

Report of the High-Level Preparatory (HLP) Meeting for the Sixty-fourth Session of the WHO-SEA Regional Committee

WHO-SEARO, New Delhi, 27–30 June 2011



**World Health
Organization**
Regional Office for South-East Asia

Report of the High-Level Preparatory (HLP) Meeting for the Sixty-fourth Session of the WHO-SEA Regional Committee

WHO-SEARO, New Delhi, 27–30 June 2011

© World Health Organization 2010

All rights reserved.

This health information product is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

The designations employed and the presentation of the material in this health information product do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this health information product is complete and correct and shall not be liable for any damages incurred as a result of its use.

Printed in India

Contents

	<i>Page</i>
Introduction	1
1. Inaugural session (<i>agenda 1</i>).....	1
2. Technical matters (<i>agenda item 2</i>).....	4
2.1 Future of financing and programme of reform for WHO (<i>RC64 provisional agenda item 4.1</i>).....	4
2.2 Selection of a subject for the Technical Discussions to be held prior to the Sixty-fifth Session of the Regional Committee (<i>RC64 provisional agenda item 5.2</i>).....	6
2.3 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (<i>RC64 provisional agenda item 5.3</i>).....	8
2.4 Regional Nutrition Strategy: Addressing malnutrition and micronutrient deficiencies (<i>RC64 provisional agenda item 5.4</i>).....	10
2.5 Regional Health Sector Strategy on HIV, 2011-2015 (<i>RC64 provisional agenda item 5.5</i>).....	13
2.6 Follow-up action on pending issues and selected Regional Committee resolutions (<i>RC64 Provisional Agenda item 5.6</i>):	15
3. Governing Bodies	22
3.1 Key issues and challenges arising out of the Sixty-fourth World Health Assembly and the 128th and 129th sessions of the WHO Executive Board (<i>RC64 Provisional Agenda item 6.1</i>).....	22
3.2 Review of the draft Provisional Agenda of the 130th session of the WHO Executive Board (<i>RC64 Provisional Agenda item 6.2</i>)	25
4. Special Programmes (<i>RC64 Provisional Agenda item 7</i>).....	28
4.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2011 (<i>RC64 Provisional Agenda item 7.1</i>)	28

5. Items proposed by Member States in the Region for the Sixty-fourth Session of the Regional Committee: Sri Lanka, Thailand and India.....	30
8. Adoption of report.....	32
9. Closure	32

Annexes

1. Agenda	34
2. List of participants.....	36

Introduction

The High-Level Preparatory (HLP) Meeting for the Sixty-fourth session of the WHO-SEA Regional Committee was held at the WHO Regional Office for South-East Asia (SEARO), New Delhi, from 27 to 30 June 2011. 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 Annexes 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 informed that the Regional Committee (RC) usually has a long list of items on its agenda and has only less than three days to deliberate upon those items. Therefore, this HLP meeting was convened to allow time for country participants to review and discuss various issues in detail and for them to come up with conclusions and recommendations for submission to the Regional Committee for its consideration and decisions. It was observed in the past that work of the HLP meeting had ensured efficiency and effectiveness of the Regional Committee.

About the Regional Committee, he described that it is a constitutional governing body of WHO at the regional level. Its annual session is the most important WHO meeting in the Region. Therefore, it is to be ensured that the RC session is organized and conducted in the most efficient and effective manner.

He said that the agenda of this HLP meeting was prepared on the basis of the draft provisional agenda of RC 64; especially the substantive agenda items. The agenda of the Regional Committee was developed in accordance with Rule 8 of the Rules of Procedure of the Regional Committee. It included all items prescribed by the World Health Assembly;

all items prescribed by the Executive Board; any item proposed by the Director-General; and any item proposed by a Member State in the Region.

Dr Samlee said that many items proposed by Member States for inclusion in the agenda of the Regional Committee had been received. In view of the already long agenda of the Sixty-fourth session of the Regional Committee and with limitation of time, the Secretariat would like to request the HLP to consider and decide on the inclusion of any items proposed by Member States. The Secretariat would present all items proposed by Member States for review and consideration of the meeting.

In respect of the agenda items of the HLP meeting, Dr Samlee mentioned that all items to be discussed at this meeting were important. However, he underlined some agenda items and said that in light of the global financial crisis and budget crunch in the Organization, the last session of the Executive Board had resolved to pursue the issues relating to “Future of financing” of WHO and to pursue the issues relating to “programme of reform” for WHO. The process of reform has just started. A Task Force in this regard had been established by the DG, and its first meeting was scheduled for 27 June 2011 at WHO/HQ. The Secretariat would brief this meeting on the key features of the reform and its roadmap. Views from Member States were solicited to feed into the reform process which was being coordinated by WHO/HQ.

About the low coverage of routine immunization in the Region, Dr Samlee mentioned that the routine immunization would help ensure sustainability of gains from specific disease immunization, including polio eradication, and measles elimination. It was proposed that “2012 be the Year of Intensification of Routine Immunization in the South-East Asia Region”. All other regions of WHO would also mark 2012 as the year of acceleration of their immunization coverage.

Regarding the issue of malnutrition and micronutrient deficiencies, the Regional Director said that it continued to be an important health problem in SEAR. Nutrition was the most crucial programme of all public health interventions especially in areas of health promotion and disease prevention and control. Therefore, it was timely to review and improve the nutrition strategy in order to further ensure the effectiveness of nutrition programmes and to ensure better general health status of the people in the Region.

Dr Samlee informed the meeting that all WHO regions are now moving towards the improvement of the process for nomination of the Regional Director. There was a call globally for such improvement. It was, therefore, proposed to amend the relevant Rules of Procedure of the Regional Committee; Rule 49 in particular in order to effect an improvement in the process of nomination of the Regional Director for the SEA Region.

In conclusion, Dr Samlee wished the meeting all success and a comfortable stay for the participants in Delhi.

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

His Excellency, Mr Abdul Bari Abdulla, Minister of State for Health and Family, Ministry of Health, Maldives, was elected Chairperson.

Dr Suriya Wongkongkathep, Inspector-General (Region 5), Office of the Inspector-General, Office of the Permanent Secretary, Ministry of Public Health, Thailand, was elected Co-chairperson.

Dr Padam Bahadur Chand, Chief, Public Health Administration, Monitoring and Evaluation Division, Ministry of Health and Population, Nepal, was elected as Rapporteur.

A drafting group was also constituted. The members were: Prof Dr Shah Abdul Latif, Director, Medical Education, Directorate-General of Health Services, Ministry of Health and Family Welfare, Bangladesh; Dr Ugen Dophu, Director, Department of Public Health, Ministry of Health, Bhutan, and Dr Saw Lwin, Deputy Director-General (Disease Control), Department of Health, Ministry of Health, Myanmar.

2. Technical matters (*agenda item 2*)

2.1 Future of financing and programme of reform for WHO (*RC64 provisional agenda item 4.1*)

Introduction

The rapidly changing environment in which WHO works has created a need for WHO to change its ways of working, with more clarity on its role in relation to other global actors. The current financial crisis adds urgency to introduce these changes. In this context the Organization is eager to see a package of changes, which is referred to as 'programme of reform', unfold in the coming years.

A comprehensive process has been initiated in this regard wherein draft proposals have been presented to the WHO Executive Board (EB 128 and 129) and to the Sixty-fourth World Health Assembly (WHA64). While the Member States are eager to see WHO initiate a set of reforms which will enhance the Organization's effectiveness, efficiency and accountability, WHO too is fully committed to these reforms.

To further increase the focus of its work, WHO has identified five core business areas. Six elements of reform have been identified for implementation as endorsed by World Health Assembly resolution WHA64.2. The reform agenda will lead to a stronger, transparent WHO with country focus, dedicated and efficient staff, enhanced transparency, efficient fund management etc. During the discussion at the 129th Executive Board meeting, the Board laid out further details of the process, more specifically identifying three items which will have significant implications on WHO's reforms. They are:

- Governance of WHO
- Independent evaluation
- World Health Forum

A task force and working groups have been established to develop concept papers on these items which will be shared with Missions in Geneva/Member States, and further discussed at respective Regional Committee meetings. They will then be further discussed during a special session of the Executive Board on 1-3 November 2011, and in the light of

the discussions be refined and presented to the 130th Session of the Executive Board in January 2012. The finalized papers will be presented to the Sixty-fifth World Health Assembly in May 2012.

Discussion points

- The constitutional mandate and the structure of WHO established 63 years ago need to be re-examined in order to make the Organization respond more effectively and efficiently in light of the changing global health partners and priorities.
- WHO, being a specialized agency, is different from many other UN agencies, in terms of its functioning and staffing profile.
- While the core business areas are very pertinent in the context of the South-East Asia (SEA) Region, WHO's role in Member States may be examined in relation to inputs received from countries of the SEA Region, as well as from other development partners.
- The details of proposed reforms that are still being worked out present an incomplete picture, which prevents Member States to provide concrete inputs.
- The implementation of reforms in the SEA Region needs careful planning based on an action plan that needs to be monitored closely.
- The Member States would like to be informed of the specific areas in which the scope of WHO activities will be reduced.
- The need to advocate for more flexible funding, to implement the country collaborative programme was stressed.

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 are urged to examine the WHO reform-related concept papers and other documents, and provide timely

feedback to WHO in order to ensure country inputs into the reform process.

- (2) Member States are urged to raise regional concerns and participate effectively in discussions on WHO reform agenda during the forthcoming sessions of the Executive Board, as well as the next World Health Assembly.

Actions by WHO-SEARO

- (1) WHO should share concept papers on: Governance of WHO; Independent Evaluation of WHO; and the World Health Forum and other documents related to proposed reforms among Member States once they are finalized.
- (2) The Regional Office should develop a strategic plan/action plan in consultation with Member States to ensure that reforms are systematically implemented in the SEA Region once the Governing Bodies have taken final decisions in this matter.
- (3) WHO should establish a forum at country level to identify its country-specific roles and responsibilities through a multi-stakeholder mechanism.
- (4) The Regional Office should increase efforts to mobilize more flexible Voluntary Contributions.

2.2 Selection of a subject for the Technical Discussions to be held prior to the Sixty-fifth Session of the Regional Committee *(RC64 provisional agenda item 5.2)*

Introduction

The purpose of the Technical Discussions is to provide a forum for an in-depth and wide-ranging review of a particular technical subject of regional interest. The discussions and recommendations arising from the Technical Discussions enable WHO and Member States to reorient and modify policies and strategies, and appropriately plan for present and future programmes.

The working paper enumerated the topics that had been the subject of Technical Discussions since 1998, and put forward the following four subjects for consideration:

- (1) Occupational health: Review of regional policy and strategy;
- (2) Community-based rehabilitation;
- (3) Working with Member States to accelerate progress to achieve MDG 4 and 5; and
- (4) Review of the Malaria Control Strategy in the SEA Region.

Discussion points

- Three additional suggestions were put forward as possible subjects for the next Technical Discussions, namely: Noncommunicable diseases; Universal health coverage; and Health sector reform, to be held prior to the Sixty-fifth Session of the Regional Committee in September 2012.
- After further discussion it became apparent that the topics, Noncommunicable diseases and working with Member States to accelerate progress to achieve MDGs 4 and 5 were the two subjects which the majority of delegates favoured. A consensus was finally reached that the subject of noncommunicable diseases should be presented for the consideration of the Sixty-fourth session of the Regional Committee as the subject of the next Technical Discussions.

Recommendation

- The topic of “Noncommunicable diseases, including mental health and neurological disorders” is recommended as the subject for the technical discussions to be held prior to the Sixty-fifth session of the Regional Committee. The recommendation for this topic will be submitted for the consideration of the Sixty-fourth session of the Regional Committee in September 2011.

2.3 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (RC64 provisional agenda item 5.3)

Introduction

Immunization is the most cost-effective public health intervention of all time. Despite the increase in routine immunization coverage in Member States in the South-East Asia (SEA) Region, the average coverage for the Region is low and not uniform between countries and within different geographical areas in the same country. To address this challenge and to further improve the coverage, WHO-SEARO has proposed 2012 to be declared as the year of intensification of routine immunization that consists of six antigens: BCG, DTP, polio and measles.

The framework for increasing and sustaining routine immunization coverage identifies six key determinants of immunization coverage and outlines three strategic areas: (i) improving access, resource availability and utilization of immunization services; (ii) partners to define and recognize the roles, responsibilities and accountability of all stakeholders; and (iii) strengthening service delivery, information use and management capacity.

The implementation of the framework at the country level requires high-level advocacy, political commitment, appropriate investment; strengthening service delivery and enhancing managerial capacity. The framework was presented to the HLP meeting for consideration, discussion and guidance to draft a resolution for the Regional Committee.

Discussion points

- The challenges in achieving > 80% coverage of DTP 3 at the district level were highlighted and support of WHO was sought to identify context-specific interventions to overcome these challenges.
- The need to establish outcome-based indicators to monitor the status and progress of implementation of the intensification of routine immunization by Member States was identified as a priority.

- Country-specific operational plans based on regional guidelines and supported by WHO country offices need to be developed in pursuance of efforts to make 2012 the year of intensification of routine immunization in the SEA Region.
- Decentralization of health delivery systems may compound challenges to increasing and sustaining immunization coverage. Thus, there is a need to ensure prioritization of routine immunization activities in a decentralized system so as to sustain the gains achieved in the control of vaccine-preventable diseases, and to further improve the immunization coverage.
- The need to develop an evidence-based regional policy for introduction of new vaccines into national immunization programmes was highlighted. Countries should be free to add new vaccines to the immunization programmes depending upon the disease burden.

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 “2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage”.

Actions by Member States

- (1) Member States are urged to identify low coverage states, provinces and districts for developing context-specific operational plans for intensification of routine immunization.
- (2) Member States are urged to ensure that immunization services are optimally managed and delivered by trained health care personnel, supported by adequate logistics.
- (3) Member States are urged to engage in high-level advocacy to ensure routine immunization continues to be a priority, including under the decentralized health systems; they should also support the social mobilization initiatives aimed at creating

awareness of and demand for intensification of routine immunization.

Actions by WHO-SEARO

- (1) Provide technical support for development and implementation of country-specific operational plans for 2012 and beyond.
- (2) To develop regional guidelines for implementation of the intensification of routine immunization in the SEA Region, as well as regional policy guidelines for introduction of new vaccines into immunization programmes.
- (3) To support Member States in resource mobilization, and in developing and maintaining their technical and managerial capacities.

2.4 Regional Nutrition Strategy: Addressing malnutrition and micronutrient deficiencies *(RC64 provisional agenda item 5.4)*

Introduction

Member States of the South-East Asia Region account for over 70% of the world's malnourished children. While children with severe under-nutrition have high mortality, a larger number of deaths occur among the more numerous but less severely malnourished children. Obesity and diet-related chronic diseases are becoming a public health problem in the Region.

A multisectoral approach with a systematic and comprehensive application of available nutrition interventions can prevent two-thirds of all deaths while contributing to child survival in the developing countries. The continuing high mortality, morbidity and obesity with increased disease burden resulting from nutrition-related factors make a compelling case for the urgent implementation of proven interventions to improve the nutrition status of the populations of Member States in the Region.

The "Regional nutrition strategy: addressing malnutrition and micronutrient deficiencies" is intended to assist Member States in developing a multisectoral approach for identifying and prioritizing nutrition action in all relevant sectors.

The strategy has taken into consideration the diversity exhibited in the nature and magnitude of nutrition problems in Member States as well as the available national capacities and technical expertise to address such problems.

The goal of the nutrition strategy is to encourage the Member States of the South-East Asia Region to initiate, develop and sustain a multisectoral approach and measures for the promotion of nutrition of all population groups following a life-course approach.

The regional nutrition strategy has four strategic elements: (i) country-driven, outcome oriented integrated, multisectoral nutrition policy and plan of action; (ii) addressing macro- and micronutrient deficiencies through a multisectoral approach and involvement of all relevant sectors; (iii) addressing obesity and dietary prevention of chronic diseases; and (iv) developing effective and functional nutrition surveillance systems.

The proposed duration of the regional nutrition strategy is five years [2011–2015].

Discussion points

- Member States referred to the on-going food and nutrition activities in their countries that complemented the activities outlined in the regional nutrition strategy.
- Member States called for strengthening of their national food safety programmes including production, distribution and consumption, particularly capacities of national food analysis laboratories, detecting pesticide and heavy metal contamination and control of food adulteration in order to promote the nutrition status of their populations.
- Suggested indicators for measuring progress towards effective nutrition in Member States should also include indicators for assessing nutrition programmes at the provincial and community levels.
- More emphasis should be put on the implementation of the 'International Code of marketing of Breast-milk Substitutes' to promote exclusive breastfeeding. In this regard, research could

also be undertaken in Member States to understand and respond to the declining trend in exclusive breastfeeding.

- Additional information on the relationship between diet and chronic diseases and appropriate interventions could be incorporated into the body of the text of the regional strategy.

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 “Regional Nutrition Strategy: Addressing malnutrition and micronutrient deficiencies”.

Actions by Member States

- (1) Endorse the Regional nutrition strategy: addressing malnutrition and micronutrient deficiencies.
- (2) Take further action to make nutrition an integral part of a national development agenda; reinforcing political commitment to promote, sustain and strengthen existing nutrition policies, plans and interventions; and ensuring close multisectoral collaboration and coordination between food and nutrition, agriculture, health, social-service, education, finance and other relevant sectors;
- (3) Support an environment for the delivery of integrated nutrition and food safety interventions.
- (4) Establish an effective and functional national nutrition surveillance system.
- (5) Strengthen national capacities at the food analyses laboratories to detect pesticide and heavy metal contamination and to control food adulteration.
- (6) Establish effective monitoring and enforcement mechanisms for uniform implementation of the international code of marketing of Breast-Milk substitutes.

Actions by WHO-SEARO

- (1) Disseminate the Regional nutrition strategy: addressing malnutrition and micronutrient deficiencies in Member States through extensive dialogue and communication with national counterparts and programme managers.
- (2) Provide technical assistance to Member States to further develop the existing nutrition policy/plan of action in alignment with nutrition-related activities of the agriculture, trade and commerce, education, social development, finance and other relevant sectors.
- (3) Develop and disseminate scientific and evidence-based recommendations, guidelines and tools for effective nutrition interventions.
- (4) Identify key indicators for regional, national and sub-national levels in consultation with Member States and other partners - for measuring progress towards the implementation and impact of food and nutrition interventions.
- (5) Provide technical assistance to develop/strengthen national capacities for the monitoring and enforcement of the 'International Code of Marketing of Breast-milk substitutes.'

2.5 Regional Health Sector Strategy on HIV, 2011-2015

(RC64 provisional agenda item 5.5)

Introduction

Considering that the HIV epidemic is a foremost challenge to health and development, the Sixty-third World Health Assembly, in 2010, urged all Member States to reaffirm their commitment to achieving internationally-agreed development goals. It requested WHO to take the lead in establishing broad consultative processes to develop a WHO HIV/AIDS strategy for 2011–2015, which will guide its support to Member States to reach those goals. The WHO Global Health Sector Strategy on HIV 2011-2015 was considered and unanimously adopted by the Sixty-fourth World Health Assembly in May 2011.

With the specific focus on target populations and priority interventions on HIV/AIDS within the Region, it was proposed that a regional strategy to guide countries in addressing the HIV/AIDS epidemic, and to guide WHO in providing support to Member States in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of their HIV response be formulated.

The Draft Regional Health Sector Strategy on HIV, 2011-2015 is aligned with the Global Health Sector Strategy on HIV and describes four mutually supportive strategic directions and focus of work over a period of five years.

Discussion points

- Member States emphasized the need for sustained political commitment and adequate resource allocation and resource mobilization for achieving the goals on HIV prevention, treatment and care.
- Member States emphasized the need for working with and engaging key populations, especially men who have sex with men (MSM) and people who inject drugs (PWIDs) as it is difficult to work with these groups given the socio-cultural norms as well as legal issues and suggested that appropriate mechanisms need to be put in place to address this issue.
- There is a need for harmonization and coordination of activities among the many stakeholders involved in HIV programmes at country level to ensure an effective multisectoral response.
- Member States were concerned about the increasing possibility of HIV patients who have been on first-line antiretroviral treatment developing resistance to these drugs and the need for monitoring and addressing ARV drug resistance was highlighted.
- Due to the increasing number of HIV-infected persons requiring care, the workload of health staff is increasing and health systems need to be strengthened to address this issue if access to HIV prevention, care and treatment services is to be scaled up.

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 “Regional Health Sector Strategy on HIV, 2011-2015”.

Actions by Member States

- (1) The implementation of the WHO 2010 guidelines on prevention, treatment and care should be guided by national epidemiology, health sector preparedness and availability of resources, both human and financial. A phased approach with allocation of adequate financial resources for a sustained response is recommended.
- (2) Ministries of health should take the lead for synergistic and harmonized national response to HIV involving multiple stakeholders.

Actions by WHO-SEARO

- (1) Support Member States to adapt and implement the regional strategy.
- (2) Support Member States to adapt and implement the recently published men having sex with men (MSM) guidelines: “Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach”.
- (3) Support Member States in resource mobilization efforts.

2.6 Follow-up action on pending issues and selected Regional Committee resolutions (RC64 Provisional Agenda item 5.6):

Regional Strategy on Universal Health Coverage (SEA/RC63/R5) (RC64 provisional agenda item 5.6.1)

Introduction

Universal health coverage (UHC) is one of the four areas advocated for reform of health systems based on primary health care (PHC). Reform of UHC will ensure that health systems contribute to health equity, social justice and towards ending exclusion. It is an overarching goal of health

programmes in the field of public health and medical care to achieve health-related Millennium Development Goals (MDGs) and ultimately the goal of health for all.

The Regional Strategy for UHC incorporates various strategies that will facilitate a good balance of resource allocation in health between public health interventions and medical care in our efforts to attain UHC. The regional strategy is based on the recommendations of the Sixty-third Session of the Regional Committee through its resolution SEA/RC63/R5.

Discussion points

- It was appreciated that the draft regional strategy presented to the HLP was very comprehensive and covered all the aspects of UHC. The strategy serves as a practical guide for Member States to adopt it in their national health policies, strategies and plans as appropriate because country health systems and health problems are diverse.
- It was felt that strategic directions should be elaborated so that the document could be referred to by countries.
- The need to strengthen country health information systems in accordance with the primary health care approach was acknowledged.
- It is necessary for Member States to invest more on public health interventions in order to reduce the long-term burden on medical care, and also to be self-reliant.
- It was observed that the goals, objectives and guiding principles were reflected well in the strategy. It was suggested to include “Improve financial risk protection to prevent catastrophic payments and impoverishment” as an additional objective of the regional strategy. It was further observed that the elements of provider payment, copayment, pre-payment methods and risk pooling be emphasized and elaborated in the guiding principles.
- Strategic directions need to incorporate prescriptions with generic name of medicines, adaptation of standard treatment protocols and rational use of medicines as strategic actions was emphasized.

- It was agreed to include more case studies / best practices from the Region in the Regional Strategy for other countries to adopt them. It was felt that evidence and progress made in moving towards UHC should be documented and shared among Member States.
- Institutionalization of national health accounts (NHA) and a wider use of economic principles for national health planning were noted as important components for planning, monitoring and evaluation.
- Importance of reviewing resource allocation for health and allocating more resources for priority health problems, health promotion and prevention on a long-term basis were stressed in order to reduce the burden on medical care.
- After endorsement by the Regional Committee, Member States should be encouraged to adopt the regional strategy for UHC in country health policies, strategies and plans and ensure self-reliance in public health interventions.

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

- (1) In order to actively contribute to the further development of the draft strategy, Member States are urged to share UHC experiences, including documentation of best practices, and conduct research for strengthening the regional strategy.

Actions by WHO-SEARO

- (1) Based on the inputs of HLP, further elaborate on each of the strategic directions and include country experiences including research evidence in the draft Regional Strategy on Universal Health Coverage and submit the strategy to the Sixty-fourth Session of the Regional Committee in September 2011.

- (2) Promote and support research to achieve targeted objectives of UHC among Member States and provide technical assistance to monitor the progress of moving towards UHC.
- (3) Systematically document experiences of Member States, conduct research and disseminate evidence through appropriate forums within and outside the Region.
- (4) Assist Member States in institutionalizing NHA and use of economic principles for health planning.

Challenges in Polio Eradication (SEA/RC60/R8)

(RC64 provisional agenda item 5.6.2)

Introduction

With the highest political commitment and very substantial investments in the area of polio eradication, India is making remarkable progress. It, however, remains the only Member State in the South-East Asia Region that is endemic for polio. Nepal is the only other Member State in the Region that detected polio cases during the last 12 months following an importation. The other Member States in the Region that experienced importations in the past - such as Bangladesh, Myanmar and Indonesia have not had any polio case for more than four years. All other Member States in the Region have been polio-free for more than a decade.

There has been a sharp decline in polio cases in India with only one case detected during 2011 (between January and May) – the lowest ever during this period. This follows the 42 cases detected in 2010 – the lowest number of polio cases detected during any year in India. The Independent Monitoring Board set up at the request of the World Health Assembly has mentioned that India is the only endemic country to have achieved the milestones outlined in the Global Polio Eradication Initiative Strategic Plan 2010-12.

The key challenges for polio eradication which India is addressing are:

- (a) maintaining high quality of supplemental immunization activities in areas with recent transmission; in the traditionally endemic areas; and among the migrant, mobile and other underserved populations.

- (b) to be prepared to respond urgently to any importation of wild poliovirus with large-scale mop ups.

The challenges in all other Member States of the Region include maintaining high routine immunization coverage with oral polio vaccine and high quality acute flaccid paralysis surveillance.

Discussion points

- The progress achieved towards polio eradication in India was highlighted. The only polio case due to wild poliovirus detected in India during 2011 was in West Bengal. The two endemic states in India, namely Uttar Pradesh (UP) and Bihar have not had a polio case since April 2010 and September 2010 respectively. The major initiatives in India include the introduction of the bivalent OPV; actions in West Bengal to stop the current transmission; ensuring a multipronged strategy in the 107 high-risk blocks identified in UP and Bihar; covering the migrants and mobile communities; and implementing an Emergency Preparedness and Response Plan. The role of WHO-NPSP in supporting highly sensitive acute flaccid paralysis (AFP) surveillance in India was appreciated.
- Full cooperation of all Member States to ensure achievement of polio eradication in the Region was appreciated.
- The need to strengthen AFP surveillance and routine immunization coverage and to ensure preparedness to respond to any wild poliovirus importations in all polio-free Member States was emphasized.
- Technical and financial support is required by polio-free Member States to sustain AFP surveillance, ensure high routine immunization coverage and to effectively respond to any wild poliovirus importation.

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) Continued high level political commitment in the Region and India in particular towards the implementation of current interventions to ensure interruption of wild poliovirus transmission in recently infected and endemic areas.
- (2) Continued commitment to achieve and maintain high routine immunization coverage and a sensitive AFP surveillance system in all Member States to ensure high immunity against polio and early detection of any importation of any poliovirus.
- (3) Preparedness to respond effectively to any importation of poliovirus in all Member States.

Actions by WHO-SEARO

- (1) Technical support to sustain high quality AFP surveillance; high routine immunization coverage and risk analysis to identify high-risk areas in all Member States.
- (2) Technical and financial support for development of emergency preparedness and response plans and responding swiftly and effectively to any polio virus importation in Member States.
- (3) Assist Member States in mobilization of resources for polio eradication.

Utilization of South-East Asia Regional Health Emergency Fund (SEA/RC60/R7) (RC64 provisional agenda item 5.6.3)

Introduction

The South-East Asia Regional Health Emergency Fund (SEARHEF) was formally established through the Regional Committee resolution SEA/RC60/R7 after almost a year of consultations in-house in SEARO and with representatives of Member States.

A working group for SEARHEF comprising representatives nominated by all the 11 Member States of the South-East Asia Region was established to formalize the guidelines and policies of the fund.

The fund's resources have been successfully managed and utilized in respect of nine emergencies since it was made operational in January 2008 and these are: Cyclone Nargis in Myanmar (May 2008); flash floods in Sri Lanka (June 2008); Kosi river floods in Nepal (September 2008) ; the civil conflict in the north of Sri Lanka (April 2009), earthquake in West Sumatra province, Indonesia (October 2009); conflict in Sri Lanka (January 2010); fire in Bangladesh (June 2010); Mt. Merapi Volcanic eruption in East Java province, Indonesia (November 2010) and critical health needs of resettlements in Sri Lanka (February 2011).

Although the initial request to WHO-HQ to allow for a carry-over of the AC portion of the fund was not agreed to due to legal constraints, a continued commitment was made to provide Assessed Contributions (AC) allocation for 2010-2011, and for the 2012-2013 biennium through Regional Committee resolutions SEA/RC62/R5 and SEA/RC63/R1, respectively.

To date, the guidelines, procedures and principles initially developed remain specific and efficient enough when applied to various emergencies. Adjustments have been made in the fund's working in line with improved GSM processes. Advocacy efforts will be enhanced to increase the VC portion of SEARHEF.

Discussion points

- Participants expressed gratitude for the creation and management of SEARHEF. They also outlined the timely and appropriate outcomes of support provided by SEARHEF during the times of emergency, in particular:
 - Nepal: Kosi River Floods (2008);
 - Indonesia: – North Sumatra Earthquake (Sept 2009) and Mt Merapi Eruption (Oct 2010); and
 - Sri Lanka: Flash floods in 2011 and post-conflict health interventions, in the northeast of the country.
- The SEARHEF has become a model for other regions in their efforts to set up their own emergency funds.

- The use of Assessed Contributions (AC) that may be unutilized at the end of the biennium will serve well for preparedness measures such as stockpiling emergency health kits and essential medicines.
- The steps proposed to facilitate resource mobilization in order to increase the corpus of the Voluntary Contributions to the fund were agreed upon.

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

- (1) Advocate in support of WHO's efforts to generate more resources for the SEARHEF.

Actions by WHO-SEARO

- (1) Conduct a SEARHEF Working Group meeting or videoconference to discuss: (a) options on how to use Assessed Contributions (AC) that may be unutilized at the end of the biennium, and (b) strategies and options for increasing the Voluntary Contributions (VC) portion of SEARHEF.
- (2) Continue to mobilize resources from within and outside the Region for SEARHEF.

3. Governing Bodies

3.1 Key issues and challenges arising out of the Sixty-fourth World Health Assembly and the 128th and 129th sessions of the WHO Executive Board (RC64 Provisional Agenda item 6.1)

Introduction

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

- (1) Implementation of the International Health Regulations (2005) (WHA64.1)
- (2) The future of financing for WHO (WHA64.2)
- (3) Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (WHA64.5)
- (4) Health workforce strengthening (WHA64.6)
- (5) Strengthening nursing and midwifery (WHA64.7)
- (6) Strengthening national policy dialogue to build more robust health policies, strategies and plans (WHA64.8)
- (7) Sustainable health financing structures and universal coverage (WHA64.9)
- (8) Strengthening national health emergency and disaster management capacities and resilience of health systems (WHA64.10)
- (9) Preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference (WHA64.11)
- (10) WHO's role in the follow-up to the United Nations High-Level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010) (WHA64.12)
- (11) Working towards the reduction of perinatal and neonatal mortality (WHA64.13)
- (12) Draft global health sector strategy on HIV, 2011–2015 (WHA64.14)
- (13) Cholera: Mechanism for control and prevention (WHA64.15)
- (14) Malaria (WHA64.17)
- (15) Drinking water, sanitation and health (WHA64.24)
- (16) Child injury prevention (WHA64.27)
- (17) Youth and health risks (WHA64.28)

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

- With regard to implementation of International Health Regulations (IHR 2005) (WHA 64.1), limitations were highlighted in current capacity for the application of quarantine measures with respect to potential chemical and radiological contamination of goods presenting at Points of Entry; specifically with respect to human resource and laboratory capacity. A request was made for support to such capacity building.
- Clarification was requested on the practical steps required by WHO and Member States to implement the Pandemic Influenza Preparedness Framework (WHA 64.5), including the following:
 - Whether the third party of the Framework has begun its process to sign the MTA.
 - Composition of the PIP Framework 'Advisory Group' (including three representatives from the Region).
- Clarification will be obtained by SEARO on specific actions required at national and regional level by Member States and WHO, to also include:
 - Implementation by WHO and participating laboratories of the specimen 'traceability mechanism'.
 - Detail on how tangible benefits will be derived and provided.
- As regards the resolution on Cholera (WHA 64.15) greater clarity was requested on actions to be taken to implement the regional

strategy for a coordinated approach to prevention and control of acute diarrhoea and respiratory infections.

- As regards the resolution on health workforce strengthening (WHA 64.6) the need to further strengthen health workforce in Member States, especially those that are facing HRH crisis was stressed. The need to mitigate HRH migration was emphasized. In this regard it was suggested that the Regional Office should intensify technical support to Member States to address HRH challenges, while encouraging regional collaboration on the WHO Global Code of Practice on International Recruitment of Health Personnel.

Recommendations

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

Actions by WHO-SEARO

- (1) The working paper on this agenda item needs to be improved, updated and revised based on the discussions in HLP meeting and the revised version submitted to the Sixty-fourth Session of the Regional Committee for its consideration.
- (2) To inform the Member States on how to implement the PIP framework and how it is to be rolled out.
- (3) Organize a regional consultation on the framework of PIP in the SEA Region to facilitate its implementation.

3.2 Review of the draft Provisional Agenda of the 130th session of the WHO Executive Board *(RC64 Provisional Agenda item 6.2)*

Introduction

Member States were requested to review the draft Provisional Agenda of the 130th session of the Executive Board to be held in Geneva in January 2012, and were informed that they may propose inclusion of any additional item on the draft agenda, as per Rule 8 of the Rules of Procedure of the Executive Board.

According to the Rules of Procedure, any proposal from a Member State or Associate Member to include an item on the agenda of EB130 would need to be submitted by 14 September 2011.

The HLP meeting noted the draft provisional agenda of the 130th session of the Executive Board as per Rules of Procedures of the Executive Board.

3.3 Rules of Procedure of the WHO Regional Committee for South-East Asia for the nomination of the Regional Director *(RC64 provisional agenda item 6.3)*

Introduction

The HLP meeting was requested to consider a proposal to consider improving the process for nomination of the Regional Director for South-East Asia. This proposal to incorporate an interview of candidates before the election is intended to further strengthen transparency, fairness and equity in the process of nomination of the Regional Director and to permit the representatives from the Member States to better assess the candidates. Further, it brings SEAR closer into alignment with the process undertaken in the election of the Director-General and most other Regional Directors.

As a change in the nomination process will require a modification to Rule 49 of the Rules of Procedures of the Regional Committee, the working paper prepared for RC64 provided proposed text for amendment of Rule 49 as well as proposed modalities for the interview process and a draft resolution for the Regional Committee's consideration.

A brief presentation was made by Ms Dianne Arnold, Director, Administration and Finance, covering the salient points of the proposed procedure for discussion. For any change to the Rules of Procedure to be made, a Subcommittee to the Regional Committee must be formed which would provide their recommendations to the Regional Committee for a decision. Therefore, Ms Arnold noted that the Provisional Agenda for RC64 includes two agenda items: 2.1 to establish the Subcommittee and 6.3 wherein the Subcommittee would report back to the Regional Committee for a decision about the proposed changes to the Rules of Procedure for nomination of the Regional Director.

Discussion points

- Some participants wanted to know to what extent SEAR is in alignment with the other Regions and whether the SEAR Rules of Procedure should be in alignment, given that the number of SEAR countries is considerably smaller than in the other Regions.
- Other participants emphasized the need to ensure that the selected candidate for Regional Director can provide guidance to the governments and has the required technical competence and managerial skills which should be known by the voting members along with his/her background, experience and skills. The proposed inclusion of an interview would allow the candidates to present their vision to the Member States for taking the Organization forward.
- Clarification was sought on the process for forming the Subcommittee and its composition; how a “majority vote” is constituted in selecting a candidate; who would vote; and the general steps in the process. The Secretariat clarified that the vote would be taken by secret ballot at the RC by all members and that a majority within the Rules of Procedure is a simple majority (at least 51% of voting members). The interviews would be conducted by the Committee at a private session. There would be no short-listing of the candidates.
- It was suggested that there is confusion about the term ‘interview’ as the presentation/follow-up process is not a full-fledged ‘interview’. One proposal was that the candidates make a presentation to the full Regional Committee, with the voting to follow.
- A discussion ensued about how RC agenda items are established, how this particular item was placed on the RC agenda, and whether the HLP meeting could conclude with the decision not to put this Rule change on the RC agenda, if the participants felt that there was no need for a revision to the Rule. The Secretariat clarified that the Regional Director establishes a draft RC agenda, in consultation with the RC outgoing Chair, in accordance with Rule 7 and Rules 7 and 8 of the Rules of Procedures of the Regional Committee and that the HLP meeting is convened as an advisory meeting to the Regional Director prior to the Regional Committee.

- There was no consensus on whether there was a need for a change in the Rules of Procedure.

Recommendations

Action by Member States

- (1) Consider the proposed change to the Rules of Procedure and nomination process modalities in preparation for future discussions on this subject.

Actions by WHO/SEARO

- (1) Take a final decision on whether to include this agenda item on the RC64 agenda.
- (2) Record the views of the Member States expressed at the HLP meeting.

4. Special Programmes *(RC64 Provisional Agenda item 7)*

4.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2011 *(RC64 Provisional Agenda item 7.1)*

Introduction

The Thirty-fourth meeting of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) was held in Geneva, Switzerland, from 13 to 15 June 2011.

The Secretariat presented the report on the deliberations of the JCB meeting on behalf of the representatives from the SEA Region.

The HLP noted the report.

4.2 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 2011 and nomination of a member in place of Sri Lanka whose term expires on 31 December 2011 (RC64 provisional agenda item 7.2)

Introduction

The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. The last PCC Meeting was held from 16 to 17 June 2011 in Geneva, Switzerland. The Report on attendance at this meeting was presented by Dr Ugen Dophu of Bhutan.

At present, there are three Member States from the South-East Asia Region (Bhutan, Sri Lanka and Thailand) that are members of the PCC Category 2, while India continues to be a member of the PCC Category 1. Nepal has been nominated by PCC to be a member under Category 3 from January 2012. Since the term of office of Sri Lanka ends on 31 December 2011, representatives of the HLP Meeting are requested to consider electing one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2012. The recommendation of the HLP meeting will be submitted to the Sixty-fourth Session of the Regional Committee for its consideration.

Discussion points

- The HLP meeting noted the summary report on attendance at the Twenty-fourth meeting of the PCC, presented by Bhutan.
- The HLP meeting, after deliberation on the nomination of a member in place of Sri Lanka whose term expires on 31 December 2011, proposed that Bangladesh should be the nominee from the WHO South-East Asia Region as a member of the PCC category 2 for a three-year term from 1 January 2011 till 31 December 2014.

Recommendation

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-fourth Session of the Regional Committee for consideration that Bangladesh should be nominated from the SEA Region in the PCC in place of Sri Lanka, whose term expires in December 2011.

5. Items proposed by Member States in the Region for the Sixty-fourth Session of the Regional Committee: Sri Lanka, Thailand and India

Introduction

India, Sri Lanka and Thailand proposed additional items for inclusion in the Sixty-fourth Session of the Regional Committee, to be held in September 2011. The following items were proposed:

- (1) Promoting Rational use of Medicines,
- (2) National Essential Drug Policy including Rational Use of Medicines
- (3) Regional Solidarity on Global Health: The Role of Regional One Voice
- (4) WHO Global Code of Practice on International Recruitment of Health Personnel
- (5) The Asia Pacific Observatory for Health Systems and Policy
- (6) Universal Health Coverage
- (7) Progress on Human Resource for Health in the Region
- (8) Social Determinants of Health
- (9) Noncommunicable Diseases
- (10) Kala-Azar

(11) Regional Consultation on Consultative Expert Working Group on Research and Financing

Discussion points

- The secretariat provided an overview of the history of previous RC discussions and resolutions along with upcoming regional consultations relating to the suggested topics.
- The three Member States which had suggested additional items made detailed presentations on the proposed topics.
- It was noted that the topics related to WHO Global Code of Practice on International Recruitment of Health Personnel; Universal health coverage; Progress on human resources for health in the Region; and Noncommunicable diseases were discussed during the earlier Regional Committee meetings and other intercountry meetings during the last five years. Some of the other topics will be discussed at the proposed forthcoming consultations.
- The affected Member States are keen to scale up control of kala-azar through further improving intergovernmental collaboration.
- Universal Health Coverage is already on the agenda of the Sixty-fourth Session of the Regional Committee. A regional consultation on “Social determinants of health” is being organized in August 2011. NCDs are on the agenda of the Health Ministers Meeting.

Recommendations

Actions by WHO-SEARO

- (1) To include the topic on “National Essential drug policy including rational use of medicines” in the agenda of Sixty-fourth Session of the Regional Committee in September 2011.
- (2) Develop an information document on “Regional solidarity on global health” to be submitted to the Sixty-fourth Session of the Regional Committee in September 2011.
- (3) Organize a regional consultation on “Progress on Human Resources for Health in the Region”/“WHO Global Code of

Practice on International Recruitment of Health Personnel". These topics should also be considered for inclusion in the agenda of the Sixty-fifth Session of the Regional Committee in 2012.

- (4) Share relevant information on "The Asia Pacific Observatory for Health Systems and Policy" among all Member States followed by a Regional Consultation. Based on the feedback of Member States to decide whether the topic should also be considered for inclusion in the agenda of the Sixty-fifth Session of the Regional Committee in 2012.
- (5) Develop a chronology of NCD initiatives to date and facilitate the articulation of a common regional perspective (regional voice) on the expected outcomes of the UN High-level Meeting.
- (6) Organize a side event during the 29th HMM for signature by the Health Ministers of Bangladesh, Bhutan, India and Nepal on the second memorandum of understanding (MoU) on kala-azar and an intercountry consultation on the issues related to kala-azar elimination. The proposed MoU will be shared by SEARO with concerned Member States before the HMM.
- (7) Share the minutes of the "Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG)" with all the Member States.

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-fourth Session of the Regional Committee should consider the draft resolutions on selected agenda items of importance to Member States and WHO.

9. Closure

In his concluding remarks, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, thanked all the distinguished participants for

their deliberations, which had led to meaningful conclusions and recommendations for consideration of the Sixty-fourth Session of the Regional Committee to be held in Jaipur, India in September 2011. He said that as the HLP meeting was an advisory body to the Regional Director, its recommendations will be submitted to the Regional Committee for consideration.

The working papers of the HLP will be revised based on the recommendations of the HLP and submitted to the Regional Committee. The secretariat would improve the report of the HLP meeting and it would be reviewed, edited and finally submitted to the Regional Committee for its consideration.

Regarding the agenda item concerning the Rules of Procedure of the WHO Regional Committee for South-East Asia for the nomination of the Regional Director, Dr Samlee appreciated the advice of the HLP meeting on whether to include this agenda for the discussion during the forthcoming Regional Committee.

Before including this subject in the Regional Committee, the secretariat would study further and consult with the Member States and may bring this subject for discussions at an appropriate time in future sessions of the Regional Committee. However, this subject may not be included in the forthcoming Regional Committee in September 2011.

He expressed his appreciation to the Chairperson, H.E. Mr Abdul Bari Abdulla, and the Co-Chairperson, Dr Suriya Wongkongkathep for their able leadership and guidance in conducting the meeting successfully. He also thanked the Rapporteur, Dr Padam Bahadur Chand and the members of the Drafting Group (Prof Dr Shah Abdul Latif, Dr Ugen Dophu and Dr Saw Lwin, and representatives from other Member States) for their commendable work in drafting a succinct report, which would facilitate the work of the Sixty-fourth Session of the Regional Committee.

The Chairperson, H.E. Mr Abdul Bari Abdulla 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 Future of financing and programme of reform for WHO
(RC64 provisional agenda item 4.1)
 - 2.2 Selection of a subject for the Technical Discussions to be held prior to the Sixty-fifth Session of the Regional Committee
(RC64 provisional agenda item 5.2)
 - 2.3 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage
(RC64 provisional agenda item 5.3)
 - 2.4 Regional Nutrition Strategy: Addressing malnutrition and micro nutrient deficiencies (RC64 provisional agenda item 5.4)
 - 2.5 Regional Health Sector Strategy on HIV, 2011-2015
(RC64 provisional agenda item 5.5)
 - 2.6 Follow-up action on pending issues and selected Regional Committee resolutions:
 - 2.6.1 Regional Strategy on Universal Health Coverage
(SEA/RC63/R5) (RC64 provisional agenda item 5.6.1)
 - 2.6.2 Challenges in Polio Eradication (SEA/RC60/R8)
(RC64 provisional agenda item 5.6.2)
 - 2.6.3 Utilization of South-East Asia Regional Health Emergency Fund (SEA/RC60/R7) (RC64 provisional agenda item 5.6.3)
3. Governing Body Matters:
 - 3.1 Key issues and challenges arising out of the Sixty-fourth World Health Assembly and the 128th and 129th sessions of the WHO Executive Board
(RC64 provisional agenda item 6.1)
 - 3.2 Review of the draft provisional agenda of the 130th session of the WHO Executive Board (RC64 provisional agenda item 6.2)

- 3.3 Rules of Procedure of the WHO Regional Committee for South-East Asia for the nomination of the Regional Director
(RC64 provisional agenda item 6.3)
4. Special Programmes:
 - 4.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2011
(RC64 provisional agenda item 7.1)
 - 4.2 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 2011 and nomination of a member in place of Sri Lanka whose term expires on 31 December 2011
(RC64 provisional agenda item 7.2)
5. Items proposed by Member States in the Region for the Sixty-fourth Session of the Regional Committee: Sri Lanka, Thailand and India
6. Concluding session

Annex 2

List of participants

Bangladesh

H.E. Prof Dr Syed Modasser Ali
Adviser to the Hon'ble Prime Minister
on Health and Family Welfare and
Social Welfare Affairs

Prof Dr Shah Abdul Latif
Director
Medical Education
Directorate-General of Health Services
Ministry of Health and Family Welfare

Bhutan

Dr Ugen Dophu
Director
Department of Public Health
Ministry of Health

Mr Jayendra Sharma
Planning Officer
Planning and Policy Division
Ministry of Health

DPR Korea

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

Mr Ri Su Nam
Official (Interpreter)
Ministry of Public Health

India

Mr Keshav Desiraju
Additional Secretary (Health)
Ministry of Health and Family Welfare

Mr Sanjay Prasad
Director (International Health)
Ministry of Health and Family Welfare

Mr K. Srinidhi
Section Officer (International Health)
Ministry of Health and Family Welfare

Indonesia

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

Maldives

H.E. Mr Abdul Bari Abdulla
Minister of State for Health and Family
Ministry of Health and Family

Ms Aishath Samiya
Deputy Director
Ministry of Health and Family

Myanmar

Dr Saw Lwin
Deputy Director General (Disease Control)
Department of Health
Ministry of Health

Dr Kyaw Khaing
Deputy Director
International Health Division
Ministry of Health

Nepal

Dr Padam Bahadur Chand
Chief
Public Health Administration
Monitoring and Evaluation Division
Ministry of Health and Population

Dr B.K. Suvedi
Chief
Policy, Planning and International Cooperation
Division
Ministry of Health and Population

Sri Lanka

Dr Palitha G. Mahipala
Additional Secretary (Medical Services)
Ministry of Health

Dr D.R.K. Herath
Director
International Health
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 Phusit Prakongsai
Director
International Health Policy Programme
Bureau of Policy and Strategy
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

Ms Norbeta Belo
National Health Adviser
Ministry of Health

Ms Mindo Rajagukguk
National Health Adviser
Ministry of Health

WHO Secretariat

Secretary of the meeting

Dr Poonam Khetrpal Singh
Deputy Regional Director

Members

Dr Abdul Sattar Yoosuf
Assistant Regional Director

Ms Dianne Arnold
Director, Administration and Finance

Dr Jai P. Narain
Director
Department of Sustainable Development and
Healthy Environments

Dr Sangay Thinley
Director
Department of Communicable Diseases

Dr Monirul Islam
Director
Department of Family Health and Research

Dr Athula Kahandaliyanage
Director
Department of Health Systems Development

Dr N. Kumara Rai
Adviser to the Regional Director

Mr Bernard H. Chandra
Senior Management Adviser

Dr Thushara Fernando
Planning Officer

Mr James Lattimer
Programme Management Officer

Ms Valpuri E. Berg
Budget and Finance Officer

Mr J. Tuli
Ag. 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

This publication is the report of the High-Level Preparatory (HLP) Meeting for the Sixty-fourth 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-fourth Session of the WHO Regional Committee to be held in September 2011. During the meeting, the Regional Office staff members concerned made brief presentations and responded to issues considered during the discussions.

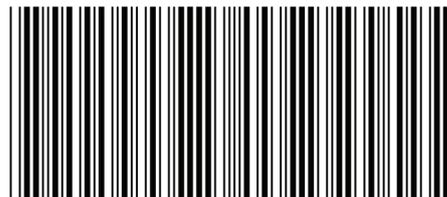
For each of the agenda items, the HLP meeting made observations and recommendations for consideration by the Sixty-fourth Session of the Regional Committee



**World Health
Organization**

Regional Office for South-East Asia

World Health House
Indraprastha Estate,
Mahatma Gandhi Marg,
New Delhi-110002, India



SEA-PDM-21