

# Report of the Third Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM)

*WHO-SEARO, New Delhi, 2 July 2010*



**World Health  
Organization**

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*WHO-SEARO, New Delhi, 2 July 2010*

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## **Introduction**

The Third Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) was held at the WHO Regional Office for South-East Asia (SEARO), New Delhi, on 2 July 2010. High-level delegates represented their respective Member States at the meeting. The agenda and list of participants are attached as Annexes 1 and 2 respectively.

### **1. Inaugural session**

#### **Opening remarks by the Regional Director**

Welcoming the distinguished delegates, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, reiterated that the SPPDM was established by the Regional Committee at its Sixtieth session according to Rule 15 of the Rules of Procedure, and thus the conduct of the Subcommittee in principle had to be in compliance with relevant provisions contained in the Rules of Procedure of the Regional Committee. Dr Samlee stated that the main purpose of the Subcommittee was to discuss matters relating to programme development and management according to the agenda items of the Regional Committee. This year at its Sixty-third Session, the Regional Committee plans to discuss: (i) Programme Budget Performance Assessment: 2008-2009; (ii) Implementation of workplans for Programme Budget 2010-2011; and (iii) Proposed Programme Budget (PB) for 2012-2013, including implementation of the Regional Committee resolution SEA/RC62/R1 on "programme budget matters". As per the proposal of the WHO Director-General, the issues related to the future of financing for WHO will be discussed under the item relating to review of implementation of workplans for PB 2010-2011.

The Regional Director informed participants that the outcome of deliberations of the Subcommittee would be directly presented to the Sixty-third Session of the Regional Committee to be held in September 2010.

He wished the delegates fruitful deliberations and active participation.

## **Nomination of Chairperson and Rapporteur**

Dr Suriya Wongkongkathep, Inspector-General (Region 5), Office of the Inspector-General, Office of the Permanent Secretary, Ministry of Public Health, Thailand was elected Chairperson and Dr Gita Maya, Head, Strategic Policy Planning and Programme, Bureau of Planning and Budgeting, Ministry of Health, Indonesia, was elected as Rapporteur.

## **2. Matters relating to programme development and management:** *(RC63 provisional agenda item 7)*

### **2.1 Programme Budget Performance Assessment: 2008-2009** *(RC63 provisional agenda item 7.1)*

#### ***Introduction***

The performance assessment for PB 2008-2009 was conducted at the level of strategic objectives, first by WHO country offices, and then summarized at the Regional Office and finally compiled and analysed at WHO Headquarters (WHO-HQ).

The final report on Programme Budget 2008-2009: Performance Assessment (SEA/RC63/3 Inf Doc.1) was reviewed by the Twelfth Meeting of the Programme, Budget and Administration Committee of the Executive Board (PBAC) in Geneva, in May 2010. In its report submitted to the Sixty-third World Health Assembly in 2010, the PBAC (SEA/RC63/3 Inf Doc.2-Document A63/49) welcomed the Director-General's report, and proposed that it should be further considered in relation to the forthcoming discussions on the Proposed Programme Budget 2012-2013 at its next meeting during the 128th session of the Executive Board. The full version of the Programme Budget Performance Assessment report would also be submitted to the Sixty-third Session of the Regional Committee in 2010 for its review and consideration.

As per PB2008-2009, the WHO SEA Region has a total of 143 Regional-expected results (RER). Out of this, 96 RERs (67%) were "fully achieved" (i.e. all indicators, targets for Organization-wide expected results were met or surpassed), while 42 RERs (29%) were "partly achieved" (i.e. one or more indicators and targets for the Organization-wide expected results were not met). The remaining 5 RERs (4%) were under "other"

category (i.e. expected result abandoned or deferred, or insufficient evidence).

The Programme Budget 2008-2009 Performance Assessment for the SEA Region revealed the following issues and challenges that were encountered while implementing the workplans during the biennium:

- Sustaining political commitment for agreed priorities in implementation in order to achieve the objectives;
- Building strong partnerships with stakeholders and developing effective and sustainable intersectoral collaboration;
- Ensuring timely technical support and regular monitoring and supervision;
- Having too many OSERs makes it difficult to monitor the progress of the workplan;
- Effectively mobilizing the required resources in a timely manner and fulfilling the expectations of donors and partners; and
- Need for a realistic Voluntary Contribution (VC) target planning, based on the ability to mobilize and the capacity to implement.

The Organization's approved budget for the 2008-2009 biennium was US\$ 4.2 billion. The available funds distributed for implementation in the biennium were US\$ 4.6 billion, including funds received in 2006-2007 for use in 2008-2009. A total of US\$ 3.9 billion was implemented.

For South-East Asia, the approved budget was US\$ 491.5 million and the total resources available were US\$ 425.0 million (consisting of US\$ 102.9 million for Assessed Contribution – AC and US\$ 322.1 million for Voluntary Contribution - VC). The total budget implemented was US\$ 363.2 million (67% of revised budget).

#### ***Discussion points***

- The Subcommittee discussed the issue of gap between approved budget, available fund and the funds being used, especially in the area of VC. While attempts have to be made to mobilize funds, managerial practice has to be improved for effective implementation of programmes.

- The SPPDM noted the uneven distribution of VC, that reflected the donors' preference for a particular SO and expressed the need for additional funding for certain strategic objectives, such as SO3 (NCD area) and SO4 (Maternal, child and neonatal health/Reproductive health).
- There is a need to address the limited staff capacity particularly at the country level, and to strengthen the team work among staff at WHO headquarters, the Regional Office and country offices.
- The priorities of bilateral and multilateral donors and development partners differ from one country to another, which leads to disparity in the distribution of VC funding.
- Too many expected results and activities tend to affect the programme implementation and monitoring of progress.
- The SPPDM was informed that the Regional Office would be using the process of global exercise on Programme Budget Performance Assessment as an opportunity to improve the quality of programme planning and implementation at regional and country levels.
- The Programme Budget Performance Assessment for the 2008-2009 biennium will provide inputs for preparation of operational planning figures of Programme Budget 2012-2013.

### ***Recommendations***

The SPPDM recommended that the Sixty-third Session of the Regional Committee should note the report of the Programme Budget Performance Assessment: 2008-2009, and to use its findings for the preparation of the Proposed Programme Budget 2012-2013 and also for operational planning of workplans for PB 2012-2013.

### ***Action by Member States***

- Member States should put in more efforts to develop concrete workplans with focused expected results and activities so as to ensure effective implementation and monitoring.

*Action by WHO/SEARO*

- The process of operational planning for the forthcoming biennium should be begun as early as possible in order to start implementing activities from the first month of the biennium itself.

## **2.2. Implementation of workplans for Programme Budget 2010-2011** *(RC63 provisional agenda item 7.2)*

### **Introduction**

#### ***A. Implementation of workplans for Programme Budget 2010-2011***

The Sixty-second World Health Assembly in May 2009 approved the budget ceiling of US\$ 544.5 million for the WHO South-East Asia (SEA) Region. The budget comprised US\$ 102.3 million from Assessed Contributions (AC) and US\$ 442.2 million from Voluntary Contributions (VC). By budget sectors, it consisted of US\$ 393.5 million for base programme, US\$ 97.6 million for Special Programme and Collaborative Arrangements (SPA) and US\$ 53.4 million for Outbreak and Crisis Response (OCR). The approved budget of PB2010-2011 with US\$ 544.5 million represents a 10.8% increase over the approved budget of PB 2008-2009, and a 5.8% decrease compared with the closing gross budget for the 2008-2009 biennium. During the last biennium, the Region could mobilize about 79% VC and implement 67% of the operational budget.

The actual operational budget approved by the Director-General for 2010-2011 stands at US\$ 500 million against the final allocation of US\$ 539.9 million for the 2008-2009 biennium.

As of 31 May 2010, 96% of the Region's AC funds had been allocated to workplans and about US\$ 162.4 million of VC were available, either from reallocated funds carried over from the previous biennium or through awards from the current biennium's income.

In the context of the current global economic situation, the VC income projections for the SEA Region stand between US\$ 340 million (6% increase) on the lower side, and US\$ 370 million (15% increase) on the higher side, as compared with the actual VC income of US\$ 322 million in the 2008-2009 biennium.

Problems on account of uneven distribution of VC funding still persist, although efforts are being taken to support programmes and countries with low resource mobilization. During the first five months of the biennium, Bangladesh, India, DPR Korea, Thailand, Myanmar and Nepal had all received more than one third of the budgeted VC. On the other hand, Bhutan, Maldives and Sri Lanka had received less than one sixth of their budgeted VC funding.

The greatest risk the Region faces in the current biennium is the capacity to fully implement the planned budget. During the last biennium, funds totalling US\$ 363.2 million (AC plus VC) were implemented by countries and the Regional Office.

In order to implement the total of US\$ 544.5 million (or US\$ 23 million/month) budgeted for this biennium, there is a need to accelerate the implementation to make it double that of the implementation achieved in the 2008-2009 biennium.

For the first five months of the current biennium, funds totalling only about US\$ 72.2 million (or US\$ 14.4 million/month) were implemented. If the rate of implementation of funds continues at the same pace for the rest of the 2010-2011 biennium, the total expenditure is expected to reach US\$ 345.6 million.

### ***B. Future of financing for WHO***

The current global financial crisis is the most severe financial and economic downturn affecting all stakeholders – people, government, civil society, private sectors and development work of international agencies. WHO would be no exception, as the Official Development Assistance (ODA), which contributes more than 70% of VC, could also be affected.

Within the framework of the changing landscape for global health, with the growing number of actors involved, the consequent risks of duplication of effort, the competing demands on WHO's resources, and the way that current approaches to financing WHO influence priority-setting, there is a need to debate on the following issues:

- (i) Priorities and the changing nature of WHO's core business including staffing, skill-mix, and the ways of doing business.

- (ii) Seeking the best health outcomes with limited resources by the middle- and low-income countries for their health and development.
- (iii) Strengthening partnerships in the new global health environment.
- (iv) How to strengthen effective and efficient support by WHO to Member States.
- (v) How to ensure effective and efficient technical collaboration with Member States.
- (vi) Any implications for WHO governance, including working with philanthropic foundations and public-private partnerships.
- (vii) Priority-setting and communication, given the competing demands facing the Organization.
- (viii) Any implications for financing WHO in future, not in terms of more but better financing.

### ***Discussion points***

- The Subcommittee discussed the challenges associated with the mobilization and implementation of VC funds, especially with respect to additional capacities required, as well as disparities in funding of countries, specific technical programmes or staff – typically due to donors’ preference to grant funds based on their own agenda, rather than on the basis of priorities of WHO or Member States.
- Concern was expressed on the capacity to fully implement the planned budget, with a need to accelerate the implementation to make it double that of the implementation achieved in the 2008-2009 biennium.
- The tendency of VC to come through multiple sources to Member States contributed to a fragmented and inefficient approach to programming of health activities.
- The Subcommittee also noted that the implementation of the PB2010-2011 started with the introduction of the Global Management System (GSM) in the SEA Region on 1 January

2010. Although the Region anticipated budget implementation efficiencies through the full operationalization of the GSM, the actual implementation is being impacted by changes in the managerial processes during the transition period and a foreshortened period for implementation of the PB2010-2011.

- There can be managerial flexibility on use of funds under various SOs on crosscutting issues like maternal and child health linking with disease control. The impact of such use of funds for cross-cutting issues across SOs need to be monitored and recorded.
- The impact of the delivery principle as per the Organization's Financial Rules, according to which implementation may only be reflected once the work is delivered or due to be delivered, will require increased attention at all budget centres (the Regional Office and country offices).
- The issues and measures related to the future of financing for WHO are not new, but are being reemphasized to show how best the issue can be addressed in the present global environment. The implementation of measures to address the issue of financing for WHO is an on-going process.
- There may be certain areas of work, such as intellectual property rights, which may not be part of the core functions of the Organization.
- Through SPPDM, Member States were informed that the web-based consultation organized by WHO headquarters began in April 2010 and would continue until the working paper for the 127th Executive Board has been prepared. The full report of the informal discussion held by the Director-General in January 2010 and the questionnaire used in the web consultation can be accessed at [http://www.who.int/dg/future\\_financing/en/index.html](http://www.who.int/dg/future_financing/en/index.html). Member States were requested to get involved in the web consultation to reflect their specific views on the future of financing for WHO.

### ***Recommendations***

The SPPDM recommended that the Sixty-third Session of the Regional Committee should take note of the report of implementation of workplans for PB 2010-2011, as well as the Director-General's paper on the future of financing for WHO, and to consider its recommendations.

## **A. Implementation of workplans for Programme Budget 2010-2011**

### *Actions by Member States*

- (1) With support from WHO, the capacity of Member States should be strengthened for effective planning and implementation.
- (2) Countries should put more emphasis on accelerating the implementation rate of VC.

### *Actions by WHO-SEARO*

- (1) Programme managers throughout the Region should explore sharing of resources as a mechanism to channel donor funding to relevant areas with common themes.
- (2) WHO should continue to support the training and capacity-building activities within the Region to enhance capacity with respect to the management of VC, within the new managerial environment using GSM.
- (3) Efforts should be undertaken to facilitate communication and information-sharing within the Region to ensure, inter alia, focus of delivery, coherence of programming and avoidance of duplication of activities both in WHO and in Member States.

## **B. Future of financing for WHO**

### *Action by Member States*

- Member States should get involved in the web-based discussions, organized by WHO headquarters to reflect their specific views on the future of financing for WHO.

### *Action by WHO-SEARO*

- WHO should continue to monitor the progress and continue implementation of measures addressing the future of financing for WHO.

### **2.3. Proposed Programme Budget 2012-2013 including implementation of the Regional Committee resolution SEA/RC62/R1 on “Programme Budget Matters”**

*(RC63 provisional agenda item 7.3)*

#### **Introduction**

The Proposed Programme Budget for 2012-2013 was prepared over the last four months, following the guidance of the WHO Director-General. Overall, the Organization-wide Programme Budget for 2012-2013 is proposed at the level of US\$ 4.8 billion, with an increase of US\$ 264 million compared with the approved budget for 2010-2011.

The proposed budget for base programme is US\$ 3.4 billion, which represents an increase over the approved budget for 2010-2011 of US\$ 51 million. The budget breakdown for the proposed PB 2012-2013 is presented only at the level of the strategic objectives by major offices.

The proposed distribution of budget for SEA Region is at the budget ceiling level of US\$ 505.6 million. The proposed budget consists of: (i) the base programmes with US\$ 102.3 million from Assessed Contribution (AC) and US\$ 291.3 million from Voluntary Contributions (VC); (ii) Special Programme and Collaborative Arrangements (SPA) (additional VC) with US\$ 80.0 million; and (iii) Outbreak and Crisis Response (OCR) (additional VC) with US\$ 32.0 million.

The level of the proposed budget for the base programmes remains the same as that of the approved Programme Budget of 2010-2011, i.e. US\$ 393.6 million.

The allocation among strategic objectives has changed from that in the 2010-2011 biennium, taking into consideration new programmes, as well as some existing programmes of less importance, and also based on the potential of mobilizing resources.

There is a reduction of US\$ 38.9 million (7.14% reduction) from the approved Programme Budget for 2010-2011. While the base programmes remain unchanged, the reduction is only in the two segments of the budget - SPA and OCR, which are flexible and adjustable in nature depending upon the need of strategic programmes.

Some progress has been made in following up on the Regional Committee resolution SEA/RC62/R1. This includes requests for additional AC and VC funding for those programme areas where resource mobilization has been difficult.

WHO continues to make efforts to improve the programme management capacities in Member States with the objective of strengthening the efficiency and effectiveness of programme implementation. There is a critical trade-off between mobilizing more funds to implement projects in countries and building capacity to efficiently implement these projects.

### ***Discussion points***

- It is expected that the Region may not be able to mobilize additional funds to meet the proposed budget level for 2012-2013. Member States have asked the Director-General, through the Regional Director, to place higher priorities on maternal, child and newborn health, as well as noncommunicable diseases.
- Overall, the Region has been able to mobilize VC funding to match its budget and plans. However, the imbalances between countries and programme areas remain. More flexibility in planning of and implementing VC funding is needed to reduce these imbalances.
- Recalling the Regional Committee resolution SEA/RC60/R7 on establishment of the South-East Asia Regional Emergency Fund (SEARHEF), and resolution SEA/RC62/R5 on provision of use of the fund during PB2010-2011, the Subcommittee recommended that Member States should provide VC to supplement this fund, and also that WHO should continue to provide US\$ 1 million for the SEARHEF from the WHO Regular Budget (AC) allocated to Member States of the SEA Region under the proposed regional Programme Budget 2012-2013.

### ***Recommendations***

The SPPDM recommended the Sixty-third session of the Regional Committee to note Proposed Programme Budget for 2012-2013 including

the regional strategic plan and proposed PB2012-2013; and also to consider its observation and recommendations. The SPPDM also recommends the Regional Committee to consider the draft resolution on "Proposed Programme Budget 2012-2013", as contained in Annex 3.

*Actions by Member States*

- (1) Member States should continue their efforts to increase resource mobilization in underfunded programme areas; however, targets for these areas should be realistic.
- (2) Necessary steps should be taken to ensure greater efficiency in implementation by timely monitoring of the WHO collaborative programmes.

*Actions by WHO-SEARO*

- (1) Resource mobilization should be enhanced, especially in underfunded countries and programme areas.
- (2) Training for programme managers should be enhanced in respect of programme management at the country level, especially on new managerial framework as well as application of GSM.
- (3) The Programme Budget 2012-2013 should be implemented in a manner that is more responsive to efforts of respective Member States in mitigating the impact of the global financial crisis on health.
- (4) The Regional Director should provide US\$ 1 million for the SEARHEF from WHO Assessed Contribution allocated to Member States of the SEA Region in the proposed regional Programme Budget 2012-2013.

### **3. Adoption of the report**

The SPPDM reviewed the draft report of the meeting agenda-wise, concentrating on the discussions held among the delegates, and the recommendations arrived at on each agenda item. The SPPDM adopted the report with some modifications, and requested the Regional Director to convey its recommendations to the Sixty-third Session of the Regional Committee.

## **4. Closure**

Dr Samlee Plianbangchang, Regional Director, in his concluding remarks thanked all the distinguished high-level delegates for their deliberations. He expressed his particular appreciation to the Chairperson, Dr Suriya Wongkongkathep of Thailand, for the effective manner in which he chaired the meeting. Dr Samlee also thanked the Rapporteur, Dr Gita Maya of Indonesia for the excellent report. He appreciated the concise recommendations made and assured the participants that the Regional Office would take urgent action to implement all the recommendations made by the SPPDM.

The Chairperson, Dr Suriya Wongkongkathep thanked all the distinguished participants for their active participation in the meeting. He then declared the meeting closed.

## Annex 1

# Agenda

1. Opening session
2. Matters relating to Programme Development and Management  
(RC63 provisional agenda item 7):
  - 2.1 Programme Budget Performance Assessment: 2008-2009  
(RC63 provisional agenda item 7.1)
  - 2.2 Implementation of workplans for Programme Budget 2010-2011  
(RC63 provisional agenda item 7.2)
  - 2.3 Proposed Programme Budget 2012-2013 including implementation of the Regional Committee resolution SEA/RC62/R1 on “Programme Budget matters” (RC63 provisional agenda item 7.3)
3. Concluding session

## Annex 2

### List of participants

#### **Bangladesh**

Prof Dr Shah Monir Hossain  
Director-General  
Directorate-General of Health Services  
Ministry of Health and Family Welfare

#### **Bhutan**

Dr Ugen Dophu  
Director  
Department of Public Health  
Ministry of Health

#### **DPR Korea**

H.E. Dr Ri Pong Hun  
Vice Minister  
Ministry of Public Health

Mr Jang Song Chol  
Official (Interpreter)  
Ministry of Public Health

#### **India**

Mr Sanjay Prasad  
Director  
International Health Division  
Ministry of Health and Family Welfare

Dr Avdhesh Kumar  
Assistant Director-General (IH)  
Directorate General of Health Services  
Ministry of Health and Family Welfare

Mr G. Jagannath  
Under Secretary (IH)  
Ministry of Health and Family Welfare

#### **Indonesia**

Ms Niniek K. Naryatie  
Chief  
Center for International Cooperation  
Ministry of Health

Dr Gita Maya  
Head  
Strategic Policy Planning and Programme  
Bureau of Planning and Budgeting  
Ministry of Health

Mr R.J. Sukowidodo  
Secretary  
Center for International Cooperation  
Ministry of Health

#### **Maldives**

Dr Ibrahim Yasir Ahmed  
Director-General of Health Services  
Ministry of Health and Family

Mr Hassan Mohamed  
Deputy Director  
Center for Community Health and  
Disease Control  
Ministry of Health and Family

#### **Myanmar**

H.E. Professor Mya Oo  
Deputy Minister for Health  
Ministry of Health

Dr Kyee Myint  
Deputy Director-General (Medical Care)  
Department of Health  
Ministry of Health

#### **Nepal**

Dr Praveen Mishra  
Secretary  
Ministry of Health and Population

Dr Laxmi Raj Pathak  
Chief  
Policy, Planning and International  
Cooperation Division  
Ministry of Health and Population

**Sri Lanka**

Dr R.R.M.L.R. Siyambalagoda  
Deputy Director General  
(Public Health Services)  
Ministry of Health

**Thailand**

Dr Suriya Wongkongkathep  
Inspector-General (Region 5)  
Office of the Inspector-General  
Office of the Permanent Secretary  
Ministry of Public Health

Dr Pairoj Saonum  
Medical Officer  
Senior Professional Level  
Office of Disease Prevention and Control  
Ministry of Public Health

Mrs Sirinad Tiantong  
Foreign Relations Officer  
Senior Professional Level  
Bureau of International Health  
Office of the Permanent Secretary  
Ministry of Public Health

**Timor-Leste**

Dr Lidia Gomes  
Special Adviser to Vice Minister of Health  
Ministry of Health

Mr Mariano da Costa Soares  
Director  
District Health Services Viqueque  
Ministry of Health

**WHO Secretariat**

**Secretaries of the meeting**

Dr Poonam Khetrpal Singh  
Deputy Regional Director

Dr Myint Htwe  
Director, Programme Management

**Members**

Mr Bernard Harish Chandra  
Ag. Director, Administration and Finance

Dr Jai P Narain  
Director  
Department of Communicable Diseases

Dr Arun B. Thapa  
Ag. Director  
Department of Family Health and Research

Dr Khalilur Rahman  
Ag. Director  
Department of Non-communicable Diseases  
and Social Determinants

Dr Athula Kahandaliyanage  
Ag. Director  
Department of Health Systems Development

Dr Pak Chang Rim  
Ag. Director  
Department of Sustainable Development and  
Healthy Environments

Dr Abdul Sattar Yoosuf  
Assistant Regional Director

Dr N. Kumara Rai  
Adviser to Regional Director

Dr Chusak Prasittisuk  
Coordinator  
Communicable Diseases Control

Dr Rui Paulo De Jesus  
Technical Officer  
Country Cooperation Strategy and  
Governing Bodies

Mr John Kennedy  
Budget and Finance Officer

Dr Than Sein  
TIP-RDO (Planning and Management)

Dr Jigmi Singay  
TIP-PHI (Public Health Initiatives)

Dr Nyo Nyo Kyaing  
TIP-PPC (Planning and Coordination)

Dr Pak Tong Chol  
TIP-PPC (Programme Monitoring)

Mr Bruce Murphy  
Reports and Documents Officer

Mr Avinash Singh  
National Professional Officer (Editor)

Mr R.K. Arora  
Programme Planning and Coordination and  
Governing Bodies Unit

Ms Parul Oberoi  
Programme Planning and Coordination and  
Governing Bodies Unit

### **Annex 3**

## **Draft Resolution**

### **Proposed Programme Budget 2012-2013**

The Regional Committee,

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

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

Appreciating that the Proposed programme budget for 2012-2013 is developed through a process of consultation with Member States under the guidance of the Organization-wide policy;

Noting that the South-East Asia Region proposes a budget ceiling level of US\$ 505.6 million, consisting of three segments: (i) the base programmes of US\$ 393.6 million with US\$ 102.3 million from Assessed Contribution (AC), and US\$ 291.3 million from Voluntary Contributions (VC); (ii) Special Programme and Collaborative Arrangements (SPA) with US\$ 80.0 million (VC), and (iii) Outbreak and Crisis Response (OCR) with US\$ 32.0 million (VC);

Concerned that the substantial amount of Voluntary Contributions might not align with programme priorities as reflected in the programme budget documents and that the capacity of national governments, country and regional offices needs to be strengthened to mobilize and implement the high levels of VC budget;

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

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

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

Having noted the Proposed programme budget 2012-2013; and,

1. URGES Member States:

- (1) to make concerted efforts to improve the management and utilization of available resources; and
- (2) to increase resource mobilization, especially for underfunded programme areas of high-priority, and

2. REQUESTS the Regional Director:

- (1) to convey to the Director-General the Regions' requirements for additional funding that would be flexible and that would align with the priorities of Member States, the large number of population residing in the Region, as well as the increasing trend in disease burden in the Region;
- (2) to strengthen policy and programme development capacities in Member States with the objective of improving the efficiency and effectiveness of planning, monitoring and implementation; and
- (3) to provide US\$ 1 million for the SEARHEF from WHO Assesed Contribution allocated to Member States of SEA Region in the Proposed regional programme budget 2012-2013.

This publication is the report of the Third Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), which met on 2 July 2010. The subcommittee was established by the Sixtieth session of the Regional Committee for South-East Asia in 2007.

Delegates from Member States of the Region discussed the agenda items proposed for the Sixty-third Session of the Regional Committee related to programme development and management: Programme Budget Performance Assessment for the 2008-2009 biennium; implementation of workplans for Programme Budget 2010-2011, as well as the proposed Programme Budget for the 2012-2013 biennium, including the implementation of the Regional Committee resolution SEA/RC62/R1, on "Programme budget matters".

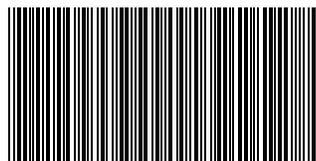
The SPPDM meeting made observations and recommendations for consideration by the Sixty-third Session of the Regional Committee.



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