

REGIONAL COMMITTEE

*Fifty-third Session*

Provisional Agenda item 15

SEA/RC53/16

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**FOLLOW-UP ACTIONS TAKEN ON THE RESOLUTIONS OF  
THE PREVIOUS FIVE SESSIONS OF THE REGIONAL COMMITTEE,  
MEETINGS OF THE HEALTH MINISTERS AND HEALTH SECRETARIES**



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## 1. INTRODUCTION

The forty-seventh session of the Regional Committee, in 1994, with a view to following up on the decisions and resolutions adopted by the Regional Committee, decided that Member Countries should forward a progress report on the actions taken at the country level to the Regional Director. Similarly, the Regional Director would submit a report on actions taken by the Regional Office.

In accordance with the above decision, action points arising from the resolutions of the forty-ninth session of the Regional Committee were circulated to the Member Countries for necessary actions and informing the Regional Office of the progress in the implementation thereof. Each year, an information document, listing the actions taken by the Member Countries as well as the Regional Director, is submitted to the Regional Committee for noting.

As proposed by the Royal Thai Government, an item was included in the agenda of 53<sup>rd</sup> session of the Regional Committee to review the implementation of the resolutions and decisions of the Regional Committee during the last five years.

Accordingly, the Secretariat prepared this document which provides a succinct account of the actions taken on important resolutions and decisions of 48<sup>th</sup> to 52<sup>nd</sup> sessions of the Regional Committees (RC), 13<sup>th</sup> to 17<sup>th</sup> Health Ministers' Meetings (HMM) and 1<sup>st</sup> to 5<sup>th</sup> Health Secretaries' Meetings (HSM). For easy reference, the material is presented by subject under the four WHO strategic directions. The gist of the resolution(s) and decision(s) adopted and recommendation(s) made on each subject at these fora are listed first, followed by a brief account of the actions taken thereon. Full details are presented in chronological order, and categorized by type of meeting in document SEA/RC53/16 Add.1.

## 2. SUMMARY OF ACTION POINTS AND ACTION TAKEN

### Strategic Direction 1

#### **(1) Roll Back Malaria (RC52, 17<sup>th</sup> HMM)**

The 52<sup>nd</sup> session of the Regional Committee urged Member States to give national commitment to Roll Back Malaria (RBM) and implement it through adequate resource allocation, intercountry collaboration and to promote locally accepted preventive measures. The Regional Committee requested the Regional Director to enhance the capacity of the public health delivery system and help develop a network of experts and institutions. The 17<sup>th</sup> HMM reiterated the above, identified areas for priority action, and requested WHO to assist in resource mobilization.

#### *Actions taken*

All malaria-endemic countries in the Region showed strong commitment to implement RBM. Intercountry collaboration was enhanced through border meetings and intercountry meetings. SEARO helped establish a RBM technical resource network and developed RBM district-level guidelines. WHO also provided technical assistance to the

countries in their efforts for resource mobilization for RBM.

## **(2) *Leprosy Elimination (RC49)***

The 49<sup>th</sup> session of the Regional Committee urged Member States to intensify leprosy surveillance, strengthen diagnostic facilities and solicit community participation in case detection. It requested the Regional Director to support national leprosy programme reviews and national campaigns to eliminate leprosy.

### *Actions taken*

Countries of the SEA Region adopted a strategy to eliminate leprosy as a public health problem during 2000-2005, based on enhancing public awareness, improving capacity, implementing (Multi Drug Therapy) MDT effectively, and strengthening monitoring and evaluation. WHO supported these efforts and reviewed progress.

## **(3) *Stop Tuberculosis Initiative (17<sup>th</sup> HMM and 5<sup>th</sup> HSM)***

The 17<sup>th</sup> Meeting of the Health Ministers urged Member States to further expand Directly Observed Treatment, Short-course (DOTS) by ensuring political commitment, adequate resources, continued drug supplies and multisectoral partnerships. The meeting also urged Member States to carry out IEC activities and to disseminate examples of successful approaches. WHO assistance to Member Countries in resource mobilization and promotion of teaching of DOTS in medical schools was also requested. The 5<sup>th</sup> HSM broadly reiterated the above and urged Member States to strengthen monitoring of default tracing.

### *Actions taken*

DOTS strategy was actively expanded in all countries of the Region and now covers 30% of the people. Efforts are under way, with support from WHO, to ensure mobilization of resources. Many countries of the Region formed successful partnerships for its implementation. Models were being developed for successful supervision of DOTS. Guidelines on the role of NGOs, medical schools and private sector were prepared by WHO. In July 2000, SEARO organized a meeting to enhance the role of medical schools in DOTS. Successful examples of implementation were being disseminated in the WHO newsletter.

## **(4) *Eradication of Poliomyelitis (RC49 and 4<sup>th</sup> and 5<sup>th</sup> HSMs)***

The 49<sup>th</sup> session of the Regional Committee urged Member States to ensure political commitment towards polio elimination, collaboration with neighbouring countries in synchronizing National Immunization Days (NIDs) and establishment of adequate surveillance mechanisms. The committee requested the Regional Director to facilitate synchronization of NIDs and solicit donor support to national efforts. The fourth HSM urged Member States to carry out mopping up operations along with the NIDs. The fifth HSM reiterated this and asked WHO to review its criteria to continue NIDs.

*Actions taken*

Political commitment remains high in all countries of the Region. NIDs/SNIDs were conducted in all countries. Many of these were coordinated with neighbouring countries through SEARO. Acute Flaccid Paralysis surveillance was introduced in all countries. WHO supported national efforts by enlisting the assistance of several donor agencies, including World Bank in the drive towards polio eradication. Mopping up operations were carried out in some countries. SEARO was in the process of reviewing criteria used to determine the continuation of NIDs.

**(5) AIDS (RC52)**

The 52<sup>nd</sup> session of the Regional Committee urged the Member States to accord high priority to HIV/AIDS by providing the required human and financial resources and enhancing national capacity. It requested the Regional Director to support Member States in enhancing surveillance.

*Actions taken*

All Member Countries accorded a high priority to HIV/AIDS. SEARO was supporting countries in surveillance. Guidelines for AIDS/STI surveillance including behavioural surveillance were developed. AIDS information was being disseminated through AIDS watch, a SEARO newsletter.

**(6) Emerging/re-emerging Diseases (14<sup>th</sup> HMM)**

The 14<sup>th</sup> Meeting of the Health Ministers urged Member States to strengthen their capacity for rapid response to epidemics and called for intersectoral and international collaboration. WHO was requested to assist countries in strengthening surveillance.

*Actions taken*

Rapid response teams were established in all Member Countries. Countries also held border meetings to address the issue of cross border epidemics. SEARO organized a consultative meeting on case definition of diseases with epidemic potential and developed draft guidelines. SEARO also assisted two countries in strengthening their surveillance systems.

**(7) Thalassaemia (RC48)**

The 48<sup>th</sup> session of the Regional Committee urged Member States to increase awareness for thalassaemia prevention and control and requested the Regional Director to facilitate exchange of information between Member Countries.

*Actions taken*

Two countries of the Region developed comprehensive national plans of action for thalassaemia control and prevention. All countries carried out awareness raising campaigns. WHO technically supported national and international workshops on thalassaemia.

**(8) Transborder Health Problems (14<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> HMMs)**

The 14<sup>th</sup> Meeting of the Health Ministers urged Member States to cooperate with one another in the control of emerging and re-emerging diseases, particularly in the border areas. The 16<sup>th</sup> HMM urged Member States to develop uniform disease control strategies and requested WHO to convene a high-level policy meeting to address the challenges posed by communicable diseases in the border areas.

*Actions taken*

Border meetings were held between Myanmar and Bangladesh and also between other countries. A protocol for reporting epidemics in the border areas was developed. WHO SEA and Western Pacific Regions were also cooperating in the area of transborder malaria in the Mekong area.

**Strategic Direction 2**

**(1) Tobacco Free Initiative (4<sup>th</sup> HSM, RC52, 17<sup>th</sup> HMM)**

The fourth Meeting of the Health Secretaries urged Member States to review and develop policies and strategies for tobacco control. Subsequently, RC52 passed a resolution urging Member States to constitute multisectoral national councils for tobacco control, adopt policies that would reduce tobacco consumption among the vulnerable groups, participate in the development of the WHO Framework Convention on Tobacco Control (FCTC), and promote regional advocacy. The Regional Committee also requested the Regional Director to facilitate the participation of Member States in the negotiation process of FCTC. The 17<sup>th</sup> HMM supported the idea of national councils and focused on advocacy and demand reduction. The meeting urged Member States to develop time-bound plans of action for tobacco control, emphasizing the legal and fiscal aspects. The meeting requested WHO to continue its advocacy with multilateral agencies and support Member States technically.

*Actions taken*

Multisectoral national councils were established in some Member Countries. Comprehensive legislation and regulations were in place in some Member Countries. South East Asian Anti-Tobacco (SEAT) flame was launched. Member Countries participated in the FCTC negotiation process with WHO support. The Prime Minister of India inaugurated a WHO International Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, January 2000. The



Director-General of WHO launched the World No Tobacco Day in this Region (Bangkok, Thailand), in May 2000.

## **(2) School Health (16<sup>th</sup> HMM)**

The 16<sup>th</sup> Meeting of the Health Ministers urged Member States to expand and strengthen their school health programmes through partnerships and to pilot health-promoting schools. The meeting requested WHO to strengthen collaboration with Member States and assist in situation analysis.

### *Actions taken*

Most Member Countries strengthened their policies on school health and expanded their school health programmes, in many cases making use of strategic partnerships. In most countries, health-promoting schools were piloted. WHO supported situation analysis in some of the countries and was developing guidelines for health promoting schools.

## **(3) Poison Control (RC52)**

The 52<sup>nd</sup> session of the Regional Committee urged Member States to establish/strengthen poison control initiatives and to raise awareness on the dangers of arsenic and fluoride- contaminated water. The Regional Committee requested the Regional Director to support Member States in the above and in conducting multi-centre studies related to organophosphorus and other chemicals in the Region.

### *Action taken*

In some Member Countries, national plans of action were developed and National Poison Control Centres established. National plans of action to prevent arsenic contamination were developed in three countries. Following regional workshops in SEARO and Kathmandu, pesticide databases were being established in four countries. To strengthen analytical services, SEARO provided IPCS guidelines and supported training of laboratory staff. Health promotional material and a monograph on arsenic poisoning were under preparation. A multi-centre study on organophosphorus pesticide poisoning was underway.

## **Strategic Direction 3**

### **(1) Renewal of Health for All (HFA) (RC48, RC49, RC50)**

The 48<sup>th</sup> session of the Regional Committee urged Member States to undertake policy reviews and country consultations to form a basis for HFA renewal. It requested the Regional Director to support Member States and report progress to RC49. RC49 urged Member States to complete the evaluation of HFA strategies and to intensify advocacy and participation of all sectors in the HFA renewal process. RC50 urged Member States to develop national plans and programmes based on the renewed HFA strategies and

in the light of the 'Declaration for Health Development in the 21<sup>st</sup> Century' and requested the Regional Director to support Member States in their efforts.

*Actions taken*

Countries of the Region undertook steps towards HFA renewal including raising awareness, policy reviews and situation analysis. The third evaluation of HFA was completed and submitted to headquarters. SEARO advocated with Member Countries for HFA renewal. Based on a series of wide-ranging consultations, the "Regional Declaration on Health Development in the SEA Region in the 21<sup>st</sup> Century" was adopted, which was subsequently endorsed by the Regional Committee.

**(2) Public Health in the 21<sup>st</sup> Century (5<sup>th</sup> HSM)**

The fifth Meeting of the Health Secretaries urged Member States and WHO to develop plans of action to implement the 'Calcutta Declaration', with stress on institutional capacity-building.

*Actions taken*

The 'Calcutta Declaration' was widely distributed in the Member Countries and initiatives were taken in some of the countries.

**(3) Quality Assurance in Laboratories (RC49)**

The 49<sup>th</sup> session of the Regional Committee urged Member States to strengthen quality assurance in laboratories through establishing national accreditation and quality assessment schemes. It requested the Regional Director to facilitate international cooperation in developing standard reference material and in establishing international quality assurance schemes.

*Actions taken*

All countries of the Region strengthened/established external quality assurance schemes. These efforts were supported by WHO consultants and experts from international collaborating centres. WHO prepared documentation on quality assurance and laboratory networking.

**(4) Traditional Medicine (16<sup>th</sup> and 17<sup>th</sup> HMMs and 5<sup>th</sup> HSM)**

The 16<sup>th</sup> Meeting of the Health Ministers urged Member States to compile and share information on traditional systems of medicine. The meeting requested WHO to designate more collaborating centres on traditional medicine, make efforts to prevent valuable information from misuse and commercial exploitation, and to assist the countries in regulation, standardization and quality assurance. The 17<sup>th</sup> HMM further urged Member States to strengthen national legislation and policies on traditional medicine

and to widen its use in national health systems. 5<sup>th</sup> Meeting of the Health Secretaries recommended adoption of an approach and a policy on traditional medicine, and integrate it, as appropriate, in the national health care service. It also recommended strengthening of the technical unit of traditional medicine in WHO and institutionalizing intercountry collaboration.

*Actions taken*

SEAR countries continued various activities to promote traditional medicine. In one country, Good Manufacturing Practices were introduced in the pharmaceutical unit manufacturing traditional medicines. In another, measures were being taken to standardize traditional medicine. SEARO redesignated three collaborating centres in traditional medicine and had recruited consultants in traditional medicine from time to time to assist countries. WHO produced documentation on the conservation and protection of traditional medicine. SEARO was also collaborating with WPRO in standardization and quality assurance of traditional medicine. SEAR countries, namely, Bhutan, DPR Korea and Sri Lanka integrated traditional medicine in the national health care services.

**(5) Alternative Financing of Health Care (RC48)**

The 48<sup>th</sup> session of the Regional Committee urged Member States to study and explore alternative financing for health care, while making optimal use of available resources including that of the private sector.

*Actions taken*

Countries of the Region were continuing efforts to explore alternate sources of financing, such as user fees, health insurance, health cards etc. They were also in the process of improving the efficiency of their health care services in order to make optimal use of the available resources.

**(6) Health Sector Reform (RC50)**

The 50<sup>th</sup> session of the Regional Committee urged Member States to effectively manage health sector reform, with broad participation, using WHO collaborating centres. It requested the Regional Director to support Member Countries in information exchange and multilateral coordination.

*Actions taken*

Countries of the Region continued broad-based health sector reforms in areas such as decentralization, alternative financing, restructuring and efficiency. Six countries of the Region prepared Health Sector Reform Profiles based on a common framework developed by a SEARO working group.

#### **Strategic Direction 4**

##### **(1) Regional Health Declaration (2<sup>nd</sup> and 3<sup>rd</sup> HSMs and 15<sup>th</sup> and 17<sup>th</sup> HMMs)**

The second Meeting of the Health Ministers urged Member States to prepare to meet the health challenges of the 21<sup>st</sup> Century and requested WHO to prepare a draft declaration on health development in SEAR countries in the 21<sup>st</sup> century to be submitted to the 15<sup>th</sup> HMM. It adopted the 'Declaration on Health Development in the South East Asia Region in the 21<sup>st</sup> Century' in August 1997. The third HSM urged Member States to ensure that the Declaration received endorsement at the highest level and wide support. The 16<sup>th</sup> and the 17<sup>th</sup> HMMs urged Member States to expedite the implementation of the Declaration and to make a time bound action plan for that.

##### *Actions taken*

The Declaration was endorsed by the Regional Committee, and was widely distributed in the Member Countries. Countries were incorporating its principles and policy guidance in their health development policies and plans.

##### **(2) Health in Social Development (13<sup>th</sup> HMM)**

The 13<sup>th</sup> Meeting of the Health Ministers stressed the importance of investment in health for social development, particularly the importance of investing in the health of women and other vulnerable groups, and urged Member States to develop indicators for social development and forge partnerships with the private sector.

##### *Actions taken*

Six Member Countries had prepared country health profiles and national health accounts. The World Health Report 2000 provided sensitive indicators to assess and improve the performance of the health system. As per the guidance of the Ministers, a monograph on Poverty and Health was published in 1997. A new department of Sustainable Development and Healthy Environments with a unit for Health and Sustainable Development, was established in SEARO.

##### **(3) Women, Health and Development (RC51)**

The 51<sup>st</sup> session of the Regional Committee urged Member States to integrate a gender perspective into health policies and programmes and establish multisectoral partnerships for gender-sensitive advocacy. It requested the Regional Director to provide technical assistance to Member Countries and intensify gender mainstreaming of WHO programmes.

##### *Actions taken*

A WHD regional profile was developed. Gender disaggregated data was collected and presented in the Regional Health Report 1998. A review of existing tools for gender and development was underway. A database on women's health was also being developed.

**(4) Status of Women (RC49)**

The 49<sup>th</sup> session of the Regional Committee urged Member States to identify suitable women candidates to assume positions of responsibility. It requested the Regional Director to identify and overcome obstacles to the recruitment and retention of women, urge Member States to encourage participation of women in the work of WHO, and to periodically assess the progress in this regard.

*Actions taken*

Countries of the Region took steps to promote women at decision-making levels. SEARO took positive steps to enhance women's recruitment. Trends of women's recruitment and participation in WHO were being analyzed.

**(5) Trade-Related Aspects of Intellectual Property Rights (TRIPS) (4<sup>th</sup> HSM)**

The fourth Meeting of the Health Secretaries called on Member States for intersectoral collaboration in the negotiating process of the World Trade Organization (WTO) agreements to prevent adverse effects on the health sector. The meeting also requested SEARO to facilitate intercountry exchange of information.

*Actions taken*

A regional consultation on WTO multilateral agreements was held in Bangkok. Follow-up action was being taken by the Member Countries and SEARO. WHO was playing an active part in information exchange and advocacy, and a regional working group was monitoring progress.

**(6) Intercountry Cooperation in Drugs and Pharmaceuticals (16<sup>th</sup> HMM)**

The 16<sup>th</sup> Meeting of the Health Ministers urged Member States to ensure availability of good quality raw materials for drugs at competitive prices and to collaborate with other sectors in preventing any adverse effects on drug prices due to trade agreements. WHO was requested to facilitate exchange of information on availability of drugs and raw materials.

*Actions taken*

In the wake of the economic crisis, countries of the Region initiated collaboration with one another in obtaining raw materials for drugs. Ministries of health collaborated with other sectors in ensuring that drug prices were not affected by trade agreements. An information document was published by WHO and distributed to Member Countries.

**(7) Intercountry Cooperation in Health Development (3<sup>rd</sup> and 5<sup>th</sup> HSMs)**

The third Meeting of the Health Secretaries urged Member States to follow up and review the areas identified at the International Conference on Intercountry Cooperation in the 21<sup>st</sup> Century, and to institutionalize intercountry cooperation. The 5th Meeting of

the Health Secretaries noted the progress in this regard.

*Actions taken*

Countries of the Region collaborated with those of the WPRO Region in institutionalizing intercountry cooperation. Meetings were held in Chiang Mai, Bali and Manila. Following these, the Manila declaration was adopted, identifying seven priority areas for cooperation. SEARO provided technical support for these activities along with WPRO.

**(8) Technical Cooperation among Developing Countries (TCDC) (13<sup>th</sup> HMM)**

The 13<sup>th</sup> Meeting of the Health Ministers urged Member States to collaborate among themselves, particularly in the areas of emerging/reemerging diseases, drugs and vaccines, and human resource development for health.

*Actions taken*

Since the 13<sup>th</sup> HMM, the chairman of the Health Minister's Forum was playing a crucial role in fostering intercountry cooperation. Member Countries were making use of this and bilateral ministerial visits for increased cooperation. SEARO organized border meetings and intercountry meetings to discuss issues of common interest.

**(9) Partnerships for Health (14<sup>th</sup> and 15<sup>th</sup> HMMs, RC51 and 2<sup>nd</sup> and 3<sup>rd</sup> HSMs)**

The 14<sup>th</sup> and 15<sup>th</sup> Meetings of the Health Ministers stressed intersectoral partnerships and identified potential areas for partnerships. RC51 urged Member States to forge strategic partnerships for advocacy on women's health. The second and third HSMs also stressed the importance of partnerships for health development.

*Actions taken*

Countries of the Region developed strategic intersectoral partnerships. The roles of the private and NGO sectors were also increasing in most countries. Since early 1990s, WHO had been advocating and supporting multisectoral partnerships in crucial areas such as HIV/ AIDS. Intersectoral action for health was also been fostered through the regional meetings of parliamentarians. The Regional Director authored a book: "Partnerships: New Health Vision".

**(10) Programme Budget (RC50, 3<sup>rd</sup> HSM)**

The third Meeting of the Health Secretaries urged Member States to launch a campaign to protect regional allocation. It requested the Regional Director to support Member States and to convene an intercountry meeting before 51<sup>st</sup> World Health Assembly.

*Actions taken*

With active support from the Regional Director, countries of the Region launched a very successful campaign during WHA, which protected, to a large extent, the regional allocation.

**(11) WHO Collaborative Programme (2<sup>nd</sup> and 4<sup>th</sup> HSM)**

The second Meeting of the Health Secretaries urged Member States to increase the efficiency of implementing WHO collaborative programmes. The meeting agreed to pool unabsorbed budget for implementation under the intercountry mechanism. It requested WHO to monitor the status of implementation and keep the countries informed. The fourth HSM requested WHO to provide technical guidance regarding the quality of proposals and to expedite processing of program activities. It agreed not to ask the Regional Committee to fund any intercountry programme in the absence of well developed proposals. The fifth Meeting of the Health Secretaries recognized the importance of linking country achievements to WHO strategic directions and goals.

*Actions taken*

SEARO was continuously reviewing the quality of the proposals as well as the progress of implementation of collaborative programmes and keeping countries informed through the WHO-Government coordination mechanism. The question of delegation of authority for speedy implementation was also under continuous review. ICP II for 2000-2001 biennium was jointly developed by the countries and WHO in a transparent manner. Country achievements were linked to WHO strategic directions missions and goals in the preparation of the PB 2000-2001.

**(12) Health Effects of the Economic Crisis (3<sup>rd</sup> HSM)**

The third Meeting of the Health Secretaries urged Member States to study the short and long-term effects of the economic crisis in order to devise appropriate strategies for meeting future challenges. It requested WHO to facilitate intercountry cooperation in the area.

*Actions taken*

Studies on the health effects of the economic crisis were conducted by Indonesia and Thailand, with support from WHO. A regional consultation on the subject was organized, and it was also discussed in a regional meeting of parliamentarians in Jakarta.

### **3. CONCLUSIONS**

A review of the actions taken by the Member Countries and the Regional Director revealed that prompt action was initiated by the countries and the WHO Regional Office on all the resolutions and decisions of the Regional Committee and recommendations of the meetings of the health ministers and the health secretaries. As the Regional Committee might note, while some actions were time bound, others were continuing in

nature. Thus, the countries and the Regional Office were pursuing the implementation of the resolutions, decisions and recommendations in letter and spirit.

The Regional Committee might wish to note the progress as contained in this report.



The emergency response centre for preventing the import and spread of the new coronavirus infection in Russia has decided to extend its suspension of flights with the UK. To protect public health, it has extended the ban until 11.59 pm on February 16, 2021. Earlier, Russia suspended air traffic with Britain from December 22, 2020 to February 1, 2021 inclusive, due to the discovery of a new coronavirus strain in the UK. Similarly, regional resolutions are adopted at regional committee meetings. The resolutions that follow pertain to health technologies and medical devices. 60th World Health Assembly. The first resolution on health technologies by the World Health Assembly was passed in May 2007 (WHA60.29). Through the passing of this resolution, delegations from Member States acknowledged the importance of health technologies for the achievement of health-related development goals, urged expansion of expertise in the field of health technologies in particular medical devices and requested WHO to take specific 15212, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Jennifer De Temmerman). Text adopted by the Assembly on 27 January 2021 (5th Sitting). Following the festive season at the end of the year 2020 and the beginning of 2021, with its traditional indoor gatherings, infection rates will likely be very high in most member States. In addition, a correlation has just been scientifically established by French doctors between outdoor temperatures and the disease incidence rate on hospitalisations and deaths. 7.3.4 distribute transparent information on the safety and possible side effects of vaccines, working with and regulating social media platforms to prevent the spread of misinformation Welcome to the United Nations. Toggle navigation. Language Universal Declaration of Human Rights. General Assembly Resolutions. Security Council Resolutions. Secretary-General's Annual Report. Observances. General Assembly Resolutions. Regular Sessions. 75th - 2020. 74th - 2019. Action to Counter Terrorism. Victims of Terrorism. Children and Armed Conflict. Violence Against Children (SRSG). Military will discuss the termination of a mode of fire to Lybia and Tariq Route opening as-Sakhili Full article is available at its source. Go to full article. There will be no world in the presence of the colonialist on our earth. Therefore we again will take up arms to establish our world own hands and as Turkey rejects the world and chooses war, be going to expel invaders belief, will and the weapon. Khalifa Belkasim Khaftar 12/26/2020. People.