

# 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

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## 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:



**Government of the People's Republic of Bangladesh**



**Royal Government of Bhutan**



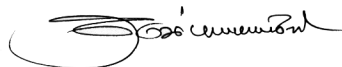
**Democratic People's Republic of Korea**



**Government of India**



**Federal Democratic Republic of Nepal**



**Government of the Democratic Socialist Republic of Sri Lanka**



**Royal Thai Government**

## 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.**

Republic of Indonesia

Republic of Maldives

The Government of the  
Republic of the Union of Myanmar

Democratic Republic of  
Timor-Leste

Regional Director  
WHO Regional Office for  
South-East Asia

Director-General  
World Health Organization

