The World Health Organization Regional Committee for South-East Asia has endorsed a number of resolutions on vector-borne diseases including on malaria, dengue and filariasis. These resolutions reflect the commitment of Member States in combating vector-borne diseases and provide guidance on the interventions needed. Resolutions adopted in relation to vector-borne diseases from 1948 to 2013 have been compiled in this document for easy reference with the aim of enhancing the prevention and control/elimination activities of vector-borne diseases in the countries of the Region.

More information is available from the website:

- Website for Regional Committee archives
  http://repository.searo.who.int/handle/123456789/13
- Website for World Health Day 2014
  http://www.searo.who.int/entity/world_health_day_2014
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The Regional Committee,

Having considered the proposal of the Director-General to re-establish the International Malaria Course in Singapore,

In view of the facilities available for teaching at the Malaria Institute, Delhi, and at the Malaria Field Training Centre, Ceylon, and the need for strengthening such national responses,

RESOLVES that the Director-General be requested give consideration to assisting these two centres in developing malariology training courses which could be made available to other countries.

September 1949
The Regional Committee,

After considering whether the WHO UNICEF-assisted malaria teams for the demonstration of malaria control should be continued after the specific period of their assignment and their scope extended to cover new activities,

RESOLVES that except in special circumstances, the maintenance of existing joint WHO UNICEF-assisted malaria control projects should be handed over to national health administrations as soon as possible within the stipulated two-year period.

September 1950
SEA/RC3/R21  Malaria

The Regional Committee,

NOTES the proposal to select, in collaboration with FAO, two areas in the Region for the establishment of a joint programme to control malaria, develop general health services and increase food production.

September 1950
SEA/RC6/R2    Malaria

The Regional Committee,

Knowing that malaria is still one of the most important public health problems in many
countries of the Region, that this disease has to be controlled if success is to be expected from
other programmes designed to promote economic and social development, and that it is very
essential to effect the control of this disease as soon as possible;

Realizing that rapid and efficient control of the disease could be effected by undertaking
malaria control in as large an area as possible, that such large-scale malaria control programmes
should be properly co-ordinated as much as possible on an inter-country, and eventually inter-
regional, basis;

Further realizing that, while many of the malaria-stricken countries in the Region are
anxious to undertake malaria-control programmes in as large as possible, financial considerations
have not permitted them to do so, and

Appreciating the assistance and co-operation which are being provided in the Region by
UNICEF and the Point-Four Programme of the United States of America,

1. HOPES that such valuable assistance and co-operation may be continued on an
   extended scale, and

2. REQUESTS Member countries of the South-East Asia Region to endeavour to plan
   and implement large-scale and long-term programmes of malaria control to the
   extent that their resources will permit, and to consider all means of integrating
   national malaria control programmes into sub-regional and, eventually, regional
   programmes of malaria control.

September 1953
The Regional Committee,

Having studied the inter-country programme proposed for implementation in 1957 by means of a coordinated approach to the contiguous area problem in malaria control utilizing the services of a short-term consultant for eight months in the countries concerned,

1. EMPHASIZES the importance of such an inter-country activity, and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.

September 1955
The Regional Committee,

Having studied the inter-country proposal for a Third Asian Malaria Conference to be held in 1957 at a place to be designated within the South East Asia Region,

1. EMPHASIZES the importance of such an inter-country activity, and

2. REQUESTS the Regional Director to cooperate with the adjoining regions of WHO in organizing and implementing this conference within the budgetary limitations.

September 1955
SEA/RC8/R15  Malaria

The Regional Committee,

I. Having considered the recommendations of the Eighth World Health Assembly on the subject of malaria eradication;

Realizing that eradicating malaria and discontinuing regular insecticides spraying before the development of vector resistance to insecticides, is of the utmost importance, and

Reviewing the progress and present status of national malaria-control programmes in the Region,

RECOMMENDS to the Government of the countries in the Region:

1. that malaria eradication be adopted as the goal of all national malaria control programmes in the Region, and

2. that in view of the practical difficulties in many countries in the Region, in immediately implementing nation-wide malaria eradication schemes, the existing national programmes be intensified and accelerated with a view to attaining the goal of eradication of malaria and discontinuing regular insecticide-spray campaigns as soon as control measures have achieved total interruption of transmission for several years, care being taken that the area is not endangered by contiguous uncontrolled areas; further

II. Recognizing the difficulties of maintaining the eradication objectives, once they have been achieved, involving the maintenance of a vigilance organization throughout the affected areas,

REQUESTS the Regional Director to:

1. arrange a meeting in 1956 of chiefs of malaria services in the Region, to discuss the difficulties being experienced in pursuing the policy of eradication;

2. utilize short-term consultants to assist, as appropriate, the Regional Office and the countries of the Region;

3. arrange for specially selected malaria advisory teams to be employed within the Region to make an assessment of national malaria programmes, and/or to carry out experimental projects which would be of particular interest to a country;

4. award fellowships to senior malaria officers to study control and eradication methods in other countries, and

5. consider the provision of research grants to specially approved projects for investigation into the problems involved in malaria eradication

September 1955
SEA/RC9/R7 Malaria Eradication

The Regional Committee,

Having considered document SEA/RC9/6, reporting the progress made in the implementation of resolution SEA/RC8/R15, on malaria eradication, and containing WHO tentative proposals for each country of the Region for the progressive achievement of the goal of eradication, in pursuance of resolution WHA.9.61, passed by the Ninth World Health Assembly,

Noting that while substantial progress has been made in most countries, a great deal yet remains to be done,

Having noted with satisfaction the substantial assistance given by ICA for national malaria control programmes in many countries and the increased allocations made by UNICEF for intensified malaria control or eradication,

1. APPROVES in principle the tentative proposals made in document SEA/RC9/6;

2. REQUESTS the Regional Director to pursue these proposals in his negotiations with individual governments;

3. APPRECIATES the statement made by the ICA representative that the Government of the United States of America subscribes to the concept of world-wide malaria eradication, that the ICA will continue to give support to malaria control and eradication projects, and that ways and means of mobilizing additional resources for the intensification and expansion of such programmes are being sought;

4. REQUESTS the Regional Director to take up with the Director-General the urgent need for making adequate finances available from the Malaria Eradication Special Account to enable him to render appropriate assistance to national eradication programme by negotiation with individual governments;

5. EMPHASIZES the need for the continuation and intensification of cooperation between governments, WHO and other international or bilateral agencies in the national malaria control or eradication programmes, and, finally,

6. INVITES the special attention of governments to the need to satisfy themselves that the criteria proposed by the World Health Organization through its Expert Committee on Malaria for withdrawal of spraying are satisfied before embarking upon interruption of spraying programmes.

September 1956
SEA/RC11/R5  Malaria Eradication

The Regional Committee,

Having considered (1) the recommendations of the ninth session of the Regional Committee in resolution SEA/RC/7, (2) the Tenth Annual Report of the Regional Director recording the progress of further negotiations with individual countries, (3) the relevant resolutions of the Eleventh World Health Assembly (WHA11.16 and WHA11.42), ND (4) and proposed programme for malaria eradication for the South-East Asia Region from 1958 to 1960, to be financed from the Malaria Eradication Special Account,

1. CONGRATULATES the Government of India in having instituted a national malaria eradication programme to be implemented from April 1959;

2. HOPES that His Majesty’s Government of Nepal will soon be able to approve and implement the national malaria eradication plan now under the active consideration of the Government;

3. NOTES with satisfaction the continued progress being made in malaria eradication by the Governments of Afghanistan and Burma, and that the pioneer efforts of the Government of Ceylon and Thailand have reached an advanced stage of progress;

4. APPRECIATES the increasing degree of co-operation and co-ordination of efforts in malaria eradication on the part of the Regional Office, the United States International Cooperation Administration and UNICEF, representing international and bilateral agencies and governments;

5. THANKS international and bilateral agencies such as UNICEF, the United Nations Technical Assistance Board and ICA, as well as the donors to the Malaria Eradication Special Account of the World Health Organization, whose contributions have made it possible for the malaria eradication programme to get under way;

6. REQUESTS the Regional Director and the Director-General to note that the people and the governments of the countries in this region are increasingly aware of the need for the speedy and successful accomplishment of malaria eradication, and

7. REQUESTS that Member Governments of this region be requested to make such contributions as possible to the Malaria Eradication Special Account, and be urged to stimulate generous contributions to the above account from all possible sources including foundations, industry, institutions and individuals, to supply the financial assistance from bilateral and international agencies in order that malaria eradication may be accomplished speedily and successfully.

29 September 1958
The Regional Committee,

Endorsing the resolution of the Thirteenth World Health Assembly on malaria eradication (WHA13.55),

Noting with satisfaction the high priority given by Member States in the Region to the ir malaria eradication programmes, and

Realizing the urgent and time-limiting nature of eradication programmes and the need for provision of adequate finances,

URGES Member Governments to ensure that effective steps are taken to provide sufficient funds on time, to enable the full implementation of the programmes with the speed and efficiency necessary for achieving the objective of eradication.

25 August 1960
SEA/RC16/2 Use of Malaria Eradication Personnel

The Regional Committee,

Having examined the Regional Director’s report on the progress of malaria eradication in the Region,

Recognizing the importance of intensive surveillance for the elimination of foci of infection by sustained effort up to the end of the consolidation phase,

Realizing that the premature diversion of efforts of malaria eradication personnel, when their undivided attention is essential for surveillance, will inevitable retard progress and thus jeopardize the success of eradication, and

Noting with satisfaction the efforts being made in some countries to plan the training and utilization of malaria eradication personnel so as to augment and expand rural health services after eradication is achieved,

URGES Member States to guard against premature diversion of malaria staff to other activities and to begin to make plans for the eventual absorption of such personnel into the general health services after malaria eradication has been achieved.

13 September 1963
The Regional Committee,

Having considered the resolution of the Twenty-second World Health Assembly on the re-examination of the global strategy of malaria eradication (WHA 22.39),

Reaffirming that eradication remains the primary goal, but

Recognizing that, in countries where eradication does not seem immediately feasible, control should be regarded as a necessary first step,

Realizing that the main hindrances are financial and operational, and

Bearing in mind the needs of developing countries for DDT in their malaria programmes,

1. **URGES** Member Governments to pursue the objective of malaria eradication by drawing up long-term plans, taking into account all necessary technical, financial and administrative requirements and, at the same time, maintaining a maximum degree of flexibility within an overall strategy calculated to give optimum results, and

2. **REQUESTS** the Regional Director

   (a) in collaboration with other international and bilateral agencies, to continue to provide upon request, advisory and assessment services aimed at the eventual successful eradication of malaria, and

   (b) to request those countries producing DDT to continue to do so for the benefit of public health programmes until such time as a less toxic and an equally economical insecticide can be made available in its place.

3 October 1969
SEA/RC27/R4  Anti-Malaria Programme

The Regional Committee,

Noting the recrudescence of malaria in epidemic form in Member countries of the Region, particularly in Bangladesh, Burma, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand

Further noting that this is primarily due to the inadequate and delayed supply of insecticides, particularly DDT, which, in turn, is due to inadequate manufacturing capacity within the Region and also to the prohibitive cost and limited supply from developed countries,

Realizing that malaria constitutes a major factor of morbidity and mortality in this region and that unless effective steps are taken in time to control the epidemic effectively, there will be serious repercussions on the socio-economic development of the countries in the Region,

Noting the high cost of insecticides and larvicides,

Recalling resolutions WHA23.12 and SEA/RC22/R4, requesting countries producing DDT to continue to do so for the benefit of public health programmes until a less toxic and equally economical insecticide can be made available in its place,

1. REQUESTS the Regional Director, as a top priority, to initiate action to:

   (a) arrange for adequate and timely supply of insecticides and larvicides at reasonable cost,

   (b) arrange to approach international financing agencies for aid or ‘soft’ loans for the procurement of insecticides and larvicides,

   (c) take steps to develop a manufacturing capacity for the required quantity of insecticide within the Region itself, on suitable terms of assistance,

   (d) organize research for developing suitable anti-malaria measures on both short-term and long-term bases, in order to counter the reported development of resistance in the vectors of malaria to conventional insecticides, and new approaches to organizing malaria control within the framework of the health services, and, finally,

2. URGES Member Governments to rationalize the use of insecticides, particularly DDT, in agricultural practices

6 September 1974
SEA/RC28/R12  Anti-Malaria Programme

The Regional Committee,

Having reviewed the malaria situation,

Noting with grave concern the progressive increase of malaria incidence especially of P. falciparum, in most countries of the Region,

Apprehensive of a likely increase in mortality, with the spread of P. falciparum and the resistant strains of this species,

Conscious of the increased role of anti-malaria drugs in long-term control programmes and the need for their greater availability in countries of the Region,

Realizing the limitations of residual insecticides as a major weapon in vector control in long-term programmes,

Recognizing the deficiencies in the epidemiological services resulting from lack of adequately trained and properly oriented staff,

Conscious of the need for support to anti-malaria programmes by other government agencies and for inter-ministerial co-ordination and co-operation, and

Recalling resolution SEA/RC27/R4,

1. URGES Member Governments to:
   (a) continue to give high priority to the effective implementation of anti-malaria programmes;
   (b) intensify activities in P. falciparum areas to prevent mortality;
   (c) ensure adequate supplies of anti-malaria drugs throughout their countries;
   (d) strengthen the epidemiological and entomological services in anti-malaria programmes, and
   (e) promote the active participation of relevant governmental and non-governmental agencies in anti-malaria activities, and

2. REQUESTS the Regional Director to:
   (a) continue his efforts to assist Member countries in increasing the production of anti-malarials and insecticides;
   (b) assist Member countries in the training of technical personnel for long-term anti-malarial activities;
(c) stimulate and support studies on the operational aspects of control methods, and

(d) organize a regional meeting to recommend a suitable strategy for anti-malaria operations for the countries of the Region.

28 August 1975
Resolutions

SEA/RC45/R6   Malaria Control

The Regional Committee,

Recalling Executive Board resolution EB83.R16 and World Health Assembly resolution WHA42.30, and the recommendations of the Inter-Regional Meeting on Malaria in Asia and the Western Pacific, held in New Delhi in February 1992, and

Appreciating the importance of the forthcoming Ministerial Conference on Malaria to be held in Amsterdam in October 1992,

1. URGES Member States:
   (a) to carry out critical reviews of their current malaria control strategies;
   (b) to further develop infrastructure for early diagnosis, including microscopy and effective treatment at all levels;
   (c) to continue the stratification of malarious areas on an epidemiological basis;
   (d) to use vector control measures selectively and cost-effectively, particularly bio-environmental methods; and
   (e) to lay emphasis on the identification of malaria epidemic-prone areas in order to monitor them more intensively so as to control epidemics promptly, and

2. REQUESTS the Regional Director:
   (a) to assist Member States in carrying out critical reviews of their strategies for malaria control;
   (b) to support programme-oriented operational field research on malaria as well as training in new concepts and practices of malaria control, and
   (c) to make every possible effort to mobilize resources for malaria control and to seek external financial support.

13 September 1992
The Regional Committee,

Recalling World Health Assembly resolution WHA52.11 relating to Roll Back Malaria,

Considering that malaria causes high morbidity and loss of productivity, particularly among the poor and vulnerable groups, such as pregnant women, children and migrant populations,

Recognizing the urgent need to accord high priority to malaria control,

Realizing the significant contribution of malaria to the burden of disease in the Region and its adverse economic consequences for the poor, and

Noting that Roll Back Malaria represents a new approach to improving equity in health,

1. Urges Member States:
   (a) to demonstrate national commitment towards the RBM initiative;
   (b) to promote and support the RBM initiative by integrating malaria control activities with the prevention and control programmes of other communicable diseases within existing PHC settings and district health systems;
   (c) to mobilize resources for sustaining evidence-based strategies to ensure concerted and sustainable efforts for RBM;
   (d) to collaborate with neighbouring countries regarding activities related to, among others, the monitoring of multi-drug resistance, vector resistance to insecticides, and enhancing epidemic preparedness and response, and
   (e) to promote multiple preventive measures to reduce malaria transmission by locally acceptable means and to ensure rational use of insecticides both in public health and in agriculture and strengthen policy frameworks and guidelines to meet the emerging requirements, and

2. Requests the Regional Director:
   (a) to enhance the capacity of the programme for securing and mobilizing community participation, intersectoral collaboration and cooperation to roll back malaria;
   (b) to develop the technical capacity of the public health delivery system, including that of the private sector in the Member States, for prevention of malaria, early diagnosis and prompt treatment, and
   (c) to identify the available resources in the Member States and extend the required technical and financial support to help develop a network of experts and research institutions to substantially improve the quality of the programme.

8 September 1999
SEA/RC60/R6 Revised Malaria Control Strategy: Focusing on a New Paradigm

The Regional Committee,

Recalling World Health Assembly resolution WHA60.18 on Malaria as well as United Nations General Assembly Resolution 59/256 entitled “2001-2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa”,

Concerned about the large burden of malaria and its unacceptable toll on health and development and with the emergence of drug resistance in Asia,

Aware that malaria particularly affects the poor and “hard-to-reach” populations living in remote, hilly areas,

Understanding that ecological, environmental and behavioral determinants lead to frequent malaria epidemics,

Calling attention to the fact that the disease is both treatable and preventable, and that newer technologies such as long-lasting insecticidal nets (LLIN) and artemisinin-based combination therapy (ACT) are available,

Realizing that malaria is not only a public health problem but the disease is related to socioeconomic development,

Supporting the Regional Director’s concept of implementing malaria control as a part of healthy public policies, through a strong multisectoral approach,

Recognizing the Regional Director’s initiative and the efforts made by WHO, malaria programme managers and development partners in revising the proposed malaria control strategy for the SEA Region for 2006-2010, to fit with socioeconomic conditions and the needs of SEA countries,

Appreciating recommendations made by the Twenty-fourth Meeting of Health Ministers which endorsed the Revised Malaria Control Strategy for the South-East Asia Region, and

Having considered the report and recommendations of the Twenty-fourth Meeting of Ministers of Health of Countries of the South-East Asia Region and the Joint Meeting of Health Secretaries of Countries of WHO South-East Asia Region (HSM) and Consultative Committee for Programme Development and Management (CCPDM) held during 2-6 July 2007,

1. ENDORSES the Revised Malaria Control Strategy for the South-East Asia Region 2006-2010;
2. URGES Member States:
   (a) to revise national strategies based on the Revised Malaria Control Strategy;
   (b) to adapt, as relevant, key elements of the Revised Malaria Control Strategy for SEAR for application at national level;
   (c) to build up capacity and strengthen infrastructure;
   (d) to adopt a broad multisectoral approach for malaria and mosquito control; (e) to mobilize sufficient resource for malaria control;
   (f) to articulate and advocate for “malaria control in Asia” in national and international forums;
   (g) to allocate appropriate financial support for malaria control, and
   (h) to consider observing “malaria day” on 25 April or “malaria week”, or when appropriate, and

3. REQUESTS the Regional Director:
   (a) to provide technical support to Member States to strengthen malaria control in the Region;
   (b) to facilitate mobilization of financial resources for malaria control, and
   (c) to coordinate and assist Member States in the observance of World Malaria Day/s on 25 April of each year, or when appropriate, to raise public awareness of malaria in the Region as a major public health problem and for countries to assess progress in malaria control throughout the Region.

3 September 2007
Dengue

SEA/RC27/R2  Dengue Haemorrhagic Fever

The Regional Committee,

Having considered the sections of the Regional Director’s Annual Report relating to dengue haemorrhagic fever, and also taking into consideration its previous resolution SEA/RC22/R3,

Considering that dengue haemorrhagic fever has become an increasingly important problem in many countries of the South-East Asia and Western Pacific Regions, and

Noting that there is an increased risk of dengue haemorrhagic fever’s being introduced into non-endemic areas,

1. CONSiders it desirable to strengthen international co-operation in dealing with this problem, and

2. REQUESTS the Regional Director to develop further assistance with preventive and control measures of dengue haemorrhagic fever and to take up with the Director-General the possibility of including dengue haemorrhagic fever among those diseases listed in the World Health Assembly’s resolution W/HA22.47, “Diseases Under Surveillance”.

6 September 1974
SEA/RC28/R2 Dengue Haemorrhagic Fever

The Regional Committee,

Noting that dengue haemorrhagic fever is an emerging public health problem in many countries of the South-East Asian and Western Pacific Regions,

Noting that it is one of the major killing diseases of children under ten years of age,

Noting the danger of its possible spread in the near future to neighbouring countries which are today free from this dread disease, and

Expressing the view that a systematic approach towards diagnosis, treatment, prevention and control of the disease in the context of epidemiological surveillance should be adopted immediately,

1. REQUESTS the Regional Director:
   (a) to explore the possibilities of obtaining additional funds for the study and control of dengue haemorrhagic fever in Member countries,
   (b) to co-ordinate common efforts against the disease among the Member countries which are currently facing the problem, and to establish epidemiological surveillance together with the Western Pacific Region,
   (c) to promote and co-ordinate research in the areas of the clinical, pathological, immunological, virological, epidemiological, entomological and sociological aspects of dengue haemorrhagic fever, including field studies, and
   (d) to report on progress to the Regional Committee at its twenty-ninth session.

2. RECOMMENDS that Member States:
   (a) undertake necessary vector abatement measures by applying appropriate insecticides as well as sanitary measures,
   (b) train physicians in the diagnosis and treatment of dengue haemorrhagic fever, and
   (c) establish adequate surveillance systems.

26 August 1975
SEA/RC61/R5 Dengue Prevention and Control

The Regional Committee,

Concerned with the emergence and re-emergence of dengue as a serious public health threat in countries of the Region,

Understanding that global climate change has resulted in the emergence and re-emergence of dengue in the Region with an increase in outbreaks,

Recognizing that dengue has far-reaching cross-border and international implications,

Noting that most Member States in the Region need to strengthen dengue surveillance, prevention and control systems,

Appreciating efforts made by the South-East Asia and Western Pacific regions for developing the Asia-Pacific Dengue Strategic Plan, 2008-2015 focusing on reversing the increasing trend of dengue,

Recognizing the importance of community ownership and multisectoral interventions as key strategies in prevention and control of dengue, and

Having considered the report and recommendations by the Meeting of the Advisory Committee held in the Regional Office, New Delhi from 30 June – 3 July 2008,

1. URGES Member States:
   (a) to implement the biregional Asia-Pacific Dengue Strategic Plan, 2008-2015;
   (b) to implement the primary health care approach to promote community ownership, intersectoral collaboration and coordination among relevant ministries for effective implementation of dengue prevention and control, as well as intercountry activities,
   (c) to strengthen national and cross-border surveillance to assess the burden of dengue;
   (d) to implement an integrated vector management strategy as a major preventive strategy, and
   (e) to strengthen clinical competency in diagnosis and management of cases, and

2. REQUESTS the Regional Director:
   (a) to advocate for and mobilize additional financial resources for strengthening the dengue prevention and control programmes in Member States;
(b) to provide technical support to Member States in implementing the biregional Asia-Pacific Dengue Strategic Plan (2008-2015);

(c) to facilitate the acceleration of dengue vaccine research and development;

(d) to support Member States in assessing and monitoring the impact of climate change on dengue, and

(e) to provide technical support to Member States in prioritizing operations research in order to support evidence-based policy decisions and effective prevention interventions.

11 September 2008
Filariasis

SEA/RC12/R2 Filariasis

The Regional Committee,

Considering that filariasis is a public health problem of increasing importance in the South-East Asia Region,

1. REQUESTS the Regional Director to examine the possibility of carrying out a pilot study in a suitable area (a) to determine the most feasible measures for the eradication of filariasis, and (b) to study the effect of malaria eradication programme on the filariasis problem;

2. REQUESTS the Regional Director to report on this subject to the fourteenth session of the Regional Committee.

23 August 1960
SEA/RC9/22 Filariasis Study Tour

The Regional Committee,

Having studied the proposal for a study tour for workers to examine national filariasis projects,

1. EMPHASIZES the importance of such an inter-country activity, and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.

September 1956
Pesticide

SEA/RC22/R5  Control of Pesticides

The Regional Committee,

Noting the discussions on research into methods of vector control which were held during the Twenty-second World Health Assembly and resolution WHA 22.40 on this subject,

Recognizing the cumulative toxic effects which may arise from the use of certain residual pesticides in agriculture and public health, primarily in the former, and

Realizing that the dissemination of pesticides in agriculture is likely to escalate in the future,

1. **URGES governments:**
   
   (a) to consider the development of new, or the strengthening of existing, legislation on this subject, particularly the control of the importation, manufacture, storage, distribution and use of this group of substances, and
   
   (b) to ensure that guidance is provided on laboratory facilities and treatment, in cases of poisoning by such pesticides, and that such treatment is immediately available;

2. **REQUESTS** the Regional Director to assist governments on request by providing consultants to review and advise upon the existing situation in Member countries, and to guide in the preparation of suitable legislation and the establishment of laboratory competence in this subject.

3 October 1969
SEA./RC24/R3 Use and Control of Pesticides

The Regional Committee,

Bearing in mind resolutions WHA22.40 and WHA2.33 and realizing the hazards to man from the widespread use of DDT,

Noting with concern the probability that this pesticide may not be available in adequate quantities for public health programmes, and

Believing that its value in controlling vector-borne diseases outweighs the dangers of any possible hazards,

1. URGES the Regional Director to investigate ways and means of ensuring adequate supplies for the satisfactory continuation of programmes in which considerable gains have already been made, and

2. REQUESTS the Regional Director to continue to assist and further develop those programmes associated with the control of health hazards arising from the use of pesticides,

1 October 1971
The World Health Organization Regional Committee for South-East Asia has endorsed a number of resolutions on vector-borne diseases including on malaria, dengue and filariasis. These resolutions reflect the commitment of Member States in combating vector-borne diseases and provide guidance on the interventions needed. Resolutions adopted in relation to vector-borne diseases from 1948 to 2013 have been compiled in this document for easy reference with the aim of enhancing the prevention and control/elimination activities of vector-borne diseases in the countries of the Region.

More information is available from the website:

Website for Regional Committee archives
http://repository.searo.who.int/handle/123456789/13

Website for World Health Day 2014
http://www.searo.who.int/entity/world_health_day_2014

RESOLUTIONS
of the WHO Regional Committee
for South-East Asia
relating to Vector-borne Diseases
(1948–2013)