



World Health
Organization

REGIONAL OFFICE FOR

South-East Asia

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REGIONAL COMMITTEE

Seventy-first Session
New Delhi, India
3–7 September 2018

Provisional Agenda item 9

SEA/RC71/13 Add.2

9 August 2018

Progress reports on selected Regional Committee resolutions

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC67/R2

COVERING EVERY BIRTH AND DEATH: IMPROVING CIVIL REGISTRATION AND VITAL STATISTICS

The Regional Committee,

Recalling World Health Assembly resolution (WHA67.14) on Health in the post-2015 development agenda,

Recognizing the importance of evidence-based decision-making and accountability through regular assessment of progress by strengthening civil registration and vital statistics (CRVS) and health information systems with disaggregated data to monitor health equity,

Noting that reliable data is essential for effective planning and management of health and other sectors, particularly in efforts towards achieving the time-bound health targets,

Emphasizing that CRVS systems are crucial to obtain continuous and compulsory data on births, deaths and causes of death, through cost-effective means,

Concerned with the heavy reliance on expensive and time-consuming surveys to produce health statistics in the absence of more complete civil registration data and the generation of reliable mortality statistics from routine CRVS systems,

Noting the findings of the comprehensive assessment of CRVS, already completed (using the WHO tool) in eight of the 11 Member States of the WHO South-East Asia Region, that have identified the key challenges for CRVS in the countries of the Region to be: inadequate coverage and completeness of birth and death registration; poor quality of cause of death (CoD) data

resulting in ill-defined recording of ICD (International Classification of Diseases) codes; lack of quality audits to improve civil registration data quality and its use for generation of vital statistics; and inadequate interagency coordination between the key stakeholder ministries responsible for CRVS,

Considering the commitment of Member States to prioritize CRVS strengthening as a coordinated effort between ministries of health, ministries responsible for civil registration and the national statistics offices,

1. ENDORSES the Regional Strategy for Strengthening the Role of the Health Sector in Improving CRVS (2015–2024), hereinafter referred to as the Regional Strategy; and
2. URGES Member States:
 - (a) to undertake key actions for implementing the Regional Strategy;
 - (b) to establish or strengthen a national CRVS coordination mechanism with representation of all key stakeholders;
 - (c) to undertake assessment of national CRVS systems and development of costed national plans for improvement of CRVS, including requirements of all stakeholders;
 - (d) to build national capacity for strengthening of CRVS and mobilize adequate human and financial resources,
 - (e) to enhance the contributions of health and other sectors to boost the completeness and quality of birth and death registration by creating demand through linking CRVS systems with services;
 - (f) to support the use of verbal autopsy, as appropriate for deaths occurring particularly in the absence of a trained health-care worker;
 - (g) to strengthen death certification by trained health-care workers;
 - (h) to strengthen implementation of ICD coding and generate quality mortality statistics from routine CRVS data; and
 - (i) to monitor progress and evaluate achievements in strengthening completeness and quality of CRVS systems and institutional capacities on a regular basis aligned with the agreed-upon framework in the Regional Strategy, conducting mid-course corrections where necessary.

3. REQUESTS the Regional Director:
- (a) to provide technical support to Member States to implement the Regional Strategy;
 - (b) to support knowledge-sharing platforms encompassing a repository of tools and conduct technical consultations for sharing of best practices and lessons learned;
 - (c) to coordinate and harmonize technical and financial support from different international agencies and development partners at the regional and country levels;
 - (d) to assist Member States on request in adapting and implementing the standard verbal autopsy tools to strengthen CRVS, in particular in the absence of a trained health-care worker; and
 - (e) to report progress to the Seventy-first, Seventy-fourth and Seventy-eighth Sessions of the Regional Committee for South-East Asia in 2018, 2021 and 2025.

Sixth session, 12 September 2014

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC69/R4

PROMOTING PHYSICAL ACTIVITY IN THE SOUTH-EAST ASIA REGION

The Regional Committee,

Concerned that insufficient physical activity is the fourth leading risk factor contributing to 3.2 million deaths globally, in particular as a risk for the increasing trend of noncommunicable diseases (NCDs), including cardiovascular diseases, obesity and diabetes,

Alarmed by the increasing trend of sedentary lifestyle and screen time in the population, particularly among children and adolescents,

Recalling World Health Assembly resolution WHA57.17 and its own resolution SEA/RC60/R4 and reaffirming the World Health Assembly resolution WHA66.10, and the global commitment on prevention and control of NCDs, in particular, to reduce by 10% the prevalence of insufficient physical activity by 2025,

Appreciating the efforts by the global community to drive the physical activity agenda, in particular at the side event at the Sixty-ninth World Health Assembly on "Towards achieving the physical activity target 2025 (10x25): are we walking the talk?", where consensus was reached for a need to foster country actions and monitoring on physical activity,

Recognizing the positive impact of promotion of physical activity on health, the need for Member States to strengthen national action plans on physical activity and non-sedentary lifestyle to sustain the high level of physical activity and address sub-national or population groups with high prevalence of physical inactivity; while at the same time addressing factors contributing to sedentary lifestyle and promote active lifestyle as primary prevention of NCDs,

Further recognizing that physical and social environments are important to promote physical activity and non-sedentary lifestyle and the need for coordinated actions and engagement across all sectors, and

Noting the need to strengthen monitoring and evaluation of physical activity and non-sedentary lifestyle to track the progress in a comprehensive way, and the lack of a regional status report on the subject,

1. URGES Member States:
 - a) to establish and/or strengthen, and implement the national action plan on physical activity and non-sedentary lifestyle, by adopting the WHO guidelines¹ in line with national context;
 - b) to encourage the development of leaders, champions and change agents country-wide, and support them to promote physical activities as role models;
 - c) to develop and/or strengthen environments which are conducive to physical activity and non-sedentary lifestyle, through multisectoral coordinated actions, and support widest implementation such as through networks of actors, including but not limited to, community groups, civil society organizations, educational institutions, workplaces in the private sector and government agencies, various ministries and local governments;
 - d) to strengthen monitoring and evaluation of physical activity and non-sedentary lifestyle as part of the national monitoring mechanism in harmony with the regional and global monitoring framework,
 - e) Promote physical activities already ongoing in many Member States and share the experiences gained from the practice of alternative and traditional methods, including yoga; and encourage and share among Member States other local practices.
2. REQUESTS the Regional Director:
 - a) to continue promoting and monitoring physical activity among WHO staff and support them to become change agents, leaders and role models in physical activity within the Region;

¹ Including Global Strategy on Diet, Physical Activity and Health, Global Recommendations on Physical Activity and Health, and Global Action Plan on Prevention and Control of Noncommunicable Diseases (2013–2020).

- b) to support Member States in the development and/or strengthening, and implementation of their national action plans for promoting physical activity;
- c) to share regional and global good practices such as yoga and other traditional approaches for physical activity among Member States.
- d) to support the creation and promotion of regional and national networks on physical activity and non-sedentary lifestyle, to provide a platform for regular learning and sharing experiences and best practices among leaders and champions in all Member States for strengthening the implementation of the national action plans on physical activity;
- e) to support Member States in the development and/or strengthening of the monitoring and evaluation of physical activity and non-sedentary lifestyle;
- f) to develop a status report on physical activity and health in the South-East Asia Region and present to the Seventy-first Session of the Regional Committee, and
- g) to report progress on implementation of this resolution every two years to the Regional Committee until 2025.

Seventh session, 9 September 2016

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/RC64/R3

2012: YEAR OF INTENSIFICATION OF ROUTINE IMMUNIZATION IN THE SOUTH-EAST ASIA REGION: FRAMEWORK FOR INCREASING AND SUSTAINING COVERAGE

The Regional Committee,

Recalling World Health Assembly resolutions WHA 53.12 on immunization as a major factor in promoting child health and WHA 58.15 on Global Immunization Vision and Strategy,

Recalling the target adopted at the United Nations General Assembly's Twenty-seventh special session on children (S-27/2, 2002) to ensure full immunization of children under one year of age, at 90% coverage nationally, with at least 80% coverage in every district or equivalent administrative unit,

Recognizing the progress made in the Region in protecting children from vaccine-preventable diseases through close partnerships with Member States, development agencies and other stakeholders,

Concerned that globally over 40% of the children who do not receive DPT 3 in their first year of life live in the South-East Asia Region,

Taking pride in the milestones achieved in the Region on polio eradication and reduction of measles mortality,

Considering that most Member States have recognized immunization as a public good, basic human right and a valuable tool in accelerating progress towards achieving the Millennium Development Goal of reducing by two-thirds by 2015, the under-five mortality rate,

Reiterating that high-level advocacy and intense social mobilization contribute to increased demand for immunization services and appropriately informed populations,

Cognizant that decentralized health systems and certain health reforms may affect immunization programmes,

Concerned with inadequate allocation of resources in national and sub-national health budgets to implement the necessary activities, and

Having considered "2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining immunization coverage" (SEA/RC64/8 Inf.Doc.),

1. URGES Member States:

- (a) to declare 2012 as the Year of Intensification of Routine Immunization while agreeing to implement, and mobilize and allocate the needed resources to successfully overcome the challenges identified in the Framework for increasing coverage in the South-East Asia Region;
- (b) to support organizing an annual regional immunization week in April as one of the major advocacy activities in regional intensification of routine immunization in 2012 and as part of a growing global and multi-regional movement designed to raise awareness of the benefits of immunization by increasing access and demand while targeting under-served populations and cross-border collaboration;
- (c) to ensure that routine immunization remains a priority on the national health agenda and is supported by systematic planning, implementation, monitoring and evaluation and long-term financial commitment through establishment of a specific budget line for immunization in national budgets;
- (d) to develop national and sub-national level plans of action based on risk analysis to intensify routine immunization coverage in line with agreed immunization targets expressed in the United Nations General Assembly special session on children, and targets in the Framework for increasing and sustaining coverage;

- (e) to encourage and inform senior policy makers and stakeholders of the benefits of improving and sustaining immunization programmes, and
 - (f) to continue to collaborate with development partners to explore the introduction of new vaccines in expanded programmes for immunization through evidence-based disease burden studies, cost-effectiveness analysis and sustainability, and
2. REQUESTS the Regional Director:
- (a) to officially launch 2012 as the Year of Intensification of Routine Immunization in South-East Asia and support and promote major advocacy activities in regional intensification of routine immunization in 2012;
 - (b) to mobilize resources from donors and development partners and support Member States in resource mobilization and implementation of the Framework, to further intensify technical support to Member States to strengthen their capacity to increase and sustain immunization coverage within the framework of primary health care and health system strengthening by focusing on high-priority and low-coverage areas;
 - (c) to pursue a multisectoral approach to ensure collaboration between Member States, development partners and technical agencies and to mobilize adequate resources to intensify routine immunization coverage in the Region;
 - (d) to facilitate purchase of quality vaccines at affordable rates, especially for countries with limited capacity for negotiation with suppliers, and sharing of experiences between Member States, and
 - (e) to report annually to the Regional Committee on the progress towards achievement of the immunization targets adopted in the Framework.

Fifth meeting, 9 September 2011