

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

Report of the Meeting
WHO-SEARO, New Delhi, 19-23 November 2012



**World Health
Organization**

Regional Office for South-East Asia

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1. Background

The Sixty-fourth Meeting of the Regional Director with the WHO Representatives (WRs) was held at the WHO Regional Office for South-East Asia, New Delhi, from 19 to 23 November 2012.

The agenda and 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 and action points for follow up in countries and in the Regional Office.

2. Business session

2.1 Regional Director's opening remarks

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, welcomed the distinguished participants to the Sixty-fourth Meeting of the Regional Director with the WHO Representatives. He said that the structure of the meeting was similar to that of the previous year. However, a number of items suggested by WRs had been included in the agenda to reflect the day-to-day management issues and challenges, resulting in realistic and practical follow-up actions and solutions.

[The full text of the Regional Director's Opening Remarks is contained in Annex 3.]

2.2 Follow-up actions on the Sixty-third meeting of the Regional Director with the WHO Representatives held in SEARO in November 2011 (Agenda item 2.1)

Background

This agenda item was intended to review the follow-up actions of the Sixty-third Meeting of the Regional Director with the WHO Representatives, held in November 2011. The actions were summarized by the major topics

discussed at this meeting and were based on detailed reports received from WRs and department directors.

Discussion points

- The meeting noted the follow-up actions taken on the major conclusions and action points of the Sixty-third meeting of the Regional Director with the WRs, held in November 2011.

Major conclusion/action point

- Communication should be continued with WHO country offices (WCOs) and directors on follow-up actions as appropriate.
(Action: DRD/PPC)

2.3 Highlights of the Sixty-fifth session of the Regional Committee and the Thirtieth Meeting of Health Ministers held in Yogyakarta, Indonesia in September 2012

(Agenda item 2.2)

Background

The Thirtieth Meeting of Health Ministers (HMM) of countries of the WHO South-East Asia Region and the Sixty-fifth Session of the Regional Committee were held in Yogyakarta, Indonesia, from 5 to 7 September 2012. The purpose of this agenda item was to brief WRs about the main outputs of the Thirtieth HMM and the decisions and resolutions of the Sixty-fifth session of the Regional Committee.

The SEAR health ministers, at their one-day meeting held on 4 September 2012, discussed the following four key agenda items:

- a review of previous health ministers meetings' declarations (altogether six);
- ageing and health, culminating in the Yogyakarta Declaration on Ageing and Health;
- The International Health Regulations (IHR) 2005 in SEAR;
- The Regional Strategy on Universal Health Coverage, which was discussed and adopted at the Sixty-fifth session of the Regional Committee.

After deliberations, the ***Yogyakarta declaration on ageing and health*** was adopted by the SEAR ministers of health.

The Sixty-fifth Session of the Regional Committee covered a range of agenda items as discussed below. It took three decisions and passed nine resolutions:

- report of the Regional Director for the 2010–2011 biennium;
- process of nomination of the Regional Director;
- noncommunicable diseases, mental health and neurological disorders;
- proposed programme budget 2014-2015;
- strengthening health workforce education and training in SEAR;
- Consultative Expert Working Group on Research and Development: Financing and Coordination;
- comprehensive and coordinated efforts to manage autism spectrum disorders and developmental disabilities;
- the Regional Strategy on Universal Health Coverage.

Discussion points

- Next year (2013) will be the year of the Regional Director's election. Hence the Sixty-sixth Session of the Regional Committee will take place at WHO-SEARO. The RD clarified that the Thirty-first Meeting of Ministers of Health will be hosted by the Government of India, and will take place in New Delhi (although not at the Regional Office).
- The practice to follow up on all the declarations by SEAR health ministers should be continued. Together with the *Yogyakarta Declaration on Ageing and Health*, there are now seven. This comprehensive approach is considered progress from earlier years, where the declaration of only the preceding year was considered.
- The emphasis of reporting should be on the latest declarations. The Meeting of Ministers of Health wanted to introduce a quantitative element in such reporting, in a more standardized format.

- Capacity strengthening for implementation of International Health Regulations, health research and development, and the Regional Strategy for Universal Health Coverage evoked significant discussion.

Major conclusions/action points

- (1) Reporting on declarations made at health ministers' meetings should be included in the matrix of follow-up actions arising from RD's meeting with WRs, with subsequent reporting on follow-up actions.
(Action: DRD/PPC; WRs; department directors)
- (2) Inclusion of Indicator(s) from the relevant regional strategy should be included in standardized reporting on health ministers' declarations
(Action: Department directors concerned, TUs, PPC)

2.4 Legal matters (*Agenda item 3*)

Background

Upon invitation of the Regional Office, Senior Legal Officer, headquarters (LEG-HQ) gave a presentation on the legal protection of WHO activities at the country level. LEG-HQ focused on the various privileges and immunities conferred by host countries to WHO and its staff, and detailed processes to be followed for different types of incidents that may occur at country or regional level: Arrest and detention of staff, traffic accidents, legal notices, access to premises and archives, taxes and customs, interactions with the police and local authorities. Methods and format of formal communications with the government were also discussed.

Discussion points

- Lack of coordination on technical issues between HQ, RO and CO when contacting the government creates confusion sometimes (RO and CO deal with the Ministry of Health, HQ with the Ministry of External Affairs or Ministry of Foreign Affairs through Missions in Geneva). Clarity of communication lines and increased sharing of information with WRs were needed.

- Some provisions of the Standard Basic Agreement are outdated or simply not applied by government (financial support, premises free of charges). It was noted that WHO needed to be prudent when asking the host state to revisit existing arrangements on privileges and immunities as the current trend was towards a reduction in facilities, privileges and immunities. Basic agreements can still be useful when engaging in a dialogue with governments when key privileges are not provided.
- Contracting of local lawyers is to be done only upon advance guidance from LEG and approval of DAF. LEG then does the coordination and communication with the local lawyer.
- Care is to be taken with boilerplate clauses in contracts to ensure that WHO is not subject to the jurisdiction of legal systems in host countries.
- Clarified policy guidance is needed on proper levels and types of insurance coverage – for example on buildings or vehicles.

Major conclusions/action points

- (1) The problem of coordination within WHO among its three operational levels, vis-à-vis dialogue with ministries of foreign affairs and ministries of health should be brought to the attention of the Director-General's Office (DGO) for clarifying the roles and channels of communication. **(Action: DAF-SEARO, CCO-HQ)**
- (2) LEG-HQ should provide support on a case-by-case basis for substantive issues of privileges and immunities requiring consultations with government (major or recurrent issues, status of WHO in country, need for support from government to address special need or concern, relocation of premises). **(Action: LEG-HQ)**
- (3) WRs should ensure that senior staff of WCO are familiar with the basic agreement(s) and essential texts on privileges and immunities for the country of assignment, and that they are provided with guidance on how to handle privileges and immunities and legal matters when they arise. **(Action: LEG-HQ; DAF-SEARO; WRs)**
- (4) DAF-ASO should coordinate with HQ for updated guidance on insurance coverage. **(Action: DAF/ASO)**

2.5 Presentations and discussions on specific issues of importance (*Agenda item 4*)

2.5.1 Implementation of country programme budget 2012-2013 (*Agenda item 4.1*)

Background

The approved programme budget for the SEA Region for the biennium 2012-2013 was US\$ 384.2 million until conclusion of the first budget analysis in October 2012, which increased the total approved budget to US\$ 397.8 million. The total resources stood at US\$ 284.6 million. The fund utilization (i.e. expenditures and encumbrances), including payroll costs up to October 2012, stands at US\$ 136.4 million.

All programme managers should make every effort to accelerate quality implementation, which means concentrating efforts on delivery of quality services (and goods).

The total Assessed Contribution (AC) available to SEARO is US\$ 99.2 million; US\$ 63.7 million have been allocated to staff costs and US\$ 32.8 million to activities. The overall implementation rate against resources is 38% (staff 34% and activities 44%).

The fund utilization rate in some countries and budget centres is still low. It is recommended that implementation is accelerated for both AC and Voluntary Contributions (VC) funds between now and mid-2013. The second half of 2013 should be a period for liquidation of encumbrances initiated up to that point.

The problem of uneven distribution of resources persists across many countries as well as technical areas. For example, India, Indonesia and Nepal have received resources up to more than 75% of their budgeted figures, whereas Maldives, Sri Lanka, Timor-Leste and DPR Korea have received resources less than 37% of their budgeted figures.

Discussion points

- Budget implementation needs to be accelerated in several budget centres. Implementation in SEAR tends to be slow in the first year of

the biennium, speeding up later and rising sharply towards the end of the biennium. This trend continues to be a concern for the Regional Director. The implementation during the first nine months of the biennium is now used by HQ to establish the first draft of budget allocations for 2014-2015. Slow implementation in SEAR during that period has resulted in a proposed budget allocation for this Region, which is 19% lower than our current biennium's budget.

- Emphasis must be placed on early liquidation, not only on initiating new activities and thus encumbering funds (obligating= encumbering). The fourth quarter of the biennium should be used for liquidating all existing encumbrances and not focusing on establishing new commitments. The final implementation of the biennium will be presented on the basis of expenditures and not on commitments, which will only spill over to the next biennium and slow down the implementation in the early months of the next biennium.
- The second tranche of Core Voluntary Contributions (CVC) has just been received from HQ. WHO-SEARO received a lower CVC amount than expected due to the large unimplemented balance remaining from the first tranche in the Region. The level of flexible CVC received was especially low. The CVC funds, once distributed need to be implemented quickly to ensure future allocations.
- Country offices struggle with workplan management due to limited capacity in terms of skills of support staff in supporting programme managers. WRs requested BFO to provide comprehensive training to relevant staff to enhance staff skills in monitoring implementation as well as awards.

Major conclusions/action points

- (1) WRs and award managers should raise the quality of implementation, with emphasis on complete delivery of services, in their respective offices to ensure full implementation of the programme budget.
(Action: WCOs and department directors)
- (2) WRs and award managers should regularly monitor the following:
 - (i) Awards, to ensure full distribution, workplan funding and budgeting of available resources to relevant workplans.

- (ii) Ending and closing awards to ensure full implementation of Voluntary Contributions before they expire.
- (iii) CVC distributions to ensure early implementation of all CVC funds. RD requested WRs to use CVC to pay temporary staff contracts. **(Action: WCOs & Department Directors)**
- (3) BFO should provide training especially targeted at staff in country offices who are in charge of implementation and award monitoring. **(Action: BFO-SEARO)**

2.5.2 Development of Twelfth General Programme of Work and of Programme Budget 2014-2015 (*Agenda item 4.2*)

Background

The Twelfth General Programme of Work (GPW) 2014-2019 and associated biennial programme budgets are considered essential means for taking the WHO reform further forwards. An initial draft of the 12th GPW was presented for discussion at the Sixty-fifth World Health Assembly and to the Sixty-fifth session of the WHO Regional Committee for South-East Asia (as well as at other regional committees). The draft 12th GPW sets out a strategic framework for the work of WHO for six years commencing January 2014, hence covering three biennial programming cycles. The duration of the existing 11th GPW would thus be curtailed by two years. The current Medium-term Strategic Plan (MTSP) runs to completion in December 2013. The new, 12th GPW, is meant to cover the purpose of Medium-term Strategic Plan in addition to stating the WHO mission and vision for 2014-2019.

The development of the 12th General Programme of Work and of the proposed programme budget for 2014-2015 is ongoing. Both are linked to WHO reform.

The Sixty-fifth Session of WHO Regional Committee for South-East Asia, in Yogyakarta, Indonesia, considered the initial draft of the 12th GPW and programme budget 2014-2015 in September 2012. However, these were still rather preliminary programmatic documents. Furthermore, they did not contain any budget figures.

WHO-SEAR commented in detail on the revised outputs and high-level activities, products and services proposed by WHO-HQ, to contribute to programmatic development for 2014-2015.

WHO-SEAR is proactive also on the budgetary part, which is ongoing. Some revision is necessary, with WHO-HQ providing a very short lead time to respond.

The 17th Meeting of the Programme Budget and Administrative Committee of the Executive Board and the 132nd session of the Executive Board will consider the next draft of both the 12th GPW and programme budget 2014-2015 in January 2013, which will contain some budgetary figures.

Discussion points

- WHO-HQ's proposed 2014–2015 budget figures for discussion, received only days before the Sixty-fourth meeting of RD with WRs, contained a surprising reduction of allocation of about 19% for SEAR compared with approved levels for 2012-2013. This would hit SEAR collaborative programmes disproportionately hard, both at regional and country levels.
- Implementation for the first nine months of the 2012-2013 biennium had been used as the benchmark to project expenditure until the end of the biennium and, by extension, for future programme budget. While this further highlights the importance of accelerating quality implementation, to use expenditure projection as the basis for strategic planning is a flawed approach, as well as unrealistic and inequitable. The actual implementation patterns during the course of several bienniums show more reliable trends, which should be taken into account by WHO-HQ if such an approach is used.
- During the development of the 2012-2013 programme budget, expenditure for 2008-2009 had been used to determine ceilings, which were hence too low in some strategic objectives. This had taken till October 2012 to correct, when the first budget analysis was completed by WHO-HQ. It would therefore be important not to repeat this pattern by artificially depressing the budget figures.

- WHO country cooperation strategies would be a better guide to strengthen programmatic delivery to countries, a stated objective of reform. Care should be taken in exercising possible budget shifts around priorities.

Major conclusions/action points

- (1) WHO-SEARO should respond to WHO-HQ's proposed 2014-2015 budget figures, making a case to redress the disproportionate reduction for SEAR. (**Action: DRD-PPC, DAF-BFO**)
- (2) WHO-SEARO should continue to engage with HQ in developing the 12th GPW and PB 2014-2015 as such an engagement would be vital, especially in an environment of reform. (**Action: DRD-PPC, DAF-BFO, Department Directors, WCOs**).

2.5.3 Briefing on management of VC funds and donor reporting, including use of VC funds for human resources (*Agenda item 4.3*)

Background

The global financial crisis, exacerbated by the competing priorities of food security, environmental concerns, emergencies and poverty reduction among others, has resulted in donors, increased focus on the value for money of their financial investments, and linking of future or sustained funding to efficiency, transparency, relevance to country priorities, and demonstration of impact and tangible results, particularly at country level.

In order to adequately face the challenges placed on WHO by the growing expectations of the donor community regarding efficiency and effectiveness of utilization of committed resources, considerable efforts are taking place at all levels of the Organization to improve the way in which we manage our financial resources in the context of a results-based environment.

Greater efforts are needed at regional and country levels to improve efficiencies and build staff capacity in the negotiation, clearance, distribution, utilization, implementation, reporting and management of Voluntary Contributions.

Discussion points

- Effective and efficient management of voluntary contributions continues to be a challenge for WHO-SEARO, largely due to lack of resources – financial and human – staff capacity and training, and appropriate skills mix.
- There is a need for more effective monitoring of VC funds, including ensuring better implementation rates, and distribution of awards before expiration date, in order to avoid unnecessary loss of funds and minimize requests for no-cost extensions, which should only be used in extenuating circumstances.
- Difficulties with procurement and timely recruitment of staff remain serious challenges to effective implementation, and affect the Organization's credibility with existing and potential donors.
- Other issues of concern include the need to improve monitoring of contribution instalments due from donors (account receivables), as well as ensuring timely and reliable reporting to donors on financial and programmatic issues.
- It was also highlighted that to ensure sustainable financing of basic administrative requirements and enabling functions, the programme support cost (PSC) needs to be applied systematically at the 13% rate with any exceptions limited to those agreed upon by the Comptroller.
- There should be full and rigorous adherence to the principle of full cost recovery, which means that all costs directly attributable to the VC-funded project (including HR costs) must be included in the budget at the stage of the initial negotiation with the donor. It was emphasized that agreements that do not incorporate full-cost recovery will not be cleared by WHO headquarters.
- Systems and mechanisms have been developed at regional level to help support these processes, including a clearance system for donor agreements and award distribution, a system for determining pipeline funding and distribution, two monitoring systems – the Information System of Voluntary Contributions and Central Tracking System of Funding Agreements – and a Donor Reports Alert System.
- Several suggestions were advanced on how to improve the clearance system for donor agreements and award distribution, including early

involvement of Technical Officer, Partnerships, Interagency Coordination and Resource Mobilization (PIR), BFO and PPC during the negotiation stages of a proposal and agreement, to ensure alignment with programmatic priorities, support for negotiations on political and sensitive issues, ensure Organizational protection against "conflict of interest" issues, verify budgetary compliance, and initiate potential discussion of budgetary ceilings.

- The importance of a corporate approach to negotiating reporting requirements and other potentially contentious issues with large donors such as the Global Fund and GAVI was emphasized.
- In the context of the ongoing reforms in WHO (including clarification of the roles of the three levels of the Organization), a new Organization-wide Resource Management System is being introduced, which will allow WHO globally to effectively and systematically capture future income and distributions and ensure greater alignment with the approved priorities agreed upon with Member States.
- The new end-to-end process for resource management is intended to help streamline and strengthen the mobilization, distribution and implementation of financial resources across the Organization, as well as achieve greater alignment of funding with the approved programme budget. The mechanism will be spearheaded by Planning, Resource Coordination and Performance Monitoring (PRP) at headquarters, and introduced globally by early 2013.
- There was recognition of the importance of having an Organization-wide view of funds in the pipeline, ensuring alignment of Voluntary Contributions with the Organization's agreed priorities, and the huge opportunity that the proposed system represents for increased transparency in the mobilization and allocation of funds across the Organization.
- However, a number of concerns were expressed by WRs and the senior management. The proposed system was not developed in consultation with the regions. It will effectively duplicate already established regional processes, systems and mechanisms, as well as result in additional bureaucratic layers and standard operating procedures, which will pose additional constraints on WCOs already struggling with often conflicting demands of implementation and impact on public health, and heavy administrative requirements.

Major conclusions/action points

- (1) WHO-SEARO will provide input to WHO-HQ on the new Resource Management System, incorporating the related suggestions and inputs received at this meeting. **(Action: DRD-PIR, DAF-BFO)**
- (2) PIR and BFO will provide training on resource mobilization and management of Voluntary Contributions to country offices, including with the EU. **(Action: DRD-PIR, DAF-BFO)**
- (3) The clearance system for donor agreements and award distribution will be revised to incorporate the Regional Director's guidance, as well as suggestions received by WRs. **(Action: DRD-PIR, DAF-BFO)**
- (4) PIR will continue to work with PRP to address issues that need a corporate approach, such as extensive reporting requirements of donors. **(Action: DRD-PIR)**
- (5) The Regional Office should evaluate how guidance may be provided to governments regarding the process by which awards for donors are managed within WHO. **(Action: DRD-PIR, DAF-BFO).**

2.5.4 NCDs: Follow-up actions on the political declaration

(Agenda item 4.4)

Background

The High-level Meeting (HLM) of the UN General Assembly was a turning point in the global fight against NCDs. The outcome of the UN HLM was the adoption of a political declaration that calls for concrete and comprehensive actions by Member States, and the international community. As a follow-up to the political declaration, WHO organized a formal consultation with Member States from 5 to 7 November 2012 in Geneva to discuss and agree on a set of global indicators and voluntary targets for the prevention and control of NCDs. Member States reached a consensus to include a set of nine global voluntary targets for prevention and control of NCDs. Other important follow-up activities at the global action include: development of a zero draft of the global NCD action plan for the period 2013-2020; development of options for strengthening and facilitating multisectoral action through effective partnerships, and interagency meetings with United Nations agencies, funds and programmes. At the regional level, the main focus is on advocating for

primary prevention for prevention and control of NCDs through multisectoral partnerships; providing technical assistance; and building national capacity in the areas of surveillance and strengthening primary health care systems for NCD interventions.

Discussion points

- Global targets should be adapted to the local context taking into account national epidemiological situation and capacity.
- Data availability is limited in many countries. Collecting and reporting the required data will entail additional resources and investment in surveillance system, civil registration systems and other surveys.
- Global targets were set based on performance of top 10 best performing countries—these are mostly developed countries. Some of these targets are too ambitious for many countries in our Region.
- Prevention and control of NCDs require work in two main areas—prevention of NCD risk factors requires multisectoral collaboration, whereas management requires health sector interventions.
- The link of communicable diseases with NCDs should be adequately highlighted and addressed.
- Health promotion should be given a greater priority in the regional strategy for prevention and control of NCD.

Major conclusions/action points

- (1) A regional consultation should be convened to discuss the adaptation of global targets to regional and national situation. (**Action: SDE-NCD**)
- (2) Technical assistance should be provided to Member States in setting national indicators and targets and conducting surveillance. (**Action: SDE-NCD, WCOs**).

2.5.5 Better networking among Centres of Excellence: mobilization of experts/rosters (Agenda item 4.5)

Background

WRs were briefed about the strategic use of communication structure and channels in SEAR. The SEARO web policy, social media policy and the roadmap to SEARO communication strategy were presented. Highlights from findings of surveys on perception of stakeholders about WHO and its communication were also presented to the WRs.

Discussion points

- **Perception of stakeholders:** WR Sri Lanka noted with concern the findings of the *stakeholder perception survey* that indicated that 40% employees had either "declining confidence" or "consistent disappointment" in WHO's work over the past five years.
- **Social media in SEAR:** Corporate use of social media was discussed. It was felt that countries must adopt communication channels including social media strategically according to their ground realities. The SEARO Web Coordination Committee's proposal for a *Six-month pilot plan* using the HQ social media platform was presented. It was stressed that social media is a full time engagement and oversight functions must be ensured. WR Thailand shared Thailand's experience with social media. A "brief" on staff rules for social media use was also provided.
- **Web site:** WR India stressed that country-specific content was needed. However, it was not easily available. WR Timor-Leste pointed out that as donors check the WCO web sites, training for WCO staff on writing for the web as well as web production was needed.
- **Communication strategy:** The timeline and approach for the SEARO communication strategy was discussed. A bottom-up approach to the communication strategy was recommended where inputs and ground realities from WCOs must feed into regional and global communication strategies.
- **Communication capacity:** WR Indonesia appreciated the work of the *SEAR Communication Network* as "one of the functional networks in

the Region" and noted that "it is a forum through which communication officers/focal points can learn from each other and upgrade their skills". WR Timor-Leste mentioned that countries such as Timor-Leste could take advantage of a pool of communication officers trained by United Nations Integrated Mission in Timor-Leste (UNMIT). However, funding was an issue.

- **Partnership with private sector:** WR Indonesia raised the issue of partnership with private agencies for communication outreach. It was discussed that all such proposals should be brought to DAF's attention to ensure compliance with WHO policy on use of its logo and name by the private sector.

Major conclusions/action points

- (1) PIA-SEARO will communicate to HQ communications the importance of feeding-in WCOs' perspectives for the global and regional communication strategy. (**Action: DRD-PIA**)
- (2) PIA will share the SEARO policy on social media and web site with WRs once it is approved by the senior management. (**Action: DRD-PIA**)

2.5.6 ICT: workshop on global synergy and new web site management tool/ layout (*Agenda item 4.6*)

Background

The WHO Internet sites are in the process of being redesigned and brought under one Organization-wide tool (WebIT). The SEAR Regional Office and country office sites will all be converted to this new platform.

Global Synergy is a WHO standard, remotely managed and fully automated workstation computing environment, which has been implemented in HQ and is now being implemented in SEARO. The conversion of desktops to Global Synergy has begun in the Regional Office. The system will be rolled out in country offices over the coming few months.

A briefing was provided on the status of the regional Internet site revamp and the tool (WebIT) used to manage the site content. Another

briefing was provided on the Global Synergy workstation environment, its implementation status in the Regional Office, and the implementation plans for country offices.

Discussion points

- The Regional Internet site revamp and roll-out plan for country office sites: the SEAR plan is initially for a minimum number of pages to be created for each country office, which will “go live” with the new regional Internet site in late December. WRs expressed concern that the current country office sites should not be shut down with the introduction of these new pages, but retained for access until the new site was more robust for launching. Some technical implications were mentioned, but the ICT-PIA team will evaluate the options for addressing this need.
- The timeline and possible venue for WebIT tool training of country office staff was discussed. Training will include not just the mechanics of posting, but also writing and communications style appropriate to the web. For the staff to be fully trained, the key is quality over quantity, i.e. a limited number of staff per office should be trained and they should be assigned the time to manage the country office web site content.
- An overview of Global Synergy and the benefits it will provide to both staff and the Organization was discussed, including the new hardware and software standards. WRs were informed that there was no direct additional cost of implementing Global Synergy on equipment that met the minimal qualifications (most current equipment in SEAR). Outdated equipment may require upgrading.
- Due to time delay the planned workshop involving a "hands on" training was cancelled.

Major conclusions/action points

- (1) the timeline for WebIT training of country office staff should be finalized and shared with country offices. Tentatively training will be given as a follow-on to the communications network focal points training in February 2013. In addition, ICT will explore the possibility of earlier training options for country office web site focal points.
(Action: DAF-ICT, DRD-PIA)

- (2) Options should be explored to allow country offices to keep their current web sites operational as subdomains, beyond full migration to the new regional web site (if technically feasible). **(Action: DAF-ICT)**
- (3) Country office summary pages should be reviewed by responsible officers. Any modifications or additional information are to be provided before the December 2012 “go live” date. **(Action: Country office focal points)**
- (4) Timeline and costing for the implementation of Global Synergy in country offices should be finalized and provided to WCOs as soon as possible, to allow for WCO work and resource planning. The timing will be tagged after completion of work in the Regional Office, followed by WCO India, as the pilot country office for Global Synergy. **(Action: DAF-ICT)**

2.5.7 Compliance and accountability framework in financial management *(Agenda item 4.7)*

Background

WHO Member States have raised considerable concern about compliance with WHO rules across the Organization, noting that there are a number of audit recommendations that remain open for lengthy periods of time. The Director-General made a commitment to the Sixty-fifth World Health Assembly to improve compliance with WHO policies and audit recommendations through strengthened controls and monitoring across regions, in particular in WHO country offices. In response to this increased focus on compliance, WHO headquarters and WHO-SEARO have taken several steps to strengthen accountability and compliance.

Broadly, it can be said that WHO is accountable for the appropriate use of all funds entrusted to the Organization by all funders, both its members as well as voluntary donors, for financing its agreed programmatic priorities. Lack of accountability, or non-compliance with the Organization’s rules and policies, bears a risk of potentially harmful consequences. The risks are wide-ranging and may have reputational, financial or security consequences. Most consequences typically can be directly linked to inability to implement WHO’s mandate to its fullest potential.

The financial control framework, supported through the Financial Regulations, Financial Rules, WHO eManual and related Standard Operating Procedures is designed to ensure effective financial administration, the exercise of economy and to safeguard the assets of the Organization.

The Organization's commitment to the Member States through various governing body sessions, documentation and resolutions, seeks to further strengthen accountability, compliance and risk reduction at all levels of the Organization.

Discussion points

- An overview was provided of activities completed and initiated in the different components of the WHO control framework both at headquarters and at the regional level. WRs are primarily responsible for implementing an appropriate control framework at the country level, focusing on award management, human resources management, procurement and management of imprest.
- Key financial management responsibilities were explained to WRs in terms of country office bank account management; awards management including donor reporting and accountability; adequacy of future financing and adherence to procurement procedures to ensure value for money.
- **DFC**
 - eManual provisions, particularly for DFC, are not clear; different major offices interpret these in different ways. It is not clear, for example, how funds to finance large DFC projects can be pooled at country level to maximize efficiency in programme delivery.
 - It is cumbersome to have to itemize detailed budgets when initiating DFCs, when the focus should be on indicating clear deliverables.
 - Global standard operating procedures on DFC are currently being finalized, and small changes have been made in the eManual. However, these standard operating procedures will not address most of these concerns. A discussion is already on between BFOs and the WHO Comptroller about some of these issues with a view to make some further substantive changes to the DFC policy.

More information on the changes will be provided to WRs by BFO once discussions conclude.

- Training of programme assistants on managing and monitoring DFC as well as other contracts is necessary.
 - The Regional Director clarified that accountability was the key issue when working with governments through the DFC mechanism.
- Procurement has been highlighted as a key risk area, both financial and reputational, which auditors repeatedly report as a major area of concern.
- It was suggested that, as compliance and accountability measures are put into effect, it is important to analyse and quantify the degree of risk, so as to have the mitigation measures comparable to the level of risk.
- WRs indicated that the planned "Statements of Internal Control" documents, that will have to be signed by all WRs and made available for public scrutiny, will not be enough to ensure compliance across the Organization. WRs will need to be supported in the implementation of adequate controls.
- It was clarified that the compliance and country support team under BFO, through their regular checks and scrutiny of accounts and documents, is working to ensure enhanced compliance across the Region and to support all COs including WRs in ensuring the control framework is in place in all offices in SEAR. This team will work with the AOs in the country offices on designing a report that may be provided to the WRs monthly, summarizing the information they need for their proper review of control measures.
- Separate standard operating procedures for use in emergencies also need to be in place.

Major conclusions/action points

- (1) BFO should work with the Comptroller and BFO network and in consultation with WRs to improve guidance and processes on DFCs.
(Action: DAF-BFO)

- (2) BFO should arrange training to programme assistants on the use of the different contract types and specifically on DFC procedures. (**Action: DAF-BFO**)
- (3) A joint session for WRs and AOs should be held in early 2013 on compliance and accountability roles, responsibilities and sound monitoring practices. (**Action: DAF**)
- (4) BFO should work in collaboration with EHA to review the current emergency standard operating procedures and their regional interpretation to ensure that WRs have clear guidance for emergencies. (**Action: DAF-BFO, SDE-EHA**)

2.6 Special briefings on certain issues (*Agenda item 5*)

2.6.1 Subject of the next World Health Day: hypertension

(*Agenda item 5.1*)

Background

The theme for World Health Day 2013 is *hypertension*. This is a good opportunity to raise public awareness about the ways to prevent and control hypertension. Hypertension, defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg, is the leading cause of preventable death worldwide. Raised blood pressure is estimated to cause 7.5 million deaths globally or 13% of all deaths. In the South-East Asia Region, one in three adults has raised blood pressure. Hypertension claims nearly 1.5 million lives each year in the Region. Raised blood pressure is a major risk factor for coronary heart disease and ischemic as well as haemorrhagic stroke. As lifestyles are important for prevention and control of hypertension, the South-East Asia Region will focus on the theme: healthy blood pressure, healthy lifestyle. Several advocacy products will be developed for use by countries including a WHO calendar, advocacy docket, RD's message and media articles, and a special issue of the *Regional Health Forum*.

Discussion point

- Caution should be exercised in singling out one metabolic risk factor, hypertension, in the fight against NCDs, while WHO has been

pushing strongly for addressing the multirisk-factor approach to prevention and control of NCDs.

Major conclusion and action point

- Advocacy products by WHO-HQ and WHO-SEARO should be sent well in advance to ensure that the materials reach the countries in time. **(Action: SDE-NCD)**

2.6.2 Post-MDGs (2015) development agenda (*Agenda item 5.2*)

Background

The post-MDGs (2015) development agenda is under discussion through the UN Secretary-General's High-Level Panel as mandated by the 2010 MDG Summit and the Working Group on Sustainable Development Goals as mandated by Rio+20. The UNDG has put three processes, i.e. national consultations, global local consultations and thematic consultations, to provide relevant inputs into the post-2015 development agenda including on health. WHO and UNICEF are the lead agencies for the health thematic area and WHO has issued a discussion paper entitled "Positioning Health in the post-2015 Development Agenda" and the WRs are kept abreast of the developments through the Regional Office and headquarters. A regional perspective on the health MDGs is also available.

Discussion points

- Countries in the South-East Asia Region have registered impressive gains on many indicators of the MDGs. Several targets have been achieved and tangible improvements can be made on the others in the remaining three years. Therefore, the emphasis of the UN Secretary-General's High-Level Panel during their meeting in the UN General Assembly in September 2013 is very appropriate, in that the post-2015 work should not overshadow the efforts needed to achieve MDGs.
- National consultations are planned in some of the listed countries, including Indonesia whose president is one of the co-chairs of the HLP, and it was noted that the list for national consultations may consist of over 100 countries.

- The emphasis in the WHO discussion paper on positioning health in the post development agenda is on *universal health coverage through primary health care*.
- Various discussions, both internal as well as in the various groupings on the post 2015 development agenda are under way and driven politically, besides the process that is mandated by the MDG Summit, Rio+20 and UNDG. Given the environment, close watch needs to be kept on the developments particularly at the country level for WHO to facilitate appropriately.

Major conclusions and action points

- (1) Sharing of information on the processes under way, and on further developments should be maintained particularly by WHO-HQ and at the Regional Office level. (**Action: DRD-PIR and CCO-HQ**)
- (2) WHO should coordinate with UNRCs and Ministry of Health at the country level to facilitate the various consultations that are planned. (**Action: WRs and relevant technical units in WHO SEARO**).

2.6.3 Capacity building in the management of medicines, drug regulation, supply and use (*Agenda item 5.3*)

Background

Member States have increasingly been requesting technical support and capacity building in the area of medicines. Three Regional Committee resolutions on strengthening drug regulation, drug supply, drug policy and rational use of medicines have been adopted in recent years – SEA/RC64/R5, SEA/RC62/R6 and SEA/RC55/R2. In addition, at the Sixty-fifth session of the Regional Committee, Member States requested that a regional consultation on drug supply and regulation be held. Also, there is a requirement to report to the Sixty-sixth Regional Committee on resolution SEA/RC64/R5 related to drug policy, including the rational use of medicines.

Discussion points

- The Regional Adviser, Essential Drugs and Medicines presented WHO activities in the Region and highlighted results from monitoring

activities of WHO with regard to drug use and drug policy and the results of the situational analyses conducted in 10 countries. The results clearly show that there are serious weaknesses in the pharmaceutical sector in all countries with regard to all areas of medicines including regulation, supply, selection, use and policy. She also mentioned that there was a serious lack of resources, particularly dedicated human resources, which resulted in fragmented and limited activities with little follow-up. A regional consultation is planned in 2013, with each country sending an expert in the fields of drug supply, regulation, selection and use and policy, to discuss how to manage medicines better and the results of this consultation will be presented to the Sixty-sixth Regional Committee. Donors and partners will also be invited so that they may support any recommendations.

- WR Maldives mentioned that there was a lack of resources in WHO for providing technical support but increasing demand from Member States. She also mentioned that other donors were not providing support on all the aspects of medicines that was needed, and that this was where WHO's technical support was particularly well appreciated by countries. She raised the issue of mobilizing resources.
- WR Thailand stated that the situational analysis was well received in Thailand and that it was particularly important in the light of universal health coverage. She also mentioned that the area of medicines had been starved of resources and that it was important to find other avenues for mobilizing resources, such as antimicrobial resistance or universal health coverage.
- WR India mentioned that everyone agreed that medicines was a cross-cutting issue and that governments often knew what the problems were but could not address many of the problems. However, the Government of India is now investing much more in the area of medicines and that this is an opportunity for WHO to provide more technical support.

Major conclusions and action points

- (1) It was agreed that the resource constraints for medicines were extremely serious and that resource mobilization was very problematic. Feasible ways to secure resources were suggested.
(Action: HSD-EDM-SEARO)

- (2) There was concurrence with the plan to hold a regional consultation to discuss the way forward to improve the management of medicines, particularly with regard to drug supply, regulation, policy and use, including the issue of access to essential medicines for small countries, which had been raised by the Sixty-fifth Regional Committee. The outcomes of the regional consultation should be presented when reporting on resolution SEA/RC64/R5 to the forthcoming Sixty-sixth session of the Regional Committee. **(Action: HSD-EDM-SEARO)**

2.6.4 Health data standards *(Agenda item 5.4)*

Background

This subject cuts across all important areas of strengthening health information system (HIS) emphasized in the 10-point regional strategy for strengthening HIS, which was endorsed by the Sixty-third session of the Regional Committee in 2010. A progress report on the implementation of this regional strategy needs to be presented at the Sixty-eighth session of the Regional Committee in 2015.

Reliable eHealth systems are essential for better health-care delivery and better health outcome. Effective and timely transmission of personal or population data across information systems requires adherence to Health Data Standards and related Information Technology Standards. Strengthening eHealth efforts and health information systems depends on national ownership, multisectoral engagement, appropriate use of ICT, and adequate human capacity.

During missions to countries in the SEA Region, the Regional Office (HSD-HST) has learnt that there is substantial demand from the ministries of health for technical assistance in understanding the need for standards and their eventual adoption in the country contexts. DPR Korea, Indonesia, Maldives and Nepal have expressed interest in technical assistance to develop roadmaps for adoption of health data standards at all levels of health-care delivery.

As part of the effort to inform the WRs about the aforementioned technical area, the Agenda item 5.4 on Health Data Standards was introduced.

Discussion points

- Countries generally realize the importance of health information systems and the importance of health data standards; however in this vital area, WHO does not have sufficient capacity at country level, and the ministries of health might also lack capacity. WR suggested a rethink on how to develop the necessary technical capacity at the country level, if WHO wants to make a difference in countries. A brainstorming session is recommended to review the deficiencies in health information that would lead to raising of awareness on the importance of standards and their adoption.
- In some instances, the private sector has been exerting considerable pressure to implement select “standards” to fit needs, which countries might be unaware or do not need. It is for this reason, that WCOs need to be aware of the current technological developments in order to inform ministries of health to provide a clear guidance for this subject area.
- It was recognized that WHO staff members should be fully informed of the importance of health data standards and hence it was important to take forward this agenda. In addition, it would be important to work with other UN agencies such as International Telecommunication Union (ITU) and other stakeholders to develop capacity at the country level.
- Health data standards is an important topic for countries such as Maldives and Timor-Leste where the government plans to upgrade HIS and connect different e-Health systems to develop a more integrated HIS. Countries vary in their level of technical capacities in this rather highly technical area. Therefore, it was suggested that technical capacity be developed at the country level. In order to achieve country-level capacity development, resource mobilization would be required to provide sustainable support.
- WHO should not insist on a straight-jacket approach, but rather develop strategies according to local contexts. It is good to share information with countries; at the same time, implementation should be country-specific, in accordance with country capacity.

Major conclusions and action points

Member States should be encouraged and urged to:

- (1) Work with stakeholders to develop a roadmap for adoption of health data standards for national and subnational levels, specific to country context and in alignment with country capacity (**Action: HSD-HST-SEARO & WRs**).
- (2) Develop appropriate policy and strategies to strengthen country capacity for adoption of standards by the health sector (**Action: HSD-HST-SEARO & WRs**).
- (3) Convene multisectoral engagement to provide technical assistance to countries in developing their national eHealth architecture and strengthen their HIS based on adoption of health data standards. (**Action: HSD-HST-SEARO & WRs**).

2.6.5 Commission on Information and Accountability (*Agenda item 5.5*)

Background

In May 2011, the Commission on Information and Accountability for Women's and Children's Health (COIA) delivered its ten recommendations to strengthen accountability for resources and results. Accountability has been defined by the COIA as a cyclical process of monitoring, review and action, linking accountability for resources to results. A multi-stakeholder process, including a consultation in July 2011 resulted in the translation of the recommendations into a common strategic workplan. The workplan identified priority areas of focus for strengthening country accountability based on these 10 recommendations. These include:

- birth and death registration
- monitoring of results
- maternal death review and surveillance
- strengthening the use of ICT
- resource tracking
- national mechanisms for reviews and accountability
- advocacy and action.

Countries should define priorities within these activities. They may have other priorities as well. It is generally proposed that a three-four year roadmap to strengthen accountability be developed, with a budget that allows catalytic action in countries. The aim is to build on ongoing activities, mechanisms and processes in the country, following the IHP+ approach for harmonization and alignment.

Discussion points

- DRD emphasized the importance of the Commission on Information and Accountability for Women's and Children's Health (COIA), as it was also mentioned at several World Health Assemblies. Funds are already available and good performance and timely implementation of activities will help mobilize more resources in the future.
- WR DPR Korea appreciated HST support for the COIA workshop and highlighted that this will help improve openness to share data and their availability for the country.

Major conclusions and action points

- (1) Six countries of the Region, prioritized by the Commission, need to implement activities in a very timely manner, including the national workshop to develop the country roadmap, involving other development partners, civil societies, NGOs and other stakeholders. **(Action: HSD-HST-SEARO & WRs)**
- (2) These areas of work also apply to the remaining five countries not prioritized under the Commission and HST can be available to provide technical assistance required for them to take the work forward of improving health information. **(Action: HSD-HST-SEARO & WRs)**

2.7 Individual meetings of WRs with Technical Units on pre-arranged topics *(Agenda item 6)*

The follow-up action points, mutually agreed upon 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 during the Closing Session.

Concluding remarks by the Regional Director

Following adoption of the major conclusions and recommendations, the Regional Director delivered his closing remarks, emphasizing the importance of the Sixty-fourth Meeting of the Regional Director with the WHO Representatives in SEAR, where managerial, legal and programming issues for the coming biennium had been, and were intended to be, at the forefront of discussion. The main focus of the meeting was on management issues with the purpose of being more efficient and effective, especially in countries and in WHO country offices. The reputation of WHO rested to a significant extent on its capacity to respond at the ground level in country. This capacity comes mainly from country operations of WHO, to which the Regional Office contributes.

The Regional Director mentioned that much had been done to increase delegation of authority, especially in SEAR. While responsibility went along with accountability in technical and managerial terms, the mechanism of *Internal review and technical assessment* (IRTA) had been initiated and implemented not to find fault but to help strengthen operations. To this he added horizontal collaboration to share resources for common problems.

The Regional Director reiterated that the WHO Representatives were special staff in WHO, as they faced real situations in countries. They were technically competent and needed to be politically and diplomatically competent too, country by country.

The Regional Director requested that recommendations of this meeting be followed closely, especially as they were not too numerous. For the Sixty-fifth meeting of RD with the WRs in November 2013, a similar framework may be used as used for this meeting.

The Regional Director mentioned that Dr Maureen Birmingham would be leaving shortly to take up her new post as WR Mexico. He thanked Dr Maureen for her sterling work as WR Thailand, and for further

strengthening the WHO collaborative programme, as well as for her role in interagency coordination.

The Regional Director and the Deputy Regional Director thanked all WRs and participants and staff from WHO-HQ and from the Regional Office for their active participation in the meeting.

Dr H.S.B. Tennakoon, the Dean of WRs, on behalf of the WRs, commended the report placed at the final plenary, where almost all suggestions had already been incorporated. He also recalled a positive trend on legal matters, adding that WRs would benefit from inclusion of these topics. Dr Tennakoon thanked the Regional Director and the Deputy Regional Director for their guidance, and colleagues from WHO-SEARO and WHO-HQ for their valuable inputs.

Annex 1

Agenda

1. Opening
2. Follow-up actions and highlights of important meetings:
 - 2.1 Follow-up actions on the Sixty-third meeting of the Regional Director with the WHO Representatives held in SEARO in November 2011
 - 2.2 Highlights of the Sixty-fifth session of the Regional Committee and Thirtieth Meeting of Health Ministers held in Yogyakarta, Indonesia in September 2012
3. Legal matters
4. Presentations and discussions on specific topics of importance:
 - 4.1 Implementation of country Programme Budget 2012-2013
 - 4.2 Development of 12th GPW and Programme Budget 2014-2015
 - 4.3 Briefing on management of VC funds and donor reporting, including use of VC funds for HR
 - 4.4 NCDs: Follow-up actions on the Political Declaration
 - 4.5 Strategic communication in the work of WHO
 - 4.6 ICT: Workshop on global synergy and new website management tool/ layout
 - 4.7 Compliance and accountability framework in financial management
5. Special briefings on certain issues:
 - 5.1 Subject of the next World Health Day: Hypertension

- 5.2 Post MDGs (2015) development agenda
- 5.3 Capacity building in the management of medicines, drug regulation, supply and use
- 5.4 Health data standards
- 5.5 Commission on Information and Accountability
- 6. Individual meetings of WRs with technical units on pre-arranged topics (by appointment only)
- 7. Meeting with Executive Management
- 8. Meeting with the Executive Committee of the Staff Association
- 9. Closing

Annex 2

List of participants

WHO Representatives

Dr Thushara Fernando
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 Maureen E. Birmingham
WHO Representative to Thailand

Dr Jorge M. Luna
WHO Representative to Timor-Leste

WHO-HQ

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

Mr Nicholas Richard Jeffreys
Comptroller and Director
Department of Finance

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Senior Legal Officer
Office of the Legal Council

Mr Michael Fergus Mccullough
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Office of the Director-General

Dr Ramesha S Krishnamurthy
Technical Officer
eHealth Standardization and
Interoperability
(for relevant part of Agenda item 5.4 only)

WHO country offices

Dr Nima Asgari-Jirhandeh
Public Health Administrator
WHO Country Office, Thailand

Secretariat

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

Ms Dianne Arnold
Director, Administration and Finance

Dr Abdul Sattar Yoosuf
Assistant Regional Director

Dr Quazi Monirul Islam
Director
Department of Health Systems
Development

Dr Sangay Thinley
Director
Department of Family Health and
Research

Dr Athula Kahandaliyanage
Director
Department of Sustainable Development
and
Healthy Environments

Dr Rajesh Bhatia
Director
Department of Communicable Diseases

Dr N. Kumara Rai
Adviser to Regional Director

Ms Valpuri E. Berg
Budget and Finance Officer

Ms Nelly Enwerem-Bromson
Partnerships Interagency Coordination
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Dr Renu Garg
Regional Adviser
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Ms Vismita Gupta-Smith
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Mr Henning Carl Brenoe
Regional Information and Communication
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Dr Stephan P. Jost
Acting Planning Officer and
Technical Officer, Country Cooperation
Strategy; Programme Planning and
Coordination and Governing Bodies Unit

Dr Patanjali Dev Nayar
Programme Management Officer;
Programme Planning and Coordination
and Governing Bodies Unit

Mr Chander Shekhar Sharma
Administrative Assistant

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

Regional Director's Opening Remarks

WHO Representatives, colleagues, ladies and gentlemen.

I warmly welcome you all to the Sixty-fourth meeting of the Regional Director with the WHO Representatives.

The meeting is structured similarly to last year. With regard to the agenda of the meeting, a number of items had been suggested by WRs. We tried to ensure, however, that, as much as possible, the content of the meeting would deal primarily with our "day-to-day" management issues and challenges. In order to ensure realistic and practical solutions to those issues and challenges, our discussions should be "problem-based". In the discussions, try not to be too general, but to be specific and strategic as much as possible.

In front of us, we have an agenda and a programme for the meeting that will be kept flexible as much as possible. If needed, the agenda and the programme may be modified/adjusted appropriately. This meeting will start with follow-up actions on our Sixty-third meeting held last November, and will be followed by the highlights of the Sixty-fifth Session of the Regional Committee; and the Thirtieth Meeting of the Health Ministers.

When the highlights of the Sixty-fifth Session of the Regional Committee are presented, there will be an update on certain aspects of WHO reform. Please also note that we have one main agenda item on "Legal matters", to be presented by LEG-HQ. This is one area of our everyday concern in countries; how to handle the legal matters, and how to deal with the issues of "privileges" and "immunities". I thank the Legal Counsels from HQ for coming here to help us in these matters.

On Agenda 4.2 – Development of 12th GPW and PB 2014-2015 – we will try to emphasize their implications on future programme development and management. In a nutshell, there will be 6 categories of programmes instead of 13 strategic objectives (SOs), as we have in the current biennium. These categories will probably become six "appropriation sections" in the programme budget resolution.

Biennial programming will start with defining targets of outputs and outcomes of result chains in priority areas. Budgeting will be done on the basis of those targets of outputs and outcomes. How to cost outputs and outcomes is still under consideration at HQ. Programming is to be done first, then budgeting. Programming and budgeting are not to be done at the same time, as we used to do. This is “results-based planning”.

At the Sixty-fifth Session of the Regional Committee, all Member States appreciated this approach to the development of the programme budget. It is expected that this approach would help rectify, among other things, the maldistribution of WHO resources among programmes and among countries. Also, there will be more information on Category 6 – Corporate services-enabling functions. DAF will prepare more details on Category 6, as requested by some WRs.

Another important item added to the agenda is “Compliance and accountability framework”. This is the area of our persisting challenges when dealing with auditors’ observations and recommendations. We need to pay much more attention to this subject especially in the light of increasing Member States’ concern with our performance in programme management. I thank Nick Jeffreys, the Comptroller, for coming here to help us in the presentation on the subject.

Colleagues, in our programme implementation nowadays, one difficulty we are facing is in the “management of VC funds”, including donor reporting. I hope that we will have useful and fruitful discussions on this subject. And we will have a better understanding of various issues involved in the implementation of VC funds.

As we are aware, there are two components in our budget, i.e. AC and VC. Managing AC funds is rather easy and straightforward. But, as we know, managing VC funds is much more complex and complicated. Let us try to understand clearly such complexity and complications so that the efficiency of our management of VC funds can be improved. If we cannot manage VC funds efficiently, the donors will shy away from us. Equally important, we need to ensure perfect complementarity in the use of AC and VC funds. Keep in mind that AC funds are dwindling and VC funds are increasing. The ratio now is about 25 to 75 per cent. These two components of budget must be managed integrately to ensure that they enhance the efficiency and effectiveness of each other.

As usual, we can expect that the outcome from this meeting will significantly contribute to solving our day-to-day management problems; on the ground it will contribute to further strengthening the capacity of our country offices. Strengthening the capacity of country offices remains our highest priority. We at SEARO will continue to do our best and devote more efforts for such strengthening – strengthening the capacity of country offices.

As we are well aware, there are many constraints in our attempt to strengthen country office capacity. Budgetary limitation prevents us from pursuing staffing of our country offices the way we would like. We are still to find the most appropriate approaches to the management of HR for individual COs. HR will have to be managed in the light of budgets and funds that are available “today”; and will be available “tomorrow”. Types and numbers of HR must be determined by the way we organize and manage our work, our programmes.

In the light of the current budgetary constraints, we are aware that we need to be especially strategic in our planning and management. It is very important that our work at country and regional levels remains really effectively coordinated. We need to work as “one” to ensure our “most effective contribution” to countries’ efforts in the area of health.

Try to use our “horizontal collaboration” in maximizing the effective use of our WHO country budgets by sharing resources to facilitate training of both WHO and national staff. WRs, with big country budgets, are encouraged to do more in horizontal collaboration.

In this connection, I would like to place on record the commendable work done by WR, India in supporting capacity strengthening in small countries in the Region through horizontal collaboration.

Ladies and gentlemen, we have less budget for the current biennium. And we cannot expect a greater budget for the ensuing biennium. However, it may not matter how much money we have but what matters is its efficient use. We should try to direct our resources towards “country capacity” strengthening; in priority areas, in particular.

Please make sure that our countries get stronger year by year. Their technical capability and capacity is increasing every year. We should be happy when the countries can do things themselves without much help

from outside. We should look forward towards a “long-term sustainable development” in various national health programmes.

We should be encouraged to help countries achieve self-reliance; which is a prerequisite for sustainable development. It is with pride that we see the countries getting increasingly developed, socially and economically. And to see their people getting healthier.

We, as WHO staff, just come and go. However, as long as we are in WHO, please try to dedicate and commit ourselves fully in our contribution to national social and economic progress. We need to do this by recognizing governments’ efforts and appreciating the contributions made by our partners, within and outside the UN system.

To repeat, we are here to dedicatedly provide technical support to countries in their health development efforts. We are not supposed to demand anything from countries; we can only expect to get what we deserve from the Organization, as its staff members: staff members, who are loyal and committed to its constitutional mandate and mission.

With these words, colleagues, ladies and gentlemen, I wish the Sixty-fourth Meeting of the Regional Director with WRs all success. And I wish that all WRs have an enjoyable stay in Delhi during the pleasant weather. Thank you.

The Sixty-fourth Meeting of the Regional Director with the WHO Representatives of the South-East Asia (SEA) Region discussed a series of health-related programme management matters at the WHO Regional Office for South-East Asia from 19 to 23 November 2012.

This report summarizes the discussions, conclusions and action points of this meeting which consisted of five sessions.

The first session reviewed follow-up actions and highlights of important meetings, i.e. the Sixty-third meeting of the Regional Director with WHO Representatives in November 2011, the Thirtieth Meeting of the Ministers of Health of the SEA Region, and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia, both held in Yogyakarta, Indonesia in September 2012.

The second session covered legal matters and issues of privileges and immunities related to international assignments.

The third session discussed specific issues of importance: implementation of the current programme budget 2012–2013; development of the Twelfth General Programme of Work and proposed programme budget 2014–2015; briefing on management of voluntary contribution (VC) funds and donor reporting, including use of VC funds for human resources; noncommunicable diseases: follow-up actions on the UN General Assembly Declaration; strategic communication in the work of WHO; Information, communication and technology: Workshop on Global Synergy and new web site management tools; and the compliance and accountability framework in financial management.

The fourth session dealt with special briefings on five topics of importance to the Region: the subject of the next World Health Day – hypertension; the post-MDGs (2015) development agenda; capacity-building in the management of medicines, drug regulation, supply and use; health data standards; and the Commission on Information and Accountability.

The final session was dedicated to individual meetings of WRs with technical programmes with the purpose of enabling WRs and technical units to further strengthen collaboration between the Regional Office and country offices on country-specific needs.

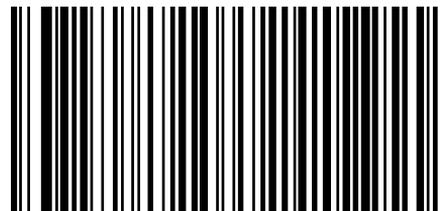
The final plenary adopted the draft report of this meeting, finalized subsequently in consultation with participants.



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