Sixty-third Meeting of the Regional Director with the WHO Representatives

Report of the Meeting
WHO-SEARO, New Delhi, 21-25 November 2011

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Annexes

1. Background

The Sixty-third Meeting of the Regional Director with the WHO Representatives (WRs) was held at the WHO Regional Office for South-East Asia, New Delhi, from 21 to 25 November 2011.

The Agenda and the List of Participants of the meeting are contained in Annexes 1 and 2 respectively.

This report presents the background and highlights of discussions on each agenda item along with major conclusions/action points for follow-up in countries and in the Regional Office.

2. Business session

2.1 Regional Director's opening remarks

Welcoming all the WRs, the Regional Director, Dr Samlee Plianbangchang reiterated that this meeting is an important internal meeting of WHO where WRs, senior staff and other staff members discuss the work of the Organization at the country level. WHO's work in Member countries is very important, he said. Therefore, the meeting would consider the current issues and challenges involved with a view to find solutions to move forward together.

The agenda of the meeting included the issues relating to the Programme Budget 2010-2011 and the Programme Budget 2012-2013, which needed special attention.

Dr Samlee pointed out that as far as the implementation of the Programme Budget 2010-2011 is concerned, it is very important to see how the biennium can be closed with complete implementation of the Budget made available during 2010-2011. It is also time to plan on how to tackle future challenges during the next biennium of 2012-2013 arising due to the 30% reduction of the Programme Budget.

The Regional Director stressed the need to define Office-Specific Expected Results (OSERs) for the next biennium that are commensurate with the available budget. Activities for the biennium 2012-2013 should be fewer and broad enough for the units and departments to work together.

The Regional Director laid emphasis on the need for a proper human resources plan to move forward in the next biennium. He pointed out that in view of the budgetary constraints adjustments would need to be made. Even though there is no plan to increase the number of staff members, it would be difficult to maintain existing staff due to lack of funds during the next biennium. There should be efficient use of Fixed-Term staff and temporary staff to supplement them. In the process of human resources planning, it is important to protect the Fixed-Term or Core Staff as much as possible. There should be good HR plans with scope for recruitment and utilization of international Professional staff based on need as well as availability of VC funds, particularly at the country level. If more VC funds are available, these can be used for recruitment of international Professional staff, the Regional Director said.

While planning the human resources for the next biennium, the Fixed-Term positions which would become vacant would be critically reviewed for their continuation. The funds thus made available would be kept in a pool to cover the deficit for core staff positions. Dr Samlee said that importance should be given to manage staff and resources available rather than staff-activity ratio.

Due to limitations in the Programme Budget during 2012-2013, APWs and DFCs, particularly where big amounts are involved, should be reviewed very carefully as they normally take up a lot of resources. Particular attention should be paid to WHO's normative work of providing information, knowledge and expertise. The Regional Director cautioned against direct technical support to technical programmes through APWs and DFCs, particularly those with a longer duration, extending beyond the biennium.

While issuing APWs to the contractors, it should be kept in mind that WHO is not a funding agency. WHO's technical inputs are more important to the Member States. Country offices should work together with headquarters and Regional Office to focus on WHO's normative work, the Regional Director said.

During the next biennium, in light of the financial situation, economy measures should be undertaken while implementing activities. Optimal ways to implement the Programme Budget must be adopted taking into consideration both cost-efficiency and cost-effectiveness. There is a need to review delegation of authority.

The Regional Director underlined the innovations adopted by the SEA Region in horizontal collaboration between countries. He stressed the need to enhance this collaboration so that technical expertise from one country can be shared with another.

It is important to note that for many bienniums, the new managerial framework for optimal use of WHO resources in direct support to the Member States has been in place. WRs have the authority to allocate or distribute the Budget and implement the Budget. Countries should be encouraged to come forward to inform WHO about what they need from the Organization.

Though the biennium 2012-2013 seemed very gloomy, the Regional Director said it would provide the opportunity to do something different to change the perspective of not only WHO but also of Member States.

The agenda item on mainstreaming gender, equity and human rights cannot be underestimated. It was not a new idea but how to do it was very important. However, there was a need to develop simple and straightforward Regional guidelines to move forward in implementing this strategy. In the process, we have to develop some kind of indicators or targets for monitoring of activities as we have to report back to headquarters, he added.

Another important item initiated in the Region was that the year 2012 be considered the year for intensification of routine immunization in the SEA Region. The rationale behind this movement in the countries of the Region is to increase the coverage of routine immunization by the end of 2012. The Regional Office is ready to support country offices in terms of developing national plans of action in this regard, he said.

The Regional Director pointed out that WRs were a special category of staff. They lead WHO's mission in the countries with full diplomatic privileges. WRs represent the Regional Director and Director-General for

WHO's work in the countries. Only the WRs have the privilege to use the title "WHO Representative", he reiterated.

While concluding his remarks, Dr Samlee wished the meeting all success.

2.2 Follow-up actions on the Sixty-second meeting of the Regional Director with the WHO Representatives held in SEARO in November 2010 *(agenda item 2.1)*

Background

This agenda item briefly reviewed the follow-up actions of the Sixty-second Meeting of the Regional Director with the WHO Representatives, held in November 2010. The actions were summarized by the major topics discussed at the meeting and were based on detailed reports received from WRs and Department Directors.

Discussion points

- When managing workplans, SEA Region countries still rely heavily on offline approvals before online approvals are sought. This involves duplication of work. SEARO encourages WCOs to overcome the double reporting practice. However, in some countries assistance is required to eliminate the parallel processes.
- The experience of online audit, which was completed in Timor-Leste, is encouraging. This audit system is being evaluated by WHO-HQ. However, the Regional Director expressed the opinion that in most cases it is best that the online audits are accompanied by in-site audit visits.
- WHO-HQ is responsible for arranging and managing orientation programmes for WRs. The opportunity provided to WRs to attend the Global WRs' meetings, every two years and their regular meetings with the Regional Director are part of these efforts. The SEA Region has also developed a competency-based orientation package for WRs.
- Over the past two years, WHO-HQ has been organizing a global induction programme for WRs. It is important that RO and HQ mechanisms and processes be well coordinated.

Major conclusions/action points

(1) WRs are encouraged to eliminate parallel online/offline processes with uploading of relevant documents in RMS. (**Action: WRs**)

(2) SEARO to disseminate details of regional WRs orientation programme among all WRs and CCG. (**Action: DAF**)

(3) CCO-HQ to work with Regional Offce to ensure proper interface between Regional and HQ initiatives on WRs trainings. (**Action: CCO-HQ/DAF**)

2.3 Highlights of the Sixty-fourth session of the Regional Committee and 29th Meeting of Health Ministers held in Jaipur, Rajasthan, India, in September 2011 (*agenda item 2.2*)

Background

The Twenty-ninth Meeting of Health Ministers (HMM) and the Sixty-fourth Session of the Regional Committee were held in Jaipur, Rajasthan, India, from 6 to 9 September 2011. The purpose of this agenda item was to brief WRs about the main outputs of the 29th HMM and the decisions and resolutions of the Sixty-fourth Session of the Regional Committee.

Discussion points

- The main outputs of the 29th HMM include: the Jaipur Declaration on Antimicrobial Resistance, Ten Key Messages on NCDs, and a decision to establish a mechanism for routine follow-up of all ministerial declarations.
- The decision to establish a mechanism for routine follow-up of ministerial declarations requires the Secretariat to put in place a reporting system to monitor the implementation of all five recent declarations (Dhaka, New Delhi, Kathmandu, Bangkok and Jaipur). As implementation of these declarations involves the Secretariat and Member States, the tracking system should include inputs from both. It was mentioned that such reporting systems are already in place for tracking of the Dhaka and Kathmandu declarations but are yet to be established for the other three declarations.

- The Sixty-fourth Session of the Regional Committee had resulted in seven Resolutions and two decisions. The two decisions were to confirm Indonesia as the host of the next Session of the Regional Committee in 2012, and to select "NCDs including mental health and neurological disorders" as the subject of technical discussions prior to the next Regional Committee. The seven Regional Committee resolutions included six substantive resolutions on: (1) Programme Budget 2012-2013, (2) Consideration of Recommendations arising from Technical Discussions on Strengthening of the Community-based Health Workforce, (3) 2012 Year of Intensification of Routine Immunization in South-East Asia, (4) Regional Nutritional Strategy, (5) National Essential Drug Policy including Rational use of Medicines, and (6) Regional Health Sector Strategy on HIV 2011-2015. The seventh resolution is the Resolution of Thanks.
- The Deputy Regional Director said Bangladesh had been nominated at the Regional Committee as a member of the Policy Coordination Committee (PCC) of the UNDP/UNFPA/World Bank Special Programme of Research, Development and Research Training in Reproductive Health, and further added that decisions on elective posts for the Executive Board and World Health Assembly had been taken at the HMM.
- The Regional Director pointed out that a Resolution should also have been put forward to express the Committee's approval of the Annual Report. It would be important to keep this in mind for Sixty-fifth Session of the Regional Committee.
- While the main onus of responsibility for implementation of ministerial declarations lies with ministers themselves, the Secretariat is expected to provide policy advice, technical support, advocacy and partnership building to assist Member States with implementation.

Major conclusions/action points

(1) WRs to assist Member States with implementation of RC Resolutions and Ministerial Declarations. (**Action: WCOs**)

(2) Regional Office to develop a mechanism to ensure tracking of implementation of all Ministerial Declarations. (**Action: PPC/ Concerned Technical Units**)

(3) The Secretariat of the Sixty-fifth Session of the Regional Committee to ensure that a resolution is put forward to express approval of the Biennial Report of the Regional Director. (**Action: DAF**)

2.4 Briefing on Special Session of the Executive Board on WHO reforms (*agenda item 2.3*)

Background

Nearly 100 Member States participated in the Special Session of the Executive Board on WHO reform held in November 2011, where strengthening of WHO's country performance and presence were accorded high priority.

The Director-General, Dr Margaret Chan, explained at the Special Session that while the scarcity of financial resources is not the main reason for reform, it was an important factor in stimulating long-awaited necessary reforms. The Director-General had also stressed that it was possible to implement reform without altering the scope of WHO's current mandate or Constitution.

The Special Session had quickly reached consensus on many of the reform proposals and insisted that reform should remain a Member State-driven process. Most divergent views which did emerge were related to the pace and timelines of the reform process.

Various decisions had been taken under the Programmes and Priority Setting, Governance and Managerial Reforms streams for which the Secretariat had been given a limited timeline for moving ahead and reporting back on progress ahead of the 130th Session of the Executive Board in January 2012.

Discussion points

- The Regional Director mentioned that the notion of Regional Committees reporting to the Executive Board had been floated as part of discussions on governance reform. This, he pointed out, would not be in accordance with the constitutional mandate of the Executive Board.

- Member States were in agreement that governance reform should not affect the regional specificity of WHO's governance structures, especially as Regional Committees played an important role in raising and addressing Region-specific issues.
- It was acknowledged by both the Director-General and Member States that the SEA Region is already setting good examples with regard to several areas of reform.

Major conclusions/action points

(1) The Special Session of the Executive Board has resulted in a considerable amount of reform-related work being assigned to the Secretariat within a very tight timeline.

(2) The SEA Region's inputs to the detailed workstream proposals and other papers are to be prepared ahead of the 130th Session of the Executive Board in January 2012. WRs and others providing inputs to such work were requested to bear this in mind. (**Action: DRD/PPC**)

(3) The papers being prepared for the 130th Session of the Executive Board would provide an update on progress and form the basis for broader discussions and decision-making at the Sixty-fifth World Health Assembly in May 2012. (**Action: DRD/PPC**)

2.5 Presentations and discussions on specific issues of importance *(agenda item 3)*

2.5.1 Programme Budget 2010-2011 *(agenda item 3.1)*

A. Implementation of PB 2010-2011

Background

This agenda item was intended to update WRs on the financial implementation, including the main lessons learnt during this biennium and the way forward into PB 2012-2013. At this late stage of the biennium, reasonable projections can be made on the level of financial implementation of this biennium. The implementation rate follows the trend set in the previous biennium which shows that SEA Region budget centres are unable to enhance performance during this biennium despite

an improved reporting structure. All country offices still have unspent balances on both AC and VC funds; however, several WRs still have plans to fully implement their AC balances before deadlines in December.

In addition to what is mentioned above, the main lessons learnt are:

- the uneven levels of financing for different countries and SOs.
- the lower resource mobilization rates of this biennium, and the need for more focused resource mobilization efforts.
- the budgetary constraints in biennium 2012-2013 that call for efficient cost-containment measures, especially within the SO13 area, including costs for running offices.

Discussion points

- In some countries (notably DPR Korea), a large percentage of AC funds are used for fellowships which take very long to implement, which is why AC balances remain on the country workplans till late in the biennium.
- The smaller WCOs are more affected by reductions in budgets and funding. Therefore, Regional Office support is needed in these countries to ensure funding for priority areas including office running costs and paying Core Staff salaries. Bhutan, DPR Korea, Maldives and Timor-Leste, for instance, need extra financial support.
- Horizontal collaboration and support between countries has been done effectively during the biennium and is further encouraged.

Major conclusions/action points

(1) All WRs need to focus their efforts to liquidate to the maximum extent possible the encumbrances. BFO to work together with WRs to enhance liquidation and to maximize spending of remaining balances. (**Action: WRs, BFO-SEARO**)

(2) WCOs should further expand their horizontal collaboration to support the respective countries based on their needs. (**Action: WCOs**)

(3) WCOs should only request for financial assistance from the Regional Office if no balances are available within their own Budget Centre.

BFO will explore the possibility of shifting funds within a Budget Centre first before seeking other possibilities to assist WCOs with additional funding. (**Action: WCOs, BFO-SEARO**)

(4) During the negotiation stage for new Voluntary Contributions, it is important to ensure that more flexibility is built into the terms of the agreement so that funds can be utilized across relevant SOs, and that full cost recovery is built into the agreement, including covering all staff costs related to the activity. (**Action: WCOs, Department Directors**)

B. Programme Budget Performance Assessment

Background

The main purpose of the Programme Budget Performance Assessment (PBPA) conducted at the end of each biennium is to assess the actual achievements of the Organization in relation to the Organization-Wide Expected Results (OWERs) stated in the Programme Budget. The principal basis for the assessment derives from the tracking of Office-Specific Expected Results (OSER), Regional Expected Results (RER) and OWER achievement values in relation to indicator target values established at the outset of the biennium. The consideration of product and service delivery and the use of progress (colour) ratings also form part of the assessment process. The PBPA also involves narrative reporting on key achievements, success factors, impediments, lessons learnt and the analysis of financial and human resources for each Strategic Objective.

Discussion points

- The meeting noted the purpose, responsibilities, process steps and timeline (15 December 2011) for the conduct of the 2010-2011 Programme Budget Performance Assessment.

Major conclusions/action points

(1) WRs to lead the PBPA process in their respective offices while respecting the established timeline. (**Action: WRs**)

(2) The Regional Office to condense the findings of the PBPA process as input for the global review and development of the Biennial Report of the Regional Director. (**Action: PPC-SEARO**)

2.5.2 Transition to 2012-2013 biennium *(agenda item 3.2)*

A. Operational Planning for PB 2012-2013

Background

The reduction of the Global Programme Budget for 2012-2013 biennium to US$ 3.95 billion has been recognized as a transitional step taken by the Organization to respond to financial austerity and to prepare for reforms being proposed. It reflects levels of implementation in 2008–2009, and takes into consideration the projections of total income and expenditure for the current biennium. Accordingly, the PB for the SEA Region for 2012-2013 has been reduced to US$ 384.2 million. While the level of Assessed Contributions to the SEA Region is at the same level, its distribution by SOs has forced the Region to manage expenditure within the prescribed SO-wise ceilings. SO 13 has faced a 25% reduction in Assessed Contribution funds.

The process of finalizing the operational planning for 2012-2013 and challenges foreseen in operationalizing them along with a brief analysis of country workplans (activity and HR) was presented.

Discussion points

- In the context of the reduced Programme Budget (PB), WHO should ensure that its work with Member States is confined to WHO's mandate. However, under exceptional circumstances WHO may get involved in operational processes.
- The Expected Results need to be in alignment with the country health challenges and needs, as well as the proposed inputs, especially human resources.
- WCOs should be more judicious about entering into too many APWs, DFCs, etc. unless their real impact in contributing to national health goals are clear.

- In a limited resource setting, ideally the resource management needs to be centralized within a Budget Centre. Management of HR plans will continue to be by the Regional Office. The savings of HR plans will be pooled at the Regional Office level with which countries will be further supported. It is necessary for WCOs and the Regional Office to work "as one" in the coming biennium.
- It is necessary for WHO to build stronger partnerships with the UN and other partners.
- The tight PB ceilings should not be a constraint in mobilizing resources. Based on evidence of receipt of more VC funds, SEARO will take necessary steps to enhance SO-wise ceilings for Budget Centres.
- The initiative taken by certain countries by enhancing "horizontal collaboration" is very welcome. However, there is a need to promote such collaboration during the early part of the biennium without waiting until the last quarter.
- In view of the reduced PB for SO13, all technical programmes should contribute to meeting the operational costs of the WCOs. Mechanisms and processes to facilitate such contributions are to be identified.
- Zero-cost activities may be included in the workplan if additional funding is expected.
- The Organization's policy on deployment of National Professional Officers needs to be made clear.

Major conclusions/action points

(1) WCOs to identify realistic expected results for the period 2012-2013 in the workplans. (**Action: WCOs**)

(2) An information circular/regional policy on deployment/recruitment of NPOs to be disseminated. (**Action: DAF**)

(3) Develop/identify mechanisms and processes to recover part of the administrative costs from technical programmes. (**Action: DAF/BFO**)

B. *Human resource plans of WCOs: Aligning with resources and priority global expected results*

Background

WRs were requested to make presentations on how the proposed country collaborative programmes would contribute to the Organization-Wide Expected Results (OWERs) for 2012-2013 biennium and how they would organize their offices, including staff, within the Programme Budget for 2012-2013 to achieve the expected results in line with the available financial resources.

Each country presentation was followed by discussions.

Discussion points

- Certain countries, especially those that are smaller, are affected in terms of resource mobilization. They are deprived of adequate Programme Budget/resources necessary to deploy the desired level of technical staff.
- WCOs in the Region are practising "horizontal collaboration" to assist each other, technically and financially.
- Countries need to bring their experts and national health institutions together to ensure synergies in health system development.
- Country offices should ensure adequate levels of human resources with appropriate technical and administrative capacity to ensure that WHO's collaborative programme is implemented effectively and efficiently.
- Almost all Budget Centres are facing tight budget ceilings. However, depending upon the availability of resources, the Regional Office will help Budget Centres to enhance the respective budget ceilings.
- Different mechanisms are being used by WCOs to enhance capacity-building of national offices. Some are more cost-efficient, e.g. when compared with the "fellowship" mechanism.

(Detailed country-wise discussion points are at Annex 3)

Major conclusions/action points

(1) The Regional Office is to maintain the practice of providing special assistance for smaller countries in terms of resource mobilization and technical backstopping. (**Action: DRD, Department Directors, ERC)**

(2) WCOs are encouraged to further expand and intensify "horizontal collaboration" with special emphasis on countries and WCOs with greater need. (**Action: WCOs**)

(3) WCOs to further assist governments to coordinate and collaborate activities among national health institutions and national experts by bringing them together. (**Action: WCOs**)

(4) The Regional Office to support WCOs in re-profiling of staff as per short-term and long-term needs. (**Action: DAF/RPO**)

(5) Depending on income levels, Regional Office to take necessary action to enhance budget ceilings of WCOs as and when necessary. (**Action: PPC, BFO**)

(6) In order to reduce costs of arranging fellowships as part of capacity-building, other mechanisms such as DFCs may be used. However, in such a case, the country offices are to analyze the cost savings as evidence with the help of country liaison officers. (**Action: WCOs**)

2.5.3 Mainstreaming gender, equity and human rights in the work of WHO *(agenda item 3.3)*

Background

The Director-General has decided to prioritize the mainstreaming of gender, equity and human rights (GER) in the work of WHO. The paper on the mainstreaming of gender, equity and human rights proposes a synergistic business approach to the institutional mainstreaming of the same at all levels of WHO. It is expected that the mainstreaming will enhance efficiency and effectiveness in support of WHO reform objectives, and create learning opportunities relevant to future mainstreaming of other organizational priorities.

Successful mainstreaming of GER in the work of WHO would allow for:

- A coherent and powerful integration of the core values of the Organization, and alignment of WHO's work on these values with other UN organizations (in particular UNIFEM and the HR Council).
- The incorporation of core components of GER in WHO's work in all policies and programmes, and the estimation of impact and research.
- The creation and enhancement of a corporate attitude, behaviour and practise that is unifying.
- An engagement in a collective effort geared to generate greater impact of individual programmes.
- A comprehensive and combined set of principles, standards, methods and tools conducive to increased literacy of WHO staff on these values and skills in order to incorporate them in strategic planning.

The Regional Director has established a Task Force on Mainstreaming Gender, Equity and Human rights in the work of WHO/SEARO. The Task Force will support, coordinate and facilitate GER mainstreaming in the work of all departments and country offices.

Discussion points

- Mainstreaming of GER is not new for WHO. WHO at the regional and country levels has carried out various technical and administrative activities in relation to GER. However, the impact of this work is not very evident.
- In responding to the Director-General's policy there is an urgent need to systematize the values of gender, equity and human rights in WHO's work.
- GER is context-specific (cultural, social, norms, political), which needs to be taken into consideration during mainstreaming.
- WHO's work towards universal coverage is geared to addressing GER.
- Gender-based violence has been increasing in some SEA Region countries.

- WHO can build national capacity for reporting on CRC and CEDAW.
- There is a need for more concrete evidence to generate political will and commitment in this area.
- Some WRs have established, or propose to set up, groups to provide oversight services to GER in all programmes of work.
- Capacity-building on GER is needed for staff in SEARO as well as WCOs.
- Primary health care embodies the principles of GER. There is a need to document how PHC-based health systems have addressed GER in practice.
- Clarity is needed as to what WCOs can do in practical terms to incorporate GER in their work on "how to move forward". Examples of how to mainstream GER would increase better understanding.
- Capacity development for WHO staff on human-rights based approaches in WHO programming is ongoing.

Major conclusions/action points

(1) The Regional Office will document work of the Regional Office and country offices on GER in the SEA Region. WRs to share information with SEARO. (**Action: RO Task Force, WRs**)

(2) GER to be reflected in workplans for 2012-2013 and simple practical indicators for monitoring and reporting are to be developed. (**Action: All Budget Centres**)

(3) Work towards advocacy/awareness generation for GER in national programmes. (**Action: WRs**)

(4) Generate evidence /research in GER. (**Action: WRs, RO Task Force**)

(5) SEARO to organize workshop for staff to achieve clarity on what we can do for GER mainstreaming in practical terms. (**Action: RO Task Force**)

(6) Training on gender-based, equity-based and rights-based approaches to be organized. (**Action: RO Task Force**)

(7) Samples of workplans illustrating good integration of gender, equity and rights aspects in WHO's work to be developed and shared. (**Action: RO Task Force**)

2.5.4 Implementation of intensification of routine immunization
(agenda item 3.4)

Background

Significant progress has been made in protecting the children in countries of the WHO South-East Asia Region against vaccine-preventable diseases. The Global Immunization Vision Strategy (GIVS) adopted at the Fifty-eighth World Health Assembly envisages achieving 90% DTP3 coverage at the national level and 80% coverage at the district level by Member States. Global DTP3 coverage in 2010 was 85%.

It has been identified that the major factors contributing to inadequate vaccine coverage in the Region are inadequate access, inadequate resources (human and financial resources, vaccines and supplies), and poor management of immunization services, i.e. in simple terms inadequate or weak health system performance.

In order to intensify routine immunization coverage and to ensure that this is sustained and increased in the South-East Asia Region for BCG, DTP, polio and measles, the four basic antigens, a High-Level Ministerial (HLM) Meeting was organized on "Increasing and Sustaining Immunization Coverage in the South-East Asia Region" in New Delhi on 2 August 2011. The meeting endorsed the "Delhi Call for Action for Intensification of Routine Immunization".

The Sixty-fourth Session of the Regional Committee for South-East Asia convened in September 2011 in Jaipur, India, considered the deliberations of the High-Level Ministerial Meeting and the framework for increasing and sustaining immunization coverage developed by SEARO. The Regional Committee passed a resolution urging Member States to declare 2012 as the Year of Intensification of Routine Immunization, while agreeing to implement, mobilize and allocate the resources needed to successfully overcome the challenges in increasing the said coverage.

Discussion points

- Some countries do not clearly recognize the importance of increasing and sustaining high routine immunization coverage. In order to maintain the achievements in polio eradication and measles elimination, it is necessary to sustain the efforts towards high routine immunization coverage.
- The degree of political commitment for intensifying routine immunization was apparent at the High-Level Ministerial Meeting and at the Regional Committee meeting. There is a clear focus on what needs to be achieved during the year in 2012.
- Regional, national and sub-national level benchmarks and targets need to be identified for measuring the success of intensifying routine immunization at the end of 2012.
- Bilateral country cooperation is important for supporting countries and sharing experiences.
- GAVI HSS funding is available and should be used to support systems strengthening that finally relate to strengthening of immunization services (i.e., surveillance, logistics and monitoring and evaluation).
- It is very important to understand how the activities related to the Decade of Vaccines can be used to intensify routine immunization in the SEA Region.
- In addition to the six diseases covered by EPI, Member States should be supported for increasing and sustaining coverage of all routine immunization antigens in their respective schedules.

Major conclusions/action points

(1) Determine realistic goals and benchmarks for routine immunization for each country at the national and subnational levels to be achieved in 2012. (**Action: FHR/IVD**)

(2) Ensure that GAVI-HSS funds are used for health system strengthening activities that will have a positive impact on immunization programmes. (**Action: FHR/IVD**)

2.5.5 Better networking among Centres of Excellence: Mobilization of experts/rosters *(agenda item 3.5)*

Background

Networking among centres of excellence and mobilization of experts/rosters was on the agenda of a previous WRs' meeting. As a result, the development of a compendium of national expertise is underway. To develop country capacity and mobilize the required technical expertise, WHO-SEARO has initiated the establishment of various networks, e.g. SEAPHEIN, the Medical Councils Network, etc. and made continuous efforts to develop and share the roster of experts in technical areas. A Regional Meeting on Centres of Expertise in Tropical Diseases was held on 28-30 November 2011 with the aim to develop a network of centres/institutes having expertise in the area (both communicable and noncommunicable) and provide a platform to work collaboratively in dealing with the prevalent tropical diseases both at the regional as well as country levels. A mapping exercise has already been carried out in some Member countries to facilitate it. Information on various experts are available in the mapped institutes as well as from the Network of WHO CCs and Centres of Expertise in Thailand (NEWCCET).

Further, many technical units in the Regional Office have developed rosters of experts in their areas which are also used for the recruitment of consultants and temporary international professionals. Efforts are being made to improve the rosters and make them available online and also link them with HQ so that the information can be shared by those interested.

Discussion points

- There is a wealth of centres of expertise and experts in the Region. However, effective and efficient collaboration and cooperation remain a challenge.
- Networking of centres of expertise at the national as well as regional levels is crucial in country capacity development and addressing the priority concerns of Member countries and WHO as they provide the right platform.

- The need for an appropriate mechanism for developing a roster of experts was considered crucial in providing quality and timely technical support in the different areas of expertise.
- Technical departments should have a regional roster in the respective areas which may also include global experts. Rosters need to be maintained at the national level as well. The inventory of expertise which was initiated at a discussion at an earlier meeting with WRs should be completed.
- Rosters have played an important role in fast-tracking recruitment in the Organization, particularly of the Temporary International Professionals.
- At the global level it is considered sensitive to share the roster of experts because of various legal implications.
- Rosters need to be updated to be useful. Additional efforts are required to ensure that experts of repute are included in these rosters.

Major conclusions/action points

(1) The initiatives made in networking need to be sustained and new initiatives such as networking of centres of expertise in tropical diseases made operational. This needs to be carried forward, most importantly, at the national level in some countries. (**Action: CDS, WCOs**)

(2) The mapping exercises of institutes/centres should be undertaken both at the regional and global level and linked online to ensure quick recruitment of experts. (**Action: All Directors, WCOs, IMD**)

(3) All technical departments and units should have comprehensive rosters of experts for regional use while the Regional Office will contribute to the compendium of national experts. The rosters should give due importance to the field of expertise, particularly public health areas such as epidemiology, surveillance, etc. (**Action: All Directors, IMD**)

(4) Country offices as well as Units in the Regional Office should have access to the rosters online so that they can be accessed efficiently. (**Action: DAF/RPO**)

2.5.6 Regional Strategy for Universal Health Coverage: Way forward
(Agenda 3.6)

Background

The presentation highlighted the background to the request from Member States for a Regional Strategy on Universal Health Coverage (UHC) along with the key areas for revision which were proposed at the Sixty-fourth Session of the Regional Committee in September 2011. These were: (1) inclusion of a SEA Region country situation analysis and international experiences to convert the Strategy into a practical guide, (2) key links between financing with other health systems areas, particularly medicines, and (3) assessment of purchases and the balance between resources raised and how they are used, e.g. balance between public health (primary prevention/health promotion) and medical care (curative and rehabilitative care).

The areas requested to be retained in the strategy document are the primary health care basis and the three strategic directions – link to national health policy and plan; equitable health financing mechanisms; and monitoring and evaluation.

Discussion points

- The importance of examining health financing beyond care/services to include system linkages was flagged.
- Member States had exercised their prerogative to request SEARO for a revision of the Strategy. It was important to examine the balance between public health and medical care.
- The Regional Director emphasized that "universal coverage" was simply a more"'palatable" rephrasing of Health For All – the principles to achieve UHC remain those of PHC and the issue is that countries emphasize health-care financing i.e. curative care rather than primary prevention/health promotion.

Major conclusions/action points

(1) To emphasize the critical importance of the PHC approach in development of Universal Health Coverage in the Regional Strategy. (**Action: HSD/HCF**)

(2) To examine the (im)balance in financing of public health and medical care and highlight ways to correct this as key to UHC in the Regional Strategy. (**Action: HSD/HCF**)

2.5.7 UN High-Level Declaration on NCDs: Way forward

(Agenda 3.7)

Background

The growing health and development challenges posed by noncommunicable diseases (NCDs) in low-and middle-income countries are being extensively recognized. Eight million people die of NCDs each year in the South-East Asia Region of WHO – 34% of these deaths occur in adults below 60 years of age. Over the decade, NCD-related deaths will increase by 21% in the Region, whereas those caused by communicable diseases are projected to decline by 16%. NCDs are largely preventable.

The Heads of States and Governments and representatives of States and Governments, assembled at the United Nations in September 2011 to address the prevention and control of NCDs worldwide, with a particular focus on developmental challenges and social and economic implications, particularly in the context of developing countries. The SEA Region has contributed towards the High-level Meeting (HLM) with 10 key messages developed at the regional consultation and endorsed by the ministers of health of countries of the SEA Region at the 29th Health Ministers' Meeting. The UN General Assembly has adopted a resolution on Political Declaration on the Prevention and Control of NCDs. The paper presented by the NCD unit proposed a way forward on UN High-level declaration.

Discussion points

- WHO features prominently in the Political Declaration of the UN HLM and has a crucial role to play in its implementation.
- Enhanced visibility of NCDs should translate to strengthened NCD programmes that promote public health approaches and deliver strategic NCD interventions that have limited number of measurable and realistic indicators and targets.
- Multisectoral action on causes of NCDs with application of policy, fiscal, regulatory, legislative and other existing public health

intervention options should become the primary pathway of action in the SEA Region.

- The Private sector may be engaged in addressing the drivers of NCDs such as market forces and socioeconomic determinants. There are positive examples of engaging the private sector in Europe where voluntary salt and sugar reduction by private industry has been achieved with some success.
- Lessons from HIV/AIDS, TB and other programmes are to be applied on putting services and systems in place for chronic care, social mobilization and engagement of civil society, increasing access to essential and affordable drugs through reduction in prices, and setting up drug procurement and supply chains for increasing access to NCD drugs.
- The national summit in India that focused on universal coverage for NCDs highlighted the need to strengthen primary health care-based services for people with NCDs.

Major conclusions/action points

(1) There is a need to strengthen resource mobilization efforts, reinforce WHO country offices and intensify WHO technical assistance to Member countries with a focus on commitments made in the Political Declaration UN HLM. (**Action: SDE/NCD, WCOs**)

(2) Priority is to be given to promotion and coordination of multisectoral action on socioeconomic and other determinants of NCDs (support in policy development, technical inputs, sharing experiences, facilitation of coordinating mechanisms). (**Action: SDE/NCD, WCOs**)

(3) As WHO planning and follow-up action on the UN Political Declaration is adopting a bottom-up approach, SEARO should organize as soon as possible a post-HLM regional consultation on NCDs. WR Sri Lanka has proposed Colombo as the venue. (**Action: SDE/NCD**)

(4) There is a need to document success stories in multisectoral action addressing NCDs as well as experiences in implementing essential NCD interventions at the PHC level (PEN pilot projects) in Member countries of the SEA Region. (**Action: WCOs, SDE/NCD**)

(5) All WCOs and the RO should collectively contribute to the implementation of the action plan in controlling NCDs. (**Action: WCOs, RO**)

2.5.8 MDG Acceleration Framework (MAF) *(agenda item 3.8)*

Background

The MDG Acceleration Framework (MAF) has been designed to ensure allocation of all resources to MDG acceleration to address off-track MDGs. The presentation highlighted aspects such as how MAF was developed by UNDP as one of the components of the MDG Breakthrough Strategy in collaboration with other UN agencies, its pilot and its endorsement by the MDG Summit in 2010. The presentation also briefly covered what exactly MAF is, the systematic steps for its development and its relation to other development strategies and processes. The role of the government and UNRC, other stakeholders, including that of WHO, in the development of MAF was also highlighted. It was specifically emphasized that MAF must be owned by the government demonstrating its political commitment and willingness to have it and UNRC would play the leadership and coordinating role in this.

Discussion points

- It was revealed that MAF would be extended to Nepal in certain MDGs. However, there is a feeling in other countries that there is no need for having another new framework such as MAF as the governments there are already focusing on achieving the MDGs by 2015 and MAF can be seen as an additional burden. It was also suggested that if there is any MAF in any country this should be linked to the existing UNDAF process.

Major conclusions/action points

(1) WCOs may follow up any development in MDG Acceleration Framework in their respective countries and where needed may appropriately consider associating with the UNRC system, including participation in a workshop on MDG Acceleration Framework to identify off-track health MDGs. (**Action: WCOs**)

2.5.9 New UNDAF *(agenda item 3.9)*

Background

The UNDAF articulates the collective strategic response of the United Nations System to national development priorities and needs. It is regarded as a practical and flexible tool for identifying and achieving the joint contribution of UN agencies to national development priorities.

The UNDAF Guidelines for UN Country Teams have been revised on several occasions, the last of which was in January 2010. The UNDAF Guidelines were developed to allow UNCTs to simplify the UNDAF process and to benefit from lessons learnt from "Delivering as One" pilots and other self-starter countries.

Maldives, Indonesia, DPR Korea (UNSF), Thailand, Bangladesh and India have developed UNDAF using the new guidelines. Myanmar (UNSF) Nepal and Sri Lanka are expected to sign UNDAF in 2012 during which time Bhutan and Timor-Leste will be UNDAF roll-out countries.

WHO's work in and with countries is aligned with national development strategies, policies and plans through the Country Cooperation Strategy (CCS) mechanism, and harmonized with the UN system in the context of the UNDAF.

WHO may use the CCS to engage in shaping the health dimension of the UNDAF as well as align an effective UN system contribution to the national health policies, strategies and plans. It is important to ensure that the health dimension of the UNDAF is explicitly reflected in the UNDAF Results Matrix, preferably as "UNDAF Outcomes".

Regional support is available to WCOs engaging in the UNDAF development process through SEARO as well as the UNDGG-AP through the Quality Support and Assurance (QSA) system provided by the Peer Support Group (PSG).

The UNDAF development process in Maldives was highlighted as a good example of an inclusive and strategic response of the UN system and its partners based on the comparative advantages of the UN System.

Discussion points

- The Regional Director provided a detailed review of the history of UN Reform since the passage of the United Nations General Assembly Resolution 44-211 on the Reform of Operational Activities of the UN System. Subsequent resolutions have since been passed dealing with the Common Country Assessment (CCA) and on the UNDAF, which has become the main tool for UN reform. He pointed out that the UN Charter and treaties of UN Specialized Agencies are key constraints to the vision of achieving one UN premises, one leader, one Budget and one Programme. In the Regional Director's opinion until such time as there is agreement on one leadership structure and common reporting, the concept of delivering as one will continue to be unlikely. If financing is expected to come to the UNCT through the UNDAF, WHO should participate actively. WRs should then move ahead with the new UNDAF at their own discretion.

- India's experience with the new UNDAF process was cited as an illustration of the flexibility of the new UNDAF process. The India UNCT had deviated from the guidance materials and agreed to concentrate on common points of integration among agencies who decided to formulate the UNDAF as a Development Action Framework rather than a Development Assistance Framework. Through this approach WHO would be involved in four of the six agreed UNDAF Outcomes.

- Similarly, the Indonesian experience in developing a UN Partnership Development Framework (UNPAF) rather than a traditional UNDAF was cited.

Major conclusions/action points

(1) WRs in UNDAF roll-out countries to use their discretion in engaging with the UNDAF process within WHO's constitutional mandate and to exploit its enhanced flexibility. Where resources are expected to be mobilized through the UNDAF, it is especially important to engage at an appropriate level. (**Action: WRs**)

(2) As the UNDAF, and the UNDAF Action Plan in particular, provide an opportunity for UNCT joint resource mobilization efforts, WHO Teams should ensure that their products and services which

contribute to UNDAF outputs are costed and funding gaps are reflected in UNCT joint resource mobilization efforts. (**Action: WRs**)

(3) WHO to continue to engage strategically in the UNDG-AP and the Peer Support Group. (**Action: WCOs, RO**)

2.6 Individual meetings of WRs with Technical Units on pre-arranged topics *(agenda item 4)*

The follow-up action points, mutually agreed between each Technical Unit and WR(s) during the individual meetings, will be consolidated by the respective Technical Units/Regional Advisers and will be shared with the WRs directly.

3. Closing session

The draft conclusions and action points emerging from the meeting were reviewed at the Closing Session.

Concluding remarks by the Regional Director

In his concluding remarks, the Regional Director said that the meeting had very productive discussions with many conclusions and action points emerging for implementation.

The Regional Director again emphasized the need to work together to focus on WHO's work at the country level. In order to strengthen country capacity and improve the health status of the people in the countries, WHO has to work with other partners, UN agencies, NGOs and INGOs. WHO has the comparative advantage in terms of providing technical knowhow and expertise in the field of health at the country level. In this regard, there is a need to strengthen the network of WHO collaborating centres. However, he appreciated that WHO retains strong capacity to mobilize expertise globally in the field of health.

While concluding, Dr Samlee thanked all WRs and participants and other staff of the Regional Office for their active participation in the meeting.

Annex 1

Agenda

1. Opening

2. Follow-up actions and highlights of important meetings:

   2.1 Follow-up actions on the Sixty-second meeting of the Regional Director with the WHO Representatives held in SEARO in November 2010

   2.2 Highlights of the Sixty-fourth session of the Regional Committee and 29th Meeting of Health Ministers held in Jaipur, Rajasthan, India in September 2011

   2.3 Briefing on Special Session of the Executive Board on WHO reforms

3. Presentations and discussions on specific topics of importance:

   3.1 Programme Budget 2010-2011

   - Implementation of PB 2010-2011
   - Programme Budget Performance Assessment

   3.2 Transition to 2012-2013 biennium

   - Operational Planning for PB 2012 2013
   - Human resource plans of WCOs: Aligning with resources and priority global expected results

   3.3 Mainstreaming Gender, Equity and Human Rights in the work of WHO

   3.4 Implementation of intensification of routine immunization

   3.5 Better networking among Centres of Excellence: Mobilization of experts/rosters

   3.6 Regional Strategy for Universal Health Coverage: Way forward

   3.7 UN High-Level Declaration on NCDs: Way forward

   3.8 MDG Acceleration Framework (MAF)

   3.9 New UNDAF

4. Individual meetings of WRs with technical units on pre-arranged topics (by appointment only)

5. Meeting with Executive Management

6. Meeting with the Executive Committee of the Staff Association

7. Closing

Annex 2

List of participants

WHO Representatives

Dr Arun B. Thapa
Acting WHO Representative to Bangladesh

Dr Nani Nair
WHO Representative to Bhutan

Dr Yonas Tegegn
WHO Representative to DPR Korea

Dr Nata Menabde
WHO Representative to India

Dr Khanchit Limpakarnjanarat
WHO Representative to Indonesia

Dr Akjemal Magtymova
WHO Representative to Maldives

Dr H.S.B. Tennakoon
WHO Representative to Myanmar

Dr Lin Aung
WHO Representative to Nepal

Dr Firdosi R. Mehta
WHO Representative to Sri Lanka

Dr Jorge M. Luna
WHO Representative to Timor-Leste

WHO-HQ

Dr Marie-Andrée Romisch-Diouf
Director
Department of Country Focus (CCO)

Resource Person

Dr Olavi Elo
Former WR India

Secretariat

Dr Poonam Khetrapal Singh
Deputy Regional Director -
Director, Programme Management

Ms Dianne Arnold
Director, Administration and Finance

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

Dr Quazi Monirul Islam
Director
Department of Family Health and Research

Dr Sangay Thinley
Director
Department of Communicable Diseases

Dr Athula Kahandaliyanage
Director
Department of Health Systems Development

Dr Abdul Sattar Yoosuf
Assistant Regional Director

Dr N. Kumara Rai
Adviser to Regional Director

Dr Khalilur Rahman
Coordinator
ESCAP & Inter-Agency Coordination

Dr Thushara Fernando
Planning Officer

Mr James Lattimer
Programme Management Officer

Ms Valpuri E. Berg
Budget and Finance Officer

Dr Nihal Abeysinghe
Regional Adviser
Vaccine Preventable Diseases

Dr Jerzy Leowski
Regional Adviser (J)
Noncommunicable Diseases

Dr Renu Garg
Regional Adviser (R)
Noncommunicable Diseases

Dr Alaka Singh
Regional Adviser
Health Care Financing

Dr Sudhansh Malhotra
Regional Adviser
Primary and Community Health Care

Dr Prakin Suchaxaya
Regional Adviser
Nursing and Midwifery

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

Detailed country-wise discussions on human resource plans of WCOs: Aligning with resources and priority global expected results

Bangladesh

- Consolidation of 17 proposals into six programmes. There will be a 30% reduction in the number of expected results.
- The ratio between staff cost and activity cost is 32% and 68% respectively for AC and VC funds combined. This represents a 8% increase from the previous biennium, and is mostly due to conversion of SSAs to Temporary National Professional (TNPs) and Temporary General Service Staff.
- While 17 long-term positions will be abolished, the number of temporary staff will increase by 28%.
- Efforts have been made to streamline the programme, rationalize the budget and streamline programme management. Staff requirements have been matched to priority activities.
- Nonetheless, a staff re-profiling exercise, as early as possible, will further contribute to effective programme management, implementation and monitoring.

Bhutan

- Being a small country office with a small operating budget, it is critical to streamline and focus on key programme areas.
- Need to continue to rely heavily on the Regional Office for technical, financial, and administrative support.
- Bhutan continues to be a priority country for support by the Regional Office and has benefited immensely. Considerable AC and VC resources have been allocated for many areas. While this is greatly

appreciated by the Government, these are not properly reflected and accounted in reporting as outcomes/achievements at country level.

- There is a difficulty in raising resources given change in status from LIC to LMIC country.
- UNDAF roll-out: WHO-SEARO will be the CA for Bhutan: WCO will engage as part of the UNCT.
- The support from other WCOs should be continued through horizontal collaboration in technical, administrative and managerial areas.
- WCO will proactively engage in resource mobilization both for the health sector and for WHO work in the country during 2012.
- WCO may continue to use the DFC mechanism for national staff development – in this context, (1) document WHO inputs in selecting appropriate institutions and training package/content and (2) document savings as a result of the use of DFC for wider use of this mechanism in the future.

DPR Korea

- The financial and technical support received from SEARO and WCOs of India and Nepal contributed to the relative success of the PB 10-11 implementation and it is well appreciated. The WCO work during 2010-11 was heavily inclined towards supply of commodities and all efforts are being made to shift to capacity building and normative work during the 2012-13 biennium.
- The proposed expected results for PB 2012-2013 have been formulated with further emphasis on strategic priorities spelled out in WHO CCS (2009–2013) and National MTSP (2010-2015). For the next biennium, the numbers of Office-Specific Expected Results have been reduced from 96 to 24.
- In an effort to align the WCO to address the expected results a "re-profiling" exercise was conducted for government-seconded staff and performance monitoring system and SDL activities are planned to start from January 2012.
- Looking at the budgeting aspect of the PB 2012-2013, AC funding in SO 13 remains a problem. Moreover, budget ceilings will pose a

challenge in SO 02, SO 05, SO 10, SO 12 and SO 13 to sustain the WHO agenda in DPR Korea.

- The HR in WCO is based on a team-based and project management approach. For 2012-13, one position of Medical Officer will be "sunset" while one other position for a Planning Officer will be proposed from VC funding.
- Availability of resources due to various reasons including the geo-political dynamics of the Region has been a major constraint to align and implement the Country Office's expected results during 2010-11. Resource mobilization in DPR Korea is greatly influenced by the global and geo-political situation in the Region. The situation seems to have improved recently.
- The issue of budget ceiling to be addressed by the Regional Office as and when necessary. Moreover, depending on the individual case "ceiling trading" across countries to be considered.
- Further support from the Regional Office is needed to re-profile the staff in the WCO.

India

- The Regional Director has emphasized that India is one of the countries in the Region (another being Thailand) that does not need WHO's financial resources as such, and, perhaps, has its own technical expertise and capacity. However, it can still substantially benefit from WHO's technical excellence and convening power to facilitate mobilization of such expertise inside the country and beyond. Collaboration within the area of nutrition could be one such example of mobilizing and networking country-based expertise.
- Poor formulation of OSERs (unachievable) and Indicators (immeasurable) under 2010-11 WCO-India workplan is explained by the broad CCS priority formulations and dynamics of collaboration with the government in the past – mainly non-proactive WHO response to non-coordinated and poorly aligned (in strategic terms) proposals from various players.
- The new CCS 2012-17 will change this approach by focusing on a few, clear priorities, disengaging from budget support and cash-transfer activities, boosting technical expertise and capacity in WCO,

including international staff numbers, strengthening enabling functions such as communications, external relations, monitoring and evaluation and other means.

- Extending and strengthening WHO's presence at sub-national level could be an important way of addressing public health needs at state level.
- India's role in global health goes beyond BRICS countries. WHO-India's emphasis will not be so much on mobilizing additional resources for WHO but more on proper management of both financial resources and of technical expertise available in the country and beyond, including facilitation of centres of excellence in India through creating platforms for institutions and experts to work together.
- Intersectoral collaboration shall become an important mechanism in implementing the next CCS as there is a significant scope for stronger impact in a number of cross-cutting areas.
- Enhanced communication capacity is also required in WCO to reach out in this vast country with decentralized health sector responsibility and a very strong civil society capacity.
- The direction of major change being put in place in WCO India (workplans, human resource plans, organizational structure and increased presence across the country) as a response to India's new CCS 2012-17 is encouraged and fully supported by the Regional Director and the Deputy Regional Director as a new way of addressing the country's changing needs and realities. Implementing this will require strong collaboration with the Government of India.

Indonesia

- WCO Indonesia has re-prioritized and re-configured its entire human resources component. The renewed strategic agenda of WHO's country cooperation strategy for Indonesia is guided by re-prioritization.
- The above was critical given a total overall budget ceiling (both AC and VC) of US$ 32.75 million compared to the original programmed total of US$ 40.5 million.

- Attempts are continuing to promote intersectoral collaboration between technical units and to share resources within a common implementation framework. Another coping mechanism is to share staff cost between AC and VC where commitment of VC is likely.
- Thirty programme budget ceilings are too many, too complicated to manage efficiently. Can the number of ceilings be reduced?
- Some live awards, i.e. resources already mobilized and live in the GSM system, are not yet accommodated by the budget ceilings, especially in SO4 VC. Additional PB allocation is necessary to do so.
- WCO may seek volunteers or experts (seconded) in important areas such as health care finance, EPI, etc.

Maldives

- WCO PB 2012-2013 ceiling decreased from $3.44 million in 2010-2011 to $2.994 million; HR costs as a proportion to PB increased subsequently from 45% to 48%;
- Importance of providing technical as well as financial assistance to WCO programmes in Maldives through various modalities, include:
  - regional (SEARO, horizontal collaboration),
  - intra-regional, e.g. including Maldives into the Small Island Countries Network of WPRO or PAHO opportunities considering the commonalities of the countries' economies and context. Similarly, an interest was expressed by the Health Minister for WHO to assist in connecting with small island countries to share and learn from each others' experiences.
  - Funding and technical opportunities through SAARC, considering the country's active involvement and membership.
- WHO CCS's agenda and focus on WHO's role as a convener in health has been commended.
- SEARO is assisting Maldives in conducting a Health Financing meeting to be held during 14-15 December 2011 which will give a platform for greater policy engagement in issues related to health financing and universal access to health services.

- Small countries have challenges to sustain their achievements in health and development. While traditionally small countries are dependant on imports and foreign development assistance, the recent transition of small countries (e.g. Bhutan, Maldives) to middle-income economic status poses challenges for resource mobilization.
- WCO Maldives to work through UNCT locally and directly with the key focal persons in the Government of Maldives to seek resources from SAARC to support health programmes. WR Nepal will also approach SAARC for their interest in heath and possibilities for small countries in the Region, such as Maldives and Bhutan.
- SEARO's should continue to give priority attention to provide and mobilize all possible support to the small country offices.

Myanmar

- Myanmar has developed its resource mobilization action plan and it will be updated in 2012.
- Capacity building on "resource mobilization" conducted in Myanmar was very useful and very timely.
- More resources are expected in the next biennium specially for SO1 (EPI/IVD), SO2 (HIV/Malaria/TB), SO4 (MCH) and SO10 (health system development). Other technical areas will have difficulties in achieving the expected target of resource mobilization.
- Myanmar has recognized the need to look into the aspect of prioritization, close monitoring and efficient use of human and financial resources in order to convert inputs into results.
- The country needs to further strengthen capacity at national and sub-national level on different technical and managerial aspects.
- The country needs SEARO assistance in :(a) conducting incountry workshops; (b) timeliness of resource availability and release; (c) building staff competency; and (d) streamlining technical support.

Nepal

- New CCS 2012-2015 which is fully in line with Nepal's Health Sector Programme (NHSP-2) is under finalization. Workplans for 2012-2013

were developed along the lines of CCS formulation. Six strategic priorities for new CCS cycle had been identified with national programme managers and External Development Partners.

- On workplans for 2012-2013, in order to stay within the budget ceilings, WCO Nepal has adjusted budgets for SO1 and SO2 as a temporary measure. However, the revision of the ceiling needs to be addressed as soon as possible to accommodate budget space for these two SOs. Issues related to ceilings in SO1 should be given high importance as measles and rubella campaigns are planned to start in January 2012.
- Nepal still maintains the services of several SSA holders to help government in the area of surveillance. This has been the case for the past 10 years. Government also notes with appreciation the high quality services rendered by Surveillance Medical Officers (SMOs) under WHO SSA.
- Integrated Disease Surveillance System (IDSS) approach which is under serious consideration could be a good entry point for gradual replacement of IPD SMOs.
- HR activity ratio for biennium 2012-2013 is in line with requirement identified in new CCS.
- RPO to help WCO to finalize staff reprofiling exercise in order to match functional requirement for programme teams in WCO starting with 2012-2013 biennium.
- There is a need to gradually phase out WHO-SSA support and to encourage government to take over their functions. In view of Intensification of routine immunization in 2012, FHR advises to keep this in mind while undertaking phasing out exercises. Although usual VC funding source won't be sufficient to cover the cost of SSAs, it is still possible to cover through measles and rubella campaign funding sources.

Sri Lanka

- HR issues have been a highly sensitive subject/area in WCO Sri Lanka.
- This has however been mitigated through visible leadership and transparency in management and strict adherence to WHO rules and regulations for recruitment at WCO level.

- Dollar value of travel supported for MoH and partners is a good advocacy point to emphasize contributions from the Regional Office and HQ in the work of WHO.
- The HR plan is in line with the requirement of WCO.
- HR review done in early 2010 by RPO Regional Office was a good exercise to bring harmony amongst staff by doing pen & ink changes in PDs as per reprofiling.
- Multitasking and shared responsibilities among all staff is being carried out effectively.

Timor-Leste

- Technical capacity of MoH, Timor-Leste is limited: support from WCO technical staff is critical.
- Timor-Leste has a limited AC budget.
- Language: Tetum/Portuguese/English/Bahasa: support of SSAs/TGSs essential to facilitate proposal development and implementation of activities in collaboration with MoH staff.
- Support from SEARO is essential to cover HR costs for key staff.
- Support from SEARO is needed for resource mobilization too.

This report summarizes the background and major conclusions/action points arrived at the Sixty-third Meeting of the Regional Director with the WHO Representatives of the South-East Asia Region held in the Regional Office on 21-25 November 2011.

The meeting revolved around three sessions. The first was to review the follow-up actions and highlights of some important meetings, i.e. the Sixty-second meeting of the Regional Director with WHO Representatives in November 2010, the Twenty-ninth Meeting of the Ministers of Health of the SEA Region, and the Sixty-fourth Session of the WHO Regional Committee for South-East Asia, both held in September 2011 in Jaipur, Rajasthan, India, and also the briefing on the Special Session of the Executive Board on WHO reforms, held in November 2011.

The second session was related to discussions on specific issues of importance. Presentations were made and discussions held on the following specific topics: Implementation of the Programme Budget 2010-2011; Programme Budget and Performance Assessment; Operational planning for Programme Budget 2012-2013, including aligning of human resource plans of WCOs with resources and priority global expected results.

In addition to the above, the following subjects were also discussed in detail: Mainstreaming Gender, Equity and Human Rights in the work of WHO; Implementation of Intensification of Routine Immunization; Better Networking among Centres of Excellence: Mobilization of Experts/Rosters; Regional Strategy for Universal Health Coverage: Way Forward; UN High-Level Declaration on NCDs: Way Forward; MDG Acceleration Framework (MAF); and the New UNDAF.

The third session was related to the WRs' individual meetings with Technical Programmes and Units. These meetings enabled WRs and Technical Units to further strengthen collaboration between the Regional Office and country offices on country-specific needs/issues.

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