

Regional Flagship Priorities of WHO South-East Asia: fostering efficiency in public health

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In 2014, taking upon as the Regional Director of WHO South-East Asia, I introduced seven flagship priority areas, later to be eight in 2017, with the aim of leveraging WHO's technical expertise, convening capacity, and advocacy influence, while also enhancing efficient utilization of limited resources and the Regional Office's global impact on public health priorities.

To set these priorities, WHO SE Asia, in consultation with Member States, conducted an extensive and comprehensive assessment that involved situational analyses of diseases burden and review of national health policies, global priorities, health resolutions, as well as recommendations from committees and task forces. Top priorities were chosen with due consideration to the epidemiological situation, availability of cost-effective interventions, and the feasibility of producing results.

While there was a shared vision and philosophy, the approach to implementation of flagships varied. Some flagships, such as Universal Health Coverage, non-communicable diseases and emergencies had a broad focus, while others were more disease specific. The Flagship Priorities, introduced in 2014, were aligned with the 2015 SDGs and the 2019 WHO's Triple Billion targets. Importantly, these Flagship Priorities were designed to be applicable to all member states and focused on quantifiable results and deliverables.

Since their launch in 2014, the Flagship Priorities have prompted essential programmatic reforms in planning, budgeting, stakeholder engagement and monitoring, vital for achieving the set goals. They provided strategic direction, evident in WHO SE Asia's work plans, with 66% of measurable tasks in the 2021–2022 planning cycle focusing on these priorities.¹ A major proportion of investment was centred around the Flagships, showcasing their crucial role in health reforms. These Priorities also gained political attention, with 79% of technical resolutions adopted at WHO SE Asia Regional Committee meetings and 18 out of 24 ministerial meetings featuring one or more of the Flagship Priorities.¹

The articles in this series discusses comprehensively on the achievements made through these reforms. The region has performed well in the realm of disease

elimination as 20 plus eliminations have been achieved across one or more member states and this is apart from the region being free from polio and maternal and neonatal tetanus.¹ The SE Asia Regional Health Emergency Fund has played a pivotal role in supporting 43 emergencies in 10 countries across the Region, disbursing over US\$6.77 million to ensure effective crisis management.² Other remarkable accomplishments encompass five member states reaching the 2030 targets for neonatal and under-five mortality rates, a substantial reduction in tobacco use from 50.4% (2000) to 29% (2020), and a reduction in premature mortality due to noncommunicable diseases (NCDs).³ Additionally, the availability of healthcare professionals has increased by 30.6% from 2014 to 2020.⁴ The region has also progressed in expanding the service coverage index from 47% in 2010 to 62% in 2022.⁴ Moreover, the advocacy and convening power of WHO has led to an increase in budget allocation, from US\$550 million in 2014 to approximately US\$1.4 billion in 2021.⁵

Despite the impactful endeavours, the Flagships have witnessed persisting challenges. A notable concern lies in high out-of-pocket expenditure, particularly on medicines, making it the Region with the highest OOPE.⁶ This situation has the potential to push vulnerable populations into poverty.

The COVID-19 pandemic had a significant and far-reaching impact on healthcare systems, leading to setbacks across various domains. Notably, routine immunization and surveillance experienced substantial delays, with progress being pushed back by a minimum of 5–8 years.⁷ In the case of TB, mortality rates have risen to levels last seen in 2015.⁸ Additionally, services for NCDs and NTDs were severely affected. The widespread use of antimicrobials during the pandemic also increased the risk of antimicrobial resistance (AMR). There are also apprehensions regarding inadequate implementation, especially in domains such as AMR, where policies have been established but the practical execution at the grassroots level is sluggish.

The achievements of the Flagship Priorities has demonstrated that prioritization works. Future strategies will have to build upon the lessons learnt during the COVID-19 pandemic and need to focus on certain specific areas, such as, reaching out to vulnerable groups, i.e., 'leaving no one behind'; adapting health delivery to the needs of the people through community-based; and scaling up evidence-based and high-impact interventions. The effort should be to pursue a whole-of-society and



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whole-of-government approach to health, strengthening primary health care, developing resilient health systems, collaboration and innovation including the use of digital technologies and data. Advocacy efforts need to be accelerated to make the Flagship Priorities more visible at the country level and to garner greater political support as well as national funding. Moving forward on the path to good health is both a challenge and an opportunity for countries in the SE Asia Region.

Contributor

PKS has conceptualized, written and edited the comment.

Declaration of interests

PKS is the Regional Director of the organisation and declares no conflict of interest. The views expressed in the submitted article are of the authors and not an official position of the World Health Organization.

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