



**World Health
Organization**

Regional Office for South-East Asia

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REGIONAL COMMITTEE

Provisional Agenda item 10

*Sixty-ninth Session
Colombo, Sri Lanka
5–9 September 2016*

SEA/RC69/18 Add. 2

25 July 2016

Progress reports on selected Regional Committee resolutions

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

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/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/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/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

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R6

REGIONAL ACTION PLAN AND TARGETS FOR PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (2013–2020)

The Regional Committee,

Having considered the Regional Action Plan and Targets for Prevention and Control of Noncommunicable Diseases (2013–2020) and noting the recommendations of the Technical Working Group on the Regional Action Plan and Targets (Document SEA/RC/4.5);

Recalling World Health Assembly resolutions and decisions WHA53.17, WHA56.1, WHA57.17, WHA60.23, WHA64.11 and WHA65(8), and its own resolutions SEA/RC52/R7, SEA/RC53/R10, SEA/RC60/R4 and SEA/RC65/R5, relating to the prevention and control of noncommunicable diseases;

Welcoming resolution WHA66.10, adopted by the Sixty-sixth World Health Assembly, endorsing the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and nine global voluntary targets;

Recalling the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control, and the Rio Political Declaration on Social Determinants of Health;

Concerned that noncommunicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, which are linked to four main risk factors namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity, are the

leading causes of premature death and disability in the South-East Asia Region, and that they disproportionately affect the poor, impoverish families, and place a growing burden on health-care systems;

Acknowledging that household air pollution is a major contributor to morbidity and mortality due to chronic respiratory diseases and the third leading risk factor for DALYS in the South-East Asia Region;

Alarmed that South-East Asia Region countries contribute to over 35% of the global burden of cervical cancer incidence and mortality despite availability of simple cost-effective interventions for its prevention, early detection and management;

Recognizing with great concern that the South-East Asia Region is burdened with the highest rates of oral cancer among all WHO regions making it a major public health problem in many countries of the Region, with cancer of the lip and oral cavity ranking second for males and third for females among the most common types of cancer;

Cognizant that cost-effective interventions are available for prevention, early detection and management of noncommunicable diseases and their risk factors throughout the life-course, and that coordinated actions across all sectors of society are required, including partnerships among governments, civil society, academia, international organizations and the private sector;

Noting the Regional Oral Health Strategy (2013–2020), which calls for integration of oral diseases into the NCD context, and recognizing that oral diseases share the same risk factors and determinants and benefit from interventions aimed at the four main NCDs;

1. DECIDES:

- (1) to endorse the Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020);
- (2) to adopt 10 regional voluntary targets for prevention and control of NCDs to be achieved by 2025;

2. URGES Member States:

- (1) to develop new or strengthen existing national noncommunicable disease action plans by the end of 2013, in collaboration with stakeholders across different sectors and taking into account global and regional action plans; and to subsequently cost the action plans by the end of 2014;

- (2) to set national targets for prevention and control of noncommunicable diseases according to the country situation and capacity and taking into account the global and regional targets, and collect baseline data by the end of 2015;
- (3) to strengthen national surveillance and monitoring systems for prevention and control of noncommunicable diseases including but not limited to vital registration systems, medical cause of death, disease registries, population- and school-based integrated risk factor surveys, and health facility surveys;
- (4) to accelerate the implementation of the WHO Framework Convention on Tobacco Control, the WHO Global Strategy on Diet, Physical Activity and Health, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children;
- (5) to develop and expand to national scale programmes for prevention and control of cervical cancer, particularly cervical cancer screening, based on national policies, and set up appropriate surveillance mechanisms to monitor the coverage;
- (6) to ensure early diagnosis, timely referral and appropriate management of oral potentially malignant disorders and oral cancer patients by strengthening surveillance and registration of oral cancer, establishing periodic screening programmes for at-risk populations (tobacco and alcohol users, users of carcinogenic substances such as betel nut and areca nut) consisting of simple visual screening and building capacity within appropriate health workforce cadres to conduct such screenings in the context of primary health care;
- (7) to actively participate in the global consultations for development of terms of reference for a global coordination mechanism aimed at facilitating engagement among Member States, UN Funds, Programmes and Agencies and other international partners and non-state actors;

3. REQUESTS the Regional Director:

- (1) to provide technical support to Member States, as required, to develop costed national action plans supported by national monitoring frameworks, including indicators and national targets for prevention and control of NCDs;

- (2) to establish regional mechanisms for continuous coordination and support for Member States on the implementation of national plans, including capacity building and sharing of good practices;
- (3) to build capacity of Member States in strengthening national surveillance and monitoring systems, including vital registration, risk factor surveys and health facility surveys, as well as to provide support for reporting on the global and regional voluntary targets;
- (4) to convene a mid-course regional consultation (during 2018–2019) to review baseline data and regional targets, and make adjustments as required;
- (5) to submit reports on progress achieved in attaining the 10 voluntary regional targets in 2016, 2021 and 2026.

Sixth session, 13 September 2013