



**World Health
Organization**

Regional Office for South-East Asia

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REGIONAL COMMITTEE

Provisional Agenda item 9

*Seventieth Session
Maldives
6–10 September 2017*

SEA/RC70/13 Add.2

20 July 2017

Progress reports on selected Regional Committee resolutions

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC60/R7

SOUTH-EAST ASIA REGIONAL HEALTH EMERGENCY FUND

The Regional Committee,

Recalling World Health Assembly resolutions WHA58.1 and WHA59.22, and its own resolutions SEA/RC57/3 and SEA/RC58/3, all of which called for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Confirming that emergencies are a priority in the Region, with 58% of the total number of people killed in natural disasters during the decade 1996–2005 from countries of the South-East Asia Region; that the Organization has prioritized emergency preparedness and response, and that a dedicated Strategic Objective has been developed and Health Action in Crises has become a full-fledged cluster in WHO headquarters,

Noting that steps have been taken to create the Fund with a Working Group based in the Regional Office and a series of consultations conducted with WHO Representatives and representatives of Member countries,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as contained in the "Thimphu Declaration on International Health Security in the South-East Asia Region",

Appreciating the contribution of US\$ 100 000 of the Royal Thai Government to the Fund, and

Having considered the recommendations made by the Joint Meeting of Health Secretaries of countries of the WHO South-East Asia Region and the Consultative Committee for Programme Development and Management, held during 2-6 July 2007,

1. URGES Member States:

- (a) to contribute 1% of their WHO Regular Budget allocation to the SEARHEF;
- (b) to support proper use and management of the Fund to address immediate needs in any emergency, and
- (c) to actively participate in the management and utilization of SEARHEF through its Working Group, and

2. REQUESTS the Regional Director:

- (a) to lead in the efficient implementation of the Fund so that financial support is provided for immediate needs in countries affected by events;
- (b) to support further resource mobilization for the Fund;
- (c) to have a transparent mechanism for the distribution of the Fund;
- (d) to facilitate linking the SEARHEF with planning and activities for Strategic Objective 5, and
- (e) to report annually to Member States at the Regional Committee on the status of the Fund usage.

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC69/R6

EXPANDING THE SCOPE OF THE SOUTH-EAST ASIA REGIONAL HEALTH EMERGENCY FUND (SEARHEF)

The Regional Committee,

Recognizing the Sendai Framework for Disaster Risk Reduction and Sustainable Development Goals adopted by the UN General Assembly,

Recalling World Health Assembly resolutions WHA54.14, WHA58.1, WHA59.22, WHA64.10, WHA65.20, WHA68.5, Executive Board Special Session on Ebola EBS53.R1 and its own resolutions SEA/RC57/R3, SEA/RC60/R7, SEA/RC62/R5 and SEA/RC68/R2 which call for strengthening the resilience of national health systems in response to all hazards that may lead to emergencies and for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as established through Regional Committee resolution SEA/RC60/R7,

Reaffirming that emergencies remain a concern in the Region and recognizing SEARHEF as an important component for regional solidarity for support in times of acute emergencies and that Member States have commended the speed and flexibility provided by the funds,

Appreciating the contribution of Member States to continuously support SEARHEF with AC and VC funds,

Endorsing the report and the recommendations of the High-Level Preparatory Meeting of Member States in July 2016 to expand the scope of SEARHEF to include a preparedness stream that would strengthen key aspects such as disease surveillance, health emergency workforce and health emergency teams, IHR core capacities and SEARO Benchmarks for emergencies,

1. URGES Member States:

- (a) to endorse the expansion of the mandate of SEARHEF to include an additional stream covering preparedness;
- (b) to endorse the recommendations of and the proposed policy and guidelines for the preparedness stream of SEARHEF developed during the Fifth Meeting of the Working Group for Governance of SEARHEF (**Annex 1**);
- (c) to use the preparedness stream of SEARHEF to support critical capacities in preparedness that include but will not be limited to :
 - i. strengthening capacities defined by IHR and SEAR benchmarks in order to enable a full and effective response to emergencies with health consequences;
 - ii. ensuring that preparedness and risk reduction efforts across all hazards contribute to resilient health systems;
 - iii. strengthening disease surveillance capacity and data and information flows and sharing between local and national levels and with WHO at country, regional and global levels in order to ensure early reporting and detection;
 - iv. continue supporting the regional and sub-regional collaboration among disease surveillance networks within and across WHO regions;
 - v. building up local and national surge capacity by strengthening the health emergency workforce through establishment of systematic systems that include training, efficient recruitment and deployment;
 - vi. establish or strengthen multidisciplinary health emergency teams that can be deployed-in a timely manner;
- (d) to discuss within the internal government processes so as to mobilize resources to fund the preparedness stream of SEARHEF, and
- (e) to continuously participate in the management and utilization of SEARHEF through its Working Group, and

2. REQUESTS the Regional Director:

- (a) to facilitate discussion among Member States to determine the feasible options to fund the preparedness stream of SEARHEF;
- (b) to support the implementation of the policy, guidelines and procedures drafted by the Working Group for the governance of SEARHEF
- (c) to mobilize technical and operational assistance to the initiatives that the preparedness stream of SEARHEF will support
- (d) to support resource mobilization efforts as guided by Member States, and
- (e) to report annually to the Regional Committee on the progress of the preparedness stream of SEARHEF in conjunction with reporting on the response stream of SEARHEF .

Seventh session, 9 September 2016

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC60/R8

CHALLENGES IN POLIO ERADICATION

The Regional Committee,

Recalling its resolution SEA/RC58/R6,

Reaffirming WHO's commitment to the goal of eradication of poliomyelitis,

Recognizing that substantial progress has been made in the Region towards the achievement of the goal of polio eradication in 2006, despite minor setbacks,

Encouraged by the high commitment of the Director-General of WHO to finish the job of polio eradication, coupled also with the strong commitment by Member States still endemic to polio to achieve the goal of eradication of poliomyelitis at any cost,

Further bolstered by the effectiveness of new tools such as the use of monovalent OPV (mOPV) and new strategies such as those outlined in the 2006 World Health Assembly resolution WHA59.1, to combat outbreaks of wild polioviruses or appearance of vaccine-derived polioviruses (VDPV),

Re-affirming that poliomyelitis eradication will result in far-reaching humanitarian and economic benefits to all countries, and

Realizing that sustainable polio eradication is only possible with a strong routine immunization programme that reaches all children with all routine antigens,

1. URGES Member States to strengthen the Expanded Programme on Immunization in order to maintain the highest surveillance levels and high routine immunization coverage as the best means to control the spread of polio virus and the outbreaks in the Region, and

2. REQUESTS the Regional Director:

- (a) to support/facilitate a thorough review of the status of routine immunization in Member countries to strengthen polio eradication efforts and to maintain polio-free status in those countries where polio is eradicated;
- (b) to convene a technical working group to evaluate the various options to prevent the spread of polio in the Region;
- (c) to seek and facilitate mobilization of financial resources for supporting the polio and routine immunization programme of Member States;
- (d) to support and facilitate Member States to maintain the highest surveillance levels and high routine immunization coverage as the best means to control the spread of polio virus and outbreaks in the Region;
- (e) to work with international agencies and the private sector so that newly developed polio vaccines are available at an affordable price, and
- (f) to report on the progress made in polio eradication to the Regional Committee on an annual basis until polio-free status is achieved in the Region.

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R5

MEASLES ELIMINATION AND RUBELLA/CONGENITAL RUBELLA SYNDROME CONTROL

The Regional Committee,

Noting a significant reduction in global measles mortality by 71% between 2000 and 2011, from an estimated 542 000 deaths in 2000 to 158 000 in 2011, and an increase in the global routine measles immunization coverage from 72% in 2000 to 84% in 2011;

Concerned that measles mortality is one of the barriers to achieving Millennium Development Goal 4, and that the South-East Asia Region accounted for approximately half of global measles deaths (158 000) in 2011;

Recognizing that the South-East Asia Region hosts major vaccines manufacturing capacity, and that one Member State is the largest manufacturer of measles vaccines in the world;

Noting progress in the South-East Asia Region of an increase in first-dose measles vaccine coverage from 61% to 79% between 2000 and 2012;

Recalling resolution WHA65.17, urging Member States to apply the vision and strategies of the Global Vaccine Action Plan to develop the vaccines and immunization components of their national health strategy and plans;

Cognizant that in order to achieve elimination, the vaccine coverage target of two doses of measles-containing vaccine needs to be greater than 95% in all country districts, and that this can be achieved through a combination of routine services and periodic mass campaigns;

Concerned that the South-East Asia Region is the only WHO region without a measles elimination goal and that circulating viruses pose a threat to countries and regions which have already eliminated measles or are close to doing so;

Recognizing that various health systems challenges need to be addressed in the efforts towards measles elimination and rubella/congenital rubella syndrome (CRS) control, in particular sustaining a high level of routine immunization coverage, other public health priorities that compete for limited resources, and maintenance of high-quality surveillance systems;

Noting concern about the social and political implications from adverse events following immunization (AEFI) and stressing that utmost efforts need to be made to ensure vaccines and injections are safe and that effective information, education and communication strategies and responses to AEFI are in place;

Noting with concern the inadequately addressed burden of rubella and CRS in the South-East Asia Region;

Acknowledging the early stage of rubella/CRS control in the Region and the challenges that remain, and recognizing that measles elimination is an opportunity for rubella/CRS elimination and that with use of combined measles-rubella vaccine, when measles is eliminated, rubella/CRS will also likely be eliminated;

Citing the results of the February 2013 regional consultation of technical and policy officials in Kathmandu on feasibility of measles elimination and rubella/CRS control, and the recommendation by the South-East Asia Region Immunization Technical Advisory Group;

1. DECIDES to adopt the goal of measles elimination and rubella/CRS control in the South-East Asia Region by 2020;

2. URGES Member States:

- (1) to strengthen immunization and surveillance systems in the context of health systems, including laboratory capacity, for increasing and sustaining high levels of immunization coverage, high-quality case-based surveillance and well-functioning AEFI monitoring systems;
- (2) to conduct epidemiological assessments of population susceptibility to measles and rubella/CRS as a way of informing policy and planning preventive strategies to increase immunity levels uniformly;

- (3) to develop measles elimination and rubella/CRS control policy strategies using evidence-based data;
- (4) to mobilize political, societal and financial support to eliminate measles and control rubella/CRS in the South-East Asia Region by 2020;

3. REQUESTS the Regional Director:

- (1) to provide technical support to Member States in their efforts to develop elimination policy and strategies, while strengthening their immunization and surveillance systems and improving their programme performance;
- (2) to mobilize the required resources, build on existing partnerships and foster the development of new ones in support of measles elimination and rubella/CRS control efforts;
- (3) to report to the Regional Committee every two years on the status of global measles elimination and rubella/CRS control targets, milestones and progress of ongoing activities in countries towards achieving the goal by 2020 in the South-East Asia Region.

Sixth session, 13 September 2013

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC68/R3

ANTIMICROBIAL RESISTANCE

The Regional Committee,

Having considered World Health Assembly resolution WHA68.7 on antimicrobial resistance and having reviewed the Global Action Plan on Antimicrobial Resistance adopted by the Sixty-eighth World Health Assembly,

Recalling World Health Assembly resolutions WHA51.17 on emerging and other communicable diseases: antimicrobial resistance, WHA54.14 on global health security: epidemic alert and response, WHA58.27 on improving the containment of antimicrobial resistance, WHA67.25 on antimicrobial resistance, and the Regional Committee resolution SEA/RC63/R4 on prevention and containment of antimicrobial resistance,

Aware that the health and economic consequences of antimicrobial resistance shall be immense for the Member States of the WHO South-East Asia Region,

Recognizing that combating antimicrobial resistance shall require political commitments, multisectoral coordination, sustained investment and technical assistance,

Underlining the pressing need for availability of new affordable antimicrobial medicines, vaccines and diagnostics, and monitoring the potency of available antibiotics,

Underscoring the need for strengthened cooperation among health professionals in antibiotic stewardship including infection prevention and control, appropriate use of antimicrobials and regular monitoring of the magnitude and profile of antimicrobial resistance; as well as engagement by the communities in responsible use of antibiotics through effective public

communication programmes, education and training in the human health, veterinary and agricultural sectors,

Appreciating the political commitment at the national and regional levels via the ministerial Jaipur Declaration of 2011 and subsequent inclusion of antimicrobial resistance in the Regional Director's flagship priorities in 2014,

1. URGES Member States:

- (a) to include antimicrobial resistance as one of the top priorities on their national health agendas;
- (b) to develop and implement a multisectoral national action plan on antimicrobial resistance in alignment with the Global Action Plan on Antimicrobial Resistance in the country context; and

2. REQUESTS the Regional Director:

- (a) to provide technical support to Member States in the development and implementation of national action plans in line with the Global Action Plan on Antimicrobial Resistance;
- (b) to assist Member States in mobilizing resources for sustainable implementation of national action plans on antimicrobial resistance;
- (c) to support the establishment of a regional surveillance network and provide technical support for the development and strengthening of national reference laboratories in human and animal sectors that contributes to the magnitude and profile of antimicrobial resistance in both sectors at the country and regional levels;
- (d) to build or strengthen capacity of Member States on the monitoring systems on the use of antimicrobials in human and animal sectors that contribute to national profiles and develop regional profiles;
- (e) to strengthen regional tripartite collaboration among WHO, FAO and OIE to support national collaboration to combat antimicrobial resistance; and
- (f) to submit to the WHO Regional Committee for South-East Asia reports on progress achieved in implementing this resolution in 2017 and in 2019; and conduct an assessment of regional achievements and challenges and present to the Seventy-fourth session of the Regional Committee in 2021.

Eighth session, 11 September 2015

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC68/R4

PATIENT SAFETY CONTRIBUTING TO SUSTAINABLE UNIVERSAL HEALTH COVERAGE

The Regional Committee,

Recalling Resolution RC59/R3 on promoting patient safety in healthcare,

Acknowledging that health services are still not as safe as they should be; that up to one in ten patients experience adverse events in health facilities, safety among health personnel is still a major concern, and that there are compelling health and economic arguments for improving patient safety,

Realizing that improved patient safety and quality of care are essential in gaining trust by the population, and an integral element in progressing towards universal health coverage, and further recognizing that improved quality and safety requires the engagement of stakeholders in particular patients and health professionals, and beyond health sector,

Recognizing barriers for improving patient safety, including reporting errors and adverse events, safety culture, effective communication and coordinated care among health professionals, and the need for a whole systems solution,

1. ENDORSES the Regional Strategy on Patient Safety (2016–2025)¹;

¹ Regional strategy for patient safety in the WHO South-East Asia Region, SEA-HSD-378
http://apps.searo.who.int/PDS_DOCS/B5187.pdf?ua=1

2. URGES Member States:

- (a) to translate the six strategic objectives of the Regional Strategy for Patient Safety in the WHO South-East Asia Region into actions, implementation, monitoring and evaluations in line with country context;
- (b) to engage all relevant stakeholders in building safer health-care facilities, creating and sustaining a culture of safety at all levels of health care;
- (c) to create awareness and engage patients and communities in the process of improved patient safety, in strengthening health systems and supporting UHC;
- (d) to consider allocating adequate resources to implement the country action plan; and

3. REQUESTS the Regional Director:

- (a) to provide technical support to Member States in implementing the Regional Strategy and country action plans;
- (b) to facilitate collaboration and the exchange of information and best practices between Member States, regional and global networks; and
- (c) to report progress, achievements and challenges in implementing this Resolution to the Regional Committee in 2017, 2019, and facilitate assessment of the patient safety in Member States in the Region, upon request, and report to the Regional Committee in 2021.

Eighth session, 11 September 2015

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC67/R4

SOUTH-EAST ASIA REGIONAL ACTION PLAN TO IMPLEMENT GLOBAL STRATEGY TO REDUCE HARMFUL USE OF ALCOHOL (2014–2025)

The Regional Committee,

Noting the report on Strengthening the Implementation of the Global strategy to reduce harmful use of alcohol to support the achievement of the regional targets on noncommunicable diseases (NCDs) prevention and control in the South-East Asia Region,

Recalling the World Health Assembly resolution WHA63.13 on the Global strategy to reduce the harmful use of alcohol, the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, particularly in regard to the adoption of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the global target on the reduction of harmful use of alcohol as one of the nine voluntary targets,

Also recalling Regional Committee resolution SEA/RC66/R6 on the Regional Action Plan and Targets for Prevention and Control of NCDs (2013–2020), that endorsed a regional voluntary target of 10% reduction in the harmful use of alcohol and recommended to Member States to use total adult per capita consumption as the basic indicator,

Further recalling Regional Committee resolutions SEA/RC54/R2 on Mental Health and Substance Abuse, including Alcohol, and SEA/RC59/R8 on Alcohol Consumption Control: Policy Options which endorsed the Regional Policy Framework, and document SEA/RC59/15 on providing strategic guidance to Member States,

Concerned that there is a gradual increase in consumption of alcohol among the general population – particularly among adolescents, youth and also women in some Member States – and quite a high prevalence of heavy episodic drinking or binge drinking and unrecorded alcohol consumption in the Region,

Deeply concerned that the South-East Asia Region is an emerging market for the alcohol industry which is progressively investing and marketing in the Region, and that there is a shift in consumption of beverage types from indigenous/traditional to modern beverages such as wines and beers, as well as from ritual use to lifestyle-related drinking,

Recognizing the consequences of trade agreements that facilitate the free flow of and investment in alcohol, which may increase the consumption and negative impact of alcohol in the Region, and may limit the ability of Member States to prevent and control alcohol-related harms,

Concerned that consumption of illicit or informally produced alcohol has additional negative consequences, partly due to a higher ethanol content and potential contamination with toxic substances, such as methanol,

Noting that alcohol consumption leads to many health problems including NCDs such as cardiovascular diseases and cancers, which contribute to a great proportion of the global and regional burden of disease,

Mindful of the concern that alcohol consumption also has a negative impact on people other than those who drink, and also social and economic consequences on the population, in particular the poor,

Reiterating that the basis for prevention of alcohol-related harm in the context of the South-East Asia Region may also include negative social and economic consequences related to productivity loss, poverty, social safety and quality of life, and also take into account social structure and sociocultural norms,

Further noting the progress of work of the WHO Global Network of National Counterparts to implement the Global Strategy, formed in 2011, and their task forces and working groups, as well as the establishment of the South-East Asia Region Network of National Counterparts and other regional initiatives,

Recognizing the commitment to address the harmful use of alcohol as a risk factor for NCDs, in particular the outcomes of the 2012 Bi-Regional Workshop in Bangkok on building capacity for reducing the harmful use of alcohol at the country level in coordination with NCD prevention and control programmes of the South-East Asia and Western Pacific regions,

Acknowledging the need for further strengthening of national and regional capacities, including institutional capacity, and further accelerating the implementation of the Global strategy to reduce harmful use of alcohol at the national level, and

Noting the draft regional action plan that was developed through consultations among SEA Network of National Counterparts on Implementing the Global Strategy to Reduce Harmful Use of Alcohol,

1. ENDORSES the Regional Action Plan to Implement the Global Strategy to Reduce Harmful Use of Alcohol for the South-East Asia Region (2014–2025);
2. URGES Member States:
 - (a) to consider setting targets, as appropriate, on the reduction of the harmful use of alcohol;
 - (b) to develop and/or strengthen, as appropriate, a comprehensive alcohol policy framework to reduce the harmful use of alcohol, taking into consideration the Regional Action Plan to Implement the Global strategy to reduce harmful use of alcohol for the South-East Asia Region (2014–2025);
 - (c) to develop and/or strengthen, as appropriate, systems and mechanisms to facilitate the implementation of the WHO Global strategy to reduce harmful use of alcohol, which may include responsible institutional, human and financial resources, multisectoral collaborating mechanisms, and technical knowledge and information systems;
 - (d) to promote the linkages between the implementation of the Global strategy to reduce the harmful use of alcohol and efforts on NCD prevention and control;
 - (e) to strengthen surveillance for alcohol consumption and related harm including integrated surveillance for NCDs, and
 - (f) to consider observing a regional/national non-alcohol day and advocate for global non-alcohol day.

3. REQUESTS the Regional Director:

- (a) to provide technical support and build capacity of Member States to advance the implementation of the Regional action plan for reducing the harmful use of alcohol, in accordance with the implementation of the Regional action plan and targets for prevention and control of NCDs; and
- (b) to support capacity strengthening and international collaboration mechanisms, including setting up the Regional Technical Advisory Group on Alcohol and Health, to support the WHO Global and Regional Networks of National Counterparts for Implementation of the Global strategy to reduce harmful use of alcohol and their subsidiary groups, and to continue the biennial regional forum of key partners from Member States and international partners.
- (c) to report progress on this resolution to the Seventieth, Seventy-third, Seventy-sixth and Seventy-ninth sessions of the Regional Committee for South-East Asia in 2017, 2020, 2023 and 2026.

Sixth session, 12 September 2014

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC63/R6

CAPACITY BUILDING OF MEMBER STATES IN GLOBAL HEALTH

The Regional Committee,

Recalling World Health Assembly resolution WHA59.26 on international trade and health, which urged Member States to create constructive and interactive relationships across the public and private sectors to promote coherence in national trade and health policies, and also requested WHO to support Member States to build capacity to understand the implications of international trade and trade agreements for health,

Recognizing that mainstreaming health into public policies is vital and that health interventions should move beyond national policies and boundaries, and also that the active collaboration and sharing of experience among partners in global health development has become essential for the development of healthy public policies,

Noting United Nations General Assembly resolutions A/RES/63/33 and A/RES/64/108 that highlighted the close relationship between foreign policy and global health and encouraged Member States to consider health issues in the formulation of foreign policy and to increase their capacity for training of diplomats and health officials on global health and foreign policy by developing best practices and guidelines, open-source information, and educational and training resources,

Acknowledging the importance of building and strengthening the capacity of health and health-related professionals of Member States in global health, which can lead to better collaboration and more active participation among them in preparing common regional statements and regional policy and strategy, taking into account the interests and concerns of all Member States in the Region,

Further acknowledging the successful innovation of the South-East Asia regional “One Voice” at the World Health Assembly in the last few years, reflecting regional solidarity and perspectives as a result of full engagement by Member States of the Region and support from the Regional Office; and

Considering the report on capacity building of Member States in global health (Document SEA/RC63/25),

1. URGES Member States:

- (1) to establish policies and programmes for capacity building in global health of concerned staff who would be representing their respective governments at high-level policy and programme meetings, by strengthening their skills to actively contribute and participate in global health issues;
- (2) to organize, with the support of the Regional Office, regional training courses and capacity-building on global health on a rotational basis;
- (3) to support and facilitate, as far as possible, an adequate number of competent members of a delegation, preferably those who attended regional training courses and related capacity-building programmes on global health, to represent the national and regional views at all sessions of the World Health Assembly and at similar global policy meetings and forums; and

2. REQUESTS the Regional Director:

- (1) to provide support to Member States in organizing regional training courses and related capacity-building programmes on global health on a continuous basis;
- (2) to report to the Sixty-fifth Session of the Regional Committee in 2012 on the progress made in implementing this resolution; and
- (3) to conduct assessment of five-year experiences (2011-2015) on capacity building in global health in the Region in 2015, and report to the Sixty-ninth Session of the Regional Committee in 2016.

Fifth meeting, 10 September 2010

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC65/R3

CONSULTATIVE EXPERT WORKING GROUP ON RESEARCH AND DEVELOPMENT: FINANCING AND COORDINATION

The Regional Committee,

Recalling resolutions WHA59.24 on Public Health, Innovation, Essential Health Research and Intellectual Property Rights: Towards a Global Strategy and Plan of Action, and its subsequent resolutions WHA61.21 and WHA62.16 on Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

Further recalling resolution WHA63.28 on the establishment of a Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination; requesting the Director-General, *inter alia*, to establish the CEWG to take forward the work of the Expert Working Group earlier established under resolution WHA61.21;

Noting the resolution WHA65.22 which requests Regional Committees to discuss at their 2012 meetings the report of the CEWG in the context of the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property in order to contribute to concrete proposals and actions;

Recognising the need for enhancing investments in health research and development (R&D) related to Type II and Type III diseases and the specific R&D needs of developing countries in relation to Type I diseases;

Recognising that improved access to medical products such as medicines, vaccines and diagnostics in relation to Type II and Type III diseases and specific R&D needs of diseases of Type I in developing countries are the paramount goals;

Acknowledging the importance of innovation, technology transfer and access to medical products for essential health R&D relevant to diseases which disproportionately affect developing countries, proposing clear objectives and priorities for R&D, estimating funding needs in this area, and coordinating, facilitating and promoting health R&D;

Recognising the importance of securing sustainable financing mechanisms for R&D to develop and deliver health products to address the health needs of developing countries and develop mechanisms to monitor and evaluate the implementation of the Global Strategy and Plan of Action, including reporting systems;

Realizing the need for improving priority-setting and transparent decision-making processes based on the public health needs of developing countries;

Appreciating the Regional Director for convening a regional technical discussion on the report of the CEWG where Member States take an active role in the discussions; and

Welcoming the recommendations made by the CEWG and the need of Member States of the Region to implement the same in phases starting with coordination mechanisms, including the setting up of a global health R&D observatory, inter alia, to determine the existing capacities, requirements and the absorptive capacities of developing countries in essential health R&D relevant to diseases which disproportionately affect developing countries which would enable the individual countries to decide the level of commitment of resources;

URGES Member States:

- (1) To strengthen health R&D capacities on diseases of Type II, III and specific R&D needs of developing countries on diseases of Type I, through increased financial resources from the existing government budgets and private sources through different incentive schemes, and explore potential new or innovative sources specifically for health R&D;
- (2) To build, strengthen and sustain human resources and infrastructure for health research and development;
- (3) To promote coordination of health R&D among public and private partners in the country, and support regional and global coordination for health R&D in order to maximize synergies and avoid duplications;

- (4) To establish or strengthen national health R&D observatories for tracking and monitoring human and financial resources spent on health R&D and contribute to the work of a global health R&D observatory;
- (5) To promote the establishment of Advisory Mechanisms and the Global Health R&D Observatory as suggested by the CEWG to enable WHO to play a central and stronger role in improving coordination of R&D directed at the health needs of developing countries;
- (6) To support the formation of a working group with equal representation from each Region to undertake future preparatory work for the convention as suggested by the CEWG;
- (7) To explore the potential role of pooled funding at the global level, from different sources of finance, in supporting health R&D, and that the promising medical products, technologies and innovations generated from the pooled fund are global public goods and made available free of R&D cost; and
- (8) To engage actively in the negotiations in an open-ended meeting of Member States in November 2012, inter alia, by supporting the development of the Global Health R&D Observatory, effective global R&D coordination, adequate and sustainable funding for R&D on diseases of Type II and III and specific R&D needs of diseases of Type I in developing countries; and

REQUESTS the Regional Director:

- (1) To support Member States in their endeavour to establish or strengthen health R&D capacities and national health R&D observatories, which inter alia also contribute to the Regional and Global Health R&D observatory;
- (2) To facilitate the establishment of Regional and Global Health R&D Observatories and related Advisory Mechanisms as suggested by the CEWG through technical and financial support;
- (3) To strengthen the capacity of Member States to access and benefit from mechanisms as suggested by the CEWG, including the Global Health R&D Observatory and the pooled fund mechanism;
- (4) To promote partnerships and coordination at the country, regional and global levels in order to maximize synergies in health R&D;
- (5) To convey to the Director-General the wish of the Member States for consideration that the Chair of the open-ended meeting of Member States be from the SEA Region; and
- (6) To report to the Sixty-seventh Session of the WHO Regional Committee for South-East Asia in 2014 on the progress made in implementing this resolution.

Fifth meeting, 7 September 2012

