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

Report of the Meeting
WHO-SEARO, New Delhi, 8–12 June 2015

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Annexes

1. Background

The Sixty-seventh Meeting of the Regional Director with the WHO Representatives (WRs) was held at the WHO Regional Office for South-East Asia, New Delhi, from 8 to 12 June 2015.

The agenda and list of participants of the meeting are at Annexes 1 and 2 respectively.

A retreat for WHO Representatives on the "Diplomacy role of WRs" was held on 8 June 2015. The purpose of this retreat was to propose means to strengthen WHO's leadership at country level through improved diplomacy. A summary report of this retreat is attached as Annex 3.

This report presents the background and highlights of discussions on each agenda item along with major conclusions and action points for follow-up in countries and in the Regional Office.

2. Business session

2.1 Regional Director's opening remarks

Welcoming the WHO Representatives, Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, said that the meeting was a platform to review and discuss a variety of issues pertinent to WHO at the global, regional and country levels. She expected active and open participation in the meeting which would strengthen the work of WHO in the Region.

[The full text of the Regional Director's opening remarks is contained in Annex 4.]

2.2 Follow-up actions of the Sixty-sixth meeting of RD with WRs held in SEARO in June 2014 *(Agenda item 2)*

Background

This agenda item was intended to review the follow-up actions of the meeting of WHO Representatives held in June 2014.

The actions were based on detailed inputs received from WRs and department directors and summarized by the major topics discussed in this meeting.

Discussion points

- The meeting noted the follow-up actions taken on the important conclusions of the earlier meeting of WHO Representatives held in June 2014.
- In order for WHO not to hold on to stocks of oseltamivir till the expiry date, the possibility of donating the drugs to the national authorities one or two years prior to the expiry date could be explored.
- It would be important to undertake a logistical study to ascertain the pattern of stockpiling and use of oseltamivir in countries of the Region for future guidance.
- Returning the expired oseltamivir to the manufacturers (Roche) and getting these revalidated was not advised due to its diminishing efficacy and the prohibitive costs of transportation.
- The meeting was updated on actions by the Regional Office in the area of controlling the neonatal mortality rate in the Region.

Major conclusions or action points

(1) The use of drugs in each country is regulated by the national regulatory authority. WHO should not, under any circumstances, advocate the use of oseltamivir, or for that matter any drugs, beyond their expiry dates. In order to cater to emergency situations, small stocks should be maintained in WCOs**. (Action: DPM/HSE)**

(2) A logistical study on the pattern of stockpiling and use of oseltamivir by countries should be undertaken by the Regional Office for future guidance to countries. **(Action: DAF/HSE)**

(3) WRs to send information on experts for inclusion in the Technical Advisory Group on maternal, reproductive, neonatal and child health to the Regional Office. **(Action: WRs/FGL)**

(4) The Regional Office should advise WCO Indonesia whether to go ahead with an agreement with Bloomberg on "data for health". **(Action: NDE/DPM)**

2.3 Challenges faced by WRs from RO, HQ, MoH, other stakeholders and within the WCO *(Agenda item 3)*

Background

WRs faced a variety of challenges from different quarters in implementing WHO's programme activities efficiently and effectively. These were grouped into five broad categories: (1) leadership and management; (2) administration; (3) policy and advice; (4) human resources; and (5) programme budget.

The following is the gist of the discussions, conclusions and action points that emanated from the brainstorming on this agenda item.

Discussion points

- There was no harmonious practice of WRs' participation in the 'One UN' initiative. While collaboration and coordination with other UN agencies was mutually beneficial, particularly from multi-donor trust funds and Central Emergency Relief Fund, as also in developing indicators for health-related Sustainable Development Goals, it is mandatory for WRs to seek and obtain RD's approval prior to formalizing their participation in such initiatives.
- The Regional Office has not been formally notified of the requirement of UN Resident Coordinators assessing the work of WRs and sending their views to the Regional Director.

- Even if HQ requests WRs for participation of staff in meetings during travel ban days, the already prescribed travel ban days should be upheld without exception.
- It would be useful, if possible, to prune the list of meetings planned every year, to a manageable limit. The criteria and typology of such meetings would need to be examined by a small group comprising HSD and WRs India and Bangladesh. Aligning these meetings to a few selected important areas, such as regional flagship priorities, and subjects mandated by governing body resolutions would help. The emphasis should be on quality outcome of the meetings, rather than mere numbers.
- Requesting nominations of nationals by name for participation in WHO meetings was not encouraged by ministries of health, and therefore, should not be resorted to, except in cases where the intended participants were members of Scientific/Technical Advisory Groups.
- While communicating with WRs, SEARO staff should follow the established channels of communication, keeping all concerned in the country offices in the loop.
- For expediting HR-related matters, in particular the selection and recruitment of staff, introducing a "one-stop window" at the Regional Office was advocated. Though the standard timeline for finalizing staff recruitment was 15 weeks, considerable time was lost in preparatory processes such as drawing up the post description, classifying it and approving the position in GSM.
- WCOs could fund development plans included in the PMDS of staff by using country SDL funds. There are also other avenues such as "iLearn" and several online courses which could be explored for staff training to upgrade their skills.
- WRs and other senior staff in WCO would benefit from appropriate training on dealing with staff management issues, particularly on under-performance and conveying feedback to the staff.

- WRs would need to be more strategic in drawing up HR plans, which are actually staff position plans. The numbers and types of staff that would be required in a biennium should be drawn up meticulously, matching these with the activities.
- Language barrier was a problem in Timor-Leste. Multiple languages like Tetum, Portuguese, English and Bahasa Indonesia were being used. Use of expensive translators was warranted to deal with this problem, often with WCO local staff members' assistance being utilized for translation purposes.
- Myanmar faced a specific, but avoidable problem of having to take piecemeal recruitment action for SSA holders due to receipt of supporting funds from HQ in a staggered manner.
- Complex emergencies such as the one in Myanmar (Rakhine) would need to be treated differently from emergencies caused by natural calamities or disease outbreaks.

Major conclusions or action points

(1) There was need to harmonize WHO's involvement in the 'One UN' initiative. Specific approval of the Regional Director should be obtained before signing any agreement on behalf of WHO. (**Action: PIR/WCOs**)

(2) Policy on travel ban period should be strictly adhered to. (**Action: All WCOs and Departments**)

(3) An electronic calendar of activities wherein action from WCOs is required could be developed by the Regional Office and shared with all WRs to enable them to initiate advance preparatory actions at country level. (**Action: DAF**)

(4) Established communication channels should be followed while communicating with WRs and WCOs. (**Action: SEARO and WCOs**)

(5) A small group comprising HSD and WRs Bangladesh and India to propose the criteria, typology and number of SEARO meetings to the Regional Director. (**Action: WRs Bangladesh, India and HSD**)

(6) The Regional Office to consider establishing a "one-stop window" to deal with all HR-related matters, in particular selection and recruitment, to expedite HR processes. (**Action: DAF/HRM**)

(7) Training of WRs and other senior WCO staff on management matters may be considered. (**Action: DAF/SDL**)

(8) HR plans need to be drawn up, keeping in view the realistic requirements and types of staff, matching these with WCOs' priority programmes and biennial activities. (**Action: HRM and WCOs**)

2.4 Programme Budget matters (*Agenda item 4*)

2.4.1 Implementation of Programme Budget 2014–2015

(Agenda item 4.1)

Background

The approved Programme Budget for the WHO South-East Asia Region for the period 2014–2015 is US$ 340 million, and the revised budget is US$ 378.6 million. Total distributed resources as of 31 May 2015 are US$ 349.4 million; implementation (expenditure) stands at US$ 195 million and funds utilization (encumbrances plus expenditure) stands at US$ 233.8 million.

DAF introduced the subject and provided an overview on the implementation status and highlighted some of the challenges. PMO explained the revised result chain, MTR reporting and biennium-end indicator reporting.

BFO reported on the financial implementation status of the Region, including current financial standing; comparison with previous biennium; and comparison with other regions. He addressed some of the bottlenecks in implementation from the financial perspective, including huge amount of encumbrances; un-budgeted funds; funds expiring in the next three months; funds under expired awards; delinquent DFC reports; and open audit recommendations.

Discussion points

- WRs appreciated the information made available to them through one-pager summary financial report and implementation dashboards and also quick processing of programme change requests by PLN and BFO. Action points included in the report helped WRs in taking corrective action swiftly.
- Country offices shared their experiences, challenges and steps taken to accelerate implementation and address challenges.
- WRs raised the issue of additional resource mobilization during the course of the year pushing down their implementation rate. PLN suggested comparing the implementation against allocated budget and not against resources. He also stressed the need to achieve full implementation in terms of expenditure against allocated budget and not utilization (Exp + Enc) against allocated budget.
- Capacity issue at the country level including reassignments due to Nepal emergency; multiple funding from donors; change of government officials; vacancies and total overhaul of MoPH; upcoming elections in the country; and funding received in tranches from HQ were also discussed.
- Direct implementation vis-à-vis DFC contract was discussed. Other regions were reducing the number of DFCs. The Regional Office should also strengthen internal controls and provide evidence for good practices and gradually reduce the number of DFCs. WRs asked for more detailed briefing on the direct implementation mechanism for accelerating implementation.
- The issue of implementation ability analysis was raised during the meeting. It was decided that VC funds rolling over into the next biennium that cannot be spent during the current biennium, must be carried forward to 2016–2017. This would also help in having funded workplans at the beginning of the biennium and kick start the implementation from the very beginning.

Major conclusions or action points:

(1) A video conference should be arranged with all the AOs to brief them on the direct implementation mechanism. (**Action: BFO/Compliance Officer**).

(2) WCOs should review VC funds in line with expected delivery by the end of the biennium and take necessary steps to carry forward VC funds having validity beyond 31 December 2015 to the next biennium. (**Action: WRs/BFO**).

(3) Encumbrances should be reviewed on a regular basis and minimized to reduce the double burden of implementation in the beginning of next biennium (**Action: WRs**).

2.4.2 Issues and challenges involved in the implementation of Programme Budget at WHO level and how to address these challenges

(Agenda item 4.2)

Background

BFO provided a list of possible issues and challenges compiled on the basis of past experiences in the implementation of the Programme Budget. The challenges and possible solutions were then presented to the floor for discussion, picking up easy wins and sharing best practices in each of the country offices.

Discussion points

- RD appreciated the high implementation in countries including Bangladesh and the Democratic People's Republic of Korea that managed to implement well in spite of the fact that the country situation was not so conducive. She informed the WRs that additional funds from the third tranche had been allocated to those countries that had been able to implement the allocated funds in time.
- Some of the best practices shared by country offices in addition to the ones identified in the presentation were: clear delineation of roles and responsibilities to programme managers; measurable quarterly targets; inclusion of targets in PMDS for performance

measurement; targets being set not only for technical staff but also for administrative staff; monitoring of time taken in proposals/deliverables clearance; delegation to programme managers with post-facto compliance check to ensure quality; more use of GSM rather than offline paper trail; and regular coordination committee meetings with the MoH to review and evaluate implementation.

- It was agreed that the HR plans for the next biennium should be realistic; positions must be classified in advance and PDs should be in place, so that time taken to complete the recruitment formalities could be minimized.
- It was also agreed that the first three months of the next biennium must be utilized in the most effective manner and work should not come to a standstill. For this, VC funds having validity in the next biennium must be identified and funds not implementable in the current biennium must be carried forward. Implementation for the current biennium should be achieved by September-end and the last three months of the biennium must be used to liquidate encumbrances and work on the proposals for the beginning of the next biennium.
- Fast-tracking of procurement and HR proposals was also discussed. DAF informed that the streamlining of procurement process to avoid duplicate processes was under way with the help of a consultant and BFO. The modalities had already been discussed with AOs through VC and the improved process would be launched soon. HR 'one-stop shop' suggestions required more discussion inhouse with TUs/COs. Work had already started in this area, but would take some time due to the complexities of processes involved.

Major conclusions or action points:

(1) List of issues and challenges should be reviewed by WCOs, suggested modifications sent to BFO and a consolidated list prepared for future reference. (**Action: BFO/WRs)**

(2) Current situation of offline *versus* online processes should be reviewed and countries encouraged to use online processes for procurement of goods and services. (**Action: BFO/MSO/ Compliance Officer**).

(3) HR processes should be streamlined to cut down the duplicate/redundant steps and improve service delivery (**Action: RPO**).

2.4.3 Programme Budget 2016–2017 *(Agenda item 4.3)*

Background

There is an increase of US$407.7 million in the overall global Programme Budget 2016–2017 as compared to 2014–2015, representing an increase in the base budget allocation by US$ 236.6 million and polio/OCR/TDR/HRP allocation by US$ 262.7 million. For Categories 1– 6, the share of the total allocation among HQ, RO and countries would be 23%, 37% and 40% respectively.

Programme Budget 2016–2017 was developed through bottom-up planning and budgeting, incorporating feedback from Member States and with an emphasis on the principles of reform as well as reflecting a strong programmatic focus. The Region received an increased allocation of US$ 17.7 million for the base budget as compared to 2014–2015, while the polio programme would have an increase of US$ 7.4 million, the overall budget increase for the Region being US$ 25.1 million.

Operational planning was progressing as per schedule with the completion of workplans scheduled before the Sixty-eighth Session of the Regional Committee. The deadline of 30 October 2015 for approval of activity workplans in GSM was to be preceded by the completion and submission of offline activity workplans in the template by WCOs, peer review of the activity workplans and entry of these workplans in the GSM.

Discussion points

- Programme Budget 2016–2017 had been approved by the Sixty-eighth World Health Assembly in May 2015 and would be submitted to the Sixty-eighth Session of the Regional Committee for noting.
- The final Budget Centre-wise allocation, after RD's approval, would be shared with WCOs in July 2015.
- It was crucial to complete the WHO workplans for 2016–2017, with emphasis on regional flagship priorities and other identified country priorities, before the Regional Committee, so that in case the country participants wished to review them during the RC, these could be shared.
- Efforts should be made for Category-wise alignment of the country programmes according to the HQ and RO categorization, though a complete alignment might not be possible.
- While the timelines for the actions leading to the approval of the activity workplans in the GSM could be a little flexible, i.e., extended by a week, the date for approval of the activity workplans in GSM would remain 30 October 2015.

Major conclusions or action points:

(1) WCOs should take expeditious action for completion of activity workplans as per the schedule already provided. While the Regional Office could extend the timeline for WCOs for completion and submission of activity workplans in the template and entry of activity workplans in the GSM by one week, the final date for approval of the activity workplans in GSM would continue to remain 30 October 2015. (**Action: WCOs/PLN)**

(2) The country programme areas should be aligned to the HQ and RO categorization to the extent possible, bearing in mind team-based work planning. (**Action: WCOs)**

*2.4.4 **Flexible funding and budgeting** (Agenda item 4.4)*

Background

Flexibility and predictability of funding of WHO programmes, in line with the WHO reform process, is a key to implementation of priority programmes. There is also increased flexibility and predictability of funding for programme activities, involving core voluntary contribution, AS funds and post occupancy charges (POC). AC funding is to be used for Categories 1–6; CVC for Categories 1–5, AS funds only for programme area 6.4, while POC is to be used only for DAF Budget Centre. Information on the methodology for determining the volume of flexible funds would also be provided in advance by HQ for alerting the regional offices.

Discussion points

- In the Programme, Budget and Administration Committee, as well as in the governing bodies, increased accountability and compliance were emphasized by Member States. In this regard, there had been a call for abolishing funding of WHO's programme activities in countries through DFC mechanism due to poor compliance and accountability on reporting on activities carried out, noticed over a period of time.
- The other regional offices had either abolished the DFC mechanism or were in the process of doing away with DFCs, though there had been no specific directive from HQ in this respect.
- DFC mechanism had been extensively used by WCOs, particularly for Global Fund-supported programmes and it might not be advisable or desirable to abolish this mechanism all of a sudden, as this could create problems for WRs, particularly while finalizing the workplans and activities for 2016–2017 biennium in consultation with the ministries of health. In any case, such abolition should be carried out in phases.
- If DFCs were to be abolished eventually, alternative mechanism(s) fulfilling compliance and accountability requirements would need to be put in place.

- Direct implementation was indicated as an alternative mechanism to DFC. However, this involved utilizing the services of nongovernmental agencies, which might not be agreeable to the ministries of health.

Major conclusions or action points:

(1) Further discussion would be required on DFC mechanism, keeping in mind compliance requirements, and also the fact that there is a tendency to abolish DFCs in other regions, as transpired in PBAC. (**Action: DAF/WRs**)

(2) Regional and country offices need to comply with the regulations of DFC modalities and the purpose for which they were intended. This was critical while finalizing 2016–2017 workplans. (**Action: DAF/WRs**)

(3) WRs could ascertain the collective views of heads of WHO country offices on the use of DFC at the global meeting of heads of WHO country offices. (**Action: WRs**)

2.5 Specific topics of importance *(Agenda item 5)*

2.5.1 Lessons learnt from emergency response (Ebola outbreak and Nepal earthquake): Category 5 ER Programmes, Business continuity plans in WCOs (Agenda item 5.1)

Background

There were several valuable lessons to be drawn from different emergency situations. The primary requirement was preparedness of WHO country offices to respond effectively to various emergencies. The role of WRs was very important and crucial in an emergency. Preparedness should be seen as a cycle consisting of: plan – drill – draw lessons – re-plan – drill. Resources were required on a regular basis for preparing business continuity plans and building capacities of WCOs for different emergencies. The Ebola outbreak and the Nepal earthquake were different types of emergencies, but both WCOs and ROs could draw lessons from them.

For surge, senior and experienced staff from RO and WCOs should be deployed as first back-up, as their skill sets were more appropriately matched to the event and working environment on various levels. WHO needed to work with partners within and across clusters, and so working with government and partners in preparedness was also key.

Discussion points

- The various dimensions of a WR's role in an emergency were described and experiences of the then WR Nepal and Director, FGL (as "second WR") were shared.
- Planning needed to be aligned right on the first day and administrative processes (procurement & HR etc.) needed to keep pace with the rest of the response.
- WRs were updated about global emergency reforms being undertaken by DG-WHO and discussions in this regard were shared. The revised emergency programme was likely to be in place by 31 December 2015.
- SEAR support to Nepal earthquake emergency had been effective and it was appreciated that the required support was extended within a very short time – financial, technical (deployments) as well as procurement and delivery of kits and various medical supplies. This was possible only with the support of RO departments and of course, other WCOs.
- Media communication, particularly during the Nepal emergency, was very effective and played an important role in projecting WHO's timely response efforts. This was not the case for Ebola and the Organization was still managing this credibility issue.

Major conclusions or action points:

(1) Best practices drawn from various emergencies should be documented for dissemination. (**Action: HSE/EHA**)

(2) WCO simulation workshops should be continued and new staff apprised of ERF on a regular basis. (**Action: EHA/WCOs**)

(3) Support for Category 5 programmes in RO and COs should be provided with an adequate flexible budget ceiling. (**Action: DPM/PLN with other Budget Centres**)

(4) DAF together with EHA and other relevant units should extend support for finalizing business continuity plans in WCOs where required. (**Action: DAF/EHA**)

2.5.2 SEAR-GER collaboration on mainstreaming gender, health equity and human rights in WHO's work *(Agenda item 5.2)*

Background

Health outcomes were not equal for people around the world, across and within countries. WHO had a key role to play to address health inequalities. Mainstreaming gender, equity and human rights (GER) was aimed to close health inequities gaps for better health for all. GER mainstreaming was aligned with WHO's Constitution, governing body resolutions on gender mainstreaming and social determinants, and the Twelfth General Programme of Work; WHO's commitment to wider UN mandates including the United Nations System-Wide Action Plan for implementing Policy on Gender Equality and the Empowerment of Women, (UN SWAP); UN Common Understanding on the Human Rights-Based Approach to Development Cooperation; universal health coverage (UHC) and the post-2015 sustainable development agenda.

The WHO Director-General endorsed a "Roadmap for Action: Integrating equity, human rights, gender and social determinants of health", 2015–2019 to guide the GER mainstreaming work over the next five years. The Roadmap for Action had three directions. They were:

(1) guidance on the integration of sustainable approaches that advanced health equity, promoted and protected human rights, were gender-responsive and addressed social determinants in WHO programmes and institutional mechanisms;

(2) promotion of disaggregated data analysis and health inequality monitoring; and

(3) provided guidance on the integration of sustainable approaches that advanced health equity, promoted and protected human

rights, are gender responsive and address social determinants in WHO support at country level.

In mainstreaming or integrating GER at the institutional level, documents with checklists to guide GER mainstreaming were available such as: WHO evaluation practice handbook, WHO handbook for guideline development and WHO Country Cooperative Strategy. The Handbook on health inequality monitoring (2013), State of health inequality RMNCH (2015) and e-module on health inequality monitoring (2015) were available on WHO's website for self-learning. In addition, a GER criteria checklist was being developed to guide, monitor and evaluate GER mainstreaming in WHO work. It consists of six key areas, (1) equity analysis; (2) gender analysis; (3) accessibility, availability, acceptability and quality; (4) equity enhancing; (5) gender responsiveness; and 6) discrimination barrier.

The activities implemented by the Regional Office during the 2014–2015 biennium included advocacy, supporting the technical programme in GER mainstreaming, capacity-building of WHO staff and Member States through meetings such as intercountry workshop on GER mainstreaming in health programmes, regional workshop on health inequality monitoring of reproductive, maternal, newborn and child health and the meeting of SEAR-GER WHO focal points. In addition, support was provided to Indonesia to pilot the five-step tool review methodology for improved integration of gender, equity and human rights and social determinants of health in the maternal and newborn health plan. The country participants had enhanced understanding of the concepts of gender, equity, human rights and SDH and the interlinkage of the concepts in reducing health inequalities and were able to identify the population left out by the programme, barriers and facilitating factors, mechanism generating inequities and the role of social participation and intersectoral action.

In Programme Budget 2016–2017, allocation of funds and time for GER focal points in promoting and supporting GER mainstreaming had to be increased. Suggested activities under GER workplan 3.3 as well as in other technical programmes in all Categories were:

- capacity-building of WHO staff and Member States in GER mainstreaming;
- supporting governments to collect, analyse, interpret and report health inequalities through disaggregation of data, including to

monitor and track (excluded) subpopulations' health through health sector reviews and eventually establish a surveillance system for health inequality monitoring;

- conducting national workshops on a five-step review methodology tool to better integrate gender, equity and human rights to support governments in strengthening the health systems to ensure excluded groups are able to access services, which requires sensitization and prioritization of recommendations made by a multi-stakeholder group to address access barriers;
- adapting or developing checklists for national health policies, strategies and plans to support UHC;
- conducting gender and/or equity analysis in flagship priority areas such as RMNCH, NCD and emergency and outbreak response;
- instituting research studies related to gender, equity and/or human rights and health outcomes of subpopulation groups, influence of certain phenomena such as air pollution or climate change on men and women;
- undertaking surveys or activities related to violence against women, including capacity-building of health-care providers in using WHO/national guidelines; and
- educating and empowering rural/marginalized women to improve self-care or selected health behaviours.

Discussion points

- A checklist for GER mainstreaming to develop, monitor or evaluate workplan, programme, practice or documents (health report, strategy, module, guidelines) could help staff in GER mainstreaming, self-monitoring and evaluation.
- Integration/incorporation of gender, equity and human rights in the technical programme is the responsibility of all technical programmes. GER should support the technical programmes in GER mainstreaming.

- UHC is based on the principle of equity and could be the entry point for GER mainstreaming.
- Gender disparity in human resources in WHO should be given importance. The number of female staff in some country offices should be increased.
- Capacities of WHO staff and ministries of health on GER mainstreaming and related concepts should be strengthened through programmes customized for different levels of staff.
- Advocacy on mainstreaming of gender, equity and human rights was needed during proposal development for health programmes of the countries. The ministries of health should be convinced to mainstream GER for the benefit of their people in the long term in meeting health needs and human rights, and reducing health inequality.
- Sometimes the word gender, equity or human rights need not be explicitly written, but the plan and programme should aim to achieve gender equality, equity of access to health service and realize rights to health.
- There was a need to target the fundamentals of health systems to ensure gender-sensitive services or gender-sensitive planning. Clarity of the meaning or the availability of the tool to check integration was needed.
- Issues related to disaggregated data, indicators and equity had been extensively discussed during debates on SDG. There were a number of tools to measure equity developed by WHO and others and need not be duplicated. Development of tools and assessment of health programme implementation or national health policies, strategies and plans should be joint activities of GER and concerned technical programmes.
- The success in piloting the five-step review methodology could be attributed to many factors including the commitment and leadership of senior officials of ministries of health, the support of WHO Representatives, the collaborative effort of the GER team and concerned technical programmes at all levels of the Organization, participatory process and intersectoral collaboration. A mechanism to ensure sustainability after the

completion of three phases was essential. Lessons learnt should be documented and shared.

- Support from the GER team might be required to integrate gender, equity and human rights in specific projects or in the development of the country cooperative strategy.

Major conclusions or action points:

(1) GER should be mainstreamed in all programmes – both upstream and downstream. (**Action: WRs, Directors & GER**).

(2) Data collection disaggregated by sex and other social dimensions in health programmes and health inequality monitoring should be promoted. (**Action: WRs, Directors & GER**).

(3) Capacity-building of WHO staff and Member States in GER mainstreaming should be supported. (**Action: WRs, Directors & GER**)

2.5.3 Managing staff funded by Global Fund

(Agenda item 5.3)

Background

The current biennial staff cost was US$ 8 196 419. The largest number of staff were special service agreement (SSA) holders. A total of 257 staff – (P staff – 19; NPO staff – 17; G staff – 23; SSA holder 198) in SEAR were recruited with Global Fund funding. It was becoming very difficult to secure staff cost from the Global Fund. In order to review, revise and reposition the staff, particularly SSA holders, this agenda item was put up in the Sixty-seventh meeting of RD with WRs to apprise the meeting about a substantial funding implication in the event the Global Fund discontinues its support and address issues related to job security and morale of serving staff.

Discussion points

- SSA holders were contracted staff and not WHO staff. This issue has been under discussion for quite a long time. WRs would continue dialogues with the ministries of health to come up with

modalities in facilitating management of different categories of SSAs without affecting the programmes.

- Recruitment processing, renewal of contract and travel and leave arrangements of SSAs were very time-consuming and demanding.
- Some of the countries with high disease burden were not in the Global Fund high burden country list.
- Rotation of staff members among countries can be beneficial.
- The responsibility of health care in any country is the responsibility of the respective government.

Major conclusions or action points:

(1) The status quo would be maintained for staff funded by the Global Fund, till more funding became available. At the same time, WRs and senior management would continue dialogue with national authorities to develop appropriate exit strategies. (**Action: WCOs**)

(2) Assignment of national and international professional staff should be in the context of national needs and disease burden. (**Action: WRs/CDS**)

2.5.4 Regional Flagship Deliverables Monitoring Framework

(Agenda item 5.4)

Background

The regional flagship priorities gave expression to the operationalization of the Regional Director's vision of 'One by four'. These were based on the identified leadership priorities for WHO and the Twelfth General Programme of Work, at the same time, taking cognizance of the priorities indicated by the Member States of the South-East Asia Region. These flagship priorities were expected to be in complete consonance with the priority programme areas already identified during the current biennium and beyond. The aim was to focus on multisectoral collaboration and develop cohesive and comprehensive national policies, strategies and programmes under the flagship priority areas.

Several rounds of meetings had been held with the Budget Centre (BC) heads during various phases of developing the SEAR Flagship Areas Management System (FAMS), for monitoring the outputs and outcome of the activities that lead to realization of the flagship priorities. FAMS provided clarity on when, what, how and who was responsible for the desired impact for each of the seven flagship areas.

Discussion points

- The flagship priorities were based on the leadership priorities identified by WHO and the Twelfth GPW, and these were not to be treated as standalone programmes or identified over and above the already identified priorities, goals and vision of WHO.
- FAMS was not to be perceived as a system parallel to the GSM, but one that fed into GSM from the 2016–2017 biennium onwards to facilitate derivation of GSM data and reports pertaining to the implementation of the flagship priorities, at the same time remaining a repository of information. FAMS deliverables would be the top tasks in GSM in the workplans for the 2016–2017 biennium.
- While GSM covered a biennial period, the life span of FAMS was a minimum of five years upto 2020, when the targets of the flagship priorities were expected to be achieved.
- Giving particular attention to the flagship priorities by no means deviated the focus from the commitment of SEARO to the other priority areas of work.
- Some of the information included in FAMS, particularly on country expected results and WCO/BC deliverables needed further revision, involving discussion with all concerned. The number of deliverables, for example, could be limited, to make these realistically achievable.

Major conclusions or action points:

(1) Further discussions over time would be held with all Budget Centres on FAMS to iron out areas that required streamlining and more consensus among all. (**Action: DPM/PMO**)

(2) Budget Centres must ensure reflection of the deliverables in FAMS appropriately into the relevant workplans for 2016–2017 in GSM to maintain the linkage between the two systems in order to facilitate easy monitoring and reporting. (**Action: All Budget Centres**)

2.5.5 SDGs and how to position WCOs in the post-MDG world

(Agenda item 5.5)

Background

Negotiations on the post-2015 development agenda and associated sustainable development goals were almost complete. The Special Summit on Sustainable Development in September 2015 would adopt the post-2015 development agenda.

Seventeen SDGs had been agreed upon to be achieved by 2030. There was one health goal, with the overarching aim to "ensure healthy lives and promote well-being for all at all ages". Health was closely linked to other goals such as poverty reduction; hunger relief and nutrition; safer cities; lower inequality; affordable and clean energy, clean water and sanitation.

The health goal had 13 targets related to the unfinished MDG agenda; noncommunicable diseases and injuries, universal health coverage and determinants of health.

Unresolved issues included SDG financing and SDG monitoring. The UN Statistical Commission was charged with developing an indicator framework. Most proposed indicators were based on existing agreements and laid more emphasis on disaggregated indicators than the MDGs had.

The means of implementation to match the ambitious SDG goals and targets were being discussed at the Third International Conference on Financing for Development in July 2015 in Addis Ababa.

Discussion points

- The seven SEARO flagship priorities fit well with the new SDG agenda.
- There was a welcome emphasis on more disaggregated data.
- There was a need to consider all SDG goals, not just the health goal, as there were strong links. Doing this may also help mobilize resources for health.
- For the UHC target, it would be useful to brief countries on the target and proposed indicator.
- Apparently a side meeting on the health goal sponsored by Barbados and Thailand was being organized at the conference on financing and development at Addis Ababa.

Major conclusions or action points:

(1) The latest version of the UHC monitoring framework should be shared with all Budget Centres. (**Action: HSD**)

(2) Additional information pertaining to the SDG goal on "energy" should be provided. (**Action: WR Sri Lanka**)

2.5.6 RD's Annual Report (selected draft areas) *(Agenda item 5.6)*

Background

RD's Annual Report this year was different in several important ways. It was intended to be more relevant to policy-makers. First, it moved away from reporting on activities and focuses on important achievements and current and future challenges (RD's Message). Second, it was centred on what was happening in countries, with examples of ways in which WHO was making a difference. Chapter 2 had concise briefings on all 11 Member States, prepared by WCOs. Third, it aimed to show how WHO was changing as a result of reform, and how the Regional Office added value. Chapter 3 looked at how the Regional Office was changing, and was organized around the flagship priorities.

Discussion points

- A draft of RD's Annual Report was circulated to all WRs in the first week of June 2015 for their final review and comments.
- They were asked to provide their comments either as correction in the hard copy or to send electronic file to EO-RD.
- Overall, everyone appreciated the changed format of the report and felt that it was a good report.
- Only minor changes were suggested such as;
  - WR DPR Korea suggested reviewing the photographs used for the 2014 DPRK WCO calendar for inclusion, as it had some good photos.
  - WR Timor-Leste suggested that the cover page should clearly state the period covered by the report.
  - Some clarification was sought on the financial statement and it was suggested that financial statement also should be up to 31 December 2014, but an updated one could be presented during RC68.
- A request was made to send action-oriented, work-related photographs from all countries, for adequate pictorial representation in the report.

Major conclusions or action points:

(1) The draft report should be finalized and readied for printing by 30 June 2015. (**Action: EO-RD/DOC**)

*2.5.7 **WHO reform at country level – programmatic, managerial and governance** (Agenda item 5.7a)*

Background

WHO reform had three broad aims: (1) programmatic reform to improve people's health; (2) governance reform to increase coherence in global health; and (3) managerial reform in pursuit of organizational excellence.

Specific reforms continued to proceed step-wise and with varying pace of implementation. The greatest progress had been made in the area of programmatic reforms in terms of developing focussed programmes and priority setting, with all expected outputs having reached the implementation stage.

Managerial reforms covered the Secretariat's work on transforming (1) human resources, (2) accountability and transparency, (3) communications, (4) information management and (5) evaluation across the three levels of WHO. Much work had been done on the HR strategy and its component initiatives; similarly, key advancement had taken place in terms of accountability and transparency.

The governance reform component of WHO Reform consisted of three main dimensions: (1) internal working methods of WHO's governing bodies; (2) external engagement with stakeholders; and (3) WHO's role in global health governance.

Discussion points

- It was suggested that a regional process be created for managing the change. Consultant RDO suggested use of the administrative and programme mission mechanism as a way forward.
- Key findings of administrative and programme missions to date included:
  - recommendation to establish a more formalized monitoring of "performance" based on a "fixed" set of indicators;
  - better harmonization of planning officer at country level across the Region;
  - regional and global procurement issues;
  - Myanmar administrative and programme mission would be undertaken in July 2015. Such missions should be preceded by select RO reports and WRO questionnaires. Standardization of inputs to the review process including RO administrative, financial and technical reports, CRE questionnaire, WRO risk register, and ICF self-assessment checklist was recommended.

- DPM indicated that RD wanted review missions to all countries in the Region. Such missions do not require CRE involvement and should be organized locally.
- In relation to the risk register exercise, WRs wanted feedback on the risks at regional level and the mitigation measures that they had proposed.

Major conclusions or action points:

(1) A standardized dataset and questions should be identified for administration and programme review missions. (**Action: DAF)**

(2) A consolidated summary of "reform checklists" should be shared with all Budget Centres. (**Action: DAF)**

(3) For the preparation of administrative and programme review missions, a checklist including the data required should be developed for SEARO and WCOs concerned. (**Action: FCO, DPM, DAF**)

(4) The risk register of all Budget Centres of the Region should be analysed and the information shared with all heads of Budget Centres. (**Action: DAF, FCO**)

(5) A workshop on risk registers and mitigation measures should be organized for WRs and AOs. (**Action: DAF, FCO**)

(6) Risk registers should be reviewed on 6–12 monthly basis and updated versions shared with staff and DAF. (**Action: BC Heads**)

2.5.8 Internal control framework (Agenda item 5.7b)

Background

The Executive Board (EB), at its special session on reforms in November 2011, recommended that the Secretariat strengthen its internal control framework by linking it to roles and responsibilities assigned to staff, with routine monitoring of compliance and management action for breaches of compliance. The United Nations Joint Inspection Unit also recommended that the Director-General ensure that the compliance and control

mechanisms at different levels of the Organization be integrated into a coherent and comprehensive internal control framework.

BFO explained that the purpose of his presentation was to have common understanding of the internal control framework and actions required to be taken.

Discussion points

- Internal controls provided reasonable assurance that the objectives of the Organization, its functions and programmes would be achieved, assets safeguarded, and resources well-utilized.
- Internal audits were done post-facto; while internal controls were built into the process.
- Internal controls were both financial as well as programmatic.
- All areas, regions, levels were owners and operators of controls.
- There were five key components and principles of internal controls: (i) internal environment; (ii) risk management; (iii) control activities; (iv) information and communication; and (v) monitoring.
- The risk register had been completed for identifying risks and indicating mitigation measures. A summary level output of the risk register was presented during the EB session. CRE/HQ would revert to the Regions with region-specific summary information. More feedback from SEARO/HQ would help countries implement mitigation measures.

Major conclusions or action points:

(1) Budget Centre heads to re-sensitize their staff on the internal control framework, its importance and urgency. (**Action: BC Heads**)

(2) Internal control self-assessment checklist should be completed by Budget Centres and sent to DAF by 31 August 2015 (**Action: BC Heads**)

3. Closing session

The draft conclusions and action points emerging from the meeting were reviewed at the closing session.

Concluding remarks by the Regional Director

The Regional Director appreciated WRs for their excellent one-day retreat on "Diplomacy role of WRs" prior to the meeting and mentioned that WRs were the face of WHO at the country level in the eyes of both the government and international community in their respective countries. Health diplomacy was important in order to shape the policies and advocate for improved health of the people in order for WHO to fulfil its mandate as the global health leader.

She was pleased to note that there were intense and detailed discussions on each agenda item, which would strengthen the efforts of the Region to support its Member States to improve the health and well-being of their people and, at the same time, also encourage sharing of experiences on things that worked well in different countries.

While summarizing the important issues from the meeting, the Regional Director emphasized the need to further accelerate the implementation of Programme Budget 2014–2015 in some of the countries, as there had been a budget cut in the current biennium due to poor implementation in the past.

The Regional Director urged WRs to ensure that DFC conditions were fulfilled and to take appropriate remedial measures where the host government had not met the requirements of DFC. This was vital to demonstrate that WHO was responsible and accountable.

The Regional Director said that some of the timelines of preparation of workplans for the next biennium could be adjusted/extended at the regional level; however, the globally set milestones and timelines must be respected.

She assured that the issues related to streamlining communication between the three levels of the Organization; enhancing efficiencies in HR

recruitments; doing away with duplicate processes and the burden of too many meetings, would be revisited to further improve them.

The Regional Director noted the request for strengthening the capacity of WRs and WCOs through targeted training, particularly on management and communication. On the issue of SSAs, she stressed the need to define an exit strategy and, progressively, eventual phasing out of the SSA mechanism.

She thanked the WRs for their contribution to the RD's Annual Report and was glad to note that the structure and content of the report was appreciated. She also valued the strong support for the regional flagship priorities and reiterated that the purpose of these was to give visibility to important issues, and to have quantifiable deliverables at the end, so that there was something concrete to show and something specific to be achieved in countries and the Region as a whole.

Finally she thanked the WRs for their participation and deliberations during the meeting and wished them a safe journey back to their countries.

Annex 1

Agenda

Part I (8 June 2015)

WRs' Retreat: Proposed topic: **Diplomacy role of WRs**

Part II (9–12 June 2015)

1. Opening
2. Follow-up actions of Sixty-sixth meeting of RD with WRs held in SEARO in June 2014
3. Challenges faced by WRs from RO, HQ, MoH, other stakeholders and within the WCO (**Brainstorming session**)
4. Programme Budget Matters:
    - 4.1 Implementation of Programme Budget 2014–2015
    - 4.2 Issues and challenges involved in the implementation of programme budget at WCO level and how to address these challenges
    - 4.3 Programme Budget 2016–2017
    - 4.4 Flexible funding and budgeting
5. Specific topics of importance
    - 5.1 Lessons learnt from emergency response (Ebola outbreak and Nepal earthquake): Category 5 ER Programmes, Business continuity plans in WCOs
    - 5.2 SEAR-GER collaboration on mainstreaming gender, health equity and human rights in WHO work
    - 5.3 Managing staff funded by Global Fund
    - 5.4 Regional Flagships Deliverables Monitoring Framework
    - 5.5 SDGs and how to position WCOs in the post-MDG world

5.6 RD's Annual Report (selective draft areas)

5.7 a. WHO reform at country level – programmatic, managerial and governance

b. Internal control framework

6. Internal Meeting of WRs followed by Meeting with Executive Management

7. Meeting with the Executive Committee of the Staff Association

8. Closing

Annex 2

List of participants

WHO Representatives

Dr Navaratnasamy Paranietharan
WHO Representative to Bangladesh

Dr Ornella Lincetto
WHO Representative to Bhutan

Dr Stephan Paul Jost
WHO Representative to DPR Korea

Dr Arun Bhadra Thapa
Ag.WHO Representative to India and
Director
Department of Family Health, Gender and
Life Course

Dr Khanchit Limpakarnjanarat
WHO Representative to Indonesia

Dr Akjemal Magtymova
WHO Representative to Maldives

Dr Jorge M. Luna
WHO Representative to Myanmar

Dr Jacob Kumaresan
WHO Representative to Sri Lanka

Dr Richard Brown
Ag.WHO Representative to Thailand

Dr Rajesh Pandav
WHO Representative to Timor-Leste

WHO-HQ

Dr Veronica Magar
Team Leader
Gender, Health Equity & Human Rights
(only for GER session)

Secretariat

Dr Tawhid Nawaz
Director, Programme Management

Mr John M Kennedy
Director, Administration and Finance

Dr Rajesh Bhatia
Director
Department of Communicable Diseases

Dr Phyllida Travis
Director
Department of Health Systems Development

Dr Renu Garg
Ag. Director
Department of Noncommunicable Diseases
and Environmental Health

Dr Roderico Ofrin
Ag. Director
Department of Health Security and
Emergency Response and
Coordinator
Emergency and Humanitarian Action

Dr Prakin Suchaxaya
Coordinator
Gender, Equity and Human Rights

Dr Lin Aung
Coordinator
Emerging Diseases

Dr Jigmi Singay
Regional Adviser
Communicable Diseases Control

Dr Thushara Fernando
Planning Officer

Dr Patanjali Dev Nayar
Programme Management Officer

Dr Francisco Katayama
Technical Officer
Partnerships, Interagency Coordination and Resource Mobilization

Dr Pem Namgyal
Executive Officer
Office of the Regional Director

Dr Rui Paulo De Jesus
Technical Officer
Country Support and Coordination

Mr P.P. Singh
Budget and Finance Officer

Mr K Surendranathan
Technical Officer
Governance and Planning

Mr Gulshan Malhotra
Executive Associate
Office of the Regional Director

Mr R.K. Arora
Programme Planning, Partnerships and Coordination Unit

Ms Parul Oberoi
Programme Planning, Partnerships and Coordination Unit

Annex 3

Summary report of retreat on the diplomacy role of WRs

A retreat for WHO Representatives on the diplomacy role of WRs was held on 8 June 2015. The purpose of this retreat was to propose means to strengthen WHO's leadership at country level through improved diplomacy. Although there are many definitions of health diplomacy, one is the policy-shaping process through which Member States, IGOs and non-State actors negotiate responses to health challenges or utilize health concepts/mechanisms to achieve other political, economic or social benefits.

The Regional Director opened the retreat and referred to the Sixty-eighth World Health Assembly, where emergencies, particularly the outbreak of Ebola, was a major focus, resulting in much criticism of the work of WHO. She also requested WRs to play an important role in rebuilding a very positive perception of SEAR by gaining the respect of their respective governments and partners in the country.

There were four sessions with the first session on 'How will the changing context currently and in the post-2015 world affect WHO's operations?' The discussion encompassed the significant changes that have occurred since 2000 and are impacting on the work of WHO. These included the following:

- more complex health issues, more players, more processes;
- the significant economic development of Member States with overall reduction of poverty; however, inequity increasing in many countries with the rural population disadvantaged;
- eligibility for ODA reduced as countries graduated to MIC;
- a broader concept of health as typified by the wording in the outcome document of the UN Conference on Sustainable Development in Rio de Janeiro in 2012;
- increasing influence of international organizations including philanthropic organizations, non-State actors and media/journals; and
- Ebola outbreak – a major event with ramifications for WHO.

There was also discussion on post-2015 and the implication of the SDG on health with UHC as a major priority.

There was a extensive discussion on the Ebola outbreak, particularly on contributing factors and lessons learnt. IHR (2005) was recognized as a powerful tool, but countries had not given sufficient priority on developing the core capacities. The need for preparedness, improved surveillance and development of capacity by countries was also emphasized. Whilst the response to the Nepal earthquake was excellent, regional capacity in emergency preparedness and response, especially at country level, was considered not strong enough, with WRs stressing the need for WHO to strengthen capacity in this area across the three levels of the Organization. Also, communication channels in the Organization needed to be improved along with more specialized training for WRs on handling media, including risk communication.

The second session was on health diplomacy, what it is and its importance for WHO. The discussion on why health diplomacy was important raised the following factors: broader concept of health, more actors, complex issues, more use of legal instruments, greater importance of governance to deal with health issues, especially cross-border.

WHO's role was also discussed. The strengths of WHO included its convening power and constitutional mandate. However, WHO's moral authority was under challenge in recent years and even more so after Ebola.

Governance in WHO and the role of the country office in supporting Member States was an important area of health diplomacy. WRs supported improved tools for briefing of representatives of Member States, particularly before the Regional Committee sessions, timely feedback on sessions of governing bodies from SEARO staff and proposed debriefing sessions with Member States by the WRs after governing body meetings.

The conclusion from the session was that health diplomacy was important for WHO in order to shape policy responses, anticipate challenges and thus fulfil its mandate and assert leadership.

The third session was on WHO's diplomacy role at country level with case studies from the Region presented and discussed. A number of case studies were presented which are captured below with some of the important lessons learnt detailed:

(1) Use of cholera vaccine in Nepal after earthquake

Lessons learnt:

- evidence base needs to be of high quality
- need for a good understanding of local situation: political, power relationships, and social
- important to keep government fully informed and start early
- adopt an inclusive approach in writing the report
- keep three levels of the Organization fully informed.

(2) UHC in Indonesia

Lessons learnt:

- need for WHO to be proactive
- arrange for stakeholders to attend WHO courses
- importance of WCOs being equipped with knowledge and materials and kept up to date on developments in the Region.

(3) FCTC in Timor-Leste

Lessons learnt:

- importance of being well prepared
- be opportunistic
- engage all stakeholders
- engage fully with media

(4) Maternity leave in Viet Nam

Lessons learnt:

- importance of good cooperation and collaboration between partners
- strong engagement of WR important, particularly in gaining high-level Government support
- identification of all stakeholders and developing a plan to brief and train them
- importance of preparing strong evidence base.

(5) Ebola measures in Democratic People's Republic of Korea

Lessons learnt:

- inform and involve partners
- be opportunistic in advocacy
- keep government fully informed of global and regional developments in outbreaks.

(6) Taking a leading role in UN cooperation in Maldives

Lessons learnt:

- increased visibility of WHO
- increased awareness of development issues including linkages between health and development
- build and strengthen partnerships
- high transaction costs.

The last session was on ways and means for WHO to better meet needs of diplomacy at country level. This session commenced with a discussion on whose needs, Government or WHO and the need to differentiate. This was an interesting discussion which introduced different elements such as saying no diplomatically, the role of NPOs as interlocutors with government and the mentoring of new WRs.

The importance of emergencies and having strong capacity in the country offices and Regional Office was again stressed along with importance of communication. Having competent WHO staff as core staffing for an office was essential. The need to review and simplify business processes was raised.

The training needs of WRs was discussed, including the existing training course for health diplomacy. This was considered useful, but should remain optional. As mentioned earlier, additional training in communication was considered important.

Overall, in the retreat, the relationship between diplomacy and WHO leadership was well recognized, with the very important role that the WRs play as illustrated by the case studies. Although the case studies were very different, common lessons were learnt, namely the importance of being well prepared, having a strong evidence base, keeping government as well as the other levels of the Organization informed and the need for the WR personally to be fully involved.

Annex 4

Regional Director's opening remarks

WHO Representatives, colleagues, ladies and gentlemen,

It is my pleasure to warmly welcome you all to the Sixty-seventh Meeting of the Regional Director with WHO Representatives of the South-East Asia Region. This is a platform for us to review and discuss various issues pertinent to WHO at the global, regional and country levels. The agenda and programme of the meeting has been shared with you all and I know that you have come prepared to enrich our discussions at this meeting. So, I expect your active and open participation in the meeting which will allow us to take appropriate action to strengthen our work.

The past few weeks have been really hectic for all of us; first there was the devastating earthquake that hit Nepal on 25 April 2015 and we had to address this emergency while keeping our routine work going. I take this opportunity to express my heartfelt sympathy to the people of Nepal and applaud each and every staff of mine in SEARO and country offices, who have worked to help the country. I am very proud of you all. It will be a long way to rebuild the health-care system in Nepal and for that I ask for regional solidarity from all of you.

Second, there were a series of global WHO governing body meetings. A one-day meeting of Member States on WHO's governance reform on 13 May, 22nd PBAC from 14 to 15 May, Sixty-eighth World Health Assembly during 18–26 May, and 137th Executive Board meeting from 27 to 28 May 2015.

As a response to the criticism with regard to WHO's response to Ebola outbreak in West Africa, the Director-General announced the following actions in the opening session of the Health Assembly on 18 May 2015:

(i) creating a unified WHO programme for health emergencies, accountable to the DG;

(ii) establishing a global health emergency workforce; and

(iii) a contingency fund of US$ 100 million.

The DG emphasized that GPG meetings were called during the Health Assembly for this purpose. DPM and CDS actively contributed to the discussions on Category 5. The consultation process would continue and the DG expected to have the programme in place by the end of this year.

The Health Assembly endorsed a number of resolutions and approved WHO's Programme Budget for 2016–2017 with an increase of 8% as compared to the current PB.

Other resolutions included:

- Global strategy and targets for malaria 2016–2030
- Poliomyelitis

  This resolution urged DG to report annually up to the Seventy-second World Health Assembly on progress made towards achieving a lasting polio-free world, and to provide timely and transparent financial information on implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018.
- IHR implementation

  This resolution urged DG to present an update during the Sixty-ninth World Health Assembly on progress made in taking forward the recommendations of the review committee on second extensions for establishing national public health capacities and on IHR implementation; and to provide technical support to Member States in implementing the recommendations of the review committee.
- Global vaccine action plan

  The Health Assembly urged DG to report on progress in implementing this resolution through the Executive Board in the annual report.
- Global action plan on antimicrobial resistance

  The global action plan on antimicrobial resistance was adopted; and DG was urged to set aside adequate resources for the Secretariat, in line with PB 2016–2017 and the Twelfth GPW 2014–2019 for implementing the global action plan on antimicrobial resistance, and to submit biennial reports on progress achieved in implementing this resolution till the Seventy-fourth World Health Assembly with an interim report to the Sixty-ninth World Health Assembly.

- Health and the environment: addressing the health impact of air pollution
- Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage
- Global strategy and plan of action on public health, innovation and intellectual property

  The Health Assembly decided to extend the timeframes of the plan of action on public health, innovation and intellectual property from 2015 until 2022. It urged DG to initiate comprehensive evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property in June 2015, pursuant to the terms of reference specified in document A68/35; to present the inception report and comments of the evaluation management group to the Executive Board for consideration at its 138th session in January 2016; and to submit the final comprehensive evaluation report to the Seventieth World Health Assembly in 2017, through the Executive Board.

- Outcome of the Second International Conference on Nutrition

  The Health Assembly endorsed the Rome Declaration on Nutrition, as well as the Framework for Action, which provides a set of voluntary policy options and strategies for use by governments. It urged DG to prepare a biennial report to the Health Assembly on the status of implementation of commitments of the Rome Declaration on Nutrition in collaboration with FAO, other UN agencies, programmes and other relevant regional and international organizations.

- Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications

  The Health Assembly urged DG to review and evaluate the actions relevant to epilepsy that WHO had been leading, coordinating and supporting in order to identify, summarize and integrate the relevant best practices with a view to making this information widely available, especially in low- and middle-income countries; and to report to the Seventy-first World Health Assembly on the progress in implementation of this resolution.

I urge you all – WRs, directors, regional advisers - to look carefully at the resolutions and decisions of the Health Assembly pertinent to your respective areas of work and align your activities to deliver on them.

Her Excellency Angela Merkel, the Federal Chancellor of the Federal Republic of Germany, addressed the Health Assembly at the opening. She said "WHO is the only international organization that enjoys universal political legitimacy on global health matters". She informed the Assembly that the Norwegian Prime Minister, the Ghanaian President and herself asked the Secretary-General of the United Nations to appoint a high-level panel to examine the interaction between WHO, the UN system as a whole and the World Bank more closely. The panel, chaired by President Kikwete of the United Republic of Tanzania, has already started its work and is due to submit a report by the end of the year.

Coming back to SEA Region, you know that the Sixty-eighth Session of the Regional Committee will be held in Dili, Timor-Leste, from 7–11 September 2015. Starting this year, we have decided to abolish the meetings of senior advisers and health ministers and, instead, merge these two meetings with the RC session. This is a significant change from past practice and we need to ensure that we do it well. Important subjects which require high- level endorsement will be discussed in the ministerial roundtables during RC and will be considered as part of the RC itself.

We are organizing HLP and SPPDM prior to RC. During the RC session, it is the responsibility of the WRs to provide additional briefs and assistance, as and when required, in order to ensure a productive RC session. At the Regional Office, adequate backup arrangements should be made by technical departments and units so that routine work does not suffer due to staff participation in RC away from office. This is an example of alignment and harmonization of work in our Region.

WHO reform

I also want to highlight some of the progress made in implementing WHO reform at the regional level. As you know, WHO teform was initiated some four years ago with a goal of putting in place key changes to our programmatic, governance and managerial approaches and processes.

To date, significant achievements have been made in the programmatic reform area. Some key outcomes have been the implementation of the category and programme area networks, financing dialogue, bottom-up planning process and recently the approval of the strategic budget space allocation.

Governance reform has also seen progress, both globally as well as regionally, with better and more proactive engagement with Member States and improved coordination and harmonization of processes in governing bodies across the three levels of WHO. The Framework for engagement with non-State actors, though posing important concerns for many of our Member States, seems to have a critical mass of interest and is anticipated to be endorsed at the Sixty-ninth World Health Assembly in May 2016. A significant development to ensure continued progress has been the establishment of a working group on governance reform, which held its first meeting in April 2015 and launched the first open Member State meeting on governance reform just before PBAC in May 2015.

Managerial reforms cover the Secretariat's work on managing human resources, accountability and transparency, communications, information management and evaluation. Much work has taken place on the HR strategy and its component initiatives as well as in terms of accountability and transparency. These two managerial reform areas are in a critical change management phase. The Region has led with implementation of administrative and programme review missions, implementation of the risk register, piloting the Internal Control Framework Manager's Guide and Self-Assessment Checklist. However, other main pillars of managerial reform require additional work before they are ready for implementation.

Importantly, the recent experience with Ebola viral disease has introduced another component to WHO reform: that of WHO emergency capacities. Two main initiatives are being pursued: establishment of a contingency fund and the operationalization of a global health emergency workforce. These are not areas new to our Region which has made important contributions, for instance in sharing our experience with the establishment and implementation of SEARHEF.

Critical time for reform

The recent meetings of governing bodies in May 2015 highlighted the critical juncture in which we find ourselves with certain managerial reforms. Both HR reform and importantly, reforms associated with accountability and transparency (e.g., Internal Control Framework) are in the implementation phases and will rely more and more on change management and leadership in order to be implemented in a sustainable manner across the three levels of the Organization and to bear the fruit sought by the Member States.

The Chairman of the Independent External Oversights Advisory Committee (IEOAC), in his address to the Programme Budget and Administration Committee, suggested an endemic "culture of tolerance for non-compliance" within WHO. Though the statement may have been alarming, it was neither exaggeration nor misunderstanding; rather it reflects the perception of our key oversight partners in response to year after year of similar audit reports critical of our behaviour – especially at country level. A similar concern recently led ECHO to restrict procurement by WHO due to our failure to pass their assessment criteria. Issues include audit recommendations identifying weak or missing internal controls, overdue DFCs, lack of compliance with key control rules and regulations and failure to implement best of class administrative practices. Needless to say, this provoked a critical and concerned response from Member States. The DG and regional directors reconfirmed a policy of "zero tolerance" for non-compliant behaviour. There were calls for the implementation of sanctions on those individuals or units found to be non-compliant.

It is for these reasons that I have specifically included items on WHO Reform at country level and on the internal control framework. The purpose of these sessions will be not just to familiarize us once again with these key reform initiatives; but importantly, to ensure that we are aware of the change management and leadership challenges, so that we can be confident that the Region has taken adequate, specific and demonstrable steps to mainstream these initiatives in our work environment; to sensitize all staff to their importance in achieving compliant operations; and to send the message that the Director-General, Regional Director, WRs and other senior regional managers expect compliant and ethical behaviour from all staff.

Colleagues, ladies and gentlemen,

I understand that collectively you have defined doable, time-bound deliverables related to each of the flagship priority programmes and budgeted accordingly. I urge you to review your implementation regularly and follow up timely to make necessary adjustment as necessary. I want to thank DPM and the directors for their cooperation and hard work. I am sure the next PB we will be able to come up with improved deliverables from the lessons learnt during this PB.

At the beginning of this year, I decided to push a little harder for budget implementation. As the Regional Director, I am accountable for this, including ensuring high quality and timely delivery of work and service. The push seems

unnecessary to me if each and every one of us knows our work and understands its importance.

Let me acknowledge your skills in diplomacy and communications which is reflected in the good relationship with the ministries of health as well as with our partners in the Region that also translates into improved coordination with them. I would like to, however, remind you that there are guidelines, protocols, do's and don'ts which you have to strictly observe at all time. Moreover, this good relationship must not be misused and manipulated for harming the overall relationship of the Member State with the Organization as a whole and for personal benefits.

These are a few issues that I wanted to bring to your attention and I thank you for your attention. I wish the Sixty-seventh meeting of the Regional Director with WHO Representatives all success and all WHO Representatives an enjoyable stay in Delhi.

Thank you.

The Sixty-seventh Meeting of the Regional Director with the WHO Representatives of the South-East Asia Region discussed various issues, such as challenges being faced by WRs from various quarters, programme budget matters and specific topics of regional importance. There was also a WRs' retreat, prior to the main meeting, on the topic of diplomacy role of WRs.

This report summarizes the discussions, conclusions and action points of this meeting. The follow-up actions of the Sixty-sixth meeting of WHO Representatives held in June 2014 were reviewed and WRs brainstormed on the challenges they faced from various quarters. They also discussed programme budget-related matters: implementation of Programme Budget 2014–2015, issues and challenges involved in implementation at country level and how to address these challenges; and Programme Budget 2016–2017. In addition, various specific issues of importance were also discussed.

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