Report of the High-Level Preparatory (HLP) Meeting for the Sixty-eighth Session of the WHO Regional Committee for South-East Asia

WHO-SEARO, New Delhi, 29 June – 2 July 2015

World Health Organization
Regional Office for South-East Asia

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Introduction

The High-Level Preparatory Meeting for the Sixty-eighth Session of the WHO Regional Committee for South-East Asia (HLP) took place in the WHO Regional Office, New Delhi, from 29 June to 2 July 2015. Participants from all the Member States of the South-East Asia Region attended the meeting.

The agenda and list of participants of the Meeting are appended to this report as Annexes 1 and 2.

1. Inaugural session *(Agenda item 1)*

Opening remarks by the Regional Director

Welcoming the participants, the Regional Director, Dr Poonam Khetrapal Singh, informed them that the Sixty-eighth Session of the Regional Committee would be held in Dili, Timor-Leste from 7 to 11 September 2015.

The Regional Director stressed that the Regional Committee being the highest constitutional governing body at the regional level, it is important that its annual sessions be conducted in an efficient and effective manner. She advised the participants that HLP, which served as an advisory body to the Regional Director, was critically important to ensure the successful conduct of the Regional Committee meeting in September. The purpose of convening HLP was to review and discuss all the agenda items of the Regional Committee in detail, and prepare recommendations to be duly incorporated into the working papers to be submitted to the Regional Committee. This helped to save valuable time for the Regional Committee and enabled it to expeditiously deal with the agenda items.

The Regional Director reminded the participants that with the gracious consent of the health ministers of the Member States, the meetings of senior advisers and the health ministers had been combined with the

Regional Committee session itself, resulting in the Sixty-eighth Session being of five days' duration.

All the agenda items received from Member States had been accommodated; including policy and technical topics, progress reports on select past Regional Committee resolutions and matters related to governing bodies. Updates would be provided on the progress of the WHO reform process, including programmatic, management and governance reforms.

Referring to the devastating earthquake that struck Nepal in April 2015 as well as the recent earthquake in Bhutan, the Regional Director reiterated that WHO was committed to extend all possible support to the countries.

The Regional Director highlighted that the seven flagship priority programmes launched in the Region were fully consistent with WHO's Twelfth General Programme of Work and global leadership priorities. She said that identifying these important public health issues as flagship priorities allowed a specific focus and close monitoring to ensure timely deliverables and concrete results.

She drew attention of the participants to the three topics to be discussed at the Ministerial Round Table during the Sixty-eighth Session of the Regional Committee: (i) strengthening health workforce in South-East Asia in order to expand delivery of effective services; (ii) health in the post-2015 development agenda; and (iii) accelerating implementation of WHO Framework Convention on Tobacco Control in SEAR.

In conclusion, she hoped that the participants would have stimulating discussions which would help fine tune the working papers for the Sixty-eighth Session of the Regional Committee in September.

Nomination of office-bearers

Her Excellency Dr Aishath Rameela, Minister of State for Health, Ministry of Health, Republic of Maldives was nominated Chairperson; Dr P.G. Mahipala, Director-General of Health Services, Ministry of Health and Indigenous Medicine, Sri Lanka, as Co-chairperson and Dr Phusit Prakongsai, Director,

Bureau of International Health, Ministry of Public Health, Thailand, as Rapporteur.

A drafting group consisting of the following members was constituted: Mr Kado Zangpo (Bhutan), Dr Choe Chung Gum (Democratic People's Republic of Korea), Mr Amal Pusp (India), Mr Ferdinan Samson Tarigan (Indonesia), Dr Maung Maung Than Htike (Myanmar), Mr Mahendra Prasad Shrestha (Nepal), and Mr Ivo Irineu da Conceicao Freitas (Timor-Leste).

A working group for identification of regional resolutions was also established with Professor Dr Abul Kalam Azad (Bangladesh) as Chair, and Mr Amal Pusp (India), Mrs Budhi Dhewajani (Indonesia); Ms Aishath Samiya (Maldives), Dr Than Win (Myanmar), Dr N S R Hewageegana (Sri Lanka), Dr Jeeraphat Sirichaisinthop (Thailand); and Mr Ivo Ireneu da Conceicao Freitas (Timor-Leste) as members.

2. WHO reform (*Agenda item 2*)

2.1 Programmatic reform – focus on results
(RC68 Provisional Agenda item 7.1)

Introduction

Programmatic and financing reforms continue to strengthen the Organization's planning, budgeting and financing cycle towards more effective and efficient delivery of Member State-agreed outputs and contribution to improved health outcomes. The key outcomes of programmatic reforms are: (i) needs-driven priority-setting, result definition and resource allocation aligned to the delivery of results; (ii) improving the delivery model at the three levels of the Organization to better support Member States; (iii) adequate and aligned financing to support strategic focus; and (iv) transparent reporting of results delivery and use of resources.

Specific reforms continue to proceed step-wise and with varying degrees of implementation. In May 2014, the Sixty-seventh World Health Assembly noted the report by the Director-General describing the restructuring of the reform results framework that arose from the recommendations of the second stage evaluation. Since then, the percentage of outputs that have reached the implementation stage has

increased from about 40% in January 2014 to about 80% to date. The greatest progress has been made in the area of programmatic reforms in terms of developing focused programmes and priority-setting, with all expected outputs having reached the implementation stage.

Programmatic and financing reforms would continue to strengthen the Organization's planning, budgeting and financing cycle towards more effective and efficient delivery of need-based, Member State-agreed results while contributing to improved health outcomes. The principles of programmatic reforms would be further positioned at the country level to ensure that the Programme Budget not only continues to serve as the primary tool for programming WHO's work, but also becomes the basis for measurement of WHO's performance through its delivery of results and the instrument against which WHO's resources are mobilized and managed.

Discussion points

➢ The joint role and accountability of Member States with that of the Secretariat in the entire results chain was recognized.

➢ Clarification was provided on the proposed utilization of 80% of the available budget of technical Categories for the jointly identified 10 priority areas and the balance 20% of budget for other technical areas.

➢ Category 5 adequately covered the important areas relating to emergency and outbreak epidemic preparedness and response.

➢ The linkage among the seven regional flagship priorities and WHO's General Programme of Work and six global leadership priorities was clarified, and HLP was briefed on the evolution of the regional flagship priorities.

➢ Strengthening health systems with a focus on increasing the availability and retention of adequately trained health workforce, and management of health system information are important areas that merit enhanced attention under the relevant flagship priorities. However, many related areas, including e-health, are adequately covered under the flagship priority on UHC.

➢ The scope for including additional technical areas, viz. malaria, dengue, vector-borne diseases, hepatitis, HIV/AIDS, mental

health and ageing, etc. under flagship priorities was discussed. It was clarified that the purpose of identifying a limited number of flagship priorities was to focus attention on these, without thinly spreading the limited resources and also to facilitate reporting on achievement of planned targets. However, this does not preclude discussion on increasing the number of flagship priorities. The aim was to focus on achievable regional targets - viz. elimination of certain diseases, leading to a global impact.

➢ While the flagship priority on measles aimed for its elimination, the focus in respect of rubella was on its control.

➢ The working paper for the Regional Committee would need appropriate revision in light of deliberations at HLP.

Recommendations

Actions by Member States

(1) Continue to closely involve the Secretariat in the planning process for Programme Budget 2016-2017 to identify tangible results for WHO collaborative work which will be peer-reviewed from 21-23 July 2015.

(2) Consider allocation of resources to the already identified priority areas to the extent possible, 70-80%, while finalizing the 2016-2017 country workplans.

(3) Consider providing adequate attention and resources to the regional flagship initiatives at country level.

Actions by WHO

(1) Ensure linkages among the flagship areas, and country as well as global priority areas as much as possible.

(2) Revise the working paper on programmatic reform incorporating the inputs from the discussions at the HLP meeting.

2.2 Management reform – Internal Control Framework
(RC68 Provisional Agenda item 7.2)

Introduction

WHO's Internal Control Framework (ICF) has been established to strengthen the internal control environment, so that management and other stakeholders have a reasonable assurance regarding the achievement of objectives, safeguarding of assets and resources, fulfilment of commitments to Member States, donors and other stakeholders. Successful implementation of ICF will be key in addressing lingering concerns in relation to gaps in compliance that are identified in the reports of audit and oversight functions.

Member States are key partners of WHO, playing both a governance function and being primary recipients of WHO products and services. As such, they can play a significant role in ensuring the successful implementation of a more comprehensive approach to compliance and internal controls of WHO. The aim of the agenda item is to familiarize Member States of the Region with the steps being taken by the Secretariat, as well as to understand the concepts, progress made so far and activities to be undertaken.

Discussion points

➢ The Secretariat indicated that the existing internal controls and audit functions are well-established and functioning. However, they are only partially effective.

➢ The new framework will complement traditional internal controls with activities in risk management, strengthened monitoring and communication. Importantly, it will start to inculcate the importance of accountability and a shift in Organizational culture at all levels.

➢ Progress towards implementation of ICF includes:

– *Establishment of regional compliance function*. The Compliance Officer reports to the Regional Director. Initially, the focus will be on compliance with timely DFC reporting, monitoring of audit recommendations, donor contribution monitoring/reporting, other administrative

aspects of WHO collaborative activities, coordination with Headquarters and other regions. Compliance units are promoting best practices, including efficiency measures in WHO offices.

– *Development of management dashboards providing high-level and issues-oriented updates of regional performance*. Extension of existing financial-oriented dashboards to encompass programmatic and other compliance-related areas.

– *Establishment and revision of risk registers by all WHO Budget Centres*. Roll-out of training and other activities to support risk-based management activities.

– *Regional administration and programme management reviews to countries of the Region*. Continued implementation of activities based on findings of review missions.

➢ Member States queried the progress made on the use of dashboards, in particular whether broader use in programmatic areas had been undertaken. Existing dashboards address the financial and administrative aspects of the Region's work. Programmatic results are being monitored through technical scrutiny of output indicators in GSM and the Regional Office is working on how this programmatic information can be captured in dashboards.

➢ Member States also expressed concern over adequacy of control associated with Special Services Agreement (SSA) contracts. The Secretariat indicated that SSA holders are not considered WHO staff members. As such, the contractual mechanism is often considered inadequate, as SSA holders often perform duties that should be normally performed under staff contracts.

Recommendations

Action by Member States

(1)   Ensure timely submission of reports that may be required by WHO in relation to WHO implementation mechanisms (e.g., DFC mechanism).

Actions by WHO

(1) Sensitize the concerned national authorities about changes in WHO's approach to internal controls and facilitate implementation of ICF activities in the countries.

(2) Ensure effective, systematic and coordinated implementation of the ICF.

(3) Explore the possibility of strengthening Global Management System (GSM) to capture monitoring of programmatic results of WHO collaborative activities.

2.3 Governance reform *(RC68 Provisional Agenda item 7.3)*

Introduction

Governance reform is one of the three pillars of WHO reform. The three main dimensions of governance reform are: internal working methods of WHO's governing bodies; (2) external engagement with stakeholders; and (3) WHO's role in global health governance. Compared to the other components of WHO reform, governance reform has seen fewer initiatives move into the implementation phase. These concerns voiced at the 136th Session of the Executive Board in January 2015 led to the establishment of a working group on governance reform with representation from Member States to examine the matter in more detail and make specific recommendations. India and Thailand represent the South-East Asia Region on this group.

The working group held its first meeting in April 2015 which led to the first open Member State meeting on governance reform on 13 May 2015. The working group is expected to make recommendations to the 138th Session of the Executive Board in January 2016.

Discussion points

➢ As part of governance reform, two sub-groups have been set up to examine: (1) Method of work of governing bodies and (2) Alignment of functions of WHO at three levels. Thailand would represent the Region on the former, whilst India would represent the Region in the latter of the two sub-groups.

> ➤ The sub-groups would meet in September 2015 before the meeting of the working group on governance reform in November 2015.

Recommendation

Action by Member States

(1) Send suggestions and contributions to the focal points of the two sub-groups for consideration by the working group on governance reform.

2.4   Framework of engagement with non-State actors
(RC68 provisional agenda item 7.4)

Introduction

Per request of the governing bodies, the Secretariat submitted a draft overarching framework and policies on WHO's engagement with non-State actors to the Sixty-seventh World Health Assembly in May 2014. Based on inputs received from governing body meetings and consultations, a revised version of the draft was submitted in May 2015 to the Sixty-eighth World Health Assembly. The Health Assembly requested the Director-General to (i) convene an intergovernmental meeting as soon as possible; (ii) submit the finalized framework of engagement with non-State actors for endorsement to the Sixty-ninth World Health Assembly through the Executive Board; and (iii) develop the register of non-State actors in time for the Sixty-ninth World Health Assembly.

A working paper was submitted to HLP for its information.

Discussion points:

> ➤ Member States acknowledged that since 2014, a lot of progress had been made towards finalization of the draft Framework of Engagement with non-State actors.

> ➤ Any engagement with non-State actors must have clear benefit to public health; maintain the integrity and independence of WHO; conform to WHO's rules and regulations; take into account the intergovernmental nature of WHO and the role of

Member States; support without compromising the scientific and evidence-based approach of WHO; and not open gaps for corporate interference in the work of WHO.

➢ Member States felt that they should have a strong regional position on the draft Framework so that their voice could be heard at the Executive Board session in January 2016.

➢ Member States requested the Regional Office to convene a meeting to build a regional position on the sections of the draft Framework around which consensus is yet to be reached, before the Sixty-eighth Session of the Regional Committee.

Recommendations

Actions by Member States

(1) Participate in the open-ended intergovernmental meeting scheduled to be held in Geneva during 8–10 July 2015.

(2) Participate in and share inputs on the draft framework during the intersessional meeting to be organized by the Regional Office on 24–25 August 2015 in Sri Lanka.

Action by WHO

(1) Convene an intersessional meeting of all Member States before the Sixty-eighth Session of the Regional Committee (24–25 August 2015) to build a regional position on the sections of the draft framework where consensus is yet to be reached.

3. Policy and technical topics *(Agenda item 3)*

3.1 Response to emergencies and outbreaks
(RC68 Provisional Agenda item 8.1)

Introduction

The global scale of risks and needs associated with outbreaks and emergencies with health consequences is unprecedented. Their frequency

and complexity are stretching the resources of the international system and WHO as never before. Since 2000, the world has faced a series of major public health emergencies and humanitarian crises, and currently over 80 million people require humanitarian assistance globally.

Over the years, the Region has witnessed several events such as SARS, H5N1, the 2004 tsunami; Cyclone Sidr (2007); Cyclone Nargis (2008); Sri Lanka complex emergency (2009); Kosi river floods (2009); Rakhine complex emergency (2012); and most recently the Nepal earthquake in 2015. The Region's preparedness measures and capacity-building initiatives were put to the test and proved effective during the Nepal earthquake. The ongoing Ebola outbreak in West Africa has also mobilized resources from the South-East Asia Region to respond to this global emergency. Another recent event was the MERS CoV case in Thailand, which tested IHR core capacities of the country and the Region's collective epidemic/pandemic preparedness and vigilance.

In various WHO governing body meetings, the international community clearly wants and expects WHO to take leadership, coordination and operational roles that are required to effectively prevent, prepare for, respond to, and recover from outbreaks and emergencies with health consequences. WHO has clear responsibilities as custodian of the International Health Regulations (IHR) and lead agency for the health cluster and therefore, capacities to implement these roles need to be strengthened.

With this global demand and regional profile of events, the Director-General has called for reforms in WHO's work in emergencies. Clearly, the Regional Director's flagship priority on strengthening country capacities in emergency risk management has positioned the Region to meet this global expectation and regional need. Continuous investment in improving the capacity of WHO offices in tandem with supporting more disaster-resilient health systems is key to addressing lessons from past events.

Discussion points

Member States:

➢ Expressed solidarity with Nepal in dealing with the destruction due to the recent earthquake and reiterated their continuing support.

➢ Reiterated the need to sustain efforts to attain the minimum IHR core capacities with WHO support to Member States and engage with non-health agencies such as other ministries (e.g. Ministry of Home) and agencies (e.g. aviation and customs sectors), so that gaps in current capacities are fully addressed.

➢ Proposed the use of concrete examples of risk management of large-scale emergencies such as the Nepal earthquake so that collectively, the Region can learn from such experiences. It was noted that information and knowledge exchange would be useful in capacity-building initiatives.

➢ Acknowledged that underlying risks of climate change will have health impacts as well as other events related to extreme weather and change in the epidemiology of viruses, bacteria and vectors.

➢ Supported the scale-up of initiatives for safer health facilities so that they can function in various emergencies caused by any hazard.

➢ Proposed the provision and/or facilitation for additional resources for SEARHEF.

➢ Supported the efforts in the establishment of a department in the Regional Office dedicated to emergencies from all hazards.

➢ Suggested to revise para 15 of the working paper – highlighting surveillance and prevention measures to any emergency.

➢ Proposed to draft an RC resolution regarding this agenda item.

Recommendations

Actions by Member States

(1) Expedite efforts and increase investments to scale up emergency risk management capacities covering IHR 2005 and SEAR benchmarks[1] on Emergency Preparedness and Response.

(2) Facilitate cooperation between concerned stakeholders to make health facilities structurally safer and functional even during disasters.

Actions by WHO

(1) Scale up support to Member States to attain comprehensive capacities for emergency risk management through the regional flagship programme.

(2) Advocate and provide technical support for keeping health facilities safer in disasters from all hazards in countries.

(3) Document lessons learnt from various emergencies and facilitate learning across countries.

3.2 Antimicrobial resistance
(RC68 Provisional Agenda item 8.2)

Introduction

Antimicrobial resistance (AMR) is recognized as one of the principal threats to public health throughout the world. The WHO Regional Office had developed a regional strategy for prevention and containment of AMR in 2010. This subject was discussed at the Sixty-third Session of the Regional Committee in 2010 and resolution SEA/RC63/R4 on Prevention and

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[1] The SEAR Benchmarks for Emergency Preparedness and Response was a system developed with Member States after the tsunami of 2004 to measure capacities for emergencies. There are 12 benchmarks defined by standards and indicators relating to four main areas – legislation and coordination; community capacities; early warning and surveillance and capacity development for health sector. Links to key publications on this are available at http://www.searo.who.int/entity/emergencies/documents/en/

containment of AMR was adopted for implementation of the regional strategy on AMR. AMR was the theme of World Health Day in 2011 to enhance global advocacy on the subject. In 2011, the health ministers of 11 Member States of the South-East Asia Region deliberated upon this subject and came out with a very comprehensive and action-oriented declaration now widely known as the "Jaipur Declaration on Antimicrobial Resistance".

In the last five years, the South-East Asia Region has made substantial progress in this area, using the regional strategy as a guidance document; however, more work is needed. Resolution WHA67.25 requested WHO to develop a draft Global Action Plan (GAP) to combat AMR. GAP has been endorsed at the Sixty-eighth World Health Assembly along with resolution WHA 68.7 on AMR. GAP is in line with the regional strategy and points enunciated in the Jaipur Declaration on AMR and Member States are requested to prepare their national action plans in line with GAP in the next two years. The Regional Office is working closely with all Member States to provide technical support needed in implementing GAP and in building capacity of Member States to combat AMR, which is also a flagship priority of the Regional Director.

Discussion points

➢ Antimicrobial resistance is recognized as a serious threat to medical and public health services in the Region. It also has implications on effectiveness and affordability of health services.

➢ The importance of a multisectoral approach to combat AMR was emphasized, embodying the "one health" approach. This is in line with establishment of a multisectoral steering committee enunciated in GAP, the Jaipur declaration on AMR and the regional strategy to prevent and contain AMR.

➢ It was agreed that a draft resolution would be prepared on AMR. It would replace previous resolutions on the topic, rather than duplicating them. It would include clauses on regional laboratory surveillance network, standard data collection and reporting, and emphasize on effective and safe use of antibiotics that are quality assured and accessible to all who need them.

Recommendations

Actions by Member States

(1) Draft a national action plan for AMR as urged in resolution WHA68.7 on Global action plan on AMR.

(2) Implement and monitor progress in line with GAP and adapted to national priorities.

Actions by WHO

(1) Provide technical support to Member States in drafting and implementing national action plans.

(2) Draft indicators for the Member States to help them in monitoring and evaluation of progress made in the development and implementation of national action plans.

(3) Provide technical support to build capacity for laboratory-based surveillance and forge regional laboratory networks to understand the magnitude and trend of resistance, prepare standard treatment guidelines, and analyse impact of national interventions.

(4) Advocate for development and enforcement of regulations for therapeutic and non-therapeutic use of antibiotics in human, veterinary and other relevant sectors.

3.3. Diseases targeted for elimination (kala- azar/leprosy/yaws/ filariasis/schistosomiasis) *(RC68 Provisional Agenda item 8.3)*

Introduction

The agenda item on Neglected tropical diseases (NTDs) targeted for elimination/eradication by 2020 is one of the regional flagship priorities. The five diseases covered under this agenda item are lymphatic filariasis, kala-azar, leprosy, yaws and schistosomiasis. These are diseases afflicting the poorest of the communities in the developing world and an estimated billion people are affected by NTDs, including these five diseases. The WHO South-East Asia Region bears the second highest burden of NTDs, but is also among the better-performing regions with regard to reaching the NTD roadmap targets.

Discussion points

➢ Member States reaffirmed the commitment of their governments to sustain the gains made so far and to further accelerate progress.

➢ Member States highlighted several technical and programmatic areas that need to be strengthened and requested continued support from WHO in this regard. These include (i) development of drug resistance; (ii) problems arising from cross-border migration; (iii) importance of ongoing surveillance even after elimination; and (iv) difficulties in sustaining political and social engagement with control efforts as elimination approaches and case numbers drop.

➢ Updates on some of the reported data and identified areas, clarity on progress in LF elimination, rephrasing language on VL endemicity to be more precise in terms of geographic distribution and modifying the title of the paper were suggested, to further improve the working paper that would be submitted to the Regional Committee meeting.

➢ Documentation of progress made post-MoU on kala-azar (2013) was requested.

➢ The public health burden of some of the other NTDs like dengue and the importance of strengthening its control efforts were also noted by some of the participants.

Recommendations

Actions by Member States

(1) Sustain strong political commitment and programmatic activities to accelerate progress in eliminating the targeted diseases.

(2) Strengthen monitoring and evaluation, and improve reporting to WHO.

(3) Share experiences and best practices.

Actions by WHO

(1) Continue providing technical support to Member States to eliminate targeted diseases.

(2) Organize an experience-sharing meeting in the Region.

(3) Document the progress made post-MoU on kala-azar.

(4) The title of this working paper should be amended to "Selected neglected tropical diseases targeted for elimination: kala-azar, leprosy, yaws, filariasis, and schistosomiasis" before submission to the Regional Committee.

3.4 Adapting and implementing the End TB Strategy in WHO South-East Asia Region *(RC68 Provisional Agenda item 8.4)*

Introduction

Following the endorsement of the End TB Strategy by the Sixty-seventh World Health Assembly in May 2014, the focus is now on enabling adaptation and implementation of the strategy at the country level. The End TB Strategy and the targets for tuberculosis prevention care and control after 2015 with a bold vision of a world without tuberculosis aim to end the global tuberculosis epidemic by 2035 through a reduction in tuberculosis death by 95%; tuberculosis incidence by 90%; and elimination of associated catastrophic costs for tuberculosis-affected households. The strategy addresses government stewardship and accountability; coalition-building with affected communities and civil society, human rights and ethics; and adaptation to fit the needs of each epidemiological, socioeconomic and health system context. It builds on three pillars: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation.

Ending the TB epidemic will, therefore, require an expansion of the scope and reach of interventions for TB care and prevention; institution of systems and policies to create an enabling environment and share responsibilities; and aggressive pursuit of research and innovation to promote development and use of new tools for TB care and prevention.

Discussion points

➢ The discussion focused on the revision of the current agenda document with an overall view emerging that in its present form, the document is too general and lacks specific detail in a number of areas.

➢ Operationalization of the strategic details is required in the areas of prevention, early and accurate diagnosis, correct and complete treatment, and the need for new drugs that shorten the current regimen. The issue of ensuring affordability and access, including to new and advanced diagnostics and treatments, should also be clearly highlighted, along with the potential key role of community-level approaches.

➢ A number of other specific shared concerns also emerged and suggestions were made on how best to revise the current text. Key aspects discussed included: (i) the difficulties associated with comorbidities, including depression due to adverse effect from second-line drugs and with co-infections, particularly HIV; (ii) the challenges posed by under-diagnosis of cases, poor compliance, drug resistance and cross-border migration; (iii) the need for operational research; and (iv) the need for greater resource mobilization.

➢ The need for strengthened regional and global cooperation also have to be made explicit, and potential mechanisms for this outlined in the document. The related issue of the need for multistakeholder actions should also be better highlighted.

➢ The considerable progress and achievements made by Member States in the Region should be reflected in the working paper.

➢ Following clarification of the approach taken in developing the initial document, WHO acknowledged the valuable suggestions made by Member States for revising the document prior to submission to the Regional Committee Meeting.

Recommendations

Actions by Member States

(1) Reaffirm commitment to eliminate TB as a public health problem by adapting the End TB Strategy;

(2) Revise and implement the national tuberculosis strategic plans in line with the three pillars of the End TB Strategy: integrated, patient-centred care and prevention; bold policies and supportive systems and intensified research and innovation;

(3) Secure adequate financing for implementing and monitoring all tuberculosis-specific, health sector-related and multisectoral actions proposed in the End TB Strategy, taking into consideration the variations in the epidemiological, socioeconomic and health system contexts;

(4) Engage a wide range of stakeholders in the implementation of the strategy, including local, national, regional and international partners, as well as stakeholders from within and beyond the health sector.

Actions by WHO

(1) Advocate for the highest level political commitment and increased funding from national and international sources to support TB elimination efforts in the Region;

(2) Provide guidance to Member States on how to adapt and operationalize the End TB Strategy, including the development of a regional strategic plan for interventions in the period 2016–2020 towards TB elimination;

(3) Assist Member States with implementation of the strategy, and evaluate the impact in terms of progress towards set milestones and targets;

(4) Promote equitable access to new tools and medical products for the prevention, diagnosis and treatment of tuberculosis and multidrug-resistant tuberculosis.

3.5   Patient safety and universal health coverage
(RC68 Provisional Agenda item 8.5)

Introduction

The basic principle of safety in health care is "Do no harm", whereas 1 in 10 patient experiences adverse events in health-care facilities. Experience shows that patient safety must be addressed systematically, and if improved will make an important contribution to UHC. The topic has been addressed globally and in the Region for more than a decade, culminating in the Regional strategy for patient safety. This provides guidance to Member States in preparing national patient safety policies, strategies and plans to ensure the quality and safety of health care.

Implementation of the strategy will require high-level political commitment, a "culture" of concern on safety of health care among health personnel, training and an assessment of current systems in order to reduce adverse events. The Regional Office will provide support for national assessments of their health systems, stronger evidence of the current situation with regard to adverse events, exchange of experiences among countries and tracking progress against benchmarks.

Discussion points

➢ Patient safety is a very important aspect of health care that deserves more attention in the Region. It concerns both public and private health care. The regional strategy on patient safety was welcomed by all.

➢ The title of the topic should be amended to make it clearer that patient safety can make an important contribution to achieving sustained progress towards UHC.

➢ A systems approach to patient safety is needed. There are a range of possible actions to be considered. Ones that were mentioned in the discussion included effective complaints procedures, accreditation, effective infection prevention and control measures, strong surveillance systems for adverse events and error reporting, safe prescribing, introducing a blame-free culture.

➢ Self- assessment of current patient safety systems needs to be encouraged.

➢ Involvement of patients as stakeholders in the process of treatment and better communication with them are essential ingredients to improve patient safety. Governments could play an important role in this endeavour.

➢ The proposed resolution on patient safety will be discussed in the drafting group on resolutions.

Recommendations

Actions by Member States

(1) High political commitment to develop appropriate policies, legislation and other interventions, including raising community awareness on patients' rights; and engagement with patients as stakeholders are essential to cover all aspects of ensuring patient safety in Member States.

(2) Health workforce capacity development in patient safety is desirable.

(3) Consider introducing patient safety multi-professional training curricula in all training schools of medical, nursing and other allied health professions, and conduct training and re-training programmes.

(4) Conduct country self-assessments on patient safety.

Actions by WHO

(1) Provide technical support to conduct self-assessments, develop country strategies and plans and support national and sub-national training programmes.

(2) Develop guidance on approaches, tools and instruments to strengthen patient safety in Member States.

(3) Report progress to the Regional Committee periodically.

(4)   The title of this working paper should be amended to *'Patient safety contributing to sustainable universal health coverage'* before submission to the Regional Committee, and the content of the working paper modified accordingly.

3.6   Prevention and control of cancer – way forward
(RC68 Provisional Agenda item 8.6)

Introduction

Cancer is a major cause of morbidity and premature mortality, worldwide. In the South-East Asia Region (SEA), cancer accounts for nearly one out of 10 deaths. Cancer is not only a health issue but a social, economic and development issue. At the Sixty-sixth World Health Assembly in 2013, WHO Member States committed to a 25% relative reduction by 2025 in premature mortality from NCDs, including cancer. This target cannot be achieved without a substantial reduction in cancer mortality. At least one third of cancers can be prevented by avoiding or reducing exposure to modifiable behavioural, environmental and occupational risk factors. Several common cancers in the Region are amenable to early detection and effective treatment that helps to improve survival. To reduce premature mortality from cancer, a continuum of services are needed, including health promotion, prevention of risk factors, screening and early detection, advanced diagnosis and treatment and palliative care.

Discussion points

➢   Within the NCD agenda, a special focus on cancer is justified, given the high and rising burden of cancer, the immense human suffering, unaffordable technologies and medicines, limited infrastructure and resources to address cancer and the inadequate international assistance and donor support for cancer prevention and control.

➢   The high cost of treating cancer results in catastrophic expenditure that pushes individuals and families into debt and poverty and poses a heavy burden to government budgets. To reduce the incidence of cancer, high priority should be given to primary prevention interventions including multisectoral policies for reducing behavioural risk factors as well as environmental

and occupational exposures and immunization against Hepatitis B and Human Papilloma Virus. Enforcement of legislation requires special attention and monitoring.

➢ The high and rising prevalence of tobacco use, both smoking and smokeless use and associated cancers in countries of the Region is of particular concern. Pioneering work has been done in the Region to flag smokeless tobacco and oral cancer as important priorities. Stronger measures are required to address the issue of smokeless tobacco including through fiscal and legislative policies and surveillance and research.

➢ HPV vaccination for adolescents is an evidence-backed recommended intervention for prevention and control of cervical cancer. However, the high cost of the vaccine is a major barrier, which needs to be addressed for introducing HPV vaccination nationwide as part of a comprehensive cervical cancer prevention and control programme.

➢ Population-based cancer registries are important for estimating the incidence of different types of cancers and accordingly, for planning and monitoring cancer prevention and control services. As the majority of cancers are diagnosed at a late stage, providing pain relief and palliative care is an urgent humanitarian need.

Recommendations

Actions by Member States

(1) Develop and implement comprehensive national cancer control plans containing a range of prioritized interventions at different levels of health-care delivery systems.

(2) Strengthen health promotion, prevention of risk factors, immunization, early detection, advanced diagnosis and treatment and palliative care services.

(3) Consider appropriate techniques for prevention and early detection of common cancers including cervical, breast and oral

cancer based on the country-specific epidemiological situation as well as programmatic and economic feasibility.

(4) Strengthen surveillance, monitoring and operations research for cancer prevention and control.

(5) Allocate sufficient funds for cancer prevention and control including through innovative financing such as taxation on tobacco, alcohol and unhealthy products.

Actions by WHO

(1) Support Member States in setting priorities for cancer prevention and control and developing and implementing comprehensive cancer control plans.

(2) Provide technical support to Member States in establishing population-based cancer registries and conducting operations research for prevention and control of cancer.

(3) Support Member States in building capacity of different categories of health workforce in delivering cancer prevention, diagnosis, treatment and palliative care services.

(4) Advocate for and mobilize regional/international cooperation for making cost-effective cancer technologies, therapeutics and vaccines for prevention and treatment more affordable and accessible to populations.

4. Progress reports on selected Regional Committee resolutions *(RC68 Provisional Agenda item 9)*

4.1 Measles elimination and rubella/CRS control in SEAR by 2020 (SEA/RC66/R5) *(RC68 Provisional Agenda item 9.1)*

Introduction

All eleven Member States have had well-functioning national immunization programmes that included a measles-containing vaccine in the routine immunization schedule for many years. Countries have adopted four key

strategies: (1) achieve and maintain at least 95% population immunity with two doses against measles and rubella within every district through routine and/or supplementary immunization; (2) develop and sustain a sensitive and timely integrated national measles and rubella case-based surveillance system and CRS surveillance that fulfils recommended surveillance performance indicators; (3) develop and maintain an accredited measles and rubella laboratory network that supports every country; and (4) strengthen support and linkages to achieve the above three strategic objectives.

The national measles laboratories in ten countries of the Region have already achieved "WHO Proficient Laboratory" status. Nine countries have conducted national wide age-range measles supplementary immunization activities.

Discussion Points

> ➢ While progress in eliminating measles has been made, achieving the target by 2020 still poses formidable challenges. However, it is a feasible target technically and programmatically.

> ➢ Organization of training programmes in all countries to produce population immunity profiles against measles by age and location is crucial.

> ➢ There may be innovative ways of tracking progress at district level using open-source software systems to strengthen district-level health management information systems.

Recommendations

Actions by Member States

(1) Consider establishing national certification committees to assess and maintain measles elimination;

(2) Finalize the nation-wide age-range MR campaigns;

(3) Strengthen laboratory-supported case-based surveillance; and

(4)   Forecast their vaccine requirement in advance to ensure timely supply.

Actions by WHO

(1)   Organize training workshops at country level for generating population immunity profiles for measles and rubella;

(2)   Establish a Regional Verification Commission to assess and guide measles elimination; and

(3)   Assist in setting up databases for district-level monitoring of measles immunization as part of a nationwide monitoring systems in Member States.

4.2   Challenges in polio eradication (SEA/RC60/8)
(RC68 Provisional Agenda item 9.2)

Introduction

Despite being polio-free, all Member States in the Region continue to face the risk of importation of the wild poliovirus from the currently infected countries in the world consequent spread of the virus within the Region and risk of paralysis from continued use of the oral polio vaccine. All countries are taking action to mitigate the risk of spread of wild poliovirus following an importation.

The Global Polio Eradication Initiative's Polio Endgame Strategy involves a phased, risk-free withdrawal of oral polio vaccine through introduction of inactivated polio vaccine (IPV) and a switch from trivalent (tOPV) to bivalent (bOPV) vaccine, scheduled for April 2016. Member States are introducing IPV and gearing up to effect the switch.

Discussion points

➢   The challenges to IPV introduction and the switch from trivalent OPV to bivalent OPV were acknowledged by all countries.

➢   Member States expressed their firm commitment to implementing the Polio End-Game Strategy and introduction of IPV and switch from tOPV to bOPV.

> ➢ The issue of ensuring adequate supply of bOPV was acknowledged.

Recommendations

Actions by Member States

(1) Continue strengthening actions required to maintain polio-free status of the Region until global polio-free certification.

(2) Introduce IPV prior to the switch from tOPV to bOPV in all countries.

(3) Finalize national switch plans by September 2015 to prepare for the globally coordinated tOPV to bOPV switch scheduled for April 2016.

Actions by WHO

(1) Provide technical support to Member States for IPV introduction, development of national switch plans, licensure and availability of bOPV, and expansion of environmental surveillance.

(2) Continue to function as a Secretariat to the South-East Asia Regional Certification Commission for polio eradication.

4.3 Health intervention and technology assessment in support of universal health coverage (SEA/RC66/R4)
(RC68 Provisional Agenda item 9.3)

Introduction

In 2013, Member States adopted Resolution SEA/RC66/R4 on Health intervention and technology assessment in support of universal health coverage (UHC), focusing on building national capacity on using health intervention and technology assessment (HITA) for evidence-based health policy. Health intervention and technology assessment is a systematic but flexible approach for reviewing evidence on health interventions or technologies and can support policy-makers to make equitable and efficient choices. Progress was reported on the last two years, and Member States supported the report presented by the Secretariat.

Five countries of the Region—Bhutan, Indonesia, Nepal, Sri Lanka and Thailand—have recently used the health intervention and technology assessment approach to answer policy questions.

Institutional arrangements for health intervention and technology assessment do exist:

Thailand established a Health Intervention and Technology Assessment Programme (HITAP) in 2007 and institutionalized the use of HITA to inform UHC policy.

Bhutan and Indonesia are setting up institutional arrangements within their ministries of health for health intervention and technology assessment.

Discussion points

➢ The need for capacity-building and collaboration between Member States to conduct HITA, particularly in small countries was emphasized.

➢ There was a request for guidance on when and how to use HITA.

Recommendations

Action by Member States

(1) Continue to take forward the resolution on Health intervention and technology assessment in support of universal health coverage.

Action by WHO

(1) Provide support on taking forward the points raised by Member States, including the guidance on when and how to use HITA.

4.4 South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7) *(RC68 Provisional Agenda item 9.4)*

Introduction

The South-East Asia Regional Health Emergency Fund (SEARHEF), established in 2007 through resolution SEA/RC/60/R7, has provided support to 23 emergencies in nine of the 11 countries in the Region. The fund is managed through a working group with representatives from each Member State. It is guided by policies, guidelines and procedures drafted by the working group. During the last year, the following disbursements for emergencies were released within 24 hours upon request:

No	Date	Country	Events	Disbursement
1	Feb- 2014	INO	Mt Sinabung	144 068
2	May- 2014	MMR	Rakhine conflict	175 000
3	Nov-2014	SRL	Badulla landslide	35 500
4	Dec- 2014	SRL	Floods and landslides	30 000
5	Apr- 2015	NEP	Nepal earthquake	175 000
			TOTAL	559 568

Last year's SEARHEF working group meeting recommended better advocacy for additional funding and use of any extra funds at end of the biennium for preparedness activities such as prepositioning stocks of essential medicines and supplies and other related capacity-building activities for emergency risk management.

HLP noted the update provided by the Secretariat.

4.5   Effective management of medicines (SEA/RC66/R7)
(RC68 Provisional Agenda item 9.5)

Introduction

Resolution SEA/RC66/R7 on Effective management of medicines endorsed a holistic approach to identifying health system inefficiencies in the management of medicines by conducting situational analyses of medicines in health-care delivery once every four years. The Secretariat reported progress in three main areas:

➢   monitoring of medicines use and policy implementation: the WHO medicines use database is regularly updated

➢   situational analyses of medicines in health-care delivery: five countries have completed these so far in 2014–2015, with four more planned this year

➢   strengthening procurement: a WHO regional workshop was held in 2014, with important conclusions on ways to strengthen procurement and quantification.

Discussion points

➢   Several Member States gave additional examples of recent progress in essential medicines management and noted how useful the situational analyses had been.

➢   There was a specific question about WHO support for procurement of anti-cancer drugs and prequalification of suppliers to ensure quality. It was noted that WHO is slowly expanding the number of products that are prequalified, but this would not extend to anti-cancer drugs in the near future. Greater agreement between cancer specialists within a country on cancer drug regimes would be useful for rationalizing procurement.

Recommendations

Action by Member States

(1) Continue to conduct situational analyses every four years.

Actions by WHO

(1) Support Member States in the monitoring of medicines use and drug policy implementation.

(2) Facilitate country situational analysis of medicines in health-care delivery.

(3) Organize a regional consultation in 2017.

4.6 Regional Strategy on health information system (SEA/RC63/R7) *(RC68 Provisional Agenda item 9.6)*

Introduction

Resolution (SEA/RC63/R7) addresses the need to continuously improve national health information systems (HIS) including vital statistics, to service national, regional and global requirements for monitoring health system progress and implementation of the 10-point Regional strategy for strengthening information systems. In the last five years, most countries have developed and/or updated HIS frameworks for monitoring progress on national health strategies, initiated steps for improving civil registration and vital statistics (CRVS), implemented systems such as DHIS2, OpenMRS, and piloted use of other E-Health and M-Health solutions. Global and regional initiatives, including adoption of the Global List of 100 Core Health Indicators, are providing opportunities, resources, and collaborative actions to minimize reporting burden, enable good practices, and prepare for transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs).

Discussion points

➢ Member States shared country experiences and priorities in HIS strengthening.

> ➢ Investing in increasingly functional HIS and CRVS solutions to deliver complete, timely, reliable health information for evidence-based policy and planning is a shared priority.

> ➢ Fragmentation of health information remains an issue. More attention is needed for harmonization of data and indicators—in preparation for the SDGs—plus better use of appropriate standards, tools, and solutions.

> ➢ The need to explore ICT innovations for tracking progress of elimination of some NTDs and other diseases at district level using open-source software systems to strengthen district level health management information systems was highlighted.

Recommendations

Action by Member States

(1) Continue strategic planning, investing, and sustainable implementation of HIS and CRVS roadmaps, solutions, and capacity-building.

Actions by WHO

(1) Provide support in coordinating with development partners and other stakeholders for country-led priorities, plans, and process in strengthening HIS, CRVS and eHealth;

(2) Support Member States to use DHIS2 or other platforms to monitor progress in health systems performance, UHC, SDG and in disease surveillance with stoplight reports and dashboards; and

(3) Continue providing technical support to Member States in HIS, CRVS and eHealth strengthening, including rollout of value-added global and regional initiatives.

5. Technical discussions

5.1 Consideration of the recommendations on strengthening community-based health-care services
(RC68 provisional agenda item 10.1)

Introduction

The year 2015 marks the transition from MDGs to SDGs. The targets for the SDG health goal include UHC, to which Member States of the Region have already committed. Community-based services are a vital – and fast-changing - component of UHC. Current issues facing community-based services include a greater focus on tackling noncommunicable diseases, a sustained interest in developing models for urban populations and recognition that community-based health workers can play a significant role in successful emergency responses to natural disasters.

Different approaches to delivering community-based services exist, including programme-specific community health workers; outreach services and community-based multi-disciplinary teams. Important policy questions include: what opportunities exist for greater coordination around peoples' multiple health-care needs? How do community-based services connect with the rest of the health system, and what support systems do they need?

In 2014, the Sixty-seventh Session of the Regional Committee agreed that the subject of the next technical discussion before the Sixty-eighth Session, would be strengthening community based health-care services. The Secretariat conducted a technical discussion in June 2015 and the background paper was prepared on the basis of the report of that meeting.

Discussion points

> ➢ Many countries gave examples of achievements, challenges and new developments in delivering community-based health services. Member States noted the changing range of services being delivered through community-based services to include screening for noncommunicable diseases, emergency care and long-term care for elderly in the community. Several countries

observed that sustainability and replicability of community-based health-care services remain continuing challenges.

➢ The recommendations from the Technical Discussions were largely supported. Comments concerned: the wording of recommendation 1; the importance of considering the sustainability of community based services; the definition used in the discussion; the value of guidance on community-based services from WHO, and the need for better evidence.

➢ Lastly, the importance of looking at plausible links between strengthening community-based services and improving access to care and health outcomes, particularly given the SDGs, was mentioned.

➢ Consider drafting a resolution on community-based health services for RC68.

Recommendations

Action by Member States

(1) Propose a draft resolution on community-based health-care services for consideration by the Regional Committee.

Action by WHO

(1) Support Member States to implement the recommendations of the technical discussions.

5.2 Selection of a subject for the technical discussions to be held prior to the Sixty-ninth Session of the Regional Committee
(RC68 Provisional Agenda item 10.2)

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 four subjects for consideration:

(1) Water, sanitation and hygiene in health facilities

(2) Ending preventable maternal, newborn and child mortality

(3) Making the Region free from TB by 2035

(4) Air pollution.

Discussion points

➢ The four possible topics included in the working paper, and an additional topic on "Moving towards integrated health information system" were considered.

➢ After detailed discussions it was recommended that there need not be any technical discussions held specifically prior to the 69th Regional Committee. However, if any technical topic was to be discussed during the Regional Committee, this could be included appropriately in the Regional Committee Agenda, under "Policy and technical topics"

Recommendation

Action by Member States

(1) Convey to the Regional Committee the recommendation of HLP not to convene Technical Discussions prior to the Regional Committee, beginning with the Sixty-ninth Session.

6. Ministerial Round Table

6.1 Strengthening health workforce in South-East Asia in order to expand delivery of effective services
(RC68 Provisional Agenda item 14.1)

Introduction

Globally, an estimated 400 million people still do not have access to one or more essential health services, according to a report just published by WHO and the World Bank. Achieving UHC is a priority of the South-East Asia Region and has a critical place in the new SDG for health. Making progress on UHC means ensuring that all people receive the quality, essential health services they need, without suffering financial hardship.

To date, there has been much international attention on financing for UHC. Less attention has been given to ways to improve coverage with quality health services – which has to happen in parallel with sound financing strategies if real progress towards UHC is to be made. This is beginning to change: WHO has drafted a global strategy on people-centred and integrated service delivery and declared a "Decade of Health Workforce Strengthening" from 2015. These developments are a stimulus to review the extent to which current service delivery arrangements and health workforce strategies in the Region are enabling better coverage with effective, safe services, or whether changes are needed.

Possible issues for the Ministerial Round Table discussion were presented:

➢ What strategies are already being used to expand delivery of quality essential services to those who have not been getting them?

➢ What recent experience is there in delivering more people-centred and integrated services?

➢ Are the actions taken to strengthen the health workforce in the Region helping to improve the production, distribution, retention and performance of health workers in Member States? Are there opportunities to further accelerate progress?

The working paper to be presented to the Ministerial Round Table was noted.

6.2   Health in the post-2015 development agenda
(RC68 provisional agenda item 14.2)

Introduction

Health is well positioned in the SDGs to be finalized in March 2016 for monitoring development in the post-2015 era. The process has been more complex compared to the MDGs. Currently there are 13 out of 169 SDG targets for health, with other health-related targets associated with other SDGs being negotiated. Target 3.8 addresses UHC. A global financing dialogue for the SDGs will occur on 13–16 July 2015 in Addis Ababa, Ethiopia, that will call attention to financing for health in development. Member State inputs are being considered and preparations are underway to transition from MDG to SDG monitoring frameworks, indicators, and reporting systems. Four potential topics for this planned Ministerial Round Table include:

> ➢   What is the relative importance of the 13 targets under the SDG goal 3 for health for the Region?

> ➢   How can financing for health in development be reinforced at international level or the SDG used to increase domestic resources for better health?

> ➢   What are the opportunities and challenges anticipated in meeting the targets and achieving the SDG for health?

> ➢   What opportunities and challenges are anticipated in monitoring progress on the SDG for health?

Discussion points

> ➢   Thailand will co-organize with Barbados and WHO Headquarters a side event at the global SDG financing dialogue in Addis Ababa on "Changing the conversation on development finance for health" to mobilize more effective domestic and partner-funded health sector investments.

➢ The Round Table should emphasize the importance of financing health in development, changing sources of domestic and international finance for health, and engaging with ministries of finance and foreign affairs in addition to health.

➢ Implementing effective SDG indicator reporting processes from multiple data sources is another key issue to be included in the Ministerial Round Table.

Recommendations

Action by Member States

(1) Participate in the evolving SDG development and finalization process culminating in the discussion at the UN General Assembly, and consider potential impacts on current and planned health financing and monitoring, to be discussed during the Round Table.

Action by WHO

(1) Have a flexible Round Table format for ministers on health in the Post-2015 Development Agenda, based on the suggested issues for discussion in the working paper

6.3 Accelerating implementation of WHO FCTC in SEAR
(RC68 provisional agenda item 14.3)

Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global health treaty negotiated under the auspices of WHO. It establishes tobacco control as a priority on the public health agenda and provides an evidence-based tool for adoption of sound tobacco control measures. Ten out of the eleven Member States in the Region are Parties to WHO FCTC and have tobacco control legislation in line with its provisions. Timor-Leste is in the process of enacting the law; Indonesia is not a Party to the Convention yet, but has enacted tobacco control laws. The Political Declaration of the United Nations High-Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs), 2011, identified

tobacco use as one of the four major risk factors for NCDs. Using 2010 as a baseline, the global target to reduce the health threat of tobacco is a 30% relative reduction in the prevalence of current tobacco use in persons aged 15 years and over by 2025. The Global Status Report on NCDs 2014 reiterated that most countries have already engaged in strengthening their tobacco control measures, leading to the accelerated implementation of the WHO FCTC, which would enable them to reach this target. Accelerating WHO FCTC implementation has been proposed as one of the means to achieve SDGs in the post-2015 development agenda.

Member countries of the Region had made some progress in the implementation of WHO FCTC mainly in the area of smoke-free environments, graphic health warnings, and ban of tobacco advertisements, promotion and sponsorship. Monitoring and surveillance has been strongly established in Member States.

Challenges include weak law enforcement in most countries and loopholes in some national laws. Amendment processes are lengthy and are always faced with obstruction by the industry. Diversity in tobacco products challenges harmonization in regulations and taxation.

Research is limited in the areas of smokeless tobacco, impact of graphic health warnings, alternative livelihood of tobacco farming and illicit trade of tobacco products. Paucity of data has an adverse effect on advocacy campaigns.

Discussion points

➢ Tobacco industry interference with tobacco control in the Region poses a huge challenge in the implementation of WHO FCTC.

➢ Smokeless tobacco use is very high in several Member States and there is a need to enhance research and awareness on its hazards.

➢ Taxation of tobacco products is the most effective measure and should be increased across all tobacco products to reduce tobacco consumption.

➢ Multisectoral action is essential to implement WHO FCTC. The health sector alone cannot implement tobacco control effectively.

➢ Illicit trade in tobacco products poses a challenge to tobacco control in Member States. This can be addressed by ratifying/acceding to the Protocol to eliminate illicit trade in tobacco products.

➢ Member States need to share information on their regulations on electronic cigarettes and WHO should provide technical advice on the new and emerging products.

➢ The economic impact of tobacco use was largely unknown in the Region, except for a few Member States. WHO should support further research on this area.

Recommendations

Actions by Member States

(1) Adopt and enforce tobacco control laws, rules and regulations.

(2) Enhance awareness on hazards of all types of tobacco products, effective control measures to reduce tobacco consumption and counter interference by tobacco industry in tobacco control measures.

(3) Strengthen taxation systems on tobacco products in Member States to reduce tobacco consumption and increase government revenues.

(4) Enhance surveillance, research and cessation of tobacco use.

Actions by WHO

Support Member States in:

(1) countering tobacco industry interference with tobacco control;

(2) conducting multisectoral workshops to accelerate implementation of WHO FCTC;

(3)   disseminating information on hazards of smokeless tobacco use, electronic cigarettes and other emerging products, measures to regulate them; and

(4)   conducting more studies on the economic impact of tobacco use.

7.   Governing body matters

7.1   Key issues arising out of the Sixty-eighth World Health Assembly and the 136th and 137th sessions of the WHO Executive Board *(RC68 Provisional Agenda item 11.1)*

Introduction

The objective of this agenda item was to inform the Regional Committee of all decisions and resolutions adopted by the Governing Bodies, and to review them within the regional perspective, particularly those resolutions that are relevant to the South-East Asia Region, have obvious and immediate implications for the Region, and which would merit follow-up actions both by Member States as well as by WHO at the Regional Office and country levels. Highlights from the operative paragraphs of selected resolutions, as well as the regional implications of each decision and/or resolution, as applicable, and actions proposed for Member States and WHO, were presented.

Discussion points

➢   While noting the background paper, HLP desired that concise and analytical write-ups on each of these resolutions be prepared by the Secretariat and submitted to the Sixty-eighth Session of the Regional Committee for consideration and noting. These succinct notes should include in brief, a summary of actions taken or to be taken in the short, medium and long term both by the Member States and the Secretariat. This would be of immense help to the participants, particularly those who have not attended the Health Assembly or Executive Board session previously, to review the contents of the working paper in a focused manner.

Recommendation

Action by WHO

(1) Prepare concise and analytical write-ups on each of the resolutions included in the working paper for submission to the Sixty eighth Session of the Regional Committee for consideration and noting.

7.2 Review of the draft provisional agenda of the 138th Session of the WHO Executive Board
(RC68 Provisional Agenda item 11.2)

Introduction

The draft provisional agenda of the 138th Session of the WHO Executive Board has been sent to Member States vide Director General's letter dated 18June 2015.

Member States are requested to review the draft Provisional Agenda of the 138th session of the Executive Board to be held in Geneva from 25 to 30 January 2016 and propose inclusion of additional items on the draft agenda, if any, as per Rule 8 of the Rules of Procedures of the Executive Board.

Any proposal from a Member State or Associate Member to include an item on the agenda should reach the Director-General not later than 12 weeks after circulation of the draft provisional agenda, or 10 weeks before the commencement of the session of the Executive Board, whichever is earlier. The proposals should, therefore, reach the Director-General by 10 September 2015.

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 138th session of the Executive Board.

HLP noted the draft provisional agenda of 138th Session of the Executive Board.

7.3   Review of Regional Committee resolutions
(RC68 provisional agenda item 11.3)

Introduction

Every year, the WHO South-East Asia Regional Committee adopts number of resolutions on technical, administrative and programme budget matters. On average, 7–10 resolutions are adopted at each Regional Committee session. In many resolutions, the periodicity and time-frame for reporting vary. While some resolution are to be reported upon only once to a specific session of the Regional Committee, others are to be reported on several times over; one of them even extending to the Seventy-ninth session of the Regional Committee in 2026. A majority of the resolutions could be categorized as "open-ended" resolutions, without any time-frame being assigned for reporting back, but only referring to WHO's continued provision of technical support to countries.

Such a scenario gives rise to several questions – on the optimum number of resolutions to be adopted by the Regional Committee; need to further improve the relevance of the topics of the resolutions; instituting a robust system to monitor implementation of the resolutions; determining ways to report more efficiently on action taken on the resolutions, to name a few. Apart from this, the cost implications of these resolutions by way of financial and human resources would also merit attention.

While addressing the above issues, it is crucial to critically review some past resolutions and decide on sunsetting some of these, based on acceptable criteria, which could help in concentrating focus on implementation and reporting on a manageable number of active resolutions.

Discussion points

➢   Member States agreed that there had been resolutions of a repetitive nature on the same subject adopted by the Regional Committee over the past several years and there is a need to critically look at the status of implementation of these resolutions so that some of these may be considered for phasing out.

➢ It would be useful to develop a database archiving all the previous resolutions, and declarations which would be a useful tool for the Secretariat as well as for the Member States when considering adoption of new resolutions.

➢ It was agreed that reviewing all the previous RC resolutions based on a starting year to be decided upon, developing suitable criteria for possible phasing out of some of these resolutions and submission of the relevant findings to a future HLP would be time-consuming, and this could, therefore, be first discussed at a technical consultation and the recommendations of such consultation be submitted for consideration by HLP.

➢ The decision of the Regional Committee, based on the recommendation of HLP and the technical discussions on review of past resolutions, would provide guidelines for Member States while proposing resolutions at the future meetings of the governing bodies.

➢ The Member States were briefed that the need for reviewing the governing body resolutions is part of governance reform and had been discussed extensively at the Programme, Budget and Administration Committee by several Member States.

➢ It would also be useful to study the experiences from the other Regions (EUR and EMR) which have already undertaken a review of the RC resolutions and how those Regions went about phasing out some of their own resolutions.

➢ Along with the RC resolutions, declarations of the health ministers could also be included in the proposed review.

➢ It was clarified that HLP, being an advisory body to the Regional Director, could only make recommendations to the Regional Committee, which has the right and responsibility to make decisions.

➢ HLP noted that proposing resolutions on any subject at the Governing Body Meetings is the responsibility of the Member Countries. The WHO Secretariat only provides support, along with the Member States, in implementing those resolutions and decisions.

> ➢ HLP agreed that owing to the diverse situations and different states of development of the countries, it had been, and would be difficult to put a deadline or expiry date for implementation of the resolutions or decisions by a particular Member State.

Recommendation

Actions by Member States

(1) Actively participate and contribute to the discussions at the proposed technical consultation to be convened by the Regional Office.

(2) Thoroughly discuss at a future HLP meeting, the conclusions and recommendations emanating from such a technical consultation, and make proposals to the Regional Committee for decision.

Actions by WHO

(1) Study actions taken by the other two regions (EMR and EUR) in phasing out the Regional Committee resolutions and prepare a background document for the proposed technical consultation to review and phase out the past RC resolutions.

(2) Convene technical consultations with participation of all concerned, to review the past Regional Committee resolutions, develop criteria and proposal for phasing out previous RC resolutions and evaluate the criteria before the next HLP.

(3) Consider developing an archive of all the previous RC resolutions by subject, and prepare an electronic database for monitoring their implementation for use by the Regional Office and the Member States while considering new draft resolutions.

8. Management and governance matters

8.1 Status of SEA Regional Office building
(RC68 Provisional Agenda item 12.1)

Introduction

The meeting was informed about the current condition of the campus buildings of the Regional Office. The Secretariat has undertaken a number of studies in the past 10 years which indicate the structures are vulnerable and in urgent need of repair. Due to the worsening condition and reflecting WHO's duty of care for staff and visitors alike, the Organization intends to relocate the offices to a temporary site which will allow for restoring the current facilities to a standard in which is it safe to operate.

Aside from aging and facing the obvious obsolescence of operating systems, the core structure of the buildings has become compromised, both through natural deterioration as well as changes in use. Signs of deterioration are becoming more frequent and more severe. Based on the structural surveys conducted, there is a high probability of building collapse in the event of an earthquake. This is due in part to the decaying structure and also due to the geological makeup of the grounds, making the foundations less stable.

The building surveys challenge the integrity of the buildings and conclude that the annex building should be demolished and the main building at a minimum, needs a significant amount of fundamental reinforcement.

During the last four years, WHO has been looking at possible solutions; however, it is clear that there is no option wherein the Regional Office can stay on the existing site while the work is being undertaken to make the building safe.

WHO shall continue to work closely with the Government of India and independent structural engineers to determine exactly which buildings need to be demolished and replaced, which can be restored and not least to ensure that all restoration of the site is built on a solid foundation.

Another concern over and above the safety of those people on the site is the financial implications. In the short term, the Secretariat estimates moving costs to reach US$ 3 million dollars, annual rent to be in the order of US$ 4 million per year and the initial cost estimate for reinforcing and rebuilding US$ 30 million.

Discussion Points

➢ The host government has been consulted and cooperative actions are under way to find the most suitable solution in the short and long term.

➢ The land has been leased to WHO in perpetuity for a token yearly fee of ₹ 1. The main building was constructed by the Government of India and sold to WHO at one third of the construction cost (approximately US$ 350 000).

➢ The Director of Operational Support and Services, based in Geneva, in charge of the Headquarters building project, has visited the Regional Office for an initial evaluation of the situation and briefings with pertinent Government of India officials.

➢ The Central Public Works Department, Government of India will do a geological survey and additional structural testing. A report should be expected in the next few months.

➢ WHO needs to move staff and offices from current facilities to restore the property and ensure the safety of staff and visitors, as well as, to ensure uninterrupted business operations.

➢ The Secretariat is working with Headquarters to find a way to manage the costs associated with the move from within the existing programme budget and anticipates being able to move out and be fully operational on a new site in the first quarter of 2016.

➢ The Secretariat will analyse the most cost effective solution to restore the site and report back at the next HLP and RC with a recommended way forward including possible options for financing the solution.

➢ The report was noted by the meeting.

9. Special programmes *(RC68 Provisional Agenda item 13)*

9.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2015 *(RC68 Provisional Agenda item 13.1)*

Introduction

The Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases (TDR) acts as the governing body of TDR and is responsible for its overall policy and strategy. The last meeting of JCB (38th Session of JCB) was held in Geneva from 23–24 June 2015. Dr Fathimath Nazla Rafeeq, Medical Officer, Communicable Disease Control, Health Protection Agency, Ministry of Health, Maldives represented the Region. India and Thailand also participated in the meeting as members of the JCB.

At present, there are three Member States from WHO South-East Asia Region in the JCB. Maldives is a member under paragraph 2.2.2 whose membership lasts till end of December 2018. India and Thailand represent a joint constituency under paragraph 2.2.1 whose membership lasts till end of December 2017.

Discussion Points

➢ HLP noted the summary report on attendance at the Thirty Eighth Session of JCB.

➢ HLP sought clarification on the representation at JCB from the Region under paragraph 2.2.3. It was clarified that the JCB itself selects membership under this category.

➢ HLP noted the report.

9.2 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 2015 and nomination of a member in place of Maldives whose term expires on 31 December 2015

(RC68 Provisional Agenda item 13.2)

Introduction

The report of the Policy and Coordination Committee held on 25–26 June 2015 in Geneva, Switzerland, has been issued. At present, three Member States in the SEAR (Indonesia, Maldives and Timor-Leste) are members of the Committee in category 2, while India continues to be a member in category 1. As the term of office of Maldives ends on 31 December 2015, participants were requested to nominate one Member State to serve on the Committee for a three-year term of office from 1 January 2016. The recommendation of the High-level Preparatory meeting would be submitted to the Sixty-eighth session of the Regional Committee for its consideration.

Discussion points

➢ Myanmar was unanimously nominated to serve as a member of the Policy and Coordination Committee in Category 2 for a three-year term, from 1 January 2016 to 31 December 2018 after the term of Maldives expires on 31 December 2015.

➢ Myanmar accepted the nomination. The country has shown interest in the field of family planning, research and development in human reproduction and fertility regulation, as demonstrated in national policies and programmes.

Recommendation

Action by Member States

(1) The nomination of Myanmar from SEA Region as a member of the PCC for a three-year term 1 January 2016–31 December

2018 in place of Maldives, whose term expires on 31 December 2015, is recommended for consideration of the Sixty-eighth Regional Committee.

10. Adoption of report

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

11. Closing session

The Regional Director, Dr Poonam Khetrapal Singh appreciated the Chairperson, Her Excellency Dr Aishath Rameela for efficiently steering the HLP meeting despite a heavy agenda. She thanked the Co-chairperson, D P.G. Mahipala and the Rapporteur, Dr Phusit Prakongsai for their contributions as well as the distinguished participants for their active involvement, resulting in fruitful deliberations.

Noting with appreciation the work of the drafting group on the report led by Dr Phusit Prakongsai which had captured succinctly the discussion points and the recommendations for consideration of the Sixty-eighth Session of the Regional Committee, the Regional Director also thanked the Chair, Professor Dr Abul Kalam Azad and his team of working group for identifying possible resolutions for the Regional Committee and their excellent contributions.

The Regional Director observed that three important technical topics for the Ministerial Round Table were discussed at HLP for the first time. HLP also recommended changing the convention of holding Technical Discussions ahead of the Regional Committee session in future and instead, including technical items within the agenda under the head "Policy and technical topics". HLP also discussed the issue related to review of past RC resolutions with a view of phase out those that were no longer relevant.

Referring to the complex subject of the draft Framework of engagement with non-State actors, she noted that an intersessional meeting would be convened in August 2015 to forge a consensus on several contentious issues for submission to the RC.

In conclusion, she hoped that many of the participants would attend the Regional Committee and to provide continuity to the discussions on the agenda and wished them a safe journey back home.

The Chairperson, Her Excellency Dr Aishath Rameela, thanked all participants for their active participation and cooperation throughout the meeting and declared the meeting closed.

Annex 1

Agenda

1.   Opening session

2.   WHO reform

   2.1   Programmatic reform - focus on results
         (RC68 provisional agenda item 7.1)

   2.2   Management reform - internal control framework
         (RC68 provisional agenda item 7.2)

   2.3   Governance reform
         (RC68 provisional agenda item 7.3)

   2.4   Framework of engagement with Non-state actors
         (RC68 provisional agenda item 7.4)

3.   Policy and technical topics:

   3.1   Response to emergencies and outbreaks
         (*RC68 provisional agenda item 8.1)*

   3.2   Antimicrobial resistance (AMR)
         (RC68 provisional agenda item 8.2)

   3.3   Diseases targeted for elimination (kala azar/leprosy/yaws/filariasis/
         schistosomiasis) *(RC68 provisional agenda item 8.3*)

   3.4   Adapting and implementing the End TB Strategy in WHO South-
         East Asia Region *(RC68 provisional agenda item 8.4*)

   3.5   Patient safety and universal health coverage
         (RC68 provisional agenda item 8.5)

   3.6   Prevention and control of cancer – The way forward
         (RC68 provisional agenda item 8.6)

4. Progress reports on selected Regional Committee resolutions:

    4.1 Measles elimination and rubella/CRS control in SEAR by 2020
         (SEA/RC66/R5) *(RC68 provisional agenda item 9.1*)

    4.2 Challenges in polio eradication (SEA/RC60/8)
         (RC68 provisional agenda item 9.2)

    4.3 Health intervention and technology assessment in support of
         universal health coverage (SEA/RC66/R4) *(RC68 provisional agenda
         item 9.3*)

    4.4 South-East Asia Regional Health Emergency Fund (SEARHEF)
         (SEA/RC60/R7) *(RC68 provisional agenda item 9.4*)

    4.5 Effective management of medicines (SEA/RC66/R7)
         (RC68 provisional agenda item 9.5)

    4.6 Regional strategy on health information system (SEA/RC63/R7)
         (RC68 provisional agenda item 9.6)

5. Technical Discussions:

    5.1 Consideration of the recommendations on Strengthening
         community-based health-care services *(RC68 provisional agenda
         item 10.1)*

    5.2 Selection of a subject for the Technical Discussions to be held prior
         to the Sixty-ninth session of the Regional Committee
         (RC68 provisional agenda item 10.2)

6. **Ministerial Round Table**

    6.1 Strengthening health workforce in South-East Asia in order to
         expand delivery of effective services *(RC68 provisional agenda item
         14.1)*

    6.2 Health in the post-2015 development agenda
         (RC68 provisional agenda item 14.2)

    6.3 Accelerating implementation of WHO FCTC in SEAR
         (RC68 provisional agenda item 14.3)

7.   Governing Body matters:

7.1   Key issues arising out of the Sixty-eighth World Health Assembly
and the 136th and 137th Sessions of the WHO Executive Board
(RC68 provisional agenda item 11.1)

7.2   Review of the draft provisional agenda of the 138th session of the
WHO Executive Board (*RC68 provisional agenda item 11.2*)

7.3   Review of Regional Committee resolutions
(*RC68 provisional agenda item 11.3*)

8.   Management and governance matters:

8.1   Status of SEA Regional Office building
(RC68 provisional agenda item 12.1)

9.   Special Programmes:

9.1   UNICEF/UNDP/World Bank/WHO Special Programme for Research
and Training in Tropical Diseases: Joint Coordinating Board (JCB) –
Report on attendance at JCB in 2015 *(RC68 provisional agenda item
13.1)*

9.2   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 2015 and nomination of a member
in place of Maldives whose term expires on 31 December 2015
(RC68 provisional agenda item 13.2)

10.   Closing session

Annex 2

List of participants

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Ministry of Public Health

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This publication is the report of the High-Level Preparatory (HLP) Meeting for the Sixty-eighth Session of the WHO Regional Committee for South-East Asia.

Delegates from Member States of the Region reviewed the Working Papers to be discussed at the Sixty-eighth Session of the WHO Regional Committee to be held in September 2015. During the meeting, the Regional Office staff members concerned made brief presentations and responded to issues considered during the discussions.
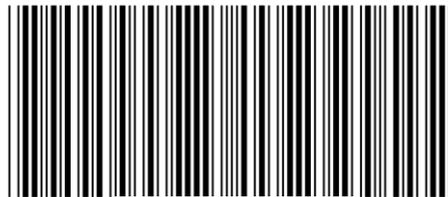
For each of the Agenda items, the HLP Meeting made observations and recommendations for consideration by the Sixty-eighth Session of the Regional Committee.

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