Progress reports on selected Regional Committee resolutions

The High-Level Preparatory Meeting for the Seventy-fourth Session of the WHO Regional Committee for South-East Asia, held virtually from 19 to 21 July 2021, reviewed the progress reports on the following selected Regional Committee resolutions:

1. Measles and rubella elimination by 2023 (SEA/RC72/R3);
2. Challenges in polio eradication (SEA/RC60/R8);
3. Delhi Declaration on improving access to essential medical products in the Region and beyond (SEA/RC71/R2);
4. Covering every birth and death: improving civil registration and vital statistics (SEA/RC67/R2);
5. (a) South-East Asia Regional Health Emergency Fund (SEA/RC60/R7); and (b) Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6);
6. Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4);
7. Delhi Declaration on Emergency Preparedness in the South-East Asia Region (SEA/RC72/R1); and
8. Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (SEA/RC69/R1)

The related Regional Committee resolutions for each of the above-mentioned progress reports are submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia for its information.
RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC72/R3

MEASLES AND RUBELLA ELIMINATION BY 2023

The Regional Committee,

RECALLING the World Health Assembly resolution WHA65.17 on “Global Vaccine Action Plan” which targeted the elimination of measles and rubella in five WHO regions,

FURTHER RECALLING its resolution SEA/RC66/R5 on “Measles Elimination and Rubella/Congenital Rubella Syndrome Control”,

APPRECIATING the progress made towards achieving the goal of measles elimination in five countries and rubella control in six countries of the South-East Asia Region,

RECOGNIZING the fact that the South-East Asia Region has experienced a 75% reduction in mortality due to measles in 2017 compared with 2000,

COGNIZANT of the fact that the South-East Asia Region bears the highest burden of the congenital rubella syndrome, a preventable birth defect due to rubella virus, estimated at 52,000 cases per year in the Region out of the 105,000 cases per year globally,

NOTING that all WHO regions have set a measles elimination goal and three WHO regions have set a rubella elimination goal with 82 (43%) countries verified for measles elimination and 76 (39%) countries verified for rubella elimination globally as of May 2019,
CONCERNED with the conclusion of the mid-term review of the “Strategic Plan for Measles Elimination and Rubella and Congenital Rubella Syndrome Control in the South-East Asia Region: 2014–2020” conducted in 2017 that stated that the goal of measles elimination and rubella/CRS control by 2020 is unlikely to be achieved,

RECOGNIZING that various health system challenges, notably sustaining a high level of routine immunization coverage in the context of other public health priorities that compete for limited resources, need to be addressed,

REITERATING that strengthening routine immunization in the presence of a well-performing surveillance system is the cornerstone for success and that high-level advocacy and intense social mobilization, coupled with health systems strengthening, contribute to demand generation for immunization services,

REAFFIRMING and taking pride in the demonstrated capacity of the Region to deliver on global challenges related to immunization systems such as polio eradication and maternal and neonatal tetanus elimination,

CONSIDERING the recommendations from the Midterm review that Member States of the Region consider adopting a regional rubella elimination goal, synchronized with the existing regional measles elimination goal, in order to leverage the momentum and political will for measles elimination also for the elimination of rubella,

NOTING the recommendation made by the “Third Meeting of the South-East Asia Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control” in 2018 that the Region should adopt the goal of rubella elimination,

CITING the results of the March 2019 “WHO South-East Asia Regional High-Level Consultation on adopting the revised goal of measles and rubella elimination” held with Member States in New Delhi, India, on the feasibility of establishing a rubella elimination goal and aligning the measles and rubella elimination goals, and the recommendations of the Tenth Meeting of the “South-East Asia Regional Immunization Technical Advisory Group”,

NOTING that the ‘Proposed Strategic Plan for measles and rubella elimination in the WHO South-East Asia Region 2020–2024’ was reviewed during the Regional High-Level Consultation with Member States in New Delhi, India,

1. DECIDES to adopt the goal of measles and rubella elimination in the South-East Asia Region by 2023;
2. ENDORSES the ‘Strategic Plan for measles and rubella elimination in the WHO South-East Asia Region 2020–2024’;

3. URGES Member States to:
   
   (a) strengthen immunization systems for increasing and sustaining high-level of population immunity against measles and rubella at both national and subnational levels through adequately funded plans and their effective implementation;

   (b) achieve and maintain highly sensitive laboratory supported case-based surveillance systems to monitor progress and for high-quality epidemiological assessments to inform policy and planning of strategies to interrupt transmission of measles and rubella viruses;

   (c) develop national and subnational strategies, as appropriate, to achieve measles and rubella elimination in line with the Regional Strategic Plan;

   (d) strengthen preparedness and effective response to measles and rubella outbreaks; and

   (e) mobilize political, societal and financial support to ensure the achievement of measles and rubella elimination by 2023; and

4. REQUESTS the Regional Director to:

   (a) provide quality technical assistance to Member States in their efforts to develop and implement elimination policies, strategies and plans;

   (b) mobilize the required resources, build on existing partnerships, and foster collaboration with new partners in support of measles and rubella elimination efforts; and

   (c) report to the Regional Committee annually until 2023 on the status of progress towards measles and rubella elimination targets synchronized with resolution SEA/RC64/R3 on “2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for Increasing and Sustaining Coverage”.

Ninth session, 6 September 2019
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/RC71/R2

DELHI DECLARATION ON IMPROVING ACCESS TO ESSENTIAL
MEDICAL PRODUCTS IN THE REGION AND BEYOND

The Regional Committee,

Having considered the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond;

ENDORSES the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond, annexed to this Resolution;

(1) URGES Member States to implement the Delhi Declaration; and

(2) REQUESTS the Regional Director to harmonize the progress report on implementation of this Declaration in line with SEA/RC70(1).

Eighth session, 7 September 2018
DELHI DECLARATION

IMPROVING ACCESS TO ESSENTIAL MEDICAL PRODUCTS
IN THE SOUTH-EAST ASIA REGION AND BEYOND

We, the Health Ministers of the Member States of the WHO South-East Asia Region participating in the Seventy-first session of the WHO Regional Committee for South-East Asia in New Delhi, India

Acknowledging access to effective, safe, quality and affordable medical products (medicines, vaccines, diagnostics and medical devices) is vital to achieving Universal Health Coverage (UHC) and the 2030 agenda of Sustainable Development Goals (SDGs).

Concerned that, despite overall progress, challenges remain in providing the right medical products at the right time to those in need, and availability often varies in healthcare facilities, and that significant levels of preventable human suffering result from people not receiving the essential healthcare they need, or being impoverished as a result of high out-of-pocket payments.

Acknowledging there are unique strengths in the Region in that several countries are major manufacturers of medical products, especially generic medicines, while certain countries source their entire medical products externally.

Reaffirming commitments by Member States in Regional Committee and World Health Assembly resolutions to improve accessibility and affordability by action on strengthening national policies, regulation, rational use, supply chain management, capacity to leverage intellectual property and trade for public health and building on SEA/RC70(3) decision on access to medicines and WHA71(8) addressing the global shortage of, and access to, medicines and vaccines.

HEREBY agree to the following:

1. Reaffirm our commitment to attain universal accessibility and affordability of essential medical products by 2030 for achieving UHC and the SDG 2030 agenda and in particular health related goals.
2. Leverage the strengths of the Region and its role as a major manufacturer of essential medical products especially generic medicines to improve accessibility and affordability within SEAR Member States and beyond.
3. Allocate sufficient financial resources to ensure universal accessibility and affordability of essential medical products as part of overall health financing strategies to support UHC and reduce out-of-pocket payments.
4. Continue the momentum to strengthen regulatory cooperation and collaboration to improve the availability, quality and safety of essential medical products through the South-East Asia Regulatory Network (SEARN).
5. Encourage regional information sharing on availability, price and quality of the medical products, and best practices in strategic price negotiations for greater value for money for essential medical products.
6. Develop an effective, transparent and participatory mechanism for regional price negotiation and/or pooled procurement with good logistics to ensure accessibility and affordability of essential medical products for life threatening and rare diseases and those that are needed in small quantities including but not limited to antibiotics, antitoxins and anti-venoms.
7. Promote development of an essential medical products list, in particular essential diagnostics list, for all levels of health care facilities, towards achieving UHC for improved patient care, affordability of quality tests, regulation, and greater capacity to diagnose diseases during outbreaks and strengthened capabilities of national laboratories.
8. Promote appropriate use of medical products especially antimicrobials in the community and in health facilities, through integrated measures including but not limited to education and training of the health care professionals to reduce irrational use and antimicrobial resistance.
9. Encourage management of intellectual property and trade rules and full use of TRIPS flexibilities for enhanced accessibility and affordability of new medical products, including new therapeutics, for priority diseases in the Region including tuberculosis, hepatitis and cancer.
10. Promote innovation and investment in R&D including for neglected diseases, encourage use of practically oriented health research, network of clinical sites, testing facilities for affordable medical products.
11. Promote health information and logistics management systems to improve accountability and transparency of data on accessibility and affordability, for greater value for money of pooled and/or general procurement of essential medical products, and track progress towards improved access to essential medical products by the population.

Welcome and appreciate the continued support of the WHO Director-General and the Regional Director for South-East Asia to improve accessibility and affordability of essential medical products within the Region and beyond.

Adopted in New Delhi, India, on the 4th Day of September Two Thousand and Eighteen.
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
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 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.
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);
   (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/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/RC72/R1

DELHI DECLARATION ON EMERGENCY PREPAREDNESS IN
THE SOUTH-EAST ASIA REGION

The Regional Committee,

Having considered the Delhi Declaration on Emergency Preparedness in the South-East Asia Region;

ENDORSES the Delhi Declaration on Emergency Preparedness in the South-East Asia Region, annexed to this resolution; and

REQUESTS the Regional Director to report on progress on the implementation of the Declaration to the Committee every two years until 2030.

Ninth session, 6 September 2019
Delhi Declaration

Emergency Preparedness in the South-East Asia Region
We, the Health Ministers of the Member States of the WHO South-East Asia Region, participating in the Seventy-second Session of the WHO Regional Committee for South-East Asia in New Delhi, India,

Concerned that health risks posed by emerging and re-emerging diseases, outbreaks caused by high-threat pathogens, epidemics, pandemics, natural and man-made disasters are increasing and that the population, in particular, of the Region is highly vulnerable to these,

Aware of the fact that member states of the South East Asia Region need to be well prepared to respond to major epidemics, pandemics and natural disasters, increase investment in disaster risk management, emergency preparedness to keep pace with the increased emerging risks and the need for effective multi-sectoral responses,

Acknowledging that drivers of these risks such as rapid unplanned urbanization, ease of travel and massive international movement of people, and most of all, threat of climate change are increasingly global and unprecedented in scope and scale,

Recognizing the need for accelerating progress in the implementation of various instruments, in response to these threats, such as the International Health Regulations (IHR) (2005), Sendai Framework for Disaster Risk Reduction (2015–2030), Paris Agreement (2015), and the Global Health Security Agenda 2024,

Recalling that strengthening emergency risk management in countries has been identified as a priority under the Regional Flagship Programmes of the WHO South-East Asia Region since 2014,

Confirming that disaster risk management and emergency preparedness, in parallel with effective multi-sectoral response systems, are important to achieve health security, and to protect and sustain health development gains in the Region,

Appreciating the fact that the International Health Regulations (2005) core capacities have significantly improved in the South-East Asia Region over the last decade, but noting that certain core capacities in areas such as zoonoses, food safety, health service provision, risk communication, points of entry, chemical, biological and radionuclear events preparedness and management, need further strengthening,

Acknowledging that accelerating of implementation of IHR (2005) through wider use of mandatory and voluntary optional tools under the IHR Monitoring and Evaluation Framework will strengthen and sustain the IHR core capacities and is the foundation for health security in the Region,

Noting that the WHO South-East Asia Region has developed a ‘Five-Year Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023), a Regional Risk Communication Strategy (2019–2023), and the Regional Knowledge Network of IHR National Focal Points (NFPs) and relevant experts,

Prioritizing multi-hazard approaches to disaster risk reduction, preparedness and operational readiness for favourable outcomes of risk management and recognizing that implementing all aspects of disaster risk management and emergency preparedness are urgently required by the Region,

DO HEREBY agree to the following:

Reaffirming our continued commitment to the people of the Region for disaster risk reduction through the application of multi-hazard approach and emergency preparedness, commit to:

[Signatures from various governments]
A. IDENTIFY risks
1. Take cognizance of the existing identified, assessed and mapped risks, natural and cyclical hazards, and vulnerabilities for more evidence informed planning and implementation of activities for disaster risk reduction, preparedness and operational readiness;

B. INVEST in people and systems for risk management
2. Continue the momentum to strengthen IHR core capacities including strengthening IHR National Focal Points through establishing and sustaining the Regional Knowledge Network, compiling and sharing IHR-related best practices, and other technical documents by creating a regional knowledge repository;
3. Encourage, facilitate and promote the building and strengthening of resilient health systems and infrastructure through safety assessment of health facilities in line with local prevailing hazards and risks, ensure their functionality in emergencies by: (a) addressing structural and non-structural gaps, (b) ensuring essential health services delivery through health workforce development in all areas of emergency risk management, and (c) ensuring that the logistic and supply chain management of health products is intact before, during and after emergencies;
4. Continue building surge capacity through strengthening of national emergency medical teams- as adopted in the Resolution SEA/RC71/R5 of the Seventy-first Session of the WHO Regional Committee for South-East Asia - and national rapid response teams;
5. Continue our support as appropriate to sustain the preparedness stream of the South-East Asia Regional Health Emergency Fund as adopted in the Regional Committee resolution SEA/RC69/R6;

C. IMPLEMENT plans
6. Develop, implement and monitor national action plans on disaster risk management, emergency preparedness and response through allocating sufficient resources;
7. Test these plans regularly for the assessment of operational readiness;
8. Advocate, develop and implement contingency and business continuity plans and conduct simulation exercises to test the operational readiness; and

D. INTERLINK sectors and networks
9. Develop, support and implement intersectoral coordination mechanisms following the ‘One Health’ approach and bridging the gap among diverse sectors including human, animal, environment, for the prevention and control of emerging and re-emerging diseases, and reducing the adverse impact of climate change;
10. Encourage, promote and facilitate engagement of other sectors – nongovernmental organizations, academic institutions, philanthropic foundations and private sector entities, through collaborative partnerships in areas of applied information technology, logistics and supply chain management in emergencies, research and innovations for strengthening emergency preparedness;

We, the Health Ministers of the Member States of the WHO South-East Asia Region, welcoming and appreciating the support of the WHO Director-General and the Regional Director for South-East Asia Region to scale up capacities in disaster risk management and emergency preparedness in South-East Asia, urge them for continued leadership and technical support in further strengthening these capacities, as well as in forging stronger partnerships across sectors, development partners, UN and other international agencies, as well as civil society, to jointly work towards a safer and more secure Region.

Adopted in New Delhi, India, on the Third Day of September, Two Thousand and Nineteen.
RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
SEA/RC69/R1

COLOMBO DECLARATION
ON STRENGTHENING HEALTH SYSTEMS TO ACCELERATE DELIVERY OF NCD SERVICES AT THE PRIMARY HEALTH CARE LEVEL

The Regional Committee,

Having considered the Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level,

(a) ENDORSES the Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (annexed to this resolution);

(b) REQUESTS the Regional Director to submit an interim report and a full report on progress achieved in implementing the Colombo Declaration in 2019 and 2021 respectively..

Seventh session, 9 September 2016
COLOMBO DECLARATION

STRENGTHENING HEALTH SYSTEMS TO ACCELERATE DELIVERY OF NCD SERVICES AT THE PRIMARY HEALTH CARE LEVEL

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Sixty-ninth Session of the WHO Regional Committee for South-East Asia in Colombo, Sri Lanka,

Concerned with the unacceptable and increasing trends of premature mortality, morbidity and disability caused by noncommunicable diseases (NCDs), primarily cardiovascular diseases, cancers, diabetes and chronic respiratory diseases in the South-East Asia Region;

Aware that cardiovascular disease, cancers, diabetes, chronic respiratory diseases and NCD risk factors all require a well-functioning health system and enabling environment to mount the appropriate common and disease-specific responses ranging from health promotion, prevention, early detection of risks and diseases to long-term care provision;

Cognizant of the fact that strengthening the delivery of integrated NCD management¹ in primary health care is the best approach to achieve universal health coverage – beginning with those at highest risk and leaving no one behind; and that the health-care systems of Member States have the potential to be better organized to manage the demographic and epidemiological transition that underpins NCDs;

Realizing that integrated NCD management at the primary health care level would strengthen the frontline health services while reducing the fragmentation and duplication of the vertical health programmatic approach;

Acknowledging that effective NCD management at the primary health care level requires appropriate mobilization, allocation and management of resources to strengthen the building blocks of health systems, including finances, workforce, medicines and technologies, infrastructure and information systems;

Reaffirming the Global and Regional Voluntary Targets for NCD Prevention and Control, and the time-bound commitment to strengthen and reorient health systems to address

¹ NCD management, hereby, refers to the process in dealing with all building blocks of the health system to provide comprehensive NCD service and care; ranging from prevention, promotion and rehabilitation as well as screening, early diagnosis and health education.
NCDs through people-centred primary health care systems by 2016, which includes achieving the national and regional targets of 80% availability of essential NCD medicines and technologies and 50% of high-risk populations receiving drug and counselling therapies by 2025.

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

1. **Improve access to and quality of integrated NCD management at the primary health care level by:**
   - Strengthening and upscaling key components of comprehensive NCD management at the primary health care level, including targeted screening for early diagnosis, health guidance and counselling to promote healthy choices and self-care, appropriate treatment, robust follow-up and management of referrals to secondary and tertiary levels of health care, and
   - Applying a risk-based approach, focusing on populations with high risks, and adapting the WHO PEN Interventions or other clinical protocols for screening, diagnosis and management of major NCDs (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) to accelerate the expansion of NCD services particularly to low-access population groups.

2. **Ensure adequacy and efficiency of resource mobilization and allocation to NCD management at the national and subnational levels by:**
   - Encouraging adequate budget allocation in the health sector for NCD management at primary health care services, and
   - Advocating for innovative and sustainable financing for NCD management, including dedicated taxation of health damaging commodities such as tobacco, alcohol and unhealthy foods and beverages, as an additional measure that can both reduce exposure to NCD risk factors as well as mobilize more resources for NCD prevention and control at the same time.

3. **Address the availability and accessibility of competent health workforces to manage NCDs at primary health care level, by prioritizing:**
   - The training and orientation of health workforce, based on defined NCD service delivery packages, especially frontline health workers and volunteers to provide a whole-of-family and life-course approach;
   - The promotion of participation of communities and local governments in comprehensive NCD management;
• The inclusion of NCD as a training component of any competency-based curricula for all categories of primary health care workforce;

• The support of multidisciplinary teams in health facilities with clear terms of function;

• The investment in the production of the primary care health workforce that can effectively adopt multi-tasking to meet the human resource gaps;

• Support of the primary health care level health workforce to accommodate the increasing workload associated with management of NCDs;

• The assurance of high-level supervised care by increasing the consultant coverage for NCD care at the primary care health level.

4. **Increase the availability of and access to essential medicines and basic technologies for NCD management at the primary health care level by:**

• Establishing, reviewing and updating the Essential Medicines List (EML) and devices needed to screen, diagnose and treat key NCDs at different levels of health care in line with standard treatment guidelines for NCDs;

• Improving the affordability of essential medicines and basic technology for NCD management;

• Strengthen the drugs and supplies monitoring system up to the primary health care level;

• Reviewing and strengthening procurement policy and capacity, including guidelines, logistic information systems and monitoring mechanisms to ensure uninterrupted supply of essential medicines and diagnostic kits for NCDs.

5. **Strengthen and integrate health information systems for NCD services at all levels by:**

• Developing patient tracking systems, preferably IT-enabled, to facilitate clinicians and other health-care workers to provide patient-centred continuous quality care;

• Developing continuous patient record for NCD patients, and promoting use of quality of care indicators;

• Promoting research in need for NCD prevention and control, including implementation research;

• Instituting and strengthening surveillance of NCD risk factors and monitoring and evaluation mechanisms to regularly assess the progress.
6. **Promote a multisectoral approach to address major social and environmental determinants of NCDs by:**

   - Strengthening advocacy, partnerships and leadership with government agencies and non-State actors to address the major risk factors leading to NCDs, from early years of life;

   - Develop mechanisms for evolving and accelerating the implementation of risk-reduction strategies, healthy public policies and population-based interventions for tobacco, alcohol, high intake of saturated fats/trans fats, sugar and salt, and increasing intake of fruits and vegetables, promotion of physical activity and non-sedentary behaviour and promotion of healthy behaviours in the general population and in key settings at educational institutes, in particular through strengthening of school health programmes, as well as at workplaces and at community level;

   - Enhancing the roles of community-based organizations and community leaders in addressing the social determinants of health, taking into account the socioeconomic and cultural context.

7. **Support knowledge and experience-sharing mechanisms, including national and international learning processes.**

8. **Establish a high-level national multisectoral taskforce to monitor and ensure the implementation of this Ministerial Declaration and report back in a timely manner.**

We, the Health Ministers of Member States of the WHO South-East Asia Region, request the WHO Director-General and the Regional Director for South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations agencies, relevant global health initiatives, bilateral and multilateral agencies, and with academia, professional bodies, civil society organizations, nongovernment organizations, related sectors and the media, to jointly advocate, provide technical and financial support, and effectively follow up on all aspects of this Colombo Declaration.

**Colombo, Sri Lanka, 9 September 2016**