# Cover note: Explanatory Memorandum

**To:** World Health Organization Director General, Dr Tedros Adhanom Ghebreyesus

**Re:** Proposal to include an item on "***Accelerated Action for Global Drowning Prevention"*** on the Agenda of the 142 Session of the WHO Executive Board

**Summary:** Fiji, as a current Member of the Executive Board wishes to propose inclusion of an agenda item on 'global drowning prevention' at session 142 of the Executive Board. This preventable public health concern, regarded as a 'silent epidemic' by WHO, is responsible for greater loss of life than priorities such as protein-energy malnutrition and maternal mortality. Yet it is unrecognised and under-resourced.

Drowning and its prevention has been notably absent from UN discourse. It has received only a single reference in the 25,000+ UN resolutions on record, and has never before been discussed by the WHO Executive Board. Accordingly, this proposal is for an historic resolution on global drowning; to elevate awareness, catalyse commitment and offer recommendations for Member State and Organisational action. Concretely, to support delivery of themes from the current and suggested future GPW Missions ('Keeping the World Safe … and Serving the Vulnerable') and Priorities ('Provide Health Services for Emergencies' and 'Lead on Health-related SDGs').

**Rationale overview**: *(as per EB 141/5*)

*Scale of the issue*

- Drowning is responsible for 360,000, preventable, deaths each year
- Latest Global Health Estimates indicate drowning causes greater annual mortality than many other public health priorities such as protein-energy malnutrition and maternal conditions
- The official categorization for drowning excludes drowning deaths attributable to disasters and water transport incidents. In some countries, this underrepresents mortality by up to 50%, and thus the overall burden could be significantly greater than is currently acknowledged

*Impact of issue*

- Drowning's impacts are inequitable. The vulnerable are hardest hit with over 90 per cent of drowning deaths occurring in low and middle income countries while children and adolescents represent the majority of lives lost
- Drowning affects all WHO Regions, with the highest rates being found in the African region
- Regionally, for the 5-14 age group, drowning is the largest cause of death in the Western Pacific and is in the top three leading causes of death in South East Asia and the Americas
- Nationally, drowning is the number one cause of child mortality (1-17 years) in many countries including Bangladesh, Thailand, Viet Nam and Cambodia

*Preventability of issue*

- Drowning is a preventable public health concern - demonstrated by dramatic historic reductions in drowning in industrialised countries and recent progress from Member States, including for example Thailand, where child drowning mortality has been halved in a decade
- WHO identifies six effective preventative measures – barriers, supervision, swim skills, rescue/resuscitation training, safe boating regulation and managing flood risk and resilience

*Strategic fit of issue*

- In recent years, the WHO has declared drowning a 'silent epidemic' and published two landmark reports on the issue (*Global Report on Drowning: Preventing a Leading Killer*, 2014 and *Drowning Prevention: an Implementation Guide*, 2017)
- WHO has also actively engaged in dialogue globally and provided normative guidance and technical support regionally and nationally
- Drowning prevention aligns with, and enables, key elements of the suggested 13th GPW initial outline draft) as follows:

  Mission statement

  *1)* to 'keep the world safe': flooding affects more people globally than any other natural disaster and drowning is responsible for 75% of deaths in floods, it is also a leading cause of mortality for migrants and people fleeing conflict

  2) to 'serve the vulnerable': children and adolescents represent the majority of lives lost, 91% of drownings occur in LICs and MICs, and low socio-economic status, low educational levels and living in rural areas correlate with higher drowning risk

  Strategic priorities

  1) 'Provide health services in emergencies': by considering drowning prevention part of disaster preparedness, 'ensuring affected population have access to public health interventions', it can support delivery of the GPW objective of preventing excess mortality and morbidity in natural disasters – flooding - SDG 13.1.2 and conflict-related emergencies – drowning deaths of migrants/refugees - SDG 16.1.2

  2) 'Lead on health-related SDGs': drowning prevention can directly, and substantially, support delivery of WHO priority SDG targets 3.2, 3.4, 4.2.1, 6.1.1 as well as mutually reinforcing targets across Gender, Inequalities and Sustainable Cities Goals. Drowning prevention can specifically enable the WHO and UN commitment to ensuring women, children and adolescents survive and thrive – given correlation between these groups and highest drowning risk/mortality - as well as ensuring a 'strong focus on equity' and issues disproportionately affecting Small Island Developing States

# Explanatory Memorandum

Request for the inclusion of an EB 142 agenda item, and related resolution, pertaining to global drowning prevention, on the basis of the criteria outlined in EB141/5:

**Criterion A: The proposal addresses a global public health issue**

*A1 The current situation, including changes in demographic and epidemiological trends*

- Drowning is responsible for 360,000, preventable, deaths each year
- It is acknowledged as a 'leading cause of death worldwide' (*WHO Global Drowning Report*, 2014)
- Global drowning mortality is declining slightly and slowly, as are rates relative to population. However, as the impacts of other public health burdens (e.g communicable diseases) are reducing, injuries become of higher relative importance – a tangible example; drownings in Matlab, Bangladesh accounted for 25% of deaths in early 1990s but 60% in 2011

*A2 The public health burden the issue has at global/regional and country levels*

- Latest Global Health Estimates show drowning causes greater annual mortality than many other current public health priorities including protein-energy malnutrition and maternal conditions
- The mortality burden of drowning is similar to that attributable to conditions such as diarrhoeal disease and measles a generation ago
- The vulnerable are hardest hit - over 90 per cent of deaths occur in low and middle income countries and children and adolescents represent the majority of lives lost
- Drowning affects all WHO Regions, with the highest rates found in the African region
- Regionally, for the 5-14 age group, drowning is the largest cause of death in the Western Pacific and is in the top 3 leading causes of death in South East Asia and the Americas
- Nationally, drowning is the number 1 cause of child mortality (1-17 years) in many countries including Bangladesh, Thailand, Viet Nam and Cambodia

*A3 The extent to which the proposal addresses urgent emerging or neglected health issues*

- The WHO Report on Global Drowning (2014) states 'drowning is a neglected public health issue'
- Despite the scale of mortality due to drowning it has been largely absent from UN discourse (the issue has never been the subject of a resolution, has received only a single reference in the 25,000+ UN resolutions of the past 71 years and has never been discussed by the WHO Executive Board or Regional Committees)
- Official categorization for drowning excludes intentional deaths and drowning deaths attributable to disasters and water transport incidents. In some countries, this results in underrepresentation of drowning mortality by up to 50%. The fact that many drowning deaths occur outside medical facilities has led to under-reporting and limited recognition of drowning as a public health issue, contributing to its neglected status
- Drowning is an emerging issue, responsible for a growing percentage of deaths in many countries (relative to, and as a result of, declining mortality to communicable disease)
- Drowning prevention is urgent in relation to delivery of health-related SDG targets. Specifically, target 3.2 (preventable under 5 mortality). As the largest single cause of 1-4 year old deaths in countries including Bangladesh, Thailand, Cambodia and Viet Nam, drowning prevention has the potential to both enable and insure child survival progress

*A4 The extent to which the public health issue is perceived as a global public health threat*

- WHO states that 'drowning is a serious and neglected public health threat' (2014)

- The status of drowning as a public health threat is a preventable one, and one which increases as other cause of mortality decrease (eg relative to communicable disease)
- Governments seeking to provide for the health needs of their populations need to cater throughout the life cycle. As children move through and beyond infancy, threats do not just recede; they undergo a qualitative shift towards an increasing burden of injury deaths. Current global child/adolescent programming has not evolved to address this
- If drowning continues to fail to be recognised and resourced as a major cause of global mortality, it threatens to account for an increasing proportion of (particularly child and adolescent) deaths and fatally undermine tens of countries ability to meet health SDGs

**Criterion B: The proposal addresses a new subject within the scope of WHO**

*B1 The proposed new subject falls within the mandate and capacities of WHO*

- Drowning is a global public health issue on which WHO has offered normative prevention guidance
- The issue is an integral element of the WHO's NCD, Violence, Injury Prevention and Disability Portfolio (Director, Dr. Etienne Krug)
- In recent years, the WHO has declared drowning a 'silent epidemic', published two landmark reports on the issue (*Global Report on Drowning: Preventing a Leading Killer*,2014 and *Drowning Prevention: an Implementation Guide*, 2017) actively engaged in dialogue globally and provided technical support regionally and nationally
- In relation to the proposed 13th Global Programme of Work; Drowning prevention aligns with two key pillars of the WHO Mission; to '*keep the world safe'* and to '*serve the vulnerable'* and can contribute to delivery of 2 of the 5 priorities: 'women, children and adolescents' and 'climate and environment', as well as supporting the move towards 'focus on impact', 'aligning and driving progress towards the SDGs' and ensuring a 'strong focus on equity' and issues disproportionately affecting Small Island States

*B2 The comparative advantage of WHO in addressing the issues*

- Current WHO GPO 'Leadership Priorities', particularly 'Non-Communicable Diseases' and 'Health-related Sustainable Development Goals', demonstrate WHO championing reducing mortality and morbidity from injuries (of growing significance given global epidemiological transition) and 'leaving no one behind' (note, drowning affects the most vulnerable populations first and worst - low socio-economic status, lower educational knowledge and living in rural areas are all associated with a higher risk of drowning)
- The proposed 13th GPW with prioritised action on women, children and adolescents, climate and environment, equity and driving Health-SDG progress continues to demonstrate WHO's comparative advantage in addressing the issue
- Where national governments have engaged with drowning prevention, Ministry of Health officials (established WHO interlocutors) are, typically, the focal point

*B3 The proposal introduces a subject that is deemed to be of interest to public health and that has never been discussed at WHO*

- The issue of drowning has never been discussed by the WHO Executive Board
- Nor has the issue been subject to discussion at WHO Regional Committees
- Despite the magnitude of mortality, drowning has never been recognised with a UN resolution, and has only ever received a single reference – in WHA64.27 (2011)

*B4 The proposal raises for re-discussion an issue that has not been discussed within WHO global fora for the past four years*

- N/A - See above, the issue has never been officially discussed within WHO global fora

**Criterion C: brings up for discussion international instruments that involve health or declarations, agreements or decisions adopted in other WHO international fora**

*C1 The added value reopening the discussion will bring to public health*

- For drowning prevention, the value will arise from opening the discussion. Whilst technical water safety and drowning prevention experts convene regularly, the issue (and actors) is absent from international instruments and fora

*C2 The need for collective action through WHO for the implementation of any commitments*

- Collective action will be required to secure policy and programming space for drowning
- Collaboration between countries and WHO regions – particularly those with similar burden and risk profiles - will multiply impact

*C3 The need for Member States to seek country technical support from the Secretariat*

- Technical support from Secretariat and regional WHO representatives will add value
- Specifically, WHO has a strategic role to play in establishing standards and norms and providing technical assistance to improve data collection and reporting
- Existing WHO documentation (for example, the 2017 *Drowning Prevention: An Implementation Guide*) signposts Member States to priority areas for technical support

*C4 The existence of other resolutions or decisions taken by the above bodies that could fulfil the perceived need in factors c2 and c3*

- Resolutions relating to injury prevention and civil registration may substantiate the need to enhance data collection and reporting or offer replicable roadmaps for commitment implementation, but no existing resolutions/decisions focus on drowning prevention

**Criterion D: The existence of evidence-based, cost effective interventions**

*D1 The solidity of the evidence submitted by proponent*

- Prevention is possible, demonstrated by significant historical reductions in drowning in industrialised countries and recent progress from Member States, including Thailand, who have, for example, halved child drowning mortality in a decade
- In the *Global Report on Drowning* the WHO identifies six effective preventative measures – barriers, supervision, swim skills, rescue and resuscitation training, safe boating regulation enforcement and managing flood risk and resilience
- However, evidence of the applicability and impact of these interventions, and the development and evaluation of new cost effective drowning interventions, is variable
- Interventions fall within WHO cost-effectiveness guidelines and show great promise, particularly for the highest risk age group, 1-4 year olds, with studies indicating an 80% reduction in drowning rates among participants
- A crucial step in further demonstrating cost-effectiveness and scale-ability of drowning interventions will be to introduce robust intervention trials in high-burden countries

*D2 Cost effectiveness of the proposal*

- The proposal is for a first-ever, historic, resolution on drowning prevention
- The resolution seeks to elevate awareness of the drowning problem, catalyse commitment to action and outline recommendations for Member States and the Director General, few of which have significant short-term financial implications given the embryonic status of the issue in global public health fora

*D3 Potential for using knowledge and innovative science to address the subject*

- Drowning prevention is itself considered an innovative public health intervention
- The issue has been relatively unexplored by innovative science and technology
- The potential for R&D specific to drowning prevention is significant – from small-scale locally-designed personal flotation devices, to national flood response capability and regional supervision and survival swim initiatives, innovation could have major impact

*D4 The potential impact on the human and financial resources of the Organization*

- There is no expectation that the proposal would have significant implications for WHO resources (it may offer entry points to generate resource for/with the organisation)

**Criterion E: The urgency of the proposal**

*E1 The extent to which immediate action is required to address the public health issue with potential global impact being raised*

- Immediate preventative action is required, particularly to support countries with high drowning burden to make progress towards the child survival SDG target (3.2)
- For many Member States, particularly across the South East Asia and Western Pacific regions, inaction on drowning will inhibit ability to deliver on this priority target of eliminating preventable under 5 mortality by 2030 (conversely, as drowning prevention has not traditionally been regarded or resourced as a public health intervention, it may offer untapped potential for progress on child survival for the 1-4 age group, and older)
- More broadly, with the burden of injury increasing, relative to other causes of death, the urgency of addressing drowning, is growing
- Drowning prevention, given its inherent links to women, children and adolescents and conflict and natural disaster-related deaths could be a tangible 13$^{th}$ GPW early delivery against the WHO mission to 'keep the world safe and … serve the vulnerable'

E2 *The criticality of negative impact of a delay in addressing such public health issue*

- Drowning is a preventable public health concern. The lack of progress to date is a reflection of the neglected status of the issue, rather than an inability to reduce its impact through mobilisation of resource and political will
- Further delay in addressing this issue - which despite being responsible for a greater annual death toll than malnutrition or maternal mortality continues to go unrecognised and under-resourced - will prolong a significant and avertible epidemic, which hits the most vulnerable first and worst
- Crucially, as the Sendai Framework for Disaster Risk Reduction and Paris Climate Agreement demonstrate, growing exposure to water due to climate change and migration elevates urgency for action. Flooding affects more people globally than any other natural hazard and drowning is responsible for 75% of deaths during floods, which could be better managed and mitigated through concerted prevention activity

*E3 With due consideration of factors E.1 and E.2, the impact the introduction of the item will have on the workload, effective management and running of the Board's session*

- Anticipate limited impact on the running of Board session 142 – the issue, and proposed resolution, has been well-received by the majority of Executive Board members and is regarded as a non-contentious, but important (and belated) issue for discussion

*E4 The feasibility of postponing the proposal for inclusion on the agenda of future sessions*

- The recent Global Drowning reports from the WHO offer the opportunity, and content, to galvanise action across and beyond Executive Board members, who have also been engaged bi-laterally on this issue by civil society over the past 18 months
- It would be regrettable to postpone the proposal given the magnitude of mortality of drowning, its neglected status to date, the preventability of this 'silent epidemic' and its causal link with progress on health SDG deliverables and suggested 13th GPW priorities (as set out in until draft documentation)

**Criterion F: The linkages that the proposals for additional items have with the priorities of the Organization as reflected in the General Programme of Work of the Organization**

- Drowning prevention links to the following WHO GPW Impact Goals for the 2014-2019 period: *Reduce under-five mortality; Reduce premature morality from noncommunicable diseases; Reduce rural-urban differences in under-five mortality; Prevent death, illness and disability arising from emergencies*
- WHO includes injuries in Non Communicable Diseases, one of the Leadership Priorities of the GPW (where drowning is referenced as a 'significant cause of death')
- Relating to the suggested 13th GPW; drowning links as follows:
  1) *Mission statement* – drowning prevention can support WHO delivery against two of the three key principles, to 'keep the world safe' (flooding affects more people globally than any other natural disaster and drowning is the most common cause of death in floods) and to 'serve the vulnerable' (children and adolescents represent the majority of lives lost to the water, 91% of drownings occur in LICs and MICs, and low socio-economic status, lower educational levels and living in rural areas equate to higher drowning risk)

  *2) Strategic priorities* – 'Provide health services in emergencies' (by considering drowning prevention part of disaster preparedness, 'ensuring affected population have access to public health interventions', it can support delivery of the GPW objective of preventing excess mortality and morbidity in natural disasters – flooding - and conflict-related emergencies SDG 13.1.2 – drowning deaths of migrants/refugees SDG 16.1.2).
  'Lead on health-related SDGs' (drowning prevention can directly, and substantially, support delivery of WHO priority SDG targets 3.2, 3.4, 4.2.1, 6.1.1 as well as mutually reinforcing targets across Gender, Inequalities and Sustainable Cities Goals – NB drowning prevention can specifically enable the WHO and UN commitment to ensuring women, children and adolescents survive and thrive – given correlation between these groups and highest drowning risk/mortality)

**Criterion G: The linkages that the proposals for additional items have with the health-related components of the Sustainable Development Goals**

- (See above) Drowning prevention is a prerequisite for progress on priority SDG targets across Goals 5, 6, 10, 11 and 13, with a particularly catalytic role for Goal 3
- Notably, drowning prevention can support delivery of targets 3.2 (preventable under 5 mortality) and target 3.4 (reduction of NCD mortality), as well as insuring progress on early childhood related targets linked to education, immunisation and nutrition - as each life lost prematurely to the water could have been prevented, and investment preserved
- Importantly, drowning prevention also offers the opportunity to practically demonstrate the SDG consensus commitment to 'leave no one behind'. Drowning affects the most vulnerable first and worst; over 90 per cent of drowning deaths are in low and middle income countries and children and young people represent the majority of lives lost.