



REGIONAL COMMITTEE

Provisional Agenda item 9

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## Progress reports on selected Regional Committee resolutions

The High-Level Preparatory Meeting held in New Delhi, India from 30 July to 2 August 2018 reviewed the progress reports on the following selected Regional Committee resolutions:

1. Covering every birth and death: Improving civil registration and vital statistics (**SEA/RC67/R2**)
2. Promoting physical activity in the South-East Asia Region (**SEA/RC69/R4**)
3. Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (**SEA/RC69/R6**)
4. 2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (**SEA/RC64/R3**)

The recommendations made by the High-Level Preparatory (HLP) Meeting on each of the above-mentioned progress reports are submitted to the Seventy-first Session of the WHO Regional Committee for its consideration.



## Introduction

1. The High-Level Preparatory Meeting held in New Delhi, India from 30 July to 2 August 2018 reviewed the progress reports on the following selected Regional Committee resolutions:

- i. Covering every birth and death: Improving civil registration and vital statistics (**SEA/RC67/R2**)
- ii. Promoting physical activity in the South-East Asia Region (**SEA/RC69/R4**)
- iii. Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (**SEA/RC69/R6**)
- iv. 2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (**SEA/RC64/R3**)

2. The recommendations made by the High-Level Preparatory Meeting on each of the above-mentioned progress reports are submitted to the Seventy-first Session of the WHO Regional Committee for its consideration.

## 1. Covering every birth and death: Improving civil registration and vital statistics (SEA/RC67/R2)

### Recommendations

#### *Actions by Member States*

- (1) Strengthen CRVS, particularly with improvements in quality, analysis, interpretation, and use of CoD data and mortality statistics, to better learn what people are dying from, and to design and implement better health policies and plans, and improve monitoring of the progress of UHC and the health-related SDGs.
- (2) Use and scale up medically certified and ICD-coded CoD classification for deaths occurring in health facilities, and verbal autopsy (VA) for capturing CoD data for deaths in communities.
- (3) Increase linkages between CRVS systems and the overall health information systems to improve the completeness and availability of mortality data.

#### *Actions by WHO*

- (1) Support Member States with implementation of national CRVS strategies and plans.
- (2) Provide further CRVS systems implementation guidance and support, organize relevant trainings to improve the availability and use of mortality data, facilitate knowledge sharing and exchange opportunities between countries, and support approaches regarding the future adoption of ICD-11.
- (3) Track national and regional CRVS targets and indicators, including birth and death registration coverage and availability of cause-of-death data, with the best available nationally representative estimates.

- (4) Implement a questionnaire in 2018 to better understand issues and inform the way forward for improving availability and quality of CoD data.
- (5) Capture and monitor progress with achieving national CRVS performance targets in line with the SDGs and the Regional Strategy.

## **2. Promoting physical activity in the South-East Asia Region (SEA/RC69/R4)**

### **Recommendations**

#### *Actions by Member States*

- (1) Review and align national strategies and plans with the Global Action Plan for Physical Activity and take into consideration the new global voluntary targets.
- (2) Build on social assets and successes of the comprehensive programmes at the community level, such as open-air gymnasiums, and maximize traditional approaches, including yoga.
- (3) Strengthen the information system with disaggregated data on physical activity as well as on the burden of diseases attributable to physical inactivity.
- (4) Continue promoting physical activity across the lifespan and in all walks of life through multisectoral action plans, including for road safety, the environment, mental health promotion and urban design, supported by appropriate legal and policy environments.

#### *Actions by WHO*

- (1) Continue to support countries to strengthen their national strategies on physical activity.
- (2) Continue to further strengthen the network of champions for physical activity and continue with the “Be the Change” Initiative to make WHO a role model for physical activity.

## **3. Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6)**

### **Recommendations**

#### *Actions by Member States*

- (1) Continue discussions with the respective ministries of finance and foreign affairs for making voluntary contributions to SEARHEF.
- (2) Support the implementation of SEARHEF business rules, particularly with regard to ensuring timely reporting.

#### *Actions by WHO*

- (1) Continue to engage in discussions with Member States and donors to provide contributions to SEARHEF.

- (2) Share the findings of the 10-year evaluation of the utilization and impact of SEARHEF.

#### **4. 2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (SEA/RC64/R3)**

##### **Recommendations**

###### *Actions by Member States*

- (1) Continue to monitor and review immunization coverage nationally and at the subnational level to identify geographical areas with low immunization coverage and the reasons for gaps, in order to further strengthen immunization programmes.
- (2) Sustain high levels of both political commitment and financial and human resources for routine immunization strengthening.
- (3) Harness the opportunities provided by mass measles–rubella vaccination campaigns to improve routine immunization services and systems.

###### *Actions by WHO*

- (1) Support Member States in identifying gaps in routine immunization coverage, strengthening surveillance of vaccine-preventable diseases and taking appropriate actions in administrative areas with low coverage.
- (2) Coordinate with global partners and inactivated polio vaccine (IPV) manufacturers to ensure uninterrupted supplies of IPV for Member States of the Region at affordable prices.
- (3) Support Member States in their resource-mobilization efforts as well as in efforts to ensure the optimal utilization of available resources for strengthening routine immunization systems.