Follow-up action on pending issues and selected Regional Committee resolutions:
Utilization of South-East Asia Regional Health Emergency Fund (SEA/RC60/R7)

The South-East Asia Regional Health Emergency Fund (SEARHEF) was established through the Regional Committee resolution SEA/RC60/R7. As per the fund’s policies and guidelines, a working group was established to oversee the management of the fund. The working group comprised representatives nominated by all the 11 Member States of the South-East Asia Region. The fund’s resources have been successfully managed and utilized in respect of the following nine emergencies since it was made operational in January 2008: Cyclone Nargis in Myanmar (May 2008); flash floods in Sri Lanka (June 2008); Kosi river floods in Nepal (September 2008); the civil conflict in the north of Sri Lanka (April 2009), earthquake in West Sumatra province, Indonesia (October 2009); conflict in Sri Lanka (January 2010); fire in Bangladesh (June 2010); Mt. Merapi Volcanic eruption in East Java province, Indonesia (November 2010) and critical health needs of resettlements in Sri Lanka (February 2011).

In efforts to sustain the fund and improve mechanisms for replenishment of its resources, the Regional Committee, vide resolution SEA/RC61/R2 requested the Regional Director to take steps to roll-over assessed contributions of the fund. A negative response was received from WHO headquarters to this request due to legal constraints. However, a continued commitment was made to provide an Assessed Contributions (AC) allocation for 2010-2011, as was done for the 2012-2013 biennium through resolutions SEA/RC62/R5 and SEA/RC63/R1, respectively. Increasing the corpus of the fund through Voluntary Contributions (VC), and adopting replenishment procedures will help in sustaining the fund. The guidelines, procedures and principles initially developed remain specific and efficient enough when applied to various emergencies. Moreover, it was noted that the SEARHEF has become a model for other Regions in their efforts to set up their own emergency funds.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 27 to 30 June 2011 reviewed the working paper and made the following recommendations:
Action by Member States

(1) Advocate in support of WHO’s efforts to generate more resources for the SEARHEF.

Actions by WHO-SEARO

(1) Conduct a SEARHEF Working Group meeting or videoconference to discuss:
   (a) Options on how to use Assessed Contributions (AC) that may be unutilized at
       the end of the biennium, and (b) Strategies and options for increasing the
       Voluntary Contributions (VC) portion of the SEARHEF.

(2) Continue to mobilize resources from within and outside the Region for SEARHEF.

The working paper and the HLP meeting recommendations based on it are submitted to the
Sixty-fourth Session of the Regional Committee for its consideration.
Updates on the South-East Asia Regional Health Emergency Fund (SEARHEF)

1. The Regional Committee resolution SEA/RC60/R7 established the South-East Asia Regional Health Emergency Fund (SEARHEF) thereby creating a mechanism to facilitate rapid response to natural and man-made disasters. This fund is created essentially to meet immediate financial needs and to fill critical gaps; and is not intended to fund bulk relief, long-term recovery, reconstruction or rehabilitation work. It does not replace existing and well-established mechanisms such as Flash Appeals, the Consolidated Appeals Process (CAP) and Central Emergency Response Fund (CERF). These will continue to be the main funding sources for emergency and humanitarian programmes.

2. Funding of AC and VC components:
   - The AC component of SEARHEF has been funded in the amount of US$ 1 million for every biennium since 2008-2009 including the next (2012-2013) biennium.
   - For the VC portion, the Royal Government of Thailand donated US$ 100,000 in 2008, while the Government of the Republic of Timor-Leste donated US$ 10,000 in 2009.

3. The policies, guidelines and procedures of the fund have been duly followed while dealing with various emergencies. Some of the key highlights are:
   i. There is no change in the criteria laid down and these continue to include:
      - declaration of a state of health emergency/disaster;
      - official request for external assistance by national government; or
      - appointment of a humanitarian coordinator by the UN Secretary-General for that particular emergency.
   ii. Allocation
      - Within 24 hours of the request, the first tranche having a ceiling of US$ 175 000 can be released and implemented for the first month. A second tranche, also having a ceiling of US$ 175 000, can be implemented in the next two months. Thus, the total funding possible for one event can amount to US$ 350 000. The fund was made operational in January 2008. This allocation has proven sufficient in covering the early needs in emergencies.
   iii. Updated processes
      - To streamline the internal processes of transfer of funds and implementation, specific procedures and guidelines were developed for the Global Management System.
   iv. Reporting
      - A simple reporting procedure is being implemented as per the recommendations of the SEARHEF Working Group.
Updates on the SEARHEF Working Group

4. A SEARHEF Working Group comprised of representatives from all 11 Member States was constituted to monitor and review the management of the fund. As per the policy, principles and guidelines for the SEARHEF, this group was set up to provide oversight and guidance to the management of the fund in accordance with its guidelines and principles. It is this group that also developed the policies, guidelines and procedures as the SEARHEF was established.

5. The first meeting of this Working Group was held on 5 July 2008, in New Delhi, when the requirements of “need” and “timely use” of SEARHEF were validated. These were amply demonstrated during various emergencies. For all emergencies, the funds were released within 24 hours of receipt of the request. Below are the key highlights of the recommendations of the SEARHEF Working Group:

i. The processes developed appear to be robust enough; therefore changes are not necessary yet.

ii. Discussions on how to use any prospective balance in the AC include using it for stockpiling of essential emergency kits.

iii. The following suggestions were made on how to add to the VC part of the fund.
   - Countries should cooperate actively to raise funds for the SEARHEF.
   - The following options for donors were identified:
     - Donate unspecified funds to SEARHEF.
     - Donate funds through SEARHEF for a specific emergency or country.
     - Donate a proportion of funds meant for a specific emergency to replace funds that may have already been released out of SEARHEF.
   - Replenishment of SEARHEF contributions to an emergency, once the larger contributions have come in from Flash Appeal or CERF as was done in the case of Sumatra Earthquake in 2009.

iv. It was suggested that subsequent meetings will only be called for if there are any major changes to be suggested in the policies, guidelines and procedures.
Updates on the use of the fund

6. The fund has been used for the following emergencies:

<table>
<thead>
<tr>
<th>No</th>
<th>Emergency</th>
<th>Date</th>
<th>Contribution in US $</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>1.</td>
<td>Cyclone Nargis in Myanmar</td>
<td>May</td>
<td>2008</td>
</tr>
<tr>
<td>2.</td>
<td>Flash floods in Sri Lanka</td>
<td>June</td>
<td>2008</td>
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<tr>
<td>3.</td>
<td>Kosi river floods in Nepal</td>
<td>September</td>
<td>2008</td>
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<tr>
<td>4.</td>
<td>Emergency health interventions for internally displaced populations (IDPs) in conflict affected areas in northern Sri Lanka.</td>
<td>September</td>
<td>2008</td>
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<tr>
<td>5.</td>
<td>Earthquake in North Sumatra province, Indonesia</td>
<td>October</td>
<td>2009</td>
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<tr>
<td>6.</td>
<td>Emergency health interventions for relocated IDPs affected by conflict in Sri Lanka</td>
<td>January</td>
<td>2010</td>
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<td>7.</td>
<td>Fire in Dhaka, Bangladesh</td>
<td>June</td>
<td>2010</td>
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<td>8.</td>
<td>Mt Merapi volcanic eruption in East Java province, Indonesia</td>
<td>November</td>
<td>2010</td>
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<td>9.</td>
<td>Critical health care services to the resettled population affected by conflict in Sri Lanka</td>
<td>February</td>
<td>2011</td>
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<tr>
<td></td>
<td>Grand total</td>
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7. In all these operations, as specified by the policies, guidelines and principles of SEARHEF, the funds were mainly used for the following:

- Support to initial and periodic assessments;
- Procurement and distribution of essential medicines and emergency relief supplies such as tents, bleaching powder and other support materials;
- Support to coordination activities;
- Mobility of health staff in affected areas and to displaced populations;
- Support for the conduct of specific health interventions such as improved surveillance, water and sanitation and psychosocial and mental health.
Next steps

8. The key issues for the fund are growth of its corpus and its replenishment mechanism. In this regard, the SEARHEF Working Group has identified the following options for which continued efforts is needed:

- Improve advocacy for the fund now that it has supported many emergencies; and
- Intensify advocacy with various Member States, donors and other partners to voluntarily donate to SEARHEF.

9. The Member States of the South-East Asia Region continue to account for the most number of deaths (61% of the global total) in disasters as per the World Disasters Report 2010. A fund such as this will help prevent avoidable deaths.