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

WHO-SEARO, New Delhi, 10-13 July 2017

World Health Organization
Regional Office for South-East Asia

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Introduction

The High-Level Preparatory (HLP) Meeting for the Seventieth Session of the WHO Regional Committee for South-East Asia was held in the WHO Regional Office, New Delhi, from 10–13 July 2017. Participants from all Member States of the WHO South-East Asia Region attended the HLP Meeting.

The Agenda and List of Participants of the meeting are appended to this report as Annexes 1 and 2 respectively.

1. Inaugural session (*Agenda item 1*)

Opening remarks by the Regional Director

The WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, welcomed the participants and informed them that the Seventieth Session of the WHO Regional Committee for South-East Asia will be held in Maldives from 6–10 September 2017.

The Regional Director broadly outlined the objectives of the HLP Meeting, which since 2008 has been held before the Regional Committee Session every year. The HLP Meeting serves as an advisory forum to the Regional Director and facilitates the successful conduct of the Regional Committee, which is the highest constitutional Governing Body of WHO at the regional level.

The Regional Director urged the distinguished delegates to have detailed and candid discussions on the various agenda items and the technical officers of WHO to respond to queries from delegates. The HLP Meeting, she explained, seeks to develop consensus by bridging differences in individual positions on specific agenda items. The discussions and agreements reached at this meeting will be extremely useful in enabling the Regional Committee to deal with the corresponding agenda items expeditiously, and in a manner acceptable to all Member States.

The outcomes of this HLP Meeting will be submitted to the Regional Committee for its consideration and decision. The Regional Director said the agenda for this HLP Meeting covers all the agenda items proposed to be considered by the Seventieth Session of the Regional Committee, which include, among others, matters related to policy and technical issues; progress reports on select past Regional Committee resolutions; matters related to Governing Bodies, management and governance; and Special Programmes of WHO.

Topics which are becoming increasingly important in global health, such as building health systems resilience to climate change; addressing the burden of TB and vector-borne diseases; road safety; and the Sustainable Development Goals will also be discussed. Progress reports on select Regional Committee resolutions will be presented, including on expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF); measles elimination and rubella/congenital rubella syndrome control; antimicrobial resistance; and the South-East Asia Regional Action Plan to implement the Global Strategy to Reduce Harmful Use of Alcohol.

The Regional Director commended Member States for their satisfying progress on the Regional Flagship Priorities with substantial gains having been made across the Region. She also thanked Member States for their active participation in the Seventieth World Health Assembly, and for presenting a unified regional voice on several key issues.

In conclusion, she hoped that participants would have stimulating discussions that would provide important inputs for the subsequent deliberations at the Regional Committee, and wished them a successful and fruitful meeting.

Nomination of office-bearers

His Excellency Mr Faizal Cassim, Deputy Minister, Ministry of Health, Nutrition and Indigenous Medicine, Democratic Socialist Republic of Sri Lanka, was nominated **Chairperson;** H.E. Dr Kim Hyong Hun, Vice-Minister, Ministry of Public Health, Democratic People's Republic of Korea, **Co-Chairperson**; and Ms Maimoona Aboobakuru, Director-General, Ministry of Health, Republic of Maldives, was nominated **Rapporteur** for the High-Level Preparatory Meeting.

A **Drafting Group for the Draft Report of the HLP Meeting** was constituted consisting of the following members: Mr Mr Harun-Ur-Rashid Khan (Bangladesh), Ms Sonam Yangchen (Bhutan), Mr Sanjeeva Kumar (India), Dr M. Elvinoreza Hutagalung (Indonesia), Ms Maimoona Aboobakuru (Maldives), Dr A.G. Ludowyke (Sri Lanka), Dr Kanitta Bundhamcharoen (Thailand) and Dr Odete da Silva Viegas (Timor-Leste).

A **Working Group for Identification of Regional Resolutions** was also established by the Regional Director. The Chair of this Working Group was Dr Ugen Dophu (Bhutan). The members included: Dr Md Taherul Islam Khan (Bangladesh), Dr Kim Chol Su (Democratic People's Republic of Korea), Mr Amal Pusp (India), Dr Slamet (Indonesia), Ms Aishath Samiya (Maldives) Dr (Ms) Thuzar Chit Tin (Myanmar), Dr Bhola Ram Shrestha (Nepal), Dr Phusit Prakongsai (Thailand) and Mr Narcisio Fernandes (Timor-Leste).

2. Ministerial Roundtable

2.1 Building health systems resilience to climate change

(RC70 Provisional Agenda item 6.1)

Health is sensitive to climate change. The risks to health from climate change include mortality and morbidity due to extreme heat; injuries and mortality due to extreme weather events; vector- and waterborne diseases due to changes in the ecosystem; respiratory diseases due to increased emissions; and mental health and nutritional issues. Health-care facilities are also vulnerable to climate change and extreme weather events.

A well-prepared and responsive health system is crucial for preventing and minimizing the health risks posed by climate change. Member States have recognized these risks and have initiated advocacy and capacity-building efforts, developed health national adaptation plans, and conducted research studies. The level of response varies in countries based on the availability of funds. Much remains to be done to ensure that climate change is mainstreamed in overall health policy, planning and programming.

An informal consultation to prepare for the Ministerial Roundtable on building health systems resilience to climate change was held in Male,

Maldives, on 14–15 May 2017. All Member States of the WHO South-East Asia Region participated in the consultation which resulted in a proposal to develop a draft Ministerial Declaration and a Framework for Action on Building Health Systems Resilience to Climate Change.

The draft Declaration and Framework for Action were submitted to the High-Level Preparatory Meeting for further discussion prior to the upcoming Ministerial Roundtable at the Seventieth Session of the Regional Committee for South-East Asia.

Discussion points

- All Member States acknowledged the importance of the subject and supported the proposal that the Declaration and Framework for Action be signed by the honourable health ministers during the Seventieth Regional Committee Session. The need to work across health programmes and outside the health sector with relevant agencies to improve the resilience of health systems to climate change was recognized.
- Member States highlighted a range of current capacity-building and related initiatives aimed at developing their health national adaptation plans.
- The need to include in the background document the risks from increasing urbanization, water and air pollution, and hazardous wastes and chemicals, was highlighted.
- It was also proposed that background document recommendations 4.2 and 4.3 to WHO be expanded to include collaborative research at the regional level and taking stock of the WHO Regional Office's actions in relation to climate change and health.
- A suggestion was made to look into prioritizing overall environmental health to address the key determinants of health.

Recommendations

Actions by Member States

(1) Provide feedback and convey concurrence on the Draft Declaration and Framework for Action by all Member States by 25 July 2017.

(2) Share best practices and stories with all Member States by 25 July 2017.

(3) Prepare talking points for health ministers for the Ministerial Roundtable at the Seventieth Session of the Regional Committee, taking into account the meeting format and issues to be addressed by the honourable ministers.

Actions by WHO

(1) Support the Ministry of Health of Maldives in collating feedback and finalizing the Declaration and Framework for Action.

(2) Coordinate and communicate with Member States on the final preparations for the Ministerial Roundtable.

3. Policy and technical matters

3.1 Hepatitis

(RC70 Provisional Agenda item 8.1)

Scientific advances and breakthroughs, coupled with global solidarity and commitment, have reversed the trend for most communicable diseases but not for viral hepatitis – a preventable infection that continues to exact a large toll on human lives. Chronic hepatitis B and C claim almost 1.34 million lives each year globally.

In the WHO South-East Asia Region, viral hepatitis led to 408 000 deaths in 2015 – more than all deaths due to HIV and malaria combined. With an estimated 49 million people chronically infected with hepatitis B and C in the Region, the number of deaths will only increase if the response to viral hepatitis is not strengthened and scaled up.

To tackle viral hepatitis, WHO Member States endorsed the Global Health Sector Strategy on Viral Hepatitis 2016–2021 during the Sixty-ninth World Health Assembly in 2016. In line with this global commitment, the Regional Office has developed a Regional Action Plan for Viral Hepatitis 2016–2021 in consultation with Member States and partners, including civil society partners.

Discussion points

- Member States acknowledged the development of the Regional Action Plan and targets as a step forward for the prevention and control of hepatitis in the Region with the ultimate goal of its elimination as a public health problem by 2030.
- Member States shared the progress made in the development of national action plans in their countries and expressed the need for support from WHO, particularly in reducing the cost of drugs and diagnostics for hepatitis.
- The importance of high coverage of hepatitis B birth dose vaccination to prevent transmission was underscored.
- The need to move towards the use of auto-destruct syringes and reuse-prevention syringes beyond the national immunization programmes and into the health-care system to avoid future costs of hepatitis-associated treatment and tertiary care was recognized.
- Concern was expressed about the high cost of treatment, specifically for countries without access to voluntary licence. Concerns were also raised regarding surrounding the availability of resources for ensuring long-term sustainability of the programme.
- The importance of focusing on hepatitis A and E was highlighted in view of the significant morbidity and need for good sanitation and safe water supplies.

Recommendations

Actions by Member States

(1) Develop national action plans based on the disease burden and cost-effective interventions as per serosurvey/ surveillance data.

(2) Focus on gaps in the hepatitis B birth dose coverage to ensure at least 95% coverage by 2020.

(3) Ensure that injection safety and other infection-control measures in health-care settings are implemented.

Actions by WHO

(1) Support Member States in the development and implementation of their national action plans.

(2) Support Member States in ensuring access to quality drugs for the treatment of hepatitis C at affordable prices through the sharing of information on pricing, and facilitating negotiations through the South-East Asia Regulatory Network.

(3) Support and facilitate innovations in the diagnosis of hepatitis B and C, particularly laboratory support for testing and monitoring.

(4) Support the development of regional and national systems for surveillance and data management to monitor indicators in real time.

(5) Support Member States in increasing community awareness regarding the prevention and control of hepatitis, and involving the WHO Goodwill Ambassador for Hepatitis in the South-East Asia Region.

3.2 TB: 'Bending the Curve'

(RC70 Provisional Agenda item 8.2)

Tuberculosis (TB) remains the largest cause of death and suffering due to any communicable disease among the most productive age groups in the WHO South-East Asia Region. Although the Region accounts for only about 26% of the global population, it has 46% of the global burden in terms of

new cases (incidence), and close to 40% of the burden in terms of deaths due to TB (mortality). Six Member States – Bangladesh, Democratic People's Republic of Korea, India, Indonesia, Myanmar and Thailand – are among the 30 high-TB burden countries globally.

"Bending the Curve" in the Region implies bringing down TB incidence and mortality at an accelerated pace by fast-tracking high-impact interventions in parallel, through collective actions of governments, partners, communities and stakeholders. Urgent investments commensurate with programme requirements for ending TB are needed.

In order to garner high-level global support and bolster regional and national commitments, the WHO South-East Asia Region organized a "Ministerial Meeting Towards Ending TB" in March 2017. All the health ministers of Member States signed the "Delhi Call for Action to End TB in the South-East Asia Region by 2030" – leading to national initiatives empowered by Heads of States; ensuring full funding; universal access to high-quality TB care in all sectors; patient-centred socioeconomic support; a regional "innovation to implementation" fund and mobilizing global resources – together with a Global Ministerial Meeting to be hosted by the Russian Federation in November 2017.

The United Nations General Assembly has also called for a high-level meeting on tuberculosis to be held in 2018.

The Regional Director has included ending TB as one of her Regional Flagship Priorities.

Discussion points:

- All Member States supported the Delhi Call for Action, which would help them to reduce the burden of TB.
- Significant progress has been made in TB care and prevention, but Member States are aware that much more needs to be done, including the procurement and supply of affordable drugs and diagnostics.
- Effective and innovative community initiatives have been launched, such as community-based TB care and engagement of the private sector in rural and other areas.

- Regulations including mandatory notification of TB cases have been introduced in several Member States helping in the improvement of case notifications.
- There is a need to address TB in congregate settings, among migrant workers, factory workers, persons with diabetes and HIV, and those living in border and hard-to-reach areas.
- The current national strategic plans for ending TB need to be reviewed to examine their alignment with the Delhi Call for Action and the substantial human and financial resources that need to be mobilized.
- Other innovative initiatives include the use of ICT platforms for the management of TB patients, provision of universal drug-susceptibility testing (DST)-guided treatment, addressing MDR-TB and TB in immunocompromised patients, and focusing on the social aspects of TB.

Recommendations

Actions by Member States

(1) Review the current national plans to align them with the "Delhi Call for Action to End TB in the South-East Asia Region by 2030".

(2) Establish learning sites for testing and rapid expansion of innovative approaches towards ending TB.

(3) Identify human and financial resources for ending TB in the Member States.

(4) Engage all stakeholders, including communities, in efforts to end TB.

Actions by WHO

(1) Facilitate the setting up of a regional "Innovation to Implementation" fund under the Bending the TB Curve Initiative

(BTCI), and support the establishment of at least one learning site each in a high-burden and low-burden country.

(2) Identify institution(s) in the Region to lead the process of research on innovation.

(3) Provide technical support to Member States for fast-tracking strategies.

(4) Facilitate the participation of Member States in the Global Ministerial Meeting to be held in Moscow in November 2017.

3.3 Access to medicines

(RC70 Provisional Agenda item 8.3)

Access to medicines is critical for achieving universal health coverage (UHC) and the Sustainable Development Goals (SDG). Progress has been uneven in the South-East Asia Region and Member States face multiple challenges to providing access to quality, safe, effective and affordable essential medicines, vaccines and other health technologies for all. Access to medicines is a Regional Flagship Priority for the South-East Asia Region since 2014.

The presentation discussed the progress in and opportunities for ensuring access to essential medicines and other essential health technologies in three key areas: (a) manufacturing and regulation; (b) procurement and prices; and (c) appropriate use of medicines and systems to monitor this.

Potential options for the way forward were discussed by Member States.

Discussion points

Member States highlighted the challenges and the current/proposed steps to address the complex issues impacting access to medicines in the following five areas:

- All Member States confirmed that national medicines policies and essential medicines programmes are the backbone of their approaches to improve access to medicines. The importance of good governance practices was noted. For several countries, the

focus is to ensure access to affordable and quality medicines for essential health services as a key step towards UHC. Regular national monitoring of access to medicines (prices, availability and use) is needed.

- Regional collaboration could lead to more efficient procurement and lower prices, through better information exchange on prices as well as bulk procurement schemes. In addition, countries expressed the need to improve their capacity for national inventory control management, with well-functioning logistical management information systems. Options will be discussed at the Regional Meeting on Access to Medicines in August 2017. Recommended actions will be reported to the Seventieth Session of the Regional Committee.

- The need for training and skill-building of national regulatory agencies to fill gaps in regulatory capacity was mentioned by many delegates. These gaps could potentially be filled using communication platforms and capacity-strengthening support provided through the South-East Asia Regulatory Network (SEARN).

- The need to maintain a balance between innovation, trade, intellectual property rights and equitable access to medicines and other health technologies for achieving public health policy objectives was highlighted. There were requests for WHO support in this area. The need for clarity on how best to take forward the recommendations in the United Nations Secretary-General's High-Level Panel's "Report on Access to Medicines: Promoting innovation and access to health technologies" was also pointed out for informed discussions at the next WHO Executive Board session. There are several opportunities to do this: at the Seventieth Session of the Regional Committee; and during the conference in India in November following which a working paper may be prepared to be discussed at the pre-Executive Board preparatory meeting.

Recommendations

Actions by Member States

(1) Enhance implementation of national medicines policies and provision of essential medicines by allocating sufficient human and financial resources.

(2) Strengthen procurement and supply systems by exploring opportunities for intercountry collaboration on procurement and pricing of essential medicines.

(3) Strengthen regulatory systems for medical products, including using more regulatory collaboration through SEARN.

(4) Improve data on access to medicines as a priority, with a special focus on tracking equity in access to an agreed basket of essential medicines, and monitoring the use of antimicrobials.

(5) Participate in discussions on how to take forward the recommendations of the UN High-Level Panel's Report, and identify clear and feasible actions at the regional and global levels.

Actions by WHO

(1) Foster greater regional cooperation in procurement and pricing; and collaboration in regulation of medical products through continued support to SEARN.

(2) Provide technical support to Member States, with a focus on revising national medicines policies and essential medicines lists, and formulating institutional development plans for strengthening national regulatory authorities.

(3) Support improved data generation and reporting of progress on access to medicines, in line with the SDG indicators, with the introduction of new tools such as mobile applications to monitor prices and availability, and share the same via a regional information exchange platform.

(4) Support discussions by Member States on the UN High-Level Panel's Report recommendations.

3.4 Vector control

(RC70 Provisional Agenda item 8.4)

Major vector-borne diseases account for an estimated 17% of the global burden of all infectious diseases, and disproportionately affect poor populations. These diseases impede economic development through direct medical costs and indirect costs such as loss of productivity and impact on tourism.

The South-East Asia Region bears the highest burden of some of the vector-borne diseases such as malaria and lymphatic filariasis, and is among those with the highest burden of dengue. The Region has also reported the occurrence of Zika virus disease and is at risk of introduction of new vector-borne diseases such as yellow fever. Outbreaks of dengue and chikungunya are increasing in frequency and intensity in many countries in the Region.

Health systems must be prepared to detect and respond quickly and effectively to eliminate, control and prevent the existing and emerging vector-borne diseases. In this regard a Global Vector Control Response (GVCR) was developed through a consultative process with active participation of the SEA Region.

The GVCR and a corresponding resolution (resolution WHA70.16) were approved by the Seventieth World Health Assembly. The resolution urges Member States to develop or adapt existing vector control strategies to implement the GVCR, invest on human resources and strengthen national and subnational capacity. The resolution also requests that Member States be consulted through the Regional Committee on developing regional action plans to implement the GVCR and to monitor its implementation.

Discussion points

- A number of Member States expressed their concern about the severity of the current outbreak of mosquito-borne dengue virus.
- The need for human resources development, in particular to fill the gap in trained entomologists in the Region, was highlighted. There is a need to strengthen collaboration in the field of public health entomology, particularly in research. In general,

strengthening technical and institutional capacities in the Region will ensure better sustainability of vector control activities.

- While the use of chemicals and pesticides has been effective in vector control, its negative environmental impact and the emergence of resistant vectors is also a matter of concern. Keeping the local ecology in mind, environmental modification and biological and chemical controls need to be applied carefully. There needs to be adequate monitoring of and response to vector resistance for sustainable and effective control methods.
- Vector control requires mobilization and raising of awareness and participation of the public/community. This includes working with local communities to improve vector control and build resilience against future disease outbreaks.
- A number of Member States stressed the need to strengthen cross-border collaboration and alignment of vector control programmes in order to deal with vector-borne diseases, which do not respect national boundaries. Equally, country-to-country support is a key strategy to combat vector-borne diseases in the Region.
- Vector surveillance involves the regular and systematic collection, analysis and interpretation of entomological data for health risk assessment, and also for planning, implementing, monitoring and evaluating vector control. There is a need to strengthen vector surveillance and monitoring in the strategy for integrated vector management.
- Vector control is a cross-cutting issue which requires multi-/inter-/intrasectoral collaboration. Effective coordination of vector control activities is required between the health and non-health sectors, and within the health sector.
- For emerging vector-borne threats such as the Zika virus, which has been detected in some countries of the Region, there needs to be a global and regional response. There is also a need for a comprehensive Regional Action Plan for Vector Control.

Recommendations

Actions by Member States

(1) Collaborate in human resources development to fill the gap in trained entomologists in the Region.

(2) Collaborate in the field of public health entomology, particularly in research and capacity-building.

(3) Strengthen cross-border collaboration and alignment of vector control programmes in order to deal with vector-borne diseases.

Actions by WHO

(1) Develop a comprehensive Regional Action Plan for Vector Control for consideration by the Member States after discussions at the Regional Committee session.

(2) Provide guidance in research and training for integrated vector control management.

(3) Support capacity-building in Member States on public health entomology.

3.5 Road safety

(RC70 Provisional Agenda item 8.5)

Road traffic injuries constitute a major public health burden with significant consequences on mortality and morbidity, and significant health and socioeconomic costs. Globally nearly 1.2 million people are killed and 50 million injured every year in road traffic crashes, which are the leading cause of death among those aged 15–29 years and rank as the ninth leading cause of death globally.

Road traffic injuries kill approximately 316 000 people each year in the South-East Asia Region. This is 25% of the estimated global total. Almost half of those killed on the roads in the SEA Region are pedestrians, cyclists and motorcyclists, the so-called vulnerable road users.

The United Nations General Assembly resolution 64/255 of 2010 declared 2011–2020 as the global Decade of Action for Road Safety. The

Decade of Action introduced the concept of five road safety pillars to promote multisectoral collaborative actions, and has resulted in considerable action internationally, including the creation of the International Alliance of Nongovernmental Organizations; the series of global status reports on road safety; and improvements and amendments to national and local laws on road traffic.

World Health Assembly resolution WHA69.7, endorsed the Brasilia Declaration on Road Safety, the outcome document of the second Global High-level Conference on Road Safety.

A "Regional Technical Advisory Group on Road Traffic Injuries" (RTAG-RTI) has been constituted. The Regional Office has provided support to review road safety laws and action plans in Bangladesh and Sri Lanka. A "Regional Factsheet" that also provides country-specific information on road safety has been developed. The Secretariat is also developing begun to develop the fourth Global Status Report on Road Safety, due for publication in 2018.

A "safe system approach" that involves several other sectors for the regulation of vehicle standards, road infrastructure and road safety management should be adopted by countries. But the health sector has a key role to play in improving road user behaviour, data collection and post-crash response.

Discussion points

- The five pillars of road safety (i) road safety management; (ii) safer roads and mobility; (iii) safer vehicles; (iv) safer road users; (v) post-crash response) all need addressing. The challenge is to work with a multisectoral approach. The health sector has a key role to play in improving road user behaviour, data collection and post-crash response. A number of countries noted that they had established a dedicated road safety team, typically drawn from a range of key sectors.
- Delegates expressed concern over the possibility of a clash in dates between the High-level Meeting on Road Safety in the SEA Region and the Global Ministerial Meeting on TB in November. Delegates were informed that the meetings are two weeks apart.

- Capacity-building to tackle road safety is important. Support is also needed for research. The collection and analysis of data, preferably in line with international standards, is critical to understand and address road safety. A limited set of indicators to monitor progress towards the achievement of targets need to be developed.
- Key priorities for road safety include: emergency services, health services, health check-up for drivers of general and industrial transport, and health promotion. Road safety legislation needs to be reviewed and updated.

Recommendations

Actions by Member States

(1) All ministers of the Region's Member States may consider participation in the High-level Meeting on Road Safety in the SEA Region in Thailand in end-November 2017.

(2) Translate commitments to the Decade of Action for Road Safety 2011–2020 into action.

(3) Work on safety standards, comprehensive strengthening of laws, establishing platforms to review and revise standards, collection and analysis of data, and capacity-building.

(4) Proactively participate in the process to develop the global voluntary indicators and targets.

Actions by WHO

(1) Assist in capacity-building, and provide guidance and technical support to Member States to improve emergency medical services for people injured and disabled in road traffic crashes.

(2) Develop a comprehensive framework to cover all five pillars of road safety, and intensify coordinated efforts at the country level with all relevant sectors to meet the international road safety targets set by the Decade of Action and the Sustainable Development Goals.

(3) Accelerate activities such as the collection of appropriate data for road traffic injury prevention and further strengthen funding for the lead agency.

3.6 SDGs and progress towards universal health coverage

(RC70 Provisional Agenda item 8.6)

This Regional Committee Agenda item 8.6 has two sub-items: (i) strengthening primary health care and health workforce, and (ii) annual progress monitoring of UHC and SDGs.

Heath is centrally placed in the 2030 Sustainable Development Agenda. Universal health coverage is recognized as a unifying platform for making progress on Sustainable Development Goal 3 for health.

The momentum around the SDGs and UHC has created new demands and opportunities for strengthening primary health care. The need for services for maternal and child health and communicable diseases continues. At the same time, ageing populations and noncommunicable diseases (NCDs) are putting new demands on all levels of care, especially frontline services. Monitoring progress on UHC and the SDGs will help to identify bottlenecks and make any needed adjustments to policies and plans.

New frontline service delivery models are being developed in the South-East Asia Region. Care needs to become more "integrated" as life-long health conditions become more common. New service delivery models need to be closely linked with strategies to strengthen the health workforce, and discussions on financing.

Partnerships with nongovernmental organizations (NGOs) and the private sector may help to address some aspects of exclusion, and these actors need to be involved in strengthening primary-level care. Strengthening frontline services involves multiple interventions within and beyond the health sector. It, therefore, requires political leadership. Better data and more syntheses of evidence, and experience with different service delivery models and new skill-mix approaches are urgently needed.

This Region is already taking action on monitoring the SDGs and UHC. There are some clear priorities: setting national health SDG targets;

improving equity monitoring; strengthening civil registration and vital statistics; and maintaining regular reviews of progress.

Discussion points

3.6.1 Strengthening primary health care and the health workforce

- Member States mentioned examples of action being taken to advance progress on universal health coverage and Sustainable Development Goal 3 by adapting the ways in which primary-level services are organized, financed and delivered by different types of health workers. Examples included mid-level health workers, and primary health-care teams for remote areas, and actions to improve accountability and quality of care such as performance agreements and national M&E frameworks as well as active monitoring of quality of care. The challenges of providing services to growing ageing, semi-urban and hard-to-reach populations were highlighted.
- The need for continued engagement at the community and individual level in health promoting activities was mentioned.

3.6.2 Annual monitoring of progress on UHC and the SDGs

- Member States highlighted actions being taken to improve national monitoring systems, and to integrate the SDGs into national monitoring frameworks. In particular, attention is being given to subnational and equity monitoring, and improved civil registration and vital statistics systems. In addition, the need to improve data on frontline health workers, who are often not included in routine health workforce data systems, was emphasized.
- Delegates supported a proposal to review progress on SDGs and UHC as a standing Agenda item for all Regional Committee sessions till 2030. It was also decided to discuss further the second related proposal, namely to link relevant elements of the SDGs and UHC to the subject selected by the host Member State for the Ministerial roundtable at future Regional Committee sessions every three years till 2030.

Recommendations

Action by Member States

(1) Define actions related to organizing, financing and staffing health services to make primary care services more "fit-for-purpose" for new health needs. The upcoming regional meeting on accelerating progress on NCDs will be an important opportunity for Member States to ascertain which concrete actions and areas require WHO support.

Actions by WHO

(1) Continue to support actions being taken by countries to strengthen and adapt their primary health care services.

(2) Support better documentation of experience with new frontline service delivery models, and associated changes in the health workforce, and their results in terms of more people being able to get access to the care they need.

(3) Report annually to the Regional Committee sessions on progress on the health-related SDGs and UHC and link relevant elements of the SDGs and UHC to the subject selected by the host Member State for the Ministerial roundtable at future Regional Committee sessions every three years till 2030.

4. Progress reports on selected Regional Committee resolutions

4.1 Expanding the Scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R7)

(RC70 Provisional Agenda item 9.1)

Progress was discussed on Regional Committee resolution SEA/RC60/R7 on the South-East Asia Regional Health Emergency Fund (SEARHEF), and on Regional Committee resolution SEA/RC69/R6.

SEARHEF is an operational fund of WHO's South-East Asia Region, earmarked for a health sector emergency response. Established in 2008 by Regional Committee resolution SEA/RC60/R7 by pooling a budget of US$ 1 million for each biennium from assessed contributions (AC), SEARHEF has supported nine out of 11 Member States for 33 emergency operations, providing a total of US$ 5.1 million till date. Funds are released within 24 hours of receiving a request.

SEARHEF is overseen by a working group comprising representatives from 11 Member States, which has met six times since 2008. In May 2017, Sri Lanka reported a series of floods and landslides. Support from SEARHEF for the response was provided in two tranches totalling US$ 175 000. In June 2017, in support of response efforts to Cyclone Mora, US$ 170 000 was released from SEARHEF to Bangladesh. The SEARHEF balance as of date is US$ 143 376 for the current biennium 2016–2017.

The Sixty-ninth session of the Regional Committee adopted a resolution on "Expanding the scope of SEARHEF" to include a preparedness stream, focusing on disease surveillance, health emergency workforce and health emergency teams. The Regional Office organized a SEARHEF Working Group in June 2017 to develop a plan for operationalization of the preparedness stream of SEARHEF by 1 January 2018. Further efforts are required to mobilize funds for the preparedness stream of the Fund, and Member States were requested to undertake discussions with the ministries concerned on making contributions.

Discussion points

- Member States expressed appreciation for the excellent management of SEARHEF and the support provided by the Fund for emergencies in the Region. Several events where the Fund had supported the national response were recounted. It was mentioned that the Fund demonstrates the solidarity between the countries in the Region.
- Member States provided information on the progress of discussions with respective ministries of finance and relevant organizations regarding possible contributions to the preparedness stream of SEARHEF. Further updates will be

announced at the upcoming Regional Committee session in September 2017.

Clarifications were requested on the following:

- The use of surplus from SEARHEF at the end of the biennium: it was mentioned that as per business rules, the remaining funds should be used for pre-positioning essential medicines and supplies.
- The website on SEARHEF: it was clarified that this was part of the Regional Office website, as this was a good way to showcase the solidarity in action as well as give visibility to the use of the Fund.
- Member States welcomed the update on the preparedness fund as well as the proposed evaluation of SEARHEF.

Recommendations

Actions by Member States

(1) Continue discussions with the ministries of finance and ministries of foreign affairs of Member States for contributions to SEARHEF.

(2) Support implementation of SEARHEF business rules, especially in reporting.

Actions by WHO

(1) Continue to provide support to Member States in their discussions on the SEARHEF preparedness stream.

(2) Continue to discuss with donors about contributions to SEARHEF.

4.2 Challenges in polio eradication (SEA/RC60/R8)

(RC70 Provisional Agenda item 9.2)

The SEA Region reported the last polio case due to wild poliovirus on 13 January 2011 and was certified polio-free on 27 March 2014. Despite being polio-free for six years, all Member States in the Region continue to

be at risk of importation of the wild poliovirus and subsequent spread of the virus in the Region. At the same time, the risk of circulating vaccine-derived polioviruses (VDPV) emerging in areas of low immunization coverage remains a concern.

All Member States in the Region switched from the trivalent oral polio vaccine (tOPV) to the bivalent oral polio vaccine (bOPV) in April 2016, and introduced the inactivated poliovirus vaccine (IPV) as a part of implementation of the "'Polio Eradication and Endgame Strategic Plan: 2013–2018". However, a global shortfall of IPV is affecting Member States in the Region as well. Recent clinical studies have demonstrated that two fractional doses of IPV provide better protection than one full dose. Two Member States in the Region, India and Sri Lanka, have replaced the full-dose IPV schedule with two fractional (one-fifth) doses of IPV in their routine immunization schedule due to the effectiveness of the fractional IPV doses and to stretch the available IPV supplies. Poliovirus laboratory containment activities are being undertaken in the Region, as outlined in the Global Action Plan (GAP) III.

Five Member States – Bangladesh, India, Indonesia, Myanmar and Nepal – have established significant polio-funded assets over the past years, which have not only contributed to the achievement and maintenance of polio eradication and the implementation of Polio Endgame Strategies but have also supported other priority programmes, notably measles elimination and rubella/congenital rubella syndrome control, surveillance of other vaccine-preventable diseases, introduction of new vaccines and improvement of immunization coverage.

A ramp-down of polio funding over the next three years poses financial, organizational and programmatic risks in these five Member States of the Region. In order to mitigate these risks, a transition planning process has been initiated in these five Member States. The transition planning process involves (i) close collaboration with national governments and partners to clearly articulate and realign programmatic priorities; (ii) outlining the mechanisms for transferring capacities to the government, to the extent possible; and (iii) increased engagement in and ownership of the transition process by national governments to ensure increased funding by them, as well as identification of additional donors to fill future funding gaps.

Discussion points

- Member States recognized the continuing risk of wild poliovirus importation and the emergence of vaccine-derived poliovirus despite being polio-free for more than six years.
- There was commitment to ensuring timely detection of polio viruses through a sensitive laboratory-supported surveillance system for acute flaccid paralysis (AFP), and by further strengthening and streamlining environmental surveillance for polio.
- High population immunity and outbreak response preparedness were required to maintain the polio-free status of the Region.
- Concerned over the global and regional shortfall of IPV, Member States expressed interest in learning from the experiences of countries that have introduced fractional doses of IPV in their routine immunization schedule.
- GAP III requirements for poliovirus containment could result in a delay in virological research. Technical support was needed to develop practical guidelines for implementing the containment requirements outlined in GAP III.
- The ramp-down of polio funding to Member States highlighted the need to look for alternative funding resources to manage the polio networks in the five countries of the Region that have substantial polio assets.

Recommendations

Actions by Member States

(1) Continue efforts to maintain certification standard surveillance and outbreak response preparedness to ensure timely detection of and response to any wild or vaccine-derived poliovirus.

(2) Complete the containment of type 2 polioviruses as per Global Action Plan III to mitigate the risk of exposure of communities to any type 2 poliovirus.

(3) Finalize the polio transition plans by ensuring adequate resources for polio-funded networks to mitigate the programmatic risks associated with the ramp-down of polio funding.

Actions by WHO

(1) Support Member States in fully implementing the activities outlined under the Polio Eradication and Endgame Strategic Plan 2013–2018.

(2) Ensure collaboration among Member States for knowledge exchange on the use of fractional IPV in India and Sri Lanka to facilitate the introduction of fractional IPV in other Member States.

(3) Support the finalization and implementation of polio transition plans in five Member States of the Region with the full engagement of national governments, donors and partners to mitigate the risks associated with the ramp-down of polio funding.

(4) Develop practical guidelines for implementing the containment requirements outlined in GAP III.

4.3 Measles elimination and rubella/congenital rubella syndrome control (SEA/RC66/R5)

(RC70 Provisional Agenda item 9.3)

In September 2013, the Sixty-sixth session of the Regional Committee through resolution SEA/RC66/R5 adopted the goal of measles elimination and rubella/congenital rubella syndrome (CRS) control in the South-East Asia Region by 2020. The South-East Asia Regional Strategic Plan for Measles Elimination and Rubella/CRS Control: 2014–2020 has been developed, and outlines the approaches to achieve the goal.

All Member States have been implementing activities to improve immunization and surveillance performance targeted to achieve the goal of measles elimination and rubella/CRS control. Two doses of a measles-containing vaccine have been introduced by all Member States while nine Member States have introduced a rubella-containing vaccine in their

routine immunization schedule. Nearly 105 million children have been reached with an additional dose of measles-containing vaccine through mass vaccination campaigns between 2013 and 2016. Nearly 620 000 deaths due to measles have been averted in the Region in 2016 alone.

All Member States in the Region have initiated elimination standard case-based surveillance for measles and rubella. The Measles Rubella Laboratory Network in the Region has expanded from 23 laboratories in 2013 to 39 WHO-accredited laboratories in 2016, with every country having at least one WHO accredited laboratory.

A Regional Verification Commission has been established to review progress on measles elimination and rubella control in the Region. All 11 Member States have a functional National Verification Committee for Measles Elimination and Rubella/CRS Control.

Two countries – Bhutan and Maldives – have been verified as having eliminated endemic measles virus by the South-East Asia Regional Verification Commission in April 2017.

Nearly 500 million children are planned to be reached with the measles and rubella containing vaccine through mass campaigns in 2017 and 2018. Of these, nearly 470 million are in India and Indonesia alone. The vaccination campaigns in India and Indonesia will not only have huge implications on the regional goal of achieving measles elimination and rubella/CRS control by 2020 but will also impact the global epidemiology of measles and rubella/CRS.

Polio assets (human resources, systems and processes) – established in five Member States over the past two decades – have been increasingly providing support to measles elimination and rubella/CRS control activities over recent years. The Global Polio Eradication Initiative has now indicated that polio funding will decline over the next three years and eventually stop. This poses substantial programmatic risks to the measles elimination and rubella/CRS control programme in these Member States.

Discussion points

- Member States shared the significant progress made with various strategies for measles elimination and rubella/CRS control by the

Region, including plans for introduction of rubella-containing vaccine by the Democratic People's Republic of Korea and Indonesia.

- Member States acknowledged the achievement of Bhutan and Maldives in eliminating endemic measles transmission during 2017. Bhutan and Maldives assured full commitment to maintain measles-free status.
- Concern was expressed over the suboptimal coverage of the first dose of measles-containing vaccine in the Region. It was also noted that the coverage has remained stagnant for the last five years. The low coverage with the second dose of measles-containing vaccine and lack of uniformity in achieving high coverage with both doses at the subnational level was also a cause for concern.
- The need to strengthen laboratory supported, case-based surveillance for measles and rubella/CRS as a critical activity for achieving measles elimination by 2020 was recognized.
- Member States expressed the need to ensure adequate country capacity to investigate and respond to measles and rubella outbreaks and contain them in a timely manner. The need to ensure assessment, mapping and allocation of resources along with opportunities provided by GAVI and the polio transition planning was also recognized.

Recommendations

Actions by Member States

(1) Ensure the full engagement of governments at the national and subnational levels, as well as partners and donors, for mobilization of resources and implementation of strategies to achieve the goal of measles elimination and rubella/CRS control, including achievement of high coverage during the upcoming mass vaccination campaigns with measles-rubella vaccine in Member States.

(2) Accelerate efforts to strengthen laboratory-supported case-based surveillance and routine immunization performance, at national and subnational levels, required to achieve measles elimination and rubella/CRS control by 2020.

(3) Ensure country capacity to adequately investigate and respond to large measles and rubella outbreaks.

Actions by WHO

(1) Support Member States with the full implementation of the approaches outlined under the Regional Strategic Plan for Measles Elimination and Rubella/CRS Control: 2014–2020.

(2) Support Member States with the polio transition planning process to mitigate the programmatic risks to the measles elimination and rubella/CRS control efforts associated with the ramp-down of polio funding.

4.4 Antimicrobial resistance (SEA/RC68/R3)

(RC70 Provisional Agenda item 9.4)

In 2015, the Sixty-eighth World Health Assembly adopted resolution WHA68.7 on the Global Action Plan (GAP) on Antimicrobial Resistance. All Member States committed to have in place, by May 2017, a national action plan (NAP) on antimicrobial resistance (AMR) that is aligned with the GAP. Ten of the 11 Member States of the SEA Region have developed their national action plans on antimicrobial resistance that are aligned with the GAP.

Antimicrobial resistance (AMR) is a Flagship Priority for the South-East Asia Region, and has received high-level political commitment at various global and regional forums. In September 2016, the United Nations recognized AMR as a threat to global health and human development.

Two high-level ministerial meetings on AMR involving the Region's Member States were held in 2016. In February there was the "Combating AMR: Public health challenge and priority" meeting organized by the Government of India in New Delhi, where a roadmap for the creation of national action plans was developed, and where countries pledged to have these plans finalized by May 2017.

In April 2016, a bi-regional meeting on AMR organized by Japan, in collaboration with the WHO regions for South-East Asia and the Western Pacific, was held in Tokyo. This meeting allowed Member States the opportunity to expedite the process of development of their national action plans, and reiterated the focus needed to reverse the rising trend of AMR.

Discussion points

- Member States provided comprehensive updates on progress on the development and implementation of national action plans on AMR.
- Member States reiterated the need for support on implementation of their NAPs in all key areas including:
  - integrated surveillance of AMR and antimicrobial use,
  - strengthening laboratory capacity and networks,
  - strengthening health systems – including the monitoring of consumption and use of antibiotics,
  - raising awareness both in communities and among health professionals,
  - development and enforcement of policies on proper prescription, disbursement and sale practices for antibiotics, and
  - multisectoral coordination mechanisms in line with the "One Health" approach.
- Member States also raised key issues related to the implementation of their NAPs, including:
  - over-the-counter sale of antibiotics,
  - focusing on and the allocation of adequate resources for research and development of new antibiotics,
  - robust monitoring and evaluation in order to closely track progress and provide corrective actions in the implementation of NAPs,
  - comprehensive planning and engagement across sectors, including but not limited to animal health and agriculture,

- investing resources across sectors to implement NAPs,
- participating in the Global Antimicrobial Resistance Surveillance Systems (GLASS) to foster standardized AMR surveillance globally,
- implementing NAPs in decentralized systems, and
- promoting affordable access to existing and new antimicrobial medicines and diagnostic tools.

Recommendations

Actions by Member States

(1) Ensure high-level endorsement of the national action plans on antimicrobial resistance through appropriate mechanisms in the national contexts that will facilitate high-level engagement across all sectors.

(2) Continue with the comprehensive implementation of national action plans.

Actions by WHO

(1) Provide support for the implementation of national action plans on antimicrobial resistance by Member States.

(2) Support inter-country exchanges of good practices for implementing national action plans on antimicrobial resistance.

4.5 Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4)

(RC70 Provisional Agenda item 9.5)

Patient safety has long been recognized as a key public health issue in the WHO South-East Asia Region. Member States endorsed the Regional Strategy on Patient Safety (2016–2025) in the South-East Asia Region at the Sixty-eighth session of the Regional Committee (resolution SEA/RC68/R4). This recognizes that improving patient safety will require action by multiple stakeholders, including patients and health professionals, and will involve system-wide solutions. It urges Member States to take action towards the six

Strategic Objectives of the Regional Strategy, and requests the Regional Director to report upon progress every two years, starting from 2017.

A patient-safety self-assessment tool was developed by the WHO Regional Office. It is organized around the six objectives of the Regional Strategy. Five countries have completed self-assessments, identified priority challenges and begun to introduce new interventions to improve patient safety. Four more countries are applying the self-assessment. More generally, most Member States of the Region have officers responsible for patient-safety programmes; many are implementing national antimicrobial resistance action plans which include infection prevention and control; and the WHO patient safety curriculum and a range of safe care checklists are being used in health professional pre-service and in-service training.

Despite these initiatives, much more remains to be done. Currently, no country in the Region routinely reports errors in health-care settings, except for adverse events following immunization and maternal deaths. Many countries do not have hospital quality-assurance mechanisms. Policy frameworks and legislation are not always adequate. Compliance with patient-safety standards by health workers can be poor. There is a lack of data to estimate the scale and costs of patient-safety errors.

Discussion points

- Member States expressed their strong support for the efforts made by WHO in this area. Improved patient safety and quality of care are recognized as integral to making progress on UHC. Improving patient safety is a multi-dimensional challenge requiring multiple actions.
- Countries are at different stages, but all reported progress on a range of national initiatives. Activities include the development of national patient safety policies and strategies; legal and regulatory frameworks; strengthening of regulatory and accreditation bodies; and the establishment of patient safety committees within facilities. In addition, numerous standards and guidelines have been developed, including on infection prevention and control, and safe prescribing. Other activities include the improved training of health-care workers, undergraduates and postgraduates.

- Progress is likely to be gradual and the momentum generated in recent years will need to be maintained and accelerated. Approaches need to be credible, accountable and efficient to be successful.
- One potential key approach for building upon the gains made is to document and share national experiences.
- Member States emphasized the need for continued WHO support in relation to all dimensions of the patient safety and quality agenda.

Recommendations

Actions by Member States

(1) Continue to implement interventions to improve patient safety based on priorities identified during the patient safety self-assessment exercises.

(2) Share experience with other countries on actions to improve patient safety.

Actions by WHO

(1) Support the documenting and sharing of national experiences with interventions for improving patient safety and quality of care as an integral part of advancing UHC.

(2) Continue to provide support to countries on interventions to improve patient safety, including adverse event-reporting systems.

(3) Report to the Regional Committee in 2019.

4.6 South-East Asia Regional Action Plan to Implement Global Strategy to Reduce Harmful Use of Alcohol (2014–2025) (SEA/RC67/R4)

(RC70 Provisional Agenda item 9.6)

Introduction

Alcohol consumption has a negative impact on all dimensions of health – physical, mental and social – and is related to over 60 groups of diseases. It was the cause of 3.3 million global deaths in 2012 (5.9% of all global deaths), including 634 539 deaths in the South-East Asia Region. Compared with other regions, the SEA Region has a relatively low drinker prevalence (13.5%) with a high gender discrepancy (males more than females). While drinker prevalence among teenagers is of concern, over 85% are abstainers, a positive aspect that needs to be maintained. However, heavy episodic or binge drinking is common among a large percentage of those who drink. The majority of alcohol consumed in the Region (77.3%) is in the form of spirits.

The Sixty-seventh session of the WHO Regional Committee for South-East Asia endorsed the South-East Asia Regional Action Plan to implement the Global Strategy to Reduce the Harmful Use of Alcohol (2014–2025). The target is a 10% relative reduction in total adult per capita consumption in a calendar year in litres of pure alcohol, as appropriate, within the national context, to be achieved by 2025 in comparison with the 2010 baseline.

This Action Plan also fulfils the mandate given by the Political Declaration of the UN General Assembly (resolution WHA66.10) on the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. To extend action in this area, the Sustainable Development Goals included a target that calls for strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol (Target 3.5).

The Agenda item was presented to the HLP Meeting and information on progress at the Regional and country level with respect to the South-East Asia Regional Action Plan to implement the Global Strategy to Reduce the Harmful Use of Alcohol (2014–2025) was shared with the Member States.

Discussion points

- Member States acknowledged the challenges in addressing the harmful use of alcohol given that total prohibition is not promoted and defining drinking in terms of moderation/safe limits also remains a challenge.
- Concerns were raised by Member States in respect of unrecorded alcohol, heavy episodic drinking/binge drinking, influence of the alcohol industry and trade agreements.
- Country capacity-building is needed to implement "Best Buys" (taxation, pricing policies, marketing regulation, community action and prevention and management of alcohol use disorders), and to monitor the situation.
- Although trade agreements provide flexibilities to safeguard health, scientific evidence is required to justify measures that are implemented – these must not create new trade barriers. For example, Thailand's Notification of the "Alcoholic Beverages Control on the Rules, Procedure and Condition for Labels of Alcoholic Beverages" is now being challenged by some WTO Member States, which maintain that this Notification does not comply with the WTO Agreement on Technical Barriers to Trade, and that it creates unnecessary trade barriers. The evidence provided was not considered sufficiently strong. It is, therefore, important to provide strong evidence to validate the claim.
- The regional network of national counterparts and research needs to be strengthened.

Recommendations

Actions by Member States

(1) Develop and/or strengthen systems and mechanisms to facilitate the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol (2014–2025) in the light of the Regional Action Plan and according to national priorities.

(2) Promote multisectoral mechanisms at national and subnational levels to reduce the harmful use of alcohol.

(3) Address unrecorded and illegal alcohol products by enforcement of laws and address social and cultural norms that promote home production and consumption of unrecorded alcohol.

Actions by WHO

(1) Provide support to build capacity of Member States (technical and institutional) to advance the implementation of the Regional Action Plan to Reduce the Harmful Use of Alcohol in the national context, including providing technical support in meeting the evidence needs related to international trade agreements.

(2) Support and strengthen ongoing collaboration of the regional networks of national counterparts.

(3) Document and disseminate information on "Best Buys" and good practices to reduce harmful use of alcohol.

4.7 Capacity-building of Member States in global health (SEA/RC63/R6)

(RC70 Provisional Agenda item 9.7)

Introduction

The term "global health" has emerged as part of the larger political and historical process replacing the term "international health" to imply a shared global responsibility for health. It is also associated with the growing number and increased roles of other actors beyond governments, namely intergovernmental organizations and agencies, nongovernmental agencies, international and domestic stakeholders, civil society and academia, in health.

The Sixty-ninth session of the WHO Regional Committee for South-East Asia requested the Regional Director to conduct an assessment of the five-year experience (2011–2015) in capacity-building in global health in the Region in response to resolution RC63/R6 and to report to the Seventieth Session of the Regional Committee in order to obtain a more

systematic understanding of the strengths, weaknesses and impact of activities, and to provide recommendations on effective management of capacity-building on global health.

WHO would continue to support Member States to organize national, regional and global seminars and training workshops on global health that could act as an effective tool to strengthen national capacity in global health, and enable them to participate and play active roles in international/global health forums with improved negotiation skills.

At the same time, national strategies and plans have to be developed to address the increasing demand for well-trained public health professionals who could address the changing context of global health challenges, including complex and persistent health issues, increasing health inequities, new and emerging diseases, the necessity for greater collaboration, and incorporation of social models and determinants.

The final report of the assessment including details of the activities conducted on global health capacity development at country and regional levels; contribution of the capacity-building action to improved global health diplomacy/negotiations capacities in individual Member States; strengths, weaknesses and impacts of the activities undertaken and recommendations for effective management of capacity-building on global health, including (a) building/strengthening, and (b) sustaining; will be submitted to the Seventieth Session of the Regional Committee for South-East Asia.

Discussion points

- Global health diplomacy increases knowledge and exposure to global health issues, especially of young officials. Information on national level workshops and support extended to officials and trainees for participating in global meetings was shared.
- Global health has moved beyond the scope of only the health sector. Improving capacities of health professionals would aid in nurturing relationships with other stakeholders. The sharing of experiences in such areas as migrants' health and primary health, etc. would be helpful.

- Regular technical briefings, coordination and preparatory meetings before important regional or global engagements was appreciated, and should be continued.
- Strong commitment and leadership at national, regional and global levels will create an enabling environment for global health capacity building of individuals as well as institutions.
- There is a need to articulate the regional voice in the Global Health Agenda, and there is evidence that this is now happening. The combined efforts of the Member States have made a difference in the health strategies, plans of action and frameworks being adopted at the global level. This capacity should continue to be developed.
- The vision of the Regional Director as envisaged in the "One by Four" plan – where "One" refers to a more responsive WHO in the Region and "Four" to the four strategic directions; the fourth being articulation of a strong regional voice in the global health agenda – has helped Member States in playing a very active role in protecting and promoting regional and global public health. The combined efforts of Member States have made a difference in the health strategies, plans of action and frameworks being adopted at the global level. The Regional Office's efforts towards building capacity of Member States on Global Health Diplomacy will continue, it was observed.

Recommendations

Actions by Member States

(1) Ensure full support to the conduct of the assessment of WHO's five years' experience (2011–2015) in capacity-building in global health by the Health Intervention and Technology Assessment Programme (HITAP).

(2) Engage actively in capacity-building in global health, including through strengthening national institutional processes to build global health capacities.

(3) Encourage and support greater participation at the Governing Body meetings and inter-governmental processes.

Actions by WHO

(1) Continue supporting Member States in organizing national, regional and global workshops on global health issues.

(2) Continue to hold technical briefings and coordination meetings before important regional and global governing bodies and related meetings.

(3) Explore various mechanisms to facilitate, support and coordinate global health capacity building efforts in the Region.

4.8 Consultative Expert Working Group on Research and Development (CEWG): Financing and Coordination (SEA/RC65/R3)

(RC70 Provisional Agenda item 9.8)

The Regional Committee resolution on the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) (SEA/RC65/R3) has contributed in great measure to the outcomes of the World Health Assembly resolution WHA70.22 on CEWG. The Regional Committee resolution was the outcome of national and regional consultations on the CEWG report, and provided the basis for the development and adoption of resolution WHA66.22 at the Sixty-sixth World Health Assembly in May 2013. Resolution WHA70.22 encompasses and builds on Regional Committee resolution SEA/RC65/R3; hence, they are considered together for outcomes and progress. Concerted efforts are necessary to take the CEWG forward, including through adequate and sustainable funding, to fully implement the CEWG Strategic Workplan agreed in resolution WHA66.22.

It may be noted that previous deliberations on the Global Strategy and Plan of Action (GSPA) and CEWG such as the assessment exercise by Member States of the Region and national GSPA assessment in Sri Lanka have recommended establishing a regional network to speed up regulatory approvals within the countries for access to medical products. Member States of the Region launched the South-East Asia Regulatory Network (SEARN) to enhance information-sharing, collaboration and convergence of

medical product regulatory practices across the Region, which aims to guarantee access to high-quality medical products. SEARN will be instrumental in encouraging convergence, effective use of resources and rapid exchange of information on regulation of medical products across the Region.

Discussion points

- Concerted engagement is necessary, including with WHO headquarters, for the CEWG, Global Health R&D Observatory, demonstration projects and the Global Strategy and Plan of Action (GSPA) in the context of access to medical products.
- Member States expressed concern at the lack of adequate funding for the CEWG Strategic Workplan.
- The focus of health R&D needs to take into account all Type I, II and III diseases for access to affordable medical products.
- A roadmap for promoting access to medical products through regulators' engagement in SEARN in the Region should be taken up.
- Delinking the price of medical products with R&D costs is an unfinished agenda from previous discussions on the subject.
- The various issues could be discussed further at the meeting scheduled for August 2017 by the Regional Office, and a World Conference slated for November 2017 in New Delhi.

Recommendations

Actions by Member States

(1) Promote further unified engagement on the CEWG, GSPA and demonstration projects at the regional and global levels including negotiating the global R&D agreement and the unfinished discussions on the CEWG follow-up.

(2) Develop a roadmap for promoting access to medical products through regulators' engagement in SEARN in the Region.

Actions by WHO

(1) Support Member States on the CEWG, GSPA and demonstration projects.

(2) Support Member States on SEARN to promote access to medical products.

5. Governing Body matters:

5.1 Key issues arising out of the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board

(RC70 Provisional Agenda item 10.1)

The Seventieth World Health Assembly and the 140th and 141st Sessions of the Executive Board adopted a number of resolutions and decisions during the course of their deliberations. These resolutions and decisions relate to health matters as well as Programme Budget and financial matters that have significant implications for the South-East Asia Region. A summary of key issues arising from the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board was provided to HLP Meeting participants (document SEA/HLP-Meet/5.1).

Discussion points

- The key summaries that had been prepared by the Regional Office, outlining the points of action proposed for the Organization as well as Member States, were noted by the delegates.
- Meeting participants were informed that following on from the World Health Assembly discussions in May 2017, a Side-Event on International Health Regulations was planned for 7 September 2017 during the upcoming Session of the Regional Committee. The intention of this event was to invite inputs from a broad representation of Member States as part of the review process of the proposed five-year Global Strategic Plan to Improve Public Health Preparedness and Response.

5.2 Review of the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board

(RC70 Provisional Agenda item 10.2)

Member States were informed about the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board, to be held in Geneva from 22 to 27 January 2018 (document SEA/HLP-Meet/5.2). They were requested to review this Draft Provisional Agenda and propose the inclusion of any additional item in it as per Rule 8 of the Rules of Procedures of the Executive Board.

Any proposal from a Member State or Associate Member of WHO to include an item on the Agenda of the Executive Board should reach the Director-General of the World Health Organization not later than 12 weeks after the circulation of the draft Provisional Agenda, or 10 weeks before the commencement of the session of the Executive Board, whichever is earlier. Proposals should, therefore, reach the Director-General by 21 September 2017.

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 142nd Session of the Executive Board.

The HLP Meeting was invited to note the Draft Provisional Agenda of 142nd Session of the Executive Board.

Discussion points

- It was suggested by a Member State to include an additional Agenda item on the subject of "**Drowning prevention"** for the 142nd Session of the Executive Board.

- The HLP Meeting noted the Draft Provisional Agenda of the 142nd Session of the Executive Board and the timelines indicated by the Chair for sending proposed additional Agenda items.

6. Management and Governance matters

6.1 Status of SEA Regional Office Building

(RC70 Provisional Agenda item 11.1)

During its Sixty-ninth session in Colombo in September 2016, the WHO Regional Committee for South-East Asia in its Decision SEAR/RC69(3) noted the urgent need for the Regional Office to move to temporary premises and to develop a sustainably-funded reconstruction strategy for the Regional Office Building.

The objective of this Agenda item is to inform the HLP Meeting of the status of the progress made with regard to the Decision made in the last Regional Committee session, as follows:

(A) Move to temporary premises

Suitable premises for the temporary move of the Regional Office have been secured and work is ongoing to shift operations before the end of 2017. After all due diligence and completion of necessary clearance processes, the temporary premises for the Regional Office have been identified. WHO has agreed to cover the costs of this move for a duration of up to five years.

The lease agreements for the two premises listed below were signed on 1 May 2017, with a six-month rent-free period:

- Metropolitan Hotel – commercial block (26 100 sq. feet)
- Red Fort Capital Parsvanath Tower 1 (RFCPT 1) (50 686 sq. feet)

(B) Finalize sustainably-funded reconstruction strategy

An international real estate consultancy company engaged by the Secretariat has conducted a comprehensive study of the options available for the Regional Office Building and provided a detailed study of the costs and benefits of the following three options:

- Option 1: Refurbishment of the existing campus
- Option 2: Redevelopment of the whole campus
- Option 3: Part redevelopment and part refurbishment

The study explored several indicators of strategic importance, including: security, health and safety, financial consequences, environmental concerns, compliance with applicable legislation, long-term operational costs and organizational flexibility. The conclusion of the study validated the recommendation of previous studies which led to the Regional Committee Decision SEA/RC69(3) requesting the Secretariat to move to alternate premises and find means to finance redevelopment of the whole campus. The report provides financial and practical evidence for the recommendation to proceed with Option 2.

According to detailed calculations, the study estimated the total cost of the redevelopment of the building and the corresponding required move to temporary premises at US$ 55.89 million. The Government of India's Ministry of Health and Family Welfare communicated their in-principle approval to cover the cost of redevelopment of the SEARO compound with the amount of US$ 35.4 million. WHO will cover the cost of the move to temporary premises, estimated at US$ 20.49 million, for the period of up to five years.

Discussion points

- India stated that during the Sixty-ninth session of the Regional Committee in Colombo, the honourable Minister of Health and Family Welfare gave his commitment to substantially fund the Regional Office Building project. The project has since moved forward and the Government of India has in principle agreed to provide INR 228 crore (US$ 35.4 million) towards the reconstruction project. Currently the Government of India is in the process of identifying a suitable agency to support the reconstruction project and formalize the financing approvals in parallel. Updates will be provided to the Seventieth Session of the Regional Committee in Maldives.
- Thailand appreciated the Government of India's support towards this important project and also expressed their satisfaction and supported the clear comparisons and evidence provided from the consultant's report in Annex 1 that endorsed Option 2 as the best course forward. Member States looked forward to further updates at the upcoming Regional Committee Session.

- WHO thanked the Government of India for the support and also appreciated the pledges received from Maldives, Sri Lanka, Thailand and Timor-Leste which would contribute greatly to this important project. The Member States were updated about the process followed and the regular updates being provided to each Governing Body in the spirit of transparency and accountability.
- Staff security was one of the main criteria considered in finalizing the temporary office locations. Cost efficiencies were maintained as paramount in defining the space requirements for the temporary period.
- The Building Relocation Committee, comprising representatives of the Administration and the staff, is now working on further details for relocation, including the open office plan, space requirements, etc.

Recommendations

Action by WHO

(1) Provide updates on the SEA Regional Office Building reconstruction project to the Seventieth Session of the Regional Committee.

7 Special Programmes

7.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2017

(RC70 Provisional Agenda item 12.1)

The Joint Coordinating Board (JCB) of the WHO Special Programme for Research and Training in Tropical Diseases Research (TDR) acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy.

Currently, Maldives represents the WHO South-East Asia Region until 31 December 2018 under paragraph 2.2.2, and there are two Member States from the Region (India and Thailand) that are members of JCB under paragraph 2.2.1 until 31 December 2017. The Seventy-first session of the Regional Committee in 2018 would be required to take a decision on the regional membership for a four-year period from 2019 onwards to replace Maldives.

At present, there is no representation from the SEA Region for JCB membership under paragraph 2.2.3.

- The HLP Meeting noted the summary report on the attendance at the Fortieth Session of the JCB. The report presented under this Agenda item was noted without further discussion.

7.2 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 2017 and nomination of a member in place of Indonesia whose term expires on 31 December 2017

(RC70 Provisional Agenda item 12.2)

Introduction

The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction.

At present, three Member States from the WHO South-East Asia Region (Indonesia, Myanmar and Sri Lanka) are Members of the PCC in Category 2, while India and Thailand continue to be Members of the PCC in Category 1.

The Regional Committee at its Sixty-ninth session in 2016 recommended that the PCC members elected should report to the Seventieth Session with a summary of the deliberations of the PCC session attended by them. The report of the PCC meeting held in June 2017 in

Geneva is yet to be finalized and will be shared as soon as it is received by the Regional Office.

Since the term of office of Indonesia ends on 31 December 2017, representatives of the High-Level Preparatory (HLP) Meeting are requested to consider proposing one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2018. The working paper was submitted to the HLP Meeting to consider recommending one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2018. The recommendation of the HLP Meeting will be submitted to the Seventieth Session of the Regional Committee for its consideration.

Discussion points

- Since the term of office of Indonesia ends on 31 December 2017, the HLP Meeting was requested to consider electing one of the Member States from the Region to serve on the PCC for a three-year term of office effective from 1 January 2018.
- India proposed Bhutan for nomination to replace Indonesia for a period of three years from 1 January 2018. This was seconded by Sri Lanka and supported by all other Member States.
- Bhutan was recommended as a member of the PCC by consensus among delegates of all Member States for consideration by the Seventieth Session of the Regional Committee.

Recommendations

Actions by WHO

(1) Document the nomination of Bhutan based on the recommendations made at the HLP Meeting for inclusion in the working paper for the Seventieth Session of the Regional Committee and update the HRP Department at WHO headquarters after the Regional Committee Session.

(2) Share the finalized report of the PCC Meeting held in June 2017 in Geneva as and when available.

8. Adoption of the report

The Chairperson, His Excellency Mr Faizal Cassim invited the meeting Rapporteur Ms Maimoona Aboobakuru to present the draft report prepared by the Drafting Group. Delegates of the High-Level Preparatory Meeting reviewed the report item by item; concentrating on the recommendations arrived at for Member States and WHO on each Agenda item, and adopted them with some modifications.

9. Closing session

The Regional Director, Dr Poonam Khetrapal Singh, expressed satisfaction at the successful way in which the HLP meeting had been held. She also expressed her sincere appreciation and deep gratitude to all participants and thanked them for their rich contributions and for the fruitful deliberations and constructive discussions which had taken place.

Dr Singh thanked the Chairperson, His Excellency Mr Faizal Cassim, for efficiently steering the meeting deliberations despite the heavy agenda. She also thanked the Co-Chairperson, His Excellency Dr Kim Hyong-Hun, and the Rapporteur, Ms Maimoona Aboobakuru for their invaluable contributions.

Dr Singh also expressed her appreciation for the efforts of the Drafting Group in preparing the meeting report, and also thanked the Chair of the Working Group for Identification of Regional Resolutions, Dr Ugen Dophu, and its members for developing resolutions for consideration by the Regional Committee.

The Regional Director thanked the Government of Maldives for proposing this year's Ministerial Roundtable on building health systems resilience to climate change, and thanked all Member States for their constant support and consideration in taking forward the public health agenda.

In conclusion, the Regional Director expressed the hope that many of the participants at this Meeting would also attend the Regional Committee Session in September to ensure valuable continuity to the discussions, and wished them a safe journey home.

In closing, the Chairperson, His Excellency Mr Faizal Cassim, thanked the Co-Chairperson, His Excellency Dr Kim Hyong-Hun, the meeting Rapporteur Ms Maimoona Aboobakuru as well as the report Drafting Group, the Chair of the Working Group for Identification of Regional Resolutions, Dr Ugen Dophu, and all meeting participants for their efforts. He then declared the High-Level Preparatory Meeting closed.

Annex 1

Agenda

1. Opening Session

2. Ministerial Roundtable

   2.1 Building health systems resilience to climate change
   (RC70 Provisional Agenda item 6.1)

3. Policy and technical matters:

   3.1 Hepatitis
   (RC70 Provisional Agenda item 8.1)

   3.2 TB: 'Bending the Curve'
   (*RC70 Provisional Agenda item 8.2*)

   3.3 Access to medicines
   (*RC70 Provisional Agenda item 8.3*)

   3.4 Vector control
   (*RC70 Provisional Agenda item 8.4*)

   3.5 Road safety
   (*RC70 Provisional Agenda item 8.5*)

   3.6 SDGs and progress towards universal health coverage:
   (i) Strengthening PHC and health workforce

   (ii) Annual progress monitoring of UHC and SDGs
   (*RC70 Provisional Agenda item 8.6*)

4. Progress reports on selected Regional Committee resolutions:

   4.1 Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)
   (*RC70 Provisional Agenda item 9.1*)

   4.2 Challenges in polio eradication (SEA/RC60/R8)
   (*RC70 Provisional Agenda item 9.2*)

4.3 Measles elimination and rubella/congenital rubella syndrome control (SEA/RC66/R5)
(*RC70 Provisional Agenda item 9.3*

4.4 Antimicrobial resistance (SEA/RC68/R3)
(*RC70 Provisional Agenda item 9.4*)

4.5 Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4)
(*RC70 Provisional Agenda item 9.5*)

4.6 South-East Asia Regional Action Plan to Implement Global Strategy to Reduce Harmful Use of Alcohol (2014–2025) (SEA/RC67/R4)
(*RC70 Provisional Agenda item 9.6*)

4.7 Capacity-building of Member States in global health (SEA/RC63/R6)
(*RC70 Provisional Agenda item 9.7*)

4.8 Consultative Expert Working Group on Research and Development (CEWG): Financing and Coordination (SEA/RC65/R3)
(*RC70 Provisional Agenda item 9.8*)

5. Governing Body matters:

5.1 Key issues arising out of the Seventieth World Health Assembly and the 140th and 141st Sessions of the WHO Executive Board
(RC70 Provisional Agenda item 10.1)

5.2 Review of the Draft Provisional Agenda of the 142nd Session of the WHO Executive Board
(*RC70 provisional agenda item 10.2*)

6. Management and Governance matters:

6.1 Status of the SEA Regional Office Building
(RC70 Provisional Agenda item 11.1)

7. Special Programmes:

   7.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2017 *(RC70 Provisional Agenda item 12.1)*

   7.2 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 2017 and nomination of a member in place of Indonesia whose term expires on 31 December 2017 *(RC70 Provisional Agenda item 12.2)*

8. Adoption of the report

9. Closing session

Annex 2

List of participants

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This is the report of the High-Level Preparatory (HLP) Meeting for the Seventieth Session of the WHO Regional Committee for South-East Asia, held in New Delhi on 10–13 July 2017.

Delegates from Member States of the Region reviewed the working papers to be discussed at the Seventieth Session of the WHO Regional Committee, to be held in Maldives in September 2017. During the meeting, brief presentations were made and elaborate discussions held on each agenda item.

The HLP Meeting made observations and recommendations for consideration by the Regional Committee at its Seventieth Session.

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