

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

WHO-SEARO, New Delhi, 1–3 July 2013



**World Health
Organization**

Regional Office for South-East Asia

SEA-PDM-25
Distribution: General

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

WHO-SEARO, New Delhi, 1–3 July 2013



**World Health
Organization**

Regional Office for South-East Asia

© World Health Organization 2013

All rights reserved.

Requests for publications, or for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – can be obtained from Bookshop, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India (fax: +91 11 23370197; e-mail: bookshop@searo.who.int).

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

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

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication does not necessarily represent the decisions or policies of the World Health Organization.

Printed in India

Contents

	<i>Page</i>
Introduction.....	1
1. Inaugural session	1
2. Technical matters (<i>RC66 provisional agenda item 4</i>).....	2
2.1 Selection of a subject for the technical discussions to be held prior to the Sixty-seventh Session of the Regional Committee (<i>RC66 provisional agenda item 4.2</i>)	2
2.2 Implementation of the International Health Regulations (2005) (<i>RC66 provisional agenda item 4.3</i>)	4
2.3 Measles elimination and rubella control (<i>RC66 provisional agenda item 4.4</i>)	7
2.4 Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020) (<i>RC66 provisional agenda item 4.5</i>)	9
2.5 Reports of WHO global working/advisory groups (<i>RC66 provisional agenda item 4.6</i>)	12
2.5.1 Pandemic Influenza Preparedness Framework (<i>RC66 provisional agenda item 4.6.1</i>)	12
2.5.2 Progress report on malaria (<i>RC66 provisional agenda item 4.6.2</i>)	14
2.6 Progress reports on selected Regional Committee resolutions (<i>RC66 provisional agenda item 4.7</i>)	15
2.6.1 Challenges in polio eradication (SEA/RC60/R8) (<i>RC66 provisional agenda item 4.7.1</i>)	15
2.6.2 2012: Year of Intensification of Routine Immunization in the South- East Asia Region: Framework for Increasing and Sustaining Coverage (SEA/RC64/R3) (<i>RC66 provisional agenda item 4.7.2</i>)	17
2.6.3 National Essential Drug Policy including Rational Use of Medicines (SEA/RC64/R5) (<i>RC66 provisional agenda item 4.7.3</i>)	20
2.6.4 <i>Consultative Expert Working Group on Research and Development: Financing and Coordination (SEA/RC65/R3)</i> (<i>RC66 provisional agenda item 4.7.4</i>)	22

3.	Governing Body matters (<i>RC66 provisional agenda item 5</i>)	24
3.1	Important issues arising out of the Sixty-sixth World Health Assembly and the 132nd and 133rd sessions of the WHO Executive Board (<i>RC66 provisional agenda item 5.3</i>)	24
3.2	Review of the draft provisional agenda of the 134th Session of the WHO Executive Board (<i>RC66 provisional agenda item 5.4</i>).....	25
4.	Special programmes (<i>RC66 provisional agenda item 6</i>)	27
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 2013 (<i>RC66 provisional agenda item 6.1</i>)	27
4.2	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2013 and nomination of a member in place of Bhutan whose term expires on 31 December 2013 (<i>RC66 provisional agenda item 6.2</i>)	28
5.	Adoption of report.....	29
6.	Closure	29

Annexes

1.	Agenda	30
2.	List of participants.....	32

Introduction

The High-Level Preparatory (HLP) Meeting for the Sixty-sixth Session of the WHO Regional Committee for South-East Asia was held in the WHO Regional Office, New Delhi, from 1 to 3 July 2013. Participants from all the Member States of the South-East Asia Region attended the meeting. The agenda and list of participants are appended to the report as Annexes 1 and 2, respectively.

1. Inaugural session

Opening remarks by the Regional Director

The Regional Director, Dr Samlee Plianbangchang, welcomed the participants to the HLP Meeting for the Sixty-sixth Session of the WHO Regional Committee for South-East Asia. He informed them the Sixty-sixth Session would be held in the Regional Office from 10 to 13 September 2013, as the Regional Director would be elected this year.

The Regional Committee would have only two days for discussions on the substantive agenda items in view of the nomination of the Regional Director, which was expected to take up a considerable amount of time. It was, therefore, important for the HLP Meeting to discuss the agenda items in detail and come up with concrete conclusions and recommendations to be submitted to the Regional Committee. He urged the participants to endeavour to arrive at consensus on the recommendations in order to avoid long discussions at the Regional Committee.

The agenda of the HLP Meeting was framed on the basis of the provisional agenda of the Sixty-sixth Session of the Regional Committee. The working papers presented at the HLP Meeting would be modified to include its conclusions and recommendations and submitted as working papers to the Regional Committee. Dr Samlee requested participants to thoroughly brief the members of the delegations to the Regional Committee on the outcome of the HLP Meeting.

In conclusion, Dr Samlee wished the meeting a success and also a 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.

Her Excellency, Dr Thein Thein Htay, Deputy Minister, Ministry of Health, Myanmar, was nominated Co-Chairperson.

Ms Geela Ali, Permanent Secretary, Ministry of Health, Maldives, was nominated Rapporteur.

A drafting group, consisting of the following members, was also constituted: Dr Agus Suprpto, Head of Center for Humanities, Health Policies and Community Empowerment, Board for Health Research and Development, Ministry of Health, Indonesia; Dr (Mrs) S C Wickramasinghe, Director, Planning, Ministry of Health, Sri Lanka; and Dr Pitakpol Boonyamalik, Director, Nakhon Ratchasima Psychiatric Hospital, Department of Mental Health, Ministry of Public Health, Thailand.

2. Technical matters *(RC66 provisional agenda item 4)*

2.1 Selection of a subject for the technical discussions to be held prior to the Sixty-seventh Session of the Regional Committee *(RC66 provisional agenda item 4.2)*

Introduction

The purpose of the technical discussions conducted each year in the South-East Asia 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 2001, and put forward the following five subjects for consideration:

- (1) neglected tropical diseases;
- (2) drug-resistant tuberculosis;
- (3) moving from coverage to quality in maternal and reproductive health;
- (4) covering every birth and death: improving civil registration and vital statistics;
- (5) community-based rehabilitation: reaching the unreached.

Discussion points

- All Member States complimented the selection of the subjects and all five areas were deemed important. Discussions focused subsequently around items 2, 3, 4 and 5 in particular.
- High-level leadership goals as envisioned in the Twelfth General Programme of Work and the importance of the topic from the regional perspective should guide the final selection of the topic for technical discussions.
- After discussion, the majority of participants felt that "Covering every birth and death: improving civil registration and vital statistics" was the most pertinent topic.
- The civil registration and vital statistics (CRVS) systems have numerous gaps in many countries of the Region. As the challenges relate to health systems, and yet go beyond the health sector, it calls for intersectoral collaboration and mobilization of political will. Information technology-enabled services can make CRVS more efficient in many Member States. The term "vital registration" needs to be clarified and the different areas that would be covered under CRVS need to be identified in advance.
- The importance of "reaching the unreached", not just for community-based rehabilitation, was discussed. This has been an ongoing challenge in the past decades and many health indicators will only improve further if unreached populations can

be reached. The 2013 Technical Discussions on Universal Health Coverage will include this topic, and therefore it is proposed for discussion in the Sixty-sixth Regional Committee.

- Drug-resistant tuberculosis (TB) is the cause of increasing mortality from TB in many Member States. The management of multidrug-resistant TB poses critical challenges to TB programmes and requires cooperation from many sectors, not only within a country but also between countries of the Region. Services need to be expanded to reach the unreached and for community-based rehabilitation.

Recommendations

Actions by WHO-SEARO

- (1) The topic of "Covering every birth and death: improving civil registration and vital statistics" is recommended as the subject for the technical discussions to be held prior to the Sixty-seventh Session of the Regional Committee in 2014. The recommendation for this topic will be submitted for the consideration of the Sixty-sixth Regional Committee in September 2013.
- (2) To provide guidance on health issues related to civil registration and vital statistics to Member States.
- (3) To prepare and conduct the technical discussions on "Covering every birth and death: improving civil registration and vital statistics" prior to the Sixty-seventh Session of the Regional Committee in September 2014.

2.2 Implementation of the International Health Regulations (2005) (RC66 provisional agenda item 4.3)

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. All Member States of the

WHO South-East Asia Region have been granted a two-year extension until June 2014 and have developed an implementation plan. All are making progress, but strengthening capacities for chemical and radiation hazards needs significant extra work. Capacity strengthening requires strong intersectoral collaboration, as well as technical and financial support from partners.

The IHR (2005) also allow an additional extension until June 2016, to be granted by the Director-General in “exceptional circumstances”. Any such request must be submitted four months in advance of the June 2014 deadline, and should outline the barriers that have prevented the development and maintenance of the core capacities. The request should be accompanied by a new implementation plan containing:

- a clear description of capacity gaps;
- progress made up until that date;
- proposed actions and a time frame towards establishment of capacities;
- technical and financial resources required for implementation, including any external assistance required.

Discussion points

- The proposed criteria for an IHR core capacity extension until 2016 are broadly supported but would merit further consideration.
- Strengthening IHR core capacities for public health legislation, points of entry and chemical and radiation safety remains a priority due to relatively slow progress in the Region.
- Effective intersectoral collaboration is essential for effective IHR implementation, but can present challenges. Mechanisms to further enhance such collaboration at national and international level should be explored and strengthened.
- Strong intercountry collaboration and timely information exchange are essential components of IHR implementation at points of entry, including at formal and informal ground crossings.

- Strengthening IHR core capacities may be accelerated through strong intercountry collaboration and through harnessing the use of technical networks, as well as by engaging partner support.
- Countries expressed concern about resources for achieving and sustaining core capacities of IHR, and hence resource mobilization is essential.
- Clarity would be appreciated on the post-2016 process for achieving and sustaining core capacities.

Recommendations

Actions by Member States

- (1) To recommend that the proposed criteria for an extension of IHR core capacity strengthening be discussed in the Sixty-sixth Session of the Regional Committee.
- (2) For countries anticipating a request for an additional two-year extension from June 2014 until 2016: to undertake a careful assessment of core capacities and develop a strong and feasible implementation plan based on identified gaps and priorities, considering the use of existing strategic frameworks.
- (3) To further strengthen multisectoral response and links between human health and authorities responsible for managing and securing risks related to livestock, wildlife, environmental health, food safety, chemical safety and radiological safety.
- (4) To participate actively in efforts to strengthen intercountry collaboration to address identified national and regional capacity gaps, including exchange of information, joint assessments at points of entry (including land crossings), facilitation of study tours and strengthening regional technical networks.
- (5) To work with partners to mobilize technical and financial resources for national IHR implementation plans, including with those responsible for managing and securing risks related to livestock, wildlife, environmental health, food safety, chemical safety and radiological safety.

Actions by WHO-SEARO

- (1) To facilitate the assessment of national IHR core capacities and the development of implementation plans that would be required to accompany a request for an extension until 2016.
- (2) To facilitate intercountry collaboration, including strengthening networks, to address identified national and regional capacity gaps, with a focus on identified priorities, including points of entry and chemical/radiation safety.
- (3) To advocate for and work with partners including those responsible for managing and securing risks related to livestock, wildlife, environmental health, food safety, chemical safety and radiological safety to mobilize/provide technical and financial support for national IHR implementation plans.

2.3 Measles elimination and rubella control

(RC66 provisional agenda item 4.4)

Introduction

Measles remains a significant cause of morbidity and mortality worldwide. In 2011, the South-East Asia Region accounted for about half of the estimated global measles deaths and India about one third. The WHO Region of the Americas has clearly demonstrated that measles and rubella can be eliminated. All WHO regions except the South-East Asia Region have measles elimination targets, with some regions having additional targets for rubella/congenital rubella syndrome (CRS) control. The lack of a target for measles elimination in the Region may be a barrier to resource mobilization. Member States of the South-East Asia Region have agreed, through a regional consultative process in February 2013, that measles elimination and rubella/CRS control was programmatically and technically feasible by 2020.

Discussion points

- For most countries, the target of reduction in measles mortality by 95% by 2015 is achievable in view of the strengthening of routine immunization activities in 2012.

- It was proposed to submit a draft resolution for consideration by the Sixty-sixth Regional Committee, proposing a regional target of measles elimination and rubella/CRS control by 2020.
- It is acknowledged that this may not be feasible for some countries, although it is recognized that the target is entirely voluntary.
- The rubella control targets for 2015 and 2020 are ambitious and will be reviewed in a regional consultation to be held in late September 2013.
- Integrated strategies for measles elimination and rubella/CRS control should be undertaken to enable Member States to move forward.
- In view of the Region being very close to achieving polio-free certification, it is felt that the immunization infrastructure already in place could be utilized to work towards measles elimination and rubella/CRS control.
- By setting elimination targets, external resources are likely to flow in to support national targets.
- There is a need to ensure that immunization, including measles and rubella immunization, will be for all children, taking into account migrant children, the underserved, marginalized and unreached.
- The need for support for vaccine development and human resources training was raised.

Recommendations

Actions by Member States

- (1) To prepare national plans of action for measles elimination and rubella/CRS control by 2020 integrated into national immunization plans which should ensure that all children, including migrant children, the underserved, marginalized and unreached are included.

- (2) To strengthen the vaccine hub in the Region with WHO technical support for production of measles vaccines to ensure regional self-sufficiency.

Actions by WHO-SEARO

- (1) To develop, in consultation with Member States, a draft resolution on measles elimination and rubella/CRS control by 2020 for the consideration of the Sixty-sixth Session of the Regional Committee.
- (2) To conduct a regional workshop in September 2013 to agree on targets and surveillance standards for measles elimination and rubella/CRS control.
- (3) To provide technical support to Member States in the planning for achieving measles elimination and rubella/CRS control, including support for vaccine development and human resources training.

2.4 Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020)

(RC66 provisional agenda item 4.5)

Introduction

Noncommunicable diseases (NCDs) constitute a major challenge for health and development in the twenty-first century. The High-Level Meeting of the United Nations General Assembly on NCDs adopted a Political Declaration on the Prevention and Control of Non-communicable Diseases, which calls for concrete and comprehensive actions by Member States and the international community to address NCDs.

To follow up on the Political Declaration, the WHO Regional Office for South-East Asia convened a regional consultation to develop a regional strategic action plan with indicators and targets for prevention and control of NCDs in South-East Asia, from 25 to 27 February 2013. Participants of the meeting provided inputs to the draft strategic action plan (2013–2020), discussed the role of different stakeholders, and deliberated on the regional voluntary targets for prevention and control of NCDs.

In May 2013, the Sixty-sixth Session of the World Health Assembly unanimously adopted resolution WHA66.10 endorsing the global action plan for prevention and control of NCDs covering the period 2013–2020. The Health Assembly also adopted the global monitoring framework, including 25 indicators, and a set of 9 voluntary global targets. The resolution urges Member States to implement the global action plan and consider the development of national NCD monitoring frameworks, with targets and indicators based on national situations, taking into account the comprehensive global monitoring framework, and to establish and strengthen a national surveillance and reporting system to enable reporting against the 25 indicators.

As a follow-up on the regional consultation held in February 2013 and resolution WHA66.10, a technical working group meeting was organized to: take stock of the current data availability and capacity of Member States to report on the nine global voluntary targets; deliberate on three additional regional targets; discuss mechanisms to build national capacity and strengthen national surveillance and monitoring systems; and provide inputs to strengthen the regional action plan for prevention and control of NCDs.

Discussion points

- Member States recognize that NCDs are a major public health priority that require urgent attention. Treatment of NCDs is resource intensive and, therefore, high priority should be given to health promotion and primary prevention of NCDs as the most cost-effective strategy.
- Member States support the strategic areas of the regional NCD action plan and the 10 regional targets (9 global targets plus 1 additional target on household air pollution) on prevention and control of NCDs as recommended by the technical working group meeting held in Bangkok, Thailand in June 2013. Implementation of appropriate strategies and regional and national action plans will be important for achieving these targets.
- As many of the interventions for primary prevention of NCDs lie in sectors outside the health sector, multisectoral collaborations are essential for prevention and control of NCDs.

- Concerns were expressed that baseline data for some of the NCD targets are unavailable and the targets may need to be revisited after countries have collected baseline data. Moreover, capacity of countries (human and financial) for data collection, analyses, reporting and use is limited and needs to be strengthened. Substantial improvements are needed in the quality and completeness of data, particularly data related to vital registration and causes of death. All these interventions will require availability of sustainable resources at the country level.
- In addition to the 10 targets, given that the Region bears a disproportionately high share of cervical and oral cancers there should be operative paragraphs in the NCD resolution on these cancers.
- A concern was raised about the policy options proposed for cancer control in the global action plan, specifically with regards to population-based breast cancer and mammography screening and population-based colorectal cancer screening as these may not be feasible in the context of developing countries.

Recommendations

Actions by Member States

- (1) To develop/strengthen national action plans for prevention and control of NCDs and set national targets based on country context, taking into account global and regional action plans and voluntary targets.
- (2) To consider the recommendations of the Technical Working Group on strengthening national surveillance and monitoring systems including collecting baseline data on key indicators by 2015.
- (3) To consider drafting a resolution on noncommunicable diseases, including operative paragraphs on cervical cancer and oral cancer, for consideration by the Sixty-sixth Regional Committee.

Actions by WHO-SEARO

- (1) To consider including oral health as a separate agenda item in the Sixty-sixth Regional Committee with consideration to the Regional Oral Health Strategy discussed at the regional consultation in November 2012 in Nepal.
- (2) To support Member States in mobilizing resources and building capacity for prevention and control of NCDs including for collecting baseline data for tracking progress on achievement of NCD targets.
- (3) To convene a mid-course review meeting in 2018–2019 to review the available data and make adjustments in the NCD targets as needed.

2.5 Reports of WHO global working/advisory groups (RC66 provisional agenda item 4.6)

2.5.1 Pandemic Influenza Preparedness Framework (RC66 provisional agenda item 4.6.1)

Introduction

Influenza viruses have been shared by Member States since 1957 through the WHO Global Influenza Surveillance and Response System (GISRS). In 2007, in order to link virus sharing to access to vaccines and other benefits, resolution WHA60.28 recommended the Director-General to:

- develop a framework and mechanism for benefit sharing;
- establish an international stockpile of influenza A (H5N1) vaccine;
- prepare guidance on vaccine distribution.

Implementation of the resulting Pandemic Influenza Preparedness Framework (PIP Framework) is expected to build capacity for pandemic surveillance, early warning and risk assessment, as well as strengthening “generic” capacity for “emerging viral infections”. Through the PIP Framework, WHO is expected to receive US\$ 28 million per year as a “Partnership Contribution”. Of this sum, 30% will be made available for pandemic response and 70% for preparedness, with the component for preparedness to be further split for: (i) surveillance/laboratory capacity (70%); (ii) disease burden studies (10%); (iii) risk communication (10%); and (iv) support to vaccine regulation and deployment (10%).

Discussion points

- The outbreak of influenza A/H7N9 is a reminder of the changing nature of influenza viruses and the need to maintain vigilance, strengthen surveillance and review pandemic preparedness in the South-East Asia Region.
- Regional preparedness is enhanced by the ongoing willingness of Member States to share influenza viruses, including those with pandemic potential.
- The capacity building expected to result from the Partnership Contribution will be greatly appreciated. Member States would also appreciate being involved in the process of planning for use of these funds, and would therefore welcome a tentative indication of the amount of benefit that might be anticipated.
- Efforts should be made to accelerate the negotiation of "type 2" Standard Material Transfer Agreements (SMTAs).

Recommendations

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 further accelerate the process of negotiating type 2 SMTAs.
- (2) To continue to update Member States on the implementation of the PIP Framework, including anticipated benefits.
- (3) To ensure the timely involvement of Member States in the process of planning for the use of Partnership Contribution funds.
- (4) To support the strengthening of national influenza centres and WHO collaborating centres.

2.5.2 Progress report on malaria (RC66 provisional agenda item 4.6.2)

Introduction

This agenda item reported on the progress in malaria control in the WHO South-East Asia Region, as requested by resolution WHA64.17. Member States of the South-East Asia Region have made significant progress in malaria control, and malaria cases and deaths were reduced by 35% and 85%, respectively, in 2012 compared with 2000.

Resolution WHA58.2 had called upon countries to achieve 75% reduction in malaria case incidence and mortality rates by 2015. Four countries have achieved the first target, while all countries except one have achieved the second target. The achievements are significant but fragile, and much more needs to be done to prevent resurgence of malaria. The key challenges to be addressed and the strategic direction in 2014–2020 were discussed.

Discussion points

- Progress in malaria control was noted and the recommended strategic directions for malaria control and elimination in 2014–2020 were discussed.
- Declining technical and managerial capacities should be addressed.
- Artemisinin resistance should be eliminated or at least contained in the Greater Mekong Subregion, and its spread westward of Myanmar should be prevented.
- Surveillance and response for both parasites and vectors should be further strengthened and expanded, taking into account internal and external migration, ecological changes and climate change, and in the context of the International Health Regulations (2005).
- The concept of universal coverage should be applied and operational research should be done to reach the hard-to-reach populations including tribals, migrants and mobile populations.
- Political support is needed to sustain financial support even when the malaria burden is low, and to strengthen cross-border collaborations.

Recommendations

Actions by Member States

- (1) To sustain political and financial support for malaria control and elimination to further reduce the malaria burden and prevent its resurgence.
- (2) To invest in strengthening technical and management capacities in malaria control and elimination.
- (3) To implement measures to contain artemisinin resistance in areas where it is already present and to prevent its emergence and spread in other areas.

Actions by WHO-SEARO

- (1) To provide support to develop public health specialists in malaria control and elimination.
- (2) To provide technical support for malaria surveillance and response and research.
- (3) To facilitate intercountry collaboration for malaria control and elimination across borders.

2.6 Progress reports on selected Regional Committee resolutions *(RC66 provisional agenda item 4.7)*

2.6.1 Challenges in polio eradication (SEA/RC60/R8) *(RC66 provisional agenda item 4.7.1)*

Introduction

The last wild poliovirus case detected in the South-East Asia Region was in India on 13 January 2011, more than two years ago, which is the Region's longest polio-free period. The only other country with recent circulating wild poliovirus is Nepal, with its last case on 30 August 2010, nearly three years ago. The remaining nine countries in the Region have been polio-free for more than five years. The Region is currently on-track for polio-free

certification in February 2014, three years after the last reported wild poliovirus case.

All Member States of the Region need to continue risk assessment at the national and subnational levels to determine the level of risk of reinfection and spread, and to decide whether polio supplementary immunizations activities are required to boost population immunity. All Member States have welcomed and endorsed the plan for the polio-free certification timeline of the Region in February 2014. Member States support the polio endgame strategic plan 2013–2018 and the risk-mitigation strategy through switching from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV), and introduction of one dose of inactivated polio vaccine (IPV) in the routine immunization schedule.

Discussion points

- It is important for countries in the Region to maintain high population immunity against polio through strengthening routine immunization and through polio immunization campaigns, as necessary.
- Acute flaccid paralysis surveillance will continue to be important, right through to the conclusion of the polio endgame strategy.
- The polio endgame strategies are appropriate. The scientific basis for the switch from tOPV to bOPV, with introduction of IPV prior to the switch, is sound.
- Throughout the endgame, maintaining high-quality surveillance and high levels of immunization will be crucial.
- The operational issues in relation to IPV introduction, including availability and cost, are well recognized. WHO has already provided guidance on the choice of vaccine for the polio endgame strategy. However, it will be important for the Region to move "as one" to ensure availability of affordable vaccine through economies of scale and to ensure that all children, including migrants, the unreached, marginalized and underserved, also receive the vaccine.

Recommendations

Actions by Member States

- (1) To maintain high population immunity through strengthening routine immunization and supplementary immunization, as appropriate, based on periodic risk assessment.
- (2) To ensure that all children, including migrants, the unreached, marginalized and underserved, also receive the vaccine.
- (3) To strengthen surveillance for early detection of acute flaccid paralysis (AFP).
- (4) To develop plans of action for the Polio Eradication and Endgame Strategic Plan 2013–2018.
- (5) To review and strengthen national policy on vaccination for travellers to mass gatherings and to and from polio-endemic countries and areas with active polio transmission.

Actions by WHO-SEARO

- (1) To monitor periodically the risk status of Member States and provide advice on the most appropriate response.
- (2) To provide technical support and resource mobilization for development of country-specific plans of action for the polio endgame, including the switch to bOPV and introduction of IPV.
- (3) To promote technology transfer to the extent possible for vaccine development in vaccine-developing countries in the Region.

2.6.2 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for Increasing and Sustaining Coverage (SEA/RC64/R3)

(RC66 provisional agenda item 4.7.2)

Introduction

Immunization is one of the most cost-effective public health interventions and all Member States have made tremendous efforts to reach every child

with all vaccines in their national immunization programmes. At the global level, the World Health Assembly endorsed the WHO's Global Immunization Vision and Strategy (GIVS) in 2005 and renewed that commitment by endorsing the Global Vaccine Action Plan (GVAP) in 2010. Despite efforts by Member States, millions of children still miss out on routine immunization in the South-East Asia Region. Realizing the need to increase efforts to reach those children still unreached, the Sixty-fourth Session of the Regional Committee deliberated the matter and declared 2012 as the "Year of Intensification of Routine Immunization" in the South-East Asia Region. This agenda item briefly reviews the progress made thus far by Member States in this endeavour.

Discussion points

- Member States expressed their strong support and reiterated their commitment to strengthen their national immunization programmes, with a focus on reaching the unreached children and/or the most hard-to-reach areas.
- It was observed that vaccines are more than just a public health good, they are also essential for national security. The number of antigens included into a country's routine immunization should be based on the number of vaccines that the country can afford to include on a sustained basis, without precluding the possibility of introducing other vaccines on a limited scale or for a limited period of time.
- Member States reiterated the fact that there is no "one size fit all" strategy regarding hard-to-reach areas or population groups, even within the same country; immunization strategies need to be tailored to suit local environments and specific needs. In order to achieve this, the importance of sustained, high-quality vaccine-preventable diseases surveillance was highlighted. Data generated from such a surveillance system allow for tracking of diseases and better identification of "risk areas" for targeting of interventions, as well as for the measurement of the impact of new vaccines. The recently proposed Monitoring, Evaluation and Accountability Framework for the Global Vaccine Action Plan (GVaP) is an important tool to facilitate the monitoring and evaluation of vaccination programmes in countries. However, many Member States would require technical assistance from WHO and partners to assist in using such a framework effectively.

- With the success of immunization programmes, vaccine-preventable disease burden continues to decline. Consequently, Member States are constrained by lack of sufficient national resources which is further exacerbated by a progressive decline in donor funding, as such funding is often linked to disease burden. In addition, vaccines prices continue to remain high and, in the absence of a regional mechanism for bulk purchase, small countries face major challenges in procuring vaccines at affordable prices. WHO and global partners are encouraged to support the strengthening of vaccine manufacture in developing countries to sustain future immunization efforts.
- Vaccines are fragile commodities. Continuous assessment of the quality and adequacy of cold chain and vaccine management and logistics in countries is needed to deliver the highest-quality immunization programmes.

Recommendations

Actions by Member States

- (1) To review multi-year national plans of action for immunization to improve focus on specific strategies to reach the hard-to-reach areas or pockets of population in otherwise high coverage areas.
- (2) To support the implementation of high-quality surveillance for vaccine-preventable diseases.
- (3) To ensure the availability of national resources necessary for a sustainable immunization programme, while making every effort to mobilize additional resources from donors.

Actions by WHO-SEARO

- (1) To work with partners to explore mechanisms to obtain vaccines at the best prices possible, particularly for those small countries who do not require bulk purchase.
- (2) To provide technical support to countries in the development of their multi-year routine immunization plans of action, monitoring and evaluation activities.
- (3) To provide technical support to countries for the development of high-quality, vaccine-preventable disease surveillance.

2.6.3 National Essential Drug Policy including Rational Use of Medicines (SEA/RC64/R5) (RC66 provisional agenda item 4.7.3)

Introduction

Essential drugs are one of our most cost-effective health care interventions, yet irrational use of medicines is widespread throughout the Region and policies to correct the problem are often poorly implemented. Resolution SEA/RC64/R5 urged Member States to develop national strategies and roadmaps for action to promote the rational use of medicines based on a situational analysis, taking the health system and local context into account. The Regional Committee requested WHO to collect, share and analyse reports from the Region on medicines use and drug policy in order to monitor progress and to develop a model protocol for undertaking a situational analysis in countries, pilot it and adapt it for countries to monitor their progress.

During 2010–2013, a protocol was developed by the Regional Office and situational analyses of medicines in health care delivery were done in all 11 Member States. The process involved two weeks of data collection through visits to all the major stakeholders and a selection of health facilities, followed by a one-day national stakeholder workshop to validate the findings and agree on a prioritized set of recommendations. Data on drug use and policy implementation were also collected and analysed. These data showed continued irrational use of medicines, suboptimal implementation of policies to promote rational use of medicines and also that implementation of such policies was associated with better use.

A regional consultation on effective management of medicines was held from 23 to 26 April 2013 in Bangkok, during which the process of undertaking a situational analysis and progress made in each country were reviewed and recommendations made for Member States, WHO and partners with regard to drug supply; drug selection and use; drug regulation; drug policy and coordination; and the usefulness of conducting situational analyses on medicines in health care delivery.

Discussion points

- The progress report on implementation of resolution SEA/RC64/R5, national essential drug policy including rational use of medicines, was appreciated. The situational analysis of medicines in health care delivery was an eye-opener, and resulted in good information for planning and well-identified recommendations, taking into account different levels of country capacity.
- Member States endorsed the recommendations from the regional consultation on effective management of medicines held in April 2013, and suggested that these should form the basis to formulate a regional strategy to promote rational use of medicines.
- The need to develop a tool for countries to undertake a situational analysis for monitoring and planning purposes on a regular basis was stressed.
- WHO technical support to the countries in the area of medicines, and for human and financial resources to be allocated to this area of work within the Regional Office, was requested.
- Effective management of medicines was critical to achieving universal health coverage and good governance of medicines should be incorporated into all South-East Asia Region medicines work.
- It was proposed to draft a resolution on effective management of medicines for consideration by the Regional Committee.

Recommendations

Actions by Member States

- (1) To implement the recommendations from the April 2013 regional consultation on effective management of medicines within the context of national health plans, capacity and priorities.

- (2) To conduct situational analysis every two years, subject to country capacity, for planning, monitoring and evaluation purposes.
- (3) To draft a resolution on effective management of medicines for consideration by the Sixty-sixth Regional Committee.

Actions by WHO-SEARO

- (1) To support countries to implement the recommendations as proposed by the regional consultation on effective management of medicines including adaptation of the situational analysis protocol developed by WHO/SEARO into a tool for use by countries.
- (2) To strengthen technical support and review resource allocation to ensure the needs of countries are met in the area of medicines.

2.6.4 Consultative Expert Working Group on Research and Development: Financing and Coordination (SEA/RC65/R3) *(RC66 provisional agenda item 4.7.4)*

Introduction

Resolution SEA/RC65/R3, Consultative Expert Working Group on Research and Development: Financing and Coordination, gave detailed recommendations and action points for Member States and WHO for new and innovative sources of financing to stimulate research and development (R&D) to promote access to medical products. This regional resolution was the outcome of the Consultative Expert Working Group (CEWG) process.

The CEWG report was presented to the Sixty-fifth World Health Assembly in May 2012. The Member States, through World Health Assembly resolution WHA65.22, resolved to hold national and regional consultations. Member States of the WHO South-East Asia Region held consultations at the national level and participated in a regional technical consultation from 15 to 17 August 2012 in Bangkok, Thailand, to develop a regional perspective on the CEWG report. This regional position was reflected in resolution SEA/RC65/R3, which also provided the basis for the draft resolution during the open-ended meeting of all WHO Member

States, held from 26 to 28 November 2012 in Geneva. This subsequently led to the adoption of WHA66.22 in May 2013.

Discussion points

- CEWG outcomes should focus on R&D for health products related to developing country needs and those of Member States of the Region. This should include mechanisms to strengthen and build R&D capacity, promote innovation, and improve access to medical products including drugs, vaccines and diagnostics.
- Resources should be mobilized to address diseases that disproportionately affect developing countries. There is also a need to appraise global norms and standards for national and regional settings.
- There is a need for improved monitoring of health R&D resource flows; identification of gaps in health R&D; better coordination of health R&D; and priority-setting based on the public health needs of developing countries. Suitable advisory mechanisms should be developed for the purpose.
- R&D for health products is one of the main strategies for countries to ensure the health of their populations and is a state commitment. There is a need to identify the most efficient R&D mechanisms. Each country ought to identify priorities that best meet its needs. Information sharing in respect to health R&D undertaken in each country is important, including that at regional level, to enable identification of gaps in health R&D relevant to our countries.
- It is important to take WHA66.22 forward along with resolution SEA/RC65/R3, and to maintain the lead taken by the Regional Office for South-East Asia at the global level in the CEWG process.
- There is a need to achieve the best outcomes from the country studies that are being undertaken in the CEWG context. These studies should also be presented in the two-day meeting proposed for July 2013.

Recommendations

Actions by Member States

- (1) To engage in developing a strategic workplan for the Region as a follow-up of the Consultative Expert Working Group on Research and Development: Financing and Coordination.
- (2) To explore mechanisms for promoting and strengthening health R&D, including coordination, monitoring and capacity building.

Actions by WHO-SEARO

- (1) To assist countries in promoting and in exploring mechanisms for strengthening health R&D including coordination, monitoring and capacity building.
- (2) To include in the working paper for presentation to the Sixty-sixth Regional Committee the outcomes of the Regional Technical Consultation (July 2013).
- (3) To assist in prioritizing projects, as part of the strategic workplan, through regional consultations and broad engagement of relevant stakeholders.
- (4) To explore information sharing mechanisms in respect of health R&D to enable identification of gaps in countries, including employing the global health R&D observatory for this purpose.

3. Governing Body matters *(RC66 provisional agenda item 5)*

3.1 Important issues arising out of the Sixty-sixth World Health Assembly and the 132nd and 133rd sessions of the WHO Executive Board *(RC66 provisional agenda item 5.3)*

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-sixth World Health Assembly, highlighted the following significant and relevant resolutions emanating from it:

- (1) Towards universal eye health: a global action plan 2014–2019 (WHA66.4)
- (2) Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children (WHA66.7)
- (3) Comprehensive mental health action plan 2013–2020 (WHA66.8)
- (4) Disability (WHA66.9)
- (5) Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (WHA66.10)
- (6) Health in the post-2015 development agenda (WHA66.11)
- (7) Neglected tropical diseases (WHA66.12)
- (8) Transforming health workforce education in support of universal health coverage (WHA66.23)
- (9) eHealth standardization and interoperability (WHA66.24)

Discussion point

- The HLP Meeting noted the working paper.

3.2 Review of the draft provisional agenda of the 134th Session of the WHO Executive Board *(RC66 provisional agenda item 5.4)*

Introduction

The draft provisional agenda of the 134th Session of the WHO Executive Board has been sent to Member States, vide the Director-General's letter dated 27 June 2013.

Member States are requested to review the draft provisional agenda of the 134th Session of the Executive Board to be held in Geneva from 20 to 25 January 2014 and they may propose inclusion of any additional item on the draft agenda, as per Rule 8 of the Rules of Procedure of the Executive Board.

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. The proposals should therefore reach the Director-General by 16 September 2013.

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 134th Session of the Executive Board.

Discussion points

- The HLP Meeting noted the above-mentioned explanation on the subject and recommended that Member States may review and consider the draft provisional agenda of the 134th Session of the Executive Board as per the Rules of Procedure 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 on behalf of the Regional Committee to the Director-General for consideration.

Recommendations

Action by Member States

- (1) To submit any proposed agenda items for the 134th Session of the Executive Board before 16 September 2013.

Action by WHO-SEARO

- (1) The Regional Office will provide to Member States the contact details for forwarding any additional proposed agenda item for the 134th Session of the Executive Board.

4. Special programmes *(RC66 provisional agenda item 6)*

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 2013 *(RC66 provisional agenda item 6.1)*

Introduction

The Thirty-sixth 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 17 to 19 June 2013. Forty three members from all regions of WHO, co-funding agencies, partners and institutions attended the meeting. The JCB was attended by Dr K K Singh from India; Dr Trihono and Mr Roy Rolliansyah from Indonesia; and Dr Bimal Dhakal from Nepal. Mr Md. Alimuzzaman from Bangladesh and Dr Htun Naing Oo from Myanmar attended as observers.

Discussion points

- The terms of office of the governments of India and Thailand will expire on 1 January 2014. Upon completion of the term, JCB re-elected these two countries from 1 January 2014 to 31 December 2017.
- No action is required by the South-East Asia Region. The number of members will be reduced to six (one per region). The Federal Republic of Nepal is already a member until 31 December 2014.
- The HLP noted the report.

4.2 UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2013 and nomination of a member in place of Bhutan whose term expires on 31 December 2013 *(RC66 provisional agenda item 6.2)*

Introduction

The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. The last PCC Meeting was held from 20 to 21 June 2013 in Geneva, Switzerland. The report on attendance at this meeting was presented by the Secretariat.

At present, there are three Member States from the South-East Asia Region (Bangladesh, Bhutan and Maldives) that are members of the PCC Category 2, while India continues to be a member of the PCC Category 1. Nepal is a member of the PCC Category 3. Since the term of office of Bhutan ends on 31 December 2013, representatives of the HLP Meeting are requested to consider nominating one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2014. The recommendation of the HLP meeting will be submitted to the Sixty-sixth Session of the Regional Committee for its consideration.

Discussion points

- The HLP meeting noted the summary report on attendance at the Twenty-sixth Meeting of the PCC, presented by the Secretariat.
- The HLP Meeting, after deliberation on the nomination of a member in place of Bhutan whose term expires on 31 December 2013, proposed that Timor-Leste should be the nominee from the WHO South-East Asia Region as a member of the PCC Category 2 for a three-year term from 1 January 2014 until 31 December 2016.
- All 11 Member States are eligible for PCC membership since all have clear policies for, and commitment to, family planning and

reproductive health; all should be given the opportunity to be a member of the PCC on a rotation basis.

Recommendation

Action by Member States

- (1) To recommend to the Sixty-sixth Regional Committee the nomination of Timor-Leste from the South-East Asia Region as a member of the PCC in place of Bhutan, whose term expires on 31 December 2013.

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

6. Closure

In his concluding remarks, Dr Samlee Plainbangchang, Regional Director, WHO South-East Asia Region, thanked all the distinguished participants for their contributions, which had enriched the discussions and led to the drafting of meaningful conclusions and recommendations for consideration of the Sixty-sixth Session of the Regional Committee to be held in the Regional Office in September 2013. He thanked the Chairperson, H.E. Dr Capt (Retd) Mozibur Rahman Fakir and the Co-Chairperson, H.E. Dr Thein Thein Htay for conducting the proceedings efficiently. He also thanked the Rapporteur and the drafting group for the high quality of the recommendations.

The Co-Chairperson, H.E. Dr Thein Thein Htay, thanked all the participants for their active participation in the meeting and then declared the meeting closed.

Annex 1

Agenda

1. Opening session

2. Technical matters

- 2.1 Selection of a subject for the technical discussions to be held prior to the Sixty-seventh Session of the Regional Committee
(RC66 provisional agenda item 4.2)
- 2.2 Implementation of the International Health Regulations (2005)
(RC66 provisional agenda item 4.3)
- 2.3 Measles elimination and rubella control
(RC66 provisional agenda item 4.4)
- 2.4 Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020)
(RC66 provisional agenda item 4.5)
- 2.5 Reports of WHO global working/advisory groups
(RC66 provisional agenda item 4.6)
 - Pandemic Influenza Preparedness Framework
(RC66 provisional agenda item 4.6.1)
 - Progress report on malaria
(RC66 provisional agenda item 4.6.2)
- 2.6 Progress reports on selected Regional Committee resolutions
(RC66 provisional agenda item 4.7)
 - Challenges in polio eradication (SEA/RC60/R8)
(RC66 provisional agenda item 4.7.1)
 - 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for Increasing and Sustaining Coverage (SEA/RC64/R3)
(RC66 provisional agenda item 4.7.2)
 - National Essential Drug Policy including Rational Use of Medicines (SEA/RC64/R5)
(RC66 provisional agenda item 4.7.3)

- Consultative Expert Working Group on Research and Development: Financing and Coordination (SEA/RC65/R3)
(RC66 provisional agenda item 4.7.4)

3. Governing Body matters

- 3.1. Important issues arising out of the Sixty-sixth World Health Assembly and the 132nd and 133rd sessions of the WHO Executive Board
(RC66 provisional agenda item 5.3)
- 3.2. Review of the draft provisional agenda of the 134th Session of the WHO Executive Board (RC66 provisional agenda item 5.4)

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 2013
(RC66 provisional agenda item 6.1)
- 4.2. UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) – Report on attendance at PCC in 2013 and nomination of a member in place of Bhutan whose term expires on 31 December 2013
(RC66 provisional agenda item 6.2)

5. Concluding session

Annex 2

List of participants

Bangladesh

H.E. Dr Capt (Retd) Mozibur Rahman Fakir
State Minister
Ministry of Health and Family Welfare

Mr Md Ashadul Islam
Joint Secretary
Ministry of Health and Family Welfare

Mr Shah Ahmed Shafi
Counsellor (Political)
High Commission for the People's
Republic of Bangladesh
New Delhi

Bhutan

Mr Nima Wangdi
Secretary
Ministry of Health

Mr Ugyen Wangchuk
Planning Officer
Policy and Planning Division
Ministry of Health

Democratic People's Republic of Korea

H.E. Dr Kim Hyong Hun
Vice Minister
Ministry of Public Health

Dr Hong Sung Il
Officer
External Affairs Department
Ministry of Public Health

Mr Ri Su Nam
Interpreter
Ministry of Public Health

India

Mr Amal Pusp
Director, International Health
Ministry of Health and Family Welfare

Mr Ambuj Sharma
Under Secretary (International Health)
Ministry of Health and Family Welfare

Indonesia

Professor Dr Tjandra Yoga Aditama
Director-General of Diseases Control and
Environmental Health
Ministry of Health

Dr Sri Susilawati
Coordinator for Ear, Nose and Throat
Services Division
Fatmawati Public Hospital
Ministry of Health

Dr Bayu Teja Muliawan
Director of Public Medicines and Health
Supplies Management
Directorate-General of Pharmaceutical and
Medical Devices Management
Ministry of Health

Dr Agus Suprpto
Head of Center for Humanities
Health Policies and Community Empowerment
Board for Health Research and Development
Ministry of Health

Dr Prima Yosephine
Head of Chronic and Degenerative Disease
Control Sub-Directorate
Directorate of Non-Communicable Disease
Control
Ministry of Health

Dr Theresia Sandra Diah Ratih
Head of Immunization Sub-Directorate
Directorate of Surveillance, Immunization,
Quarantine and Matra Health
Ministry of Health

Dr Andi Saguni
Head of Budget Revenues and
State Expenditures
Bureau of Planning and Budgeting
Secretariat General
Ministry of Health

Dr Widiyarti
Head of Bilateral and Multilateral Health
Cooperation Division
Center for International Cooperation,
Secretariat General
Ministry of Health

Ms Hendra Henny Andries
Minister Counsellor
Embassy of the Republic of Indonesia
New Delhi

Maldives

Ms Geela Ali
Permanent Secretary
Ministry of Health

Dr Aishath Aroona Abdulla
Epidmiologist
Health Protection Agency
Ministry of Health

Myanmar

H.E. Dr Thein Thein Htay
Deputy Minister
Ministry of Health

Dr Kyaw Khaing
Deputy Director
International Health Division
Ministry of Health

Nepal

Dr Praveen Mishra
Secretary
Ministry of Health and Population

Sri Lanka

Dr D R K Herath
Director, International Health
Ministry of Health

Dr (Mrs) S C Wickramasinghe
Director, Planning
Ministry of Health

Thailand

Dr Chanvit Tharathep
Deputy Permanent Secretary
Ministry of Public Health

Dr Sopida Chavanichkul
Director
Bureau of International Health
Office of the Permanent Secretary
Ministry of Public Health

Dr Pitakpol Boonyamalik
Director
Nakhon Ratchasima Psychiatric Hospital
Department of Mental Health
Ministry of Public Health

Miss Cholluedee Sootsukon
Foreign Relations Officer, Practitioner Level
Bureau of International Health
Office of the Permanent Secretary
Ministry of Public Health

Dr Autthakiat Karnjanapaiboonwong
Medical Officer (Senior Professional Level)
Bureau of Epidemiology
Department of Disease Control
Ministry of Public Health

Timor-Leste

H.E. Dr Natalia de Araujo
Vice Minister
Ethics and Service Delivery
Ministry of Health

Dr Ivo Ireneu
Director
Planning and Development Policy
Ministry of Health

Ms Maria Christiana Carrascalao
Communication Adviser/Interpreter
Ministry of Health

Ms Herry Susanto da Costa Magno
Chief of Staff to Vice-Minister for
Ethics and Service Delivery
Ministry of Health

WHO Secretariat

Dr Rajesh Bhatia
Ag. Deputy Regional Director and Director
Department of Communicable Diseases

Dr H S B Tennakoon
Assistant Regional Director

Ms Dianne Arnold
Director, Administration and Finance

Dr Sangay Thinley
Director
Department of Family Health and Research

Dr Athula Kahandaliyanage
Director
Department of Sustainable Development and
Healthy Environments

Dr Prakin Suchaxaya
Ag. Director
Department of Health Systems Development

Dr Arun Bhadra Thapa
Coordinator
Immunization and Vaccine Development

Dr Roderico Ofrin
Coordinator
Emergency and Humanitarian Action

Dr Sumana Barua
Team Leader
Global Leprosy Programme

Mr Michael McCullough
Planning Officer

Dr Patanjali Dev Nayar
Programme Management Officer

Ms Valpuri E Berg
Budget and Finance Officer

Ms Jennie Greaney
Reports and Documents Officer

Ms Vanessa Betts
TIP-Editor
Reports and Documentation

Mr K Surendranathan
Administrative Officer to Regional Director

Mr Chander Shekhar Sharma
Programme Planning and Coordination and
Governing Bodies Unit

Ms Radha Swaminathan
Editor
Reports and Documentation

Mr Gulshan Malhotra
Administrative Assistant
Office of the Assistant Regional Director

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

Ms Parul Oberoi
Programme Planning and Coordination and
Governing Bodies Unit

This publication is the report of the High-Level Preparatory (HLP) Meeting for the Sixty-sixth 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-sixth Session of the WHO Regional Committee to be held in September 2013. During the meeting, the Regional Office staff members concerned made brief presentations and responded to issues considered during the discussions.

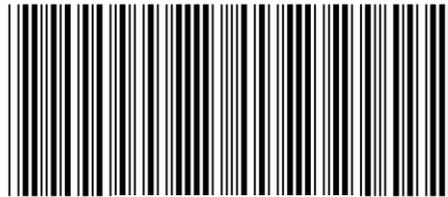
For each of the agenda items, the HLP Meeting made observations and recommendations for consideration by the Sixty-sixth Session of the Regional Committee.



**World Health
Organization**

Regional Office for South-East Asia

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



SEA-PDM-25