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

WHO-SEARO, New Delhi, 2-5 July 2012

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Contents

Annexes

Introduction

The High-Level Preparatory (HLP) Meeting for the Sixty-fifth session of the WHO-SEA Regional Committee was held at the WHO Regional Office for South-East Asia (SEARO), New Delhi, from 2 to 5 July 2012. 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 item 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 the meeting that the Sixty-fifth Session of the Regional Committee 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 review and discuss the agenda items of Sixty-fifth Regional Committee in detail. The output of the HLP Meeting in the form of conclusions and recommendations will be submitted to the Regional Committee for its consideration and decisions. The Sixty-fifth Session of the Regional Committee will be held in Yogyakarta, Indonesia, from 5 to 7 September 2012.

Dr Samlee stated that he hoped there would be agreement during the HLP Meeting on conclusions and recommendations on all substantive items of the Regional Committee. It had thus been ensured that during the HLP meeting there would be enough time for detailed discussions on all substantive items of the Regional Committee agenda.

He said that the agenda of this HLP Meeting was prepared on the basis of the draft provisional agenda of Sixty-fifth Session of the Regional Committee; especially the substantive agenda items. The working papers to be discussed by HLP Meeting would be used during the Regional

Committee meeting after the necessary revisions as per the discussions and recommendations made during the HLP Meeting.

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

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

His Excellency, Dr Capt (Retd) Mozibur Rahman Fakir, State Minister, Ministry of Health and Family Welfare, Bangladesh, was nominated Chairperson.

Ms Geela Ali, Permanent Secretary, Ministry of Health, Maldives, was nominated Co-chairperson.

Dr Widiyarti, Head, Bilateral and Multilateral Health Cooperation, Center for International Cooperation, Secretariat General, Ministry of Health, Indonesia, was nominated as Rapporteur.

A drafting group was also constituted. The members of the group who were nominated were: Dr Ko Ko Naing, Director, International Health Division, Ministry of Health, Myanmar; Dr Sripen Tantivess, Pharmacist, Professional Level, Health Intervention and Technology Assessment Programme, Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health, Thailand; and Dr Ana Magno, National Director of Hospital and Referral Services, Ministry of Health, Timor-Leste.

2. Technical matters (*agenda item 2*)

2.1 WHO reform *(RC65 provisional agenda item 3.1)*

Introduction

The WHO reform process was initially focused on financing and better aligning of the Organization's objectives and resources. It has now evolved into a Member State-driven process. It aims to tackle issues such as WHO's priorities, and its governance and management to make the Organization effective, efficient and accountable.

A paper, with proposals under each main section, was submitted to the 65th World Health Assembly for discussion. The paper covered five prioritization criteria agreed upon by Member States at the meeting on Programme and Priority Setting held in Geneva in February 2012 when work areas were identified for development of the 12th General Programme of Work (GPW) and Programme Budget (PB) 2014-2015.

Discussion points

- Action by the Secretariat to develop the WHO reform is timely and commendable.
- WHO identified five criteria for priority setting, namely: the current health situation; needs of individual countries, internationally agreed instruments; existence of evidence-based, cost-effective interventions; and comparative advantage of WHO.
- Five categories under which the next GPW and PB 2014-2015 will be developed were identified, namely: Communicable diseases; Noncommunicable diseases; Promoting health through the life-course; Health systems; and Preparedness, surveillance and response. A sixth category of work will be added namely "WHO's corporate services". These categories embody the technical element of the reform agenda.
- Special meetings of Member States have been involved during reform-related discussions through regular briefings, special meetings of Member States, web consultations and a few face-to-face meetings. However some representatives of Member States perceive that the opportunities provided for Member States to participate actively in the process is rather limited. Many issues are still being discussed in depth and therefore the discussions are yet to be concluded.
- Representatives of Member States question whether their views have been taken into account during the 12th GPW development process. Hence whether the priority country health challenges are adequately represented in the 12th GPW is questionable.

- Some of the issues being discussed, such as shifting the financial year and scheduling of the Programme Budget and Administration Committee (PBAC) and Executive Board are not new.
- Other points that were discussed were the nature of other stakeholders, the role of regional committees in discussing World Health Assembly and EB resolutions, and the Organization's culture of evaluation and revised planning process.
- The main stakeholder for WHO would always be governments. However, in the changing global health landscape, there are many nongovernmental and international organizations and private partnerships that are also playing an active role. WHO should continue to take leadership in health service delivery, keeping in mind the priorities of Member States.
- To discuss the reform issues, there would be a special session of the PBAC on 6 and 7 December 2012 in Geneva, with a briefing for the missions scheduled for 5 December.

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) To participate effectively in discussions pertaining to reform and to provide timely inputs to WHO on the reform process.

Actions by WHO-SEARO

(1) To continue to provide opportunities for Member States to contribute effectively to the WHO reform process.

(2) To improve the focus of its programmes at country and regional level by using prioritization criteria listed in the GPW framework document.

(3) To share with the Regional Committee an overview of timelines for implementation of the reform agenda.

2.2 Selection of a subject for the Technical Discussions to be held prior to the Sixty-sixth Session of the Regional Committee *(RC65 provisional agenda item 5.2)*

Introduction

The purpose of the Technical Discussions conducted each year in the SEA Region is to provide a forum for an in-depth 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 have been the subject of Technical Discussions since 1998, and put forwards the following four subjects for consideration:

(1) community-based rehabilitation: reaching the unreached;

(2) promoting healthy ageing in the SEA Region;

(3) vector-borne diseases; and

(4) universal health coverage.

Discussion points

- Autism was proposed as an additional subject.
- After discussion, participants felt that "universal health coverage" and "healthy ageing" were the most pertinent subjects, with the majority of participants favouring "universal health coverage".
- Clarification was requested on the definition of community-based rehabilitation.

Recommendation

Action by WHO-SEARO

- To provide a working paper for the Regional Committee recommending universal health coverage as the subject for

Technical Discussions to take place prior to the Sixty-sixth session of the Regional Committee.

2.3 Role of WHO in managing emergencies

(RC65 provisional agenda item 5.3)

Introduction

This agenda item related to emergencies was discussed in two parts. The first part relates to the World Health Assembly resolution WHA65.20 on WHO's response and role as the health cluster lead in meeting the growing demands of health in humanitarian emergencies, while the second part deals with the utilization of the South-East Asia Regional Health Emergency Fund (SEARHEF) as a follow-up to the Regional Committee resolution (SEA/RC/60/R7) adopted by it at its Sixtieth session.

The new World Health Assembly resolution on emergencies confirms the commitments of Member States to: (i) strengthen and integrate risk management capacities into the health sector; (ii) build capacities in this area of work across various phases of risk reduction, preparedness, response and recovery; and (iii) coordinate with other sectors. It also describes WHO's work as the health cluster lead and its commitments for better response through a new emergency response framework.

The South-East Asia Regional Health Emergency Fund (SEARHEF) was established through the Regional Committee resolution SEA/RC60/R7. As per the fund's policies and guidelines, a working group was established to oversee the management of the fund. The working group comprised representatives nominated by all the 11 Member States of the WHO South-East Asia Region. The fund's resources have been successfully managed and utilized in respect of 13 emergencies since it was made operational in January 2008. These include emergencies that were either small in magnitude or chronic or insidious at onset.

Discussion points

On the World Health Assembly resolution WHA65.20

- Member States appreciated the initiative of WHO to scale up its role in emergencies and support the strengthening of capacities in the Region for better risk management and preparedness (e.g. technical support, training, operational capacity, funding and stockpiling).
- There is a need to focus on preparedness and risk management in order to prevent disasters through better capacity building in the health sector. This should be aligned with the strategic directions developed by the recent regional meeting on disaster risk management in the health sector, held in Bangkok, Thailand (June 2012).
- Using the SEAR Benchmarks for Emergency Preparedness and Response helps in identifying specific priority gaps and appropriate actions needed to address them. These include issues of policy, process, systems and developing capacities of staff in the ministries of health of Member States.
- Maintaining regular coordination of health clusters in countries is important as this coordinating mechanism is also used for risk reduction and preparedness efforts (e.g. contingency planning).
- There is a need to focus more on engaging in the recovery phase as this would have long-term implications for communities and populations and thus require appropriate long-term public health strategies and interventions.

On SEARHEF

- Member States appreciated the progress report and usefulness of the SEARHEF especially in supporting emergency response operations in countries. They highlighted the fact that the rapid provision of funds had actually helped response interventions thus saving lives, limiting casualties and morbidities.
- Other WHO regional offices, in particular the Regional Office for Africa, have looked at SEARHEF as a model on which to pattern

their efforts to establish a regional emergency fund. Relevant documents and resolutions have been shared accordingly, upon request, with them.

- Participants were unanimous in expressing their active support for advocacy and for efforts to mobilize additional resources for the SEARHEF. Mobilizing additional resources would be the key to ensuring the sustainability of the Fund.
- It was also suggested that the possibility of providing funding support for disaster risk reduction, prevention and preparedness initiatives be explored.

Recommendations

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

On the World Health Assembly resolution WHA65.20

Actions by Member States

(1) To support capacity building and efforts aimed at integrating emergency risk management into the health sector.

(2) To coordinate with relevant sectors outside the health sector, to further support health interventions to reduce, prepare for, respond to and recover from emergencies and disasters.

Action by WHO-SEARO

(1) To provide technical and operational support to Member States to integrate risk management capacities into the health sector in line with the recommendations of the World Health Assembly resolution and discussions held at the recent regional meeting on disaster risk management in the health sector, held in Bangkok, Thailand (June 2012).

On SEARHEF

Action by Member States

(1) To support mobilization of additional resources for SEARHEF

Action by WHO-SEARO

(1) To provide support to SEARHEF as the Secretariat of the fund and implement the recommendations made by the SEARHEF Working Group.

2.4 Health Professionals Education

(RC65 provisional agenda item 5.4)

Introduction

SEAR countries are confronted with numerous health challenges such as those related to health systems, sociodemographic changes, changing disease patterns and changing vulnerabilities and risks. To cope with these challenges, health systems need to be strengthened with a good balance between community-based health care that focuses on health promotion and disease prevention, and institution-based health care with a primarily focus on curative and rehabilitative services. The health workforce (HWF) has a crucial role to play in addressing these challenges.

However, the health workforces who form the core of high-quality and efficient health systems are in crisis in most SEAR countries. The recent review of human resources for health (HRH) country profiles conducted in February 2012 reveals that 6 out of 11 countries continue to have fewer than 23 health workers (doctors, nurses and midwives) per 10 000 population. There were high-level commitments of SEAR countries for effective and well-motivated health workforces. Considerable efforts were made to strengthen the training and education for HWFs, but much remains to be done to produce the desired results. Countries continue to encounter numerous educational challenges, such as limited institutional capacity and inadequate infrastructure, and also limited resources to bring about the desired improvements.

Therefore there is an urgent need for countries to renew their commitments to increasing investment and to providing clear directions for strengthening the organizational, institutional and instructional designs of training and education of HWFs to ensure the provision of an adequate number of health workers (quantity), that are appropriately distributed (equity), and that have the required competencies (quality) and appropriate skill-mix as per the needs of health systems and communities (relevance). This is essential for countries' efforts towards achieving universal health coverage.

Discussion points

- Countries need to pay attention to issues related to HWF and to renew their commitments to increasing their investment in strengthening the training and education of HWF in support of universal health coverage. Moreover, as the HWF is key to tackling both current and evolving health challenges, and to achieving the current regional and global movement towards universal health coverage, the Regional Committee should submit "Health workforce training and education in support of universal health coverage" as an agenda item in the 132nd session of the Executive Board in January 2013.
- Distribution, motivation and retention of HWFs also need special attention. Many health workers do not want to serve in rural areas. Furthermore, many health professionals, such as medical doctors in a few SEAR countries, are migrating to work in other countries. Member States are to implement the voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel to address the international migration issue, and thus the effectiveness of its implementation needs to be documented.
- There are numerous key actors involved in HWF training and education, such as ministries of health, ministries of education, professional bodies, development partners. Therefore, comprehensive assessments need to be carried out to understand fully the situation in order to achieve universal health coverage.

- The majority of the rural population are served by community-based health workers (CBHWs) who are largely not professionally trained. Countries need to pay attention to all categories of HWF, not only fully qualified health workers; they should aim for an appropriate mix of skills in their HWF. It is observed that most countries focus their efforts on medical care for fighting disease, which results in skyrocketing health care cost. If countries are going to focus their efforts on public health for improving quality of life and for universal health coverage, emphasis should be on CBHWs (both professional and nonprofessional health workers). However, most countries have not given adequate attention to the development of CBHWs. It was felt that it would be beneficial to have WHO guidelines for training of nonprofessional CBHWs in countries. However, since most nonprofessional health workers are country-specific requirements, their trainings cannot be easily standardized, but WHO-SEARO would be willing to assist countries in this.

- In addition to requesting the Regional Director to support country assessment, WHO-SEARO should also support countries in their efforts to further strengthening HWF training and education. For example, establishment of national/regional centres of excellence in HWF training and education, such as those that WHO-SEARO has been supporting in countries, will help building capacity for HWF development in countries of the Region.

- Most countries do not develop policies specifically for HWF training and education and also lack government commitment to support HWF development. Countries need to have a clear national health policy to provide directions on how to fulfil the needs of health systems. For example, countries need to be clear on whether to focus on public health (disease prevention and health promotion) or on medical care (curative and rehabilitative care) or on a good balance of the two; countries also need to be clear on how to ensure sustainable universal health coverage. This will dictate what type of HWF the country needs, their required competencies, their skill-mix and how to educate them. Countries should aim for rationalization of the use of the HWF.

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) To review national health policies, strategies and plans to ensure that HWF contribute to effective health system functioning.

(2) To conduct comprehensive assessments of the current situation of HWF training and education, based on an agreed common protocol, as a foundation for evidence-based policy dialogue/formulation

(3) To develop or strengthen policies for training and education of HWF as an integral part of national health and education policies.

(4) To increase resources and support for the strengthening of HWF training and education, including CBHWs, in support of universal health coverage.

(5) To request the Director-General through the Regional Director to place "Health workforce training and education in support of universal health coverage" as a provisional agenda item of the 132nd session of the Executive Board in January 2013.

Actions by WHO-SEARO

(1) To support Member States in conducting a comprehensive assessment of the current situation of HWF training and education based on an agreed common protocol.

(2) To convene a regional technical consultation to review the result of the country assessments and to formulate regional strategies for strengthening health workforce training and education in the Region.

(3) To support Member States in their efforts to further strengthen training and education of HWFs, including CBHWs.

(4) To change the title of the paper for presentation to the Sixth-fifth Regional Committee to "Health workforce training and education in support of universal health coverage", and to broaden its focus to cover the education and training of all health workers.

2.5 Reports of WHO global working/advisory groups:

(RC65 provisional agenda item 5.5)

Substandard/spurious/falsely-labelled/ Falsified/counterfeit medical products and strengthening drug regulatory authorities

(RC65 provisional agenda item 5.5.1)

Introduction

The issue of substandard/spurious/falsely-labelled/falsified/counterfeit medical products (SSFFC) has been discussed at the World Health Assembly since 2010 following the seizure in 2008 of generic medicines in transit through the Netherlands on the basis of infringement of intellectual property. Since then the lack of a uniform definition of 'counterfeit' medical products and certain activities of the International Medical Products Anti-counterfeiting Task Force (IMPACT), set up to combat counterfeit medical products in 2006, have engaged the attention of Member States.

IMPACT and WHO's involvement was discussed at the Sixty-third World Health Assembly in 2010. The World Health Assembly decided "to establish a time-limited and results-oriented working group on SSFFC composed of and open to all Member States" to examine inter alia WHO's role in ensuring availability of quality, safe, efficacious and affordable medical products and WHO's relationship with IMPACT.

The Inter-Governmental Working Group (IGWG) presented its report to the Sixty-fifth World Health Assembly in 2012. Indonesia was Vice-Chair in both the IGWG meetings of 2011. There is unanimous support for WHO's role in measures to ensure the availability of good-quality, safe, efficacious and affordable medical products and concern was also expressed at the lack of sufficient financing for WHO's work in this area.

The IGWG recommendations are incorporated into Resolution WHA65.19 which urges Member States to:

- voluntarily participate and collaborate with the proposed Member State Mechanism;
- provide sufficient financial resources (US$ 2 370 000–3 230 000 in 2012–2013) to strengthen the work of the Secretariat in this area;

and requests the Director-General to:

- support the proposed Member State Mechanism;
- assist Member States in building capacity to prevent and control SSFFC, which will necessarily involve strengthening national drug regulatory authorities (NDRAs).

Discussion points

- With reference to resolution WHA65.19, para (c), it was clarified by the Secretariat that the participation in the proposed Member State Mechanism is voluntary. However, the HLP generally agreed that countries need to participate as much as possible in the new Member State Mechanism to ensure that their views on SSFFC are properly taken into account. The first Member State Mechanism meeting will be held in October 2012 in Argentina and a preparatory meeting for this will be held on 3 July 2012 in Geneva. The full scope of the new Member State Mechanism discussions is not yet known although it will include the definition of SFFC and WHO's role in IMPACT. It is important that all Member States participate and that Member States of the SEA Region adequately engage in this proposed new Member State Mechanism. Member States may wish to consider their support to improving access to safe, efficacious, affordable and good-quality medicines by strengthening NDRAs, incorporating public health safeguards and not decreasing access through intellectual property policies. The full budget needed for this first Member State Mechanism meeting has not yet been found, nor has a Chair, acceptable to all Member States, yet been identified. The need to have one regional voice is felt to be important to ensure the needs of SEAR countries are taken into

account. Discussion at the Regional Committee may enable a regional position to be found.

- HLP reiterated the role of WHO in ensuring availability of quality, safe, efficacious and affordable medical products. HLP urged the Secretariat to provide assistance to Member States in strengthening their NDRAs. The smaller countries procure most of their medicinal products from other countries and face difficulties in ensuring availability of quality, efficacious and affordable medical products in the absence of a strong NDRA and prequalification of suppliers. The Secretariat informed delegates that the WHO prequalification scheme only manages to pre-qualify suppliers for some drugs (for TB, HIV, malaria and reproductive health) and vaccines, but that it would not be practically feasible to have prequalified suppliers for all drugs. In this regard, the attention was drawn to the WHO efforts in: (1) promoting harmonization in drug regulation so that drugs could be mutually recognized for market authorization (registration); and (2) providing technical support to ensure that procurement and distribution systems facilitate the supply of better quality drugs in correct quantities.

- HLP recognized that strengthening of NDRAs is critical to combating SSFFC. It was further recognized that most NDRAs in the Region have limited resources and capacity to undertake all the functions recommended by WHO. Harmonization of regulation between different NDRAs, particularly with regard to drug registration, may ease the workload and increase the capacity of individual NDRAs, particularly in small countries, since harmonization obviates the need for all NDRAs to undertake every function. A harmonization initiative in ASEAN has been ongoing for some years and some Member States are exploring setting up a similar mechanism within SAARC.

- The HLP appreciated and recognized the efforts of WHO to strengthen NDRAs. The Secretariat informed delegates of the following activities undertaken by WHO to strengthen NDRAs:
  - WHO holds the International Conference of Drug Regulatory Authorities every two years and supports delegates from countries to participate. In 2010, 10 out of 11 SEAR

countries participated and the next meeting will be in October 2012, in which all countries should participate.

- WHO provides fellowships for members of drug regulatory authorities to visit other NDRAs to receive training.
- WHO has conducted a situational analysis of the pharmaceutical sector in 9 of 11 SEAR countries during the past two years as per the recommendation of SEA/RC64/R5, such analyses including review of the drug supply systems, drug policy framework, drug regulation and drug use. This has allowed some review of the NDRAs in order to identify and prioritize major gaps and make recommendations for future action.
- WHO conducts in-depth assessments of the NDRAs at country request. Such an assessment has been conducted in Bangladesh in 2009–2010, Indonesia in 2001, Sri Lanka in 2002, Nepal in 2003 and Thailand in 2004. A similar assessment is planned for India in 2012. Thailand has also been discussing whether to undertake an assessment in 2012.
- There is also in-house collaboration within WHO to strengthen NDRAs, for example overlapping and mutually beneficial activities to strengthen drug and vaccine regulation.

➢ It was felt that much technical support by WHO had been piecemeal. HLP urged the Secretariat to develop a medium-term strategic plan to address the existing gaps in ensuring the accessibility of quality and affordable drugs by all Member States. HLP further urged WHO to continue to provide technical support at the country level, particularly to help implement the recommendations emerging from the technical assessments of NDRAs.

➢ Bhutan, Maldives and Timor-Leste depend on importing all necessary drugs from outside as they have no drug production facilities. It is becoming increasingly difficult to ensure the quality of drugs, and to negotiate affordable prices for needed drugs that are required in low volumes compared with other countries, thus making it impossible to negotiate direct purchase of drugs

from individual manufacturers. Bulk purchase may provide a unique opportunity to ensure the quality of drugs as well as to negotiate a public-sector price. WHO has experience of pooling systems and bulk purchase of drugs for its Member States.

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) To participate in the proposed Member State Mechanism.

(2) To undertake in-depth assessments of the capacity of the NDRAs in combating SSFFC.

(3) To provide sufficient human and financial resources to strengthen the capacity of NDRAs in combating SSFFC.

Actions by WHO-SEARO

(1) To provide technical support to Member States to undertake in-depth assessments of the capacity of the NDRAs in combating SSFFC.

(2) To develop, based on evidence from the assessment in Member States, a regional medium-term strategic plan to combat SSFFC.

(3) To explore the possibility of establishing a mechanism for bulk purchase of drugs and vaccines of assured quality particularly for Member States who depend on importation of drugs and vaccines.

(4) To report the progress and outcome of the implementation of the regional medium-term strategic plan to the Sixty-eighth meeting of the Regional Committee.

Pandemic influenza preparedness (PIP)

(RC65 provisional agenda item 5.5.2)

Introduction

Implementation of the Pandemic Influenza Preparedness Framework is expected to mobilize resources from "third-party" recipients of influenza viruses for priority countries to enhance national capacities for influenza surveillance, risk assessment and early warning of pandemics. The financial component of the expected benefit (the Partnership Contribution) is expected to be US$ 28 million per year. Of this sum, 30% will be for pandemic response (approximately US$ 8 million) and 70% for preparedness (approximately US$ 20 million). The component for preparedness will be further split into surveillance/laboratory capacity (70%); disease burden studies (10%); risk communication (10%); and support to vaccine deployment (10%). Benefit may also be provided to WHO and Member States by "third parties" through "in-kind" donations of vaccine and antiviral drugs, or through technology transfer.

Discussion points

- To date, negotiation for a "type 2" Standard Material Transfer Agreement (SMTA) has been commenced by the WHO Secretariat with only a single "third party" (a vaccine manufacturer).
- Despite the lack of any completed "type 2" SMTA, it has been necessary in the interests of Global Public Health to continue the supply of influenza viruses to "third parties" concerned, including research institutes as well as manufacturers of vaccines, antiviral drugs and laboratory diagnostics.
- The implementation of the PIP Framework is consistent with the requirements of the International Health Regulations (IHR 2005) and can be expected to support strengthening of IHR core capacities in Member States.
- The implementation of the PIP Framework can also be expected to support the development of national influenza centres in countries that currently do not have them.

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) To ensure that concerned laboratories continue to share influenza viruses in a timely manner, including those with pandemic potential.

Actions by WHO-SEARO

(1) To accelerate the process of negotiating "type 2" SMTAs.

(2) To advocate for flexibility in the proportional distribution of funds according to identified needs in order to ensure optimal use of resources from the Partnership Contribution.

(3) To strengthen national influenza centres and WHO collaborating centres.

Consultative expert working group on research and development: financing and coordination *(RC65 provisional agenda item 5.5.3)*

Introduction

The report of the consultative expert working group on research and development: financing and coordination (CEWG) was presented to the World Health Assembly (WHA) in May 2012. Member States decided in resolution WHA65.22 to hold consultations at national, regional and global levels among all relevant stakeholders to discuss the CEWG report and other relevant analyses for developing concrete proposals and actions. The 21-member CEWG was established to take forwards and deepen the analysis of the work of an earlier expert working group (EWG), and this group had three experts from the SEA Region: Mr L.C. Goyal, Additional Secretary and Director General Department of Health & Family Welfare, India; Dr Laksono Trisnantoro, Director, Post-Graduate Programme in Health Policy and Management, Gadjah Mada University, Indonesia; and Dr Pichet Durongkaveroj, Secretary General, National Science Technology

and Innovation Policy Office, Ministry of Science and Technology, Thailand.

The events leading to the formation of the CEWG are related to the independent Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH), set up by World Health Assembly resolution WHA56.27. The CIPIH report made important observations on the status of innovation, intellectual property rights (IPR) and the pharmaceutical industry relating to access to medicines. This Commission was set up at the time of an ongoing international debate in this area. In 2006, based on the recommendations of the CIPIH, World Health Assembly resolution WHA59.24 established "an intergovernmental working group (IGWG) to draw up a global strategy and plan of action on public health innovation (GSPA)". The GSPA, WHA 61.21 identified several deliverables to promote innovation, transfer of technology and access to medicines for public health. The CEWG was established to suggest financing and coordination measures for access to health products (drugs, vaccines and diagnostics) under GSPA element seven: ensuring sustainable financing mechanisms.

Discussion points

- A strategy is required to develop new and innovative sources of funding to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases are needed for Member States.[1]
- Coordinated, multisectoral research mechanisms that include alternative/ traditional medicines need to be developed in collaboration with WHO and other relevant partners that include the private sector, academic institutions and nongovernmental organizations.
- Promotion of partnerships in research and development in national/regional programmes including fellowships and other financial incentives need to be encouraged.

[1] ***Type I diseases*** are incident in both rich and poor countries, with large numbers of vulnerable populations in each. ***Type II diseases*** are incident in both rich and poor countries, but with a substantial proportion of the cases in poor countries. ***Type III diseases*** are those that are overwhelmingly or exclusively incident in developing countries. Such diseases receive extremely little R&D, and essentially no commercially-based R&D in the rich countries.

- Different kinds of approaches and "flexibilities" need to be explored during the regional technical consultation to be held in August 2012, prior to the Regional Committee meeting in order to obtain the best options for the SEA Region.
- Formation of coordinating committees and nodal points, nationally and internationally for the SEA Region are encouraged to take forwards the recommendations of the CEWG report on research and development: financing and coordination and to develop technical assistance collaborations.

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) To take the lead in national and regional consultations and actively engage in the global negotiations for developing financing and coordinating mechanisms to promote financing and coordinating mechanisms for research and development (R&D) for type II and type III diseases and specific R&D needs for type I diseases, based on the CEWG report and other relevant analysis. Member States have flexibilities in developing national and regional positions in the IGM negotiation so that the CEWG recommendations are taken forwards in the best interest of Member States in the Region.

(2) To implement, where feasible, in their respective countries, proposals and actions identified by national consultations, and to establish and/or strengthen mechanisms for improved coordination of R&D including an increase in investments in health R&D in collaboration with WHO and other relevant partners including the private sector, academic institutions and nongovernmental organizations.

Actions by WHO-SEARO

(1) To support Member States in national and regional consultations and global negotiations based on the CEWG report for

developing financing and coordinating mechanisms for promoting R&D in the context of the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

2.6 Progress reports on selected Regional Committee resolutions: *(RC65 Provisional Agenda item 5.6):*

Progress towards achievement of the immunization targets adopted in the Framework of increasing and sustaining immunization coverage (SEA/RC64/R3) *(RC65 provisional agenda item 5.6.1)*

Introduction

Year 2012 has been declared as the "Year of intensification of routine immunization" in the South-East Asia Region. This was supported by the High-Level Ministerial Meeting on Increasing and Sustaining Immunization Coverage in South-East Asia, held in August 2011 in New Delhi, and the Sixty-fourth Regional Committee meeting held in Jaipur in September 2011.

At its Sixty-fourth meeting, the Regional Committee passed a resolution (SEA/RC64/R3) to report the progress towards achievements of the immunization targets adopted in the Regional Framework for Increasing and Sustaining Immunization Coverage. Since then all countries have developed plans for intensification of routine immunization and begun implementation.

Discussion points

- It is important to ensure that an adequate supply of vaccines will be available through financing for immunization without being over-reliant on outside donors. Some countries have begun to deal with sustainable immunization financing. For example, Nepal has adopted a rights-based approach to immunization and developed a draft immunization act which is awaiting approval from its next Parliament.

- Achieving the targets set for measles mortality reduction in the Region is important and will accelerate achievement of Millennium Development Goal 4.
- Countries continue to feel under pressure to introduce new vaccines. In this regard countries need to have the capacity to make evidence-based decision-making on policy for introduction of new vaccines, medicines and technologies. WHO-SEARO has already planned a regional consultation for this purpose.
- Member States acknowledged that the initiative 2012 Year of Intensification of Routine Immunization has made a contribution to increasing vaccination coverage and such progress must be sustained; although it is a short-term outcome, Member States have to ensure the long-term sustainability of high coverage.

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) To maintain the progress in increasing and sustaining routine immunization coverage and secured financing for immunization programmes.

(2) To build-up and strengthen institutional capacities in generating evidence when considering the adoption of new and underused vaccines, in particular burden of disease, cost–effectiveness, budget impact, and long-term programmatic and financial sustainability.

(3) To ensure that policy decisions to adopt new and underused vaccines are based on the above evidence.

Actions by WHO-SEARO

(1) To organize a Regional consultation on new vaccine introduction to be held before the end of 2012 in order to produce guidelines for Member States.

(2) To provide technical support to Member States when adopting new and underused vaccines.

(3) To revise the working paper in light of the recommendations of the HLP meeting for presentation to the Sixty-fifth meeting of the Regional Committee.

Challenges in Polio Eradication (SEA/RC60/R8)
(RC65 provisional agenda item 5.6.2)

Introduction

The Sixty-fifth World Health Assembly declared polio eradication as a global public health emergency. In the SEA Region, India which was the only polio endemic country, has been polio free since February 2011 and has been removed from WHO's list of polio endemic countries. Therefore the Region is now on course for polio free certification shortly after January 2014.

Discussion points

- India was congratulated on its remarkable commitment and achievement. The last and only case in 2011 was reported on 13 January 2011.
- Given the current polio free status of the Region, Member States cannot be complacent, effort should be given to sustain a high level of routine immunization coverage, supplementary immunization and quality AFP surveillance.
- It was recognized that concrete steps needs to be taken to prevent importation from endemic countries in other Regions; such steps include implementation of the WHO advisory on polio immunization for travellers.
- If Member States are successful, and regional polio free certification is granted shortly after January 2014, to conduct a celebratory event.

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) To maintain high-quality AFP surveillance, high routine immunization coverage and supplementary immunization as required and adequate and timely response to an importation by implementation of the WHO advisory on polio immunization for travellers.

Action by WHO-SEARO

(1) To provide technical support for Member States in maintaining high-quality AFP surveillance, high routine immunization coverage and supplementary immunization as required, and adequate and timely response to an importation.

Regional Strategy for Universal Health Coverage (SEA/RC63/R5)
(RC65 provisional agenda item 5.6.3)

Introduction

Countries in the SEA Region are accelerating efforts towards universal health coverage (UHC) and to assist in this, the Regional Committee resolution SEA/RC63/R5 requested WHO-SEARO to develop a Regional Strategy for UHC that systematically discusses and documents the situation in SEAR countries, key technical issues, and relevant country illustrations on UHC. A draft was reviewed at the Sixty-fourth Session of the Regional Committee in 2011 and it was recommended that the document be further strengthened with respect to inclusion of international experiences; technical discussions; and, linkages between health systems building blocks.

The Strategy was revised along these lines and the following Strategic Directions capture the main finding and key recommendations:

(1) *Strategic Direction 1*: placing primary health care at the centre of UHC. The principles of primary health care remain very relevant

for a working definition of universal health coverage: giving priority to the health needs of the poor and public health, using appropriate technology, through health systems anchored at the community level.

(2) *Strategic Direction 2:* improving equity through social protection. Shifting away from out-of-pocket spending to mandatory pre-payment mechanisms that support sustainable pooling for social protection.

(3) *Strategic Direction 3*: improving efficiency in service delivery. Prioritizing the health needs of the poor and public health services in the benefit package is important at each stage of progress towards UHC. Service delivery needs to be strengthened accordingly, including effective engagement of the private sector.

(4) *Strategic Direction 4:* Strengthening capacities for UHC. Developing country capacities and institutions for evidence-based advocacy; development of policy, strategies and plans; and monitoring and evaluation.

Discussion points

Member States shared their specific experiences with UHC:

- All Member States appreciated the re-drafted Regional Strategy as a comprehensive document that could be used as a practical reference for strategic action on UHC at country level.
- It was highlighted that a primary health care approach must emphasize nonmedical and non-intervention aspects.
- The role of human resources for health was discussed as a critical resource input for UHC – and the importance of getting the skill-mix right starting with the training human resources for health (medical education).
- A multisectoral approach to UHC was highlighted. The potential contribution of the wide range of private providers to UHC was especially acknowledged. However, it was recognized that public–private relations can difficult, and these can be

ambiguous relationships that needed particular attention through regulation.

- The importance of improving quality in the public sector was flagged – public provision should not be equated with low-quality care for the poor.
- Procurement issues particularly in the context of small countries were discussed.
- A background to UHC was given - starting from a World Health Assembly resolution on health financing in 2005 to being the WHO's flagship area for the Director-General's second term in office, to a possible UN General Assembly Resolution in 2014 and on being placed on the post-MDG agenda.

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) To recommend that the Sixty-fifth session of the Regional Committee endorse the Regional Strategy for Universal Health Coverage.

(2) To develop country-specific workplans for UHC.

Actions by WHO-SEARO

(1) To develop Strategic Direction 4 on capacity building in detail; to provide technical support for developing country-specific workplans; and to support activities at Regional level e.g. a platform for exchange of experiences, and monitoring and evaluation at Regional level.

(2) To convene a biennial meeting for SEA Region countries to meet and discuss UHC achievement and challenges.

Capacity building of Member States in global health (SEA/RC63/R6)
(RC65 provisional agenda item 5.6.4)

Introduction

The term "global health" has emerged as part of the larger political and historical process and has replaced the term "international health". The term is associated with the growing importance of actors beyond governments, intergovernmental organizations and agencies, and international nongovernmental agencies. In order to strengthen the capacity of Member States in global health, many international training programmes on global health have been initiated to train health professionals through multidisciplinary, didactic and experiential learning.

There is a need to provide support to Member States to organize national, regional and global seminars and training workshops on global health that could act as an effective tool to strengthen national capacity in global health, and to enable them to participate and play active roles in international/global health forums with improved negotiation skills.

A joint collaboration among the Ministry of Public Health, Thailand, WHO-SEARO, the Thai Health Global Link Initiative Programme, (TGLIP) and Rockefeller Foundation resulted in organizing a series of training programmes on global health in 2010, 2011 and 2012.

Discussion points

- Member States appreciated the efforts made by the Ministry of Public Health Thailand, Thai Health, the Rockfeller Foundation and WHO in providing international training programmes in the global health area during the past four years. They acknowledged that their countries had benefited by such trainings. To further improve the quality of the trainings, it was suggested that greater knowledge and exposure to global health issues, and updated information on national, regional and global health issues could be included in the curriculum including appropriate selection of participants and post-training evaluation.
- The SEA Region's regional solidarity and "one voice" are unique and it has been possible because the Region is homogenous and the Member States have similar health situations and development status. This gives comparative advantage to the SEA Region. To maintain this "one voice" and regional solidarity,

strengthening of the Region's power of negotiation is needed. Foreign policy sometimes uses health as a foreign policy instrument, and vice versa the global health agenda can use foreign policy as an instrument.

- Member States supported the international training initiatives in global health awareness and diplomacy and called for continuity of the South-East Asia Regional global health capacity building workshop in line with Regional Committee resolution SEA/RC63/R6. It was also agreed that it was now time to review the content, curriculum, training methodology of the South-East Asia Regional global health capacity-building workshop and improve it further to include country-specific issues to make them more beneficial.
- A need was felt for increasing awareness about global health among professionals who are actively involved in the health sector. Also there is a need to sensitize personnel outside the health sector on the importance of health issues. This will help in bringing health issues into global programmes of sustainable development. Capacity building in global health issues needs to be undertaken not only in the government sector but also in other sectors as well.
- It was agreed that for sustainability of capacity building in global health, both programmatic and institutional training on global health issues is needed.

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) To engage actively in capacity building in global health.

Actions by WHO/SEARO

(1) To convene a workshop in order to review the capacity building programmes in global health in South-East Asia, including curricula, training modalities and outcomes, to identify progress,

achievement, strengths and weaknesses and propose a plan for improvement.

(2) To continue to support and strengthen regional global health training workshops based on specific country needs, and the outcome of the above review.

(3) To identify potential training institutes and support a "training of trainers" programme in Member States.

3. Governing Bodies

3.1 Key issues and challenges arising out of the Sixty-fifth World Health Assembly and the 130th and 131st sessions of the WHO Executive Board *(RC65 Provisional Agenda item 6.1)*

Introduction

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.

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

(1) Strengthening noncommunicable disease policies to promote active ageing (WHA65.3)

(2) The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level (WHA65.4)

(3) Poliomyelitis: intensification of the global eradication initiative (WHA 65.5)

(4) Maternal, infant and young child nutrition (WHA65.6)

(5) Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health (WHA65.7)

(6) Outcome of the World Conference on Social Determinants of Health (WHA65.8)

(7) Global vaccine action plan (WHA65.17)

(8) World Immunization Week (WHA65.18)

(9) Substandard/spurious/falsely-labelled/falsified/counterfeit medical products (WHA65.19)

(10) WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies (WHA65.20)

(11) Elimination of schistosomiasis (WHA65.21)

(12) Follow-up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (WHA65.22)

(13) Implementation of the International Health Regulations (2005) (WHA65.23)

Discussion points

- It was noted that many of the issues included in Sixty-fifth World Health Assembly resolutions have already been included in the agenda of the Regional Committee including:
  a. Challenges in Polio Eradication;
  b. Substandard/spurious/falsely-labelled/falsified/counterfeit medical products and strengthening drug regulatory authorities;
  c. Role of WHO in managing emergencies.
- It is customary each year for the Regional Committee to identify a technical subject for discussion prior to the subsequent session of the Regional Committee. The technical subject selected by Sixty-fourth Regional Committee was noncommunicable diseases (NCDs) including mental and neurological disorders. WHO-SEARO then organized technical discussions on this subject in Yangon, Myanmar, in April 2012. The report of this

technical discussion will be submitted to the Sixty-fifth Regional Committee and would normally give rise to a Regional Committee resolution. However, this report including the draft resolution was written prior to the Sixty-fifth World Health Assembly, where important decisions were taken in relation to this topic (especially as regards the setting of global targets and indicators) and as discussions are ongoing about target setting, it was felt that it would be premature to pass a Regional Committee resolution on this topic at the Sixty-fifth Regional Committee. Hence the participants of the HLP felt that the draft resolution on NCDs including mental and neurological disorders should instead be submitted to the Sixty-sixth Session of the Regional Committee scheduled for 2013.

Recommendation

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

Action by WHO-SEARO

(1) To provide an update on NCDs at the Sixty-fifth Session of the Regional Committee, including information on decisions taken in relation to NCD targets and indicators at the Sixty-fifth World Health Assembly.

3.2 Review of the draft Provisional Agenda of the 132nd session of the WHO Executive Board

(RC65 Provisional Agenda item 6.2)

Introduction

The draft provisional agenda of the 132nd session of the WHO Executive Board has been sent to Member States, *vide* Director-General's letter dated 26 June 2012.

Member States are requested to review the draft Provisional Agenda of the 132nd session of the Executive Board to be held in Geneva from 21 to 29 January 2013, and they may propose inclusion of any additional item

on the draft agenda, as per Rule 8 of the Rules of Procedures of the Executive Board.

Any proposal from a Member State or Associate Member to include an item on the agenda should reach the Director-General not later than 12 weeks after circulation of the draft provisional agenda, or 10 weeks before the commencement of the session of the Executive Board, whichever is earlier. Proposals should therefore reach the Director-General by 18 September 2012.

Following receipt of proposals, the Director-General will draw up the provisional agenda in consultation with officers of the Executive Board. The provisional agenda will be annotated and explain any deferral or exclusion of proposals made, and will be dispatched to Member States eight weeks before the 132nd session of the Executive Board.

The HLP Meeting noted the above-mentioned explanation provided on the subject and recommended that Member States review and consider the draft provisional agenda of the 132nd session of the Executive Board as per Rules of Procedures of the Executive Board.

The HLP Meeting also noted that if any additional agenda item is recommended by the Regional Committee, then the Regional Office would submit the proposal of the Regional Committee to the Director-General for consideration.

Recommendation

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

Action by Member States

(1) To submit any proposed agenda items for the 132nd Session of the Executive Board before 18 September 2012.

4. Special Programmes *(RC65 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 2012 *(RC65 Provisional Agenda item 7.1)*

Introduction

The thirty-fifth 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 18 to 20 June 2012.

Discussion points

- The summary report on deliberations of the JCB meeting was presented by Dr Padam Bahadur Chand from Nepal.
- The HLP noted the report.
- A budget for the biennium of US$ 60 million was approved by the JCB, and the newly appointed Director of TDR will continue to discuss with donors additional funding for the Programme. The staff numbers of TDR have been capped at a maximum of 30, and TDR will increase its activities conducted through partnerships and collaboration to ensure that its research agenda is not adversely affected by the recent reduction in staff numbers.

Recommendation

The Regional Committee was requested to review the working paper and the report of the JCB meeting and to consider the following recommendation made by the HLP Meeting.

Action by WHO-SEARO

(1) To circulate a note on TDR research activities to the CEWG meeting to be held in Bangkok, Thailand, in August 2012

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 2012 and nomination of a

member in place of Thailand whose term expires on 31 December 2012 *(RC65 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 on 21-22 June 2012 in Geneva, Switzerland. The Report on attendance at this meeting was presented by Dr Viroj Tangcharoensathien, delegate from Thailand.

At present, there are three Member States from the WHO SEA Region (Bangladesh, Bhutan and Thailand) that are members of PCC Category 2, while India continues to be a member of PCC Category 1. Nepal is a member of PCC Category 3. Since the term of office of Thailand ends on 31 December 2012, 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 2013. The recommendation of the HLP Meeting will be submitted to the Sixty-fifth Session of the Regional Committee for its consideration.

Discussion points

- The HLP Meeting noted the summary report on attendance at the Twenty-fifth meeting of the PCC, presented by Dr Viroj Tangcharoensathien.
- The HLP Meeting, after deliberation on the nomination of a member in place of Thailand whose term expires on 31 December 2012, proposed that Maldives should be the nominee from the WHO South-East Asia Region as a member of PCC Category 2 for a three-year term from 1 January 2013 till 31 December 2015.

Recommendation

The Regional Committee was requested to review the working paper and the report of the PCC meeting and to consider the following recommendation made by the HLP Meeting.

Action by Member States

(1) To recommend to the Sixty-fifth Regional Committee the nomination of Maldives from the SEA Region as a member of the PCC in place of Thailand, whose term expires in December 2012.

5. Implementation of the International Health Regulations (2005) in WHO South-East Asia Region

Introduction

The International Health Regulations (IHR 2005) came into force in 2007 and required States Parties to establish core capacities to detect, assess and report potential health threats by 15 June 2012. This deadline has now passed and all SEA Region Member States either have already, or are anticipated to request an extension and develop national IHR implementation extension plans based on a new deadline of June 15 2014.

Implementation of IHR (2005) core capacities continues to present a challenge in many technical areas, including legislation, points of entry, surveillance and response, laboratory capacity, human resource development and chemical/radiological safety.

Ministries of health and WHO should strengthen advocacy for, and collaborate with non-health sector, technical and donor partners to identify gaps, including for institutional, human and financial resources.

WHO and Member States should continue to work collectively to bridge identified gaps in IHR core capacities in the most efficient and effective way, for example through the use of existing strategic approaches and by harnessing the resources of States Parties, WHO, technical partners, donors and networks according to their different comparative advantages. This work will also be supported by mapping existing partner and intercountry network support and critically assessing the contributions that all stakeholders are making.

Discussion points

- There is a lack of clarity over what the core capacity requirements are in different technical areas. The development and publication of the criteria that will be used in 2014 in making decisions on further IHR implementation extensions should address this issue (WHA 65.23 refers).
- Strengthening capacities in chemical and radiological safety is a challenging priority for many countries. This work should be supported by the development of guidelines and training materials – in collaboration with non-health sector partners where appropriate.
- Strengthening IHR core capacities with the new 2-year time frame will require renewed efforts to identify and mobilize technical and financial support.

Recommendations

The Meeting of the Ministers of Health of Countries of South-East Asia Region was requested to review the working paper and to consider the following recommendations made by the HLP Meeting.

Action by Member States

(1) To develop and implement technically strong workplans to strengthen IHR core capacities based on identified gaps and priorities; considering the use of existing strategic frameworks.

Actions by WHO-SEARO

(1) To develop and disseminate a more complete regional 'situation analysis' of IHR core capacity gaps and strengths, to be accompanied by a Regional plan to support national IHR core capacity implementation. This Regional analysis would be based on examination of national workplans, IHR self-monitoring data from 2011–2012 and country-level assessments.

(2) To provide technical support for legislation, surveillance, laboratory, points of entry and chemical and radiological safety through the development of guidelines, training materials and

other capacity-strengthening initiatives such as Regional workshops and study tours.

(3) To strengthen coordination with international agencies and partners for resource mobilization and technical assistance.

(4) To update the paper on implementation of International Health Regulations (2005) in the WHO SEA Region prior to the Thirtieth Meeting of Ministers of Health of Countries of South-East Asia Region.

6. Adoption of report

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

7. Closure

In his concluding remarks, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, thanked all the distinguished participants for their deliberations, which had led to meaningful conclusions and recommendations for consideration of the Sixty-fifth Session of the Regional Committee to be held in Yogyakarta, Indonesia, in September 2012. He thanked the Chairperson for the organizing the meeting in an efficient manner. He also thanked the Rapporteur and the drafting groups for the high quality of the recommendations. He said that the recommendations made by the HLP Meeting will facilitate the deliberations at the Regional Committee in a more effective and efficient manner.

The Chairperson, H.E. Dr Capt (Retd) Mozibur Rahman Fakir 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 WHO reform (*RC65 provisional agenda item 3.1*)
   - 2.2 Selection of a subject for the technical discussions to be held prior to the Sixty-sixth Session of the Regional Committee *(RC65 provisional agenda item 5.2)*
   - 2.3 Role of WHO in managing emergencies *(RC65 provisional agenda item 5.3)*
   - 2.4 Health professionals education *(RC65 provisional agenda item 5.*4)
   - 2.5 Reports of WHO global working/advisory groups:
     - 2.5.1 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products and strengthening drug regulatory authorities (RC65 provisional *agenda item 5.5.1*)
     - 2.5.2 Pandemic influenza preparedness (PIP) (*RC65 provisional agenda item 5.5.2*)
     - 2.5.3 Consultative expert working group on research and development: financing and coordination (*RC65 provisional agenda item 5.5.3*)
   - 2.6 Progress reports on selected Regional Committee resolutions:
     - 2.6.1 Progress towards achievement of the immunization targets adopted in the Framework for increasing and sustaining immunization coverage ***(SEA/RC64/R3)*** (*RC65 provisional agenda item 5.6.1*)
     - 2.6.2 Challenges in polio eradication ***(SEA/RC60/R8)*** (*RC65 provisional agenda item 5.6.2*)
     - 2.6.3 Regional Strategy for Universal Health Coverage ***(SEA/RC63/R5)*** (*RC65 provisional agenda item 5.6.3*)
     - 2.6.4 Capacity building of Member States in global health (SEA/RC63/R6) (*RC65 provisional agenda item 5.6.4*)

3. Governing Body Matters:

   3.1 Key issues and challenges arising out of the Sixty-fifth World Health Assembly and the 130th and 131st sessions of the WHO Executive Board *(RC65 provisional agenda item 6.1)*

   3.2 Review of the draft provisional agenda of the 132nd session of the WHO Executive Board (*RC65 provisional agenda item 6.2*)

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 2012 *(RC65 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 2012 and nomination of a member in place of Thailand whose term expires on 31 December 2012 *(RC65 provisional agenda item 7.2)*

5. Draft agenda item of Thirtieth Health Ministers' Meeting:

   5.1 Implementation of the International Health Regulations (2005) in WHO South-East Asia Region

6. Concluding session

Annex 2

List of participants

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This publication is the report of the High-Level Preparatory (HLP) Meeting for the Sixty-fifth 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-fifth Session of the WHO Regional Committee to be held in September 2012. 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-fifth Session of the Regional Committee.

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