Report of the Regional Meeting on Drowning Prevention

Aetas Lumpini Hotel and the Office of the Thai Health Promotion Foundation
30–31 July 2019
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3. Opening message by Dr Poonam Khetrapal Singh, Regional Director, WHO SEA Region
   (delivered by Dr Thaksaphon Thamarangsi, Director, NDE/SEARO) .................................... 16
A two-day “South-East Asia Regional Meeting on Drowning Prevention” was co-hosted by the World Health Organization’s (WHO) Regional Offices for South-East Asia and Western Pacific, the Ministry of Public Health of the Royal Thai Government, the Thai Health Promotion Foundation, and the Royal National Lifeboat Institution of the United Kingdom of Great Britain and Northern Ireland (RNLI-UK).

This meeting reviewed the development of the first Regional Report on Drowning Prevention 2020, through a collaboration between WHO and RNLI. This report will be instrumental in strengthening strategic, evidence-based and coordinated action for the prevention of drowning. Its broad scope will cover several related aspects of drowning, including prevalence of risk factors, leadership and intersectoral coordination, coverage and enforcement of regulations, and implementation of interventions.

The overall objective of the meeting was “to strengthen national capacities on drowning prevention of Member States of the WHO South-East Asia (SEA) Region.” The specific objectives of the meeting were to:

1. raise political awareness and commitment on drowning prevention,
2. review regulations, strategy/policy and programmes related to drowning prevention,
3. identify national roadmap and stakeholders to strengthen drowning prevention programmes, and,
4. identify potential contribution of WHO and other development partners, in particular the Royal National Lifeboat Institution–UL, to support Member States of the SEA Region.

The meeting was attended by 80 participants. They included 24 nominated delegates from 10 Member States of the SEA Region, 13 nominated delegates from five Member States of the Western Pacific Region, three experts and invitees, and 20 observers. Country delegations included senior officials/policymakers in functions related to the administration and management of national drowning prevention programmes and managers/directors of the national authorities for injury prevention as well as national data coordinators (NDCs) for the WHO-RNLI project.

Apart from the Agenda items for discussion, there were also Side-events, including: (i) a demonstration of good practices on drowning prevention in Thailand, (ii) an exhibition on drowning prevention from participating countries, and iii) a visit to the Thai Health Promotion Foundation.

In addition to the main meeting, National Data Coordinators, WHO and RNLI discussed the implementation of the Regional Situation Report project on 29 July. The discussion covered the progress of implementation and plans for next steps, including the activities at the national level that are scheduled to be held after the launch of the report.
### 1. Information sessions

<table>
<thead>
<tr>
<th>Topic and speakers</th>
<th>Scope and essence</th>
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| **Political commitment in drowning prevention: Thailand case study.**  
Dr Suwanchai Wattanayingcharoenchai, Director-General, Department of Disease Control, MoPH, Thailand | • Experience in addressing myth and negligence in the drowning agenda.  
• Development of national strategy on drowning prevention with clear goal to halve drowning mortalities in 10 years (2006–2015).  
• Setting up a national drowning prevention committee with the participation of 30 agencies. The Department of Disease Control is the lead agency and also coordinates.  
• Importance of the local-level structure in Thailand at the provincial level led by provincial governors. This mechanism can function as local policy development and implementation of both national and local interventions.  
• Step-wise target groups and goals, taking into account demographic changes. |
| **Drowning is an important but neglected public health agenda.**  
Mr Justin Scarr, CEO of the Royal Life Saving Society of Australia | • Burden of drowning (health and societal).  
• Profiles of drowning victims: Incidences in high-income and LMICs settings; and high-risk populations in Asia-Pacific (younger children in day-to-day settings such as home and child-care settings).  
• The significance of the global report in changing awareness of and understanding about drowning.  
• Challenges in information systems and how to integrate drowning prevention into other relevant agenda. |
| **System thinking on drowning prevention.**  
Mr Tom Mecrow International Programmes Manager for RNLI-UK | • Need for an accountability framework to promote shared responsibility in drowning prevention.  
• Drowning incidence as a phenomenon of system failures in equipping skills, ensuring the safety of boats, regulating safety in water transportation, adapting to demographic and climate changes, providing early warning and help. |
<table>
<thead>
<tr>
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</table>
| **Drowning prevention in low- and middle-income countries.**  
Dr Aminur Rahman, Centre for Injury Prevention and Research, Bangladesh | • Drowning profiles in LMICs, available waterbodies near children and lack of access barriers, reliance on (unsafe) water transport, lack of national policy and low enforcement, need for Samaritan laws.  
• Two different approaches for different victim groups: better supervision for under-five children and skills empowerment for over-five children.  
• Availability of low cost-high impact options.  
• Myths about and improper response to drowning. |
| **Introduction of WHO technical package on drowning prevention.**  
Dr David Meddings (WHO headquarters) | • Need for a wake-up message.  
• Significance of systemic governance, and competence levels of national programme managers & lead agency.  
• Four cut-across platforms (public awareness, multisectoral collaboration, national plan and information system).  
• Six cost-effective interventions (factsheet).  
• Significance of implementation plan to start with targeted population. |
| • WHO-RNLI project on Regional Report, including progress in project implementation.  
Dr Rania Abdelhamid and Dr Caroline Lukaszyk, Regional coordinators for the Regional Status Report project  
• Roles of partners (RNLI and WHO). | • Rationale of the project – the vicious cycle of no data and no action.  
• Progress of implementation of the regional status report project.  
• Opportunity to use the report to raise awareness and commitment at the country level.  
• Roles of development partners to support countries. |
| • State-of-the-art review: what do we know about drowning prevention interventions.  
Mr Justin Scarr, CEO of the Royal Life Saving Society of Australia  
• Effective policies & legislation: Everybody’s business. | • Drowning is neglected in other domains, including in the disaster management plan, tourism, physical activity promotion and occupational health.  
• Available of low-cost, context-relevant interventions including training that are effective in high-income countries.  
• Importance of multisectoral collaboration and networking across sectors (including for |
Report of the Regional Meeting on Drowning Prevention

<table>
<thead>
<tr>
<th>Topic and speakers</th>
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<tbody>
<tr>
<td>Dr Aminur Rahman, Centre for Injury Prevention and Research, Bangladesh</td>
<td>knowledge and experience-sharing and capacity-building purposes).</td>
</tr>
</tbody>
</table>
| Dr David Meddings, WHO headquarters | • Role of schools (safe swimming skills).  
• Role of primary health care institutions.  
• Role of local government.  
• Role of volunteer-based organizations. |

Demonstration of good practices in Thailand

2. **Gaps and challenges**

The meeting discussed and identified key gaps and challenges, including the following.

2.1 **Public awareness and information**

Lack of information was identified as the key limitation to raising awareness. Most countries do not have the supporting evidence of data on the health and societal burden from drowning. As a result, drowning is not seen as a “public policy” agenda of preventable mass-scale loss, leading to it being considered a low-priority and health-only issue. Myths on drowning, including on responding techniques, are rampant in all countries. Well-designed public education campaigns, including the use of attractive role models, can be effective leverages to raise awareness.

2.2 **System governance (National strategy, lead agency, coordination mechanisms, resources)**

Only few Member States have dedicated national plans/strategies on drowning prevention, as well as national targets. Some have drowning prevention included as part of a general injury prevention plan. Most Member States do not have designated leading agencies for drowning prevention. Consequently, most countries respond to drowning on a case-by-case basis with lack of system preparedness, despite high-risk situations such as frequent natural floods being known and common.

While the need for multisectoral collaboration was agreed, all countries referred to limitations in their coordinating mechanisms to promote multisectoral engagement. Identifying co-benefit areas would help promote engagement and ownership from other sectors. Member States mentioned untapped potential to support drowning prevention programmes, including roles of the community, civil society groups and faith-based groups. Some countries reported that the roles of civil society organizations and development partners was not coordinated roles and their contributions were not synchronized.

Lack of financial and human resources is a common challenge. Delegations mentioned an urgent need to invest in information systems, including on integrating drowning cases within the national injury surveillance systems and developing effective monitoring & evaluation
mechanisms to track progress and longitudinal changes, as well as to promote systemic responses for actions.

2.3 Capacities in formulating and implementing drowning prevention interventions

Delegations recognized the importance of cost-effective legislative and non-legislative interventions as recommended by WHO and partners. However, Member States in both regions reported the lack of capacity in both “upstream” policy development and even more on “downstream” policy implementation. Collaboration across sectors and support from partners (both international and local) can help governments close these “know-do” gaps.

Most countries identified legal disparities between current and the ideal laws. Many countries still rely on an outdated set of water safety laws, which focus on commercial vessels and drowning at recreational settings rather than day-to-day settings. The need for a model law (to benchmark with the current law), availability of clear user-friendly guidance on standardized interventions, and the engagement of parliamentarians from an early stage were recommended. The lack of a “Samaritan law” can discourage responders from helping drowning victims.

Delegations mentioned the gaps in law enforcement and implementation, including both implementation failure and implementation deficit. Countries need to find strategic leverages to implementation of drowning prevention programmes, including by prioritizing on “high-risk” settings (which may require risk assessment process) and identifying those vulnerable population groups. Community involvement (including the education sector and local governments) and media advocacy are essential for sustainable success, particularly for non-legislative interventions.

2.4 Limited capacity of health sectors

The health sector has spearheaded drowning prevention in all countries. While providing health care is the primary function of the health sector, health agencies have limited capacity to drive multisectoral response, in particular in coordinating with other sectors as well as for policy implementation (such as law enforcement). The lack of health workforces has been a major bottleneck in health systems response to drowning. Many countries have not designated national centres of excellence both for emergency and long-term care (to provide guidance and support to other health-care facilities). The need to promote single/integrated emergency care (for all emergency cares and not just vertical programmes for each injury types) was mentioned. Delegations agreed that countries need to consider using IT technologies, including the use of e-health and GPS technologies.

3. Strengthening national capacity for better drowning prevention

The participants agreed that the urgent need in the regions is to build up national collective capacity to boost drowning prevention. This capacity strengthening process should be included in the national strategies/plans and it requires collaboration from stakeholders beyond the health sector, and at all levels (global, regional, national and local). Delegations brainstormed
on the way forward by discussing the “what” and “how” of building capacity based on public policy process models, which later can be rearranged into nine actions in four groups.

**Group 1: Actions to raise public awareness and setting the drowning prevention policy agenda**

**Action #1:** Develop and implement public awareness (and media) plan, including:

- Public campaigns on drowning prevention (both standalone and integrated in other related areas: injury prevention, disaster management, child health, early childhood education).
- Mobilize public support and address myths through working with public media.
- Raising public awareness by making the best use of imperfect data available, including small-scale data and case studies.

**Action #2:** Advocate for a paradigm shift to consider drowning prevention as an “investment in human capital” and emphasize the “preventability” of drowning tragedies, and in particular to change the mindset of policymakers, including through external partners and by maximizing country impact based on the upcoming regional status report.

**Group 2: Actions to strengthen drowning prevention system governance**

**Action #3:** Promote stakeholder engagement and ownership, preferably on step-wise phasing by starting from the small-scale with a clear plan for scaling up. This includes activities listed below.

- Conduct a quick stakeholder mapping exercise to recognize current and potential contribution of stakeholders.
- Organize stakeholder brainstorming activities, starting with “core group” stakeholders (health, education, local governments, transport and tourism, as appropriate).
- Identify pilot/pathfinder areas/teams as entry point (good practices of local governments, communities, education institutes).

**Action #4:** Establish and strengthen formal and informal stakeholder coordinating platforms at all levels. This includes the actions listed below.

- Review and advocate the need to set up (i) a designated lead agency and, (ii) a formal high-level multisectoral coordination mechanism for drowning prevention (particularly to coordinate with line ministries).
- Use existing platforms to promote stakeholder engagement.
- Networking of experts, practitioners and institutions for drowning prevention, including with support from WHO and development partners.

**Action #5:** Mobilize support and resources, possible through activities listed below.

- Prioritize drowning prevention in the resource allocation process of line ministries.

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1 Either drowning-specific mechanisms or other drowning-related mechanisms (e.g. child safety, injury prevention, transportation safety, etc.)
➢ Identify untapped potential and assets (e.g. private sector, transport and tourism operators, child caregivers, early childhood education sector and traditional and cultural assets).

➢ Collaborate with international partners, including WHO, for technical assistance and advocacy materials.

**Action #6:** Promoting accountability through a strengthened monitoring and evaluation system.

➢ Conduct a quick review of the drowning information system, including risk assessment, and consider institutionalizing the drowning data surveillance system.

➢ Develop standardized and agreed upon monitoring and evaluation mechanisms for drowning prevention plan/strategy/activities, preferably with the ability to reflect contributions from and performance of multisectoral stakeholders.

➢ Foster integration of drowning-related data in existing health information systems (e.g. injury surveillance, DHS, CRVS).

**Group 3: Actions to accelerate policy development and implementation**

**Action #7:** Advocate for the need for a national policy/strategy/plan on drowning prevention, which should provide a framework to develop related activities. Prioritization of interventions for high-risk settings is a must instead of adopting a blanket approach.

**Action #8:** Use accelerators for policy formulation & legislation. These include:

➢ quick assessment on current laws to identify loopholes and rooms for improvement (this activity should include drowning risk factors and safety devices such as alcohol consumption, lifeguards, etc);

➢ benchmarking with (international) model laws and good practices; and

➢ Conducting meetings/workshops/trainings with parliamentarians/legislators and relevant sectors for the formulation of laws.

**Action #9:** Sustainable scaling up of drowning prevention interventions

➢ Conduct risk assessment and risk mapping to help prioritize high-risk settings.

➢ Focus on development of local interventions, in collaboration with communities and local governments, with the aim of expanding policy coverage from small-scale successes.

Explore co-implementation between drowning prevention and other relevant policy areas (e.g. transport safety, quality of child-care centres, etc.)
Annex 1

Agenda

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<tr>
<th>Day and activity</th>
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<tr>
<td>29 July 2019</td>
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<tr>
<td>Pre-meeting workshop for national data coordinators (total participants=20)</td>
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<tr>
<td>• Implementation progress</td>
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<td>• Project management</td>
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<tr>
<td>• Report launching</td>
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<tr>
<td>• Next steps</td>
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| 30 July 2019     |
| Inaugural session |
| • Welcome address by Dr Supreda Adulyanont, CEO of the Thai Health Promotion Foundation |
| • Address by Regional Director, WHO Regional South-East Asia Region, delivered by Dr Thaksaphon Thamarangsi, Director, Noncommunicable Diseases and Environmental Health, WHO South-East Asia |
| • Opening address by Dr Suwannachai Wattanayingcharoenchai, Director-General, Department of Disease Control, Ministry of Public Health, Thailand |
| • Address by Ms Gemma May, International Advocacy Manager, RNLI–UK |
| • Introduction of participants by Dr Thaksaphon Thamarangsi |

| Keynote speeches |
| • Political commitment in drowning prevention: Thailand case study (15 minutes), by Dr Suwannachai Wattanayingcharoenchai, Director-General, Department of Disease Control, Ministry of Public Health, Thailand |
| • Drowning: A neglected public health problem (15 minutes), by Mr Justin Scarr, CEO of the Royal Life Saving Society of Australia |

<p>| Information session |
| • Good practice demonstration: Survival Swimming Curriculum (WatanaPruksa School, Nonthaburi). Facilitated Dr Sasithorn Tangsawad and Ms Suchada Gerdmongkolgan, Bureau of Noncommunicable Diseases, Ministry of Public Health, Thailand |
| (1) System thinking on drowning prevention: Mr Tom Mecrow, International Programmes Manager for RNLI |
| (2) Drowning prevention in low- and middle-income countries: Dr Aminur Rahman, Centre for Injury Prevention and Research, Bangladesh |
| (3) Introduction of WHO’s implementation guide: A technical package on drowning prevention: Dr David Meddings, WHO headquarters |</p>
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<th>(4)</th>
<th>WHO-RNLI project on Regional Reports, including progress in project implementation: Dr Rania Abdelhamid and Dr Caroline Lukaszyk, Regional coordinators</th>
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<tr>
<td>Small group session and report back on gaps and challenges</td>
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<tr>
<td>(1)</td>
<td>System management, including information and coordination</td>
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<td>(2)</td>
<td>Prevention interventions (legislative and non-legislative)</td>
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<td>(3)</td>
<td>Health system response</td>
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<td>Good practice demonstration session</td>
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<td>Three groups of participants to attend each station for 30 minutes to be followed by plenary</td>
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<tr>
<td>• Station1: The roles of the public health sector and child drowning prevention administration at district level (Si Sa Ket province)</td>
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<td>• Station2: Roles of child-care centres (Surin province)</td>
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<td>• Station 3: Managing drowning hotspots by volunteers (Nakhonratchasima province)</td>
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<tr>
<td>Facilitated by Dr Sasithorn Tangsawad and Ms Suchada Gerdmongkolgan, NCD Division, Ministry of Public Health, Thailand</td>
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<td>31 July 2019</td>
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<tr>
<td>Information session, state-of-the-art review</td>
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<td>What do we know about drowning prevention interventions and their uptake within systems by Mr Justin Scarr, CEO of the Royal Life Saving Society of Australia</td>
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<tr>
<td>Panel discussion</td>
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<td>Effective policies &amp; legislation: Everybody’s business</td>
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<td>Panelists</td>
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<tr>
<td>• Dr Aminur Rahman, Centre for Injury Prevention and Research, Bangladesh</td>
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<td>• Dr David Meddings, WHO headquarters</td>
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<tr>
<td>• Dr Chatchai Imarom, Child Safety Promotion and Injury Prevention Research Center, Ramathibodi Hospital, Thailand</td>
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<td>Moderator: Dr Thaksaphon Thamarangsi</td>
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<tr>
<td>Video presentation: “Introduction to ThaiHealth”</td>
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<tr>
<td>Overview of Drowning Prevention Efforts by ThaiHealth and Partners by Dr Chatchai Imarom, paediatrician, Child Safety Promotion and Injury Prevention Research Centre, Ramathibodi Hospital, Thailand</td>
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<td>Discussions and Q&amp;A</td>
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<td>• Green building and exhibition tour (divided into 3 groups)</td>
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<td>Location: ThaiHealth Center</td>
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<tr>
<td>Small group session on building national capacity for better drowning prevention (by group of countries) with report back at the plenary</td>
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<tr>
<td>Partners forum for drowning prevention</td>
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<tr>
<td>• Ms Gemma May/Mr Tom Mecrow, RNLI</td>
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<td>• David Meddings, WHO</td>
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<tr>
<td>Next steps (including preparation for report launching events)</td>
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</tbody>
</table>
• Conclusion
• Closing session
Annex 2
List of participants

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Report of the Regional Meeting on Drowning Prevention

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Annex 3

Opening message by Dr Poonam Khetrapal Singh, Regional Director, WHO SEA Region
(delivered by Dr Thaksaphon Thamarangsi, Director, NDE/SEARO)

I welcome you to this very important meeting.

Although our Regional Director, Dr Poonam Khetrapal Singh, would have very much liked to attend this meeting, she is unable to due to a prior commitment. I therefore take great pleasure in delivering this message on her behalf.

The Regional Director starts by thanking the Ministry of Public Health Thailand, the Thai Health Promotion Foundation and the Royal National Lifeboat Institution for co-hosting this crucial event.

She notes that drowning is a major public health problem worldwide, causing an estimated 360,000 deaths globally in 2015. Significantly, she says, over 90% of drownings happen in low- and middle-income countries, with over half of the world’s drownings occurring in Asia.

The Regional Director observes that the drowning mortality rate in most of the South-East Asia Region’s Member States is higher than the global benchmark. The Institute for Health Metrics and Evaluations, for example, estimated that in 2017 Bangladesh had the highest drowning mortality rate in the Region, at 8.94 per 100,000 population, followed by Thailand, at 7.14 per 100,000 population. This is in comparison to the estimated global figure of 3.86 per 100,000 population.

Dr Khetrapal Singh notes that children and adolescents are particularly vulnerable, with 35% of drownings in Asia occurring among those under the age of 15. Significantly, drowning is the leading cause of death for those aged 5-14 years in the South-East Asia Region.

The Regional Director is keen to emphasize, however, that these deaths are very much preventable. She says that WHO has identified six effective interventions to prevent drowning. These are:

First, providing safe places away from water for pre-school children.

Second, installing barriers controlling access to water.

Third, teaching school age children swimming and water safety skills.

Fourth, building resilience and managing flood risks and other hazards.

Fifth, training bystanders in safe rescue and resuscitation.

And sixth, setting and enforcing safe boating, shipping and ferry regulations.

Dr Khetrapal Singh is also keen to emphasize the role local communities, parents, volunteers and civil society have in preventing drowning.

The Regional Director takes the opportunity to thank the Royal National Lifeboat Institution, which is working with the WHO South-East Asia and Western Pacific offices to
develop a standardized report for drowning prevention by 2020. She says the report will be instrumental to strengthening strategic, evidence-based and coordinated action for preventing and responding to drowning.

In working towards this goal, she says, this meeting will discuss the role of National Data Coordinators, who are assisting in data collection for this report. The Regional Director says that as this happens, participants should consider ways to raise political and public awareness, to take stock of best practices, and to review and strengthen national capacities and system preparedness for drowning prevention.

The Regional Director urges you to achieve each of these outcomes and wishes you an engaging and informative meeting.

I echo that sentiment and wish you a comfortable stay in Bangkok.

Thank you.