (2) The NCD prevention and control efforts should be integrated within and beyond the health sector to address the risk factors and also socio-economic determinants of NCDs.

Actions by WHO-SEARO

- (1) Technical support should be provided to address public health priorities related to NCDs.
- (2) Strategies should be formulated to address health inequalities in prevention and control of NCDs.

- (3) Regional inputs should be harmonized with the requirements of the high-level UN General Assembly Meeting on NCDs (planned for September 2011).

6. Special Programmes *(RC63 Provisional Agenda item 20)*

6.1 UNICEF/UNDP/World Bank/WHO Special Programme of Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2010 and nomination of a member in place of Bhutan whose term expires on 31 December 2010

(RC63 Provisional Agenda item 20.1)

Introduction

The working paper provides the background on the involvement of Member States in the affairs of the Joint Coordinating Board (JCB) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). The Thirty-third meeting of the Joint Coordinating Board was held in Shanghai, China, from 14-16 June 2010. The Secretariat presented a summary report on the deliberations of the JCB meeting on behalf of representatives from the SEA Region.

The HLP meeting noted the summary report of the JCB meeting.

The HLP meeting, after deliberation on the nomination of a member in place of Bhutan whose term expires on 31 December 2010, recommended that Nepal should be selected as the nominee from the WHO South-East Asia Region.

Recommendations

The Regional Committee was requested to review the working paper and the report of the JCB meeting, and to make a decision on the recommendation made by the HLP meeting.

- The HLP meeting proposed to the Sixty-third Session of the Regional Committee for its consideration that Nepal should be nominated from the SEA Region to the JCB, in place of Bhutan, whose term expires in December 2010.

6.2 UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2010 and nomination of a member in place of Indonesia whose term expires on 31 December 2010 (RC63 Provisional Agenda item 20.2)

Introduction

The working paper provides the background on the involvement of Member States in the affairs of the Policy and Coordination Committee (PCC), which acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP). At present, there are three Member States from the South-East Asia Region (Indonesia, Sri Lanka and Thailand) that are members of the PCC Category 2 (nominated by the Regional Committee), while India continues to be member under the PCC Category 1. Since the term of office of Indonesia ends on 31 December 2010, the HLP meeting was requested to consider nominating one Member State of the Region to serve on the PCC for a three-year term of office from 1 January 2011, in place of Indonesia.

The most recent meeting of PCC was held on 24-25 June 2010 in Geneva, Switzerland. The summary report on attendance at this meeting was presented at the HLP meeting by Thailand.

Discussion points

- The HLP meeting noted the summary report on attendance at the Twenty-third meeting of the PCC, presented by Thailand.
- The HLP meeting, after deliberation on the nomination of a member in place of Indonesia whose term expires on 31 December 2010, recommended that Bhutan should be the nominee from the WHO South-East Asia Region as member of the PCC Category 2 for a three-year term from 1 January 2011 till 31 December 2013.
- Information on research in reproductive health should be disseminated to all countries to ensure that the SEA Region gets equitable opportunity for access to information and also to financial resources.

Recommendations

The Regional Committee was requested to review the working paper and the report of the PCC meeting, and to make a decision on the recommendation made by the HLP meeting

- The HLP meeting proposed to the Sixty-third Session of the Regional Committee for its consideration that Bhutan should be nominated from the SEA Region to the PCC, in place of Indonesia whose term expires in December 2010.

7. Additional agenda items (*agenda item 7*)

7.1 Regional strategy on universal health coverage

(*RC63 Provisional Agenda item 15*)

Introduction

The working paper summarized the background on the topic as contained in the resolutions of WHO Governing Bodies, the Bi-Regional Strategy on Health Financing, and relevant World Health Reports including financing for universal coverage, as well as the efforts of Member States to review their financing policy and strategies and WHO-SEARO's support for this, in terms of capacity building and direct assistance.

The persisting challenges of high-level out-of-pocket expenditure by households; increasing financing needs of countries arising from NCDs; improvements in the quality of care, and the need to effectively engage the private sector in the national health agenda, were highlighted.

Discussion points

- Health financing was acknowledged as the key (but complicated) area for achieving universal coverage.
- It is also important to acknowledge the social, economic and geographical barriers in addition to financing constraints as limiting factors to universal coverage. The proposed regional strategy on universal health coverage should give due cognizance to these factors.

- When countries' strategies of universal coverage are developed, it is pertinent to ensure that the poor are safeguarded in the transition from out-of-pocket expenditure to social protection that uses a mix of general government revenues and social insurance financing mechanisms.
- The HLP meeting noted that a resolution is to be proposed for its consideration by the Sixty-third Session of the Regional Committee, to urge the Member States to undertake a comprehensive technical assessment to fully understand the needs and gaps in financing for universal health coverage, and to make use of this information to draft a regional strategy on universal health coverage to be considered at the Sixty-fourth session of the Regional Committee.

Recommendations

The Regional Committee was requested to review the working paper and the recommendations made by the HLP meeting, and also to consider the draft resolution on "Regional strategy on universal health coverage".

Action by Member States

- Evidence-based technical assessment should be carried out on financing for universal health coverage.

Actions by WHO-SEARO

- (1) The Regional Office should provide support to Member States to carry out technical assessment on financing for universal health coverage.
- (2) A draft of the regional strategy on universal health coverage should be prepared through a series of consultative meetings and expert reviews; a regional consultation should also be organized to develop consensus on the regional strategy on universal health coverage.

7.2 Regional strategy on health information systems (RC63 Provisional Agenda item 17)

Introduction

Reliable and timely health information is a critical component in health systems development. Collection of relevant data and their related analysis to provide necessary evidence for assessing the development and performance of health systems at national and subnational levels is the major responsibility of national health information systems. Providing complete, timely, good-quality health information/data for programme managers for evidence-based decision-making is a challenging task for health information managers of Member States.

Health information systems (HIS) in countries of the SEA Region are at various stages of development and there are several global initiatives, networks, programmes and projects that have been launched by development partners to assist Member States in health information system development. The Regional Office took various initiatives to develop a strategic framework to guide countries in strengthening and reorienting their national health information systems. After a series of consultations, a 10-Point Regional Strategy for Strengthening Health Information Systems was developed in 2005. The strategy was endorsed at the Fifty-ninth session of the Regional Committee in August 2006. All countries have reviewed their national health information systems and taken Actions to align them with the regional strategic framework.

Discussion points

- Strengthening Health Information Systems (HIS) is extremely important for Member States in policy-making, programme development, resource allocation and monitoring of implementation, progress and outcomes.
- Timeliness, completeness, reliability, validation and use of data/information for evidence-based decision-making at subdistrict and community levels is very important and evidence-based decision-making culture should be injected into the attitudes of lower-level/ community-level health managers.

- It is very important to bring in new technologies for generation and use of information at community level although it is a difficult task.
- Good data from routine health information systems are essential to monitor the progress of MDGs. Community-based surveys will enhance the validity of routine health service data in measuring the progress of achieving health-related MDGs.
- Countries are facing many different challenges in the process of strengthening HIS especially in human resources and financial resources.
- Vital Registration Systems in many Member States are inadequate and improvement is needed to register at least 90% of deaths and 100% births.
- The quality of cause-of-death recordings made in registers kept for the purpose needs to be improved in all countries of the Region.
- Manual data management systems need to be converted into electronic systems; adequate training should be provided to those who are engaged to work on the new systems.
- It is important to get data from private, nongovernmental and education sectors to strengthen national health information systems.
- Considering the global, regional and country health information system developments and the expanded information needs of national, regional and global stakeholders/users, as well as considering the new developments in the field of ICT, the HLP meeting requested the Regional Committee to review the current Regional Strategy on Health Information Systems, and provide guidance.
- There is a need for undertaking an impact study of various training courses, initiatives and development work done on health information systems in Member States.
- There is a need to review and improve the curricula for health professionals and basic health workers, based on new developments in the area of health information systems.

- The HLP meeting acknowledged that WHO and other international and multilateral agencies, including the international network of institutions and governments, had made concerted efforts to support Member States to scale up investments for improving their national health information systems.

Recommendations

The Regional Committee was requested to review the working paper and the recommendations made by the HLP meeting, and also to consider the draft resolution on “Regional strategy on health information systems”.

Actions by Member States

- (1) The curricula for health professionals and basic health workers should be reviewed and improved in line with new development in the area of health information systems.
- (2) The regional strategy on health information systems should continue to be implemented to ensure the use of good-quality data for decision-making at all levels.

Action by WHO-SEARO

- The Regional Office should continue to support Member States in implementing the regional strategy on strengthening health information systems, and in reviewing and reporting the progress of implementation regularly to Member States.

7.3 Capacity building of Member States on global health

(RC63 Provisional Agenda item 16)

Introduction

The term “global health” is rapidly emerging and replacing its commonly used form, i.e., “international health”. This change is part of the larger political and historical process. The term “global health” has been used since the early days since the establishment of the World Health

Organization in the late 1940s. In general, it implies the situation where the health needs of the people of the whole planet are responded to, above the concerns of particular nations.

Through a joint collaboration among the Ministry of Public Health, Thailand, WHO Regional Office for South-East Asia, and the ThaiHealth Global Link Initiative Program, (TGLIP), the First Regional Training Course on Global Health was organized in May 2010. The first module of the course – an introduction on global health was organized from 1-5 May 2010 in Nakhon Pathon, Thailand, and it was attended by participants from seven countries of the South-East Asia Region, who were selected from among the delegates attending the Sixty-third World Health Assembly. It was followed by the second module of practical experience and learning through attendance at the Sixty-third World Health Assembly from 17-21 May 2010 in Geneva. A wrap-up session – the third module – was conducted on 22 May 2010 in Geneva. It is envisaged to organize regional training courses on global health to be hosted by various Member States of the Region.

Discussion points

- There is a need to strengthen capacity of Member States in global health as it is a crosscutting issue and requires multisectoral collaboration and coordination.
- The international arena of health is changing with proliferation of partners in health, and there is a need to strengthen country capacity in negotiation and diplomacy skills in the area of health.
- The term “global health” is interchangeable with “international health” and can be taken to have the same meaning as responding to the health needs of the world.
- The issue of governance of international health is clear since WHO has been assigned the job of coordinating it globally. However, the issue of governance of global health, is yet to be resolved.
- While noting with appreciation, WHO-SEARO’s initiatives to strengthen country capacity in management of international health activities, participants expressed the need to get other sectors also involved in this.

Recommendations

The Regional Committee was requested to review the working paper and the recommendations made by the HLP meeting, and also to consider the draft resolution on “Capacity building of Member States on Global Health”.

Action by Member States

- Capacity of the staff concerned should be strengthened through their familiarization with global health issues; their participation in global health meetings should be supported.

Actions by WHO-SEARO

- (3) The Regional Office should facilitate and provide support for capacity strengthening of national delegates in global health.
- (4) The Regional Office should provide support for organizing regional training courses to strengthen the capacity of Member States in global health.

8. Adoption of report

The HLP meeting reviewed the draft report item by item. Concentrating on the discussions and recommendations arrived at on each agenda item, the meeting adopted them with some modifications. The HLP meeting also recommended that the Sixty-third Session of the Regional Committee should consider the draft resolutions on selected agenda items of importance to Member States and WHO. The drafts of the resolutions proposed are at Annex 3.

9. Closure

In her concluding remarks, Dr Poonam Khetrpal Singh, Deputy Regional Director, WHO South-East Asia Region, thanked all distinguished participants for their deliberations, which had led to meaningful conclusions and recommendations for consideration of the Sixty-third Session of the Regional Committee to be held in Bangkok, Thailand in September 2010.

She said that as the HLP meeting was an advisory body of the Regional Director, its report would be reviewed, edited and finally submitted to the Regional Committee for its consideration. She expressed her special appreciation to the Chairperson, H.E. Professor Mya Oo, and the Co-Chairperson, Dr Gado Tshering for their able leadership and guidance in conducting the meeting successfully. She also thanked the Rapporteur, Dr Ibrahim Yasir Ahmed and the members of the Drafting Group (Dr Gita Maya, Dr Laxmi Raj Pathak and Dr Pairoj Saonuam, and representatives from other Member States) for their commendable work in drafting a succinct report, which would facilitate the work of the Sixty-third Session of the Regional Committee.

The Chairperson, H.E Professor Mya Oo thanked all distinguished participants for their deliberations and active participation in the meeting. He then declared the meeting closed.

Annex 1

Agenda

1. Opening session
2. Technical Matters:
 - 2.1 Strategic planning for development of human resources for health in the Region (*RC63 provisional agenda item 9*)
 - 2.2 Development of national health plans and strategies (*RC63 provisional agenda item 10*)
 - 2.3 Coordinated approach to prevention and control of acute diarrhoea and respiratory infections (*RC63 provisional agenda item 11*)
 - 2.4 Prevention and containment of antimicrobial resistance (*RC63 provisional agenda item 12*)
 - 2.5 Strategic framework on healthy ageing in the Region (*RC63 provisional agenda item 13*)
 - 2.6 Accelerating the achievement of MDG5: Addressing inequity in maternal and neonatal health (*RC63 provisional agenda item 14*)
3. Technical Discussions: Selection of a subject for the Technical Discussions to be held prior to the Sixty-fourth Session of the Regional Committee (*RC63 provisional agenda item 8.2*)
4. Governing Bodies:
 - 4.1 Key issues and challenges arising out of the Sixty-third World Health Assembly and the 126th and 127th sessions of the WHO Executive Board (*RC63 provisional agenda item 18.1*)
 - 4.2 Review of the draft provisional agenda of the 128th session of the WHO Executive Board (*RC63 provisional agenda item 18.2*)
5. Follow-up action on pending issues and selected Regional Committee resolutions/decisions for the last three years:

Follow-up action on pending issues

 - 5.1 Collaboration within the UN system and with other international agencies and partnerships (*RC63 provisional agenda item 19.1*)

Follow-up action on RC Resolutions

- 5.2 Nutrition and food safety in the South-East Asia Region (SEA/RC60/R3)
(RC63 provisional agenda item 19.2)
- 5.3 South-East Asia regional efforts on measles elimination (SEA/RC62/R3)
(RC63 provisional agenda item 19.3)
- 5.4 Challenges in polio eradication (SEA/RC60/R8)
(RC63 provisional agenda item 19.4)
- 5.5 Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region (SEA/RC60/R4)
(RC63 provisional agenda item 19.5)
6. Special Programmes:
 - 6.1 UNICEF/UNDP/World Bank/WHO Special Programme of Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2010 and nomination of a member in place of Bhutan whose term expires on 31 December 2010
(RC63 provisional agenda item 20.1)
 - 6.2 UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2010 and nomination of a member in place of Indonesia whose term expires on 31 December 2010 *(RC63 provisional agenda item 20.2)*
7. Additional agenda items:
 - 7.1 Regional strategy on universal health coverage *(RC63 provisional agenda item 15)*
 - 7.2 Regional strategy on health information system *(RC63 provisional agenda item 17)*
 - 7.3 Capacity building for Member States on global health *(RC63 provisional agenda item 16)*
8. Concluding session

Annex 2

List of participants

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Director-General
Directorate-General of Health Services
Ministry of Health and Family Welfare

Bhutan

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Ministry of Health

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Official (Interpreter)
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International Health Division
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Ministry of Health

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Department of Health
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Special Adviser to Vice Minister of Health
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Director
District Health Services Viqueque
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Secretaries of the meeting

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Deputy Regional Director

Dr Myint Htwe
Director, Programme Management

Members

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Ag. Director, Administration and Finance

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Department of Communicable Diseases

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Department of Family Health and Research

Dr Khalilur Rahman
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TIP-PHI (Public Health Initiative)

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Annex 3

Draft resolutions for consideration by the Sixty-third Session of the Regional Committee

- (1) Regional Strategy on Universal Health Coverage
- (2) Capacity building of Member States in global health
- (3) Regional Strategy on Health Information Systems
- (4) Coordinated approach to prevention and control of acute diarrhoea and respiratory infections
- (5) Prevention and containment of antimicrobial resistance

Draft Resolution

Regional Strategy on Universal Health Coverage

The Sixty-third Regional Committee,

Recalling the World Health Assembly resolutions WHA58.14, WHA58.33, and WHA62.12, and its own resolutions SEA/RC48/R6, SEA/RC50/R3, SEA/RC53/R3 and SEA/RC56/R5, on sustainable health financing, alternative financing of health, universal coverage and social health insurance, and equity in health and access to health care,

Noting that the World Health Report 2010 to be launched in November will cover the Financing for Universal Coverage,

Reaffirming the need to build sustainable national health systems, strengthen national capacities, and fully honour financing commitments made by national governments and their development partners, in order to fill the resource gaps in the health sector and protect people's health with sustainable health financing;

Concerned that high level of out-of-pocket payment for health by the households in Member States of the Region is one of the major sources of catastrophic health expenditure that would impoverish them,

Recognizing that irrespective of the sources of health-care finance, prepayment and pooling of resources and risks are the basic principles in financial-risk protection,

Acknowledging that a number of Member States in the Region are pursuing various health-financing reforms that involve a mix of approaches, including introduction of social health insurance for the formal and informal sector employees, extension of financial protection to the poor and vulnerable and community-based health financing schemes, and

Recognizing the important role of legislative and administrative measures in reforming health-financing systems with a view to achieving universal coverage,

1. URGES Member States

- (1) To further commit in the further investment in health systems through the extension of health-care delivery systems, with the focus on primary health care and minimize the geographical and financial barriers in access to care by the population;
- (2) To take steps to analyse the health-care financing and service provision in order to identify gaps in achieving better financial-risk protection for the poor and the vulnerable, and extension of coverage to persons in the formal and informal sectors;
- (3) To seek national consensus, and mobilize social and political support, and financial commitment, towards achieving universal health coverage with sustainable health financing for the whole population, and
- (4) To strengthen national capacity to generate evidence for evidence-based policy formulation and system design for universal coverage; and

2. REQUESTS the Regional Director:

- (1) To continue to support the work of the Health Economics and Financing Observatory on national health financing and expenditure reviews for identifying strengths and gaps in achieving universal health coverage and compiling them into a regional report,
- (2) To prepare a draft regional strategy on universal health coverage based on the evidence from various technical reviews, and to convene regional consultations in order to finalize the regional strategy proposed by the technical expert group, and
- (3) To submit the regional strategy on universal health coverage to the Sixty-fourth session of the Regional Committee in 2011 for its consideration.

Draft Resolution

Capacity building of Member States in global health

The Regional Committee,

Recalling the World Health Assembly resolution WHA59.26 on international trade and health, which urged Member States to create constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in national and trade and health policies, and also requested WHO to support Member States to build capacity to understand the implications of international trade and trade agreements for health;

Recognizing that with a broader meaning, mainstreaming health into public policies becomes essential, and that their health interventions can move beyond national policies and boundaries, and also that the active collaboration and sharing of experience among partners in global health development becomes a real necessity for the development of healthy public policies;

Noting the United Nations General Assembly resolutions A/RES/63/33 and A/RES/64/108 that highlighted the close relationship between foreign policy and global health as well as their interdependence, and encouraged Member States to consider health issues in the formulation of foreign policy and to increase their capacity for training of diplomats and health officials on global health and foreign policy, by developing best practices and guidelines for training and open-source information, and educational and training resources for this purpose, and

Acknowledging the importance of building up and strengthening the capacity of health and health-related professionals of Member States in global health, which can lead to better collaboration and more active participation among Member States in preparing the SEAR-One-Voice common statements and regional policy and strategy, taking into account the interest and concerns of all Member States in the Region; and

Considering the report on capacity building of Member States in global health (Document SEA/RC63/25),

1. URGES Member States:

- (1) to establish policies and programmes for capacity building in global health of concerned staff who would be representing the respective governments at the high-level policy and programme meetings, by strengthening their skills for active contribution and participation in global health issues;
- (2) to organize the national and regional training courses on global health, and related capacity building programmes on a rotational basis; and
- (3) to support and facilitate an adequate number of competent members of a delegation to represent the national and regional views at all sessions of the World Health Assembly and at similar global policy meetings and forums, and

2. REQUESTS the Regional Director:

- (1) to facilitate and provide support for capacity strengthening of national delegates in global health work and in organizing regional training on capacity building of Member States in global health on a continuous basis, and
- (2) to report to the Sixty-fifth session of the Regional Committee in 2012 on the progress made in implementing this resolution.

Draft Resolution

Regional Strategy on Health Information Systems

The Sixty-third Regional Committee,

Recalling the World Health Assembly resolutions WHA61.18 and WHA63.15 on monitoring of the achievement of the health-related Millennium Development Goals (MDGs), and its own resolution SEA/RC69/R10 endorsing the 10-point Regional Strategy for Strengthening Health Information Systems, and urging Member States to use this strategic plan, the country action plan and the framework adopted by Health Metrics Network (HMN), in the collection of data pertaining to MDGs and core health indicators, particularly disaggregated data, in order to track progress and measure achievements,

Noting the Call to Action from the Global Health Information Forum 2010, organized in Thailand, which endorsed the principles of developing health information systems including mobilizing resources and investing at least 5% of health resources in national health information systems with at least 2% allocated to building vital statistics systems, and scaling up investments in information systems needed to track the emerging epidemiological transition, fostering integration of data and intersectoral collaboration and data-sharing, and fostering the development of health information workforce through capacity-building measures,

Acknowledging that WHO, with other international and multilateral agencies, has taken many efforts to support Member States to improve their national health information systems,

Recognizing that health information would enable national health systems to achieve the best possible health outcomes through evidence-based policy decisions and return on investment,

Concerned that inadequate national capacity to strengthen national health information systems, and the disintegration of external support in relation to development of health information systems could be the main constraints towards implementation of the regional strategy for strengthening health information systems, and the Call to Action from Global Health Information Forum 2010, at both national and regional levels, and

Noting that in order to continuously improve national health information to serve national, regional and global requirements of monitoring the health system's progress, an action plan with a clear target and a strong commitment in terms of investment, capacity building and system implementation is essential,

1. URGES Member States:

- (1) to further commit to invest in health information systems with support from various sources of funds and mobilization of incountry resources in order to fill gaps in the countries' health information systems;
- (2) to implement national plan and programme on strengthening national health information systems using the framework stipulated in the regional strategy for strengthening health information systems, and
- (3) to monitor the progress of health information generation in countries including governmental, nongovernmental and private sector, in collaboration with other countries in the Region, in terms of capacity building and establishing advisory mechanisms, and

2. REQUESTS the Regional Director:

- (1) to support Member States in implementing the regional strategy for strengthening health information systems and to follow up on the progress;
- (2) to conduct a series of technical consultations in order to improve essential health information systems, such as vital registration, health behaviour surveys and information system for chronic diseases, and
- (3) to mobilize resources from partners to support health information systems strengthening and capacity building, at regional and national levels.

Draft Resolution

Coordinated approach to prevention and control of acute diarrhoea and respiratory infections

The Regional Committee,

Recalling and reaffirming World Health Assembly resolutions WHA 29.63 on child health, WHA56.21 on the right of children to the highest attainable standard of health and access to health care, and WHA63.26 on the treatment and prevention of pneumonia to achieve the Millennium Development Goal (MDG) 4 on child mortality reduction, and the report to the Executive Board on cholera (Document EB127.4), and its own resolutions SEA/RC30/R11 on infant and child mortality, and SEA/RC32/R1 and SEA/RC42/R3 emphasizing the need to give preferential attention to the neediest sections of the population,

Noting that acute diarrhoea and respiratory infections are still the two leading causes of child mortality and morbidity and the difficulty being faced in achieving the MDG on child mortality in several Member States of the Region, and that the high burden of these diseases is borne not just by young children, and that the outbreaks of acute watery diarrhoea and pneumonic illnesses with high mortality are common occurrences across all ages in many Member States,

Recognizing that the major brunt of these health problems is borne by the distant, marginalized and poor communities and that safe, effective and affordable solutions have been available for decades but have not reached those in need, and that a reduction in infant and child mortality and morbidity rates is essential for improving the quality of life and productivity of the people,

Affirming that revitalization of essential health services at the community level is vital for sustainable progress in achieving the MDG, and

Acknowledging calls from Member States to address the issue of high burden of acute diarrhoea and respiratory infections in the Region, and the importance of a coordinated approach to integrate health promotion, disease prevention and early and appropriate case management at both community and facility levels for a sustainable reduction in morbidity and mortality across all age groups,

1. URGES Member States:

- (1) to develop a coordinated approach for the prevention and control of acute diarrhoea and respiratory infections;
- (2) to bring this issue on the agenda of the highest policy-making bodies in order to meet the overall aim of reducing the burden of communicable diseases and also of achieving the MDG target 4;
- (3) to undertake a situational analysis of the burden of acute diarrhoea and respiratory infections in their respective countries;
- (4) to invest and mobilize additional resources to implement the strategy, and
- (5) to generate evidence relevant to the programme through implementation and action research in order to create for the families and communities an enabling environment that promotes early care-seeking and improved family practices, and

2. REQUESTS the Regional Director:

- (1) to provide support to Member States in developing, adopting and implementing the strategy of coordinated approach to prevention and control of acute diarrhoea and respiratory infections;
- (2) to provide technical support to Member States in conducting the necessary training activities, operational research, and monitoring and evaluation of the implementation of the strategy, and
- (3) to work with development partners to invest and mobilize additional resources for the strategy.

Draft Resolution

Prevention and containment of antimicrobial resistance

The Regional Committee,

Recalling the World Health Assembly resolutions (WHA37.33, WHA51.17, WHA54.11 and WHA58.27) on rational use of drugs and prevention of antimicrobial resistance,

Concerned at the emergence and rapid spread of resistance in several microorganisms to the available antimicrobial agents across the South-East Asia Region, the unregulated and unauthorized availability of antimicrobial agents, and the extensive use of antimicrobial agents for non-therapeutic purposes in the veterinary sector thus providing avoidable selection pressure to emergence of resistance,

Noting that antimicrobial resistance is increasingly hampering treatment of infectious diseases as a result either of totally ineffective currently available antibiotics or of the high cost and toxic effects of newer drugs,

Recognizing that antimicrobial resistance in tuberculosis, malaria and human immunodeficient virus shall impede the achievement of related Millennium Development Goals (MDG),

Noting the impact of resistant organisms in the efficient utilization of modern technological and scientific advances in improving human health through complex surgeries and transplantation procedures, and the inadequacy of rational prescription and administration of antimicrobial agents,

Further noting the tendency of communities to use antimicrobial agents as a panacea for all illnesses and the poor adherence to the recommended regimen,

Aware of the international implications of this problem and the potential of resistant organisms to cross national boundaries through travel, trade and foodchains, and

Recognizing the growing public health importance of antimicrobial resistance and its burgeoning impact on health system,

1. URGES Member States:

- (1) To encourage the development of national alliance against antimicrobial resistance and establishment of appropriate governance mechanism to combat antimicrobial resistance;
- (2) To establish national systems for monitoring of antimicrobial resistance, use of antimicrobial agents and their impact on human health and economy;
- (3) To strengthen legislation to counter the manufacture, sale and distribution of counterfeit antimicrobial agents and the unauthorized sale of antimicrobial agents;
- (4) To discourage non-therapeutic use of antimicrobial agents in veterinary and fishery sectors;
- (5) To develop educational programmes for professional staff in health and veterinary sectors to encourage the rational use of antimicrobial agents; to improve practices to prevent the spread of infection and thereby the spread of resistant pathogens, and to promote appropriate antimicrobial use in health-care facilities, in the community, and in food-animal production;
- (6) To strengthen infection control programmes to control infectious diseases especially in hospital settings;
- (7) To support operational research on behavioural and technical aspects of antimicrobial resistance, and
- (8) To initiate community-awareness campaigns to solicit people's active cooperation in the rational use of antimicrobial agents, and

2. REQUESTS the Regional Director:

- (1) To assist in the development of national alliance and governance mechanism in developing and implementing sustainable national policies for rational antimicrobial use in health and veterinary sectors;
- (2) To support development of national surveillance networks for monitoring antimicrobial resistance and use of antimicrobials;
- (3) To facilitate sharing of knowledge and information to combat antimicrobial resistance between countries and regions;

- (4) To develop generic technical and educational material that can be adapted by countries in monitoring resistance and educating health professionals and communities;
- (5) To collaborate with nongovernmental organizations that are active against antimicrobial resistance and bring about a synergy in their actions for the benefit of the Region, and
- (6) To promote research and development of new antimicrobial agents.

This publication is the report of the High-Level Preparatory (HLP) Meeting for the Sixty-third Session of the WHO Regional Committee for South-East Asia.

Delegates from Member States in the Region reviewed the working papers to be discussed at the Sixty-third Session of the WHO Regional Committee to be held in September 2010. During the meeting, the Regional Office staff members concerned made brief presentations and responded to issues considered during the discussions.

For each of the agenda items, the HLP meeting made observations and recommendations for consideration by the Sixty-third Session of the Regional Committee.



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