

Report of the Sixth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM)

WHO-SEARO, New Delhi, 4–5 July 2013



**World Health
Organization**

Regional Office for South-East Asia

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Report of the Sixth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM)

WHO-SEARO, New Delhi, 4–5 July 2013

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Contents

Page

Introduction.....	1
1. Inaugural session (<i>agenda item 1</i>).....	1
2. WHO reform and Programme Budget matters (<i>agenda item 2</i>)	2
2.1 Implementation of Programme Budget 2012–2013 (<i>RC66 provisional agenda item 3.1</i>)	2
2.2 Twelfth General Programme of Work (GPW) and Proposed Programme Budget 2014–2015 (<i>RC66 provisional agenda item 3.2</i>)	4
2.3 WHO reform: Financing dialogue and development of Programme Budget 2016–2017 (<i>RC66 provisional agenda item 3.3</i>)	9
2.4 Revision to the Rules of Procedure of the WHO Regional Committee for South-East Asia (<i>RC66 provisional agenda item 5.2</i>).....	11
3. Adoption of the report.....	12
4. Closure.....	13

Annexes

1. Agenda.....	14
2. List of participants	15

Introduction

The Sixth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) was held at the WHO Regional Office for South-East Asia, New Delhi, from 4 to 5 July 2013. High-level delegates represented Member States at the meeting. The agenda and list of participants are appended to the report as Annexes 1 and 2, respectively.

1. Inaugural session *(agenda item 1)*

Opening remarks by the Regional Director

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed the participants to the meeting. The Regional Director informed the participants that the SPPDM was a subcommittee established by the Regional Committee to deliberate on Programme Budget matters and as such, the Rules of Procedure of the Regional Committee would apply to its functioning.

Briefing the participants on the agenda before the Sixth SPPDM, the Regional Director said that the most important issues were WHO reform: Financing dialogue and Programme Budget matters. The Subcommittee would review the implementation of Programme Budget 2012–2013 to demonstrate the technical performance of the Region in the first year of the biennium. It would also discuss the Twelfth General Programme of Work and the Proposed Programme Budget for 2014–2015, and ways and means of managing the 11.5% budget cut that had been announced. Operational planning for 2016–2017 would also be discussed.

The Regional Director stated that although these subjects had already been discussed in the Sixty-sixth World Health Assembly held in May 2013, the issue of financing dialogue would be further reviewed by the Member States of the Region. It was also proposed to discuss the revision of the Rules of Procedure for the WHO Regional Committee for South-East Asia. The draft resolution on Programme Budget would not be discussed in the SPPDM, as it would be discussed by the drafting group on resolutions at the Sixty-sixth Session of the Regional Committee.

The Regional Director informed participants that the outcome of deliberations of the Subcommittee would be directly presented to the Sixty-sixth Session of the Regional Committee in September 2013.

Nomination of Chairperson, Co-Chairperson and Rapporteur

Her Excellency Dr Thein Thein Htay, Deputy Minister, Ministry of Health, Myanmar, was elected Chairperson.

Mr Nima Wangdi, Secretary, Ministry of Health, Bhutan, was elected Co-Chairperson.

Dr Pitakpol Boonyamalik, Director, Nakhon Ratchasima Psychiatric Hospital, Department of Mental Health, Ministry of Public Health, Thailand was elected as Rapporteur.

2. WHO reform and Programme Budget matters

(agenda item 2)

2.1 Implementation of Programme Budget 2012–2013

(RC66 provisional agenda item 3.1)

Introduction

The approved budget for the South-East Asia Region for 2012–2013 is US\$ 384.2 million and the revised budget is US\$ 417.8 million. The operational budget as per approved workplans is US\$ 410.5 million. Total resources are US\$ 363.9 million; implementation (expenditure) including payroll costs up to May 2013, stands at US\$ 221.8 million, which is 54% against budget and 61% against resources. Funds utilization (encumbrances plus expenditure) stands at US\$ 258.2 million.

The total assessed contribution (AC) funds available to the South-East Asia Region at this time are US\$ 99.2 million including RD's reserves. The AC funds have been allocated to countries and the Regional Office in the ratio of 75:25. Of the total available AC, US\$ 59.4 million are allocated to staff costs, US\$ 38.7 million to activities and US\$ 1.1 million to RD's reserves. The overall implementation rate against resources is 65% (staff 68% and activities 60%).

The voluntary contribution (VC) resources available to the Region stand at US\$ 265.8 million. Of these total resources, US\$ 49 million represent carry-over from the 2010–2011 biennium and US\$ 216.8 million have been mobilized during the current biennium. The overall implementation of VC resources is US\$ 158.2 million.

Discussion points

- It was observed that following the preparation of workplans at the start of the biennium there was often a delay to implementation. Regional Office and country offices are currently in the process of reviewing VC allocations to determine what portions will be implemented in the next biennium, and can take action now to move funds to 2014-2015 meaning they will become available on 1 January 2014.
- Member States requested clarification of the fund utilization patterns specific to each country.
- Member States requested guidance on where responsibility lies for mobilization of resources: whether it lies with the Regional Office, country offices, or governments. It was highlighted that mobilization should be a collaborative effort.
- The Regional Office and country offices should interact with Member States to ensure resource mobilization efforts are focused and aligned with the technical priorities. [As part of agenda item 2.3 on the financing dialogue, information sharing on funds and funding gaps through a web portal was discussed.]
- It was noted that the monthly financial implementation report provides information to staff and managers. "Horizontal collaboration" was recognized as a mechanism to ensure implementation of funds between Member States.
- Concern was expressed about the low levels of Programme Budget allocation under some SOs (SO7 and SO10 in particular), and underfunding of other SOs.
- In light of the decrease in budget allocation for the Region in 2014–2015, it is especially important that workplans are adhered to and implemented as planned, and that programme management is strengthened to ensure implementation of funds.

Recommendations

Actions by Member States

- (1) To work with the WHO Representatives to ensure close collaboration that will lead to enhanced financial implementation of objectives.
- (2) To work with WHO Representatives to ensure that resource mobilization efforts are targeted to respond to the agreed priorities within the WHO country workplans.

Actions by WHO-SEARO

- (1) To distribute the most current financial implementation status, split by budget centre and strategic objective, to delegates of the Sixty-sixth Session of the Regional Committee.
- (2) For WHO Representatives and the Regional Office to work with respective Member States to ensure the resource shortfalls in the WHO workplans are understood, and joint efforts are sought to fill them.

2.2. Twelfth General Programme of Work (GPW) and Proposed Programme Budget 2014–2015

(RC66 provisional agenda item 3.2)

Introduction

The Sixty-sixth World Health Assembly in May 2013 approved the Twelfth General Programme of Work (GPW) which establishes: the overarching mission, principles and values; changes to the results-based framework; six high-level leadership priorities; six categories of work; 30 technical programme areas; and the aspiration of results of the Organization for a six-year period 2014–2019.

The Programme Budget (PB) 2014–2015 approved at the Sixty-sixth World Health Assembly is to be the primary instrument to express the full scope of work of the Organization, along with the roles and responsibilities of all levels of the Organization (country offices, regional offices and headquarters). It is also to be the basis for the detailed 2014–2015

operational planning that is being initiated in the final part of 2013. The total PB of US\$ 3.977 billion includes both assessed and voluntary contributions.

Discussion points

- The Twelfth GPW and the PB 2014–2015 are both essential documents for taking forward the WHO reform process and setting the foundations for planning and performance assessment.
- The PB 2014–2015 is considered a "transitional budget" and there is an opportunity for adjustments to occur at the programme area level, but not at category level, to move towards the Twelfth GPW. Progress towards the Twelfth GPW should include developing regional level alignment where possible, as well as country level alignment.
- The PB remains country-focused with a total of US\$ 346.2 million (including a post-occupancy charge of US\$ 6.2 million); with 29% of the budget at Regional Office level and 71% at country office level. In response to a query raised on the Regional Office/country office budget split, the Secretariat confirmed that as some administrative functions can only be carried out at the Regional Office level, the additional US\$ 6.2 million figure for these functions raises the Regional Office percentage. Compared with the previous biennium, the Regional Office has been subject to a greater percentage budget cut than country offices.
- The lack of clarity regarding allocation (quantum, timing and processes) of assessed contribution (AC) funds and its implications were discussed. The concept of raising "voluntary AC funds" from the Member States was brought out.
- It was highlighted that the budget space reserves allow flexibility in allocating resources in a timely manner. The logic involved in the various steps used to establish the proposed "budget-space envelopes" at the budget centre level was explained in detail.
- The method for allocating the proposed budget-space envelopes to the respective budget centres (country offices and Regional Office) was presented and discussed.

- Proposed PB 2014–2015 budget-space envelopes, by budget centre, were presented as follows:

Country office level	
Budget centre	Proposed budget-space envelopes (in US\$ million)
SE_BAN	19.29
SE_BHU	5.07
SE_IND	83.35
SE_INO	30.29
SE_KRD	14.94
SE_MAV	4.05
SE_MMR	34.36
SE_NEP	21.98
SE_SRL	7.49
SE_THA	10.25
SE_TLS	5.55
CO budget space reserves	9.96
CO total	246.58

Regional office level	
Budget centre	Proposed budget-space envelopes (in US\$ million)
SE/CDS	19.37
SE/DAF	9.71
SE/DRD	6.05
SE/EHA	1.91
SE/FHR	9.10
SE/HSD	9.91
SE/IVD	11.31
SE/RDO	5.27
SE/SDE	11.36
RO budget space reserves	9.43

RO Total	93.42
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Total CO and RO	340.00
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SE/DAF	6.20 (POC only)
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Grand total	346.20
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- The feasibility of providing autonomy to the budget centres by allocating budget-space envelopes until only the category level, and not going down to the programme level, was discussed.
- The operational planning timeline and steps to the end of 2013 were elaborated. The timeline is tight, but countries should aim to have draft workplans prepared ahead of the Sixty-sixth Session of the Regional Committee. A Secretariat planning workshop for WHO country offices will be held in July 2013.
- The reduction in the regional budget for 2014–2015 means there will be little scope for programming of low-priority activities. Funds need to be implemented more strategically within the Region as a whole, and countries and WHO will need to work together to compensate for the reduced PB. From the next biennium, technical work in the Region will need to be developed collaboratively between WHO and Member States, as well as between Member States.
- Member States and WHO country offices need to re-examine the country prioritization matrix in the light of category-wise budget-space envelopes, so as to harmonize the budget space allocation with the country priorities.
- The prioritization process (high, medium or low rankings) undertaken by country offices for arriving at the technical prioritization matrix was elaborated. It was noted that priorities should not only align with existing country priorities and those detailed in country cooperation strategies, but also should reflect the priority-setting criteria as expressed in the Twelfth GPW.
- The Secretariat provided clarification that voluntary contribution (VC) funds set aside for 2014–2015 will form part of the budget-space envelope and will not be additional budget.
- Examples of changes the country offices may have to carry out in readjusting allocation of programme area budgets using the technical prioritization matrix were highlighted.
- It was noted that category 6 (corporate services/enabling functions) should be considered differently than the five technical categories, and that it is almost entirely funded by AC allocation. Most of staff costs in country offices are within

category 6. Financing to this category needs to remain stable, as reflected in the PB 2014–2015.

- The allocation of funds to the polio programme in India was raised, in view of the polio situation stabilizing and of national commitment for polio eradication. However, this programme is managed within the “emergencies” section of the budget, and it is anticipated that with roll-out of the polio endgame strategy, India will benefit less substantially from emergencies funding, while at the same time requiring increased budget space for other programmes of work. Due to the nature of the Region’s “emergencies” budget space being so dominantly under India, any increase of budget space given to fund non-emergencies can be achieved only if other countries reduce their non-emergency budget-space envelopes.
- Bangladesh expressed their concern with respect to their proposed Programme Budget space envelope, which is duly noted.

Recommendations

Actions by Member States

- (1) To engage in the process of allocating the budget-centre budget-space envelopes at category level, with initial indications given by the WHO Secretariat at the programme area level, and to prepare draft workplans for the Programme Budget 2014–2015 ahead of the Sixty-sixth Regional Committee in September 2013.
- (2) To collaborate with Member States in the Region, and with the WHO Secretariat to coordinate technical work with a regional perspective, where possible, to maximize utilization of a reduced Programme Budget for the 2014–2015 biennium.
- (3) To work closely with the Secretariat to ensure that the Programme Budget allocation method is used to determine the budget-centre budget-space envelopes for 2014–2015.
- (4) To support the workplanning, within the restricted timeframe, by utilizing the proposed budget-centre budget-space envelopes, as presented to the SPPDM.

Actions by WHO-SEARO

- (1) To ensure an earlier start to, and more complete, biennial implementation by:
 - (a) ensuring that country workplans are approved in a timely manner;
 - (b) ensuring that the assessed contribution allocations are distributed promptly at the beginning of the biennium;
 - (c) ensuring that there is sufficient carried-forward voluntary contribution funding on the workplans at the beginning of the biennium for implementation to begin.
- (2) To work with countries in the budget planning and prioritization at programme area level, within categories, and in drafting the workplans for 2014–2015 using the proposed budget-centre budget-space envelopes.
- (3) For WHO Representatives, in collaboration with Member States, to revisit the technical prioritization matrix of each country to reconfirm its validity.
- (4) To proceed with operational planning with a target of end-July 2013, for establishment of the draft operational plans 2014–2015.

2.3 WHO reform: Financing dialogue and development of Programme Budget 2016–2017

(RC66 provisional agenda item 3.3)

Introduction

Initially, the reform agenda focused on financing and better aligning of the Organization's objectives and resources. It has now evolved into a Member States-driven process to address more fundamental questions about WHO's priorities, its governance and management to make the Organization more effective, efficient and accountable.

During the Sixty-sixth World Health Assembly in May 2013, WHO reform was discussed under documents A66/4 (WHO reform: High-level implementation plan and report) and A66/48 (WHO reform: Financing of WHO).

The proposed financing dialogue is expected to contribute to the full funding of WHO's PB by increasing the transparency, predictability and alignment of WHO's financing.

Timelines for the PB 2016–2017 showing that planning will need to take place in Quarter 1 of 2014, and a potential approach for prioritization of the technical programme areas in the future, as part of the country-driven planning process, were presented. This method, the Hanlon method for health priority-setting, is currently used in the Region of the Americas by the Secretariat and Member States.

Discussion points

- The financing dialogue is a key reform event based on four principles: alignment; predictability and flexibility; broadening contributor base; and transparency.
- It was acknowledged that the financing dialogue is a work in progress, and the meeting planned for November 2013 will allow the process to be clarified and substantiated.
- Member States indicated that they would appreciate guidance from the Regional Office on how to prepare for the financing dialogue meeting to be held in November 2013; the Secretariat confirmed it would provide assistance.
- It was discussed that raising resources for the WHO collaborative programmes should be a joint effort between Member States and WHO.
- Member States did not voice any positive or negative considerations with respect to the Hanlon method for health priority-setting for operational planning.

Recommendations

Actions by Member States

- (1) To ensure appropriate participation, particularly from ministries of health, in the November 2013 financing dialogue, to ensure better understanding of the funding of the Programme Budget 2014–2015.

- (2) To review for consideration of its future application in respect of 2016–2017 bottom-up operational planning, the country prioritization methodology as outlined by the Secretariat.

Action by WHO-SEARO

- (1) To provide full support to Member States in their preparation for participating in the financing dialogue in November 2013.

2.4 Revision to the Rules of Procedure of the WHO Regional Committee for South-East Asia

(RC66 provisional agenda item 5.2)

Introduction

In order to strengthen, improve and streamline the methods of work and roles of the governing bodies, the Sixty-fifth World Health Assembly, by its decision WHA65(9) in May 2012, endorsed proposals for enhancing alignment between the Regional Committees and the Executive Board. In September 2012, the Sixty-fifth Regional Committee for South-East Asia adopted resolution SEA/RC65/R1 to align its Rules of Procedure with other regions in respect of the nomination of the Regional Director.

In order to fully implement decision WHA65(9), the Rules of Procedure of the Regional Committee for South-East Asia must be amended to reflect the practices currently in use in the conduct of the Regional Committee meetings in South-East Asia with respect to review of credentials and the participation of observers.

A draft resolution proposing these changes was submitted to the SPPDM for its consideration.

Discussion points

- Concern was expressed that the proposed additional clause in Rule 2, “The Director, in consultation with the Committee, may also invite nongovernmental organizations...” would require that the participation of nongovernmental organizations (NGOs) may have to be put on hold until this draft resolution was adopted at the Sixty-sixth Regional Committee and until consultation could then be undertaken by the Sixty-seventh Session of the Regional

Committee. It was clarified that NGOs in official relations with WHO are invited to participate in the Regional Committee sessions each year, as is done for the World Health Assembly and Executive Board meetings. WHO further consults with the Member States informally through its country offices for the participation of local NGOs and other private sector partners.

- The number of NGOs actually participating in the sessions has been minimal. The cost of their participation is not borne by WHO.
- Participants were informed that all UN organizations are also invited, again with only a few actually attending.
- It was proposed that the two sentences in the draft language of Rule 2, which begins “the Director, in consultation with the Committee, may invite...” would be more appropriately phrased if “the Committee” be replaced with “Member States”. The proposed language for Rule 2 will reflect this modification when the agenda item is submitted to the Sixty-sixth Session of the Regional Committee.

Recommendation

Action by WHO-SEARO

- (1) WHO country offices to consult with the Ministry of Health before suggesting names of NGOs, partners and civil society organizations.

3. Adoption of the report

The SPPDM reviewed the draft report of the meeting agenda-wise, focusing on the discussions held among the delegates and the recommendations arrived at on each agenda item. The SPPDM adopted the report with some modifications, and requested the Regional Director to convey its recommendations to the Sixty-sixth Session of the Regional Committee.

4. Closure

The Co-Chairperson, Mr Nima Wangdi appreciated the constructive contribution of all Member States in developing the report of the SPPDM. He requested the WHO Secretariat to duly reflect the changes suggested by the representatives appropriately in the report.

In his concluding remarks, the Regional Director thanked the Chairperson, Co-Chairperson and Rapporteur, and noted the useful interventions made by the distinguished high-level delegates, which demonstrated a good understanding of the issues involved. He also extended his appreciation to the Rapporteur, Dr Pitakpol Boonyamalik of Thailand, for the good quality of the report of the SPPDM. He assured the participants that the conclusions and recommendations of this report would be submitted to the Sixth-sixth Session of the Regional Committee.

The Regional Director hoped that Member States had broadened their understanding of the new planning process under WHO reform for the Programme Budget 2014–2015. He further noted several issues involved in the planning process under WHO reform, such as decisions on how to allocate budget to the Member States, consideration of country priorities versus WHO priorities while deciding on allocation, and top-down versus bottom-up planning of the Programme Budget. He said that the planning process from the country level, which fully involved Member States, promoted and encouraged country ownership of the process. He hoped Member States had become more aware of the importance of the financing dialogue which was an important component of WHO reform. Member States would be updated to help them prepare for the financing dialogue to be held from 25 to 26 November 2013. This exercise would be handled by WHO headquarters, who would consult Member States and invite them directly through their missions in Geneva. The WHO Regional Office would provide support to Member States in this exercise.

In conclusion, Dr Samlee called upon Member States to face the challenges of the Programme Budget 2014–2015 together along with full support from the Regional Office. He wished delegates all success in their collaborative efforts with WHO and a safe and pleasant journey home.

The Co-Chairperson then declared the meeting closed.

Annex 1

Agenda

1. Opening session
2. WHO reform and Programme Budget matters:
 - 2.1 Implementation of Programme Budget 2012–2013
(RC66 provisional agenda item 3.1)
 - 2.2 Twelfth General Programme of Work (GPW) and Proposed Programme Budget 2014–2015
(RC66 provisional agenda item 3.2)
 - 2.3 WHO reform: Financing dialogue and development of Programme Budget 2016–2017
(RC66 provisional agenda item 3.3)
 - 2.4 Revision to the Rules of Procedure of the WHO Regional Committee for South-East Asia
(RC66 provisional agenda item 5.2)
3. 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
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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
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Mr Ri Su Nam
Interpreter
Ministry of Public Health

India

Mr Amal Pusp
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Ministry of Health and Family Welfare

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

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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
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Supplies Management
Directorate-General of Pharmaceutical and
Medical Devices Management
Ministry of Health

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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

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Directorate of Surveillance, Immunization,
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Ministry of Health

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State Expenditures
Bureau of Planning and Budgeting
Secretariat General
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Secretariat General
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Embassy of the Republic of Indonesia
New Delhi

Maldives

Ms Geela Ali
Permanent Secretary
Ministry of Health

Dr Aishath Aroona Abdulla
Epidmiologist
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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 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
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Ministry of Health

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Secretary of the meeting

Dr Samlee Plianbangchang
Regional Director

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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

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Healthy Environments

Dr Prakin Suchaxaya
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This publication is the report of the Sixth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), which met from 4 to 5 July 2013. The subcommittee was established by the Sixtieth Session of the Regional Committee for South-East Asia in 2007.

Delegates from Member States of the Region discussed the agenda items proposed for the Sixty-sixth Session of the Regional Committee related to WHO reform and Programme Budget related matters: Implementation of the Programme Budget 2012–2013; Twelfth General Programme of Work (GPW) and Proposed Programme Budget 2014–2015; WHO reform: Financing dialogue and development of the Programme Budget 2016–2017; and Revision to the Rules of Procedure of the WHO Regional Committee for South-East Asia.

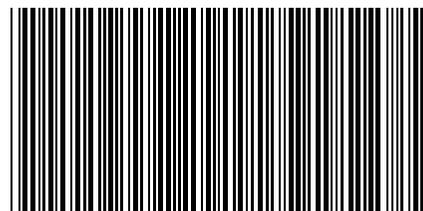
The SPPDM Meeting made observations and recommendations for consideration by the Sixty-sixth Session of the Regional Committee.



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