The WHO Regional Committee for South-East Asia is the World Health Organization’s governing body in the Region. It has representatives from all 11 Member States. The Regional Committee meets annually to review progress in health development in the Region, formulate resolutions on health issues for Member States, and review past resolutions. It also considers the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-sixth Session of the Regional Committee for South-East Asia, held in New Delhi, India, from 30 October to 2 November 2023. Representatives from 10 of the Region’s 11 Member States attended the Session.

The Committee discussed seminal public health issues such as the Regional Strategic Framework on ending NTDs; implementing the new Regional Health Security Roadmap 2023–2027; accelerating prevention and control of cardiovascular diseases through SEAHEARTS; and data-driven policy-making; among others. It reviewed reports on progress in the implementation of eight of its past resolutions; as well as issues related to the Programme Budget, WHO Evaluation, and the status of construction of the new Regional Office Building. The Ministerial Roundtable featured a discussion by the honourable health ministers on ‘Strengthening primary health care as a key element towards achieving universal health coverage’, following which the Committee adopted the Delhi Declaration.

The Committee elected Ms Saima Wazed, from Bangladesh, as the Regional Director Elect vide its resolution on ‘Nomination of the Regional Director’. The Committee also adopted a ‘Resolution of appreciation’ to congratulate the Regional Director, Dr Poonam Khetrapal Singh, for her achievements in promoting the health and well-being of the people of the Region over the decade 2014–2023.
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Introduction

1. The Seventy-sixth Session of the WHO Regional Committee for South-East Asia was held in New Delhi, India, from 30 October to 2 November 2023. It was attended by delegates of all Member States of the Region except for the Union of Myanmar; and by representatives of the United Nations, its Specialized Agencies, intergovernmental organizations, regional economic organizations, development partners, non-State Actors in official relations with WHO, other non-State Actors and Special Invitees as well as Observers. This was the second Regional Committee Session to be held in a face-to-face format since the Seventy-second session in New Delhi, India, in 2019.

2. The Secretary, Ministry of Health and Family Welfare, Government of India, Mr Sudhansh Pant, delivered the welcome address on behalf of India. The honourable Minister of Health and Family Welfare, Chemicals and Fertilizers of the Government of India, His Excellency Dr Mansukh Mandaviya, delivered the keynote address at the inaugural session, welcoming the delegates to New Delhi for the Regional Committee and enumerating the public health highlights and achievements of India over the past year.

3. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, addressed the distinguished delegates through a video message from Geneva. The Director-General attended the Session in person from the third day of proceedings. The Regional Director, Dr Poonam Khetrapal Singh, also warmly welcomed the distinguished delegates, representatives and participants.

4. The Vice-Chair of the Seventy-fifth Session of the Regional Committee, His Excellency Mr Ahmed Naseem, Minister of Health of the Republic of Maldives, delivered a welcome address on behalf of the outgoing Chair, Her Excellency Lyonpo Dechen Wangmo, Health Minister of the Royal Government of Bhutan, who was Chairperson of the Seventy-fifth session.
The honourable ministers of health and other delegates from Member States of the Region and the Regional Director, Dr Poonam Khetrapal Singh, at the inauguration of the Seventy-sixth Regional Committee Session in New Delhi on 30 October 2023
5. His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare, India, was unanimously elected Chairperson of the Seventy-sixth Session by the Regional Committee. The Committee also unanimously elected Her Excellency Dr Elia Antonio de Araujo Dos Reis Amral, Minister of Health, Ministry of Health, Government of the Democratic Republic of Timor-Leste, as Vice-Chairperson. Mr Pemba Wangchuk, Acting Secretary, Ministry of Health, Royal Government of Bhutan, also chaired a few sessions in the absence of both the Chair and Vice-Chair with the unanimous consent of the delegates.

6. A Resolutions Drafting Group was established, with one representative from each Member State attending, to assist the Regional Committee in drafting resolutions and decisions.

*The Health Minister of India, H.E. Dr Mansukh Mandaviya, and the Regional Director, Dr Poonam Khetrapal Singh, share a lighter moment during the plenary*
7. The Resolutions Drafting Group unanimously appointed Dr Warisa Panichkriangkrai, Deputy Director, International Health Policy Programme, Ministry of Public Health of the Royal Thai Government, as the Chair and Ms Aminath Shaina Abdullah, Deputy Director-General, Ministry of Health of the Republic of Maldives, as the Rapporteur.

8. A Ministerial Roundtable was held on the subject “Strengthening primary health care as a key element towards achieving universal health coverage”. Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, Minister of Health of Timor-Leste, chaired the Roundtable. Participating ministers and heads of the delegations from Member States presented their interventions and observations during the Roundtable discussions. Based on the deliberations at the Roundtable, the Committee adopted the Delhi Declaration on “Strengthening primary health care as a key element towards achieving universal health coverage” at the Seventy-sixth Session of the WHO Regional Committee for South-East Asia.

9. The Regional Committee deliberated on a total of 28 agenda items, covering technical, managerial and administrative matters. In addition, the Committee adopted six resolutions and three decisions, including on the Region’s innovative new SEAHEARTS initiative to control cardiovascular diseases, as well as on advancing health emergency preparedness and response. It deliberated on a range of issues critical to the health and well-being of the Region’s 2.1 billion people, from endorsing a new Regional Strategic Framework to end neglected tropical diseases (NTDs), to evaluating progress on universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs), and
considering how best to strengthen data-driven policy-making through a common Regional platform.

10. The Committee also reviewed and endorsed the Report of the Regional Director on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2022.

11. The Committee examined a series of issues critical to the health and well-being of the people of the Region, key among them being the Programme Budget 2024–2025, the draft Fourteenth General Programme of Work and sustainable financing. In addition, the Regional Committee surveyed eight progress reports on select Regional Committee resolutions, including on COVID-19 and measures to build back better essential health services; implementation of the Global Strategy to reduce harmful use of alcohol; regional commitment on tuberculosis (TB); promoting physical activity; and revitalizing the school health programme and health-promoting schools, among others.

12. The Committee nominated Ms Saima Wazed, from Bangladesh, as Regional Director Elect. The nomination will be placed before the WHO Executive Board at its 154th Session in Geneva on 22–27 January 2024. The newly appointed Regional Director will assume office on 1 February 2024. The Committee also appointed the outgoing Regional Director, Dr Poonam Khetrapal Singh, as Regional Director Emeritus, and adopted a resolution appreciating her stellar achievements and singular, exemplary contributions to the Organization, and towards the health and well-being of the people of the Region, most notably the eight Flagship Priority Programmes envisioned by her.

13. During the Regional Committee, a total of 24 technical publications were released, which showcased the collective achievements and progress made, including the guidance that WHO provides to the Member States.

14. An unprecedented total of six public health awards were presented to Member States. These awards include Bangladesh’s distinction as the world’s first country to be validated for the elimination of kala-azar, as well as Maldives being acknowledged for becoming the first nation to attain the goal of interrupting the transmission of leprosy. Moreover, Bangladesh was recognized for eliminating lymphatic filariasis, while Bhutan, DPR Korea and Timor-Leste were felicitated for their accomplishment in eliminating rubella.
15. The Committee presented the Draft Report of its Seventy-sixth Session to the distinguished delegates at the final plenary on the concluding day, which was adopted with some minor comments and observations.

16. During its Seventy-sixth Session, the Regional Committee adopted and endorsed the following resolutions and decisions:

**Resolutions**

- Nomination of the Regional Director (SEA/RC76/R1)
- Resolution of appreciation (SEA/RC76/R2)
- Delhi Declaration on “Strengthening primary health care as a key element towards achieving universal health coverage” (SEA/RC76/R3)
- Programme Budget 2024–2025 (SEA/RC76/R4)
- SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region (SEA/RC76/R5)
- Resolution of thanks (SEA/RC76/R6).

Decisions
- Advancing health emergency preparedness and response in the WHO South-East Asia Region (SEA/RC76(1))
- Amendments to the Rules of Procedure of the WHO Regional Committee for South-East Asia (SEA/RC76(2))
- Time and place of future Sessions of the Regional Committee (SEA/RC76(3)).
17. The Seventy-sixth Session of the WHO Regional Committee for South-East Asia was held from 30 October to 2 November 2023 in New Delhi. It was attended by delegates of all Member States of the Region, except for the Union of Myanmar; and by representatives of the United Nations, its Specialized Agencies, intergovernmental organizations, regional economic integration organizations, development partners, non-State Actors in official relations with WHO, other non-State Actors and Special Invitees as well as Observers. This was the second session of the Regional Committee to be held in a face-to-face format since the outbreak of COVID-19.

Welcome address by the Secretary, Ministry of Health and Family Welfare, Government of India

18. In his opening address, Mr Sudhansh Pant, Secretary, Ministry of Health and Family Welfare, Government of India, welcomed the distinguished delegates of Member States to the Seventy-sixth Session of the Regional Committee. Mr Pant said the Session holds immense significance by providing Member States a platform to deliberate on policies, oversee regional programmes, and chart the course for initiatives that will shape the health-care landscape in the Region.

19. Mr Pant observed that the establishment of the South-East Asia Regional Forum for PHC-oriented health systems marked a pivotal moment in our commitment to fostering knowledge sharing and collaborative support in addressing challenges hindering PHC strengthening.

20. While acknowledging the commendable progress across Member States in embracing PHC-oriented health systems, Mr Pant said that focused attention is now required in key areas: enhancing capacities for progress tracking and accountability, institutionalizing participatory mechanisms in UHC/PHC
governance, and fostering synergized support from WHO and partners tailored to national systems and contextual nuances.

21. Building upon these imperatives, the agenda of the Seventy-sixth Session encompasses vital discussions on investment and financing for PHC, interlinkages between PHC and other tiers of health care, digital health and telemedicine, PHC infrastructure, climate change resilience, and the role of traditional medicine, he added.

22. Mr Pant highlighted the New Delhi Leaders’ Declaration (NDLD) during the G20 Leaders’ Summit in September. Notably, the NDLD aligns seamlessly with the objectives set for the Seventy-sixth Session, particularly in the realms of health, climate change resilience, and traditional medicine.

23. The four-day discussions will also showcase some of India’s health initiatives such as Ayushman Bharat, Pradhan Mantri TB Mukt Bharat Abhiyan, eSanjeevani, etc., designed to address the objectives of the Seventy-sixth Session. These initiatives underscore our commitment to delivering comprehensive, needs-based health-care services, in harmony with the Sustainable Development Goals (SDGs) and the pursuit of universal health coverage (UHC), while emphasizing our unwavering dedication to the principle of “leaving no one behind”.

24. “As we embark on these deliberations, let us collectively strive to forge a path that not only reflects our shared commitment to advancing health care but also stands as a testament to our dedication to the well-being of all our citizens. The Session will lay the foundation for a robust collaboration between our nations and set the stage for a healthier and more resilient future,” Mr Pant concluded.

[For the full text of the address by the Secretary, Ministry of Health, see Annex 1]

Address by His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare, Government of India

25. His Excellency Dr Mansukh Mandaviya extended a warm welcome to all delegates at the commencement of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia. He said that the gathering holds paramount significance as it provides Member States a pivotal platform to oversee regional
26. Dr Mandaviya added that in India, reaffirming the vision of our honourable Prime Minister, Shri Narendra Modi ji – summarized with a Sanskrit sloka स्वास्थ्यं परमं धनं सुस्वास्थ्येन सर्वं कार्य सिद्धयति (“Health is ultimate wealth and with good health, every task can be accomplished”) – we are following a holistic and inclusive approach. We are expanding health infrastructure, promoting traditional systems of medicine, and providing affordable health care to all.

27. In alignment with the vision of universal health coverage and the unwavering commitment to “leave no one behind”, India’s approach to Ayushman Bharat encompasses a multifaceted initiative. Central to this initiative are the Ayushman Bharat health and wellness centres (HWCs), which offer a comprehensive array of PHC services spanning promotive, preventive, curative, rehabilitative and palliative care.

28. He said that so far, HWCs have recorded over 2110 million footfalls. The impact is resounding, with individuals availing free drugs over 1830 million times and diagnostic services over 873 million times. Additionally, 26 million wellness sessions have been conducted engaging more than 306 million people. The entire network of HWCs is fortified by digitalization and dedicated portals, enhancing data utilization for real-time monitoring and improvement of service quality while reaching the last mile.
29. Dr Mandaviya added that another notable step of the Government of India towards achieving universal health coverage is launching the supporting arms of Ayushman Bharat, i.e. Ayushman Bharat Digital Mission and PM-ABHIM, which have strengthened the digital health framework and physical infrastructure and have catalysed a revolutionary strengthening of the health-care delivery in the nation.

30. Dr Mandaviya expressed confidence that our current focus on PHC through the HWCs via a synergistic approach will result in measurably positive health outcomes and reductions in out-of-pocket expenditures and become a model for other countries engaged in health sector reforms.

31. “Our collective efforts and shared learnings within the South-East Asia Region will pave the way for a healthier world. This cross-learning platform on good practices, enablers, and challenges for strengthening PHC can catalyse a network for innovative ideas and problem-solving, fostering a resilient and responsive health service for all,” Dr Mandaviya concluded.

[For the full text of the Health Minister’s opening remarks, see Annex 2]

Inaugural address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

32. Addressing the inaugural session of the Seventy-sixth Regional Committee virtually from Geneva, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, thanked the Minister of Health, Dr Mansukh Mandaviya, for his leadership and commitment to Health for All. He also thanked the Government of India for its hospitality and for hosting the WHO Regional Committee Session.

33. Dr Tedros mentioned that the Seventy-sixth Session of the Regional Committee comes at an important period, both globally and regionally. In May 2023, he declared an end to COVID-19 as a global health emergency. He cautioned that the disease is still circulating and evolving, and now is not the time to let down our vigilance.

34. This Session of the Regional Committee will oversee a transition as the election for the next Regional Director will take place on 1 November 2023, Dr Tedros said. The Region, although composed of only 11 countries, is home to more than a quarter of the world’s population and must address a significant
Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, delivered his inaugural address through videolink burden of disease, he added. “I am encouraged to see the efforts that countries of the Region are making to combat tuberculosis, as the Region accounts for nearly half of the world’s illness and death from this ancient disease.”

35. Seven of the 11 Member States of the Region have eliminated measles and at least one neglected tropical disease. The Region has made progress in many areas under the dynamic leadership of Dr Poonam Khetrapal Singh, including disease control and advancing universal health coverage based on a foundation of primary health care.

36. Dr Tedros commended Dr Poonam Singh for working to drive the resources the Region receives to country offices. Strengthening our country offices, including with a greater delegation of authority, is a top priority, he added.

37. “You have many important issues to deliberate in the coming days. I look forward to the discussions on sustainable financing and on the Investment Round. The success of this initiative will shape our work going forward,” Dr Tedros concluded.

[For the full text of the Director-General’s inaugural address, see Annex 3]
Welcome address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region

38. The Regional Director, Dr Poonam Khetrapal Singh, welcomed the distinguished delegates and said this was the second Regional Committee Session to be held in person after a gap of two years during the pandemic, the first being held in Paro, Bhutan, in 2022. This Session is being hosted in New Delhi, in what she said has been “an immense, transformative year for India’s global health leadership”.

39. Dr Poonam Singh expressed her sincere and abiding gratitude to His Excellency, Dr Mansukh Mandaviya, and to the entire Ministry of Health and Family Welfare and Government of India for their support. She also thanked the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and all the ministers and delegates as together “we continue to pursue the right of every person in the Region to the highest attainable standard of health and well-being”.

40. Dr Poonam Singh said that this year has been a year of transition. First, in May, WHO declared an end to the COVID-19 emergency, the “deadliest, most disruptive health crisis in more than a century”. Since then, WHO has called for a global shift in routine management of the disease, and urged countries to continue to strengthen key aspects of the response, such as genomic sequencing, surveillance, etc. with a focus on preparedness for any such event in future.

41. Second, this is the final year in which the Region’s eight Flagship Priority Programmes are being implemented, which were identified in 2014 together with the ministers of health of Member States of the Region. These, she said, defined her two-term tenure as Regional Director, along with the “Sustain. Accelerate. Innovate.” vision. She expressed heartfelt gratitude to the ministers of health for their support.

42. Third, in 2023, the world is almost at the final stage of the Sustainable Development Goals era. Therefore, the Region must accelerate equitable and sustained progress towards the targets and goals, “ensuring that as a Region, we tip the balance towards global success”.

43. Dr Poonam Singh appreciated the fact that the Director-General, Dr Tedros, had celebrated 75 years of WHO’s efforts to protect, promote and support health and well-being globally and in the South-East Asia Region.
44. She recalled that this was the first WHO region to be established, and the first WHO region to provide direct country support, which today is the orienting focus of the Organization.

45. The Regional Director said that 2023 has been a year of both transition and transformation. Bangladesh eliminated lymphatic filariasis as a public health problem, making it the fourth country in the Region since 2016 to achieve this milestone. DPR Korea rebuilt its nationwide disease prevention and control network, guided by a newly reformed National Centre for Disease Prevention and Control.

46. Bhutan began countrywide implementation of its Service with Care and Compassion Initiative, an award-winning adaptation of the WHO Package of Essential Noncommunicable disease (PEN) interventions for primary health care.

47. India operationalized more than 150 000 Ayushman Bharat health and wellness centres and also received the 2022 UN Interagency Task Force and WHO Special Programme on PHC award for its Hypertension Control Initiative, which has now treated more than 4 million people.
48. Indonesia launched a revised strategic plan for health system transformation, focused on accelerating PHC orientation.

49. Maldives initiated the Faafu Atoll PHC Demonstration Site, showcasing the successful integration of noncommunicable disease (NCD) care into PHC.

50. Myanmar updated its guidelines for drug-sensitive and drug-resistant TB, as well as for TB preventive treatment and community-based TB care. Nepal became the first country of the Region to introduce typhoid conjugate vaccine into routine immunization, expanding not just coverage but also protection.

51. Sri Lanka carried out rapid, strategic and coherent action to limit the impact of shortages of medicines and medical products, while at the same time mobilizing community engagement against outbreaks of COVID-19 and dengue.

52. Thailand became one of several countries globally to begin implementing WHO’s new Acceleration Plan to Stop Obesity, and introduced draft legislation to restrict the marketing of unhealthy foods and beverages to children.

53. Timor-Leste fully restored routine immunization services after the pandemic, and has now achieved rubella elimination. It also introduced a fivefold increase in taxation of tobacco products.

54. Dr Poonam Singh said that “these are tremendous achievements, of which we can be immensely proud”. She said that these are “achievements that are by no means piecemeal, but are rather connected to a greater whole, an outgrowth of a deeply held strategic vision and culture that together, over the past decade and beyond, we have created.”

55. The Regional Director said that this “vision and culture strives to advance the health and well-being not of some, or even many people, but of all people, everywhere.” Of the 270 million additional people projected to be covered by universal health coverage over the course of WHO’s Thirteenth General Programme of Work, 110 million – more than 40% – are from this Region.

56. Dr Poonam Singh urged delegates to “choose unity, dignity, courage and action”. She asked the delegates to “rise to the moment, put pen to paper, and begin writing the next chapter of the Region’s health and development story – a story that will shape the destiny of our Region and one fourth of humanity”.

[For the full text of the address by the Regional Director, see Annex 4]
Opening address by the Vice-Chairperson of the Seventy-fifth session of the Regional Committee, H.E. Mr Ahmed Naseem, Minister of Health of Maldives

57. His Excellency Mr Ahmed Naseem, Minister of Health, Maldives, in his capacity as the outgoing Vice-Chairperson of the Seventy-fifth Regional Committee, welcomed the delegates to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia.

58. The honourable minister took this opportunity to express his appreciation for the Regional Director, Dr Poonam Khetrapal Singh, her team at the WHO country offices and Regional Office for their continuous support and dedication to achieving excellence. He also thanked the Government of India for the excellent hospitality provided to the Committee and the delegates.

59. The honourable minister said that he was in awe of the remarkable journey the South-East Asia Region has embarked upon. Last year was a momentous occasion – the face-to-face gathering of Member States in Bhutan for the Seventy-fifth session of the Regional Committee, the first since the Seventy-second session in New Delhi. It signified the unwavering determination of the Region and was a testament to “our collective perseverance”.

*H.E. Mr Ahmed Naseem, Minister of Health of Maldives, addresses delegates at the inaugural in his capacity as the outgoing Vice-Chairperson*
60. The Region has much to celebrate. Key historical milestones have been achieved that have significantly enhanced health and health systems in the South-East Asia Region and beyond. Amid the trials of the COVID-19 pandemic, Member States launched a ground-breaking Regional Strategy for Primary Health Care (PHC) in 2021. Complementing this Strategy was the Regional Forum for PHC-oriented Health Systems in Thailand, a platform fostering knowledge exchange to expedite PHC orientation.

61. While marking the fifth anniversary of the Astana Declaration on PHC, he felt it was time “to reaffirm our commitment to the Paro Declaration, which calls for universal access to people-centred mental health care and services”. The SEAHEARTS initiative, aimed at reducing the burden of cardiovascular diseases, is also being championed across the Region.

62. Mr Naseem drew attention to the first WHO Traditional Medicine Global Summit, which fostered commitments to integrating traditional medicine into PHC. In Gujarat, a high-level ministerial meeting reinvigorated the political commitment to Ending TB, leading to the Gandhinagar Declaration, further propelling efforts to combat TB.

63. However, the journey ahead is arduous, he said, especially for the health systems of small island developing states and low- and middle-income countries. Challenges such as shortages of human resources and essential medicines persist. Access to health services remains a challenge for many, and noncommunicable diseases (NCDs) and mental health issues are on the rise. Vulnerability to climate-related issues adds another layer of complexity to the efforts.

64. Mr Naseem felt that this meeting provided a unique opportunity to “rethink, redesign, and rewrite our strategies”. It provides Member States with the chance to accelerate and enhance equitable, quality health services and systems for the South-East Asia Region. Guided by the visionary leadership of the Regional Director, Dr Poonam Singh, the Region has steadily advanced in public health areas, although much remains to be done.

65. The gaps and challenges need to be tackled innovatively and sustainably. He was certain that this Regional Committee would identify unique solutions to the unique problems of the Region through collective efforts to advance the Region’s health agenda.
66. Mr Naseem extended his heartfelt gratitude to all Officebearers of the Session for their invaluable support. He especially thanked Dr Poonam Singh and her dedicated staff for their excellent organization of this meeting and their continuous hard work in supporting the mission for better health in the Region.

67. Mr Naseem thanked their Excellencies for their unwavering commitment and dedication. He urged them to “seize this moment to chart a path towards a healthier, more resilient future for our Region. Together, we can overcome any challenge and achieve our shared vision of Health for All.”

[For the full text of the address by H.E. Mr Ahmed Naseem, see Annex 5]

Vote of thanks by the Joint Secretary, Ministry of Health and Family Welfare, Government of India

68. Dr Manashvi Kumar, Joint Secretary, Ministry of Health and Family Welfare, Government of India, proposed the vote of thanks on behalf of the host government. He also thanked the WHO Director-General, Regional Director, Ministerial representatives and delegates from Member States attending the Seventy-sixth Session of the Regional Committee, for their participation and contribution.
Opening of the Session (Agenda item 1)

69. The Business session of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia began with a welcome address by H.E. Mr Ahmed Naseem, Minister of Health, Ministry of Health, Republic of Maldives. His Excellency formally opened the Regional Committee Session in his capacity as outgoing Vice-Chairperson of the Seventy-fifth session held in Paro, Bhutan, in September 2022.

70. H.E. Mr Ahmed Naseem extended a warm welcome to the delegates and thanked Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, for his admirable leadership. He expressed appreciation for the Regional Director Dr Poonam Khetrapal Singh for her outstanding stewardship of the Organization during the past decade.

71. “The Regional Committee is the annual Governing Body meeting of the Region where Member States raise and address important public health issues concerning the Region. The recommendations of the High-Level Preparatory Meeting and the Sixteenth Meeting of the Subcommittee on Policy and Programme Development and Management held virtually in New Delhi in September 2023 will help chart the roadmap for decision-making by the Regional Committee,” he said.

Election of Officebearers (Agenda item 2)

72. His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare, Ministry of Health and Family Welfare, Government of India, was unanimously elected as the Chairperson of the Seventy-sixth Session by the Regional Committee, following a proposal by the Democratic Republic of Timor-Leste, and seconded by the Democratic People’s Republic of Korea.
73. Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, Minister of Health, Ministry of Health, Democratic Republic of Timor-Leste, was unanimously elected Vice-Chairperson following a proposal to this effect by the Democratic Socialist Republic of Sri Lanka and seconded by the Republic of Indonesia. During the course of the Session, Mr Pemba Wangchuk, Acting Secretary, Ministry of Health, Royal Government of Bhutan, also chaired a few sessions in the absence of both Chair and Vice-Chair, with the unanimous consent of the delegates.

74. The Chair thanked the distinguished delegates and expressed the hope to transact the Session's business and complete the agenda in a constructive manner and successfully.

75. The Committee appointed a Resolutions Drafting Group with at least one representative of each Member State attending, to assist the Regional Committee in drafting resolutions and decisions. It was observed that the High-Level Preparatory (HLP) Meeting of the Regional Committee held virtually in New Delhi in July 2023 had formed a Working Group for the identification of regional resolutions and decisions for deliberations by the Regional Committee. The Resolutions Drafting Group would continue the work of the HLP Meeting to finalize the resolutions and decisions to be promulgated by the Regional Committee.

76. The Chair proposed one delegate each from the 10 participating Member States of the SE Asia Region to be a member of the Working Group. The proposal was unanimously accepted by the Committee. It was also informed that the Chairperson and Rapporteur would be elected by the Drafting Group from amongst its members.

77. The members nominated by the Chairperson for the Resolutions Drafting Group were as follows: (1) Professor Dr Ahmedul Kabir, Additional Director General, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh; (2) Mr Sonam Phuntsho, Deputy Chief Planning Officer, Policy and Planning Division, Ministry of Health, Royal Government of Bhutan; (3) Mr Kim Myong Chol, First Secretary, Embassy of the Democratic People's Republic of Korea to the Republic of India, New Delhi; (4) Dr P. Ashok Babu, Joint Secretary, Ministry of Health and Family Welfare, Government of India; (5) Dr Dwirani Rachmatika, Policy Analyst/Member of Multilateral Cooperation, Center for Global Health and
Technology Policy, Ministry of Health, Government of the Republic of Indonesia; (6) Ms Aminath Shaina Abdullah, Deputy Director-General, Ministry of Health, Government of the Republic of Maldives; (7) Dr Chuman Lal Das, Chief, Health Coordination Division, Ministry of Health and Population, Government of Nepal; (8) Dr S. Sridharan, Deputy Director-General (Planning), Ministry of Health, Government of the Democratic Socialist Republic of Sri Lanka; (9) Dr Walaiporn Patcharanarumol, Director, Global Health Division, Office of the Permanent Secretary, Ministry of Public Health, Royal Thai Government; and (10) Mr Valentino Lisboa Marcal, Public Health Officer, Department of Public Health, Ministry of Health, Government of the Democratic Republic of Timor-Leste. The Chairperson also invited other delegates from all Member States to join the Resolutions Drafting Group.

78. The Resolutions Drafting Group unanimously appointed Dr Warisa Panichkriangkrai, Deputy Director, International Health Policy Programme, Ministry of Public Health of the Royal Thai Government as the Chair and Ms Aminath Shaina Abdullah, Deputy Director-General, Ministry of Health of the Republic of Maldives as the Rapporteur.

Credentials of Representatives (Agenda item 3)

79. His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare, Government of India, informed that he had, in his capacity as Chairperson of the Seventy-sixth Session of the Regional Committee, and together with the Vice-Chair, Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, Minister of Health, Government of the Democratic Republic of Timor-Leste, examined the validity of the Credentials of Representatives, including alternates and advisers, from all participating Member States in the Region. The credentials of the participating Member States were found to be in order.

80. The Regional Committee duly accepted the Credentials of Representatives from participating Member States for the Seventy-sixth Session as valid.

Adoption of the Agenda (Agenda item 4, SEA/RC76/1)

81. Following an invitation from the Chairperson, the Director of Administration and Finance at the Regional Office, Mr Robert Chelminski, read out the Agenda to the delegates item by item, and also informed the Committee
about the proposed additions to the document numbers. The Committee unanimously adopted the Agenda for its Seventy-sixth Session with proposed additions as SEA/RC76/1 Rev. 2 dated 30 October 2023 (see Annex 11).

82. The Chairperson and the Secretariat outlined the physical activity sessions and “healthy breaks” that had been earmarked during the Session as part of the Region's continuing efforts to prioritize and promote physical activity at its meetings.

83. A morning physical activity session organized by the Ministry of Health and Family Welfare, Government of India was announced involving yoga exercises and all delegates were invited to participate. Delegates were also informed about the three-minute physical activity breaks in-between the discussions on agenda items under the “Health for All” theme, in continuation of the healthy practice that was pioneered by the Regional Director of the South-East Asia Region and now followed by all WHO regions to promote “healthy meetings”. Delegates were invited to participate in these activity sessions to break the unhealthy monotony of the seated posture. Promotional videos on physical exercises based on Flagship Priorities were screened to the accompaniment of music for the delegates to follow.

The Regional Director with the distinguished delegates from Indonesia, Maldives and Nepal at the inaugural
84. In alignment with the ongoing initiative to increase transparency and accountability within the Organization, the Regional Committee agreed to webcast the plenary sessions of its Seventy-sixth Session and to suspend Rule 49(g) to the extent needed to allow for the webcasting of the interviews of the two candidates for the post of Regional Director at this Session.

Key addresses and report on the Work of WHO (Agenda item 5)

Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January to 31 December 2022 (Agenda item 5.1, SEA/RC76/2)

85. The Regional Director, Dr Poonam Khetrapal Singh, warmly welcomed the honourable ministers and distinguished delegates and delivered her “final report” on the work of WHO in South-East Asia for the period 1 January 2022 to 31 December 2022.

86. She dedicated her Annual Report to the “devoted and courageous team at WHO South-East Asia who paid the ultimate price during COVID-19.” She remembered the departed WHO colleagues – Widhiyanto Projo, from the Indonesia country office; Anita Saxena, E. Rangarajan and Kuldeep Sharma, from the Regional Office; and Gagan Sonal from Country Office for DPR Korea. “Their memory will always be honoured and remembered by the Region,” she said in solemn remembrance.

87. Her annual report elaborates the work on WHO Transformation and highlights in detail examples of the achievements by Member States over the past year, she said. “Every single country represented here today has much to be proud of. Our annual report provides a lasting record of the hard-fought gains that make up the daily struggle that is our life in public health. The report is also a testament to the leadership and dedication of ministers, public servants, health professionals, volunteers – in government, in the private sector and across civil society,” she said. “The achievements we record are yours (since) the role of WHO is to provide support wherever and whenever it is requested.”

88. Looking back at the Region’s collective achievements working together in health in South-East Asia, Dr Poonam Singh said the decade began with the certification of polio-free status in March 2014. The Region sustains its status of being free of polio, a disease that had haunted humanity throughout history and
is no longer endemic. And now, 10 years on, the decade ended with the Region hesitantly emerging from a pandemic caused by a virus which was unknown just three years ago. “Polio and COVID-19 were the two bookends of the last decade.”

89. “A year ago, we talked about building back better. A year on, we are still not out of the woods. We need continued vigilance and more genomic sequencing in the face of emerging COVID-19 variants and have to come to terms with the more profound impacts of COVID-19.”

90. The pandemic has unleashed social, political and economic shockwaves across the Region. Health budgets are under intense pressure. People’s lives and livelihoods are threatened. “If we are serious about real health security … not just protection from communicable diseases, WHO and governments still have so much more to do.”
91. It is now self-evident that crises do not happen one at a time. Public health is a battle with multiple front lines. The health landscape across the world has changed fundamentally following the pandemic. Understanding the future will be better contextualized by reflecting on what the Region has achieved together over the last 10 years.

92. Dr Poonam Singh recalled the clear priorities she set out on assuming leadership of the Region in 2014. “Out of multiple demands from all countries in the Region, we agreed on eight Flagship Priority Programmes. These Flagships would not prevent WHO responding to country-specific needs as and when they arose, but would form the core of our work together.”

93. With around 80% of resource allocation being earmarked for the Flagships, the results are evident to all. Today, pregnancy, childbirth, infancy and childhood in the Region are safer than ever. Between 2015 and 2020, the Region achieved the world’s highest annual rate of reduction of maternal mortality, from 148 to 117 per 100,000 live births.

94. In 2016, the Region eliminated maternal and neonatal tetanus as a public health problem. Five countries of the Region have already achieved the 2030 mortality rate targets for children under-five and newborns. Almost all other countries are on track. All Member States have initiated hospital-based birth defect surveillance and are implementing national action plans to prevent and manage birth defects.

95. Across the Region, fewer children suffer from measles and rubella. Five countries have eliminated measles, several rubella. Overall, the reported incidence of measles and rubella dropped by 75% and 80% respectively.

96. Path-breaking progress has been achieved on eliminating neglected tropical diseases. Seven countries have eliminated one or more diseases over the past decade, and the total number of communicable diseases, including NTDs, thus conquered by countries individually in the Region in the last decade exceed 20. The number of people in the Region needing treatment for NTDs dropped by 20%, or a reduction in numbers of 236 million people.

97. She enumerated several other instances of disease elimination from countries during her decadal tenure. In 2015 Maldives was certified malaria-free, which Sri Lanka achieved in 2016. Both countries eliminated lymphatic filariasis, followed by Thailand in 2017, and Bangladesh in 2023.
98. In 2016 Thailand became the first country in Asia to eliminate mother-to-child transmission of HIV/AIDS and syphilis, followed by Maldives and then Sri Lanka in 2019. Countries are in different stages of planning for triple elimination of vertical transmission of HIV, syphilis and hepatitis B. In 2016, India became the first country globally to gain yaws-free status under the 2012 Global Roadmap, and in 2018 Nepal eliminated trachoma, which Myanmar achieved in 2020.

99. Despite being the second-largest contributor to the global malaria burden, the Region has continuously demonstrated the largest decline among all WHO regions compared with the figures for 2010. Five countries in the Region have the potential to eliminate malaria by 2025.

100. As recently as mid-October 2023, Bangladesh became the first country globally to be validated for having eliminated kala-azar as a public health problem, she said, lauding it as a “a tremendous achievement”.

101. The battle against noncommunicable diseases continues. But the probability of dying from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases between the ages of 30 and 70 years is just two percentage points lower than a decade ago. The Region is currently on track to achieve the WHO NCD Global Action Plan target of a 30% relative reduction in tobacco use prevalence between 2010 and 2025.

102. Six countries have strengthened food labelling policies, five have strengthened taxation of sugar-sweetened beverages, and three have adopted regulations to eliminate trans-fats, covering more than 1.6 billion people.

103. Nine countries are now implementing the WHO PEN, which helps integrate NCD services at the primary level. Since 2018, 10 million more people with hypertension have accessed protocol-based management, almost doubling the rate of control, from 26% to 47%. Eight countries have population-based cancer registries, and five countries have introduced nationwide HPV vaccination.

104. Antimicrobial resistance (AMR) continues to be a major public health and development threat and the Region remains an AMR hot spot. However, since 2018, all Member States have been implementing national action plans to address AMR and the SE Asia Region is the only one in which all countries carry out annual AMR self-assessment surveys.
105. Strengthening emergency risk management has always been an outstanding concern in this Region. Based on State Party Annual Reporting, between 2018 and 2022, the regional average score of the IHR core capacities increased from 56% to 68%. Nine Member States have conducted joint external evaluations (JEE), and eight of them have implemented a multiyear national action plan on health security (NAPHS). Most Member States continue to implement NAPHS, and all have begun to implement the Region’s Strategic Roadmap for health security and health system resilience for emergencies, 2023–2027.

106. TB was a belated addition to the Flagship Priorities. It remains a stubborn challenge, the Regional Director said. At the same time, progress in this Region determines whether and when the goal to end TB worldwide will be realized. The South-East Asia Region accounts for more than 45% of global TB incidence, more than half of TB-related deaths, and more than 38% of drug-resistant TB cases.

107. Commitment to end TB has been evinced through several declarations at the highest decision-making levels both regionally and in countries. A high-level country-led meeting was held in October 2021; a new Regional Strategic Plan towards ending TB, 2021–2025 was unanimously adopted; the Gandhinagar Declaration promulgated in August 2023; and a second UN General Assembly High-Level Meeting on TB was held in September 2023, all bearing testimony to the importance of TB on the Region’s agenda.

108. Though several high-burden countries have initiated more people on treatment in 2022 than in 2019 before the pandemic, the challenge remains: “to be honest, ending TB is almost as elusive now as it was 10 years ago,” the Regional Director said.

109. On universal health coverage, which underpins all the other Flagships and SDG health-related targets, the big picture is very promising. Of the 270 million people projected to be covered by UHC over the course of the Thirteenth GPW, 110 million – or more than 40% – are from the South-East Asia Region.

110. More people now have access to health care as the overall service coverage index across the Region has increased from 54 to 62. And there is less financial hardship: out-of-pocket spending as a share of total health spending decreased from 43% to 38%, coinciding with a modest increase in domestic public health spending, from 42% in 2014 to 49% in 2020. Between 2015 and 2017 alone, the number of people impoverished due to out-of-pocket health spending halved – from 12% to 6%.
111. In 2021, the South-East Asia Region became the first to adapt the WHO-UNICEF Operational Framework for PHC, to reorient health systems towards quality, accessible, affordable and comprehensive PHC to achieve UHC, health security and the health-related SDGs.

112. Two specific areas are cornerstones of focus as part of the UHC agenda: human resources for health and access to medicines. The Region’s Decade for Strengthening Human Resources for Health 2015–2024 has catalysed lasting gains: the density of doctors, nurses and midwives in the Region has increased by over 30%.
113. All Member States have updated National Medicines Policies, with a focus on ensuring equitable access to quality medical products. All countries now regularly update national Essential Medicine Lists, which guide health-care resource allocation and rational medicine usage.

114. In another landmark development, in March 2022, WHO and India launched the Global Centre for Traditional Medicine, and in August 2023, the Region co-hosted the first-ever Global Summit on Traditional Medicine, which she called a “tremendous success”.

115. The Regional Director encapsulated the achievements of the past 10 years as having made “a difference that translates into longer, happier and healthier lives”. However, she cautioned, “progress in some areas that we all deemed to be a priority has been modest at best”.

116. Too many health systems in the Region are still funded primarily through out-of-pocket spending. In half of the Region’s countries more than a third of health spending comes directly from individual households – driven by spending on medicines, especially by the poor.

117. When it comes to government health spending, there has been a small overall increase in the proportion of government budgets allocated to health. But the increase has been of only 0.8% in 10 years, “undermining the Region’s strategic and technical excellence, world-leading research and medical institutions, and dedicated health professionals. She recalled in this context the Director-General’s opinion that “it is a political decision to invest in health and we in this Region could do better”.

118. Having worked in WHO for over 25 years – first as Executive Director in Geneva and then as the Deputy Regional Director followed by Regional Director, WHO South-East Asia Region, Dr Poonam Khetrapal Singh said she has the “privilege of being able to look ahead” and reflected on where the Region now stands.

119. “Crises do create opportunities, but it is important that we are aware of the magnitude of the challenges we now face. Coming out of the pandemic, our Region faces major economic and fiscal uncertainties. We have seen the fragility and limits of global solidarity. We have lost ground on shared goals: millions have been pushed back into extreme poverty. At the halfway point to 2030 nearly all the global SDGs are off track. Food prices remain high. Job recovery has been slow and uneven,” Dr Poonam Singh said.
120. “The climate crisis is a real and present danger to health and to our economies, not a distant threat on the horizon. Geopolitical competition undermines collective action and makes it harder to resolve what may in the past have remained local conflicts.

121. “This means increased demand for health services. It means calls for a more holistic approach to health and well-being. It means a more joined-up approach to policies that impact on life and livelihood. And it means that health and well-being are no longer just nice-to-have add-ons when preparing government budgets – they need to be seen as key drivers of the national economy.”

122. Having said that, Dr Poonam Singh enunciated what she perceived to be the key lessons of the last ten years.

123. First, it is no accident that the two defining events of the last decade were a result of communicable diseases. Eternal vigilance as the price of health security applies to new and emerging health threats, but also those that are still with us.

124. Second, there is no doubt that noncommunicable diseases represent a challenge that can undermine much of what we have achieved in public health. A mere two percent decrease in mortality over a decade in this Region should be a cause for grave concern. There is ample evidence about NCD determinants “but a very modest track record when it comes to doing anything about them”. The economic, commercial, political, social and environmental drivers of disease require action on multiple fronts – most beyond the influence of the formal health sector alone. These are political and not just technical challenges.

125. Third, throughout the pandemic, we have seen the power of science and scientific collaboration. One of WHO’s enduring strengths at the global, regional and country levels is to bring together the best minds to address any technical challenge.

126. “The new frontiers of technology have the potential to revolutionize health policy and practice. But only if they reduce and do not deepen existing inequities. Science must walk hand in hand with access and equity. We must never forget the contrast between the speed of vaccine development and the length of time it took to fairly share the benefits it produced.”

127. Advances in artificial intelligence, robotics and synthetic biology open extraordinary opportunities to accelerate health and well-being for all. But there is no guarantee that they will result in more efficiency or equitable access unless careful thought is given to how progress is governed.
128. Fourth, we have become accustomed to working in an increasingly complex and crowded institutional space. The health ecosystem globally, and in this Region, has seen an increase in the number of new players, new partnerships, new platforms, and new funds.

129. While the essence of public health work is collaboration, too often stakeholders have to compete for attention and scarce resources. “We must work together, reducing duplication and fragmentation. Our colleagues in other funds, programmes and agencies are allies. At the country level it is imperative to engage key players across government – particularly with ministries of finance. Collaboration must be a global and regional priority if we are to make it part of our working DNA.”

130. “What is vital as we go forward is that this remains a practical agenda. Real people dealing with real issues of life and death. ‘Leaving no-one behind’ is a tough political challenge. But let’s face it: more often than not, we know who is being left behind and why. The challenge is to do something about it. Similarly, ‘equitable access’ means confronting vested interests that will actively resist change. Unless ‘accountability’ has consequences, it has little meaning. These are tough issues: they must not just end up as slogans to be repeated in every new declaration.

131. “UHC is only the most powerful concept in public health if we take these practical challenges seriously. Matching concepts and good intent with nuts-and-bolts action. That is the way forward,” the Regional Director said.

132. At the end of her report, Dr Poonam Khetrapal Singh expressed her “deepest gratitude to all the Member States for their unwavering support to WHO”. She also thanked WHO headquarters and the Director-General for the support provided to the Region. “I do not recall a single occasion when a Member State or Regional Office request was turned down by the Director-General. He has always been very kind and supportive to our Region.”

133. “I would also like to appreciate WHO South-East Asia staff, including my directors, coordinators, Regional Advisers, and all other technical staff and general service staff, including drivers, as well as WHO country staff, who have all contributed in their own way. Your hard work, commitment and determination have been the driving force behind our collective success. I am also thankful to our many partners and friends, whose relentless support, over so many years, we greatly appreciate,” the Regional Director said of her team.
134. “A chapter ends, the book remains. The story is ours to write. We can be proud of our work together, not just over the last year, or even the last decade, but over the past 75 years, as WHO celebrates its platinum jubilee. But the work doesn’t stop. It never will. New challenges emerge. Old challenges return. In public health – as life itself – change is the only constant, and agility our only recourse,” Dr Poonam Singh enunciated. “Together, let us put our faith in the future, in new leaders and new challenges. We are in good shape. We are future-ready and self-assured, and so we can look forward to a healthier, more equitable and sustainable South-East Asia Region for all,” she said in conclusion, to resounding applause from the distinguished delegates.

[For the full text of the address by the Regional Director, see Annex 6]

Address by the WHO Director-General (Agenda item 5.2)

135. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus welcomed the delegates and apologized for not being able to be physically present but looked forward to being with the delegates on Wednesday. He thanked the Government of India for hosting this year’s Regional Committee meeting, and for hosting the Regional Office.
136. The Director-General commended his “sister Poonam” for her detailed report, with so many achievements in the past decade, especially in relation to the elimination of rubella, measles and neglected tropical diseases. These successes, he said, are a testament to her leadership. He thanked the Regional Director for everything she had done over the past decade to serve Member States and the people of the Region. “She guided the Regional Office with a clear mind, a steady hand and a big heart. I will miss you,” he said.

137. Praising Dr Poonam Khetrapal Singh, Dr Tedros said her leadership of public health in the Region was exemplary and will be difficult to match. He then urged all delegates to join him in giving her a standing ovation, to which the delegates promptly responded with prolonged applause.

138. This year is the 75th anniversary of the founding of WHO. He said that there is much to be proud of, both in this Region and around the world, though formidable challenges remain.

139. Dr Tedros said that the United Nations General Assembly in New York this September was a historic one for health, with three high-level meetings on health issues. Member States approved strong political declarations on pandemic prevention, preparedness and response, universal health coverage and tuberculosis. All three are relevant to the work of this Region. And all three depend on a strong WHO, and a strong South-East Asia Region.

140. Dr Tedros said that in his address to the Regional Committee last year, he had outlined five priorities – the “Five Ps” – which are now becoming the basis of the General Programme of Work (GPW)14: to promote, provide, protect, power and perform for health. He added a few words on each of these “Ps”.

141. “The first priority is to promote health and prevent disease by addressing its root causes, in the air people breathe, the products they consume, and the conditions in which they live and work.” Dr Tedros explained that this means action to address the drivers of noncommunicable diseases (NCDs), such as reducing tobacco use and harmful alcohol use, improving diets, and increasing physical activity. He welcomed the Dhaka Call to Action and the SEAHEARTS initiative to enhance prevention and control of cardiovascular disease, which would be considered in the coming week.

142. The Director-General highlighted that “promoting the health of humans also means promoting the health of the planet on which all life depends, by reducing emissions to curb air and improve health and address climate change.”
143. He said that he was looking forward to COP28 in the United Arab Emirates in December, which for the first time will include a day dedicated to health. He encouraged all Member States to participate actively.

144. The second priority is to provide health, by radically reorienting health systems towards primary health care, as the foundation of universal health coverage. Dr Tedros noted with pleasure that strengthening primary care as a key element towards achieving universal health coverage has been chosen as the topic for the ministerial.

145. Dr Tedros was also pleased to note that this Region has the highest average availability of data for health service coverage. Access to health services has increased substantially over the past 20 years. In particular, services for infectious diseases have increased dramatically, enabling many Member States to eliminate diseases such as rubella, measles and neglected tropical diseases. However, the data also show that as health services have become more available, more and more people are facing poverty or financial hardship by accessing them.

146. Protecting the most vulnerable populations from “financial hardship caused by out-of-pocket health spending must be a key priority for all Member States.” Thailand has shown how this can be done, by progressively decreasing the proportion of the population who face catastrophic out-of-pocket health spending over the past 20 years.

147. The third priority, he said, is to protect health, by preparing countries to mitigate health risks, and to rapidly detect and respond to both acute and protracted health emergencies. Dr Tedros said that it is almost six months since he declared an end to the global health emergencies of both COVID-19 and mpox. However, regionally and globally, the same vulnerabilities that COVID-19 exposed persist. He urged all Member States to sustain the gains made during the pandemic. The investments made must not go to waste.

148. Dr Tedros welcomed the Regional Health Security Roadmap, which was adopted last year, and urged all Member States to continue to implement it, build a stronger health security architecture, regionally and globally. The new pandemic agreement, and targeted amendments to the International Health Regulations, will provide the vital legal foundations for that architecture, he said.

149. Dr Tedros noted that the Bureau of the International Negotiating Body has now completed its draft of the negotiating text of the pandemic agreement, which has been circulated to Member States. However, there are differences between
Member States on critical issues, and the accord may not be agreed in time for next year’s World Health Assembly. He urged Member States to work with a sense of urgency so that the deal is ready by May 2024.

150. Dr Tedros said that “we must not miss to put in place a comprehensive agreement that addresses the lessons learnt during the pandemic, with a particular emphasis on equity”. This agreement should be written by this generation, with its lived experience of the pandemic. “It is our responsibility to protect future generations.”

151. The other two “Ps” – powering and performing for health – are enablers of the first three. He explained that powering health means harnessing the power of science, research and development, data and digital technologies.

152. Dr Tedros expressed his pleasure at being present in Gandhinagar, India in August, to launch the Global Initiative on Digital Health during the G20 Health Ministers’ Meeting. He thanked India for its leadership.

153. The final “P”, performing for health, is about the work done by the Secretariat to support Member States.

154. Coming to GPW14, the draft outline of which is encouraging, he said that the major thrust would be to achieve real change in WHO operations and capacities at the country level in the context of a changing world. This means strengthening the country offices. The Director-General said that he had “squeezed US$ 100 million to allocate to country offices.”

155. The Programme Budget for the next biennium will also be the first in which country offices will be allocated more than half of the total Budget for the biennium. Dr Tedros added that country offices will benefit greatly from the 20% increase in Assessed Contributions, and by the proposal for an Investment Round. He said that a White Paper will be presented for consultation with Member States on WHO Investment.

156. Efforts are ongoing to strengthen the workforce, achieve gender equity at all levels, and make zero tolerance for all forms of sexual misconduct a reality, and not merely a slogan. While gender parity has been achieved this year, on average, “we need to continue to improve, especially in high-level positions like country office heads and director level, where parity has still not been achieved.”
157. Dr Tedros thanked India for its hospitality and leadership, and all Member States for their commitment to fulfilling the founding vision of the World Health Organization: the highest attainable standard of health, for all people. He committed to do everything to support Member States while he remained the Director-General. With the new Regional Director, he said that he would “strive to maintain the momentum on the important gains you have made, from disease elimination to building resilient health systems.” He wished delegates a very productive and successful Regional Committee meeting.

[For the full text of the address by the Director-General, see Annex 7]

158. In their response to the Director-General’s keynote address and the Annual Report of the Regional Director, all Member States unanimously agreed upon and synopsized the vast array of disease eliminations and public health alleviation successes that were registered and heralded in the Region by the Regional Director over the last decade.

159. The SE Asia Region has been certified polio-free and has sustained that status since 2014. Various NTDs were eliminated in seven out of 11 countries. Elimination of measles and rubella, lymphatic filariasis and trachoma has been achieved in several countries. In 2016, the SE Asia Region became the second region to eliminate maternal and neonatal tetanus. Maldives and Sri Lanka were certified malaria-free in 2015 and 2016, respectively.

160. Delegates observed that all Member States are firmly on the road to PHC and UHC. India introduced health and wellness centres nationwide, paving the road to improve access to health services by large populations. Indonesia has gone through major health transformation in strengthening PHC; a key foundation for access to care by all citizens. Timor-Leste and Maldives are active in extending PHC to atoll and island levels. Thailand has in place a mature two-decade-old UHC infrastructure with favourable outcomes.

161. The SE Asia Decade of Health Workforce Strengthening contributes to improved health workforce density in Member States, which is a foundation for implementation of PHC and UHC. The adoption of regional strategies on PHC, and the Dhaka Call to Action on NCDs, are robust edifices in efforts to address NCDs.

162. Member States also noted the improvement of IHR Core Capacities, and completion of JEE in nine of the 11 countries. In 2017, national action plans for AMR were developed in nine countries of the SE Asia Region, though progress has to be accelerated.
163. Member States enumerated the challenges that also exist in tandem with successes. Ending TB continued to be a major challenge and requires efforts at multiple levels. Countries have to work harder to address NCDs, not only for diagnosis and treatment but also to identify the root causes, through the application of best buy interventions as recommended by WHO.

164. To increase financial risk protection in UHC, which is SDG 3.8.2, there is a need to expand the cost-effective benefit package and increase government funding. At the same time, countries need to reduce the prevalence of unmet health-care needs as called for by resolution WHA76.4 and UHGA HLM UHC.

165. The honourable minister of health from Bangladesh commended the dynamic leadership of the Director-General and the Regional Director. The Government of Bangladesh has administered more than 370 million doses of COVID-19 vaccines over the last three years. Under a new initiative named after the honourable Prime Minister, the “Sheikh Hasina Initiative”, community clinics were created in every upazila and district during the pandemic.

166. EPI has in some districts reached 98% of the population. In view of the rising number of cases of NCDs, 4000 new hospital beds dedicated for cancer patients have been created over the last couple of years in districts where NCDs are on the rise. Bangladesh also announced its stellar and singular achievement of eliminating kala-azar in October 2023, becoming the first and only country in the world to do so, His Excellency the Minister said.

167. The distinguished delegate from Bhutan welcomed the Regional Director’s report and the health outcomes WHO and Member States have achieved with limited resources. Bhutan commended the Regional Director for her “full commitment” and her leadership combining technical excellence and managerial leadership, which led to the achievement of so many health milestones despite the disproportionate burden of diseases. Bhutan is on the road to achieving UHC. Bhutan demonstrated an exemplary response to the COVID-19 pandemic in collaboration with WHO and expressed deep gratitude and respect to the Organization and Regional Director for this achievement.

168. India congratulated the Regional Director for her report and highlighted the watershed Ayushman Bharat Initiative of the honourable Prime Minister H.E. Mr Narendra Modi, which is a comprehensive need-based coverage spanning 170 000 Ayushman Bharat health and wellness centres, which provide the gamut of primary to palliative care to provide comprehensive PHC (CPHC). This largest health insurance scheme in the world also provides IT-based solutions and
diagnostics. India runs the largest health insurance coverage of INR 500 000 per family for primary and tertiary care. Per capita primary health care expenditure for India doubled from INR 1014 to INR 2022. India relies heavily on technology to reach the last mile in collaboration with WHO under the leadership of the Regional Director.

169. Indonesia welcomed the report and recalled the challenges and opportunities of the last few years. It congratulated the leadership of the Director-General and Regional Director in line with the WHO roadmap for UHC to bring significant milestones for citizens of the Region, which “is no easy feat”. It offered a particular word of thanks for the dedication and tireless efforts of the Regional Director towards primary health care.

170. The honourable Minister from Maldives said the Annual Report set the tone for the deliberations of the Regional Committee and clearly and concisely enumerates the key priorities. The Regional Office and Maldives are engaged in developing a Regional Strategic Framework for Tropical Diseases and the country is on the road to endorse the early elimination of measles and rubella. Maldives observed that the last few years have not been easy for WHO’s top leadership at the global and regional level and thanked Dr Poonam Singh for her “calm disposition...
and exemplary dedication”. Stating that Officebearers may change but relationships endure and are everlasting, he cited the partnership between WHO and Member States as an essential compact to ensure that our world remains a safe and sustainable place for generations to come.

171. The honourable Minister from Nepal expressed “sincere thanks to the Regional Director for her excellent leadership in guiding the Region to identify and address most critical health issues, and driving the global health agenda during the pandemic despite huge challenges.” The Government of Nepal is thankful to WHO for continued technical support in maintaining essential health care services, responding to the pandemic, strengthening health systems, and accelerating progress in targeted public health priorities and regional flagships.

172. Nepal has recently endorsed its National Health Sector Strategy and Health Financing Strategy as guiding key roadmap based on learnings from federalism and COVID-19. The primary health care outlets have been expanding at the community level in the country with the aim of universal health coverage. Equitable access to quality health services and medical products, management of health workforce, reduction of out-of-pocket expenditure, strengthening of integrated surveillance system and climate change resilient health system are key issues that need continued innovations.

173. Nepal’s Ministry of Health and Population looks forward to continued support from WHO in health sector priorities, as “we jointly work on accelerating universal health coverage for equitable access to quality health care”.

174. This year the Regional Committee Session is very special to all Member States as we are electing a new Regional Director for our Region. “I believe common priorities for this Region and country-specific needs will be addressed strongly with the joint efforts,” the honourable minister said. The Nepal team endorsed the Annual Report presented by the Regional Director.

175. The honourable State Minister for Health of Sri Lanka congratulated Dr Poonam Singh for being an “emissary of mitigation of climate change effects”, which is a real and present threat for all small island states. Sri Lanka commended the Regional Director for her “Sustain. Accelerate. Innovate.” Vision, which is at the centre of the building-back-better strategy following the pandemic.

176. The distinguished delegate from Thailand welcomed the Annual Report and congratulated the Regional Director for her multifarious successes in public health. “During her 10-year tenure, Dr Poonam Singh has made South-East Asia
the pride of WHO,” said the distinguished delegate. “This was clearly evident as the Flagships bear the fruits.” Thailand will convene the UHC conference annually until 2030; not only to commemorate International UHC Day but also review and improve the performance of UHC until 2030.

177. Continued spread of infectious diseases, as well as outbreaks such as the H5N1 virus, are being reported among avian species and wildlife, and stronger capacity for pandemic preparedness and prevention and response is needed. All Member States must fully engage in the negotiations for INB that will continue till February-March 2024, observed the delegate from Thailand.

178. Thailand reiterated its government’s leadership and commitment towards PHC, UHC health workforce and sustainable health governance with continued support from WHO. Thailand called upon the new Regional Director to sustain the gains and accelerate rapid progress. “Together with WHO and partners, our government will write the new chapter in the health development in the Region.”

179. The honourable minister from Timor-Leste commended and applauded the Regional Director for her visionary leadership, adding that her report eloquently presented the excellent work and comprehensive progress that the South-East Asia Region has achieved not only during 2022 but also over the past decade.

180. In unrestrained praise for the Regional Director, the delegate said: “It is the result of your farsightedness of bringing eight regional flagships priority programmes that guided us as the North Star with the ‘Sustain. Accelerate. Innovate’ vision as you kept countries at the centre of your work and ensured substantive resources are made available for these mutually identified priorities.”

181. The Annual Report provides details of achievements, challenges and next steps across countries and Regional Flagships, and “provokes us to reflect as our countries, the Region and world are slowly recovering from a devastating pandemic while continuing to feel the pressure of ongoing and escalating conflicts and wars”.

182. Universal health coverage is the “holy grail” of global health. As an attempt to meet the UHC targets, health services have prioritized the delivery of integrated health services in Timor-Leste. Recognizing PHC as the cornerstone for UHC and the health-related SDGs, Timor-Leste’s Ministry of Health on its National Health Day dedicated to the nation an “Integrated Package of Primary Health Care Services” designed to serve individuals and families, and inspired by the paradigm of people-centred services drawn from the Essential Service Package for Primary
Health Care developed with WHO technical support. Timor-Leste has also developed the Essential Services Package for Secondary and Tertiary Care – one of only five countries in the world to achieve this historic milestone.

Ministerial Roundtable (Agenda item 6)

Strengthening primary health care as a key element towards achieving universal health coverage (Agenda item 6.1, SEA/RC76/3)

183. Comprehensive primary health care is recognized as the most efficient, equitable and inclusive means to achieving universal health coverage and the health-related Sustainable Development Goals. Across countries of the Region, there is strong momentum towards strengthening PHC orientation of health systems. As requested by previous Regional Committees, the WHO Regional Strategy for Primary Health Care, 2022–2030 and the South-East Asia Regional Forum for PHC-oriented Health Systems are supporting Member States in this effort.

184. The Ministerial Roundtable (MRT) at the Seventy-sixth Regional Committee followed recent commitments by Heads of State and Governments to strengthen primary health care as the cornerstone for achievement of universal health coverage, including at the United Nations General Assembly and the G20 Summit in New Delhi in 2023. The topic for the Ministerial Roundtable at the Session was selected by the host nation, the Government of India.
185. The Ministerial Roundtable discussion on the issue included participation from ministers of health and heads of delegation of Member States in the South-East Asia Region.

186. The Vice-Chair, Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, welcomed delegates to the roundtable on strengthening primary health care as a key element towards universal health coverage. The compere, Dr Amani Siyam, Regional Adviser for Health Information Systems at the Regional Office, thanked the Government of India for selecting this crucially important topic. There was a short video presentation on the topic of PHC in the Region. She then introduced and welcomed the moderator, Dr Palitha Abeykoon, who is an iconic public health professional from Sri Lanka in the area of primary health care. She gave a brief account of his awe-inspiring qualifications and achievements.

187. Dr Abeykoon said that the MRT provides a unique opportunity to discuss issues of critical importance. While PHC is often mistaken to be care of a lower standard, this is not true and the history of PHC is especially rich in the SE Asia Region. Countries of the Region are leading the current global drive towards renewed focus on PHC as the cornerstone for achieving UHC.

188. He introduced the guest speaker, Professor Anne Mills, who has an unparalleled history of supporting countries in the Region. Professor Anne Mills is a global health icon and is a Professor of Health Economics and Policy at the London School of Hygiene and Tropical Medicine. Her work has influenced major health policies, both at the national and international levels, with her demonstrations that proper investments in medicine and public health will have a major impact on economic growth and social equality.

189. In her keynote address, Professor Anne Mills emphasized the importance of investing more and better in primary health care and cited the Lancet Global Health Commission on Financing Primary Health Care. Professor Mills examined PHC through the lens of financing. She divided her presentation into three parts: (i) the importance of PHC; (ii) the challenge of PHC financing; and (iii) responses to the challenge. She reiterated that up to 75% of projected health gains from the SDGs can be achieved through PHC. Professor Mills added that increasing public funding to expand access to frontline providers is the most efficient and equitable way of improving health outcomes and can encourage inclusive economic recovery. An example is Thailand’s “30 Baht programme”, which introduced UHC in 2001.
A lighter moment during the Ministerial Roundtable

The honourable State Minister of Health from Sri Lanka (centre) makes an observation
190. Professor Mills concluded by condensing her presentation into the following four key messages.

- Public resources should form the core of PHC funding.
- Pooled public funds should cover PHC first, including essential medicines.
- Resources should be allocated equitably and protected to reach frontline providers.
- Provider payment systems should be integrated, with capitation at the core.

191. Dr Palitha Abeykoon announced that two sets of questions would be posed to countries, beginning with countries whose ministers were present here, in alphabetical order, followed by the other heads of delegations. For the second round, the order would be reversed.

BANGLADESH

192. Q1. Primary health care is an important operational priority within Bangladesh’s 5th Health, Population and Nutrition Sector Programme. Building on the strong community clinic model, could you share key interventions that Bangladesh is making to further strengthen primary health care in the country?

*The Minister of Health and Family Welfare of Bangladesh, H.E. Mr Zahid Maleque, makes an intervention during the plenary*
193. The honourable Prime Minister, Her Excellency Sheikh Hasina Wazed, initiated the community clinic concept in 1998. The United Nations General Assembly accepted this initiative as “The Sheikh Hasina Initiative”. More than 14,000 community clinics have been established, targeting a population of 6000 at each clinic. The community clinic is a great illustration of a public–private partnership, where locals contribute the land and manage the community clinic, the government constructs a building, deploys personnel, and provides supplies, including medicines and logistics.

194. Community clinics have been allocated as EPI centres. All vaccine coverage is provided, and in 2022, coverage reached 98%. A hypertension and diabetes screening programme has also been initiated. The clinics have been provided with laptops and Internet connections to ensure digital reporting. They also provide counselling on food and nutrition, which has helped to reduce stunting and wasting.

195. To strengthen urban PHC, a separate operational plan has been initiated. Bangladesh is actively exploring alternative health financing options, increasing public investment in health, particularly for PHC, to reduce catastrophic health expenditure.

196. Q2. What is the role of Healthy City Initiatives in addressing urban primary health care and how do these initiatives contribute to the enhancement of primary health care in Bangladesh?

197. To promote health and well-being in urban settings, the City Corporation and the Ministry of Health and Family Welfare jointly developed a multisectoral platform. The MoHFW provides PHC services across six city corporations and two municipalities. The Ministry of Social Affairs provides food, shelter and treatment to homeless people, while the Ministry of Home Affairs rehabilitates drug addicts. The private sector also provides health-care services in urban areas.

198. The MoHFW, with support from WHO, is supporting Khulna City Corporation in expanding PHC services for noncommunicable diseases (NCDs). Based on this initiative’s experience, the government will scale up the model to other cities in the country.
INDIA

Q1. India has been a signatory to the Alma-Ata Declaration (1978) and Astana Declaration (2018). Both of these emphasized PHC as a key to strengthening UHC. What has been the journey of India in this direction? What are the key interventions taken by the Government of India and what are the key achievements?

Since the establishment of the first health and wellness centres (HWCs) in 2018, India has implemented significant reforms such as making an expanded range of medicines and diagnostics available, implementing IT-based solutions, and engaging in health promotion and wellness activities.

The Minister of State for Health and Family Welfare of India, H.E. Dr Bharati Pravin Pawar

The flow of funds towards the PHC sector increased from 5.7% in 2014–2015 to 9.3% in 2019–2020 as a share of total health expenditure. Indian Public Health Standards have been revised in 2022 to align them with PHC priorities. Quality accreditation of PHC facilities is undertaken under India’s flagship National Quality Assurance Standards (NQAS) initiative.

Telemedicine platforms have enabled the provision of medical advice via e-Sanjeevani, thereby increasing access. The Government of India has shifted the focus from illness to wellness with activities like yoga, cyclothon, walk-a-thons, and Fit India and Eat Right campaigns.
203. Q2. 161 000 Ayushman Bharat health and wellness centres have been operationalized to deliver comprehensive PHC services. What are the key priorities moving forward? How does India see Ayushman Bharat health and wellness centres impacting the services?

204. India has established 161 000 Ayushman Bharat health and wellness centres, which are transforming the delivery of comprehensive PHC. The key enablers are training and availability of medicines, and the digital health ecosystem. Last mile reach is through referral transport. India has also launched the world’s largest insurance scheme, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) with 500 million beneficiaries. Special standards have been developed, including special parameters for cleanliness. These centres contribute to equitable health outcomes as they have increased access to care, ensured service availability, are free of cost, closer to the people, decongest higher-level hospitals and thus improve the quality of care.

MALDIVES

205. Q1. The Faafu Atoll demonstration site provides an important model for integrating quality NCD and mental health services at the primary care level. Could you speak about the collaboration with local stakeholders, use of technology, and other advances that have been important to this pilot? Could you identify two or three lessons learnt during the pilot and how Maldives is incorporating them into the model and plans to go forward?
206. In Maldives, 175 islands are free of leprosy. However, NCDs are on the rise. In Faafu, care is tailored to the needs of the individual through multidisciplinary teams of health and non-health professionals. They go to the community and establish dialogue with them. Challenges include resistance to change, so incentives are now being given to health workers for upskilling. The community is invested and keen to improve health. Some of the lessons learnt include the importance of a multidisciplinary team, community engagement, and continuous monitoring, shifting focus from addressing disease to the health needs of people. Maldives also highlighted that more spending is not necessarily better, and the greatest returns can come from lesser investment.

207. Q2. A commonly shared challenge to strengthening primary health care orientation of health systems across Member States is the dissonance that exists between financial/trade and health sectors. Could you identify a notable initiative that Maldives undertook in the recent past to address this issue? Are there further initiatives that Maldives has planned to increase collaboration and understanding between the financial and health sectors in Maldives?

208. Maldives’ digital NCD model monitors risk factors, health status, acquires data in real time, but human resources are needed. The PHC investment case in 2021–2022 showed that for every dollar invested the gain was US$ 15. Health in all policies is needed, as well as better trust and goodwill between the health and financial sectors.

NEPAL

209. Q1. Important policy efforts, including 2018 Public Health Service Act and 2019 National Health Policy, are driving access to basic health services for all citizens. In your recently decentralized context, how is primary health care being advanced through engagement with provincial and local governments?

210. The Constitution of Nepal mandates access to free basic health care services to all citizens. Various strategic documents have defined the full spectrum of PHC services from health promotion to prevention, treatment, rehabilitation, and palliative care in a life-cycle approach.

211. In 2023, the government approved the Nepal Health Sector-Strategic Plan 2030 and the Nepal Health Financing Strategy 2030 based on learning from the federal experience and COVID-19. These recent strategic documents have translated into practice the core principles of a strong PHC system and multisectoral partnerships at all levels of government in the federal context.
212. The country is reorienting health-care services as per the geographical distribution and disease burden. The government is expanding basic health-care centres at community levels and primary hospitals in municipalities. Key programmes to reduce health inequities such as health insurance and social health protection schemes have been implemented nationwide.

213. The country has challenges in maintaining the capacity of subnational governments in health system governance, sustaining key public health achievements, managing the health workforce, and addressing the emerging burden of noncommunicable diseases and mental health.

214. Nepal suggested that Member States of WHO across different regions could be learning platforms for health sector priorities and functions.

215. Q2. Noncommunicable diseases and mental health are growing challenges for the health sector in your country. What are the country initiatives towards addressing NCDs and promoting mental health?


217. In 2022, Nepal became the second country globally to implement the SAFER initiative for alcohol control and banned alcohol advertisement in February 2023 through a Supreme Court Order. It has also taken steps to reduce tobacco use and
is working on reducing the industrially produced trans-fatty acids to meet the elimination commitments of the country.

218. The government is also working on suicide prevention and has a helpline. Management of NCDs and mental health are top priorities.

219. Capacity-building of health workers is ongoing since 2021 through the creation of a learning laboratory on NCD care delivery. The country requested strong support from WHO and partners to be able to meet the challenges in controlling NCDs and mental health.

SRI LANKA

220. Q1. How are the PHC-related reforms based on a shared cluster approach enabling Sri Lanka to both address and also build back better from recent economic challenges?

221. Sri Lanka described the organization of the health system, with introduction of the shared-care cluster approach for primary health care as needed to address current economic challenges and safeguard the overall health system. Specific benefits of the approach, such as decreased transportation costs, reduced loss of working time, greater patient-centric care, availability of essential medicines were highlighted.

The State Minister of Health of Sri Lanka, H.E. Dr Seetha Arambepola
222. Q2. How can Sri Lanka achieve UHC through the PHC reforms that you have introduced and ensure excellent health for the people? or people’s health excellence?

223. The country is improving health systems on the basis of WHO’s six building blocks. An area of concern is sustainable financing. Health care is based on a life-course approach. The reforms introduced include digital health services, ensuring data flow, management of overall health services, and following a cluster management approach, in which an apex hospital is linked with the PHC system. A specialist in family medicine will be placed at all levels of the health system, and a similar approach will be followed for emergency medicine. Elderly and disability health-care services are planned.

THAILAND

224. Q1. Thailand’s achievement of UHC through decades of investment in primary health care is widely recognized. Could you share with us the additional social innovations that have been introduced in its “new normal model of PHC services” post COVID-19?

The Minister of Public Health of Thailand, H.E. Dr Cholnan Srikaew
The key social innovations introduced during COVID-19 have been since integrated into the health system. These include telemedicine and use of digital technologies, engagement of private pharmacies for dispensing medicines nearer to patients’ homes, and policy on outpatient care anywhere through digital health cards. Volunteers in the community helped to monitor suspected cases during the pandemic and now help to promote health.

Q2. How has Thailand organized the “Family Care Team” to ensure quality people-centred primary health care across the country?

Thailand also described the Family Care Team, as mandated in the PHC Act 2019, with each individual entitled to a village health volunteer, a public health worker and a family doctor. Village health workers conduct health promotion. At health centres, basic services include screening and health promotion is provided. The country has been following WHO guidelines since 1970.

TIMOR-LESTE

Q1. The recently inducted new government of Timor-Leste has reiterated its priority to strengthen the health sector by proposing an integrated health programme. How will this help to provide better health services to its people?

Timor-Leste has always strongly believed that the path to UHC leads through PHC. PHC is where the battle for health is won or lost. The “right to health” is enshrined in Article 57 of the Constitution and health services are free at the point of service delivery.

Recent developments include the latest National Health Accounts exercise, which shows that over 40% of the health budget goes towards PHC. The health workforce has also been greatly enhanced. In 15 years, it has gone from less than 30 doctors to more than 900. A doctor, nurse and midwife are available at the lowest level of service delivery.

The country now has a separate Director-General for PHC. The country will launch a revitalized “integrated health services” drive that will bring together facility care, outreach care and doorstep care. This is a flagship programme of the new government in the area of health.

Q2. We are well aware that access to care steadily keeps improving in Timor-Leste, what steps are being taken by you to improve the quality of health services?
233. Timor-Leste highlighted the importance of quality in primary health care, with a variety of examples. Simulation and skill centres are being launched in all secondary and tertiary care hospitals to skill health workers. Large training programmes are being launched with WHO and partner support in various areas, such as mother and child health, emergency and intensive care, among others.

234. To improve the quality of medicines and medical products, the National Regulatory Agency is being strengthened and the system for maintenance of biomedical equipment improved. Digital health, laboratory and quality standards are other areas that are being strengthened and improved.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA

235. Q1. The country’s PHC Strategy was recently updated (2021–2025). What are the key focus areas to further develop the PHC-oriented health system in the country, including through use of technology and a strengthened household doctor system?

236. The Democratic People’s Republic of Korea described the socialist health system and updated primary health care strategy, with focus on strengthening the “household doctor system” and use of digital technology. The national telemedicine network has been extended to the Ri hospitals and Ri polyclinics.
237. Reorientation and in-service training materials for household doctors are regularly updated according to the demands of evolving medical practices and global standards and the trainings cover all doctors in the country.

238. Q2. What are the main characteristics of the health system in DPR Korea? These will be interesting to everyone.

239. The public health system provides free medical care for all people, irrespective of their sex, age and occupation, and has its basis guaranteed by the State legally, systematically, financially and materially. The household doctor system is the backbone of PHC in the country. The government carries out strict monitoring and supervision of the content and quality of the PHC services. The network of reorientation and in-service trainings for health-care workers functions regularly to improve the skills of doctors and nurses.

240. A unified guidance system has been established in case of a pandemic, where all the State organs, social entities, and all people are mobilized and move in a united way in line with the unified guidance of the government.
BHUTAN

Q1. What are some of the key lessons from piloting the Service with Care and Compassion Initiative in Bhutan? What are opportunities and challenges in scaling up nationally?

Bhutan was among the first countries in the Region to adopt and integrate the WHO Package of Essential Noncommunicable disease (PEN) interventions in the PHC system in 2010. This initiative was reinforced in 2019 through adaptation of the PEN HEARTS package, known in the country as the Service with Care and Compassion Initiative (SCCI). Initially piloted in four districts, it is now being implemented in 14 out of 20 districts in Bhutan.

A PEN HEARTS baseline study in 2020 reported a positive impact with lowering of the proportion of patients with a treatment gap and a higher proportion of patients retained in care. A rapid assessment in 2022 showed an overall improvement in the availability of essential medicines for NCDs, especially at the PHC level. Challenges include financial resources, shortage of human resources, and weak coordination among stakeholders.

Mr Pemba Wangchuk, Acting Secretary, Ministry of Health, Royal Government of Bhutan
Q2. What are some of the key areas of service delivery reorganization by Bhutan during the COVID-19 pandemic to support UHC?

Bhutan found answers in unique but simple strategies by combining the powers of science and logic, along with exceptional solidarity from all sections of society. In early 2020, as a risk mitigation effort, Bhutan initiated the flu clinic system for treating flu-like illnesses to safeguard mainstream health facilities from COVID-19. The flu clinics were later equipped with tuberculosis diagnosis facilities to enhance the detection of TB patients. To minimize the incidence of flu-like illnesses and to help narrow down the focus on COVID-19, seasonal influenza vaccination was rolled out across the country.

Other initiatives included HPV vaccination for boys in September 2020, medicine refill services across major towns for the elderly and disabled, and triage systems in major health facilities with RT-PCR and rapid antigen testing facilities to ensure that hospitals were not being compromised.

INDONESIA

Q1. National PHC Integration, with the aim to provide quality primary care service for 270 million Indonesians through standardization of 300,000 primary care units is a bold initiative taken by the country. Why was this needed and what are the key innovations that will help support this important initiative?
248. Indonesia is transforming its health system for its 270 million people. The earlier emphasis on curative care is changing, as PHC is the way to go for middle-income countries such as Indonesia with a limited budget. The mandate is not to cure people but to ensure healthy lives.

249. The country is improving its capacity for PHC. The 10,000 primary health centres are too few and therefore integrated health posts are being used. Human resources for health and health facilities are being strengthened. Priorities include integrating PHC based on a life-cycle approach, bringing health closer to communities (including facilities and community engagement process) and standardization across 330,000 integrated health posts.

250. A pilot project in 2022 to integrate PHC in nine provinces showed impressive results, and this has been officially launched in August 2023.

251. Q2. How have promotive and preventive initiatives been integrated into the overall strategy for enhancing PHC in Indonesia, and what challenges and barriers have been encountered during the implementation of these strategies?

252. The fundamental initiatives are routine immunization comprising 14 antigens, screening for priority diseases and maternal and child health services. Growth and development of children are monitored, and antenatal care is provided at the posyandu level. PHC is being scaled up through integration, but more needs to be done to synchronize efforts across various levels. Digital technology is a key enabler in recording and reporting.

253. The moderator then invited the Regional Director, Dr Poonam Khetrapal Singh, to share her reflections. Dr Poonam Singh said that it was just over a month since the UN General Assembly (UNGA) endorsed the Political Declaration on Universal Health Coverage (UHC) and almost two months since the G20 issued the New Delhi Leaders’ Declaration.

254. Both documents highlight the need for quality, accessible, affordable and comprehensive primary health care to be at the front and very centre of global efforts to achieve UHC, in alignment with previous landmark texts – most notably, the 1978 Declaration of Alma Ata and the 2018 Declaration of Astana. Less well known is the role that countries from this Region have played in ensuring that the PHC approach featured so heavily: Thailand, in the case of the UNGA Political Declaration, and India for the G20 Leaders’ Declaration. She commended both countries.
255. Dr Poonam Singh summarized the achievements that countries had just presented. Together, she felt that it would generate tremendous cross-pollination of ideas and experience, building on last month’s second annual meeting of the PHC Forum, which resulted in a Regional roadmap for collective action that will define PHC implementation through 2024 and beyond. This, she said, was the key take-away and reflection that she would like to offer.

256. The Regional Director said that, in the South-East Asia Region, “we had long ago moved from concept to praxis, with a focus on driving substantive, real-world change”. She enumerated what actions this would entail. Her final reflection was on the importance of allocating necessary, adequate, and sustainable financing to facilitate PHC orientation, especially for human resources for health.

257. In conclusion, Dr Poonam Singh expressed her utmost gratitude for the wisdom and insight of all Member States, who in 2014, identified UHC as a Flagship Priority Programme, and have led this agenda globally ever since. She hoped that their success would continue to inspire in the years to come.

258. The Ministerial Roundtable concluded with adoption of the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage. The Vice-Chair of the Regional Committee closed the session with a request to keep the spirit of togetherness and jointly strengthen PHC in the Region through implementation of the Delhi Declaration.

259. The Committee adopted a resolution (SEA/RC76/R3) endorsing the Delhi Declaration on “Strengthening primary health care as a key element towards achieving universal health coverage”.

The Delhi Declaration is projected on the screen for the ceremonial signing
Side-event on public health achievements

260. Every year, the successes and public health achievements in Member States of the Region are recognized and the leadership and the health workforce and all partners who make such successes possible acknowledged. This year, six such achievements were recognized.

261. Bangladesh received the twin awards for the elimination of lymphatic filariasis and the historic achievement with kala-azar elimination. The Kingdom of Bhutan, the Democratic People’s Republic of Korea and Timor-Leste were awarded for the elimination of measles and rubella as public health problems. Maldives received the award for interrupting the “transmission of leprosy” throughout the country.

262. In recognition of their achievements, the Regional Director presented a citation and a plaque to the representative of each country to acknowledge their success in public health. Dr Poonam Singh offered her sincere and heartiest congratulations to all the countries for their remarkable achievements in public health and hoped that this trend will continue.

263. This was followed by the release of a magnum opus publication titled “The Platinum Decade: Accelerating health for billions – WHO South-East Asia Region, 2014–2023.” The Regional Director has been presenting a detailed report every year. This publication – available both in print and digital versions – captures the key moments and notable achievements and progress in all Member countries during this decade.

264. The Eight Flagships identified by the Regional Director at the start of her first term have produced notable results and significant achievements. “All this would not be possible without your guidance and support and the hard work of WHO colleagues and the health workers on the ground in our countries,” Dr Poonam Singh said. To celebrate these, the Lancet has brought out a special issue on the Flagships, which was released on the occasion.
Programme Budget Matters (Agenda item 7)

Programme Budget 2022–2023: Implementation and mid-term review (Agenda item 7.1, SEA/RC76/4 Rev. 1)

265. The Programme Budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021 vide resolution WHA74.3. It aims to turn the bold vision of the Thirteenth General Programme of Work (GPW13) 2019–2023 (extended to 2025 by the Seventy-fifth World Health Assembly) into reality by delivering impact for people at the country level. It is the second Programme Budget developed under GPW13 and a vital element in ensuring the implementation of the “Triple Billion” Strategy. The vision of GPW13 – “impact for people at the country level” – is also the overarching objective of the Programme Budget 2022–2023.

266. The Committee was informed that consistent with WHO’s Accountability Framework, the Working Paper (SEA/RC76/4 Rev. 1) provides an update on the implementation of the Programme Budget 2022–2023 in the WHO South-East Asia Region for the first 19 months of its tenure. It also provides an updated financial status as on 30 September 2023 incorporated under Annexes, and a mid-term review which covers the first 12 months of the biennium (January–December 2022).
267. The paper presents the progress achieved in 2022 towards the Triple Billion targets, outcomes and outputs, based on the GPW13 Results Framework, and it also includes the progress of the regional key performance indicators (KPIs).

268. The Committee noted the key achievements of WHO and Member State collaboration by Strategic Priority (SP) and noted the challenges, lessons learnt, and six country impact stories developed.

269. The Committee welcomed the implementation status and recognized efforts to track the progress of GPW13 and the SDGs. Member States also appreciated the Secretariat for the report and quality presentation on financial data. Member States acknowledged the challenges faced due to the COVID-19 pandemic and appreciated the revision of GPW13. This would be helpful in recovering from the adverse impact of the COVID-19 pandemic and in accelerating progress towards the GPW13 goals and SDG targets.

270. Member States observed that a fully funded Programme Budget indicates strong support and commitment from Member States. However, comparatively lower implementation percentages across the three billions or Strategic Priorities indicate the need for improvement in effective allocation of available resources and intense collaboration.

271. Responding to the specific query on Agreement of Performance of Work (APW) mechanism to transfer funds to the government, the Secretariat explained that currently direct financial cooperation (DFC) is the only mechanism to provide funds to governments. APW mechanism is meant for more specific work given to organizations/institutions.

272. Appreciating the efforts made by the Secretariat in providing a detailed and comprehensive view of the implementation data for Programme Budget 2022–2023, Member States suggested elucidating measures that the WHO Secretariat can adopt to address and bridge the identified gaps between the “utilized” and approved Programme Budget, thus also ensuring the enhanced engagement of Member States, better coordination in its implementation, and monitoring and performance assessment.

273. Member States appreciated WHO’s active support for the promotion of health and observed that the post-pandemic impact affected the accelerated pace of budget implementation.
274. The Committee asked the Secretariat to continue to take steps to strengthen its support to countries in recovering from the impact of the COVID-19 pandemic and accelerate progress towards achievement of the GPW13 Triple Billion targets.

275. Member States noted that the report provided useful insights on how results can be monitored at the country level to advance direction towards achievement of the GPW13 Results Framework and to put sustained efforts to accelerate progress towards the SDGs by 2030. These are currently off-track due to the impact of COVID-19 over the past two years.

276. Member States appreciated the progress of the regional key performance indicators (KPIs) and valued the high rate of achievement in Green and Green Q and also highlighted the importance of sustaining the work focusing on progress to ensure that red and yellow indicators progress to yellow and green, respectively, by 2023.

277. The Committee agreed with WHO on the need to ensure the sustainability of best practices and initiatives that translate efficiency gains to achieve the set goals as per various measurement frameworks resulting in achieving better health outcomes for the overall public health good.

278. The Regional Director thanked Member States for their observations and reiterated her priority on implementation and country focus, highlighting...
that 79% of the total resources were directed to the countries and 90% of the total COVID-19 resources were also allocated to the country offices for optimum support. In addition, a lot of resources from the Regional Office Budget are also diverted to country offices to cover any specific requests. The Regional Director acknowledged the challenges faced due to the increase in the Approved Programme Budget during the biennium, which also resulted in lower implementation and utilization percentages vis-à-vis the approved Programme Budget.

279. The Regional Director highlighted that only 28% of the total expenditure in the SE Asia Region is towards staff costs and that this is much lower than the Organization average. She further noted that the mid-term review report for the SE Asia Region included six country impact stories.

280. Dr Poonam Singh observed that WHO at all levels has made continued efforts to raise the resources required to implement technical workplans. WHO is a technical organization with a clear mandate to provide technical support to its Member States and thus focused attention is given to “country support”.

281. Thanking Member States for their valuable inputs and supportive statements, the Secretariat reiterated the Regional Director’s commitment and focus on implementation evident from the increased percentages of utilization and implementation since the data presented to the Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) as on 31 July 2023 and noted that it will further improve by the end of the biennium.

Programme Budget 2024–2025 (Agenda item 7.2, SEA/RC76/5, SEA/RC76/5 Inf. Doc. 1 and SEA/RC76/5 Inf. Doc. 2)

282. The Committee was informed that the Programme Budget 2024–2025 has been approved by the Seventy-sixth World Health Assembly in Geneva in May 2023 vide resolution WHA76.1. The Programme Budget 2024–2025 is the last Budget prepared in line with the Thirteenth General Programme of Work (GPW13), whose tenure is extended by two years until 2025, which gives an opportunity to pick up the pace on the suboptimal progress towards the Triple Billion targets.

283. The Programme Budget 2024–2025 is unique in reflecting a new approach to the pandemic response with greater country focus, more efficient features, and a new presentation format.
284. The Committee was informed that the Working Paper on this agenda item presents an overview of the approved Programme Budget 2024–2025, details of the SE Asia Region’s Programme Budget, update on the SE Asia Regional operational planning process and the way forward for its implementation. The approved Programme Budget for 2024–2025 was appended as an Information Document (SEA/RC76/5 Inf. Doc. 1) to the Working Paper. The resolution WHA76.1, appended as Information Document (SEA/RC76/5 Inf. Doc. 2), approved the Programme Budget 2024–2025.

285. The Committee was informed that the Working Paper was presented to the Sixteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) for its review and recommendations and discussed in detail at the meeting in September 2023. The SPPDM reviewed the paper and made certain recommendations for consideration by the Seventy-sixth Session of the WHO Regional Committee.

286. Member States noted that the Programme Budget 2024–2025 benefits from a 20% increase in Assessed Contributions, paving the way towards a more sustainably financed Organization. The Programme Budget will help countries to speed up their pandemic recovery processes and build resilient health systems that protect against future health challenges while in tandem advancing progress on global priorities.
287. Member States noted that this last budget in line with GPW13 will help in strengthening country capacity to accelerate progress towards the Triple Billion targets; continuing the work defined by the revised Programme Budget 2022–2023.

288. Member States noted that the development of the Programme Budget 2024–2025 comes at this crucial time when countries are recovering from the pandemic and enumerating novel strategies to address its aftermath.

289. Member States appreciated the Secretariat’s approach in involving countries in the development of the Programme Budget 2024–2025, which is a product of meticulous approach with robust consultative process for prioritization of outputs and outcomes based on the data and evidence. Further, they highlighted the alignment of national priorities with the regional priorities and GPW13 strategic priorities.

290. Member States commended the Regional Director and Secretariat for transparency, best practices, and a robust participatory and consultative process in the development of the Programme Budget 2024–2025. Member States looked forward for continued engagement in the implementation of GPW13 on the basis of results-based bottom-up planning and the operational planning process for 2024–2025.

291. Member States welcomed and appreciated the new presentation style and format using the Programme Budget digital platform. It was proposed that more detailed information can also be included for priority public health issues.

292. Member States proposed that allocation of funds should be accompanied by technical progress monitoring and measurable results at the country level. Member States also proposed to allocate additional resources to the country offices for accelerating implementation of programme activities to achieve results.

293. The Secretariat assured Member States that the bottom-up prioritization process started from the country level to regional level has helped the development of the Programme Budget 2024–2025 and in developing operational plans which are being finalized. The SE Asia Region also focused on prioritizing strategic deliverables linked to the Sustainable Development Goals and other global priorities.

294. It was emphasized that the SE Asia Region will continue to apply and build on its results, priorities and country-focused budgeting to deliver on commitments at the country and regional levels while at the same time addressing global commitments.
295. The Regional Director in her remarks mentioned that the Programme Budget 2024–2025 was already approved by the World Health Assembly in May 2023 and, presently, the SE Asia Region is in the operational planning phase, which will be completed in November 2023. She mentioned that this Budget is unique with a 20% increase in assessed contribution. Also, the Region believes in a joint planning process that includes national government focal points with WHO focal points at both the country and regional levels, which makes the planning process more robust and considers the needs of the countries.

296. The Regional Director mentioned that the SE Asia Region’s prioritization process helped the Region to formulate Regional Flagships based on priorities expressed in the Country Cooperation Strategies, National Health Strategic Plans, World Health Assembly and Regional Committee resolutions. Hence, the Regional Flagships prioritized were robust and were equally important to showcase public health results over the period of the biennium.

297. The Committee was informed that the SE Asia Region has always had a greater focus on results-based bottom–up planning in consultation with the Member States. Continuing with the same practices, the Secretariat is now working towards the “Operational Planning for Programme Budget 2024–2025” starting from earlier prioritized Outputs, Outcomes, and strategic deliverables at the country and regional levels with the targets of finalizing it by the end of November 2023.
298. The Secretariat thanked Member States for their sustained support. The Chair thanked Member States for their comments and for the approved Programme Budget 2024–2025.

Draft Fourteenth General Programme of Work (GPW14) (*Agenda item 7.3, SEA/RC76/6, Inf. Doc. 1*)

299. The Committee, after having reviewed the draft GPW14 discussion document, obtained a clear overview of the major sections proposed in the GPW14 document, including the context of GPW14, lessons learnt from GPW13, the overarching goal and strategic objectives of GPW14, and initial considerations for the Results Framework, as well as a tentative financing envelope. The Committee took cognizance of the deliberations and recommendations of the Sixteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) on this agenda item.

300. Member States appreciated the broad-based consultation that the Secretariat is carrying out to be as inclusive as possible in the co-creation of this important strategic document. Member States expressed full commitment towards achieving the GPW13 Triple Billion targets, and expressed satisfaction that the GPW14 will build on the lessons and achievements of GPW13. Member States acknowledged the continued integrated approach of GPW and expressed the need for a robust Result Measurement Framework, indicators with baseline, targets and milestones, which can be regularly assessed to enhance overall impact measurement.
301. Member States also reiterated the importance of a Results Framework and expressed satisfaction that a parallel process to develop such a framework is ongoing as the work on the development of the GPW14 progresses. The Committee expressed full commitment to continue to engage in the development of the GPW14 document and requested the Secretariat to ensure that Member States are kept fully informed of the next steps in this process.

302. The Secretariat thanked the Member States and reiterated its commitment to work with them in the development of GPW14 and to provide all possible support that countries may require as the GPW14 is co-created in collaboration. The Secretariat informed that the revised version of GPW14 will be available for Member States’ consultation by mid-November 2023. The Chair thanked the Member States and the Secretariat for their constructive deliberations on the agenda item.

**Sustainable financing** *(Agenda item 7.4, SEA/RC76/7 Rev. 1 and SEA/RC76/7 Inf. Doc. 1)*

303. The Committee was updated on the progress and ongoing activities related to the discussions on Sustainable financing. The discussions which started two years ago are resulting in tangible actions to increase the sustainability of WHO financing. The World Health Assembly approved the Programme Budget 2024–2025 envisaging an agreed upon 20% increase in Assessed Contributions. It was observed that the reform agenda is progressing with a broad range of concrete reforms already implemented. This progress can be tracked through the Member States dashboard.

304. The Committee was informed that the WHO Investment Round is taking shape to be launched in 2024. The Secretariat has shared a White Paper on the WHO Investment Round with Member States for consultation and inputs. This White Paper outlines the main elements of the Investment Round including its purpose, modalities, financial envelop, risk management elements, evaluation component among others, it was informed.

305. The Committee highlighted the importance of achieving sustainable financing in order to reach better health results for all and reiterated support to strengthening the sustainability of WHO Financial Model. The Committee supported the initial 20% increase in Member States’ Assessed Contributions and looks forward to future discussions on how to manage additional increases while respecting domestic needs and challenges.
306. The Committee expressed support to the Secretariat’s efforts to find new and innovative funding mechanisms and encouraged the Secretariat to elaborate on the risk management framework of the Investment Round, a mapping of new potential investors to expand the donor base and increase the consultations with Member States on the Investment Round.

307. The Regional Director reiterated the importance of sustainable financing to enable WHO to finance all WHO priorities and fulfil its mandate. She encouraged Member States to continue engaging in the consultations, to provide their input to the White Paper and support the implementation of the Investment Round.

Policy and technical matters (Agenda item 8)

Regional Strategic Framework for sustaining, accelerating and innovating to end NTDs in the South-East Asia Region 2023–2030 (Agenda item 8.1, SEA/RC76/8)

308. In the South-East Asia Region, at least one of 15 NTDs are endemic in all 11 Member States, with the highest burden of NTDs among all the WHO regions. In 2021, 857 million people required interventions against NTDs, which accounted for the highest proportion of the global burden (54%). This included 59% of the global population requiring annual mass drug administration (MDA) against LF, 66.5% of the new cases of leprosy reported through routine and active case detection globally and 496.1 million children requiring annual or semi-annual deworming.
309. Therefore, eliminating NTDs in the South-East Asia Region is a global priority to achieve SDG targets. Following the launch of the Regional Flagship Priority Programme in 2014, “Finishing the task of eliminating neglected tropical diseases (NTDs) and other diseases on the verge of elimination”, the Committee appreciated WHO’s continued support to Member States in accelerating their efforts to eliminate and control NTDs.

310. The Committee commended that this has led to substantial progress and achievements in the Member States in elimination of NTDs. Seven countries of the Region achieved eight public health achievements to date, including elimination of LF, trachoma and kala-azar as a public health problem in Bangladesh, Maldives, Myanmar, Nepal, Sri Lanka and Thailand, and yaws-free status in India. Indonesia is close to elimination of schistosomiasis, whereas India achieved 97% reduction in new cases of kala-azar and sustenance of case fatality rate of dengue below 1%. Maldives recently achieved interruption of transmission of leprosy and the overall prevalence of less than 1% of soil-transmitted helminthiases, and Sri Lanka is on the verge of eliminating rabies.

311. The Committee reiterated that despite substantial decadal progress, new challenges and opportunities have emerged. In countries that achieved elimination of a NTD as a public health problem, efforts are needed to sustain the elimination status in the post-elimination phase, with a focus on integration of surveillance and response with other disease programmes and the health system, while accelerating research and development of new tools and strategies to make further progress.

312. Dengue outbreaks continue to pose a major public health crisis across the Region despite continuous efforts of Member States for its prevention and control. There are several other NTDs accounting for the highest burden in the Region such as rabies and snakebite envenoming. There is a need for a new vision and direction to expand the focus to the next unfinished agenda and further accelerate the control and elimination of NTDs and to sustain the gains made in the South-East Asia Region in the next decade.

313. The New Roadmap for the eradication, elimination and control of NTDs – “Ending the neglect to attain the Sustainable Development Goals: A roadmap for neglected tropical diseases 2021–2030” – was endorsed by the Seventy-third World Health Assembly in 2020. NTDs are an integral part of the SDGs, with SDG target 3.3 specifically aiming to end this epidemic by 2030.
314. Achieving this target will also have a direct impact on SDG target 3.8, which aims to achieve UHC. The new Roadmap set updated global targets and milestones to prevent, control, eliminate or eradicate 20 diseases and disease groups as well as established cross-cutting targets aligned with the SDG Framework.

315. The Committee appreciated the efforts of WHO in developing the new Regional Strategic Framework for sustaining, accelerating and innovating to end NTDs in the South-East Asia Region 2023–2030 aligned with the new Global NTD Roadmap, with the three strategic pillars on (i) strengthening country ownership, leadership and stewardship; (ii) accelerating programmatic actions, particularly for the diseases that need further progress towards elimination and that are newly added in the NTD portfolio such as snakebite envenoming; and (iii) intensifying integrated and cross-cutting approaches for sustaining the impacts and achievements to date.

316. In line with the new Regional Strategic Framework and Global NTD roadmap, the Committee urged continued WHO support to Member States to sustain, accelerate and innovate to end NTDs, including development of the Monitoring and Evaluation Framework for the implementation of the Regional Strategic Framework, establishment of a formal verification process for elimination of schistosomiasis, technical support for the development of a dossier for validation of elimination of kala-azar as a public health problem in endemic countries, strengthening of cross-border collaboration for information sharing and synchronizing interventions across the border, facilitation of effective multisectoral collaboration and intensification of community awareness and engagement.

317. The Committee also assured the sustained commitment and prioritization of Member States to sustain, accelerate and innovate to end NTDs by 2030, guided by the new Regional Strategic Framework and Global NTD roadmap. The Secretariat appreciated India’s political commitment to term “neglected diseases” as “prioritized diseases” for elimination.

318. At the end of the discussions on this agenda, the Committee endorsed the Regional Strategic Framework for sustaining, accelerating and innovating to end NTDs in the South-East Asia Region 2023–2030.
Implementation of the new Regional Health Security Roadmap 2023–2027
(Agenda item 8.2, SEA/RC76/9)

319. The Seventy-fifth session of the WHO Regional Committee for South-East Asia in Paro, Bhutan, endorsed the “Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027”, and a companion “WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027”. Currently, the Regional Health Security Roadmap involving technical, financing and governance mechanisms, is being implemented with the support of Member States of the Region. Member States have made considerable progress in strengthening the International Health Regulations (IHR) Core Capacities. The regional average score for the States Party Annual Reporting (SPAR) 2022 increased to 68 from 64 in SPAR 2021 while maintaining 100% reporting from all Member States.

320. Member States have undertaken several key activities to strengthen health security systems. Indonesia, Sri Lanka and Thailand have completed their second Joint External Evaluation (JEE) for the IHR Core Capacities, whereas Nepal has completed the first JEE. The JEE allows Member States to identify the most urgent needs and opportunities within their health security system for enhanced emergency preparedness, detection and response. A joint assessment of public health preparedness and response capacities at adjacent ground crossing points of entry (PoE) at Indonesia and Timor-Leste was undertaken in August 2023.

321. The Strategic Tool for Assessing Risks (STAR) has been used by Bhutan, Nepal, Sri Lanka and Thailand with WHO facilitation. STAR offers a comprehensive, easy-to-use toolkit and approach to enable national and subnational governments to rapidly conduct an evidence-based assessment of public health risks for planning and prioritization of health emergency preparedness and disaster risk management activities.

322. Sri Lanka and Thailand have also conducted a National Bridging Workshop (NBW) for IHR and Performance of Veterinary Services (PVS). The objective of the NBW is to analyse and improve the collaboration between the two sectors (human and animal health) in the prevention, detection and response to zoonotic diseases and other health events at the animal–human interface (food safety, food security, antimicrobial resistance).

323. All Member States that had completed the first round of JEE-IHR till 2019 had developed their National Action Plan on Health Security (NAPHS). Nepal,
Indonesia, Sri Lanka and Thailand would be developing their new NAPHS in 2024. The World Health Emergency (WHE) department at the Regional Office for South-East Asia is actively engaged with Member States which are yet to complete JEE-IHR or STAR or NBW:IHR-PVS and advocating for the completion of these critical assessments before proceeding to develop their respective NAPHS and National Health Emergency Response Operations Plan (NHEORP).

324. Bangladesh, Maldives and Timor-Leste are committed to conducting their repeat JEE-IHR in 2024. The Regional Office will also support Member States to roll out the resource mapping (REMAP) tool for NAPHS implementation, based on multisectoralism and inclusivity for low- and middle-income countries (LMICs) in particular, and with the identification of the financial and technical resources that will be necessary.

325. Strengthening IHR National Focal Point (IHR-NFP) capacities remains a high priority for the Region. The Political Declaration of the United Nations General Assembly (UNGA) High-level Meeting on Pandemic Prevention, Preparedness and Response at the Seventy-eighth Session in September 2023 reiterated the importance of sustained political leadership and a multisectoral approach to dealing with health emergencies.
326. At the request of the Seventy-fifth session of the Regional Committee, the proposal for the establishment of the Regional Health Emergency Council (RHEC) of Heads of Government/State was drafted by the WHO Secretariat. This is in alignment with the ongoing global processes on health emergencies, such as the Intergovernmental Negotiating Body (INB), the Working Group on the Amendments to the International Health Regulations (WGIHR) and the Global Health Emergency Preparedness, Response and Resilience (HEPR) Framework to enhance regional governance and coordination.

327. The draft proposal was finalized following extensive consultations with Member State officials and experts. Suggestions and feedback received were incorporated after internal discussions within the respective Member States of the Region and key senior technical officers and managers from all three levels of WHO. This was in preparation for and during the “Regional Consultation on implementation of the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027”, held at New Delhi in July 2023.

328. Further, the structure, function, objectives and modes of operation of the proposed Regional Health Emergency Council (RHEC) were outlined for observations, comments and guidance of Member States at the High-Level Preparatory Meeting. The draft Regional Health Emergency Council (RHEC) proposal, following its review by the High-Level Preparatory Meeting in September 2023, was placed for consideration of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia.

329. The Committee welcomed the focus of the Roadmap on the interventions needed to strengthen the capacity of Member States to detect, contain and mitigate any future health emergency. Implementation of the technical components has already begun.

330. After discussion on this, Member States proposed that the matter be kept in abeyance at the moment as discussions on the same at the global level are on hold till the negotiations on the proposed global pandemic treaty are completed. This was further reinforced by the Director-General, Dr Tedros Ghebreyesus, in his observations on the subject.

331. India appreciated the support provided by WHO to national-, regional- and subnational-level disaster and health emergency risk management. India suggested the inclusion of preparedness through the all-hazards approach, with the potential to impact public health.
332. Indonesia informed the Regional Committee of making significant investment in early warning systems (EWS) and strengthened public health laboratory capacity. Indonesia remains committed to implementing the current Regional Health Security Roadmap 2023–2027, in a comprehensive and inclusive manner along with the regional partners. It acknowledged that the Roadmap would help in building more resilient health systems essential in protecting people from the future impacts of health emergencies. Vaccine research is ongoing, and it plans to increase its laboratory capacity to 1000 public health laboratories able to perform polymerase chain reaction (PCR). The country expressed its gratitude for knowledge-sharing.

333. Bangladesh cautioned on avoiding duplication of functions of the Chief Executive Officer of the RHEC and the leadership of the WHE department of the Regional Office. Membership in expert committees of the RHEC also requires careful representation from the Member States of the Region. Bangladesh suggested that apart from mobilization of the South-East Asia Regional Health Emergency Fund (SEARHEF), there is also a need to explore appropriate new donors for supporting the functioning of RHEC.

334. Nepal welcomed the expansion of SEARHEF from US$ 1 million to US$ 3 million, in further strengthening the political commitment and regional cooperation to advance health emergency preparedness and response mechanisms. Nepal suggested a resolution for establishing the RHEC during the current Regional Committee meeting.

335. Bhutan informed the Regional Committee of the recently completed Strategic Tool for Assessing Risks (STAR) workshop at the national level, utilizing the technical and financial support of WHO.

336. Timor-Leste requested WHO to continue its support to the health sector in Timor-Leste to enhance public health emergency preparedness through a PHC-oriented health system strengthening approach along with other partners.

337. Thailand raised the following three points for consideration: (i) the implementation of the RHEC should be in-line with the Global Health Emergency Council (GHEC), the establishment of which is still being discussed by Member States at the global level and must be synchronized with the governance mechanisms of the GHEC that would emerge; (ii) it is not feasible or practical to expect the Head of State/Government to be involved in the RHEC, instead the
health minister is proposed to represent the Member State on the RHEC in place of the Head of State; and (iii) Thailand is not in favour of using any portion of SEARHEF to finance the functioning of the RHEC Secretariat.

338. Sri Lanka stressed that equity should be prioritized while strengthening health security. The completion of the IHR and health emergency risk-related assessments in 2023 with the support of WHO to enable drafting of the next NAPHS was also highlighted.

339. Maldives appreciated the endorsement of the Regional Strategic Roadmap and expressed its commitment to strengthening the inter-agency efforts for advancing the implementation of the Roadmap.

340. Equity and inclusivity being the central theme for pandemic preparedness and global health security, Member States stressed the need for “Whole of Government” and “Whole of Society” approaches to strengthen prevention, preparedness, response, and resilience to health emergencies.

341. The Committee urged the Secretariat to keep providing high-quality, focused technical assistance to Member States of the Region for strengthening International Health Regulations Core Capacities and implementation of the
NAPHS. The Committee also requested WHO to continue to effectively implement the regional components of the Regional Roadmaps.

342. The Director-General, Dr Tedros, while responding to the interventions of the Member States expressed the view that the RHEC is a good idea. He however opined that it would be appropriate to wait for the completion of the INB process to ensure that the governance-related recommendations negotiated as part of the pandemic accord will have a bearing on the formulation of the RHEC. He requested the Member States to support the successful and timely completion of the negotiation process. He also requested them to address the misinformation related to the pandemic accord prevalent in the social media alleging that it is intended to give more power to the WHO Secretariat while actually these negotiations are driven by Member States for effective collaboration and governance for pandemic prevention, preparedness and effective response.

343. The Regional Committee adopted a decision SEA/RC76(1) titled “Advancing health emergency preparedness and response in the WHO South-East Asia Region”.

344. The Regional Director released a publication titled “Compendium of good practices in response to COVID-19 in the SE Asia Region”.

Annual report on monitoring progress on UHC and health-related SDGs (Agenda item 8.3, SEA/RC76/10)

345. The Committee was informed that at its Seventieth session in 2017, vide Decision SEA/RC70(1), the Regional Director was requested to “include an annual report on monitoring progress on UHC and health-related SDGs as a substantive Regional Committee agenda item until 2030”. The latest publication, officially released during this agenda item, titled Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2023 update, provides a comprehensive overview of the status and trends of 46 health-related SDG indicators and an additional five indicators relevant to the WHO Thirteenth General Programme of Work (GPW13) for all 11 Member States of the Region.

346. The thematic focus of the 2023 report is “the status of digital health implementation in the SE Asia Region – a rapid assessment”, a foundational enabler for accelerating progress towards UHC and the other health-related SDGs. The report presents enhanced country-specific SDG profiles that provide data on
trends, given data availability, across all the health-related SDG indicators, as an actionable tool to monitor progress, guide future actions and collaborations that accelerate progress towards UHC and other-health related SDG targets.

347. The Committee commended and noted the annual report as a strategic product to monitor progress using the latest available data, trends and statistics.

348. The Committee highlighted the importance of strong national civil registration and vital statistics (CRVS) systems that produce timely, reliable and efficient data and requested more guidance from WHO to improve vital statistics completeness, coverage and integration from the CRVS underlying sources.

349. The Committee also noted the challenging high out-of-pocket health expenditure in the Region and emphasized the need to capture mitigating comprehensive reforms and policies implemented by countries, including on health expenditure and financial protection. Examples included the implementation of essential services packages, use of innovative financing schemes and increased health insurance coverage.

350. The Committee also highlighted the importance of exploring opportunities to exchange knowledge and experience from Member States who implemented effective interventions to improve essential service coverage and financial protection. The Committee also noted the need to develop capacities in data analysis to better measure and understand financial protection, and to improve countries’ response to increases in catastrophic spending.
351. The Committee emphasized the need to monitor health inequalities to ensure that no one is left out of accessing health services and to avoid disparities in better health outcomes. The Committee noted the importance of strengthening national HIS to produce health data outcomes and outputs disaggregated by income, sex, age, race, ethnicity, disability, geographical location and migratory status to assess any inherent inequities.

352. Additionally, the Committee noted the need to assess and understand the possible effects of unmet needs and foregone care to ensure universal access to essential health services. The Committee proposed consideration of additional indicators to monitor unmet health needs within the context of universal health coverage and facilitate regional consultation on this.

353. In examining the report findings, the Committee reiterated the importance of strengthening primary health care that provides integrated essential health services as a powerful pathway to achieving UHC and the other health-related SDGs.

354. Finally, the Committee stressed that achieving UHC and the SDGs requires a multisectoral approach to accelerate progress coupled with strong political will and commitment. Wider involvement of health development partners, NGOs, other stakeholders, and working effectively with WHO were equally important.

355. The Regional Director presented the key summaries and observed trends of the eighth annual report on monitoring progress towards UHC and the health-related SDGs and reiterated that progress has been mixed and uneven. She drew attention to the substantial achievements in reducing maternal and child mortality and selected infectious diseases such as malaria elimination and the reduced burden of HIV/AIDs, and contrasting efforts and initiatives to tackle the lack of progress markedly on reducing the incidence of tuberculosis and the increasing burden of premature mortality caused by NCDs in the Region.

356. She also referred to the unwavering commitment of Member States and their implementation of the 12 strategic actions detailed in the Regional Strategy for primary health care (PHC) demonstrated during the Ministerial Roundtable.

357. The Assistant Director-General for Data, Analytics and Delivery for Impact at WHO headquarters, Dr Samira Asma, spoke on the importance of monitoring progress on UHC and the health-related SDGs through the delivery for impact measurement approach, through improving the measurement of the UHC service
coverage index, the necessity to strengthen health information systems and capacities through the implementation of the SCORE for health technical package of essential interventions, and the key investments made by WHO to use the power of technology in presenting and communicating health data and evidence via the WHO World Health Data Hub.

358. The Assistant Director-General concluded by congratulating the Regional Director and Member States in the Region for measuring impact as evidenced by the key findings of the annual report and called for greater dialogue, knowledge exchange and data sharing to build health systems preparedness and response to current and future health crises.

359. The International Atomic Energy Agency (IAEA) presented a summary of their support to the SE Asia nations in radiation medicine and nuclear techniques for nutrition assessment. IAEA also highlighted the importance of investing in human capacities, partnerships and collaboration towards enhanced well-being, national development and SDG3 for health.

360. The Office of the UN High Commissioner for Refugees (UNHCR) presented their latest statistics showing that only 27% of countries in the SE Asia Region include forcibly displaced and stateless persons (FDSPs) in their national health systems, and in 72% of these countries, they have access to health care on par with nationals but with various degrees of limitations. UNHCR calls on SE Asia Member States to reevaluate their policies, legal frameworks, health systems and practice to fully integrate these populations and to provide them with complete access to national health systems and health schemes.

361. The International Federation of Medical Students Associations (IFMSA) called upon WHO to support member states as they develop national UHC implementation frameworks, with a specific emphasis on integrating digital health transformation, promoting gender sensitivity, upholding human rights and fostering participatory mechanisms in the framework.

362. The World Federation of Societies of Anesthesiologists (WFSA) welcomed the Region’s commitment to PHC-oriented health systems and emphasized the centrality of anesthesia services in the PHC approach. WFSA calls on SE Asia Region Member States to: (i) embed national surgical, obstetric and anesthesia plans into an integrated national health plan; (ii) harmonize multi-stakeholder partnerships between policy-makers, clinicians and their professional bodies; and (iii) address chronic workforce deficiencies through investment in continued medical education programmes.
363. The **World Obesity Federation (WOF)** called for actions to ensure that overweight and obesity are part of the essential continuum of care package within health systems that are equitable and accessible to all who need them.

364. The Director-General, Dr Tedros Adhanom Ghebreyesus, congratulated the Regional Director, Dr Poonam Khetrapal Singh, for the Region’s focus on impacts. We have to ensure that mothers are surviving, and children are surviving and thriving, he observed. There are areas in which appreciable progress has been made and there are areas of weakness; thus, it is important to focus on impacts and the Region is to be commended for that, he added. He expressed hope that the new Regional Director will continue focusing on this area.

365. Dr Tedros mentioned that another area of focus is to strengthen country capacity so that it reflects on indicators. He observed that the progress on the Pandemic Accord has been slow. Though there is a North–South divide, he hoped that a middle ground will be found. “We don’t need to repeat the mistakes made during COVID-19, otherwise we will miss the momentum. We don’t need rage, anger and death. Health suffers because of a lack of peace,” Dr Tedros concluded.

366. The Director-General and the Regional Director released two publications titled “**Accessing Medical Products in the South-East Asia Region (2023)**” and “**Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the WHO South-East Asia Region: 2023 update**”.

**SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action (Agenda item 8.4, SEA/RC76/11)**

367. The Committee noted that cardiovascular diseases (CVDs) are the leading causes of death accounting for nearly 30% (3.9 million) of the total of 13.2 million deaths in the South-East Asia Region in 2021. Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, along with high blood pressure and raised blood glucose are the major risk factors.

368. The Committee acknowledged the SEAHEARTS Initiative, which is an adaptation of WHO HEARTS package in the South-East Asia Region. It serves as a platform to bring together tobacco control, salt reduction, and elimination of trans-fatty acids along with improved hypertension and diabetes coverage and control through primary health care to reduce the burden of CVD.

369. The Committee was informed that at the Regional Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030 held in June
In 2023 in Dhaka, Bangladesh, nine Member States which attended agreed to the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”.

370. The Committee recognized that the South-East Asia Region has made progress in recent years and the achievement of the interim milestones outlined in the Dhaka Call to Action is feasible with the accelerated efforts. Age-adjusted premature mortality from CVDs have shown a declining trend from 129 per 100 000 in 2000 to 108 per 100 000 in 2019.

371. Tobacco use prevalence among men decreased from 68.9% in 2000 to 43.7% in 2022 and from 33.5% to 9.4% among women, the fastest rate of decline among all WHO regions. Four countries have adopted regulations for the elimination of trans-fatty acids from their national food supplies, potentially benefiting over 1.6 billion people.

372. Member States welcomed the agenda item and expressed their support for SEAHEARTS as a platform to accelerate reduction in the CVD burden in the Region. Recognizing the burden of CVD in the SE Asia Region, Bangladesh proposed a Resolution on SEAHEARTS and called upon Member States to use the Dhaka Call to Action as a collective effort to accelerate the process towards achieving SDG targets.

373. Bhutan supported the SEAHEARTS intervention and briefed delegates about the “Services with Care and Compassion Initiative” at the primary health care level and the strengthening of services at the tertiary care level to address the burden of CVDs.

374. DPR Korea appreciated the efforts of the Secretariat and reiterated the need for enhanced cooperation for the prevention and control of CVDs in the Region. DPR Korea mentioned its law to prohibit tobacco smoking and efforts carried out by the country to implement the WHO PEN interventions in primary health care.

375. India welcomed the agenda and highlighted its target of placing 75 million people with hypertension and diabetes on standard care by 2025 within the existing primary health care framework. India assured delegates of its commitment to taking measures for the prevention and control of CVDs and welcomed working together with countries of the Region and sharing best practices.

376. Indonesia extended its full support and commitment to implement the Dhaka Call to Action and reiterated that through collaborative efforts, innovative
approaches, and sustained commitments significant progress can be made in reducing the burden of CVDs in the Region. Indonesia mentioned seven milestones ranging from health promotion, multisectoral coordination, improving screening early detection and management services, enhancing surveillance and monitoring, fostering partnerships for knowledge sharing and resource mobilization, and prioritizing research and innovation to scale up prevention and control of CVDs in the SE Asia Region.

377. Maldives acknowledged the importance of regional collaboration and specific interventions that take into consideration country circumstances. It mentioned its efforts at improving access to affordable and quality NCD care services through the PHC programme and extended its commitment to implement SEAHEARTS interventions by working together to reduce the impact of the CVD burden.

378. Nepal briefed about the regulation drafted to eliminate industrial-produced trans-fatty acids along with multisectoral efforts to curb tobacco and alcohol use.

379. Sri Lanka endorsed the Dhaka Call to Action and emphasized on the quality and effectiveness of interventions rather than coverage of services alone. Sri Lanka also requested WHO to introduce relevant digital tools to assess and monitor the effectiveness of interventions in addition to coverage.
380. Thailand supported the resolution proposed by Bangladesh and suggested to the Secretariat that the baseline of interim milestones be documented, and countries informed of the efforts required in the national context to achieve the ambitious milestones from now till 2025. Thailand mentioned the commercial determinants of health that influence government policy and the need to take collaborative action to prohibit electronic nicotine delivery systems (ENDS), or e-cigarettes, in the Region.

381. All Member States have taken steps to prevent and manage CVDs through multisectoral action on risk factors and strengthening services for NCDs in PHC. Public commitments from Member States to place 80 million people living with hypertension and/or diabetes on protocol-based management by 2025 indicates the importance given to the subject under discussion, Member States reaffirmed.

382. The Committee urged all Member States to implement the SEAHEARTS Initiative through political commitment and leadership, along with adequate capacity in the health systems, and to promote accountability through timely and reliable data.

383. The Committee urged WHO to support Member States to develop and prioritize country-specific plans with baseline and roadmaps to accelerate the implementation of SEAHEARTS. WHO was requested to also support Member States to leverage legislative, regulatory and fiscal policies and other measures to reduce risk factors for CVDs and to provide technical support in monitoring and evaluation, documenting good practices, and disseminating lessons learnt in implementing SEAHEARTS.

384. Non-State Actors collectively welcomed the move towards implementation of the SEAHEARTS Initiative and offered their support to combat risk factors and reduce CVDs across the Region.

385. The International Society of Physical and Rehabilitation Medicine (ISPRM) said that rehabilitation is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving the quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society. The ISPRM urged Member States to prioritize the integration of rehabilitation services for cardiovascular diseases and other noncommunicable diseases at all levels of health care.
386. The NCD Alliance, together with Movendi International, World Heart Federation (WHF), Healthy India Alliance and Eminence Associates for Social Development, welcomed the move towards implementation of the SEAHEARTS Initiative. Approximately 245 million people in the South-East Asia Region have undiagnosed high blood pressure, and almost 100 million have diabetes, with that number expected to increase 68% by 2045.

387. WHF also supports further efforts of the SEAHEARTS Initiative to tackle CVDs, NCDs, and their risk factors, and strengthening digital information systems. It supported the Initiative’s calls for expansion of tobacco control measures, stronger regulatory action against trans-fatty acids, loftier targets for curbing salt intake, and the restriction of marketing food and beverages high in salt, sugar and fats to children. Further, it encouraged Member States to develop and employ context-specific national physical activity action plans, and implement the WHO SAFER package of interventions on alcohol control.

388. The SEAHEARTS Initiative will tackle CVD, NCDs and their risk factors, including promoting simplified treatment protocols for hypertension and diabetes, ensuring continuity of care and supply of medicines, and strengthening digital information systems, including through the collection of disaggregated and timely data, for more comprehensive patient health management.

389. The Secretariat welcomed the work by countries and reiterated its support to provide advocacy and technical assistance to Member States in accelerating the implementation of SEAHEARTS.

390. The Committee endorsed the resolution SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region (resolution SEA/RC76/R5).

391. At the end of the session, an information brochure titled SEAHEARTS: an initiative to reduce cardiovascular disease burden in WHO South-East Asia Region was launched.

Data-driven policy-making and sharing of information on a common platform (Agenda item 8.5, SEA/RC76/12)

392. The thrust of this agenda item is to promote evidence-informed policy and creation/strengthening of an integrated data-sharing platform.
393. The Committee welcomed the agenda item and the background paper that would enable a bi-directional and secure flow of information within and across countries. The COVID-19 pandemic had highlighted the need for timely and reliable data to make effective and efficient decisions.

394. It also provided an opportunity to develop innovative platforms such as the national COVID-19 tracker and surveillance and dedicated platforms to monitor progress on the SDGs. The Committee strongly advocated for the premise “to capture data once, and use data multiple times” and the need to deploy digital technologies that can transform the public health sector.

395. The Committee further emphasized that data-driven decision-making saves lives and urged all Member States to unite in this shared agenda. Critical gaps remain in terms of data availability and readiness in emergencies, data quality and completeness (particularly in mortality data) and the need for sustainable investment in data systems, data security and analytical capacities. More support is needed from WHO in these aspects.

396. While the Committee acknowledged the importance of data for decision-making, there are still outstanding challenges, mainly fragmentation, and lack of interoperability between subsystems that impede accessibility, integration and use of data at all levels of service delivery. The Committee also noted multiple examples of country successes with regard to improving the performance of their national health information management systems and platforms to demonstrate more accountability towards improved service coverage.

397. The Committee also noted the criticality of rapid availability of data for decision-making and timely clinical interventions and health-care provision – noting examples such as screening for NCDs risk factors at the PHC level, as well as closing the gap on key health inequities in access to care.

398. The Committee strongly echoed the importance of the core components of the health information system (HIS) ecosystem and called for continued investments in its leadership structures, governance, integration and sustainability, standards and interoperability, flexible digital infrastructure, digital health roadmap, a digitally skilled health workforce, legislation, ethical policies and compliance, and a people-centred approach to data collection. The Committee noted that investment in the HIS ecosystem is a foundational requirement to an integrated data-sharing platform at the national and regional levels with robust
data agreement policies and governance structures that can facilitate seamless intercountry data exchange and collaboration while maintaining Member States’ sovereignty.

399. Equally, the Committee highlighted the need for strategic investments, improved human resource capacities and health financing mechanisms to ensure sustainability of the integrated health information platform.

400. The importance of a digital health enterprise architecture (blueprint) was also emphasized as the foundation for the adoption of interoperability standards and interconnected data exchanges for decision-making at all levels, from local to national and regional. The Committee requested WHO to continue supporting Member States to develop the digital health enterprise architecture (blueprint) and requested further assistance to ensure a strong and future-ready health data ecosystem.

401. The Assistant Director-General, Dr Samira Asma, commended Member States’ efforts to measure the impact of policies on the people we serve using countries’ established data systems. She emphasized that there was an opportunity for the global ecosystem to learn from the successes and efforts of the SE Asia Region. She advocated for investment in data and information systems to produce timely and reliable data that can inform policies and decisions.
402. The Secretariat concluded by noting Member States’ support for national and regional health information platforms with robust data governance mechanisms that foster data exchange for decision-making. However, the success of national and regional integrated health information platforms will depend on sustainable long-term investment in national and subnational health information systems. WHO remains committed to working closely with its Member States to strengthen national and subnational health information systems leveraging digital technology and data analytics while ensuring that data standards and trusted data exchange are maintained.

403. Vital Strategies believed that the best place to advance data-driven policymaking is at the country level. This requires investing in quality data systems, capacity for data analysis, and decision-making processes that make data use routine. The Data to Policy (D2P) Program, a collaboration between Vital Strategies, the US Centers for Disease Control and Prevention (CDC), Atlanta, and 20 partner governments supported under the Bloomberg Philanthropies Data for Health Initiative, is a policy development approach that harnesses local epidemiological data and other sources of data and evidence to generate policy briefs recommending actions to address pressing public health threats identified by local governments.

404. Policy teams from ministries of health receive training and mentoring in core methods for evidence informed policy development. In the South-East Asia Region to date, the programme has been delivered in Bangladesh, India, Myanmar, Sri Lanka and Thailand – with life-saving policy outcomes. It has conducted training of trainers in Bangladesh, Myanmar and Sri Lanka. This ensures the ongoing development of data-driven policy recommendations, and, over time, a strengthened culture of evidence use. Another focus of the programme is on strengthening health economics expertise within government to be able to carry out, commission and use economic evaluation to inform priority setting in the health sector.

Progress reports on selected Regional Committee resolutions (Agenda item 9, SEA/RC76/13, SEA/RC76/13 Add. 1 and SEA/RC76/13 Add. 2)

South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol 2014–2025 [SEA/RC67/R4] (Agenda item 9.1)

405. The Sixty-seventh session of the WHO Regional Committee for South-East Asia in Dhaka in 2014 had endorsed the South-East Asia Regional Action Plan
to implement the Global Strategy to Reduce the Harmful Use of Alcohol (2014–2030). The vision of the Regional Action Plan is to reduce the health and societal burden from alcohol consumption, with the goal of strengthening capacity of Member States to address alcohol-related problems.


407. To further the action taken 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 World Health Organization Global Alcohol Action Plan 2022–2030 was endorsed by the Seventy-fifth World Health Assembly in May 2022 to effectively implement the Global Strategy to reduce the harmful use of alcohol, as a public health priority. In 2018, WHO launched the SAFER initiative to provide support for countries to address harms of alcohol through strengthening ongoing implementation of WHO and UN instruments on alcohol.

408. The Committee noted that Member States currently face several challenges. Social media and cross-border promotions of alcohol use is widespread and unregulated. This makes alcohol use attractive to young people and blunts the effect of banning advertising in traditional media. Informal or illicit production, sale of alcohol is common in most Member States, for which context-sensitive interventions are required.

409. There is widespread alcohol industry interference when developing and implementing alcohol control measures in many countries. Several evidence-based measures for alcohol control require actions from sectors other than health at the country level, including education, social services, justice and finance. Data gathering and monitoring production, use and harm from alcohol require further strengthening. Data on impact of alcohol at the national and subnational levels, which include its burden as well as economic and social cost, are sparse.
It was reiterated that several Member States have developed alcohol control policies in line with the South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol 2014–2025.

The Committee noted that there should be a recognition of the urgent need for a legally binding international instrument for implementing effective alcohol control policies to address alcohol industry interference, cross-border marketing, promotions in social media and the effects of international trade treaties. Although aspects related to these challenges are technically addressed in the Regional and the Global Alcohol Action Plans, these are not binding documents that mandate actions beyond borders of Member States.

Existing measures banning advertising, sponsorships and other promotions, restricting availability and drink–driving countermeasures should be strengthened, and access to screening brief interventions and treatment services should be improved. Raising prices through optimal taxation should be prioritized. For alcohol control, multisectoral mechanisms to collaborate further with relevant sectors such as finance, social services, education, justice and law enforcement, should be strengthened, the Committee observed.
413. Technical support should be provided to Member States to address alcohol industry interferences when developing and implementing policies, in a context-sensitive manner, at the national and subnational levels. Current in-country mechanisms for strengthening initiatives addressing the issue of production, distribution, sale and consumption of home-brewed and other types of illicit alcohol including cross-border smuggling should be in place.

414. It was also stated that countries should establish mechanisms to strengthen research and evidence generation on alcohol taxation, economic and social costs of alcohol, associations between alcohol and suicide, alcohol and poverty and intervention research on delaying onset of use. Provision of services to address alcohol-related disorders in primary care should also be strengthened.

415. The Committee appreciated and supported the progress made on implementing the Global Strategy to reduce harmful use of alcohol 2014–2025 and highlighted the action taken at the national level to implement alcohol control measures since the adoption of SEA/RC67/R4. The Committee also requested support for developing surveillance and monitoring systems for alcohol control.

416. Member States expressed concern at the increasing access to alcohol and also highlighted the action taken at the national level to implement alcohol control
measures since the adoption of resolution SEA/RC67/R4. Member States requested for WHO support for developing surveillance and monitoring systems for alcohol control.

417. **Movendi International** stated that alcohol is a major and cross-cutting obstacle to universal health coverage and the SDGs. Globally, alcohol contributes to 20% of injuries in emergency department presentations. In some low- and middle-income countries (LMICs), one in five hospital beds are occupied due to alcohol harm. Alcohol use and harm are rising, particularly among adolescents, youth and women, due to aggressive targeting by the alcohol industry. The magnitude and severity of alcohol harm across the Region is serious, especially concerning NCDs, HIV and TB, violence and road traffic injuries. Costs due to pervasive alcohol harm undermine the strength, resilience, and capacity of health systems to provide care, prevent harm, and promote health.

418. In 2010, the WHO World Health Report said: “Raising taxes on alcohol to 40% of the retail price could have an even bigger impact [than a 50% increase in tobacco taxation].” Alcohol taxation, like other health-promotion taxes, holds massive potential for achieving universal health coverage. Alcohol taxation is a triple win measure: (i) it helps reduce and prevent alcohol harm and costs; (ii) it helps promote equity and sustainable development; and (iii) it helps raise domestic resources for investment in health systems and health promotion. Movendi International is ready to step up our support for countries in our Region to accelerate alcohol policy action in general and to raise alcohol taxes in particular to help achieve UHC and the SDGs for the people of South-East Asia.

**Challenges in polio eradication [SEA/RC60/R8]** *(Agenda item 9.2)*

419. The Committee noted the progress report on polio eradication in the South-East Asia Region that includes efforts to maintain the polio-free status, challenges, and the way forward to overcome these challenges and sustain the regional achievements.

420. Observing that the WHO South-East Asia Region was certified polio-free in March 2014 and has maintained its polio-free status since then, the Committee also noted the risk of resurgence of polio in the Region and the need to remain vigilant. The South-East Asia Regional Certification Commission for Poliomyelitis Eradication (SEA-RCCPE) continues to provide oversight to the regional polio programme. The National Certification Committees for Poliomyelitis Eradication (NCCPEs) provide oversight to the polio programme at respective country level and submit an annual progress report to the SEA-RCCPE.
421. The Committee noted that there have been continued efforts in the Region to maintain surveillance sensitivity for poliovirus detection as well as maintaining high immunity against polio through routine and supplementary immunization activities. Seven Member States are now providing at least two doses of inactivated poliovirus vaccine (IPV) through their immunization programme.

422. The Committee noted that since its last meeting, there has been an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Indonesia. The country responded aggressively to the cVDPV2 outbreak by conducting two mass vaccination campaigns, using the novel oral polio vaccine type 2 (nOPV2), in three provinces reaching more than 6 million children in each campaign. The country is taking steps to strengthen surveillance including performance of laboratories, specimen management and data management and sharing. The country is also taking action to improve immunization coverage with two doses of IPV.

423. The Committee noted that all Member States continue to ensure that polio outbreak response preparedness capacity is maintained and poliovirus containment activities are implemented as per global guidelines. The Committee noted that partners/donors are also committed to support Member States in maintaining the polio-free status of the Region.

424. The Committee noted that Member States that have significant polio infrastructure and assets – especially Bangladesh, India, Indonesia, Nepal and Myanmar – are taking actions towards sustainability of these assets for maintaining polio-free status and supporting other public health goals such as measles and rubella elimination, surveillance of other vaccine-preventable diseases, strengthening immunization and responding to emergencies.

425. The Committee noted the report of the HLP Meeting, and the recommendations made during the meeting, including continued commitment of Member States to sustain high levels of routine immunization coverage with both bOPV and IPV, introduce second dose of IPV (IPV2) as per recommendations of the Strategic Advisory Group of Experts on immunization (SAGE) and rapidly achieving high IPV2 coverage, maintain a sensitive surveillance system and a strong outbreak response capacity, as well as containment of polioviruses in facilities.

426. The Committee also noted the recommendations made during the HLP Meeting on polio transition, regarding ensuring long-term sustainability of polio
Dr Poonam Khetrapal Singh is unequivocally considered a champion of primary health care in South-East Asia. Seen here with the honourable State Ministers of Health of Sri Lanka (left) and India.
infrastructure through domestic/alternative funding resources to maintain the gains in polio eradication and to achieve other public health goals.

427. **Rotary International** congratulated the South-East Asia Region for maintaining its wild polio-free status for over nine years. The countries in this Region have set an example of what can be achieved when governments, global health partners, civil society organizations and communities work together. Many lessons are learnt in this Region, which continue to contribute towards improvements in routine immunization and broader health efforts. It is challenging, time-consuming work but there is a tremendous return on that investment. Until polio is eradicated, all children remain at risk. It urged Member States to sustain high population immunity against polio through supplementary and essential immunization campaigns and systems to ensure that the poliovirus does not return to the Region.

428. The Regional Director launched a publication titled *Implementation Framework for cross-border collaboration for priority vaccine preventable disease surveillance and immunization.*

**COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs** (*Agenda item 9.3, SEA/RC74/R1*)

429. Member States reaffirmed their commitment to health systems strengthening, with a focus on integrated primary health care, especially with the capacity to provide both essential care and essential public health functions. Technology, social and policy innovations; public–private partnerships and multisectoral collaboration, and legal tools are key levers for the effort to build back better. Efforts to strengthen PHC in the Region should focus on health inequity, quality of care, and health literacy. Investment for PHC needs urgent attention, especially for competent PHC workforces, including community workers.

430. Emerging from the experience of the COVID-19 pandemic, the Seventy-fourth session of the WHO Regional Committee for South-East Asia had focused its discussions on the lessons learnt from COVID-19 and associated measures to “build back better”. A key lesson emphasized during the Regional Committee deliberations was that the features of strong primary health care-oriented health systems were the same as required to equitably and efficiently address health emergencies, achieve UHC, and accelerate progress on the Sustainable Development Goals.
431. Following deliberations on the subject, the Health Ministers from the Member States of the WHO South-East Asia Region had adopted the “Declaration by Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs” (hereafter referred to as the “2021 Ministerial Declaration”) on 7 September 2021. The Regional Committee while endorsing the Declaration requested the Regional Director to report on progress on its implementation every two years until 2027.

432. The progress report presented to the Seventy-sixth Regional Committee summarized actions and achievements of both Member States and WHO during the two-year period from 2021 to 2023. The progress presented to the Regional Committee was informed by a self-reported survey completed by Member States, further supplemented with information gathered by WHO. Two tables were presented with detailed information on both significant policy reforms and specific actions with respect to the 12 areas of commitment identified in the Declaration. Collectively, the two tables point to strong progress – at times historic in scope and scale – towards development of resilient PHC-oriented health systems.

433. During the Seventy-sixth Regional Committee, four Member States referred to the progress report on “COVID-19 and measures to ‘build back better’ (SEAR/RC74/R1)”. More specifically, Member States reaffirmed their commitment to “building back better” through strengthening health systems, with a focus on integrated primary health care encompassing both essential services and essential public health functions.

434. Member States identified key mechanisms to “build back better” including technological, social and policy innovation, legal tool, public–private partnership, and multilateral collaboration. The Committee also recommended that efforts to strengthen primary health care in the Region should include focus on addressing health inequities, quality of care, and health literacy.

435. Interventions from Member States further recommended that efforts to strengthen primary health care in the Region should include focus on addressing health inequities, quality of care, and health literacy. It was also emphasized that investment in primary health care, including competent PHC workforce including community workers, demands urgent attention.
Finally, the Seventy-sixth Regional Committee decided that reporting on the progress of implementation of the Delhi Declaration be synchronized with progress reports on the resolutions SEA/RC74/R1 (*Declaration on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and health-related SDGs*) and SEA/RC75/R3 (*Enhancing social participation in support of primary health care and universal health coverage*), at the Regional Committee Sessions in 2025, 2027 and 2029, with a final report at the Regional Committee Session in 2030.

The **International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)** in its deposition stated that the 2023 UHC Report underlines the need for urgent progress against the SDG target 3.8 on UHC, and it shares the ambition to accelerate action towards delivering UHC. IFPMA and its members reinforce the private sector’s commitments to achieving UHC and, as a member of the UHC2030 movement, it fully supports the UHC2030 Action Agenda and the UHC2030 Private Sector Constituency Statement, which outlines key principles to guide collective action towards UHC.

While UHC is the primary responsibility of governments, success relies on combined efforts of all stakeholders. UHC is the only solution to ensuring a stable and predictable flow of resources to the health sector and is an investment in the foundation of a healthier, more sustainable future for all.

Women in Global Health congratulated WHO on developing and tracking progress on building back better essential services after COVID-19 to achieve UHC and advancing the health-related SDGs. Community health workers (CHWs) such as auxiliary nurse midwives (ANMs), accredited social health activists (ASHA workers), and anganwadi workers (AWWs) who are at the forefront, play a critical role in reaching and delivering primary health care services to vulnerable and marginalized populations.

Despite their significant contributions to delivering health-care services to large populations, female frontline workers, often the backbone of the health-care system, face many challenges including excessive workload, poor working conditions, absence of fair and timely compensation, insufficient training for undertaking new roles, lack of safety measures against violence and infections, lack of recognition and respect from both the government and the community. These challenges manifest as extended working hours, heightened psychological distress, fatigue, occupational burnout, discrimination, and alarmingly high rates of violence, sexual abuse, exploitation, and harassment at work.
The Regional Director launched two publications, titled *Leveraging public financial management for universal health coverage in the WHO South-East Asia Region – A Synthesis Report*, and *COVID-19 vaccination response – from crisis to readiness*, during this plenary session.

**South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7), and Expanding the scope of the South-East Asia Regional Health Emergency Fund** *(Agenda item 9.4, SEA/RC69/R6)*

442. The South-East Asia Regional Health Emergency Fund (SEARHEF) is an operational fund of the SE Asia Region and is earmarked for providing support to the health sector response of Member States during emergencies. The Fund was established in 2008 vide Regional Committee resolution SEA/RC60/R7 by pooling a budget of US$ 1 million for each biennium from Assessed Contributions. SEARHEF has played a key role in the health emergency responses of Member States by providing immediate financial support within 24 hours of an outbreak or emergency and has emerged as a symbol of regional solidarity.

443. The Committee expressed appreciation for the timely assistance provided by SEARHEF in times of disaster and acknowledged SEARHEF as a “path-setter” in enhancing the regional capacity for disaster response and preparedness.

444. The Committee noted that since its inception in 2008, SEARHEF has provided immediate financial support amounting to US$ 6.77 million to 43 emergency events occurring in 10 Member States of the Region. The Committee acknowledged the efforts of the SEARHEF Secretariat in streamlining governance of SEARHEF through regular meetings of the Working Group. The latest meeting was held on 10 August 2023 virtually.

445. The Committee observed that the COVID-19 outbreak has demonstrated the vulnerability of the health sector to emergencies and the need for innovative mechanisms to rapidly mobilize resources such as SEARHEF.

446. The Committee recognized that the direct and indirect effects of the COVID-19 pandemic have negatively impacted proposals to strengthen the corpus of SEARHEF. And moreover, evolving global and regional donor environment for funding have not been conducive towards strengthening SEARHEF.

447. The Committee considered expansion of the scope of SEARHEF including the increase of the corpus from US$ 1 million to US$ 3 million for a biennium. The potential expansion will be for strengthening both preparedness for and
response to health emergencies and stockpiling as may be required including for medical emergencies.

448. The Committee advised the Secretariat to include a substantive agenda item on the matter relating to expansion of the scope of the SEARHEF corpus during the Seventy-seventh Session of the Regional Committee. Prior to that the Secretariat will prepare a report on past utilization of the Fund by Member States and present the analysis and needs to the SEARHEF Working Group. The SEARHEF Working Group was advised to deliberate and elaborate on utilization of the corpus and make recommendations for better accountability and efficient management of the Fund including for preparedness for the consideration of the Seventy-seventh Session of the Regional Committee.

Regional commitment on TB: Political Declaration on TB by the UN High-Level Meeting and preparing a follow-up plan in the SE Asia Region [SEA/RC70/R4] (Agenda item 9.5)

449. The Committee recalled that the first UN High-Level Meeting (UNHLM) on Tuberculosis (TB) was held on 26 September 2018, which led to a political declaration to accelerate coverage of TB services and enable global progress towards the End TB Milestones and targets. The WHO South-East Asia Region accounted for more than 45% of global new TB cases in 2021 and half the number
of deaths. The Region also accounts for more than 38% of the estimated global incidence of rifampicin-resistant (RR-TB) and multidrug-resistant TB (MDR-TB) patients.

450. The SE Asia Region has shown enormous political commitment towards ending TB, starting in March 2017, when the Ministerial Meeting on Ending TB in the SE Asia Region was held in Delhi. The meeting adopted the Delhi Call for Action to End TB in the WHO South-East Region. The Regional Director of South-East Asia Region, Dr Poonam Khetrapal Singh, in consultation with Member States declared “Accelerate efforts towards ending TB by 2030” to be a Regional Flagship Priority at the Ministerial Meeting in 2017.

451. In 2023, a High-Level Ministerial Meeting on “Sustain, Accelerate and Innovate to End TB in the South-East Asia Region” was held on 16–17 August at Gandhinagar, Gujarat, with an overall objective of reinvigorating the political commitment and as preparation for UNHLM on TB. This High-Level Ministerial Meeting led to the promulgation of the “Gandhinagar Declaration”.

452. Subsequently, the “Political Declaration” from the UNHLM on TB at New York, on 22 September 2023 set ambitious targets for service coverage. In alignment with the WHO Director-General’s Flagship Initiative, countries committed to achieve by 2027: at least 90% of the estimated number of people who develop TB to be reached with quality-assured diagnosis and treatment, which translates to approximately 45 million people between 2023 and 2027 globally; at least 90% of people at high risk of developing tuberculosis provided with preventive treatment, which translates to providing up to approximately 45 million people with TB preventive treatment globally; and 100% of people with TB have access to a health and social benefits package, among other targets.

453. Member States also committed to integrate within primary health care, including community-based health services, systematic screening, prevention, treatment, and care of tuberculosis and for related health conditions.

454. The Committee reiterated the commitments to end TB in alignment with the Gandhinagar Declaration and the UNHLM Political Declaration. Member States also mentioned the Side-event organized during the UNHLM in September 2023 demonstrating political commitment at the highest level.

455. Several Member States have embarked on innovative approaches for community engagement, like establishing a TB army and innovative financing approaches for sustained funding and uninterrupted services even during the time
of crisis. The commitments of Member States have led to high TB notifications in 2022 after the setbacks in 2020 and 2021.

456. The Committee called for greater regional collaboration for monitoring TB among migrants and emphasized for stronger international collaboration with enhanced focus on low-burden countries. Member States praised efforts of WHO to maintain high political commitment towards ending TB.

457. During this plenary session a publication titled “Challenges and opportunities for strengthening domestic financing for tuberculosis in the South-East Asia Region” was launched. The publication based on case studies from three countries makes recommendations on innovative taxation reforms, financing models, and comprehensive national financing strategy, among others to boost availability of funds. Adequate funding for social protection measures should be programmed in TB financing to avert financial hardship and catastrophic spending.

Promoting physical activity in the South-East Region [SEA/RC69/R4] (Agenda item 9.6)

458. Insufficient physical activity (PA) is the fourth leading risk factor for global mortality with approximately 3.2 million annual deaths and 69.3 million DALYs (disability-adjusted life years) lost each year. It is associated with chronic diseases such as cardiovascular diseases, diabetes and obesity and poor mental health. The prevalence of inadequate physical activity in the Region is high among all age groups. Promoting physical activity is a cost-effective approach to reduce NCD risk and positively impacts lifestyles. Promotion of physical activity requires a multisectoral approach with effective interventions within and beyond the health sector focusing on policies, the environment, media, schools, workplaces, communities and cities.

459. The Regional Committee for South-East Asia at its Sixty-ninth session in 2016 had endorsed the resolution on “Promoting physical activity in the South-East Asia Region (SEA/RC69/R4)”. Through the resolution, Member States committed to establish physical activity strategies and implement programmes to promote physical activity across the lifecycle, advocate on effectiveness of physical activity in promoting health; scale up good practices and share experiences from yoga and other alternative and traditional methods. WHO’s actions included sharing regional and global good practices and support for monitoring and evaluating progress.
Among the many ‘firsts’ that were introduced over the years to the Committee by Dr Poonam Khetrapal Singh, the ‘three-minute stretching exercises’ to break the seated monotony are notable. The Regional Director is seen here leading by example to take a healthy break during the plenary. (Below) The distinguished delegates also took part in outdoor yoga sessions on every morning of the meeting
460. The Committee was informed of the state of implementation of the resolution. The WHO Regional Office’s Regional Roadmap for implementing the Global Action Plan for physical activity 2018–2030 has been launched. National policies, strategies and action plans to promote physical activity are in place; the situational assessment tool (SAT) has been applied to undertake a rapid assessment of national contexts and evaluate progress and prioritize further actions. WHO has extended support to countries for capacity-building on physical activity promotion.

461. The Committee was informed that the next steps included the promotion of policies to support inclusion of physical activity into primary health care (PHC) service delivery and physical activity being made a component of programmes such as pre-pregnancy and post-natal care, child and adolescent health and elderly care.

462. The Committee was informed that the pre-school and school settings are an effective platform to promote context-specific physical activity programmes and inculcate good physical activity habits among children. Countries must be supported to invest in improved data systems and infrastructure, which are regionally and globally comparable, to monitor progress and identify roadblocks.

463. The Committee acknowledged the need for and importance of high political commitment and leadership to promote physical activity to ensure healthy lifestyles. The Committee also recognized the usefulness of situational analysis of physical activity across sectoral policies and programmes in ensuring multisectoral actions on physical activity.

**Revitalizing the school health programme and health-promoting schools in the SE Asia Region** *(Agenda item 9.7, SEA/RC74/R3)*

464. Resolution SEA/RC74/R3 requested the Regional Director to develop a roadmap with a monitoring framework and targets to implement the global standards on health-promoting schools (HPS), provide technical guidance and assistance, strengthen the capacities and report the progress made every two years till 2030. The Roadmap for implementation of HPS was developed and technical working groups across UN agencies were established to provide technical support and capacity-building in countries. A series of activities have been carried out in collaboration with partner agencies.
465. The Committee appreciated the progress made at the regional level, namely, convening political commitment between ministries of education and ministries of health, and commitment of support from the regional directors of WHO, UNESCO, UNICEF, UNFPA and WFP.

466. The Committee noted that Member States had made significant progress in their country contexts to varying degrees. Indonesia, Maldives and Thailand have taken more holistic approaches than the other Member States, with strong commitment from various ministries. This holistic, whole-of-government approach ensures that every school can become an HPS, and equitable health and education outcomes can be realized.

467. The Committee took cognizance of the commitment of Member States to make constructive progress towards comprehensive school-based health interventions. The Committee appreciated the call for revitalization of school health programmes. It noted that key action points had been taken for the way forward, including the development of a regional strategy on the subject and a network of HPS that can reinforce knowledge exchange and sharing of practices.

468. The Committee reiterated the commitments made to promote health and well-being for students and teachers. It called for constructive progress toward comprehensive school-based health interventions. Some Member States plan to adopt the Global Standard on Health Promoting Schools and implement the regional guidance on “Gen Next (exit NCDs in schools)”.

Governing Body matters (Agenda item 10)

Nomination of the Regional Director (Agenda item 10.1, SEA/RC76/23)

469. In accordance with Article 52 of the WHO Constitution and Rule 49 of the Rules of Procedure of the Regional Committee, the Committee voted to nominate Ms Saima Wazed, of Bangladesh, as the Regional Director during a closed meeting at its Seventy-sixth Session.

470. This came after a public session broadcast live on social media of the two candidates for the post of Regional Director – Ms Saima Wazed, proposed by Bangladesh, and Dr Shambhu Prasad Acharya, proposed by Nepal – making a presentation on their vision and strategy for WHO and responding to related questions on regional and global health issues put forth by Member States.
471. The nomination of Ms Saima Wazed as the next Regional Director of the World Health Organization’s South-East Asia Region will be submitted to the WHO Executive Board during its 154th Session scheduled on 22−27 January 2024, at WHO headquarters in Geneva, Switzerland. The newly appointed Regional Director will assume office on 1 February 2024.

472. The Committee adopted resolution SEA/RC76/R1 nominating Ms Saima Wazed as Regional Director of the WHO South-East Asia Region for a five-year term from 1 February 2024. The Committee requested the Director-General to propose to the WHO Executive Board the appointment of Ms Wazed for a period of five years from 1 February 2024.

473. In another resolution, the Committee noted that the South-East Asia Region had seen significant progress in health development under the leadership of Dr Poonam Khetrapal Singh. In recognition of her decade-long “outstanding contributions” in providing a new dimension and strategic direction to health development in Member States, including the “visionary and pathbreaking” Regional Flagship Priority Programmes, the Committee thanked the Regional
Director. In this Resolution of Appreciation (resolution SEA/RC/76/R2) adopted by the Committee, Dr Poonam Khetrapal Singh was declared Regional Director Emeritus from 1 February 2024.

474. The Committee and the Director-General praised Dr Poonam Khetrapal Singh for her leadership and exemplary public health achievements and disease elimination successes, and congratulated the Regional Director Elect on her appointment, expressing confidence that she would “further the Region’s efforts in improving public health”.

475. The honourable Minister for Health and Family Welfare of Bangladesh congratulated the Regional Director, Dr Poonam Khetrapal Singh, for her services and achievements and hoped the Regional Director Elect would continue pursuing the Flagship Priorities and related key issues. He said the Regional Director Elect is “expected to take the Region to new heights”.

476. The distinguished delegate from Bhutan appreciated the Regional Director nominee from Nepal, Dr Shambhu Prasad Acharya, for contesting the election with a strong and vigorous campaign, and explicitly congratulated the Regional Director Elect. Bhutan lauded Dr Poonam Singh for her dedicated three decades of service to strengthen public health in the Region. “Dr Poonam Singh made significant achievements at the national, regional and global levels driving WHO towards the health targets of GPW13 and the SDGs with her strategic ‘Sustain, Accelerate, Innovate’ vision.”

477. The honourable Ambassador of DPR Korea to India extended warm congratulations to the Regional Director Elect and expressed deep gratitude to Dr Poonam Singh for developing the health infrastructure during “an entire active decade”. Expressing appreciation for the contribution of Dr Shambhu Prasad Acharya during his work in WHO, DPR Korea said it “looked forward to the able guidance and directions of the Regional Director Elect, Ms Saima Wazed”.

478. The honourable Minister of State for Health and Family Welfare of India congratulated the Regional Director Elect and assured her of “unflinching support of India to promote the cause of health in South-East Asia. Under her leadership and the guidance of the Director-General, Member States will continue to register progress on health, she said.

479. Her Excellency expressed appreciation of the Regional Director, Dr Poonam Khetrapal Singh, and congratulated her for the Flagships, which she said helped
promote the SDG Agenda. Extolling the leadership of the Regional Director, she congratulated her for the series of disease eliminations, which are also in tandem and in sync with India’s national health priorities.

480. “India is proud that an Indian national so successfully led WHO for 10 years. Dr Poonam Singh has left behind a responsive, accountable and equitable WHO, as well as a healthier WHO.” She reiterated India’s collaborative support, and singled out the visit of the Director-General Dr Tedros Adhanom Ghebreyesus to Jamnagar for the inauguration of the Centre for Traditional Medicines, thanking him for his backing of the initiative.

481. The distinguished delegate from Indonesia congratulated Ms Saima Wazed for her “outstanding election” and appreciated Dr Shambhu Prasad Acharya for his “efforts and dedication”. He praised the Regional Director for her inspiring leadership and great and positive impact on health landscape brought about by outstanding efforts.

482. The honourable Health Minister from Maldives called WHO a strategic partner of the island nations, and appreciated the Regional Director for the “health foundations” laid in the country through her efforts, and expressed the hope that this will be improved further under the leadership of Ms Saima Wazed. Maldives congratulated Ms Wazed and thanked the Director-General for his help to the country during the pandemic.

483. His Excellency the Minister of Health and Population of Nepal welcomed the “clear mandate” at the elections for the post of Regional Director and thanked Member States for choosing the “next leader who you believe is the best to lead the Region”. The minister congratulated Ms Saima Wazed and said his country “looked forward to collaborating with her in conserving and promoting health”.

484. The honourable Minister of State from Sri Lanka warmly welcomed Regional Director Elect Ms Saima Wazed to the WHO family as the “new captain of public health who will navigate and guide the Region to the 2030 Sustainable Development Goals via the ‘Sustain. Accelerate. Innovate.’ roadmap”. Sri Lanka expressed hope that under Ms Wazed the WHO SE Asia Region will be “safer, healthier and more equitable”. Sri Lanka placed on record a special word of thanks for Dr Poonam Singh for her outstanding leadership. She also thanked expressly the Director-General for his support during the COVID-19 outbreak that helped enhance basic and essential services to the people during the great public health emergency.
485. His Excellency the Minister of Public Health of Thailand expressed heartfelt gratitude for Regional Director Dr Poonam Khetrapal Singh. “You are the pride of WHO,” he said. He also congratulated the Regional Director Elect and said Thailand is “confident that health development in our Region is in able hands”, adding that the SDGs need to be prioritized equally during the tenure of the new Regional Director.

486. The honourable Health Minister of Timor-Leste expressed “deep gratitude” to Dr Poonam Khetrapal Singh and thanked her for her “prominent role in promoting health in her country, one of youngest democracies in the world. She welcomed the leadership of Ms Saima Wazed, Regional Director Elect, commenting on a “deep sense of confidence for her discharge of the challenging role in a most challenging region”.

487. In another laudatory first, Her Excellency the minister stated that the honourable President of Timor-Leste, His Excellency Mr José Ramos-Horta, has sent a personal felicitation letter to Dr Poonam Singh in appreciation of her excellent leadership of WHO South-East Asia. She read out the contents of the congratulatory letter to the plenary.
488. The President of Timor-Leste extended his “appreciation for the invaluable contribution to our nations, home to every fourth person in the world, that had significant impact on health and well-being... Dr Singh has created a commanding standard in international negotiations through her truly commendable country-first approach. She strengthened health-care systems, fortified immunization support, and extended unwavering support to Timor-Leste, especially during the pandemic. The dedication of Dr Poonam Singh is unparalleled. Her legacy will be felt for generations to come.” [Text of the letter of felicitation to Dr Poonam Khetrapal Singh from the honourable President of Timor-Leste is in Annex 8]

489. The Regional Director Elect, Ms Saima Wazed, thanked the Member States for their explicit support and clear mandate, which she said has “overwhelmed” her. She said she looked forward to working in collaboration with countries to improve health systems and health and well-being of the people of this Region. “This Region is unique in terms of its diversity, resources and challenges, and I truly appreciate the confidence reposed in me to lead it to better health outcomes.”

490. “I have big shoes to step into, and I thank the Regional Director for her guidance … she has been a mentor for me. I also thank the Director-General for his tremendous support through the most difficult challenge posed by the pandemic,” Ms Wazed observed. “I also thank Dr Shambhu Prasad Acharya for bringing up the core issues in this election campaign. His experience with WHO is something the Organization would not want to lose,” she added.

491. She expressed gratitude to the “honourable Prime Minister of Bangladesh, Her Excellency Sheikh Hasina Wazed, for nominating her from Bangladesh for the position of Regional Director, and the team from Shuchona Foundation”, a not-for-profit advocacy, research and capacity-building organization from Bangladesh, of which Ms Saima Wazed is Chairperson, “for their support”. She also thanked the “many public health professionals who extended so much support” to her. She concluded reiterating that she looked forward to “collaborative work between WHO and the countries, and achieving all the health goals that we aspire to”.

492. The Regional Director, Dr Poonam Khetrapal Singh, congratulated Ms Saima Wazed, calling her success a “great honour and a huge responsibility”. “I have watched first-hand your work and expertise in mental health. Your new role will be full of challenges and at the same time a chance to drive real impact to bring about everlasting health,” Dr Poonam Singh said.

493. She called the Director-General a true champion and wise counsel who guided the Region with his well-grounded experience and support. She thanked
Dr Tedros for his “sagacious contribution”. She called Dr Shambhu Prasad Acharya “a true gem of WHO from our Region”. She expressly thanked the honourable Indian Minister for Health and Family Welfare for his generosity and magnanimity towards the Organization.

494. The Chairperson and Minister for Health and Family Welfare and Chemicals and Fertilizers of India, H.E. Dr Mansukh Mandaviya, conveyed his thanks and gratitude to the Regional Director and presented to her, on behalf of the Ministry of Health, a memento to honour her for her outstanding work. The delegation from the Royal Government of Thailand also presented an artwork to the Regional Director as a token of appreciation of her unrelenting efforts and exemplary vision and guidance to Member States.

495. The Director-General offered his warm congratulations to Ms Saima Wazed on her election as Regional Director for South-East Asia, and to Bangladesh for the successful nomination. He also congratulated Dr Shambhu Prasad Acharya on his campaign, and thanked him for “putting (himself) forward for this very demanding but very important position”.

496. “Ms Wazed, you have earned the confidence and trust of the Member States of the Region. This is a great privilege, and a very great responsibility. You are entrusted with guiding the health systems of 11 countries comprising more than two billion people. The Region is extremely diverse, with a huge range of cultures, languages, landscapes and income levels,” Dr Tedros said.

497. He narrated the immensity of the diversity of South-East Asia, stating that “the Region spanned from Himalayan kingdoms to island nations; encompassed a vast swathe of Asia from the Gulf of Thailand to the Bay of Bengal; held populations from huge cities to remote villages; and had economies that are thriving to those that are struggling.”

498. “Equally, you are faced with a huge range of health challenges, from cardiovascular disease to neglected tropical diseases; from air pollution to the ability to pay for health services; the climate crisis to mental health, and so much more. I don’t need to remind you of the scale of challenges you face,” he said. “Ms Wazed, you have not applied for an easy job. But you have applied for one of the most important, and one of the most rewarding. This role will demand every bit of the technical, managerial and diplomatic skill you have, and more.”
499. But, Dr Tedros added, Ms Wazed is not alone in her new endeavour. “You are supported by a very dedicated and talented team at the Regional Office. And I assure you of my support and that of my colleagues in Geneva.”

500. Stating that she will assume this position at a critical time, “as we seek to jump-start progress towards the Sustainable Development Goals”, he added that she will lead the Region to the end of the SDG era. “I look forward to working with you. The success of this Organization depends on close cooperation, coordination and trust between headquarters, the Regional Offices and country offices. I am committed to working closely with you, our regional and country office colleagues, and our Member States, to promote, provide, protect, power and perform for the health of South-East Asia.”

501. The Director-General had unqualified praise for the Regional Director. “My sister Poonam, thank you once again for your outstanding leadership and dedication over the past six years of my tenure. I wish you every happiness in the next chapter of life,” he said.

502. The Director-General concluded by welcoming Ms Wazed to the Global Policy Group and reiterated that he looked forward to working with her “for a healthier, safer, fairer South-East Asia”. [Full text of the Director-General’s congratulatory remarks for the Regional Director Elect is in Annex 9].
Key issues arising out of the Seventy-sixth World Health Assembly and the 152nd and 153rd Sessions of the WHO Executive Board (Agenda item 10.2, SEA/RC76/14)

503. The Committee was informed that the Seventy-sixth World Health Assembly held on 21–30 May 2023 and the 152nd and 153rd sessions of the WHO Executive Board held on 30 January–7 February 2023 and on 31 May 2023 respectively, endorsed a record number of resolutions and decisions this year, during the course of their deliberations.

504. The Committee reviewed Working Paper (SEA/RC76/14) comprising the summaries of resolutions and decisions on technical matters that have significant implications for the South-East Asia Region along with other important agenda items and considering the implications of the resolutions/decisions and actions already taken and to be taken. The Committee was also informed that the HLP Meeting held virtually in September 2023 had reviewed and noted this Working Paper and have made recommendations for the consideration of the Regional Committee.

505. WHO’s efforts in convening several briefing sessions for Member States of the Region before the Executive Board sessions and the World Health Assembly, and the daily “morning briefings” held to discuss and finalize the Regional One Voice statement(s), were appreciated. The efforts of Member States in advancing the health agendas at the global level, especially Bangladesh on leading the agenda on accelerating action on drowning prevention and Thailand on movement on UHC were appreciated by the Committee.

506. Member States were urged to make systematic and concerted efforts to advance these agenda items at the national level and implement the related provisions of the select resolutions endorsed by the Seventy-sixth World Health Assembly, the 152nd and 153rd sessions of the WHO Executive Board.

Review of the Draft Provisional Agenda of the 154th Session of the WHO Executive Board (Agenda item 10.3, SEA/RC76/15)

507. The Committee was informed that the 154th Session of the WHO Executive Board will be held at WHO headquarters in Geneva from 22 to 27 January 2024. It was noted by the Committee that in accordance with Rules 8 and 9 of the Rules of Procedure of the Executive Board, any proposal from a Member State or Associate Member of WHO to include an item on the Agenda should reach the WHO Director-General by 20 September 2023.
508. The draft Provisional Agenda of the 154th Session of the WHO Executive Board, following its noting by the High-Level Preparatory Meeting held in September 2023, was placed before the Committee for its review, comments and noting, as appropriate. The Committee noted the Working Paper and the draft Provisional Agenda of the 154th Session of the WHO Executive Board as well as the last date for sending the proposals.

509. The delegation from the Royal Thai Government informed the Committee that:

(a) An agenda item on “Antimicrobial Resistance: accelerating national and global responses” (proposed by the Royal Government of Thailand on behalf of a group of Member States) has been accepted by the Bureau of the WHO Executive Board for inclusion in the Provisional Agenda of the 154th Session of the WHO Executive Board. The Royal Government of Thailand and some Member States had proposed a resolution to guide deliberations on the human health sector elements of the UNGA High-Level Meeting on antimicrobial resistance to be held in 2024.

(a) Another resolution on “Institutionalizing Social Participation for Health and Well-being” has been jointly proposed by Thailand and Slovenia under an existing agenda item, which emphasizes the value of engaging people, communities and civil societies in the policy cycle and to institutionalize as well as sustain social participation mechanism for primary health care, universal health coverage and well-being.

510. The Committee urged Member States of the Region to be actively involved in the discussion process on these resolutions and also consider co-sponsoring the resolutions displaying regional commitment. The role of the Royal Government of Thailand to lead these two important public health agendas at the global level was well appreciated by the Committee.

Elective posts for Governing Body meetings (WHA, EB and PBAC)  
(Agenda item 10.4)

511. The Committee was informed that a number of elective posts for Governing Body meetings were to be filled by Member States of the South-East Asia Region. For the Seventy-seventh World Health Assembly in May 2024, the posts of Vice-President, Chairperson of Committee A and Member of the Committee on Credentials are due to be filled on rotational basis by Member States of the South-East Asia Region.
The proposals for the nomination of Sri Lanka for the post of Vice-President of the Seventy-seventh World Health Assembly; India for the post of Chairperson of Committee A and Bhutan for the post of Member of the Committee on Credentials, were unanimously agreed to by the Regional Committee.

The Committee noted that three Member States of the Region – DPR Korea, Maldives and Timor-Leste – are currently members of the WHO Executive Board. From among these, Timor-Leste is completing its three-year term in May 2024 and the post will become available then, along with the post of the Vice-Chairperson of the Executive Board.

The Committee unanimously agreed to the proposals that Thailand be nominated as the third Member from the South-East Asia Region in place of Timor-Leste, whose term is ending in May 2024, and that Maldives be nominated as Vice-Chairperson of the 155th Session of the WHO Executive Board.

Two Member States of the Region – DPR Korea and Maldives – are current members of the Programme, Budget and Administration Committee (PBAC) of the WHO Executive Board, with their terms due to expire in May 2025 and May 2024, respectively. The proposal to nominate Thailand for a two-year term in place of Maldives was unanimously accepted by the Regional Committee.

For the membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) of the WHO Executive Board, wherein Maldives (2023–2025) and Timor-Leste (2022–2024) are the current Members from the SE Asia Region, the nomination of DPR Korea for a two-year term (2024–2026) to replace Timor-Leste was proposed to the Regional Committee. The Regional Committee accepted the proposal unanimously.

The Regional Committee requested the Regional Director to convey its decision to the WHO Director-General.

Management and Governance matters (Agenda item 11)

Status of the SE Asia Regional Office Building (Agenda item 11.1, SEA/RC76/16)

The Committee unanimously agreed that Mr Pemba Wangchuk, Acting Secretary, Ministry of Health, Royal Government of Bhutan, conduct the remaining plenary discussions in the absence of the Chair and Vice-Chair.
519. The status of the new WHO South-East Asia Regional Office Building at Indraprastha Estate in New Delhi, India, has been presented regularly to consecutive Regional Committee sessions since the Sixty-eighth session in 2015.

520. Following Decision SEA/RC70(2) of the Seventieth session of the Regional Committee in the Maldives in September 2017, the Committee decided to redevelop the whole campus as the best means to address the structural issues with the existing WHO Building. The Secretariat has been working closely with the Government of India on the execution of the construction project.
521. Due to unavoidable circumstances, including the prolonged COVID-19 pandemic as well as the unprecedented, protracted floods in Delhi along the banks of the Yamuna river in the summer (July) of 2023, the project deadline for completion of the building has been extended from the initial target date of July 2023 to March 2024. However, the feasibility of this timeline has not yet been evaluated in the specific context of the consequences of the largescale flooding of the site and adjoining areas in July 2023 and its impact on the progress of the work. At the time of finalization of this report, updated handover dates were awaited from the National Buildings Construction Corporation (NBCC) Limited.

522. The Ministry of Health and Family Welfare (MoHFW) of the Government of India has on several occasions reiterated its steadfast commitment to this important project, in continuation of its demonstrated long-standing collaboration with WHO. The MoHFW appointed NBCC as the project management consultancy agency for the reconstruction.

523. The MoHFW held regular meetings with the WHO Senior Management to monitor the progress of the reconstruction project. The iconic building, when ready, will be a landmark institution from where WHO will fulfil its mandate for achieving primary health care-based UHC and promoting health and well-being in the South-East Asia Region.

524. NBCC has obtained all the approvals for the scope of work, technical specifications, drawings, and environmental permissions required for the reconstruction project.

525. Presenting a brief history of the previous building known as World Health House, the Regional Director informed the Committee that the Government of India decided on the site in 1958 and construction work on the building commenced in February 1960. Certain portions of the building including the
The honourable ministers inspect a scale model of the upcoming World Health House at the site.

The Director of Programme Management at the Regional Office, Dr Pem Namgyal, addresses the representatives during the ceremonial tree plantation.
Conference Hall Block were ready in 1961 in time for the Fourteenth World Health Assembly, which was held in New Delhi in May 1961 and attended by 105 Member States. It was the first time that a World Health Assembly was held at the seat of one of the Organization's Regional Offices, along with plenary sessions at Vigyan Bhawan, New Delhi.

526. The rare and iconic wall murals/paintings by the acclaimed artist M.F. Husain (that were formerly painted on the upper concrete walls of the main conference room of the former Regional Office), a gift to WHO from the Government of India, had been physically removed and held in a secured storage facility by art restoration experts from the Indian National Trust for Art and Cultural Heritage (INTACH). The Committee was informed that as of the second week of September 2023, 10 out of the 10 mural panels were successfully placed in the reception area of the new office building. Delicate conservation work will be undertaken as the building project nears completion.

**Evaluation: Annual report** *(Agenda item 11.2, SEA/RC76/17 and SEA/RC76/17 Add.1)*

527. The Committee was informed that the WHO South-East Asia Region recognizes the importance of, and is committed to, advancing the culture of “Evaluation”, as outlined in the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development and has developed the South-East Asia Regional Evaluation Workplan for 2022–2023.

528. Member States noted the progress and appreciated the work done by the Secretariat to advancing the culture of “Evaluation” in the WHO SE Asia Region and are fully committed to achieve the Triple Billion targets and strategic priorities.

529. Member States acknowledged and thanked the support of the Regional Director for her strong commitment towards evaluation. Member States appreciated the update provided on the status of South-East Asia Region Evaluation Workplan for 2022–2023 and key considerations for the way forward. Member States noted that the Evaluation of Impact of climate-resilient water safety plan (CRWSP) on improvement of water supply system is being planned in Bangladesh and committed to collaborate further during South-East Asia Region Evaluation Workplan for 2024–2025. Member States highlighted the importance of evaluation of the programmes under the current Programme Budget to ensure that results are achieved at the country level and reiterated that Member states will collaborate with country offices to conduct evaluations.
530. The Secretariat informed that the Region has collaborated with Member countries and headquarters to conduct various evaluations during the current period. Outcomes, recommendations as well as key challenges faced during the evaluation form a part of the Evaluation Annual Report, which was presented to the 153rd session of the Executive Board in May 2023. Member States were informed that the approach to evaluation in the SE Asia Region is embedded in the work culture of evaluation in the Organization under the guidance of the Regional Director and her commitment on promoting the culture of evaluation in the Region.

531. The Region has come a long way since 2017 when the SE Asia Regional Evaluation Plan was presented to the Regional Committee. The SE Asia Region has taken actions to strengthen the culture and management of evaluations in the countries and in the Region, which is in line with the WHO Global Evaluation Policy and its principles, WHO Evaluation Handbook and criteria provided by the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development.

532. The SE Asia Region started ambitiously with 18 evaluations in the first evaluation workplan and then built the evaluation culture during subsequent years learning from the lessons in the Region. The evaluations in the Region are now embedded in the Programme Budget. The SE Asia Region has also been contributing to the WHO global evaluation workplan with the regional evaluations conducted.

533. The Secretariat informed the Committee that the recommendations from completed evaluations form part of discussions and prioritization process during operational planning process for Programme Budget 2024–2025 to ensure that programmatic activities are reviewed and conducted in collaboration with respective units of ministries and other stakeholders to achieve the recommendations made in the evaluation reports.

Amendments to the Rules of Procedure of the WHO Regional Committee for South-East Asia (Agenda item 11.3, SEA/RC76/18)

534. In alignment with the WHO Reform processes, including the implementation of United Nations Development System reform, as well as to align itself to the Rules of Procedure of the Executive Board and the World Health Assembly, the WHO Regional Committee for South-East Asia proposed to amend its Rules of Procedure along the same lines and principles into gender-neutral language.
535. The Secretariat informed the Committee that the Regional Office for South-East Asia holds its Governing Body sessions such as the Regional Committee with English as the only working language. The Secretariat proposed certain revisions to the Rules of Procedure to incorporate gender-neutral terms in place of gender-specific terminology. These changes were also listed as an annex to the Working Paper.

536. The Committee unanimously accepted the proposed changes to the Rules of Procedure and decided to adopt them [vide Decision SEA/RC76(2)]. The amended Rules of Procedure will take effect from the day after the conclusion of the Session.

**Special Programmes (Agenda item 12)**

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2023 (Agenda item 12.1, SEA/RC76/19)

537. TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration. It helps facilitate, support and influence efforts to combat diseases of poverty. It is co-sponsored by UNICEF, UNDP, the World Bank and the World Health Organization (WHO).

538. The Joint Coordinating Board (JCB) is the Governing Body of TDR and is responsible for its overall policy and strategy. The JCB has 28 members, of which six members, one each from the six WHO regions are nominated by the respective WHO Regional Committees (under paragraph 2.2.2). Bangladesh was nominated under this section from the SE Asia Region for a four-year period from 1 January 2023 to 31 December 2026. Three Member States – India, Sri Lanka and Thailand – are already Members of JCB under other provisions. Sri Lanka was selected by JCB members themselves directly (under paragraph 2.2.3), and India and Thailand were as TDR contributors (under paragraph 2.2.1).

539. The Forty-sixth Session of the Joint Coordinating Board was held on 14–15 June 2023 at WHO headquarters, Geneva, Switzerland. From the South-East Asia Region, representatives from Bangladesh and Thailand registered to attend remotely. The representative from Sri Lanka, who is currently the JCB disease endemic country representative, attended in person.
540. The Regional Committee noted the report and encouraged all Member States from SE Asia to participate in the annual meeting of the Joint Coordinating Board to represent the overall interests of the South-East Asia Region.


541. On Agenda item 12.2 on the attendance at the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in 2023 and nomination of a member in place of Bangladesh whose term expires on 31 December 2023, the Committee was informed that one Member State was to be elected for the three-year term effective 1 January 2024. The PCC acts as the governing body of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

542. The Committee was further informed that the HLP Meeting in September 2023 had recommended that India replaces Bangladesh, whose term of office was due to expire on 31 December 2023.

543. The Committee unanimously accepted the proposal for the nomination of India and congratulated India for being nominated as a member of the PCC for three years effective 1 January 2024. The Committee requested the Regional Director to inform WHO headquarters accordingly.

Time and place of future Sessions of the Regional Committee (Agenda item 13, SEA/RC76/21)

544. The Committee was informed of the invitation extended by the Ministry of Health, Republic of Indonesia, vide the formal communication dated 18 October 2023, to host its Seventy-seventh Session in the Republic of Indonesia.

545. The Committee noted with appreciation the invitation to hold its Seventy-seventh Session in Indonesia in September 2024 and accordingly decided to hold its Seventy-seventh Session in Indonesia on 9–12 September 2024 [vide Decision SEA/RC76(3)].
546. The distinguished delegate from Indonesia warmly welcomed all delegates and members of the Secretariat to Indonesia to attend the Regional Committee in the coming year.

Adoption of Resolutions and Decisions (Agenda item 14)

547. The delegate from Bhutan, Mr. Pemba Wangchuk, Acting Health Secretary of the Royal Government, chaired the closing plenary session in the absence of both the Chair and Vice-Chair, with the unanimous consent of all delegates.

548. The Committee was informed that the Resolutions Drafting Group had met during the lunch breaks to finalize the resolutions and decisions for adoption by the Committee. The Chairperson reminded the Committee that it has already adopted certain resolutions and decisions during the plenary sessions that have been concluded. The decision on “Time and place of the future Sessions of the Regional Committee” (SEA/RC76(3)) had been adopted in the plenary. During the Ministerial Roundtable, the Committee had unanimously agreed to the Delhi Declaration on “Strengthening primary health care as a key element towards achieving universal health coverage” (SEA/RC76/R3) with ministerial consensus with signatures being affixed electronically.

549. During the public meeting after the conduct of the election of the Regional Director, the Committee had also unanimously endorsed the resolution on the Nomination of the Regional Director (SEA/RC76/R1), and the Resolution of Appreciation (SEA/RC76/R2) that declared the Regional Director Dr. Poonam Khetrapal Singh as Regional Director Emeritus with effect from 1 February 2024.

550. The Committee was further informed that the representatives of Member States constituting the Drafting Group had conveyed their agreement with the proposed resolutions on Programme Budget 2024–2025 (SEA/RC76/R4), on SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region (SEA/RC76/R5), and on the proposed decisions on Advancing health emergency preparedness and response in the WHO South-East Asia Region (SEA/RC76(1)) and Amendments to the Rules of Procedure of the WHO Regional Committee for South-East Asia (SEA/RC76(2)).

551. The Committee finally endorsed the Resolution of Thanks (SEA/RC76/R6) unanimously with no further modification.
Adoption of the report of the Seventy-sixth Session of the Regional Committee \( (\text{Agenda item 15}) \)

552. The Acting Chairperson requested the delegates to review the copies of the draft report that had been circulated to them and was also projected on the screen. He invited Member States to comment on it and raise objections or propose modifications, if any. A few observations proposing minor changes and modifications were made and accepted. The Chair observed that the Secretariat would incorporate these changes in the final report.

553. As there were no other comments from Member States, the Acting Chairperson thanked them for their excellent cooperation and active participation. He declared the report of the Seventy-sixth Session of the Regional Committee adopted.

Closing of the Session \( (\text{Agenda item 16}) \)

554. In the closing session, the Acting Chair, Mr Pemba Wangchuk from Bhutan, invited the distinguished delegates to make their final statements on their reflection on the Seventy-sixth Session of the Regional Committee for South-East Asia.

\[ \text{The Director-General presents a commemorative token of appreciation to the Regional Director to congratulate her on her public health leadership of the Region during an eventful decade} \]
555. The distinguished delegate from Bangladesh applauded the Regional Director for her “extraordinary and dynamic leadership”, her vision extraordinaire, and diligent and tireless pursuit of health goals and targets during her tenure. Bangladesh also warmly congratulated the Regional Director Elect, Ms Saima Wazed, and expressed confidence that the Region will be stewarded to equally exalted heights in public health under her leadership from the next year. Bangladesh also thanked the Government of India for their hospitality and all Member States for their active participation and discussions on various issues ranging from NCDs to NTDs and from data to policy.

556. The distinguished delegate from India expressed appreciation for WHO in the successful conduct of the Session, and congratulated both the Regional Director and Regional Director Elect. “India felt honoured to be able to host the Session.”

557. The honourable Minister from Maldives observed that the election of a new Regional Director “is a historic moment, and it was good to be a part of this”. Maldives thanked Indonesia for offering to host the next Regional Committee. The minister also congratulated the Regional Director Elect and expressed hope that her leadership of public health in the Region would be a success.

558. The distinguished delegate from Nepal thanked H.E. Dr Mansukh Mandaviya, India’s Health Minister, for the hospitality. He also thanked WHO and the Regional Director for her support to Nepal and recalled her exemplary leadership during the devastating earthquake in the country in 2015. He welcomed the new Regional Director Elect and looked forward to attending the next Regional Committee Session in Indonesia in 2024.

559. The distinguished delegate from Sri Lanka congratulated the Regional Director and welcomed the Regional Director Elect in her new role. Sri Lanka articulated a special word of praise for the dedication and diligent and tireless role played by Dr Poonam Khetrapal Singh, with particular mention of her “visionary” Flagship Priorities, and the public health investiture awards.

560. Thailand appreciated the host Government of India for their hospitality. It observed that a lot has been achieved in the deliberations of the Regional Committee. “The Delhi Declaration is an important resolution. So is the resolution on SEAHEARTS proposed by the Government of Bangladesh,” Thailand said. It expected the Intergovernmental Negotiating Body to fully engage in discussions on the resolutions at the upcoming 154th Session of the WHO Executive Board.
It hoped that its proposal on “social participation” will get full support as a demonstration of regional solidarity for a significant contribution to the well-being of the people of the Region.

561. **Timor-Leste** thanked India’s Ministry of Health for the successful hosting of the Seventy-sixth Session. It said that the Regional Director had a regional vision and had made an exceptional contribution to health and welfare in the Region. Her dedication had left an indelible mark on the country. “Dr Poonam Singh had played a permanent role in improving the lives of people in one of the youngest democracies in the world.” It said it looked forward to the forthcoming Regional Committee.

562. Finally, the Acting Chair, Mr Pemba Wangchuk from **Bhutan** appreciated the way in which the Director-General, Dr Tedros Adhanom Ghebreyesus, attended in person “to be with the delegates, demonstrating the highest form of commitment to country offices”. Mr Wangchuk added that the Regional Director, Dr Poonam Singh, was “charming and brought comfort and hope. Bhutan would always feel her presence in their hearts and remember the good work that she had done.” On this note, he invited the Regional Director to address the plenary.

563. In her concluding remarks, the Regional Director, Dr Poonam Khetrapal Singh, described it as a “privilege” to address the plenary for the tenth and last time as Regional Director. She thanked the honourable minister from India and the Government of India for hosting the Session and all participants, delegates and staff of WHO for making it so seamless. She thanked the distinguished delegates for the constructive interventions and discussions.

564. She thanked the honourable Chair and Vice-Chair and the Acting Chair for their “efficient stewardship of the Session”. “My heartfelt thanks for the work of this Regional Committee, and for the many which came before it, at the close of this, my tenth and final Committee as Regional Director. My sincere gratitude to distinguished delegates for your keen participation, deep insights and collaborative action across all agenda items. Together, you have pushed our mission forward.”

565. “In my Introduction to the Annual Report, it was a pleasure to walk you through some of the progress that together we have made, not only over the past year, but the past decade. Today, let us add this Seventy-sixth Session of the Regional Committee to the list, recognizing its importance to the Region’s onward trajectory, at this moment not just of transition but opportunity,” she said.
566. “Together, you adopted six resolutions and three decisions, each pertaining to critical aspects of the Regional and global health agenda,” she recalled. “You nominated a new Regional Director, Ms Saima Wazed, to whom I extend my congratulations and full support.” She warmly felicitated the Regional Director Elect and expressed her best wishes to Ms Wazed in the discharge of her responsibilities.

567. “This Regional Committee – the Region’s highest Governing Body – has deliberated on a range of issues critical to the health and well-being not just of the Region’s 2.1 billion people but to that of our Organization – key among them Programme Budget 2024–2025, the draft 14th General Programme of Work, and sustainable financing.

568. “Together, we have considered how best to prevent and control cardiovascular diseases in the Region, with the endorsement of the Dhaka Call to Action and our new SEAHEARTS initiative. We have assessed the Region’s overall progress towards universal health coverage. Together, you have endorsed a new Regional Strategic Framework for sustaining, accelerating and innovating to end neglected tropical diseases in the Region, and also assessed implementation of our
new Regional Strategic Roadmap for health security and health system resilience, which has begun with zeal,” the Regional Director said.

569. Dr Poonam Khetrapal Singh called the Ministerial Roundtable “a great success”. “The Delhi Declaration for strengthening primary health care will, I am sure, accelerate evidence-based action and investments to further our primary health care agenda. My sincere gratitude to India, and to Your Excellency Dr Mandaviya, for selecting this focus and for your leadership in this area, and also to Dr Palitha Abeykoon, for graciously moderating the Roundtable.”

570. She concluded with “acknowledging the tremendous support and dedication” that she had witnessed throughout her tenure. She expressed “the deepest gratitude” to all Member States for their “unwavering support at every step of our journey and in the face of an array of challenges”. She thanked “the WHO headquarters team, whose continued support I have greatly appreciated”.

571. Dr Poonam Singh expressed “utmost gratitude and congratulations to Director-General Dr Tedros for his steadfast support of our Region, and for the courage, wisdom and integrity he has shown in leading WHO globally, not only in responding to the deadliest, most disruptive health crisis in more than a century, but in fundamentally transforming our Organization, ensuring that together we can meet the challenges not just of today but tomorrow.”

572. The Regional Director expressed “sincere and abiding gratitude to my Regional Office and country offices staff, Directors, Coordinators and Regional Advisers, to all other technical staff and general service staff, including NPOs, administrative associates and assistants, and also to the drivers, housekeeping and security staff. All of you have contributed in your own way. Your hard work, commitment and determination have been the driving force behind our collective success. The professionalism and expertise you bring to the table are truly commendable and I’m grateful for the opportunity to have worked alongside such a dedicated team.”

573. “Together, we have achieved so much. As I stated earlier this week, a chapter ends but the book remains. The story is yours to write. I thank you,” she said to a standing ovation and thunderous applause from every delegate in the hall.

[For the full text of the Regional Director’s concluding remarks, see Annex 10]
574. The Acting Chairperson thanked the honourable Health Minister and the Government of India for the “excellent and warm hospitality” that was extended to all delegates.

575. Mr Wangchuk thanked the Chair, His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare from India and the Vice-Chair, Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, Minister of Health from the Democratic Republic of Timor-Leste for efficiently steering the meeting to a successful conclusion. He appreciated the work done by the Resolutions Drafting Group under the chairpersonship of Dr Warisa Panichkriangkrai from the Royal Thai Government, supported by the Rapporteur, Ms Aminath Shaina Abdullah, from Maldives.

576. He thanked all representatives of United Nations, its agencies, other International Organizations, Nongovernmental Organizations and development partners and other attendees for a successful and productive Regional Committee. Finally, he placed on record a collective appreciation for Dr Tedros Adhanom Ghebreyesus, WHO Director-General and WHO Secretariat from headquarters and Regional Office. Welcoming the election of the new Regional Director, he appreciated Dr Poonam Khetrapal Singh for her outstanding services in effectively guiding the work of the Region for the last decade and paving the way forward through her Flagship Priorities.

577. “The strong leadership and commitment of the WHO Regional Director for South-East Asia, particularly expressed through the clear directives of the eight Regional Flagship Priority Programmes, has allowed the Region to enhance its policies and technical support to Member States and strengthen focus on financing and staffing needs in line with existing priorities,” he said.

578. The Acting Chair finally expressing a particular word of thanks to the delegates for their participation and cooperation throughout the Session, declared the Seventy-sixth Session of the Regional Committee closed.
Resolutions and Decisions

Resolutions

SEA/RC76/R1 Nomination of the Regional Director

The Regional Committee,

CONSIDERING Article 52 of the Constitution of WHO, and

IN ACCORDANCE WITH Rule 49 of its Rules of Procedure;

(a) NOMINATES Ms Saima Wazed as WHO Regional Director for South-East Asia; and

(b) REQUESTS the Director-General to propose to the WHO Executive Board the appointment of Ms Saima Wazed as Regional Director from 1 February 2024.

Fifth plenary session, 1 November 2023
SEA/RC76/R2  Resolution of appreciation

The Regional Committee,

NOTING that Dr Poonam Khetrapal Singh will be relinquishing her Office on 31 January 2024 after serving for 10 years as Regional Director of the WHO South-East Asia Region with distinction and dedication, and

RECOGNIZING that her outstanding contributions provided a new dimension and direction to health development and well-being of the people of the Region,

EXPRESSES its deep appreciation of Dr Poonam Khetrapal Singh’s contributions over the past decade, her exemplary leadership, and her strategic vision to achieve tangible and measurable improvements in the health and well-being of the people of the WHO South-East Asia Region through prioritizing the most pressing needs in the form of eight Regional Flagship Priority Programmes;

ACKNOWLEDGES her diligence to secure the health of all the people, her stewardship and her relentless pursuit of excellence in disease elimination in the Region; and

DECLARES Dr Poonam Khetrapal Singh Regional Director Emeritus of the World Health Organization with effect from 1 February 2024.

Fifth plenary session, 1 November 2023
The Regional Committee,

Having deliberated upon at length and considered the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage,

ENDORSES the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage, annexed to this resolution, and

REQUESTS the Regional Director to report on progress on implementation of the Delhi Declaration, synchronized with progress reports on the resolutions SEA/RC74/R1 (Declaration on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and health-related SDGs) and SEA/RC75/R3 (Enhancing social participation in support of primary health care and universal health coverage), at the Regional Committee Sessions in 2025, 2027 and 2029, with a final report at the Regional Committee Session in 2030.

Eighth plenary session, 2 November 2023
W E, the HEALTH MINISTERS of MEMBER STATES of the WHO SOUTH-EAST ASIA REGION, participating in the Seventy-sixth Session of the WHO Regional Committee for South-East Asia,

CONSCIOUS OF the evolving and growing health challenges in the South-East Asia Region, including epidemiological and demographic transitions, rapid urbanization, increased frequency of novel pathogens, increasing prevalence of antimicrobial resistance, and escalating climate-related events and emergencies; alongside existing health and social inequities that add to the challenges of accessibility and affordability to quality health services,

CONVINCED THAT quality comprehensive primary health care based on a life-course approach, with people and communities at its centre, is the most equitable and efficient means to address evolving population health needs in our Region,

RECOGNIZE the importance of sustainable, adequate, fair and efficient investment in primary health care and health workforce as a cornerstone to accelerate progress towards universal health coverage (UHC), health security and the health-related Sustainable Development Goals (SDGs), and

RECALL AND REAFFIRM commitment to the previous PHC-focused regional resolutions, including the 2021 Declaration by the Ministers of Health of the SE Asia Region on ‘COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs’ (resolution SEA/RC74/1) which identified the ‘imperative and a once-in-a-century opportunity to advance transformation towards resilient primary health care-oriented health systems’, and the 2022 Regional Committee resolution on ‘Enhancing social participation in support of primary health care and universal health coverage’ (resolution SEA/RC75/3),

APPLAUD the strong momentum across Member States of the South-East Asia Region on advancing PHC-focused policies and actions at national and subnational levels, as elaborated in the first progress report of the Declaration by the Ministers of Health of the SE Asia Region (resolution SEA/RC74/1);

APPRECIATE Member States, the World Health Organization and partners for the development of the South-East Asia Regional Primary Health Care Strategy 2022–2030, and the establishment of the South-East Asia Regional Forum for PHC-oriented health systems (SEAR PHC Forum) as a cross-country learning and knowledge management platform;

RECOGNIZE our shared challenges in operationalizing quality primary health care to deliver ‘health for all’ across the varied geographical, social and economic contexts, of the South-East Asia Region;

UNDERSCORE the importance of regional cooperation to collectively find solutions to address evolving population health needs;

TAKE NOTE OF the strong commitments from Heads of State and Government to strengthen primary health care, with the 2023 UN General Assembly Political Declaration of the High-Level Meeting on UHC identifying PHC as a cornerstone to accelerating progress towards universal health coverage by 2030, and the New Delhi Leaders’ Declaration at the 2023 G20 Summit expressing commitment to strengthen primary health care, essential health services and health workforce to better than pre-pandemic levels within the next two to three years; and

ALSO RECOGNIZE the responsibility entrusted to us to advance the UHC agenda and the health-related SDGs, with primary health care as the cornerstone; and

Do hereby agree to, the following:

(a) ENSURE priority to primary health care in health budgets, with continued commitment that an optimal proportion of additional resources are allocated to primary health care;

(b) ASSURE efficient use of available resources, strengthened accountability, capacities and governance at the national and subnational levels;

(c) INSTITUTIONALIZE social participation by creating mechanisms, structure, space, platforms and capacities for enhancement of community engagement in agenda setting, policy formulation, design of implementation and monitoring, and active involvement in primary health care service delivery;

(d) REORIENT health service delivery based on the life-cycle approach, strengthen essential public health functions at primary health care and integrate different care levels of health systems – such as secondary and tertiary care services – as appropriate, through effective referrals and an assured continuum of care;
(e) INVEST in human resources for health in the public and private sectors, apply feasible recommended interventions according to WHO guidelines on health workforce development, attraction, recruitment and retention in rural and remote areas, and support appropriate cadres of health workforce, competence-building by training through innovative content, and motivation and performance of multi-disciplinary people-centred primary health care teams to address growing and evolving population health needs;

(f) IDENTIFY shared responsibilities among different cadres to lessen the burden of categories of health staff in short supply;

(g) ASSURE access to quality and affordable essential medical products (including medicines and diagnostics) at the primary health care level, through strengthened supply chain and logistics management, with financial protection for the health care of the people;

(h) ESTABLISH AND STRENGTHEN the ‘digital health ecosystem’ to leverage innovative technologies with a people-centred approach as an accelerator to enhance access, improve service delivery, and monitor performance;

(i) ADDRESS primary health care challenges in urban, peri-urban and rural areas, through context-specific policies, governance mechanisms, and innovations in service delivery;

(j) FULLY LEVERAGE the potential of existing quality and patient safety mechanisms, and ensure that public health-care facilities meet and sustain quality standards of care;

(k) ENHANCE primary health care monitoring systems, especially health spending, health workforce, service delivery, quality and safety, and supplies of medical products, through investments in capacity, to monitor and use data for performance management, continuous improvement and accountability;

(l) STRENGTHEN subnational, national and cross-country systems for knowledge management and collaboration, including through engagement in the South-East Asia Regional PHC Forum, share good practices across the Region, and extend mutual support in strengthening primary health care; and

WE, the HEALTH MINISTERS of the MEMBER STATES of the WHO South-East Asia Region, welcoming and appreciating the continued support of the WHO Director-General, the Regional Director for South-East Asia, and health partners towards strengthening primary health care and delivering universal health coverage, do hereby ADOPT this Declaration by Member States at the Seventy-sixth Session of the WHO Regional Committee for South-East Asia on Strengthening primary health care as a key element towards achieving universal health coverage.

Adopted on the Thirty-first day of October, Two Thousand and Twenty-three

[Signatures]

Government of the People’s Republic of Bangladesh

Government of India

Government of the Federal Democratic Republic of Nepal

Government of the Democratic Republic of Timor-Leste

Royal Government of Bhutan

Government of the Republic of Indonesia

Government of the Democratic Socialist Republic of Sri Lanka

Regional Director WHO South-East Asia Region

Government of the Democratic People’s Republic of Korea

Government of the Republic of Maldives

Royal Thai Government

Director-General World Health Organization
SEA/RC76/R4 Programme Budget 2024–2025

The Regional Committee,

RECALLING that the Seventy-fifth World Health Assembly approved the extension of the period of the Thirteenth General Programme of Work from 2023 to 2025 through resolution WHA75.6 (2022),

CONSIDERING that the Seventy-sixth World Health Assembly in May 2023 approved the WHO Programme Budget 2024–2025 (vide resolution WHA76.1) as the primary instrument to translate the WHO Thirteenth General Programme of Work (GPW13) into specific plans for implementation and to express the planned scope of technical work of the Organization, along with planned Budgetary allocation,

NOTING that the Programme Budget 2024–2025 is the last Programme Budget to be prepared in line with the Thirteenth General Programme of Work 2019–2025 and WHO’s ‘Triple Billion Strategic Priority’ approach,

WELCOMING the fact that the Programme Budget 2024–2025 builds upon the resolution of the Seventy-fifth World Health Assembly WHA75.5 in 2022, in which the Health Assembly approved a revision to the previously approved Programme Budget 2022–2023 in order to incorporate lessons learnt from the COVID-19 pandemic that affected all strategic priorities of the WHO Base Programme Budget,

RECOGNIZING that the Programme Budget 2024–2025 is built on country priorities with an emphasis on the three overarching objectives to be achieved at all three levels of the Organization,

ALSO NOTING that the Programme Budget is based on a bottom-up planning process and identification of priorities of the Thirteenth General Programme of Work with Member States, for WHO’s technical cooperation at the country level, and aligning these with the regional and global commitments,

STRESSING the continued importance of investment in the normative functions of the Organization and the criticality of strengthening country capacity to accelerate progress towards the Triple Billion targets,

FURTHER WELCOMING the continued focus on strengthening of transparency, accountability and compliance, as well as opportunities for efficiency savings across all of WHO, and recognizing the importance of allocating adequate and sustainable funds equitably for enabling functions across all country and major offices,
REAFFIRMING WHO’s full and continued commitment to and engagement in the implementation of United Nations Development System Reform, and its ongoing work to support countries in their efforts to achieve all the health-related Sustainable Development Goal targets,

RECALLING that the allocation of financial resources must be accompanied by progress monitoring and an expectation of measurable results,

RE-EMPHASIZING the necessity of ensuring a “strong WHO” that will undertake the leadership role in public health with respect to work that must be carried out under all circumstances to meet WHO’s objective of the attainment by all peoples of the highest possible level of health,

WELCOMING the increase in both the absolute level and the proportionate share of the Budget at the country level to strengthen country capacity,

RECALLING the decisions WHA75(8) of 2022 – in which the Health Assembly adopted the recommendations of the Working Group on Sustainable Financing1 – and EB152(16) of 2023 – in which the Executive Board endorsed the Secretariat’s Implementation Plan on Reform2 – and WHA76(18) of 2023 – in which the Health Assembly adopted the recommendations of the Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance3,

TAKING FURTHER NOTE that the South-East Asia Region has received an approved Programme Budget of US$ 537.9 million, consisting of US$ 487.3 million for Base segment, US$ 4.6 million for the Special Programmes segment and US$ 46 million for the Emergency Operations and Appeals segment, wherein US$ 365.2 million out of the Base Budget segment of US$ 487.3 million is further allocated for countries and US$ 122.1 million for the Regional Office,

ACKNOWLEDGING that the South-East Asia Region having been certified polio-free, no allocation is being made under Polio Eradication for Programme Budget 2024–2025, and

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ENDORsing the report and the recommendations of the Sixteenth Meeting of the Subcommittee on Policy and Programme Development and Management in September 2023;

URGES Member States to:

- further collaborate with WHO country offices in order to finalize the WHO country biennial workplans 2024–2025 in line with national priorities while contributing to regional and global priorities;
- further support resource mobilization, especially for countries with great resource needs to implement high-priority areas, while further enhancing flexibility in diverting resources to priority areas;
- further collaborate with WHO country offices on technical work of national and regional importance, for improved and optimum utilization of available Programme Budget resources as well as WHO’s social and intellectual capital; and
- strengthen collaborative programme management capacities with the objective of improving the efficiency and effectiveness of WHO’s programme implementation; and

REQUESTS the Regional Director to:

- ensure efficient Regional Budget management in a manner that aligns the Budget with priorities as reflected by Member States in the Region and as prioritized by the Programme Budget 2024–2025;
- support mobilization of Voluntary Contributions, especially to countries and programmes that have been unable to achieve full funding of their workplans;
- continue efforts, in consultation with Member States, to develop programme management, monitoring and evaluation capacities in Member States with the objective of improving the efficiency and effectiveness of programme implementation; and
- submit regular reports to the Regional Committee on the state of financing and implementation of the Programme Budget based on the Results Framework of the WHO Thirteenth General Programme of Work, including a Mid-Term Results Report and recommendations therein.

Eighth plenary session, 2 November 2023
The Regional Committee,

RECOGNIZING that cardiovascular diseases (CVDs) stand out as the primary cause of premature mortality in the Region and that accelerated efforts in prevention and control of CVDs is imperative for achieving faster reductions in premature mortality resulting from noncommunicable diseases,

NOTING that the interim milestones have built on the progress and commitments made by Member States, especially in setting up targets for placing people with hypertension and diabetes on protocol-based management by 2025; and that the countries in the Region have made good progress in reducing tobacco use and population salt intake, and eliminating trans-fatty acids,

ACKNOWLEDGING that the SEAHEARTS Initiative that brings together WHO technical packages4 of HEARTS, SHAKE, REPLACE and MPOWER, and implements them in the national context, holds the potential to save lives and improve the well-being of millions,

REALIZING that only seven years remain for the SDG target deadline of 2030, requiring an acceleration of the national responses with time-bound commitments to reduce CVDs risk factors and strengthen and reorient health systems to add to the momentum for CVDs control in the Region, and

TAKING NOTE of the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”,

URGES Member States to:

- Implement the SEAHEARTS Initiative to sustain and expand the gains achieved by implementing WHO HEARTS, MPOWER, SHAKE, REPLACE, and other effective technical packages, to reduce risk factors of CVDs;

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Consider implementing the interventions in the Dhaka Call to Action at the national and subnational levels, as appropriate, and allocate adequate resources for their implementation;

Strengthen political commitment and leadership, along with adequate capacity in the health systems, and promote accountability through timely, reliable and quality data; and

REQUESTS the Regional Director to:

Support Member States to develop and prioritize country-specific roadmaps with baselines and targets to accelerate the implementation of SEAHEARTS;

Support Member States to leverage legislative, regulatory and fiscal policies and other measures to reduce risk factors for CVDs;

Provide technical support in monitoring and evaluation, and documenting good practices and lessons learnt in implementing SEAHEARTS; and

Set up a platform for Member States to regularly share and exchange best practices on the implementation of SEAHEARTS.

Eighth plenary session, 2 November 2023
DHAKA CALL TO ACTION:

Accelerating the control of cardiovascular diseases in a quarter of the world’s population

15 June 2023, Dhaka, Bangladesh
We, the participants at the Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030, held in Dhaka, Bangladesh, on 12–15 June 2023:

RECOGNIZE that the WHO South-East Asia Region’s Flagship Priority Programme of “Prevention and management of noncommunicable diseases through multisectoral policies and plans, with a focus on ‘best buys’” has made tangible progress in the prevention and control of major noncommunicable diseases (including cardiovascular disease, cancer, diabetes and chronic respiratory diseases) and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity), resulting in the probability of premature death from NCDs declining from 23.4% in 2010 to 21.6% in 2019;

UNDERSTAND that the current speed of decline is not adequate to reach the NCD target of 2025 and Target 3.4 of the Sustainable Development Goals which is to “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being”, and recognize the guidance adopted through resolution SEA/RC75/R2 on “Implementation Roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030” adopted at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia in Paro, Bhutan, in September 2022;

REALIZE that cardiovascular diseases (CVDs) are the major cause of premature mortality in the Region and that accelerated efforts for their prevention and control are vital to reducing premature mortality from NCDs at a faster pace;

REAFFIRM the commitments contained in the Colombo Declaration on “Strengthening health systems to accelerate delivery of noncommunicable diseases services at the primary health care level”, endorsed at the Sixty-ninth session of the WHO Regional Committee for South-East Asia in Colombo, Sri Lanka, in September 2016;

ACKNOWLEDGE the high burden of hypertension and diabetes in the Region and the suboptimum coverage and control of these two conditions at the population level;

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APPRECIATE the progress made in reducing tobacco use and population salt intake, eliminating artificial trans-fatty acids and improving the management of hypertension and diabetes mellitus in primary health care;

ACKNOWLEDGE that the SEAHEARTS Initiative\(^2\) that brings together WHO technical packages of PEN\(^3\), HEARTS\(^4\), SHAKE\(^5\), REPLACE\(^6\) and MPOWER\(^7\), and implements them in the national context, can greatly add to the momentum for CVDs control in the Region;

AGREE to sustain the efforts to reduce the cardiovascular disease risks from the harmful use of alcohol, physical inactivity and air pollution and underlying social determinants using a range of policy options, public health policies and programmes, measures provided in SAFER\(^8\), ACTIVE\(^9\), CHEST\(^10\) and other cost-effective interventions provided in the WHO technical packages;

RECOGNIZE the targets set in the 2030 Agenda for Sustainable Development and the updated NCD targets for 2025, and the time-bound commitment to strengthen and reorient health systems to address NCD through people-centred primary health care by 2025; and

COMMIT TO ACCELERATE the progress towards the following targets in support of the SDG target on NCDs:

(a) 100 million people with hypertension and/or diabetes are placed on protocol-based management,

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(b) One billion people are covered by at least three WHO MPOWER measures for tobacco control,

(c) One billion people are covered with at least one of the WHO SHAKE package measures for reducing salt intake, and

(d) Two billion people are protected from the harmful effects of trans-fatty acids through best practices or complementary policy measures of WHO REPLACE; and also

CALL UPON national governments, health service providers, non-State Actors and developmental partners to undertake the following actions as appropriate to their constituency to reach the above targets and thereby accelerate the progress towards SDG 3.4:

1. **Advocate for national actions through:**
   - Policies that promote healthy diets, focusing on reducing dietary sodium intake, eliminating industrial trans-fatty acids, and reducing tobacco use, through adaptation of WHO technical packages such as SHAKE, REPLACE and MPOWER, and accelerate their implementation,
   - Programmes and service delivery models for scaling up detection, diagnosis, management and monitoring of hypertension and diabetes through adaptation of the WHO HEARTS package,
   - Allocation of adequate human, financial and technical resources to achieve the targets, and
   - Enhanced community engagement and social participation for cardiovascular disease prevention and control interventions; and

2. **Strengthen primary health care for scaling up coverage of hypertension and diabetes services by measures to:**
   - Adapt and implement the WHO HEARTS package in the national context and develop a service delivery model, including guidelines and standard operating procedures with an emphasis on primary health care,
   - Develop national and subnational plans to rapidly scale up the coverage and quality of hypertension and diabetes management to reach the planned coverage,
• Promote integrated screening for hypertension and diabetes to be implemented at all clinical encounters and through outreach efforts,

• Ensure that screen positives are followed up for diagnosis along with a mechanism to trace the defaulters,

• Mandate and facilitate protocol-based management for hypertension and diabetes at the primary care level,

• Establish clinical care pathways for hypertension and diabetes within primary care with referral linkages to higher levels of care for specialized services,

• Ensure adequate numbers of competent staff and team-based care,

• Procure and enforce the use of quality assured devices for the measurement of blood pressure and blood sugar,

• Ensure continuous supply of medicines as per the protocols,

• Guide patients to follow healthy lifestyles, with regular blood pressure and blood sugar checks, and adopt context-specific approaches to ensure compliance to treatment,

• Adopt an information system that allows longitudinal monitoring and follow-up of the individuals and to measure a minimum set of indicators using digital solutions,

• Develop a supportive supervision system with adequate personnel for continuous quality improvement,

• Emphasize the importance of extending treatment for hypertension and diabetes to people living in fragile, conflict-affected and vulnerable (FCV) settings, especially since access to treatment for complications is often difficult in these settings,

• Develop linkages with antenatal care, TB control programmes and other relevant areas of work to ensure that people with hypertension and diabetes are detected and managed, and

• Engage the private sector, professional associations, academic institutions and civil society organizations to scale up strategies and activities; and
3. Scale up implementation of WHO MPOWER measures to reduce tobacco use to:

- Monitor tobacco use and prevention policies. Make use of the data to advocate for strengthening of tobacco control laws and policies to reduce tobacco use among adults and youth,

- Protect people from tobacco smoke by eliminating exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport,

- Offer help to quit tobacco use through provision of cost-covered effective population-wide support (including brief advice, national toll-free quitline services and mCessation) and use of the WHO QuitTobacco app for tobacco cessation to all tobacco users,

- Warn about the dangers of tobacco by implementing large graphic health warnings on all tobacco packages, or implementing plain/standardized packaging,

- Implement effective mass media campaigns to educate the public about the harms of tobacco use and second-hand smoke, and encourage behavioural change for quitting,

- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship, and

- Progressively, increase excise taxes and prices of tobacco products; and

4. Promote healthy diet by:

   (a) Scaling up context-specific actions to implement the SHAKE technical package to reduce population salt intake by executing the following:

   - Measure and monitor population salt consumption patterns and sodium content of food, and evaluate the impact of salt reduction programmes,

   - Implement integrated education and communication strategies to raise awareness about the health risks and dietary sources of salt and ultimately change behaviour,

   - Set target levels for the amount of salt in foods and meals and implement strategies to promote reformulation based on regional reformulation targets,

○ Adopt interpretive front-of-pack nutrition labelling systems as part of comprehensive nutrition labelling policies for facilitating consumers’ understanding and choice of food for healthy diets,

○ Implement strategies to combat the marketing of foods and beverages high in salt, sugar and fats to children, and

○ Implement multicomponent strategies to promote healthy diets including salt reduction in settings such as schools, workplaces and hospitals; and

(b) **Scaling up implementation of the REPLACE technical package to eliminate industrially produced trans-fatty acids from the food supply through the following measures:**

○ Review dietary sources of industrially produced trans-fatty acids and the landscape for required policy change. Introduce the REPLACE action package, based on initial scoping activities, and draft a country roadmap for trans-fatty acids elimination,

○ Promote the replacement of industrially produced trans-fatty acids with healthier fats and oils,

○ Legislate or enact regulatory actions to eliminate industrially produced trans-fatty acids. Develop regulations suitable to the country context or update the existing legal framework to match the approach recommended by the World Health Organization,

○ Assess and monitor trans-fatty acids content in the food supply and changes in trans-fatty acids consumption in the population,

○ Create awareness of the negative health impact of trans-fatty acids among policy-makers, producers, suppliers and the public, and

○ Enforce compliance with policies and regulations and map existing and create new enforcement powers and mechanisms, public communications, penalties, funding and timelines.

**We, the participants at the Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030, held in Dhaka, Bangladesh, on 12–15 June 2023, request the Regional Director of the WHO South-East Asia Region to continue to provide leadership and technical support to countries along with partners to collectively achieve the targets set in this Dhaka Call to Action.**
WHO Regional Committee for South-East Asia

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SEA/RC76/R6 Resolution of thanks

The Regional Committee,

Having brought its Seventy-sixth Session to a successful conclusion,

1. THANKS His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare and Chemicals and Fertilizers, Government of India, for inaugurating the Session and for his inspiring address;

2. THANKS the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his thought-provoking address;

3. CONVEYS its gratitude to His Excellency Dr Mansukh Mandaviya, Minister of Health and Family Welfare and Chemicals and Fertilizers, Government of India, and honourable Chairperson of the Seventy-sixth Session, members of the National Organizing Committee and staff of the Ministry of Health and Family Welfare, Government of India, and other national authorities for their efforts in ensuring the success of the Session;

4. EXPRESSES its appreciation to the Vice-Chairperson, Her Excellency Dr Elia Antonio de Araujo Dos Reis Amaral, Minister of Health, Government of the Democratic Republic of Timor-Leste, for contributing to the efficient conduct of the Session, and

5. CONGRATULATES the Regional Director and her staff for their efforts towards the successful and smooth conduct of the Session.

Eighth plenary session, 2 November 2023
Decisions

SEA/RC76(1) Advancing health emergency preparedness and response in the WHO South-East Asia Region

The Regional Committee

RECOGNIZING the ongoing process of negotiations of the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), and

TAKING COGNIZANCE of the proceedings of the Regional Health Emergency Council (RHEC),

Decides to urge Member States of the World Health Organization’s South-East Asia Region to

- fully engage in the ongoing negotiations of the INB and WGIHR and the design of the global architecture for health emergency preparedness, response and resilience; and

- continue engagement through regional consultations and contribute to the design of the RHEC, which synchronizes and aligns with the global architecture for health emergency preparedness and response that is likely to be finalized by the Seventy-seventh World Health Assembly in 2024; and

REQUESTS the Regional Director to

- report progress and outcomes of the above to the Seventy-seventh Session of the WHO Regional Committee for South-East Asia in 2024 for its consideration.
SEA/RC76(2) Amendments to the Rules of Procedure of the WHO Regional Committee for South-East Asia

The Regional Committee at its Seventy-sixth Session, having considered the report in the Working Paper SEA/RC76/17, decided to

AMEND its Rules of Procedure in line with the examples set out in Annex 1 to the document SEA/RC76/17 in order to replace or supplement gender-specific language with the gender-neutral, so as to indicate both feminine and masculine forms.

The amendments shall come into effect immediately following the closing of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia.

SEA/RC76(3) Time and place of future Sessions of the Regional Committee

The Regional Committee at its Seventy-sixth Session welcomed with appreciation the invitation from the Government of the Republic of Indonesia and decided to hold its Seventy-seventh Session in the Republic of Indonesia from 9 to 12 September 2024.
Annexes
Annex 1

Welcome remarks by Mr Sudhansh Pant, Secretary, Ministry of Health and Family Welfare, Government of India

I extend a warm welcome to this significant Seventy-sixth Session of the WHO Regional Committee for South-East Asia. This gathering holds immense significance, providing us with a platform to deliberate on policies, oversee regional programmes, and chart the course for initiatives that will shape the health-care landscape in the coming year.

Excellencies, in reflection of our collective efforts, the Seventy-fifth session of the Regional Committee, which was held in Bhutan, concentrated on the South-East Asia Regional Strategy on Primary Health Care (PHC) 2022–2030, commonly known as the South-East Asia Regional PHC Strategy. Additionally, the establishment of the South-East Asia Regional Forum for PHC-oriented Health Systems marked a pivotal moment in our commitment to fostering knowledge sharing and collaborative support in addressing challenges hindering PHC strengthening.

While acknowledging commendable progress across Member States in embracing PHC-oriented health systems, focused attention is now required in key areas: enhancing capacities for progress tracking and accountability, institutionalizing participatory mechanisms in UHC/PHC governance, and fostering synergized support from WHO and partners tailored to national systems and contextual nuances.

Building upon these imperatives, the agenda of the Seventy-sixth Session encompasses vital discussions on investment and financing for PHC, interlinkages between PHC and other tiers of health care, digital health and telemedicine, PHC infrastructure, climate change resilience, and the role of traditional medicine.

I would also like to highlight the New Delhi Leaders’ Declaration (NDLD) during the G20 Leaders’ Summit in September. Notably, the NDLD aligns seamlessly with the objectives set for the Seventy-sixth Session, particularly in the realms of health, climate change resilience, and traditional medicine.

Furthermore, the four-day session will showcase some of India’s health initiatives such as Ayushman Bharat, Pradhan Mantri TB Mukt Bharat Abhiyan, eSanjeevani,
etc. These initiatives underscore our commitment to delivering comprehensive, need-based health-care services, in harmony with the Sustainable Development Goals (SDGs) and the pursuit of universal health coverage (UHC), all while emphasizing our unwavering dedication to the principle of “leaving no one behind”.

As we embark on these deliberations, let us collectively strive to forge a path that not only reflects our shared commitment to advancing health care but also stands as a testament to our dedication to the well-being of all our citizens.

I am confident that this Seventy-sixth Session will lay the foundation for robust collaboration between our nations and set the stage for a healthier and more resilient future. Thank you!
I extend a warm welcome to each of you at the commencement of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia.

This gathering holds paramount significance as it provides us with a pivotal platform to oversee regional programs and pave the way for initiatives that will undeniably shape the future of Health Architecture.

Reaffirming the vision of our honorable Prime Minister, Shri Narendra Modi ji, summarized with a Sanskrit shloka ‘स्वास्थ्यं परम धनं सुरक्षास्थितेः सवः कार्य सिद्धम्’ – which means that “Health is ultimate wealth and with good health, every task can be accomplished”.

In India, we are following a holistic and inclusive approach. We are expanding health infrastructure, promoting traditional systems of medicine, and providing affordable health care to all. In alignment with the vision of universal health coverage and the unwavering commitment to “leave no one behind”.

India’s approach to Ayushman Bharat encompasses a multifaceted approach. Central to this initiative are the Ayushman Bharat health and wellness centres, which offer a comprehensive array of primary healthcare services spanning promotive, preventive, curative, rehabilitative, and palliative care.

I am pleased to share with you that, as of 24 October 2023, these health and wellness centres have recorded over 2110 million footfalls. The impact is resounding, with individuals availing free drugs over 1830 million times and diagnostic services over 873 million times. Additionally, 26 million wellness sessions have been conducted engaging more than 306 million people.

The entire network of HWCs is fortified by digitalization and dedicated portals, enhancing data utilization for real-time monitoring and improvement of service quality while reaching the last mile.

Another notable step of the Government towards achieving universal health coverage is launching the supporting arms of Ayushman Bharat, that is, Ayushman...
Bharat Digital Mission and PM-ABHIM, which have strengthened the digital health framework and physical infrastructure and have catalysed a revolutionary strengthening of the health-care delivery in the nation.

We are certain that our current focus on PHC through the HWCs via a synergistic approach will result in measurably positive health outcomes and reductions in out-of-pocket expenditures and become a model for other countries engaged in health sector reforms.

I am confident that our collective efforts and shared learnings within the South-East Asia Region will pave the way for a healthier world. This cross-learning platform on good practices, enablers, and challenges for strengthening PHC can catalyse a network for innovative ideas and problem-solving, fostering a resilient and responsive health service for all. Thank you!
Annex 3

Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the inaugural session

I thank Your Excellency the Minister Dr Mansukh Mandaviya for your leadership and commitment to “Health for All”. I thank the government and people of India for your hospitality in hosting the WHO Regional Committee for South-East Asia Session.

This Seventy-sixth Session of the Regional Committee comes at an important period, both globally and regionally. In May this year, I was able to declare an end to COVID-19 as a global health emergency. The disease is still circulating and still evolving, and now is not the time to let down our vigilance.

For the Region, this Session of the Regional Committee will oversee a transition as the election for the next Regional Director will take place on 1 November 2023. The South-East Asia Region, although composed of only 11 countries, is home to more than a quarter of the world’s population and must address a significant burden of disease.

I am encouraged to see the efforts that countries of the Region are making to combat tuberculosis, as the region accounts for nearly half of the world’s illness and death from this ancient disease. And to date, seven of the 11 countries in the Region have eliminated at least one Neglected Tropical Disease.

Under the leadership of Dr Poonam Khetrapal Singh, the Region has made progress in many areas, including disease control and advancing universal health coverage based on a foundation of primary health care.

I commend Dr Singh for working to drive the resources the Region receives to country offices. Strengthening our country offices, including with a greater delegation of authority, is a top priority.

You have many important issues to deliberate in the coming day. I look forward to the discussions on sustainable financing and on the Investment Round. The success of this initiative will shape our work going forward. I thank you.
Annex 4

Welcome address by Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, at the inaugural session

Good morning and welcome to this Seventy-sixth Session of the WHO Regional Committee for South-East Asia, which it is a pleasure to host here in New Delhi, in what has been an immense, transformative year for India’s global health leadership.

My sincere and abiding gratitude to you, Excellency Dr Mansukh Mandaviya, and to the entire Ministry of Health and Family Welfare and Government of India for all your support.

My thanks also to the Director-General, who it will be a pleasure to welcome back to our Region following the tremendous success in August of the inaugural WHO Global Summit on Traditional Medicine and his leadership at the three high-level events on health at the UNGA in New York.

And my utmost thanks to all Excellencies and delegates who are with us today, as together – at this meeting and beyond – we continue to pursue the Right of every person in the Region to the highest attainable standard of health and well-being, for more than a quarter of humanity.

This year is a year of transition. First, in May, WHO declared an end to the COVID-19 emergency, the deadliest, most disruptive health crisis in more than a century. Since then, we have called for a global shift to routine management of the disease, while urging countries to continue to strengthen key aspects of the response, such as genomic sequencing, surveillance, and with a focus on preparedness for any such event in future.

Second, this year is the final year in which together we are implementing the Region’s eight Flagship Priority Programmes, which Excellencies and I identified in 2014, and which have defined my two-term tenure as Regional Director, along with our “Sustain. Accelerate. Innovate” vision. My heartfelt gratitude for your support.

And third, in 2023, we find ourselves deep in the second half – almost the final third – of the Sustainable Development Goal era, and must therefore accelerate rapid, equitable and sustained progress towards our targets and goals, ensuring that as a Region, we tip the balance towards global success.
But in a year of transition, the Director-General has led us to return to our roots, celebrating 75 years of WHO’s efforts to protect, promote and support health and well-being globally and in the South-East Asia Region.

And let us recall: Our Region was the first WHO region to be established, and the first WHO region to provide direct country support, which today, is the orienting focus of the Organization.

It has been a year of transition – yes, but a year also of transformation.

Bhutan began country-wide implementation of its Service with Care and Compassion Initiative, an award-winning adaptation of the WHO Package of essential noncommunicable disease interventions for primary health care.

Bangladesh eliminated lymphatic filariasis as a public health problem, making it the fourth country in the Region since 2016 to achieve this milestone – a magnificent victory for the poor, the marginalized and those at risk.

DPR Korea rebuilt its nationwide disease prevention and control network, guided by a newly reformed National Centre for Disease Prevention and Control.

India operationalized more than 150 000 Ayushman Bharat health and wellness centres and also received the 2022 UN Interagency Task Force and WHO Special Programme on PHC award for its Hypertension Control Initiative, which has now treated more than 4 million people.

Indonesia launched a revised strategic plan for health system transformation, focused on accelerating PHC orientation, which is one of two core pillars of the Region’s Build Back Better vision.

Maldives initiated the Faafu Atoll PHC demonstration site, showcasing the successful integration of NCD care into primary health care. Myanmar updated its guidelines for drug-sensitive and drug-resistant TB, as well as for TB preventive treatment and community-based TB care.

Nepal became the first country of the Region to introduce typhoid conjugate vaccine into routine immunization, expanding not just coverage but also protection.

Sri Lanka carried out rapid, strategic and coherent action to limit the impact of medicines and medical product shortages, while at the same time mobilizing community engagement against outbreaks of COVID-19 and dengue.
Thailand became one of several countries globally to begin implementing WHO’s new plan on the reduction of obesity, and as part of this, introduced draft legislation to restrict the marketing of unhealthy foods and beverages to children.

Timor-Leste fully restored routine immunization services, and has now achieved rubella elimination. It also introduced a five-fold increase in taxation of tobacco products.

These are tremendous achievements, of which we can be immensely proud. But you will agree that they are achievements that are by no means piecemeal, but are rather connected to a greater whole, an outgrowth of a deeply held strategic vision and culture that together, over the past decade and beyond, we have created.

A vision and culture that prioritizes robust, strategically sound and incisive, evidence-informed planning; which sets ambitious but achievable targets and goals, for measurable impact; which fosters collaborative, outcome-oriented partnerships that avoid duplication and fragmentation; that mobilizes the highest level of political, multisectoral and community commitment and support. It is a vision and culture that above all, strives to advance the health and well-being not of some, or even many people, but of all people, everywhere.

And let me reiterate that of the 270 million additional people projected to be covered by universal health coverage over the course of WHO’s Thirteenth General Programme of Work, 110 million – more than 40% – are from our Region.

Excellencies, today, as we embark on this Seventy-sixth Session of the Regional Committee, let us choose unity, dignity, courage and action.

Let us rise to the moment, put pen to paper, and begin writing the next chapter of the Region’s health and development story – a story that will shape the destiny of our Region and one fourth of the humanity of the world. Thank you.
Opening address by the Vice-Chairperson of the Seventy-fifth session of the Regional Committee, H.E. Mr Ahmed Naseem, Minister of Health of Maldives

It is my great pleasure to welcome you all to the seventy sixth session of the WHO Regional Committee for the South-East Asia Region.

I would like to take this opportunity to appreciate Regional Director Dr Poonam Khetrapal Singh, her team at the WHO country and Regional Offices, for their continuous support and dedication to achieving excellence. I would also like to thank the Government of India for the excellent hospitality provided for the Committee and the delegates.

I stand here today in awe of the remarkable journey our region has embarked upon. Last year, we witnessed a momentous occasion – the face-to-face gathering of our Member States in Bhutan for the Seventy-fifth session of our Regional Committee. This event, the first since the Seventy-second session in New Delhi, signified the unwavering determination of our region, a testament to our collective perseverance.

In the face of unprecedented challenges, our region has much to celebrate. We commemorate key historical milestones and mechanisms that have significantly enhanced health and health systems in the South-East Asia Region and beyond. Amidst the trials of the COVID-19 pandemic, our Member States launched a ground-breaking Regional Strategy for Primary Health Care in 2021. Complementing this Strategy, we inaugurated the Regional Forum for PHC-oriented health systems in Thailand, a platform fostering knowledge exchange to expedite PHC orientation.

As we mark the fifth anniversary of the Astana Declaration on PHC, we must also reaffirm our commitment to the Paro Declaration, which calls for universal access to people-centred mental health care and services. Additionally, the SEAHEARTS Initiative, aimed at reducing the burden of cardiovascular diseases, is being championed across our Region.

We also convened the first WHO Traditional Medicine Global Summit fostering commitments to integrate traditional medicine into primary health care. In Gujarat, a high-level Ministerial Meeting reinvigorated our political commitment to Ending...
TB, leading to the Gandhinagar Declaration, further propelling our efforts to combat TB.

However, the journey ahead is arduous, especially for the health systems of small island developing states and low- to middle-income countries. Challenges such as shortages in human resources and essential medicines persist. Access to health services remains a challenge for many, and NCDs and mental health issues are on the rise. Our vulnerability to climate-related issues adds another layer of complexity to our efforts.

This meeting is a unique opportunity for us to rethink, redesign and rewrite our strategies. It is our chance to accelerate and enhance equitable, quality health services and systems for the South-East Asia region. Guided by the visionary leadership of our Regional Director, we have steadily advanced in public health areas. Yet, there is much to be done.

We must address the gaps and challenges innovatively and sustainably. I am certain that this Regional Committee will identify unique solutions to our unique problems.

We embark on another busy week filled with discussions, collaborations, and collective efforts to advance our region's health agenda. I eagerly anticipate working with each and every single one of you in this endeavour.

I extend my heartfelt gratitude to Bhutan's Health Minister, last year’s Chairperson, and other Officebearers for their invaluable support. A special thank you to Dr Poonam Singh and her dedicated staff for their excellent organization of this meeting and their continuous hard work in supporting our mission for better health in the Region.

Thank you, Excellencies, for your unwavering commitment and dedication. Let us seize this moment to chart a path towards a healthier, more resilient future for our region. Together, we can overcome any challenge and achieve our shared vision of "Health for All". Thank you.
Annex 6

Text of introductory remarks by the Regional Director on the Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January–31 December 2022

Good morning and welcome to this, my final report on the work of WHO in South-East Asia. When I spoke to you earlier today, I talked about transformation and highlighted several examples of what has been achieved by individual countries. As ever, the report on our work together over the last year spells out these achievements – country by country – in much greater detail.

Every single country represented here today has much to be proud of. Our annual report provides a lasting record of the hard-fought gains that make up the daily struggle that is our life in public health.

The report is also a testament to the leadership and dedication of ministers, public servants, health professionals, volunteers – in government, in the private sector and across civil society. The achievements we record are yours.

Of course, the role of WHO is to provide support wherever and whenever it is requested. And tragically, amid the COVID-19 response, several staff members paid the ultimate price: Widhiyanto Projo, from the Country Office for Indonesia; Anita Saxena, Ekkadu Rangarajan, Kuldeep Sharma and Alphonse Dekadjevi from the Regional Office; and Gagan Sonal, from the Country Office for DPR Korea. It is to each of these colleagues that I dedicate this Annual Report.

As we meet here today, as a Region, I would like now to take a moment to step back and look at our achievements collectively. Working together as a Region: can the whole be greater than just the sum of its parts? I really believe it can.

Excellencies, it is almost ten years since the Region was declared polio free. A disease that had haunted humanity throughout history is no longer endemic. We have maintained our polio-free status. And not everyone thought we would.

And now, ten years on we find ourselves hesitantly emerging from a pandemic caused by a virus which was unknown just three years ago.
Polio and COVID-19 are two bookends of the last decade. A year ago, we talked about building back better. A year on, we are still not out of the woods. We need continued vigilance and more genomic sequencing in the face of emerging covid variants.

And we have to come to terms with the more profound impacts of COVID-19: The pandemic has caused social, political and economic shock waves across the region. Health budgets are under intense pressure. People’s lives and livelihoods are threatened. If we are serious about real health security, by which I mean not just protection from communicable diseases, we and our colleagues across governments, still have so much more to do.

Governments across the globe are seeking agreements to prepare for future crises. But fresh from witnessing the limits and fragility of global solidarity – not least when it comes to access to vaccines – we still have no guarantee that the world will act differently when the next pandemic hits.

And if it was not evident before COVID-19, it certainly is now: crises do not happen one at a time. Public health is a battle with multiple frontlines.

Excellencies, colleagues, we are working in a fast-changing environment. The world in which we work has changed fundamentally. But before we look to the future, let us reflect on what we have achieved together over the last 10 years.

Back in 2014 we agreed that we needed clear priorities. Out of multiple demands from all of the countries in the Region, we agreed on eight Flagship Priority Programmes. These Flagships would not prevent WHO responding to country specific needs as and when they arose, but they would form the core of our work together. In practical terms they account for around 80% of resource allocation. So, what have we achieved?

Today, pregnancy, childbirth, infancy and childhood in our Region are safer than ever. Between 2015 and 2020, the Region achieved the world’s highest annual rate of reduction of maternal mortality, from 148 to 117 per 100 000 live births. In 2016, we eliminated maternal and neonatal tetanus as a public health problem.

Five countries of the Region have already achieved the 2030 mortality rate targets for children under-five and newborns. Almost all other countries are on track.

All Member States have initiated hospital-based birth defect surveillance and are implementing national action plans to prevent and manage birth defects.
Across the Region, fewer children suffer from **measles and rubella**. Five countries have eliminated measles, several have eliminated rubella. Overall, the reported incidence of measles and rubella dropped by 75% and 80% respectively.

We have achieved path-breaking progress on eliminating **neglected tropical diseases**: eliminating more than 20 diseases in one or more countries over the past decade. The number of people in the Region needing treatment for NTDs dropped by 20%, which means around 236 million people.

A few examples: In 2015 Maldives was certified malaria free, which Sri Lanka achieved in 2016. Both countries eliminated lymphatic filariasis, followed by Thailand in 2017, and Bangladesh in 2023. In 2016 Thailand became the first country in Asia to eliminate mother-to-child transmission of HIV/AIDS and syphilis, followed by Maldives and then Sri Lanka in 2019. In 2016, India became the first country globally to gain yaws-free status under the 2012 global roadmap, and in 2018 Nepal eliminated trachoma, which Myanmar achieved in 2020.

Five countries have the potential to eliminate malaria by 2025. And as I’m sure you’re aware: Last week, Bangladesh became the first country globally to be validated for having eliminated kala-azar as a public health problem – a tremendous achievement.

The battle against **noncommunicable diseases** continues. But the probability of dying from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases between the ages of 30 and 70 years is just two percentage points lower than a decade ago.

The Region is currently on track to achieve the WHO NCD Global Action Plan target of a 30% relative reduction in tobacco use prevalence between 2010 and 2025.

Six countries have strengthened food-labelling policies, five have strengthened taxation of sugar-sweetened beverages, and three have adopted regulations to eliminate trans-fats, covering more than 1.6 billion people. Nine countries are now implementing the WHO PEN, which helps integrate NCD services at the primary level.

Over the past five years, 10 million more people with hypertension have accessed protocol-based management, almost doubling the rate of control, from 26 to 47%.

Eight countries have population-based cancer registries, and five countries have introduced nation-wide HPV vaccination.
Antimicrobial resistance continues to be a major public health and development threat and the Region remains an AMR hot spot. But the basics are in place.

Since 2018, all Member States have been implementing national action plans to address AMR and our Region is the only one in which all countries carry out annual self-assessment surveys.

Most Member States continue to implement national monitoring systems for resistant pathogens and antimicrobial consumption, and all Member States are enrolled in the Global Antimicrobial Resistance Surveillance System.

Strengthening emergency risk management has always been an outstanding concern in this Region. Based on State Party Annual Reporting, between 2018 and 2020, countries increased IHR core capacities from 56 to 63%.

Nine countries have conducted joint external evaluations, and eight of them have implemented a multi-year national action plan.

Most countries continue to implement national action plans for disaster risk management, and all have begun to implement the Region’s Strategic Roadmap for health security and health system resilience for emergencies 2023–2027.

Tuberculosis was a belated addition to our Flagship Priorities. It remains a stubborn challenge. Progress in this region determines whether and when the goal to end TB worldwide will be realized.

The South-East Asia Region accounts for more than 45% of global TB incidence, more than half of TB-related deaths, and more than 38% of the of drug-resistant TB cases.

We do not lack declarations of commitment: at the high-level country-led meeting in October 2021; in the unanimous adoption of a new Regional Strategic Plan towards ending TB 2021–2025; in the adoption of the Gandhinagar Declaration in August, and at the second UN General Assembly High-Level Meeting on TB last month.

Several high-burden countries have initiated more people on treatment in 2022 than in 2019. But the challenge remains: if we are honest, ending TB is almost as elusive now as it was 10 years ago.

Universal health coverage underpins all the other Flagships and SDG health targets.

So, let’s start with the big picture: of the 270 million people projected to be covered by UHC over the course of the 13th GPW, 110 million – more than 40% – are from our Region.
What does this mean in practice? First, more people with access to health care: the index which we use to measure overall service coverage across the Region has increased from 54 to 62.

And less financial hardship: Out-of-pocket spending as a share of total health spending decreased from 43 to 38%, coinciding with a modest increase in domestic public health spending, from 42% in 2014 to 49% in 2020.

Between 2015 and 2017 alone, the number of people impoverished due to out-of-pocket health spending halved – from 12 to 6%.

In 2021, the South-East Asia Region became the first to adapt the WHO-UNICEF Operational Framework for PHC, to reorient health systems towards quality, accessible, affordable and comprehensive PHC to achieve UHC, health security and the health-related SDGs.

In this Region, we also agreed that we had two specific areas where we wanted to focus as part of the UHC agenda: human resources for health and access to medicines.

The Region’s Decade for Strengthening Human Resources for Health 2015-2024 has catalysed lasting gains: the density of doctors, nurses and midwives in the Region has increased by over 30%.

Reforms to enhance the quality and relevance of health workers now focus on transformative education geared to UHC.

On access to medicines, all Member States have updated National Medicines Policies, with a focus on ensuring equitable access to quality medical products.

All countries now regularly update national Essential Medicine Lists, which guide health care resource allocation and rational medicine usage. In this Region, policies and training that ensure safe, effective and evidence-based traditional medicine are a critical element of UHC.

In March 2022, WHO and India launched the Global Centre for Traditional Medicine, and in August 2023, we co-hosted the first ever Global Summit on Traditional Medicine, which was a tremendous success.

Excellencies, ladies and gentlemen, this short summary shows that we have much to be proud of. Over the last ten years – working together, across the Region – we have made a difference. A difference which translates into longer, happier and healthier lives.
But we cannot shy away from the fact that progress in some areas that we all deemed to be a priority have been modest at best.

Too many health systems in the Region are still funded primarily through out-of-pocket spending. In half of the Region’s countries more than a third of health spending comes directly from individual households – driven by spending on medicines, especially by the poor. It is not acceptable that those who can afford the least still need to pay substantially more.

When it comes to government health spending, there has been a small overall increase in the proportion of government budgets allocated to health. But an increase of only 0.8% in 10 years, with very wide variation, calls for improvement.

It undermines the Region’s strategic and technical excellence, world-leading research and medical institutions, and dedicated health professionals. As Dr Tedros repeatedly reminds us. It is a political decision to invest in health and we in this Region could do better.

Excellencies, colleagues, friends, I have the privilege of being able to look ahead, having worked in WHO for over 25 years – first as Executive Director in Geneva and then as the Deputy Regional Director followed by Regional Director in the WHO South-East Asia office. Allow me a few reflections on where we now stand.

Crises do create opportunities, but it is important that we are aware of the magnitude of the challenges we now face.

I alluded before to the fact that coming out of the pandemic, our Region faces major economic and fiscal uncertainties. We have seen the fragility and limits of global solidarity. We have lost ground on shared goals: millions have been pushed back into extreme poverty.

At the halfway point to 2030 nearly all the global SDGs are off track. Food prices remain high. Job recovery has been slow and uneven.

The climate crisis is a real and present danger to health and to our economies, not a distant threat on the horizon.

Geopolitical competition undermines collective action and makes it harder to resolve what may in the past have remained local conflicts. At the same time, the value and priority people attribute to health and well-being is higher than ever.

This means increased demand for health services. It means calls for a more holistic approach to health and well-being. It means a more joined-up approach to policies that impact on life and livelihood. And it means that health and well-being are no
longer just nice-to-have add-ons when preparing government budgets – they need to be seen as key drivers of the national economy.

Looking ahead, let me draw what I see as some key lessons from the last 10 years.

First, it is no accident that the two defining events of the last decade were a result of communicable diseases. Eternal vigilance as the price of health security applies to new and emerging health threats, but also those that are still with us.

Second, there is no longer any doubt that noncommunicable diseases represent a challenge that can undermine much of what we have achieved in public health. A mere two percent decrease in mortality over a decade in this Region should be a cause for grave concern.

We have ample evidence about NCD determinants but a very modest track record when it comes to doing anything about them.

The economic, commercial, political, social and environmental drivers of disease require action on multiple fronts – most beyond the influence of the formal health sector alone. These are political and not just technical challenges. If we are to lead the most important conversation in public health in this Region, we must be prepared to work with and influence those that have the power to bring about real change.

Third, throughout the pandemic, we have seen the power of science and scientific collaboration. One of WHO’s enduring strengths at the global, regional and country levels is to bring together the best minds to address any technical challenge.

The new frontiers of technology have the potential to revolutionize health policy and practice. But only if they reduce and do not deepen existing inequities. Science must walk hand in hand with access and equity. We must never forget the contrast between the speed of vaccine development and the length of time it took to fairly share the benefits it produced.

Advances in artificial intelligence, robotics, and synthetic biology open extraordinary opportunities to accelerate health and well-being for all. But there is no guarantee that they will result in more efficiency or equitable access unless careful thought is given to how progress is governed – globally, regionally and nationally. It is my sincere hope that WHO will step up to lead this dialogue.

Fourth, we have become accustomed to working in an increasingly complex and crowded institutional space. The health ecosystem globally, and in this Region, has
seen an increase in the number of new players, new partnerships, new platforms, and new funds.

We talk about collaboration, but too often we compete – for attention and resources. We must work together, reducing duplication and fragmentation. Our colleagues in other funds, programs and agencies are allies. We are on the same side.

At the country level this means engaging – as one – with key players across government, particularly with ministries of finance. But collaboration cannot depend on country offices alone: we need incentives that ensure it is a global and regional priority if we are to make it part of our working DNA.

And lastly, over the past 10 years, we have learned critical lessons about what works and what must remain as constants in our fight for better health. Above all, the central importance of universal access to the services that people need, with financial protection and adequate investment in primary-level care.

To me, what is vital as we go forward is that this remains a practical agenda. Real people dealing with real issues of life and death. “Leaving no one behind” is a tough political challenge. But let’s face it: more often than not, we know who is being left behind and why. The challenge is to do something about it. Similarly, “equitable access” means confronting vested interests that will actively resist change. Unless “accountability” has consequences, it has little meaning. These are tough issues: they must not just end up as slogans to be repeated in every new declaration.

My point – and it is a critical one – is that UHC is only the most powerful concept in public health if we take these practical challenges seriously. Matching concepts and good intent with nuts-and-bolts action. That is the way forward.

Excellencies, colleagues, ladies and gentlemen, my friends across this Region, a chapter ends, the book remains. The story is ours to write. We can be proud of our work together, not just over the last year, or even the last decade, but over the past 75 years, as WHO celebrates its platinum jubilee.

But the work doesn’t stop. It never will. New challenges emerge. Old challenges return. In public health – as life itself – change is the only constant, and agility our only recourse.

Together, let us put our faith in the future, in new leaders and new challenges. We are in good shape. We are future-ready and self-assured, and so we can look forward to a healthier, more equitable and sustainable South-East Asia Region for all. I thank you.
Annex 7

Text of address by the Director-General, World Health Organization, at the Business session

Good afternoon to you all. I’m sorry I can’t be with you in person, but I look forward to seeing you on Wednesday. I thank the Government of India for hosting this year’s Regional Committee meeting, and for hosting the Regional Office.

I commend my sister Poonam for her detailed report, with so many achievements in the last decade, especially in relation to elimination of rubella, measles and neglected tropical diseases. These successes are a testament to your leadership, my sister Poonam.

Thank you for everything you have done over the past decade to serve the Member States and people of the region.

You have guided the Regional Office with a clear mind, a steady hand and a big heart. I have very much appreciated your dedication, humility, leadership and friendship. I will miss you.

Excellencies, dear colleagues, please join me in standing to express your appreciation for our Regional Director, Dr Poonam Khetrapal Singh.

This year we celebrate the 75th anniversary of the founding of WHO. There is much to be proud of, in this region and around the world. But we also continue to face formidable challenges, some old, some new; some technical, some financial, some political.

This meeting therefore comes at an important time. The United Nations General Assembly in New York this September was a historic one for health, with three High-level meetings on health issues.

Member States approved strong political declarations on pandemic prevention, preparedness and response, universal health coverage and tuberculosis.

All three are relevant to the work of this Region. And all three depend on a strong WHO, and a strong South-East Asia region.

In my address to the Regional Committee last year, I outlined five priorities – the “Five Ps” – which are now becoming the basis of GPW14: to promote, provide, protect, power and perform for health.
A few words on each. The first priority is to promote health and prevent disease by addressing its root causes, in the air people breathe, the products they consume, and the conditions in which they live and work.

In particular, this means action to address the drivers of noncommunicable diseases, including to reduce tobacco use and harmful alcohol use, improving diets, and increasing physical activity. I welcome the Dhaka Call to Action and the SEAHEARTS initiative to enhance prevention and control of cardiovascular disease, which you will consider this week.

Promoting the health of humans also means promoting the health of the planet on which all life depends, by reducing emissions to curb air and improve health and address climate change.

I am looking forward to COP28 in the United Arab Emirates in December, which for the first time will include a day dedicated to health. I encourage all Member States to participate actively.

The second priority is to provide health, by radically reorienting health systems towards primary health care, as the foundation of universal health coverage.

I am pleased to see that strengthening primary care as a key element towards achieving universal health coverage has been chosen as the topic for tomorrow’s Ministerial Roundtable.

I’m also pleased to note that this region has the highest average availability of data for health service coverage. Those data show encouraging signs of progress in the region, especially in terms of access to health services, which has increased substantially over the past 20 years.

In particular, services for infectious diseases have increased dramatically, enabling many Member States to eliminate diseases including rubella, measles and neglected tropical diseases.

I welcome the Regional Strategic Framework on NTDs which you will consider this week. However, the data also show that as health services have become more available, more and more people are facing poverty or financial hardship by accessing them.

Protecting the most vulnerable populations from financial hardship caused by out-of-pocket health spending must be a key priority for all Member States.
And indeed, Thailand has shown how this can be done, progressively decreasing the proportion of the population who face catastrophic out-of-pocket health spending over the past 20 years.

The third priority is to protect health, by preparing countries to mitigate health risks, and to rapidly detect and respond to both acute and protracted health emergencies.

It is now almost six months since I declared an end to the global health emergencies of both COVID-19 and mpox. However, regionally and globally, the same vulnerabilities that COVID-19 exposed persist.

During the pandemic, all countries built new capacities to prevent and control epidemics and pandemics. I urge all Member States to sustain those gains and not slip back into the cycle of panic and neglect. The investments you have made must not go to waste. Nor must the painful lessons we have learned.

I welcome the Regional Health Security Roadmap, which you adopted last year, and I urge all Member States to continue to implement it, as we work together to build a stronger health security architecture, regionally and globally.

The new pandemic agreement, and targeted amendments to the International Health Regulations, will provide the vital legal foundations for that architecture.

I’m pleased to note that the Bureau of the International Negotiating Body has now completed its draft of the negotiating text of the pandemic agreement, which has been circulated to Member States.

At the same time, I’m aware that there remain differences between Member States on critical issues. I am concerned that negotiations are moving too slowly, and that the accord may not be agreed in time for next year’s World Health Assembly.

I urge all Member States to work with a sense of urgency, with a particular focus on resolving the most difficult and contentious issues, so that we can have the deal by May 2024, as agreed.

This is a unique opportunity that we must not miss to put in place a comprehensive agreement that addresses the lessons learned during the pandemic, with a particular emphasis on equity.

This is a generational agreement that should be written by this generation, with its lived experience of the pandemic. It our responsibility to protect future generations.
Promoting, providing and protecting health are proposed as the three key priorities for all Member States in the Fourteenth General Programme of Work.

The other two “Ps” – powering and performing for health – are enablers of the first three. Powering health means harnessing the power of science, research and development, data and digital technologies.

I am pleased to note that data-driven policy-making and sharing information on a common platform is on your agenda this week. This has been a key area of work for WHO over the past six years as part of our Transformation.

Leveraging the huge potential of digital technologies for health is another key priority. I was very pleased to be in Gandhinagar, India in August, to launch the Global Initiative on Digital Health at the G20 Health Ministers’ Meeting, and I thank India for its leadership.

The Global Initiative will support Member States by converging and convening global standards, best practices and resources for digital health transformation, rooted in people-centred, evidence-based solutions.

And the final “P”, performing for health, is about the work we are doing as the Secretariat to support you better.

As you know, we are now working with Member States to develop the Fourteenth General Programme of Work for 2025 to 2028. Already we have had several rounds of consultations with countries and feedback on the draft of the GPW14 is encouraging.

The major thrust of the GPW14 will be to achieve real change in WHO operations and capacities at the country level in the context of a changing world. In practice, this means strengthening our country offices, with a core country presence, delegation of authority, adequate financial and human resources, the implementation of global mobility, enhanced internal communications, and more.

This initiative is led by the country office heads themselves. To support these efforts, I have squeezed US$ 100 million from our Budget to allocate to country offices.

Our Programme Budget for the next biennium is also the first in which country offices will be allocated more than half of the total budget for the biennium. We have already increased funding flows to regions and countries, and the more flexible funding we receive, the more we can increase that amount and strengthen our country offices.
Our work to strengthen country offices will benefit greatly from the 20% increase in Assessed Contributions, and by the proposal for an Investment Round, both of which you approved at this year’s World Health Assembly. Thank you so much for that support.

I am happy that we are now able to present to you a White Paper for Consultation with Member States on WHO Investment, and I am pleased that financial sustainability will be discussed in this Regional Committee. I look forward to hearing from you as we work together on this critical goal.

We are also continuing our efforts to strengthen our workforce, to achieve gender equity at all levels, and to make zero tolerance for all forms of sexual misconduct a reality, and not merely a slogan.

While we have achieved gender parity this year, overall, on the average, we need to continue to improve, especially in high-level positions such as country office heads and at the director level, where parity has still not been achieved.

Excellencies, my thanks again to India for its hospitality and leadership, and to all Member States for your commitment to fulfilling the founding vision of our World Health Organization: the highest attainable standard of health, for all people.

I give you my personal commitment that for the remainder of my time as Director-General, I will continue to do everything I can to support you. I will, together with the new Regional Director, strive to maintain the momentum on the important gains you have made, from disease elimination to building resilient health systems.

I look to work with you to reach beyond the Ministry of Health to the many other sectors that affect health. I will continue to push for more financing of health by countries, donors, partners to sustain the gains and accelerate progress.

I will make every effort to enhance transparency and accountability at all levels of the organization, while striving to create an agile and a fit-for-purpose organization that can serve you better.

Thank you all once again for your continued commitment to promoting, providing, protecting, powering and performing for health in the Region. I wish you all a very productive and successful regional conference. I thank you.
Dear Dr Poonam, I am writing to extend my warmest felicitations and appreciation for your invaluable contributions to our nation's health care and well-being during your tenure as the Regional Director of the South-East Asia Region of the World Health Organization, home to every fourth person in the world.

Your dedication and commitment to improving public health have not only made a significant impact on our country but have set a commendable standard for international collaboration. It is with great delight that I congratulate you on a tenure that has seen outstanding leadership, compelling vision and solid hard work.

Your approach of putting countries at the centre of your work and ensuring major portion of resources are made available to countries has been truly remarkable and enabled countries including Timor-Leste achieve several public health milestones.

Under your steadfast leadership, WHO has played a pivotal role in advancing health-care infrastructure, disease control, and health promotion within our borders. Your efforts have strengthened our health-care systems, enhanced the accessibility of quality healthcare services, and fortified our capacity to respond to public health challenges including COVID-19 effectively.

I want to thank you for the unwavering and unflinching support especially to Timor-Leste. Recognizing its recent past and young independence, you have been exceptionally generous to the needs and requirements of this rapidly evolving, vibrant democracy. Your munificent support has ensured that all the technical and health related logistical support that our young health system needs has been high-quality, adequate and timely. Your support and contribution have been instrumental in the rapid improvements in our health system.

Our collaborative partnership with WHO, under your distinguished leadership, has been instrumental in shaping our health-care landscape, safeguarding public health, and promoting a culture of well-being among our citizens. Your dedication to the principles of WHO has not only inspired us but has also served as a model for others around the world who aspire to achieve excellence in public health.
WHO is the natural leader in global health due to visionaries like you that lead with science, solidarity and vision.

In recognition of your exceptional contributions and unwavering support to our nation's health and welfare, I would like to express my heartfelt congratulations on behalf of the government and its people.

Your dedication has left an indelible mark on our health-care landscape, and your legacy of positive change will be felt for generations to come and do cherish the fact that you have had a prominent role in improving the lives of the people in one of the youngest democracies in the world

Timor-Leste salutes you for this! Yours sincerely
Annex 9

Congratulatory remarks by the Director-General for the Regional Director Elect, Ms Saima Wazed, on her election at the Seventy-sixth Session

Excellencies, dear colleagues and friends, I offer my warm congratulations to Ms Saima Wazed on her election as Regional Director for South-East Asia, and to Bangladesh.

I also congratulate Dr Shambhu Prasad Acharya on your campaign, and I thank you for putting yourself forward for this very demanding but very important position.

Ms Wazed, you have earned the confidence and trust of the Member States of the region. This is a great privilege, and a very great responsibility. You are entrusted with guiding the health systems of eleven countries comprising nearly two billion people.

The Region is extremely diverse, with a huge range of cultures, languages, landscapes, and income levels.

From Himalayan kingdoms to island nations; from the Gulf of Thailand to the Bay of Bengal; From huge cities to remote villages; from economies that are thriving to those that are struggling. Equally, you are faced with a huge range of health challenges, from cardiovascular disease to neglected tropical diseases, from air pollution to the ability to pay for health services, the climate crisis to mental health, and so much more. I don't need to remind you of the scale of challenges you face.

Ms Wazed, you have not applied for an easy job. But you have applied for one of the most important, and one of the most rewarding.

This role will demand every bit of the technical, managerial and diplomatic skill you have, and more. But you are not alone. You are supported by a very dedicated and talented team at the Regional Office. And I assure you of my support and that of my colleagues in Geneva.

You will assume this position at a critical time, as we seek to jump-start progress towards the Sustainable Development Goals.
If you serve two terms, you will lead the region to the end of the SDG era, and the beginning of the next era. And by the end of your first term, you will be working with a new Director-General.

I look forward to working with you. The success of this organization depends on close cooperation, coordination and trust between headquarters, the Regional Offices and country offices.

I am committed to working closely with you, our regional and country office colleagues, and our Member States, to promote, provide, protect, power and perform for the health of South-East Asia.

My sister Poonam, thank you once again for your outstanding leadership and dedication over the past five years. I wish you every happiness in the next chapter of life.

Once again, Saima, congratulations. I very much look forward to welcoming you to the Global Policy Group, and to working with you for a healthier, safer, fairer South-East Asia. I thank you.
We come to the close of yet another successful Regional Committee. My sincere gratitude to distinguished delegates for your keen participation, deep insights and collaborative action across all agenda items. Together, you have pushed our mission forward.

On Monday, in my inaugural address, and in my Introduction to the Annual Report, it was a pleasure to walk you through some of the progress that together we have made, not only over the past year, but the past decade.

Today, let us add this Seventy-sixth Session of the Regional Committee to the list, recognizing its importance to the Region's onward trajectory, at this moment not just of transition but opportunity.

Together, you adopted six resolutions and three decisions, each pertaining to critical aspects of the Regional and global health agenda.

Yesterday, you nominated a new Regional Director, Ms Saima Wazed, to whom I extend my congratulations and full support.

Over the past three and a half days, this Regional Committee – the Region's highest Governing Body – has deliberated on a range of issues critical to the health and well-being not just of the Region's 2.1 billion people but to that of our Organization – key among them Programme Budget 2024–2025, the draft 14th General Programme of Work, and sustainable financing.

Together, we have considered how best to prevent and control cardiovascular diseases in the Region, with the endorsement of the Dhaka Call to Action and our new SEA-HEARTS Initiative.

We have assessed the Region's overall progress towards universal health coverage, which as you agree, requires accelerated action, but which has nevertheless outpaced any other region.

Together, you have endorsed a new Regional Strategic Framework for sustaining, accelerating and innovating to end neglected tropical diseases in the Region, and
also assessed implementation of our new Regional Strategic Roadmap for health security and health system resilience, which has begun with zeal.

We have also surveyed seven progress reports on selected Regional Committee resolutions, including on COVID-19 and measures to build back better essential health services; implementation of the Global Strategy to reduce harmful use of alcohol; regional commitment on TB; promoting physical activity; and revitalizing the school health programme and health-promoting schools, among others.

Let us agree: The Ministerial Roundtable was a great success. The Delhi Declaration for strengthening primary health care will, I am sure, accelerate evidence-based action and investments to further our primary health care agenda.

My sincere gratitude to India, and to Your Excellency Dr Mandaviya, for selecting this focus and for your leadership in this area, and also to Dr Palitha Abeykoon, for graciously moderating the Roundtable.

My gratitude to the Chair and Vice-Chair, Your Excellency Dr Mandaviya and Your Excellency Dr dos Reis Amaral, respectively, for discharging your duties, shepherding us to this conclusion.

My heartfelt thanks for the work of this Regional Committee, and for the many which came before it, at the close of this, my tenth and final Committee as Regional Director.

And on that note, I would like to acknowledge the tremendous support and dedication that I have witnessed throughout my tenure.

First, I express my deepest gratitude to all Member States for their unwavering support at every step of our journey and in the face of an array of challenges. My thanks also to the HQ team, whose continued support I have greatly appreciated.

In particular, I extend my utmost gratitude and congratulations to the Director-General, Dr Tedros, for his steadfast support of our Region, and for the courage, wisdom and integrity he has shown in leading WHO globally, not only in responding to the deadliest, most disruptive health crisis in more than a century, but in fundamentally transforming our Organization, ensuring that together we can meet the challenges not just of today but tomorrow.

And I also express my sincere and abiding gratitude to my Regional Office and country office staff, from WHO Representatives, Directors, Coordinators and Regional Advisers, to all other technical staff and General Service staff, including,
administrative associates and assistants, and also to the drivers, housekeeping and security staff.

All of you have contributed in your own way. Your hard work, commitment and determination have been the driving force behind our collective success. The professionalism and expertise you bring to the table are truly commendable and I’m grateful for the opportunity to have worked alongside such a dedicated team.

Finally, my thanks also to the many nongovernmental and intergovernmental organizations, partners and friends who continue to join with us to achieve our vision, based on Member State priorities and needs.

Together, we have achieved so much. As I stated earlier this week, a chapter ends but the book remains. The story is yours to write. I thank you.
Annex 11

Agenda

1. Opening of the Session
2. Election of Officebearers
3. Credentials of Representatives
4. Adoption of the Agenda
5. Key addresses and report on the Work of WHO
   5.1 Introduction to the Regional Director’s Annual Report on the Work of WHO in the South-East Asia Region covering the period 1 January to 31 December 2022
   5.2 Address by the Director-General
6. Ministerial Roundtable
   6.1 Strengthening primary health care as a key element towards achieving universal health coverage
7. Programme Budget matters
   7.1 Programme Budget 2022–2023: Implementation and mid-term review
   7.2 Programme Budget 2024–2025
   7.3 Draft Fourteenth General Programme of Work (GPW14)
   7.4 Sustainable financing
8. Policy and technical matters
8.1 Regional Strategic Framework for sustaining, accelerating and innovating to end NTDs in the South-East Asia Region 2023–2030 SEA/RC76/8

8.2 Implementation of the new Regional Health Security Roadmap 2023–2027 SEA/RC76/9

8.3 Annual report on monitoring progress on UHC and health-related SDGs SEA/RC76/10

8.4 SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action SEA/RC76/11

8.5 Data-driven policy-making and sharing of information on a common platform SEA/RC76/12

9. Progress reports on selected Regional Committee resolutions SEA/RC76/13, SEA/RC76/13 Add. 1 and SEA/RC76/13 Add. 2

9.1 South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol 2014–2025 [SEA/RC67/R4]

9.2 Challenges in polio eradication [SEA/RC60/R8]

9.3 COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs [SEA/RC74/R1]

9.4 South-East Asia Regional Health Emergency Fund (SEARHEF) [SEA/RC60/R7] and, Expanding the scope of the South-East Asia Regional Health Emergency Fund [SEA/RC69/R6]

9.5 Regional commitment on TB: Political Declaration on TB by the UN High-Level Meeting and preparing a follow-up plan in the SE Asia Region (SEA/RC70/R4)

9.6 Promoting physical activity in the South-East Asia Region (SEA/RC69/R4)

9.7 Revitalizing the school health programme and health-promoting schools in the SE Asia Region (SEA/RC74/R3)
10. Governing Body matters

10.1 Nomination of the Regional Director

10.2 Key issues arising out of the Seventy-sixth World Health Assembly and the 152nd and 153rd Sessions of the WHO Executive Board

10.3 Review of the Draft Provisional Agenda of the 154th Session of the WHO Executive Board

10.4 Elective posts for Governing Body meetings (WHA, EB and PBAC)

11. Management and Governance matters

11.1 Status of the SE Asia Regional Office Building

11.2 Evaluation: Annual report

11.3 Amendments to the Rules of Procedure of the WHO Regional Committee for South-East Asia

12. Special Programmes

12.1 UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Report on attendance at JCB in 2023


13 Time and place of future Sessions of the Regional Committee

14. Adoption of resolutions

15. Adoption of the report of the Seventy-sixth Session of the Regional Committee

16. Closing session
Annex 12

List of participants

1. Representatives, alternates and advisers

Bangladesh

Representative
H.E. Mr Zahid Maleque
Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Alternates
H.E. Mr Md Shahriar Alam
Minister of State
Ministry of Foreign Affairs
Government of the People’s Republic of Bangladesh

Mr Md Jahangir Alam
Secretary, Health Services Division
Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Advisers
Mr AFM Ruhal Haque
Former Minister of Health and Family Welfare
and Executive Committee Member, Shuchona Foundation

Professor Pran Gopal Datta
Former Vice-Chancellor of Bangabandhu Sheikh Mujib Medical University (BSMMU) and
Vice-Chairperson, Shuchona Foundation

H.E. Mr Md Mustafizur Rahman
High Commissioner
Bangladesh High Commission to the Republic of India
New Delhi

Mr Md Nural Islam
Deputy High Commissioner
Bangladesh High Commission to the Republic of India
New Delhi

Ms Sanchita Haque
Deputy Permanent Representative
Permanent Mission of Bangladesh to the UN Office and other International Organizations in Geneva
Geneva
Mr Md Emdadul Islam Chowdhury
Director-General (UN)
Ministry of Foreign Affairs
Government of the People's Republic of Bangladesh
Professor Dr Meerjady Sabrina Flora
Director
National Institute of Preventive and Social Medicine (NIPSOM)
Government of the People's Republic of Bangladesh
Professor Dr Ahmedul Kabir
Additional Director-General
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh
Mr Md Abdul Wadud Akanda
Counsellor (Political)
Bangladesh High Commission to the Republic of India
New Delhi
Mr Mohammad Shahadat Khandaker
Deputy Secretary
Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh
Dr Helal Uddin Ahmed
Associate Professor
National Institute of Mental Health and
Member, Executive Committee, Shuchona Foundation
Dr Muzharul Mannan
Consultant Neurologist
Department of Neurology, BSMMU and
Member, Executive Committee, Shuchona Foundation
Mr Mohammad Al Alamul Emam
Director (Office of the State Minister)
Ministry of Foreign Affairs
Government of the People's Republic of Bangladesh
Ms Kakoli Saha
First Secretary
Bangladesh High Commission to the Republic of India
New Delhi
Mr Mohammad Zahid Hasan Chowdhury
First Secretary
Bangladesh High Commission to the Republic of India
New Delhi
Mr Afzal Mehdat Adnan  
First Secretary & HOC  
Bangladesh High Commission to the Republic of India  
New Delhi

Dr Arafatur Rahman  
Deputy Programme Manager (Planning)  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

Ms Lima Rahman  
Director  
Health, Nutrition & HIV/AIDS Sector  
Save the Children, Bangladesh

Ms Aneeqa Rashid Ahmad  
Coordinator, Secretariat  
Shuchona Foundation

**Bhutan**

**Representative**  
Mr Pemba Wangchuk  
Acting Secretary  
Ministry of Health  
Royal Government of Bhutan

**Alternate**  
Mr Karma Jamtsho  
Director, Department of Public Health  
Ministry of Health  
Royal Government of Bhutan

**Advisers**  
Mr Sonam Phuntsho  
Deputy Chief Planning Officer  
Policy and Planning Division  
Ministry of Health  
Royal Government of Bhutan

Mr Tshering Wangdi  
Deputy Chief Planning Officer  
Policy and Planning Division  
Ministry of Health  
Royal Government of Bhutan

H.E. Major-General Vetsop Namgyel  
Ambassador of the Kingdom of Bhutan to the Republic of India  
Embassy of the Royal Government of Bhutan to the Republic of India  
New Delhi
Mr Japchu
First Secretary
Royal Bhutanese Embassy to the Republic of India
New Delhi

Democratic People's Republic of Korea

Representative
H.E. Mr Choe Hui Chol
Ambassador of the Democratic People's Republic of Korea to the Republic of India
Embassy of the Democratic People's Republic of Korea to the Republic of India
New Delhi

Alternate
Mr Kim Myong Chol
First Secretary
Embassy of the Democratic People's Republic of Korea to the Republic of India
New Delhi

India

Representative
H.E. Dr Mansukh Mandaviya
Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Alternates
H.E. Dr Bharati Pravin Pawar
Minister of State for Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

H.E. Professor S.P. Singh Baghel
Minister of State for Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Mr Sudhansh Pant
Secretary
Ministry of Health and Family Welfare
Government of India

Mr Rajesh Vaidya Kotecha
Secretary
Ministry of AYUSH
Government of India

Ms Roli Singh
Additional Secretary
Ministry of Health and Family Welfare
Government of India
Ms V. Hekali Zhimomi  
Additional Secretary  
Ministry of Health and Family Welfare  
Government of India  

Ms L.S. Changsan  
Additional Secretary & MD  
Ministry of Health and Family Welfare  
Government of India  

Ms Indrani Kaushal  
Economic Adviser  
Ministry of Health and Family Welfare  
Government of India  

Dr P. Ashok Babu  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Dr Manashvi Kumar  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Mr Rajiv Manjhi  
Joint Secretary  
Ministry of Health and Family Welfare  
Government of India  

Mr Vaibhav Bajaj  
PS to Minister of Health & Family Welfare  
Ministry of Health and Family Welfare  
Government of India  

**Indonesia**  

*Representative*  
Dr Syarifah Liza Munira  
Director General for Health Policy Agency  
Ministry of Health  
Republic of Indonesia  

*Alternate*  
Dr Oscar Primadi  
Chief Policy Analyst  
Ministry of Health  
Republic of Indonesia  

*Advisers*  
Ms Rima Damayanti  
Team Leader, Primary Health Care Integration Work  
Ministry of Health  
Republic of Indonesia
Mr Indra Jaya  
Team Leader for Cooperation and Information  
Secretariat  
Directorate General for Disease Prevention and Control  
Ministry of Health  
Republic of Indonesia  

Ms Cempaka Rini  
Health Administrator, Directorate of Health Care Governance  
Ministry of Health  
Republic of Indonesia  

Dr Dwirani Rachmatika  
Policy Analyst/ Member of Multilateral Cooperation  
Center of Global Health and Technology Policy  
Ministry of Health  
Republic of Indonesia  

Ms Isnaniyah Rizky  
Policy Analyst/ Member of Multilateral Cooperation  
Center for Global Health and Technology Policy  
Ministry of Health  
Republic of Indonesia  

---  

Maldives  

Representative  
H.E. Mr Ahmed Naseem  
Minister of Health  
Ministry of Health  
Republic of Maldives  

Alternates  
Dr Ahmed Ashraf  
Director-General of Health Services  
Ministry of Health  
Republic of Maldives  

Mr Ibrahim Ashraf  
Associate Public Health Specialist  
Ministry of Health  
Republic of Maldives  

Ms Aminath Shaina Abdullah  
Deputy Director-General  
Ministry of Health  
Republic of Maldives  

Mr Mohamed Najeel  
First Secretary  
High Commission of the Republic of Maldives to the Republic of India  
New Delhi
Ms Fathimath Liusha  
First Secretary  
High Commission of the Republic of Maldives  
to the Republic of India  
New Delhi  

Mr Nuaz Afeef  
First Secretary  
High Commission of the Republic of Maldives  
to the Republic of India  
New Delhi  

**Nepal**  

*Representative*  
H.E. Mr Mohan Bahadur Basnet  
Minister of Health and Population  
Ministry of Health and Population  
Government of Nepal  

*Alternates*  
H.E. Dr Shankar Prasad Sharma  
Ambassador of Nepal to the Republic of India  
New Delhi  

Dr Roshan Pokhrel  
Secretary  
Ministry of Health and Population  
Government of Nepal  

Dr Bikash Devkota  
Additional Health Secretary  
Ministry of Health and Population  
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Dr Sangeeta Kaushal Mishra  
Director General, Department of Health Services  
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Dr Surendra Thapa  
Minister/Deputy Chief of Mission  
Embassy of Nepal to the Republic of India  
New Delhi  

Dr Chuman Lal Das  
Chief, Health Coordination Division  
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Mr Rameshwor Acharya  
Adviser to the Minister of Health and Population  
Ministry of Health and Population  
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Sri Lanka

**Representative**
H.E. Dr Seetha Arambepola  
State Minister of Health  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

**Alternates**
Mr Niluka Kadurugamuwa  
Acting High Commissioner  
High Commission of the Republic of Sri Lanka to the Republic of India  
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Dr Asela Gunawardena  
Director-General of Health Services  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

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Deputy Director-General (Planning)  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Dr Anil Samaranayake  
Director, International Health  
Ministry of Health  
Government of the Democratic Socialist Republic of Sri Lanka

Ms Wathsala Amarasinghe  
Minister Counsellor  
High Commission of Sri Lanka  
New Delhi

Thailand

**Representative**
H.E. Dr Cholnan Srikaew  
Minister of Public Health  
Ministry of Public Health  
Royal Thai Government

**Alternates**
Dr Nuanskool Bamroongpong  
Adviser to the Minister of Public Health  
Ministry of Public Health  
Royal Thai Government

Mr Mongkol Somkum  
Working team of the Minister of Public Health  
Ministry of Public Health  
Royal Thai Government
Dr Opart Karnkawinpong
Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Pongsadhorn Pokpermdee
Acting Deputy Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Suwit Wibulpolprasert
Adviser to the Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Viroj Tangcharoensathien
Adviser to the Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Somsak Akksilp
Adviser to the Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Jadej Thammatacharee
Secretary-General
National Health Security Office
Royal Thai Government

Professor Suttipong Wacharasindhu
Senior Executive Committee
School of Global Health
Faculty of Medicine
Chulalongkorn University
Royal Thai Government

Dr Walaiporn Patcharanarumol
Director, Global Health Division
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Kraisorn Tohtubtiang
Director, Office of Disease Prevention and Control
Department of Disease Control
Ministry of Public Health
Royal Thai Government
Dr Warisa Panichkriangkrai
Deputy Director
International Health Policy Programme
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Chai-aim Pachanee
Foreign Relations Officer, Senior Professional Level
Global Health Division
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Nitchanund Tantisirivit
Medical Officer, Professional Level
Nan Hospital
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Mr Banlu Supaaksorn
Foreign Relations Officer, Practitioner Level
Global Health Division
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Ms Isariyaporn Kanta
Plan and Policy Analyst, Practitioner Level
Strategy and Planning Division
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Ms Nanoot Mathurapote
Head of Global Collaboration Unit
National Health Commission Office
Ministry of Public Health
Royal Thai Government

Ms Parichat Thiptirapong
Health Insurance Technical Officer
National Health Security Office
Ministry of Public Health
Royal Thai Government
Timor-Leste

*Representative*  
H.E. Dr Elia Antonio de Araujo Dos Reis Amaral  
Minister of Health  
Ministry of Health  
Democratic Republic of Timor-Leste

*Alternates*  
Mr Narciso Fernandes  
Director of Health Policy, Planning and Cooperation  
Ministry of Health  
Democratic Republic of Timor-Leste

Mr Valentino Lisboa Marcal  
Public Health Officer  
Department of Public Health  
Ministry of Health  
Democratic Republic of Timor-Leste

Mr Duarteo Vilanova da Silva De Jesus  
Chief of Cabinet of the Minister of Health  
Ministry of Health  
Democratic Republic of Timor-Leste

Ms Bendita R.M. Soares  
Secretary, Minister of Health  
Ministry of Health  
Democratic Republic of Timor-Leste

Mr Afonso Amorin  
Close Protection Team, Minister of Health  
Ministry of Health  
Democratic Republic of Timor-Leste

2. Representatives of the United Nations & Specialized Agencies

**United Nations Children’s Fund (UNICEF)**  
Mr Luigi D’Aquino  
Chief Health Specialist  
New Delhi, India

**World Bank Group**  
Dr Suresh Kunhi Mohammed  
Senior Health Specialist  
New Delhi, India

**United Nations Population Fund**  
Mr Sriram Haridass  
Deputy Representative  
New Delhi, India

**UNHCR**  
Ms Margriet Veenma  
Deputy Chief of Mission  
New Delhi, India
### 3. Representatives of Intergovernmental Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Title/Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Investment Bank</td>
<td>Ms Nina Fenton</td>
<td>Head of Regional Representation for South Asia</td>
<td>New Delhi, India</td>
</tr>
</tbody>
</table>

### 4. Representatives from non-State Actors in official relations with WHO

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Title/Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Network: Towards Unity for Health</td>
<td>Professor Dr Anshu</td>
<td>Director-Professor</td>
<td>Wardha, India</td>
</tr>
<tr>
<td>Vital Strategies, Inc</td>
<td>Mr L.M. Singh</td>
<td>Managing Director, India and Global Head, Partnerships and Innovative Finance</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Nidhi Chaudhary</td>
<td>Chandigarh, India</td>
</tr>
<tr>
<td>International Society of Physical and Rehabilitation Medicine</td>
<td>Dr Raju Dhakal</td>
<td>Regional Representative</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>Médecins Sans Frontières</td>
<td>Dr Farhat Mantoo</td>
<td>General Director</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td></td>
<td>Ms Runjun Dutta</td>
<td>Policy and Advocacy Officer</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td></td>
<td>Dr Homa Mansoor</td>
<td>Infectious Disease Specialist</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>International Pharmaceutical Students’ Federation</td>
<td>Ms Tanushree Jain</td>
<td>Member</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>Rotary International</td>
<td>Mr Deepak Kapur</td>
<td>Rotary India Polio Committee Chair</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>International Hospital Federation</td>
<td>Ms Pritindira Kaur</td>
<td>Regional Head, Quality</td>
<td>New Delhi, India</td>
</tr>
</tbody>
</table>
International Agency for the Prevention of Blindness  
Dr Rohit Chandramohan Khanna  
Network Director  
Hyderabad, India

International Epidemiological Association  
Dr Chandrakant Lahariya  
Regional Councillor for South-East Asia  
New Delhi, India

International Federation of Pharmaceutical Manufacturers and Associations  
Ms Diana Lee  
Associate Director, Multilateral Engagement  
Geneva, Switzerland

World Obesity Federation  
Dr Mahendra Narwaria  
President  
Ahmedabad, India

Dr Brij Mohan Makkar  
Consulting Diabetes and Bariatric Physician  
New Delhi, India

World Federation of Societies of Anaesthesiologists  
Professor Sheila Nainan Myatra  
Mumbai, India

Women in Global Health  
Dr Deepika Saluja  
Cofounder & Chair  
Chandigarh, India

Ms Arushi Raj  
India Chapter Coordinator  
New Delhi, India

Dr Harshita Umesh  
Intern  
Bangalore, India

Movendi International  
Ms Radhika Shrivastav  
Senior Director  
New Delhi, India

Drugs for Neglected Diseases initiative  
Dr Kavita Singh  
Director, South Asia  
New Delhi, India

The Cochrane Collaboration  
Dr Anju Sinha  
Director, ICMR Cochrane Affiliate Centre  
Co-Chair, Cochrane India Network  
New Delhi, India

International Pediatric Association  
Professor Santosh Soans  
Standing Committee Member  
Mangalore, India
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCD Alliance</strong></td>
<td>Dr Barsa Priyadarshini Rout</td>
<td>Programme Manager</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td><strong>International Federation of Medical Students' Associations</strong></td>
<td>Dr Uma Gupta</td>
<td>Head of Delegation</td>
<td>Delhi, India</td>
</tr>
<tr>
<td></td>
<td>Dr Vedant Shukla</td>
<td>General Delegate</td>
<td>Mumbai, India</td>
</tr>
<tr>
<td><strong>International League Against Epilepsy</strong></td>
<td>Ms Kathryn Hodgson</td>
<td>Finance and Administration Director</td>
<td>Washington D.C., United States of America</td>
</tr>
<tr>
<td></td>
<td>Ms Andrea Hunt</td>
<td>Programme Manager</td>
<td>Cork, Republic of Ireland</td>
</tr>
<tr>
<td><strong>World Organization of Family Doctors</strong></td>
<td>Dr Kanapathipillai Sriranjan</td>
<td>President, WONCA SEA Region</td>
<td>Negombo, Sri Lanka</td>
</tr>
<tr>
<td><strong>5. Other non-State Actors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Uniting to Combat NTDs</strong></td>
<td>Ms Emily Fiddy</td>
<td>Communications Manager</td>
<td>Manchester, United Kingdom of Great Britain and Northern Ireland</td>
</tr>
<tr>
<td><strong>6. Representatives from regional economic organizations</strong></td>
<td>Ms Genessa Giorgi</td>
<td>Chief Delegate, HHS Health Attache, Regional Representative for South Asia</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td><strong>U.S. Department of Health and Human Services</strong></td>
<td>Dr Reuben Swamickan</td>
<td>Deputy Director, Health</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td></td>
<td>Dr John Reed MacArthur</td>
<td>Regional Director, South-East Asia Office</td>
<td>Hanoi, Viet Nam</td>
</tr>
<tr>
<td></td>
<td>Dr Meghna Desai</td>
<td>Country Director</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td><strong>US Centers for Disease Control (CDC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fleming Fund South Asia Region</strong></td>
<td>Dr Neha Gulati</td>
<td>South Asia Regional Coordinator</td>
<td>New Delhi, India</td>
</tr>
</tbody>
</table>
Foreign and Commonwealth Development Office

Dr Jaya Singh Verma
Senior Policy and Programme Manager
New Delhi, India

7. Regional Director nominees

Bangladesh
Ms Saima Wazed
Licensed school psychologist and Chairperson, Shuchona Foundation
Dhaka, Bangladesh

Nepal
Dr Shambhu Prasad Acharya
Director, Department of Country Support
WHO headquarters
Geneva, Switzerland

8. Guests

Partnership for Maternal and Child Health
Ms Bhavya Durgesh Nandini
Coordinator, Adolescent and Youth Constituency
Delhi, India
Ms Anshu Mohan
Senior Technical Adviser
Geneva, Switzerland

National Health, Science and Technology Institute
Professor Dr Nirmal Kumar Ganguly
Professor of Eminence and former Director-General, Indian Council of Medical Research
New Delhi, India
## Annex 13

### List of meetings of the Regional Office in 2023

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
<th>Dates</th>
<th>Title</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIS</td>
<td>7–9 February</td>
<td>Regional Workshop on strengthening telemedicine for the WHO South-East Asia Region</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>2</td>
<td>APO</td>
<td>9–10 February</td>
<td>Workshop on updating the APO health system review template</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>3</td>
<td>HHS</td>
<td>13–15 February</td>
<td>Workshop to support development and peer review of Global Fund proposals for TB, HIV and malaria in SE Asia Region countries</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>4</td>
<td>MHS</td>
<td>14 February</td>
<td>Consultative Virtual Meeting on the Development of the Regional Mental Health Action Plan 2023–2030 for the WHO South-East Asia Region</td>
<td>Virtual</td>
</tr>
<tr>
<td>5</td>
<td>NTD</td>
<td>16 February</td>
<td>Tripartite Webinar on prevention and control of neglected parasitic zoonoses</td>
<td>Virtual</td>
</tr>
<tr>
<td>6</td>
<td>DPR</td>
<td>21–23 February</td>
<td>High-Level Meeting on integrated people-centred eye care</td>
<td>Hyderabad, India</td>
</tr>
<tr>
<td>7</td>
<td>HSD</td>
<td>27–28 February</td>
<td>High-Level Workshop on 'Paving for strong and resilient health system in South-East Asia.'</td>
<td>Goa, India</td>
</tr>
<tr>
<td>8</td>
<td>TUB</td>
<td>13–15 March</td>
<td>Workshop on community capacity-building for effective engagement towards ending TB in the South-East Asia Region</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>9</td>
<td>WSC</td>
<td>13–16 March</td>
<td>First Meeting of the SEA Regional Expert Group on environmental determinants of health and climate change, 13 March 2023, and Regional Meeting on health impact of pollution, 14–16 March 2023</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>10</td>
<td>IVD</td>
<td>14–16 March</td>
<td>Regional Consultation on re-setting the target date for achieving measles and rubella elimination goal in the WHO SE Asia Region</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>11</td>
<td>HSD</td>
<td>14–16 March</td>
<td>Regional Consultation on promoting social participation to accelerate UHC in the SE Asia Region</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>No.</td>
<td>Unit</td>
<td>Dates</td>
<td>Title</td>
<td>Venue</td>
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<td>-----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>12</td>
<td>EMO</td>
<td>15–16 March</td>
<td>Meeting of the South-East Asia Regional Global Outbreak Alert and Response Network Partners</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>13</td>
<td>HIS</td>
<td>20–21 March</td>
<td>The Global Conference on Digital Health: ‘Taking UHC to the last citizen’</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>14</td>
<td>NTD</td>
<td>27–28 March</td>
<td>Meeting of Programme Managers and Regional Technical Advisory Group (RTAG) on dog-mediated human rabies in the South-East Asia Region</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>15</td>
<td>MHS</td>
<td>27–28 March</td>
<td>Virtual Regional Training on multisectoral community-based approaches for mental health and psychosocial support (MHPSS)</td>
<td>Virtual</td>
</tr>
<tr>
<td>16</td>
<td>IVD</td>
<td>27 March–1 April</td>
<td>Hands-on Workshop on measles-rubella molecular test method</td>
<td>Nonthaburi, Thailand</td>
</tr>
<tr>
<td>17</td>
<td>NCD</td>
<td>28–30 March</td>
<td>Regional Meeting for implementing the Action Plan for Oral Health 2022–2030</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>18</td>
<td>NHD</td>
<td>30–31 March</td>
<td>Expert Consultation on validating a nutrient profile model for formulated complementary foods and strategizing its application across countries</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>19</td>
<td>MHS</td>
<td>3–5 April</td>
<td>Regional Meeting for the development of the WHO South-East Asia Regional Mental Health Action Plan 2023–2030</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>20</td>
<td>NTD</td>
<td>11–13 April</td>
<td>Leprosy Programme Managers’ Meeting for the South-East Asia Region</td>
<td>Kolkata, India</td>
</tr>
<tr>
<td>21</td>
<td>SDH</td>
<td>25–27 April</td>
<td>Regional Workshop to develop city health profiles and healthy city plan</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>22</td>
<td>IVD</td>
<td>25–28 April</td>
<td>Regional Workshop on new and underutilized vaccine introduction</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>23</td>
<td>PPC</td>
<td>25–28 April</td>
<td>Meeting of the Regional Director with WHO Representatives</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>24</td>
<td>WSC</td>
<td>25–28 April</td>
<td>Regional Meeting on climate resilient water and sanitation safety planning and audit</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>No.</td>
<td>Unit</td>
<td>Dates</td>
<td>Title</td>
<td>Venue</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>25</td>
<td>EMO</td>
<td>25–28 April</td>
<td>WHO South-East Asia regional and country offices emergency readiness training and simulation exercise</td>
<td>Colombo, Sri Lanka</td>
</tr>
<tr>
<td>26</td>
<td>HIS</td>
<td>25–29 April</td>
<td>Multicountry Workshop to support the implementation of ICD-11</td>
<td>Colombo, Sri Lanka</td>
</tr>
<tr>
<td>27</td>
<td>MPR</td>
<td>2–4 May</td>
<td>Regional Workshop to support Member States in protecting public health from contaminated medicine</td>
<td>Jakarta, Indonesia</td>
</tr>
<tr>
<td>28</td>
<td>TFI</td>
<td>3–5 May</td>
<td>Regional Meeting on tobacco policy acceleration and data-to-action in the WHO SE Asia Region</td>
<td>Dhulikhel, Nepal</td>
</tr>
<tr>
<td>29</td>
<td>HFG</td>
<td>8–11 May</td>
<td>7th Bi-regional Workshop on Health Financing for UHC in Asia and the Pacific: Making health financing work for equitable access and financial protection</td>
<td>Siem Reap, Cambodia</td>
</tr>
<tr>
<td>30</td>
<td>CPI</td>
<td>8–12 May</td>
<td>Strengthening regional capacity to communicate emergencies: Annual training on risk communication and community engagement and Internal WHO Workshop of WHO Health Emergency Preparedness and Response Framework</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>31</td>
<td>PHLS</td>
<td>9–11 May</td>
<td>WHO Regional Reference Laboratory Network and Diagnostic Advisory Group for pathogens of pandemic and epidemic potential</td>
<td>Delhi, India</td>
</tr>
<tr>
<td>32</td>
<td>DPR</td>
<td>7–9 June</td>
<td>Streamlining and prioritizing actions in the areas of disability, rehabilitation and assistive technology in the SE Asia Region</td>
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WHO Regional Committee for South-East Asia

The WHO Regional Committee for South-East Asia is the World Health Organization’s governing body in the Region. It has representatives from all 11 Member States. The Regional Committee meets annually to review progress in health development in the Region, formulate resolutions on health issues for Member States, and review past resolutions. It also considers the regional implications of World Health Assembly resolutions, among others.

This report summarizes the discussions of the Seventy-sixth Session of the Regional Committee for South-East Asia, held in New Delhi, India, from 30 October to 2 November 2023. Representatives from 10 of the Region’s 11 Member States attended the Session.

The Committee discussed seminal public health issues such as the Regional Strategic Framework on ending NTDs; implementing the new Regional Health Security Roadmap 2023–2027; accelerating prevention and control of cardiovascular diseases through SEAHEARTS; and data-driven policy-making; among others. It reviewed reports on progress in the implementation of eight of its past resolutions; as well as issues related to the Programme Budget, WHO Evaluation, and the status of construction of the new Regional Office Building. The Ministerial Roundtable featured a discussion by the honourable health ministers on ‘Strengthening primary health care as a key element towards achieving universal health coverage’, following which the Committee adopted the Delhi Declaration.

The Committee elected Ms Saima Wazed, from Bangladesh, as the Regional Director Elect vide its resolution on ‘Nomination of the Regional Director’. The Committee also adopted a ‘Resolution of appreciation’ to congratulate the Regional Director, Dr Poonam Khetrapal Singh, for her achievements in promoting the health and well-being of the people of the Region over the decade 2014–2023.