Progress reports on selected Regional Committee resolutions

The High-Level Preparatory Meeting for the Seventy-sixth Session of the WHO Regional Committee for South-East Asia, held virtually on 4–5 September 2023, reviewed the progress reports on the following selected Regional Committee resolutions:

1. South-East Asia Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol 2014–2025 (SEA/RC67/R4);
2. Challenges in polio eradication (SEA/RC60/R8);
3. COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs (SEA/RC74/R1);
4. South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC60/R7), and Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6);
5. Regional commitment on TB: Political Declaration on TB by the UN High-Level Meeting and preparing a follow-up plan in the SE Asia Region (SEA/RC70/R4);
6. Promoting physical activity in the South-East Asia Region (SEA/RC69/R4); and
7. Revitalizing the school health programme and health-promoting schools in the SE Asia Region (SEA/RC74/R3).

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

SEA/RC67/R4

SOUTH-EAST ASIA REGIONAL ACTION PLAN TO IMPLEMENT GLOBAL STRATEGY TO REDUCE HARMFUL USE OF ALCOHOL (2014–2025)

The Regional Committee,

Noting the report on Strengthening the Implementation of the Global strategy to reduce harmful use of alcohol to support the achievement of the regional targets on noncommunicable diseases (NCDs) prevention and control in the South-East Asia Region,

Recalling the World Health Assembly resolution WHA63.13 on the Global strategy to reduce the harmful use of alcohol, the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, particularly in regard to the adoption of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the global target on the reduction of harmful use of alcohol as one of the nine voluntary targets,

Also recalling Regional Committee resolution SEA/RC66/R6 on the Regional Action Plan and Targets for Prevention and Control of NCDs (2013–2020), that endorsed a regional voluntary target of 10% reduction in the harmful use of alcohol and recommended to Member States to use total adult per capita consumption as the basic indicator,

Further recalling Regional Committee resolutions SEA/RC54/R2 on Mental Health and Substance Abuse, including Alcohol, and SEA/RC59/R8 on Alcohol Consumption Control: Policy Options which endorsed the Regional Policy Framework, and document SEA/RC59/15 on providing strategic guidance to Member States,
Concerned that there is a gradual increase in consumption of alcohol among the general population – particularly among adolescents, youth and also women in some Member States – and quite a high prevalence of heavy episodic drinking or binge drinking and unrecorded alcohol consumption in the Region,

Deeply concerned that the South-East Asia Region is an emerging market for the alcohol industry which is progressively investing and marketing in the Region, and that there is a shift in consumption of beverage types from indigenous/traditional to modern beverages such as wines and beers, as well as from ritual use to lifestyle-related drinking,

Recognizing the consequences of trade agreements that facilitate the free flow of and investment in alcohol, which may increase the consumption and negative impact of alcohol in the Region, and may limit the ability of Member States to prevent and control alcohol-related harms,

Concerned that consumption of illicit or informally produced alcohol has additional negative consequences, partly due to a higher ethanol content and potential contamination with toxic substances, such as methanol,

Noting that alcohol consumption leads to many health problems including NCDs such as cardiovascular diseases and cancers, which contribute to a great proportion of the global and regional burden of disease,

Mindful of the concern that alcohol consumption also has a negative impact on people other than those who drink, and also social and economic consequences on the population, in particular the poor,

Reiterating that the basis for prevention of alcohol-related harm in the context of the South-East Asia Region may also include negative social and economic consequences related to productivity loss, poverty, social safety and quality of life, and also take into account social structure and sociocultural norms,

Further noting the progress of work of the WHO Global Network of National Counterparts to implement the Global Strategy, formed in 2011, and their task forces and working groups, as well as the establishment of the South-East Asia Region Network of National Counterparts and other regional initiatives,
Recognizing the commitment to address the harmful use of alcohol as a risk factor for NCDs, in particular the outcomes of the 2012 Bi-Regional Workshop in Bangkok on building capacity for reducing the harmful use of alcohol at the country level in coordination with NCD prevention and control programmes of the South-East Asia and Western Pacific regions,

Acknowledging the need for further strengthening of national and regional capacities, including institutional capacity, and further accelerating the implementation of the Global strategy to reduce harmful use of alcohol at the national level, and

Noting the draft regional action plan that was developed through consultations among SEA Network of National Counterparts on Implementing the Global Strategy to Reduce Harmful Use of Alcohol,

1. **ENDORSES** the Regional Action Plan to Implement the Global Strategy to Reduce Harmful Use of Alcohol for the South-East Asia Region (2014–2025);

2. **URGES** Member States:

   (a) to consider setting targets, as appropriate, on the reduction of the harmful use of alcohol;

   (b) to develop and/or strengthen, as appropriate, a comprehensive alcohol policy framework to reduce the harmful use of alcohol, taking into consideration the Regional Action Plan to Implement the Global strategy to reduce harmful use of alcohol for the South-East Asia Region (2014–2025);

   (c) to develop and/or strengthen, as appropriate, systems and mechanisms to facilitate the implementation of the WHO Global strategy to reduce harmful use of alcohol, which may include responsible institutional, human and financial resources, multisectoral collaborating mechanisms, and technical knowledge and information systems;

   (d) to promote the linkages between the implementation of the Global strategy to reduce the harmful use of alcohol and efforts on NCD prevention and control;

   (e) to strengthen surveillance for alcohol consumption and related harm including integrated surveillance for NCDs, and

   (f) to consider observing a regional/national non-alcohol day and advocate for global non-alcohol day.
3. REQUESTS the Regional Director:

(a) to provide technical support and build capacity of Member States to advance the implementation of the Regional action plan for reducing the harmful use of alcohol, in accordance with the implementation of the Regional action plan and targets for prevention and control of NCDs; and

(b) to support capacity strengthening and international collaboration mechanisms, including setting up the Regional Technical Advisory Group on Alcohol and Health, to support the WHO Global and Regional Networks of National Counterparts for Implementation of the Global strategy to reduce harmful use of alcohol and their subsidiary groups, and to continue the biennial regional forum of key partners from Member States and international partners.

(c) to report progress on this resolution to the Seventieth, Seventy-third, Seventy-sixth and Seventy-ninth sessions of the Regional Committee for South-East Asia in 2017, 2020, 2023 and 2026.

Sixth session, 12 September 2014
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.
DECLARATION BY THE HEALTH MINISTERS OF MEMBER STATES AT THE SEVENTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA ON COVID-19 AND MEASURES TO ‘BUILD BACK BETTER’ ESSENTIAL HEALTH SERVICES TO ACHIEVE UNIVERSAL HEALTH COVERAGE AND THE HEALTH-RELATED SDGS

The Regional Committee,

HAVING CONSIDERED the Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs,

ENDORSES the Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to “build back better” essential health services to achieve universal health coverage and the health-related SDGs, annexed to this resolution, and

REQUESTS the Regional Director to report on progress on the implementation of the Ministerial Declaration to the Committee every two years until 2027.

Ninth session, 10 September 2021
Declaration by the
Health Ministers of Member States
at the Seventy-fourth Session of
the WHO Regional Committee for South-East Asia
on
COVID-19 and measures to ‘build back better’
essential health services to achieve
universal health coverage
and the health-related SDGs
We, the Health Ministers of Member States of the WHO South-East Asia Region, participating in the Seventy-fourth Session of the WHO Regional Committee for South-East Asia,

DEEPLY CONCERNED by the ongoing waves of the COVID-19 pandemic, which have negatively impacted health, societies and economies; disrupted the delivery of essential health services; exacerbated inequities; and exposed gaps in health systems across the Member States of the Region,

RECOGNIZING that mounting an effective public health response to health emergencies and ensuring the delivery of quality essential health services requires leadership and a whole-of-government approach,

NOTING the role and contribution of primary health care, with full engagement of communities and community health workers, in managing the pandemic, addressing misinformation, and ensuring the delivery of essential health services,

UNDERSCORING the importance of investment in human resource for health, especially at the primary health care level, and the adequate supply of affordable, effective, quality and safe medical products for the effective response to public health emergencies and to building resilient health systems,

NOTING WITH CONCERN inequities in access to COVID-19 related medical products, especially vaccines, that have a detrimental impact in managing the COVID-19 pandemic and impede economic recovery across the SEA Region,

EMPHASIZING the importance of regional and global solidarity, especially for improved production, access and distribution of medical products, as one of the measures to overcome the pandemic,

APPRECIATING Member State actions and innovations as well as regional initiatives, which have strengthened response capacity to the COVID-19 pandemic, including the South-East Asia Regional Flagship Priority Programmes on ensuring universal health coverage (UHC) and protecting against health emergencies,

RECALLING previous commitments towards ensuring public health programmes and the delivery of essential health services to all without financial barriers during periods of public health emergency, as clarified by the Seventy-third World Health Assembly resolution WHA73.1 and the Seventy-third session of the WHO Regional Committee for South-East Asia resolution SEA/RC73/R1, as well as recent primary health care-related declarations and instruments, including the 2018 Astana Declaration on Primary Health Care and the 2020 Operational Framework for Primary Health Care as requested by World Health Assembly resolution WHA72.2, and

FURTHER EMPHASIZING the imperative and the once-in-a-century opportunity to advance transformation towards resilient primary health care-oriented health systems as the means to achieve population health, well-being and prosperity in the SEA Region,

Hereby AGREE to the following:

(a) ENSURE political leadership and accountability to coordinate whole-of-government, whole-of-society, health-in-all policies-based, and effective governance and oversight over public and private sectors, as needed to advance health security and progress towards UHC and the health-related SDGs;

(b) REORIENT health systems towards comprehensive primary health care through increased public investments as the foundation for effective response to public health emergencies, strengthening of IHR core capacities, and the achievement of UHC and the health-related Sustainable Development Goals;

(c) ENSURE integration of public health emergencies and disaster risk management strategies, as well as strengthen surveillance and preparedness capacity, at the primary health care level, for effective response for the at-risk and affected communities;

(d) ACCELERATE integration of noncommunicable diseases including mental health, and other disease programmes, at the primary health care level;

(e) ESTABLISH national quality standards for primary health care services and ensure access to quality health services during the pandemic and recovery phase;

(f) COMMIT to closer engagement with, and empowerment of, communities with respect to maintaining the delivery of essential health services and public health programmes during the pandemic and recovery phase;

(g) FULLY LEVERAGE the potential of traditional systems of medicine to function alongside or, where appropriate, through integration into health systems;

(h) OPTIMIZE appropriate, sustainable, and scalable innovations in digital and disruptive health technologies;

(i) STRENGTHEN health systems and policy research, as well as equity-focused performance monitoring, to guide the improvement of health systems and IHR core capacities;
(j) STRENGTHEN and mobilize WHO’s social and intellectual capital to leverage additional resources* through the innovative Country Cooperation Strategy (CCS) and other bilateral, multilateral and public–private partnerships in order to support the development of national capacities to address national health priorities, in particular public health emergencies and the delivery of high-quality health services to all;

(k) USE COVID-19 intra-action reviews and the new Universal Health and Preparedness Review to prioritize actions aimed at strengthening health system resilience; and

(l) COMMIT to update national primary health care strategies based on lessons learned from the COVID-19 pandemic, the Operational Framework for PHC, and the forthcoming PHC South-East Asia Regional Strategy, as well as the national roadmaps for health emergency risk management, with robust monitoring and evaluation frameworks.

We, the Health Ministers of the Member States of the WHO South-East Asia Region, welcoming and appreciating the continued support of the WHO Director-General, the Regional Director for South-East Asia, and health partners towards strengthening primary health care, delivering universal health coverage and managing public health emergencies in the South-East Asia Region, adopt this Declaration by Member States at the Seventy-fourth Session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs.

Adopted on the Seventh day of September, Two Thousand and Twenty-One.

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* WHA69(16) Strategic budget space allocation. at http://apps.who.int/gb/ebwha/pdf_files/WHA69REC1/A69_2016_REC1-en.pdf#page=27

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[Signatures of Health Ministers and officials]
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 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 SOUTHEAST ASIA

SEA/RC70/R4

IMPLEMENTING AND MONITORING THE DELHI CALL FOR ACTION TO END TB IN THE WHO SOUTH-EAST ASIA REGION BY 2030

The Regional Committee,

Recognizing that the WHO South-East Asia Region continues to have the highest burden of tuberculosis (TB) cases in the world, with more than 4.7 million new TB cases emerging in the Region in 2015 that accounted for over 46% of the global burden, out of which 227,000 cases were HIV-positive,

Considering that the estimated incidence of multidrug-resistant and rifampicin-resistant tuberculosis (MDR/RR-TB) in the Region was 200,000 with extensively drug-resistant TB being reported by six countries in the Region by 2015,

Noting that TB disrupts social and economic progress in countries, stigmatizing individuals and reducing household and national incomes, and traps the poorest and most vulnerable in a vicious cycle of disease and poverty,

Recognizing that an effective fast-track plan for ending TB will significantly contribute to improve health as well as social and economic development in South-East Asia,

Acknowledging the need to improve the scope, extent and reach of TB services in line with the End TB Strategy and the commitment to support the Global Plan and Regional Plan 2016–2020, and national multiyear plans to end TB, in order to achieve the TB targets set under the Sustainable Development Goals,

Noting further the need for increased investment in accelerated implementation of strategies and adaptation of innovations at the country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,
Acknowledging that progress in tuberculosis control requires action within and beyond the health sector in order to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction,

Recognizing the leadership provided by the Regional Director of the WHO South-East Asia Region in convening the first Ministerial Meeting towards Ending TB in the Region in March 2017 and subsequent issuance of the Delhi Call for Action to End TB in the WHO South-East Asia Region that reaffirms the highest level of commitment by Member States,

Considering that with the existing interventions, Member States would not be able to reach the End TB targets and that “Bending the Curve” offered a path to accelerate reaching the goals in time – this approach having been embraced in the Delhi Call for Action to End TB in the WHO South-East Asia Region – and that the task at hand now is to make these approaches operational to accelerate the progress towards End TB goals,

1. **URGES Member States to:**

   (a) Review the current national plans to align them with the Delhi Call for Action to End TB in the South-East Asia Region by 2030 and strengthen the national programmes for its full implementation, and

   (b) Jointly develop regional and multicountry efforts in sharing innovation, best practices, commodities and a joint approach to address the challenges of TB prevention, treatment and control, including in vulnerable populations; and

2. **REQUESTS the Regional Director to:**

   (a) Support Member States to strengthen the national and regional plans and implement the “Delhi Call for Action to End TB in the South-East Asia Region by 2030”, and

   (b) Engage with policy- and decision-makers at the highest levels in the Member States to accelerate the implementation of the Delhi Call for Action.

Seventh session, 10 September 2017
The Regional Committee,

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

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

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

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

Recognizing the positive impact of promotion of physical activity on health, the need for Member States to strengthen national action plans on physical activity and non-sedentary lifestyle to sustain the high level of physical activity and address sub-national or population groups with high prevalence of physical inactivity; while at the same time addressing factors contributing to sedentary lifestyle and promote active lifestyle as primary prevention of NCDs,
Further recognizing that physical and social environments are important to promote physical activity and non-sedentary lifestyle and the need for coordinated actions and engagement across all sectors, and

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

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

2. REQUESTS the Regional Director:
   a) to continue promoting and monitoring physical activity among WHO staff and support them to become change agents, leaders and role models in physical activity within the Region;

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b) to support Member States in the development and/or strengthening, and implementation of their national action plans for promoting physical activity;

c) to share regional and global good practices such as yoga and other traditional approaches for physical activity among Member States.

d) to support the creation and promotion of regional and national networks on physical activity and non-sedentary lifestyle, to provide a platform for regular learning and sharing experiences and best practices among leaders and champions in all Member States for strengthening the implementation of the national action plans on physical activity;

e) to support Member States in the development and/or strengthening of the monitoring and evaluation of physical activity and non-sedentary lifestyle;

f) to develop a status report on physical activity and health in the South-East Asia Region and present to the Seventy-first Session of the Regional Committee, and

g) to report progress on implementation of this resolution every two years to the Regional Committee until 2025.

Seventh session, 9 September 2016
RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC74/R3

REVITALIZING THE SCHOOL HEALTH PROGRAMME AND HEALTH-PROMOTING SCHOOLS IN THE SOUTH-EAST ASIA REGION

The Regional Committee,

CONCERNED over the health of children and adolescents who comprise 22% of the regional population, and the unacceptably high burden of diseases and exposure to risk factors such as the burden of noncommunicable diseases, nutrition, traffic injuries, violence, drowning, mental health problems, teenage pregnancy and other significant health problems;

RECOGNIZING the importance of schools in promoting the health, development and well-being, and securing the safety, of children and adolescents and in ensuring a progressive increase in school enrolment in the Region;

NOTING that the school is an essential and integral delivery platform to encourage healthy lifestyles and life-long healthy behaviours to promote quality of life, and to nurture human capital for sustainable development of any society;

RECALLING the WHO Health Promoting Schools (HPS) Initiative that was launched in 1995, and that aimed to strengthen the capacity of schools in the Region to promote healthy “living, learning, and working”, and the several follow-up meetings such as the International Health Promoting Schools Meeting in 2015 in Bangkok;

FURTHER NOTING that despite the initiatives, progress has been varied between the Member States owing to common factors such as the need to strengthen leadership and coordination between ministries, mainly education and health, suboptimal investment in terms of financial and human resources, and inadequate engagement with adolescents and the community;

CONCERNED over the ongoing COVID-19 pandemic and the public health measures thereto, especially related to closure of schools, and their impact on learning and growth and other aspects of health of young children and adolescents, and the need to ensure the safe reopening and operationalization of schools; and

APPRECIATING the recent and timely efforts by WHO, UNESCO, UNICEF and inter-Agency partners that have worked together to provide a holistic approach to health-promoting schools and effected the launch of the guideline ‘Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems’;

1) WELCOMES the WHO and UNESCO technical guideline, Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems;

2) URGES Member States to:

   (a) adopt, as appropriate, and implement the global standards and indicators for health-promoting schools and systems to strengthen national policy and actions;

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(b) strengthen collaboration between relevant partners in implementing ‘health promoting school’ initiatives in all schools, in particular between the health and education sectors, inclusive of all line ministries as well as local governments and communities;

(c) address the need for high-risk and vulnerable children and young populations, including children living with disabilities, migrant and stateless children, to attend health-promoting schools;

(d) collect evidence-based information, good practices and lessons learnt in health-promoting school initiatives and programmes to contribute to the advancement of the agenda at the global level;

(e) support regional initiatives related to health-promoting schools; and

(f) establish immediate actions during the pandemic for safe school operations and plan the foundation for building back better to ensure the best learning and health outcomes from the education system post-pandemic;

3) REQUESTS the Regional Director:

(a) to develop a regional roadmap with monitoring framework and targets to implement global standards and indicators for health-promoting schools and systems, before the end of 2022, in consultation with Member States, to prioritize health issues and indicators for monitoring progress at the regional level;

(b) to provide technical guidance and assistance to strengthen the capacities and capabilities at the regional and country levels, including in establishing knowledge hubs and community of practices in the Region, and ensure that all relevant partners, especially in the health and education sectors, are actively engaged for the shared agenda that includes collaboration with regional United Nations systems and international agencies;

(c) to urgently develop a recovery plan that is responsive to the health needs of students to minimize the impact of COVID-19; and

(d) to report on the progress towards the implementation of the global standards and indicators for health-promoting schools and systems and targets every two years until 2030.

Ninth session, 10 September 2021