



South-East Asia **regional status report** **on drowning** **2025**



World Health
Organization

South-East Asia Region

South-East Asia regional status report on drowning 2025

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Foreword

Drowning remains a quiet yet devastating epidemic. In the WHO South-East Asia Region, an estimated 83 000 people lost their lives to drowning in 2021, accounting for nearly one-third of the global burden. Most of these deaths occur swiftly, silently and close to home, and yet are largely preventable.

The South-East Asia Regional Status Report on Drowning 2025 gives Member States an opportunity to assess the current situation and design appropriate actions. Drawing from national data and the WHO Global Health Estimates, the report exposes the scale of the problem and provides policy recommendations.

The lack of reliable data remains a challenge, as national data systems continue to underestimate the true burden. Nonetheless, several findings warrant attention:

Drowning is one of the leading causes of death for children aged 1–4 years in many countries in the region. In Bangladesh, children of this age group tragically account for 53% of all drowning deaths.

In many countries, over 80% of drowning deaths are males, reflecting both occupational exposure to water as well as higher risk-taking behaviour.

While fisherfolk, boat operators, and informal workers face everyday water hazards, occupational drowning is still not routinely captured in national surveillance systems.

People with disabilities largely remain invisible in both data and prevention efforts, even though they face heightened vulnerability during floods and water emergencies.

Finally, the effects of climate change are undeniable. Rising sea levels, intensified monsoons, and flash floods are increasing the risk of drowning, particularly in low-lying and unprotected areas.

The report also highlights success stories that show the power of community-driven, multisectoral, and culturally appropriate interventions. These show us that rather than being an isolated health issue, drowning prevention intersects with education, child protection, gender, equity, disability, climate resilience and disaster risk reduction.

I am pleased to note that global momentum is building. Both the 2021 UN General Assembly Resolution A/RES/75/273 and the 2023 World Health Assembly Resolution WHA76.23 call for action. They urge countries to develop national strategies, improve data systems, promote lifesaving skills, and integrate drowning prevention into broader agendas. The report, in line with these commitments, provides Member States with a range of recommended priority actions.

This report is, of course, about much more than data. It is important to remember that behind every statistic is a heartbreak that could have been prevented—a child who never came home, a parent never returning from work, a family changed forever.

Encouragingly, the solutions are within reach. It is my hope that this report will be the catalyst for the commitment, coordination and action required to prevent these avoidable tragedies.



Dr Catharina Boehme

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Leadership and coordination

This report is the result of the efforts of the Disability, Injury Prevention and Rehabilitation (DPR) unit's team comprising Tashi Tobgay, Mohammad Ameer, F.M. Atikur Rahman, Indu Arya Gulhar with leadership, coordination and technical oversight from Hussain Rasheed, Director, Healthier Population and Non-Communicable Diseases.

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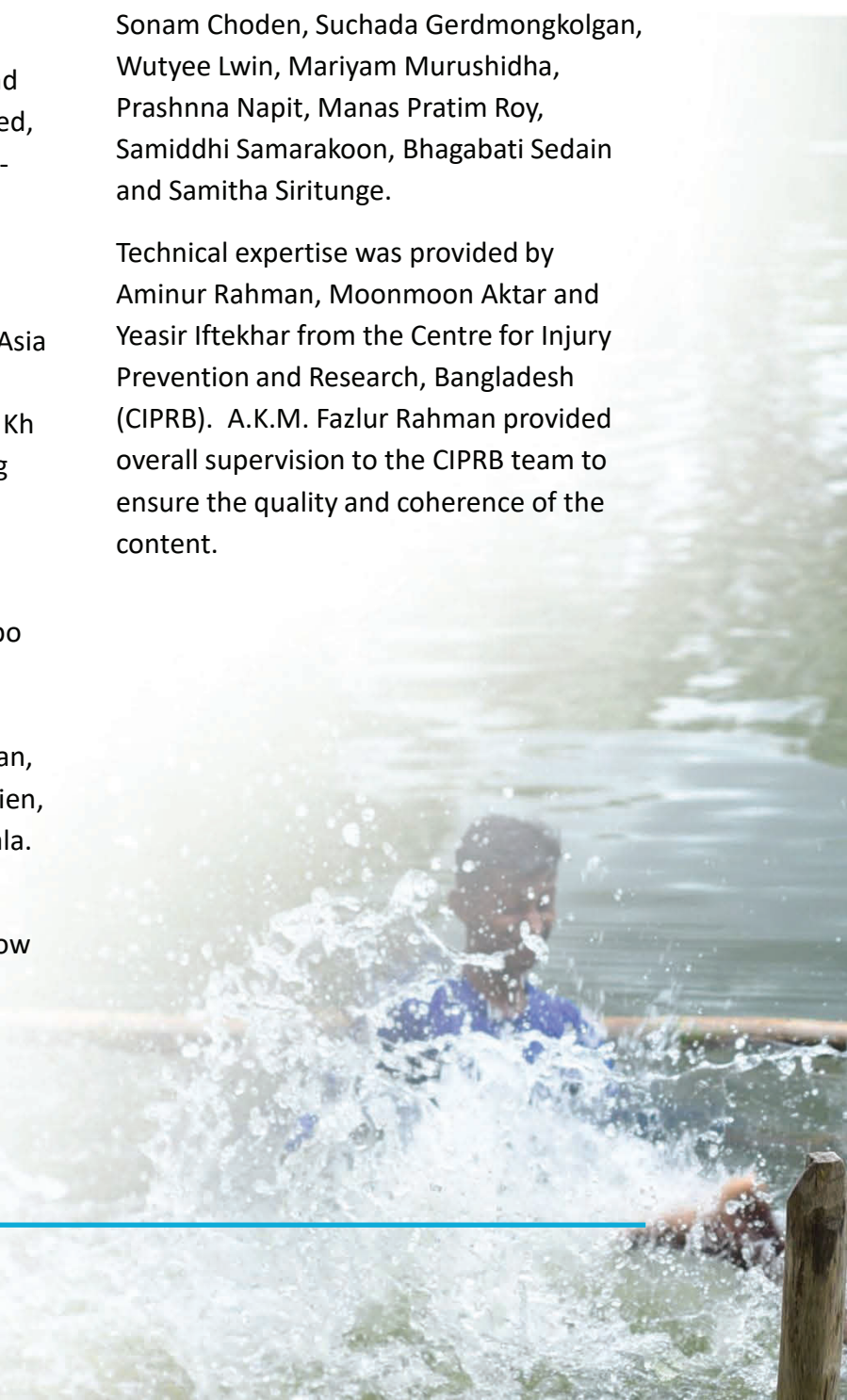
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Abbreviations

CIPRB	Centre for Injury Prevention and Research, Bangladesh
CPR	cardiopulmonary resuscitation
CRVS	civil registration and vital statistics
DPR Korea	Democratic People’s Republic of Korea
DDC	Department of Disease Control
GBD	Global Burden of Disease Study
GHE	Global Health Estimates
GIS	Geographic Information System
GSRDP	Global status report on drowning prevention
ICD	International Classification of Diseases
IEC	information, education and communication
NGO	nongovernmental organization
RNLI	Royal National Lifeboat Institution
SDG	Sustainable Development Goal
SE Asia	South-East Asia
STI	sexually transmitted infection
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
VR	vital registration
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

Drowning in the South-East Asia Region: a silent epidemic demanding urgent action

An estimated 300 000 people lost their lives worldwide in 2021 due to drowning. The South-East Asia (SE Asia) Region experienced the second highest number of drowning deaths in 2021, with an estimated 83 000 fatalities, accounting for 28% of the global drowning burden. Though the drowning death rate has fallen in the SE Asia Region since 2000 (48% decrease), the death toll shows that drowning is still a significant and prevalent public health challenge that demands continued attention.

In 2024, WHO officially launched the Global status report on drowning prevention (GSRDP 2024). This 2025 South-East Asia regional status report on drowning provides a comprehensive overview of drowning across the Region, drawing on the latest WHO's Global Health Estimates (GHE), national submissions, and cross-country comparisons. The report aims to explore the burden and assess the effectiveness of current interventions; it also offers a path forward for future action.

Drowning affects the young and vulnerable

The profile of drowning deaths in the SE Asia Region reveals a consistent pattern – children, particularly those aged 0–4 years, are mostly at risk.

These fatalities often occur close to home, during everyday activities such as bathing, playing or fetching water. Males are disproportionately affected, reflecting higher exposure to risky water-related occupations and activities. In several countries, over 80% of reported drowning deaths were those of males. High-risk groups also included people living in flood-prone, underserved and rural communities.

Drowning is an interplay of social inequity, cultural, environmental, behavioural risk factors

Across the SE Asia Region, a web of interlinked risk factors makes drowning a complex challenge.

Geographically, many communities in the SE Asia Region live in close proximity to open water – rivers, ponds, canals, coastal zones – used daily for basic needs. Seasonal monsoons and recurring floods, intensified by climate change, elevate the risk during certain times of the year.

Social and economic hardships and inequality exacerbate vulnerability. Inadequate housing facilities, unsafe water transport, limited childcare options, and poor swimming literacy are recurring phenomena. Most children who drown are often left unsupervised while caregivers are busy at work. Cultural attitudes and gender norms may further restrict access to lifesaving skills, particularly for girls. Occupational risk is another dimension.

Fisherfolk, boat operators and manual labourers face daily water hazards, often without regulation or access to basic safety gear such as lifejackets.

Notably, people with disabilities remain largely invisible in national drowning data and prevention strategies – given their elevated risk during water emergencies.

Efforts to prevent drowning in the South-East Asia Region: community innovations and global partnerships

Despite challenges and existing risk factors, there are success stories that offer hope and a template for scaling up.

Bangladesh's model of community-based daycare centres (*Anchal*) or childcare centres and SwimSafe programmes stand out as low-cost, high-impact interventions tailored to rural realities. Sri Lanka and Thailand have piloted effective school-based and media campaigns, promoting water safety and lifeguard services. Thailand promoted its unique *Merit Maker* initiative to prevent drowning in communities, showcasing effective drowning prevention strategies. All these initiatives have been proven to reduce child drowning.

At the regional level, WHO and partners – Bloomberg Philanthropies, Royal National Lifeboat Institution (RNLI), UNICEF and many more – are playing a critical role in advancing the agenda through funding, research and technical assistance. These efforts are starting to bring drowning into focus, turning it from a neglected issue into one that is finally gaining political attention.

Policy governance: work in progress

The policy landscape across the SE Asia Region reflects both progress and persistent gaps. Some countries have developed standalone national drowning prevention strategies (Bangladesh, India, Thailand), often inspired by global momentum following UN and World Health Assembly resolutions. Other countries remain in early or dormant stages of policy development.

Legislative measures – such as mandatory lifejacket use, water vehicle safety standards, fencing laws, or alcohol regulation near waterbodies – are often not implemented at the national level in most Member States.

Data deficit persists

One of the most significant barriers to progress is the persistent lack of accurate and uniform drowning data. Countries vary widely in their reporting system. Multiple data sources within the same country hinder comprehensive understanding of its true drowning burden. Some countries track drowning deaths by activity type, waterbody or disability status – crucial information for designing targeted interventions. Until data systems are strengthened, efforts will remain fragmented and reactive, rather than strategic and accountable. A total of 62 393 drowning deaths were reported by countries across the SE Asia Region between 2018 and 2023, whereas the GHE 2021 gave a figure of nearly 83 000 deaths. This represents a substantial discrepancy, highlighting underreporting and the need to strengthen national drowning surveillance systems.

Recommended actions: reduce drowning deaths in years to come

There is an urgent need of coordinated, multisectoral and sustained action to bring drowning prevention to the forefront of regional health and development efforts.

Key recommendations are:

- **Adopt and implement national strategies:** Member States must develop, endorse and act on comprehensive drowning prevention strategies, aligned with global frameworks and contextualized to local contexts. Each country should appoint a national focal point to coordinate drowning prevention efforts, preferably from a government body.
- **Scale-up proven community interventions:** Programmes such as community daycare/childcare centres and dissemination of swimming instructions should be expanded nationally, especially in high-risk areas.
- **Strengthening legislation and regulation:** Countries must urgently address gaps in safety laws governing water transport, swimming pool fencing, and personal safety equipment.
- **Introduce and monitor data and surveillance systems:** A regional standard for drowning data – covering fatal and non-fatal incidents – should be adopted and enforced, enabling evidence-based decision-making.

- **Integrate drowning into broader systems:** Drowning prevention themes must be embedded within national health, education, disaster risk reduction and climate resilience frameworks, using a whole-of-society approach to ensure coordinated and sustainable action.
- **Foster regional collaboration:** Cross-country platforms should facilitate sharing of best practices, tools and capacity-building, enhancing each other to uphold a unified regional response.

Drowning can be prevented

Drowning continues to claim tens of thousands of lives every year across the WHO SE Asia Region. The estimated death toll of 83 000 people in this Region is not just a number, but a reminder of stories of lives cut short, and families devastated. The report serves as both an urgent call to this issue and a roadmap to take actions to reduce drowning over the upcoming years. It also highlights unprecedented opportunities for collaborative action. By scaling up evidence-based interventions, sustained investment and commitment from governments and the community, the WHO SE Asia Region can lead the way in transforming drowning from a silent epidemic into a public health success story.

Key highlights

- The WHO South-East Asia Region bears nearly one third of the global burden of drowning deaths. According to the total estimated drowning fatalities, the Region experiences about 83 000 deaths, standing second to the Western Pacific Region.
- Multiple initiatives have been taken across the countries of the SE Asia Region, such as community daycare centres, swimming lessons, awareness raising activities; however, there is still scope for improvement.
- Drowning is preventable and needs prioritization at the national and community levels.
- This report is a call to all stakeholders – governments, civil society organizations, research organizations, lifesaving organizations, communities and development partners – to commit, coordinate and act collaboratively.



Child walking along the shoreline in Bangladesh. © RNLI / GMB Akash

1. Introduction

Drowning is “the process of experiencing respiratory impairment from submersion/immersion in liquid”. Drowning can either be fatal or non-fatal. Non-fatal drowning events can cause severe hypoxic–ischaemic brain injury that may result in long-term disabilities such as memory impairment, learning disabilities and irreversible loss of basic functioning (1).

1.1 Global and regional drowning burden

Drowning remains a leading cause of preventable death globally, disproportionately affecting children and populations in low-resource settings. According to the Global status report on drowning prevention 2024 (GSRDP 2024), an estimated 300 000 people died from drowning in 2021, equating to more than 30 lives lost every hour (2). Globally, children below 5 years of age bear the highest burden of drowning deaths, representing 24% of all such fatalities. Additionally, 19% of drowning deaths occur among children aged 5–14 years, and 14% among youth aged 15–29 years (3,4). On a global scale, drowning ranks as the fourth leading cause of death among children aged 1–4 years and the third leading cause among those aged 5–14 years (2).

The World Health Organization (WHO) estimated that 90% of the drowning burden occurs in low- and middle-income countries, with over half of the world's drowning occurring in the WHO Western Pacific Region and WHO South-East Asia Region (5). Among all WHO regions, the South-East Asia (SE Asia) Region holds the second highest burden, accounting for an estimated 83 000 drowning deaths in 2021, representing 28% of the global burden. In the SE Asia Region, drowning has been found as the third highest cause of death for children aged 5–14 years (2).

In terms of death rate, worldwide the estimated drowning death rate stands at 3.78 per 100 000 population/year (all-ages). The SE Asia Region reports an overall drowning rate of 4.02 per 100 000/year, which is higher than the global average. In the SE Asia Region, there is notable sex disparity in drowning death rates – males (5.13) are more than twice as likely to face drowning death than females (2.86) (3,4).

Drowning and the SDGs

Drowning prevention plays a critical role in advancing several Sustainable Development Goals (SDGs) (6) (Fig. 1).

Fig. 1. Sustainable Development Goals



Global commitments on drowning prevention

To galvanize international action, the following landmark resolutions were adopted [Box 1, Box 2]:

Box 1. UN General Assembly Resolution

A/RES/75/273 (2021) “Global Drowning Prevention” (7)

- Adopted on **28 April 2021**, this was the **first-ever UN resolution dedicated to drowning prevention**.
- Recognized drowning as a **preventable global challenge** that disproportionately affects children and vulnerable populations, particularly in low- and middle-income countries.
- Proclaimed **25 July** as **World Drowning Prevention Day**, to be observed annually by Member States, UN agencies, civil society and the private sector.
- Encouraged Member States:
 - to appoint a national focal point for drowning prevention;
 - to develop a national drowning prevention plan;
 - to develop drowning prevention programmes in line with WHO-recommended interventions;
 - to enact and enforce water safety laws, across all relevant sectors;
 - to include drowning within civil registration and vital statistics registers and aggregate all drowning mortality data into national estimates;
 - to promote drowning prevention public awareness and behaviour-change campaigns;
 - to integrate drowning prevention within existing disaster risk reduction programmes;
 - to support international cooperation by sharing lessons learnt, experiences and best practices, within and among regions;
 - to promote research and development of innovative drowning prevention tools and technology, and to promote capacity-building through international cooperation, in particular for developing countries; and
 - to consider the introduction of water safety, swimming and first aid lessons as part of school curricula.

Box 2. World Health Assembly Resolution

WHA76.23 (2023)

“Accelerating Action on Global Drowning Prevention” (8)

- Endorsed in May 2023, this resolution foregrounded drowning as a health and development issue of global concern.
- Built on the momentum of the UNGA resolution and emphasized the public health systems response.
- Urged WHO Member States:
 - to integrate drowning prevention into national public health strategies, universal health coverage (UHC), and Sustainable Development Goal (SDG) implementation;
 - to ensure dedicated focal points and resources for national drowning prevention efforts;
 - to establish or strengthen data systems to track both fatal and non-fatal drowning incidents;
 - to engage diverse sectors and communities, including civil society and at-risk populations, in co-developing local solutions; and
 - to observe World Drowning Prevention Day as a platform to raise awareness and showcase best practices.



Women washing clothes at a riverside in India. © WHO / Diego Rodriguez

1.2 About this report

The South-East Asia regional report on drowning 2025 is a companion document to the Global status report on drowning prevention (GSRDP) 2024, focusing specifically on the situation in the WHO South-East Asia (SE Asia) Region. This report builds on, and provides an opportunity to assess, the progress made since 2019; the initial situational assessment was published in 2021 (1).

This report includes reported information from 10 countries of the SE Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea (DPR Korea), India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. Due to continued gaps in non-fatal drowning surveillance, this report focuses solely on fatal drowning as captured through national submissions and modelled estimates. It utilizes the five-domains and 25-subdomain framework introduced in GSRDP 2024 (2) to structure the findings, especially in the country policy briefs. This structure facilitates standardized assessments across key areas of drowning prevention: governance and coordination, policy and legislation, community-level implementation, data and research, and awareness raising.

The report includes a regional comparative analysis, highlights effective interventions, gaps, detailed country policy briefs, and policy recommendations. It also tracks alignment with global commitments, including the UN and WHA resolutions, and recommends priority actions to strengthen drowning prevention across the Region.

Aim of this report

The overarching aim of this report is to provide a comprehensive, region-specific picture of drowning burden and prevention capacity in the SE Asia Region. Specifically, the report seeks:

- to assess the status of fatal drowning and prevention efforts across 10 countries of the SE Asia Region using standardized global indicators;
- to compare current data with the previous findings of 2021 SE Asia regional status report wherever possible, to identify progress made, areas of stagnation or setbacks;
- to highlight good practices, gaps and opportunities for multisectoral action;
- to support Member States in aligning their efforts with global mandates; and
- to facilitate the adoption of effective, evidence-based interventions, and enhance national accountability through reporting mechanisms.

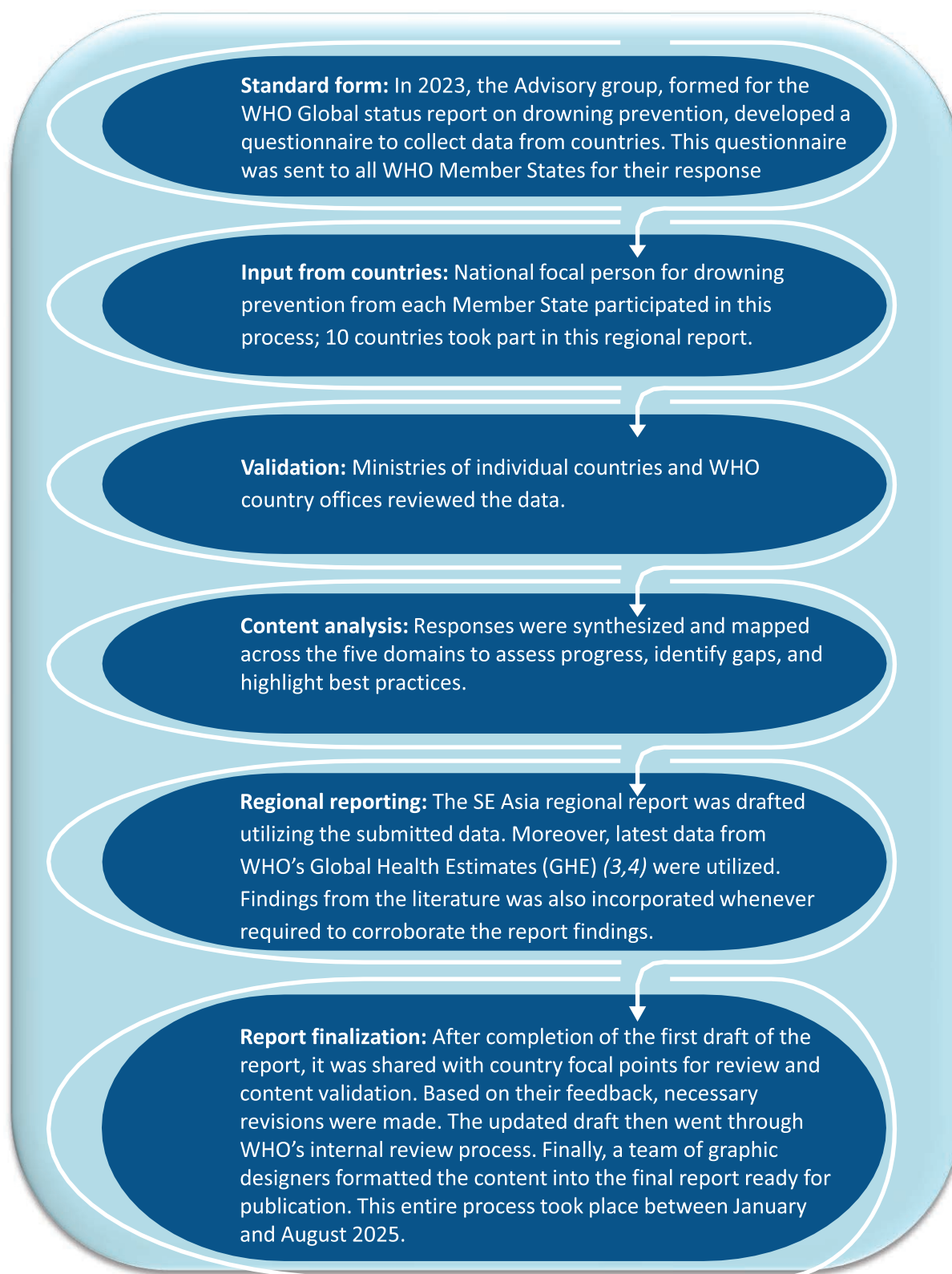
Who is this report for?

This report is intended for policy-makers, government agencies and technical experts across sectors such as health, education, disaster risk reduction, water transport and child protection. It is also relevant to international organizations, donors, nongovernmental organizations (NGOs), researchers and community-based practitioners working to reduce drowning and promote water safety in the SE Asia Region.

1.3 Methodology of the report

This is the second regional report on the WHO South-East Asia Region since 2021. The SE Asia Region experiences the second highest drowning deaths across all the regions;

therefore, it became necessary to have insights into the regional data and to identify recent changes after the publication of the GSRDP 2024.





Reporting format of drowning data

Two types of data have been presented in this report. One is estimated death count [that is taken from WHO's Global Health Estimate (GHE) 2024, encompassing standardized data from 2000 to 2021] (3,4). Another is reported death count, which was submitted directly by Member States in response to the questionnaire circulated earlier (as previously described).

Reliable and comparable mortality data are essential for informing public health strategies, evaluating programme impact, and advocating for resource allocation. However, not all countries have the same quality or availability of data on causes of death. In this context, WHO's GHE offers a critical tool for generating consistent mortality estimates, including for drowning, across all WHO Member States. **While preparing the report, drowning fatalities counts were utilized from both GHE and reported data; however, for death rate only GHE data were utilized.**

Box 3. Understanding drowning data: the role of WHO Global Health Estimates

What are the WHO's GHE?

The WHO's Global Health Estimates (GHE) provide comprehensive, consistent and comparable estimates of mortality by cause of death, age, sex and country. They are produced every four years and cover data from the year 2000 onwards. GHE draws upon multiple data sources and applies standardized methods across all WHO Member States with populations over 90 000.

The objective of GHE is to provide globally comparable health metrics that inform international monitoring, such as Sustainable Development Goals (SDGs), and support decision-making where high-quality national data may be limited or inconsistent (3,4).

How are GHE generated?

GHE calculations rely on a multi-source, multi-method approach to estimate deaths by cause, including:

- **Vital registration (VR) data** from countries where systems are considered complete and of high quality. For the most recent GHE cycle (2021), only 66 out of 183 WHO Member States submitted VR data that met inclusion criteria.
- **Modelled mortality estimates** in countries lacking reliable VR systems. These models incorporate:
 - Adjusted child and adult mortality trends.
 - Specific cause-of-death estimates from WHO technical programmes and interagency collaborations.
 - Estimates from the Global burden of disease study (GBD 2021), particularly in settings without usable national data.

GHE uses a consistent methodology across countries, enabling comparability even when source data is weak or absent.

Why use GHE for drowning mortality?

Drowning mortality is difficult to capture through traditional health sector reporting systems. Many drowning deaths occur in communities, often in rural or remote areas, or during disasters where they are not recorded by medical professionals or included in national surveillance systems. This leads to substantial underreporting.

Why are national data also collected if GHE is used?

Countries participating in the status report were asked to submit the most recent nationally available drowning death data. These inputs serve a dual purpose:

Box 3. (Continued)

1. **To reflect national reporting capacities and practices**, showing the diversity of current surveillance systems and highlighting areas that need strengthening.
2. **To contribute to future GHE cycles.** Submitted data will feed into the next GHE update in 2028, improving the quality and accuracy of drowning estimates over time.

What ICD codes are used for drowning in GHE?

WHO classifies drowning deaths in GHE using a restricted subset of the International Classification of Diseases, 10th revision (ICD-10), to ensure consistency and to focus on unintentional, non-transport-related drowning events.

Included in GHE (ICD-10 codes):

- **W65:** Accidental drowning and submersion while in bathtub
- **W67:** Accidental drowning and submersion while in swimming pool
- **W69:** Accidental drowning and submersion while in natural water
- **W73:** Other specified accidental non-transport drowning and submersion
- **W74:** Unspecified accidental drowning and submersion

Excluded from GHE estimates:

- X71: Intentional self-harm (suicide) by drowning
- X92: Assault (homicide) by drowning
- Y21: Drowning of undetermined intent
- V90, V92: Water transport-related drowning
- X38: Drowning due to flood
- W16: Falls, jump or diving into water

Main differences between GHE and nationally reported data

Discrepancies between GHE estimates and country-reported drowning deaths are common and expected due to several factors:

- **ICD code inclusion:** Countries that report a higher number of deaths than WHO estimates may be including deaths associated with the additional ICD codes.
- **Timeframe differences:** Country-submitted data for this status report spanned from 2018 to 2023, whereas GHE estimates are standardized for the year 2021.
- **Methodological variability:** National data may come from different sectors (health, police, disaster management), each with its own classification and reporting criteria.
- **Underreporting in health systems:** Many deaths go unregistered, particularly in countries without functioning civil registration systems.

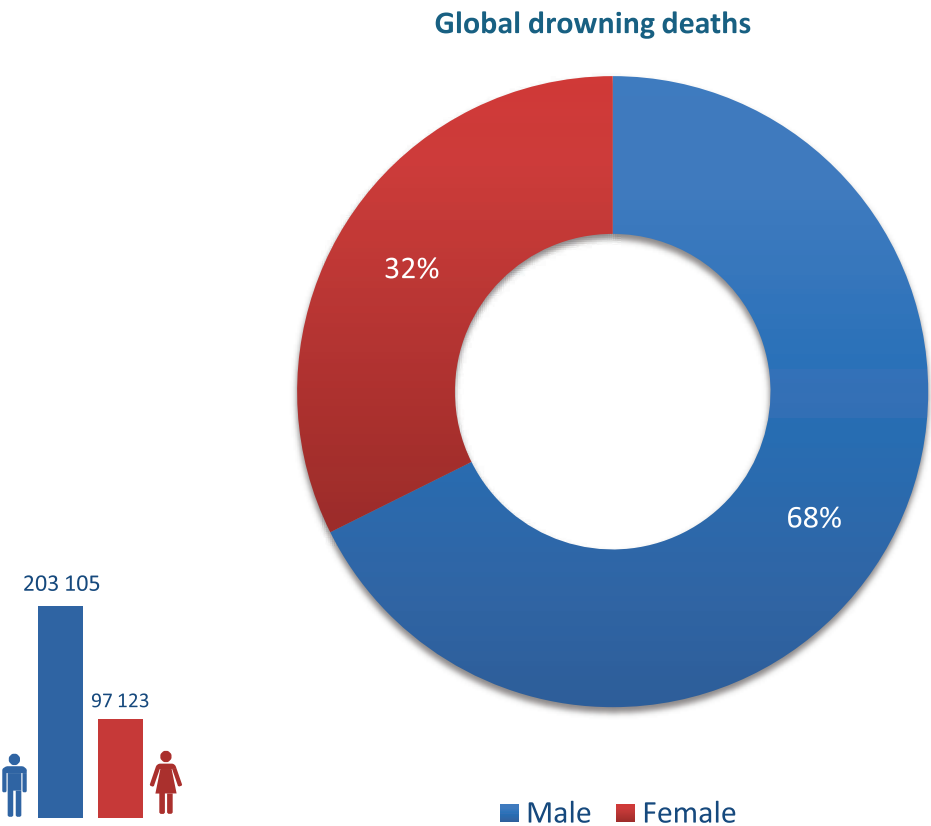
2. Epidemiology of drowning in the South-East Asia Region

Drowning is a major yet less prioritized public health issue in the WHO SE Asia Region, disproportionately affecting children and young people. This section contains an analysis of drowning data in this Region in terms of comparison with global data, variations of mortality rates across the Member countries, risk factors and evolving trends in drowning rates across the Region. The analysis and summarization will help readers and policy-makers to identify priority areas for future interventions.

2.1 Global and regional scenario: focusing on the SE Asia Region

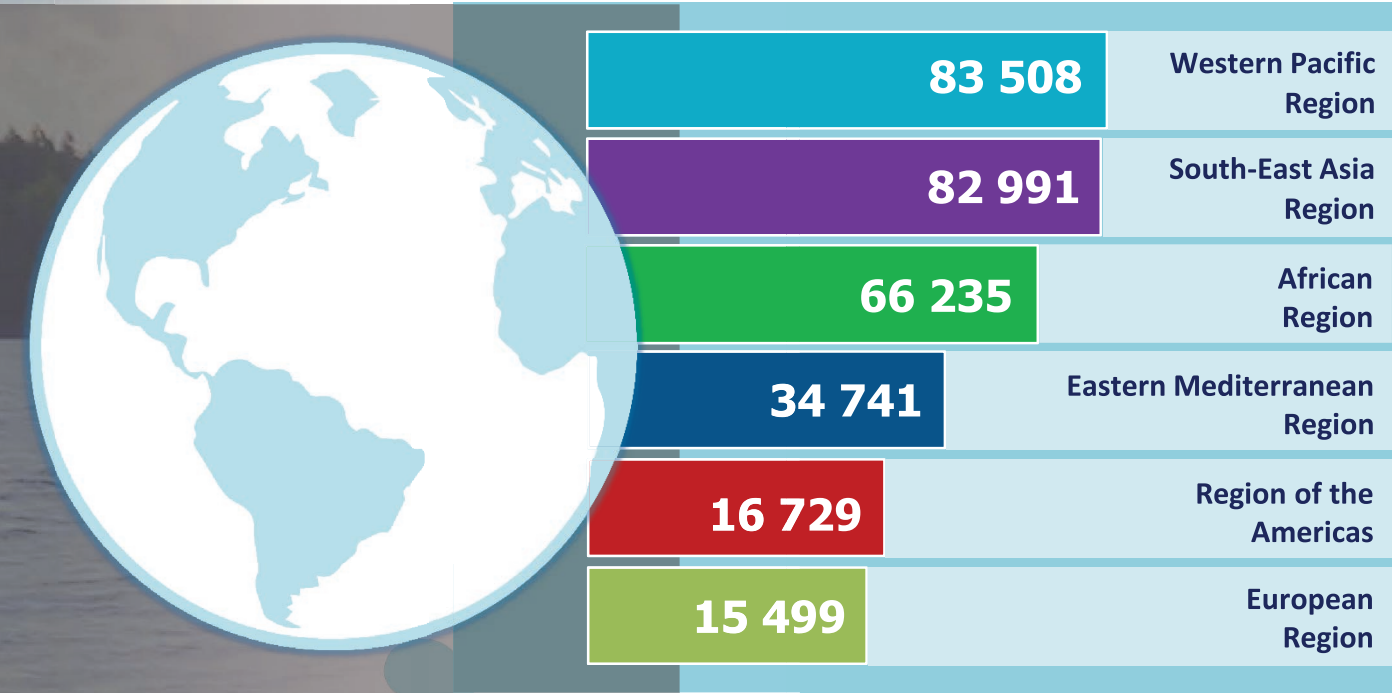
Drowning fatality counts: Globally, over 300 000 drowning deaths were estimated in 2021, among which males accounted for nearly two thirds of the burden (Fig. 2).

Fig. 2. Distribution of males and females in global drowning deaths (total count); estimated data 2021



The distribution of drowning deaths in six WHO regions shows that the Western Pacific and South-East Asia regions account for the highest number of drowning deaths (all ages), each contributing to more than 80 000 deaths annually (Fig. 3).

Fig. 3. Estimated drowning deaths by WHO region; estimated data 2021

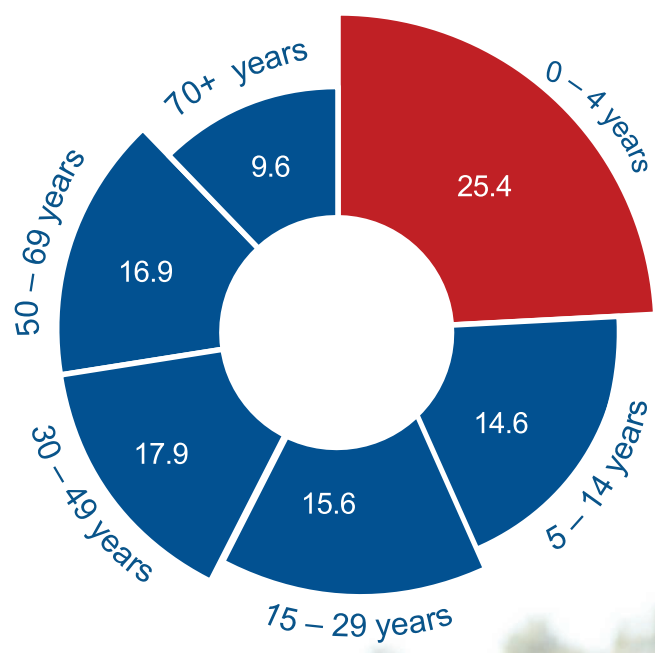


Across all the six regions, males had at least two times higher chance of being affected by a drowning incident; however, in the SE Asia Region males are 1.86 times more likely to drown than females.

Drowning fatalities in different age groups: Globally, drowning deaths are highest among children aged 0–4 years, accounting for over 73 000 deaths annually, followed by the age group of 5–14 years (around 57 000 deaths annually).

In the SE Asia Region, drowning deaths are most common among children aged 0–4 years (contributing to almost one fourth of the total burden), making them the most affected age group (Fig. 4).

Fig. 4. Proportion of drowning death counts (total) in different age groups in the SE Asia Region (n=82 991); estimated data 2021



Teaching swimming, Child learning to float, Bangladesh. © RNLI / Nihab Rahman

A comparison was made across the Member countries of the SE Asia Region to explore the leading causes of death in the most affected age group of 0–4 years. Preterm birth complications along with infectious diseases (e.g. diarrhoeal disease, respiratory infections) are still the leading

cause of death among children across all Member countries. However, among the unintentional injuries, drowning consistently ranks among the top five causes in these countries (Table 1).

Table 1. Leading cause of death in the age group of 0–4 years, in Member countries of the SE Asia Region, considering death rates (per 1000 population/year)*

Ranking of leading causes of death	Bangladesh	Bhutan	DPR Korea	India	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
1	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications	Preterm birth complications
2	Birth asphyxia and birth trauma	Lower respiratory infections	Congenital heart anomalies	Birth asphyxia and birth trauma	Congenital heart anomalies	Birth asphyxia and birth trauma	Birth asphyxia and birth trauma	Congenital heart anomalies	Congenital heart anomalies	Lower respiratory infections
3	Lower respiratory infections	Birth asphyxia and birth trauma	Birth asphyxia and birth trauma	Lower respiratory infections	Birth asphyxia and birth trauma	Diarrhoeal diseases	Lower respiratory infections	Birth asphyxia and birth trauma	Birth asphyxia and birth trauma	Birth asphyxia and birth trauma
4	Diarrhoeal diseases	Congenital heart anomalies	Lower respiratory infections	Diarrhoeal diseases	Lower respiratory infections	Lower respiratory infections	Congenital heart anomalies	Neonatal sepsis and infections	Lower respiratory infections	Diarrhoeal diseases
5	Congenital heart anomalies	Diarrhoeal diseases	Tuberculosis	Congenital heart anomalies	COVID-19	Tuberculosis	Diarrhoeal diseases	Lower respiratory infections	Neonatal sepsis and infections	Tuberculosis
6	Drowning	STIs excluding HIV	Neonatal sepsis and infections	Neonatal sepsis and infections	Neonatal sepsis and infections	Congenital heart anomalies	Neonatal sepsis and infections	COVID-19	Drowning	Protein-energy malnutrition
7	Neonatal sepsis and infections	Neonatal sepsis and infections	Road injury	Childhood-cluster diseases	Neural tube defects	Drowning	Drowning	Childhood-cluster diseases	COVID-19	Congenital heart anomalies
8	Neural tube defects	Neural tube defects	Diarrhoeal diseases	Drowning	Drowning	Neonatal sepsis and infections	Tuberculosis	Drowning	STIs excluding HIV	Neonatal sepsis and infections
9	Tuberculosis	Tuberculosis	Drowning	Falls	Down syndrome	Meningitis	Neural tube defects	Sudden infant death syndrome	Leukaemia	Drowning
10	STIs excluding HIV	Falls	Neural tube defects	STIs excluding HIV	Diarrhoeal diseases	Parasitic and vector diseases	Falls	Neural tube defects	Neural tube defects	Meningitis
11	Road injury	Drowning	STIs excluding HIV	Neural tube defects	Falls	Paralytic ileus and intestinal obstruction	STIs excluding HIV	Leukaemia	Road injury	STIs excluding HIV
12	Protein-energy malnutrition	HIV/AIDS	Down syndrome	Hepatitis	Meningitis	HIV/AIDS	Poisonings	Epilepsy	Paralytic ileus and intestinal obstruction	Childhood-cluster diseases

* This table was developed using the Global Health Estimates (GHE) 2021 dataset according to the estimated number of deaths ('000). Country-specific data on estimated deaths in the age group of 0–4 years were extracted for each of the 10 countries of the WHO South-East Asia Region. For each country, the data were organized separately in Excel, and causes of death were ranked in descending order based on the number of deaths. The leading causes were then categorized to identify and compare the top-ranked causes of mortality in this age group across the Region.

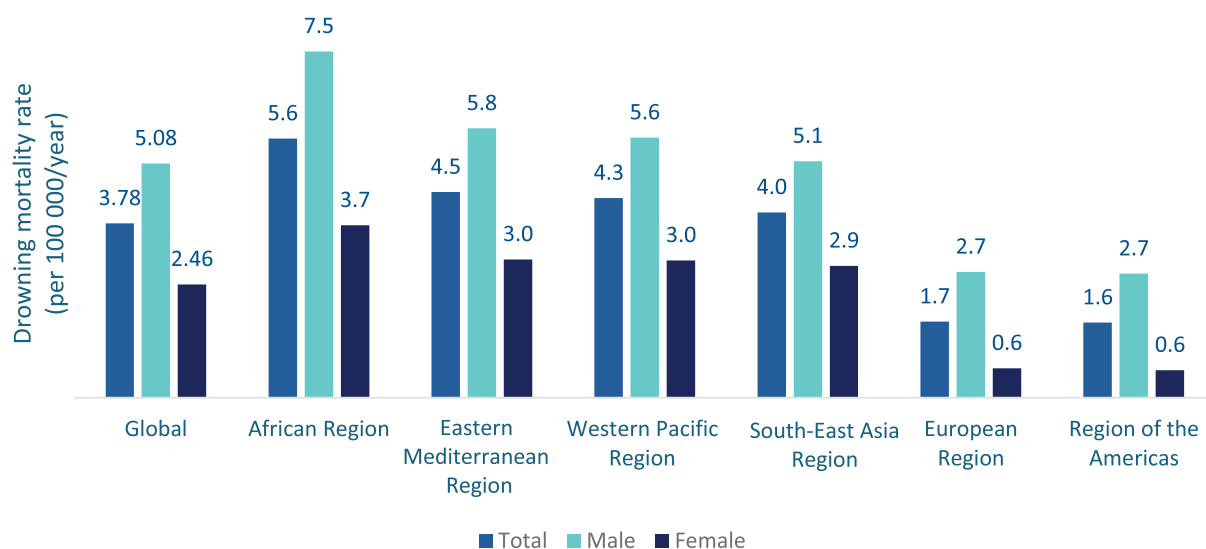


Children fishing with traditional bamboo traps in India. © WHO / F Lang

Drowning mortality rate: The **global average** of the drowning mortality rate stands at 3.78 per 100 000/year (all ages, both sexes), with the male mortality rate (5.08 per 100 000/year) having predominance over females (2.46 per 100 000/year).

The African Region faces the highest mortality rate at 5.62 per 100 000/year (all ages, both sexes) while the SE Asia Region ranks at fourth – 4.02 per 100 000/year (all ages, both sexes). Analysing mortality rates with their sex distribution throughout the countries depicts that males consistently have a higher mortality rate than females (Fig. 5).

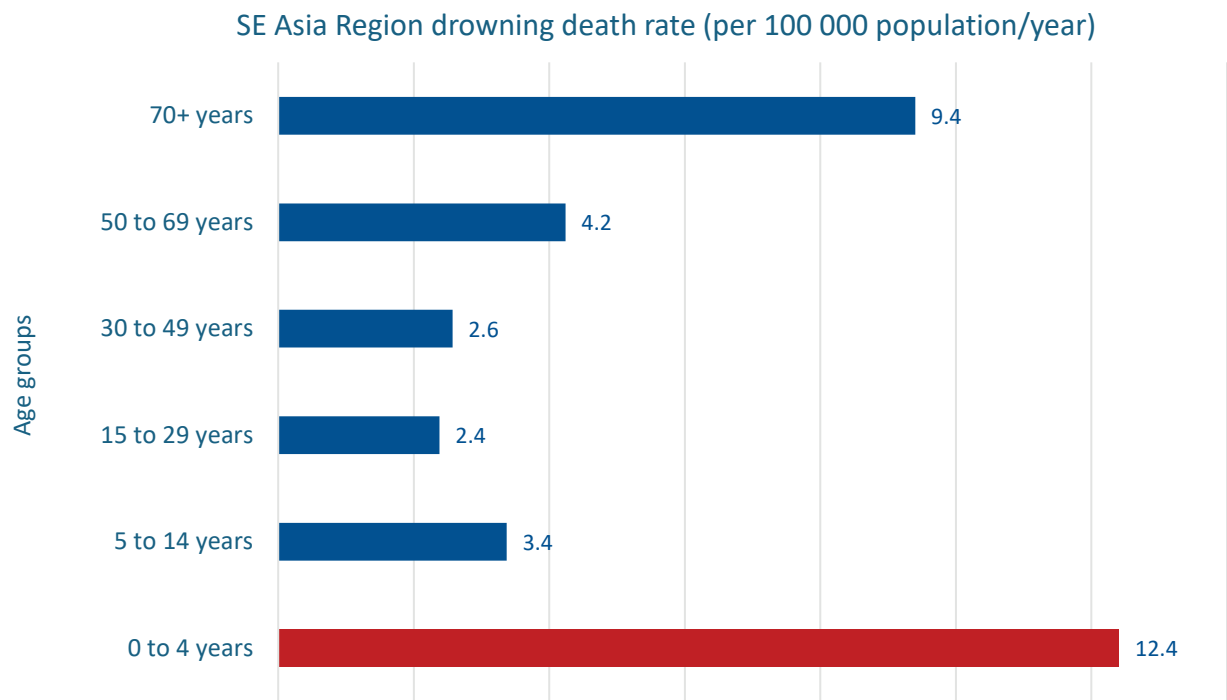
Fig. 5. Drowning mortality rates across WHO regions; estimated data 2021



Age-wise distribution of **drowning mortality rates** among different age groups reveals almost a similar pattern like the total death counts. Global data show that the highest drowning mortality rate is found among the age group of 0–4 years (10.86 per 100 000/year in both sexes), followed by the age group of 70+ years (7.73 per 100 000/year in both sexes).

Data from the SE Asia Region follow the global trends where the age group of 0–4 years sees the highest mortality rate (12.41 per 100 000 population/year in both sexes) and the second highest mortality rate among the age group of 70+ years (Fig. 6).

Fig. 6. Distribution of drowning death rates in the SE Asia Region among different age groups; estimated data 2021



2.2 Beneath the surface: a closer look at country data

The WHO SE Asia Region constitutes more than one fourth of the global population.

Among the 10 countries of the Region, more than two thirds (seven countries) fall into low-middle income categories. India is the most populous country (over 1.4 billion population), followed by Bangladesh and Thailand.

Drowning fatalities across countries: counts and rates: There are wide variations in the reported number of fatal drowning cases across countries. The last updated reported cases are outlined with variations in the reporting year and source of the data. Data sources varied, including national police services, ministries of health, and statistical organizations, indicating differing capacities for surveillance and reporting across the Region (Table 2).

However, a discrepancy was noted in reported death cases compared to WHO estimated deaths in the Member countries.

For example, in India, almost 55 000 total drowning deaths were estimated whereas only 36 362 were reported in 2021. In countries such as Myanmar and Nepal, the reported fatalities were less than WHO estimates. On the other hand, both Bangladesh and Bhutan reported higher fatal drowning counts than WHO’s estimates, with Bangladesh reporting 18 268 deaths compared to an estimate of 9600, and Bhutan reporting 68 deaths against an estimate of 23. This type of inconsistency suggests that there may have been underreporting and limitations in country-level death registration systems¹.

Table 2. Reported fatal cases of drowning in countries of the SE Asia Region

Serial no.	Country name	Reported fatalities count	Reported fatalities year	Source of the reported data
1	Bangladesh	18 268	2023	Bangladesh Health and Injury Survey (BHIS)
2	Bhutan	68	2021	Ministry of Health
3	Democratic People's Republic of Korea (DPR Korea)	352	2023	Data submitted by national counterpart
4	India	36 362	2021	National Crime Records Bureau (NCRB)
5	Maldives	23	2022	Maldives Police Service
6	Myanmar	1381	2021	Central Statistical Organization
7	Nepal	857	2022	Nepal Police
8	Sri Lanka	691	2022	Sri Lanka Police
9	Thailand	4544	2022	Ministry of Public Health
10	Timor-Leste	3	2023	Civil Protection Authority

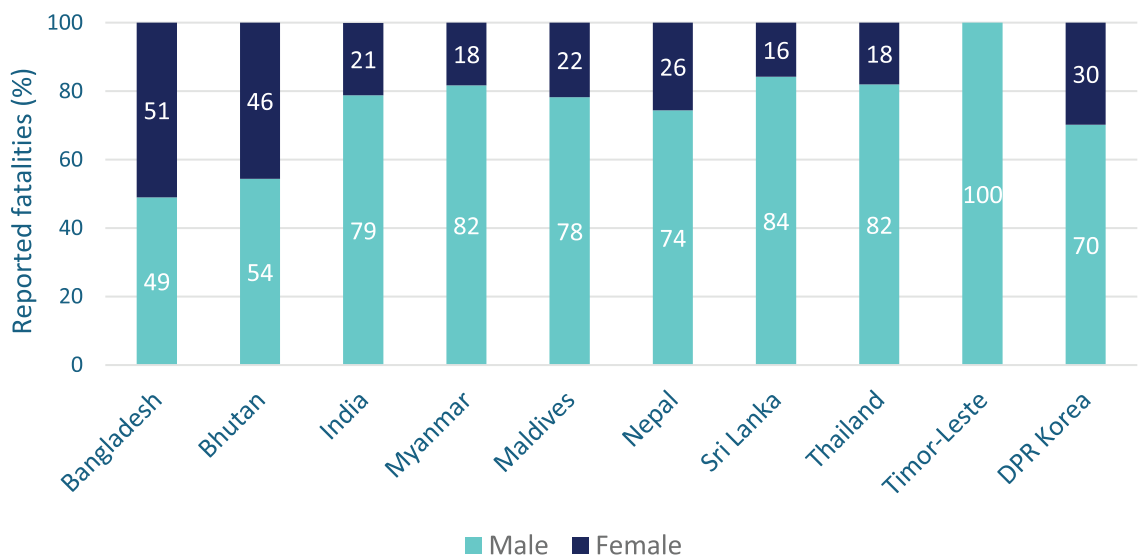
[¹The differences between WHO-estimated and nationally reported drowning fatalities arise due to variations in data sources, definitions and reporting systems. WHO estimates are modelled using multiple data inputs and adjustments for underreporting or misclassification, while reported figures typically reflect officially registered cases, which may be incomplete or based on limited surveillance systems.]

Based on estimated data, drowning death rates also differ across countries of the SE Asia Region, with Thailand having the highest overall rate at 9.0 per 100 000 population/year (all-ages, both sexes), followed by Timor-Leste (7.79) and Bangladesh (5.74).

Sex distribution of reported drowning fatalities: In the SE Asia Region, males consistently made up a significantly higher proportion of reported drowning fatalities compared to females. Over 80% proportion of drowning fatalities were males in Myanmar, Sri Lanka and Thailand.

In case of Timor-Leste, no female deaths were recorded. However, in Bangladesh, male and female drowning fatalities were almost equal. This pattern highlights the greater vulnerability of males to drowning in most countries of the Region (Fig. 7).

Fig. 7. Sex distribution of reported drowning fatalities (%) in the SE Asia Region



Children walking through a flooded field in Bangladesh. © RNLI / GMB Akash

Age distribution of reported drowning

fatalities: While exploring age-specific distribution of reported death counts, wide variations were found in the submitted data. In summary, DPR Korea and Nepal showed most drowning mortality in the age group of 0–4 years and 5–14 years.

In contrast, older adults (>50 years) faced more drowning death in Maldives, Thailand and Sri Lanka (Table 3). Countries such as Sri Lanka and Thailand mentioned different sources for the submitted data, pointing to variations in their respective reporting systems. Detailed country-specific insights can be found in individual **country policy brief** in Annex 2.

Table 3. Age distribution reported drowning fatalities (%)**All values in Table 3 are in percentage (%)*

Age groups	0–4 years	5–14 years	15–29 years	30–49 years	50–69 years	70+ years
Country name						
Bhutan	9	26	13	35	16	0
DPR Korea	14	55	13	11	8	0
Maldives	4	0	9	22	48	17
Myanmar	6	13	20	41	15	4
Nepal	11	22	22	21	17	6
Sri Lanka	3	8	24	27	27	12
Thailand	5	10	9	29	34	13
Timor-Leste	0	0	67	0	33	0

Table 3.a. Age distribution reported drowning fatalities (%) for Bangladesh

Age groups	<1 year	1–4 years	5–9 years	10–14 years	15–17 years	18–24 years	25–39 years	40–59 years	60+ years
Country name									
Bangladesh	4	53	14	2	2	0	2	8	14

Table 3.b. Age distribution reported drowning fatalities (%) for India

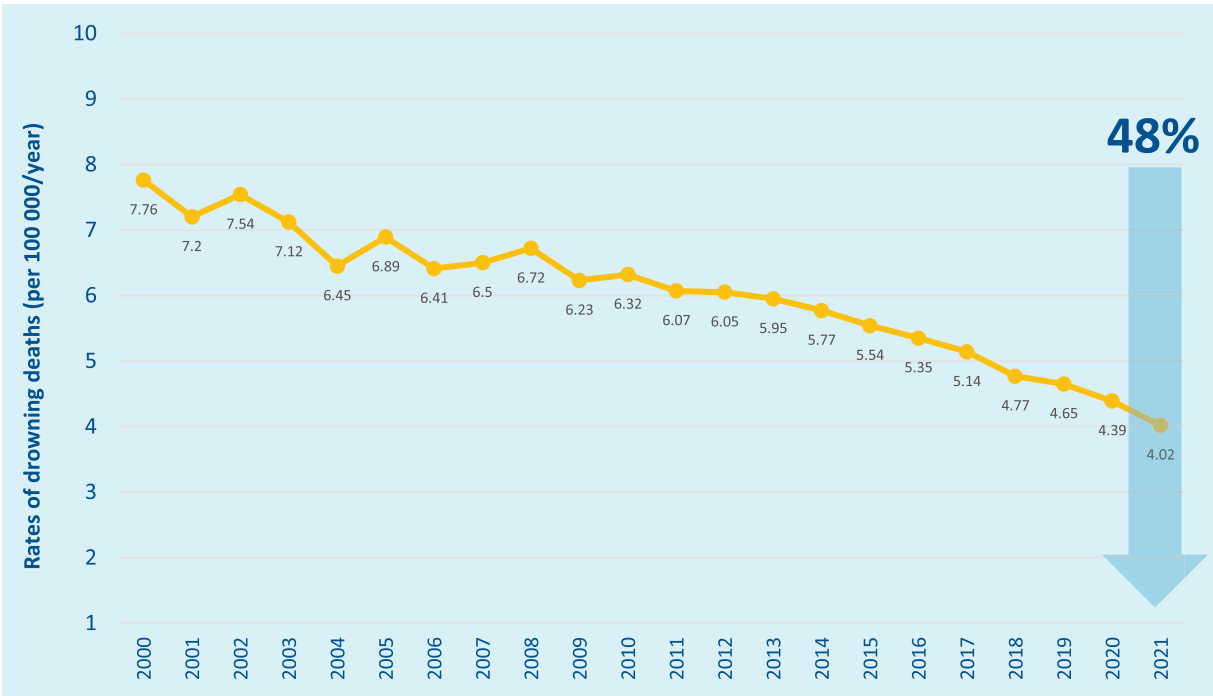
Age groups	0–13 years	14–17 years	18–29 years	30–44 years	45–59 years	60+ years
Country name						
India	12	10	25	26	17	10

2.3 Trends over time

Globally, over the past two decades, estimated number of drowning deaths have declined (from 375 000 in 2000 to 300 000 in 2021). Global drowning death rates have also decreased by 38% (from 6.09 per 100 000 population/year in 2000 to 3.78 per 100 000 population/year in 2021), although the decline varies across different WHO regions.

In terms of death rate in the WHO SE Asia Region, the age-standardized drowning mortality rate has shown a steady decline over the past two decades, decreasing by 48.2% from 7.76 deaths per 100 000 population in 2000 to 4.02 deaths per 100 000 population in 2021. This downward trend reflects progress in addressing drowning through improved awareness, prevention strategies, and possibly changes in reporting systems in several Member States (Fig. 8).

Fig. 8. Trends in drowning mortality rate in the WHO SE Asia Region, 2000–2021 from estimated data



Comparison of drowning death rates in Member countries of the SE Asia Region (from reported data)

A closer look at the country profiles and reported drowning death rates were collected from 2022 SE Asia regional status on drowning: country reports (9), and recent nationally submitted data in GSRDP 2024 (2). This comparison, based on nationally reported data, reveals that only four countries of the Region – Bangladesh, Myanmar, Nepal and Thailand – had previously reported year-wise data to understand trends over time.

The comparison showed that Bangladesh reported the drowning death rate of 11.7 per 100 000 population in 2016 and had a 5.2% increase in reported drowning deaths from 2016 to 2018. Thailand reported a 7.5% increase between 2017 and 2022. Nepal had 52.11% increase in drowning death rates over the years. Myanmar reported a substantial decline of 59.2% in drowning deaths.

For the remaining six countries – Bhutan, DPR Korea, India, Maldives, Sri Lanka and Timor-Leste – reported death rates were not found in previously published 2022 SE Asia country reports, making it difficult to draw a comparison. It is worth noting that DPR Korea was included in this 2025 regional drowning status report for the first time. These variations highlight the need for standardized data collection and consistent reporting to better inform drowning prevention efforts across the Region.



People bathing in a canal near Nyaungshwe, Myanmar. © WHO / Diego Rodriguez

2.4 Risk factors

Drowning incidents in the SE Asia Region are influenced by a complex interplay of environmental, sociodemographic and behavioural factors. These risk elements vary significantly across and within Member countries, shaped by local geography, infrastructure, income levels, cultural practices, and public health systems. Understanding these underlying risk factors is essential for designing effective, context-specific prevention strategies. This section explores the environmental conditions that increase exposure to drowning hazards, the socioeconomic and behavioural contributors to vulnerability, and the high-risk groups most affected by drowning in countries of the Region.





Engaging children through learning activities in a childcare centre in Bangladesh. © RNLI / Naem

2.4.1 Sociodemographic and behavioural factors

a. Age and developmental stage	Children in the age group of 0–4 years face the highest drowning risk across the SE Asia Region, largely due to their developmental vulnerability and frequent exposure to waterbodies near their homes. According to the WHO’s GHE 2024 data, this group contributes to nearly one fourth of all fatal drowning cases in the SE Asia Region, with a regional mortality rate of 12.41 per 100 000 population – the highest across all age groups. Country-reported data further support this for all drowning deaths – Bangladesh reporting 40% among children aged 1–4 years, India reporting 12.3% in the age group of 0–13 years, and Nepal reporting 11.1% in the age group of 0–4 years. These children are often left unsupervised near water while caregivers are engaged in household or work responsibilities, especially in rural or low-income settings (2,10).
b. Sex and risk of exposure	Males consistently represent the majority of drowning deaths across the Region, making up over 80% of fatalities in India, Sri Lanka and Thailand. In Timor-Leste, all reported drowning deaths were only of males. This reflects both occupational exposure and behavioural risk-taking: males are more likely to engage in recreational swimming, boating, fishing and unsafe water transport, often without safety equipment such as lifejackets (GSRDP 2024 dataset).
c. Behavioural risk patterns	A common thread across all 10 countries of the SE Asia Region is that drowning deaths frequently occur during everyday activities such as bathing, playing near water, collecting water, and fishing. For instance, Bhutan and India highlighted that many deaths happen while people are bathing or swimming in natural water sources. Additionally, alcohol use near water significantly contributes to drowning deaths among adults, particularly in India and Sri Lanka. These behavioural patterns are further aggravated by low-risk perception and the absence of routine safety behaviours.
d. Socioeconomic inequality	Lower-income households often face greater drowning risks due to limited access to safe water infrastructure, barriers to supervised childcare, and scarce swimming instructions. In Bangladesh, children are commonly left unattended near water while caregivers are busy at work. Similar risk patterns are echoed in Bhutan and Nepal, where unsupervised play and household chores near water were commonly associated with child fatalities.
e. Access to water safety education and skills	Most countries reported minimal access to structured water safety education, especially for children in rural areas, indicating that swimming instruction is often absent from school curricula and that cultural attitudes sometimes limit participation in such training.

f. Urban–rural divide and living environment	Rural populations across countries of the SE Asia Region live in closer proximity to open, unprotected water sources such as ponds, ditches, irrigation canals and rivers. These are used daily for washing, bathing and other activities, increasing the risk of drowning for both children and adults. Countries such as India, Myanmar and Nepal report that most drowning deaths occur in water environments adjacent to homes rather than in designated recreational areas.
g. Disability and vulnerable populations	Although less frequently documented, people with physical or cognitive disabilities face additional risks due to reduced mobility and challenges in receiving timely help during water emergencies.

2.4.2 Environmental risk factors

Environmental risk factors are a major contributor to the high incidence of drowning across the SE Asia Region.

a. Natural hazards and geography	Seasonal monsoons, cyclones and recurring floods significantly raise the risk, especially in low-lying and disaster-prone countries such as Bangladesh, India and Myanmar. In 2020, nearly 700 flood-related drowning deaths were reported across Bangladesh, India and Nepal, many involving children (11). The submitted country report from India shows that in 2021, 9.2% of drowning deaths occurred as a result of flooding. The prevalence of natural waterbodies – rivers, lakes, ponds and coastal zones – exposes rural populations to daily drowning risks, particularly when evacuation infrastructure is inadequate (2).
b. Climate change	Climate change exacerbates vulnerabilities. Rising sea levels, erratic rainfall patterns and intensified storms are leading to more frequent and severe flooding events, heightening drowning risk among populations with limited access to early warning systems and safe evacuation infrastructure (9).
c. Infrastructure deficits	Countries such as Bhutan and Timor-Leste have notable gaps in protective infrastructure, including insufficient access to lifeguards, weather alerts, and search-and-rescue services, leaving many communities unprotected during water-related emergencies.

2.4.3 High-risk groups

Drowning risk in Member countries of the SE Asia Region is concentrated within specific population groups, with age, occupation and physical ability emerging as key determinants. Country-reported data reveal distinct patterns of vulnerability, which must guide intervention design and resource allocation.

a. Age-based vulnerabilities

Across the Region, age continues to be the most consistent factor associated with drowning fatalities.

Children aged 0–4 years face the highest drowning burden in countries such as Bangladesh, DPR Korea, Myanmar and Thailand. Their risk stems from frequent exposure to waterbodies near homes – such as ponds, ditches or flood zones – combined with poor supervision and limited safety barriers. In Bangladesh, children between the ages of 1 and 4 years were reported to comprise nearly 40% of all drowning fatalities nationwide. This pattern is echoed in DPR Korea and Thailand, which also identify toddlers and preschool-aged children as their most vulnerable age group.

Adolescents and young adults (15–29 years) are represented in drowning deaths in several countries such as India, Myanmar, Sri Lanka and Timor-Leste. Recreational exposure, risk-taking behaviour, and occupational responsibilities (such as fishing or water transport) contribute to this vulnerability. In Timor-Leste, this group accounts for a major proportion (67%) of reported drowning deaths, reflecting the involvement of youth in informal labour in aquatic environments.

Older adults (50+ years) are increasingly recognized as a high-risk group in Maldives, Sri Lanka and Thailand. In Maldives, fatalities have occurred among older individuals engaged in shoreline or recreational activities, especially during tidal changes or storm events. Limited physical agility, underlying health conditions, and diminished swimming ability increase the drowning risk for this group.

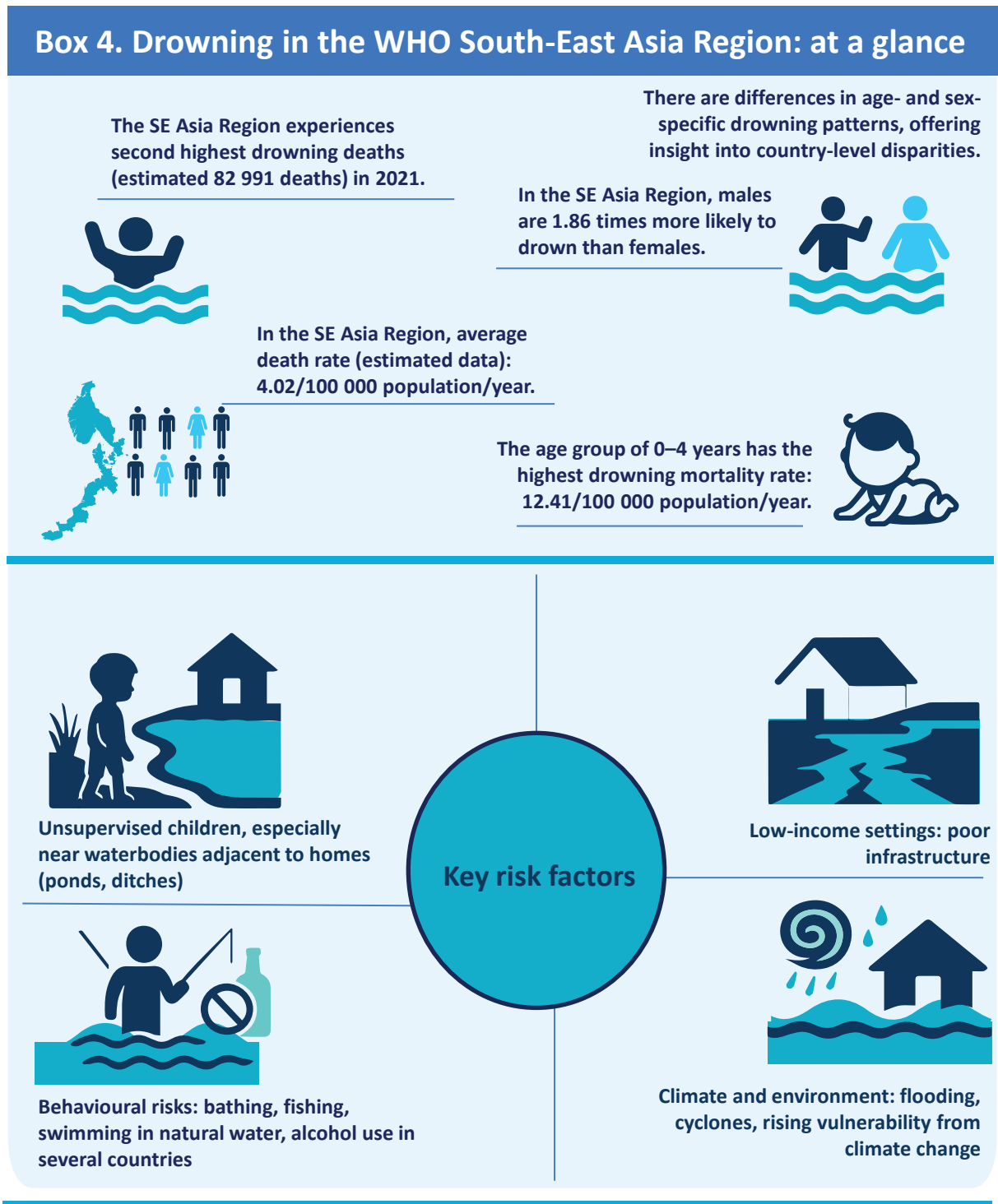
b. Occupational risk groups

Occupational drowning remain a major concern in several countries of the SE Asia Region, particularly in industries such as fishing, transport and agriculture. Workers in these sectors often operate in high-risk aquatic environments with little to no safety oversight or equipment. In India, drowning data are collected through the occupational safety sector, indicating institutional awareness of work-related aquatic hazards. However, no other country reported any drowning data collection system through occupational safety sectors, highlighting a major gap in surveillance and governance. Informal workers are mostly at risk in countries of the SE Asia Region. In Myanmar, many fatalities occur during inland fishing and river transport using unregistered or unregulated boats. Similarly, in India, manual labourers working near canals, rivers or irrigation systems are regularly exposed to drowning hazards, especially during monsoon seasons. The lack of licensing for small vessels, absence of mandatory safety training, and minimal enforcement of lifejacket use all contribute to sustained high mortality among these groups.

c. Persons with disabilities

Data on people with disabilities remain limited across most countries of the SE Asia Region, and disaggregated drowning statistics by disability status are generally unavailable. This invisibility in data systems presents a challenge to design inclusive water safety interventions. In communities with poor accessibility, inadequate caregiver support, and limited adaptive infrastructure, people with disabilities remain at a substantially higher risk of drowning, particularly during floods, water-related emergencies, or unsupervised proximity to open water sources.

Understanding the intersection of these environmental, social and behavioural dimensions is critical for developing tailored, effective and context-specific drowning prevention strategies across the SE Asia Region.





Boy playing on a fishing boat at a beach in Bangladesh. © RNLI / GMB Akash

3. Current drowning prevention efforts in the South-East Asia Region

Countries of the WHO SE Asia Region are taking innovative actions to prevent drowning. With growing awareness and stronger action, national and community-level efforts to save lives are increasing.

3.1 Community-based interventions

Community-based interventions form the backbone of drowning prevention strategies across the SE Asia Region, offering locally adapted, accessible and cost-effective solutions to populations at greatest risk. These efforts often engage community members directly through structured programmes that build swimming and rescue skills, establish local governance and supervision mechanisms, and increase public awareness about water safety.

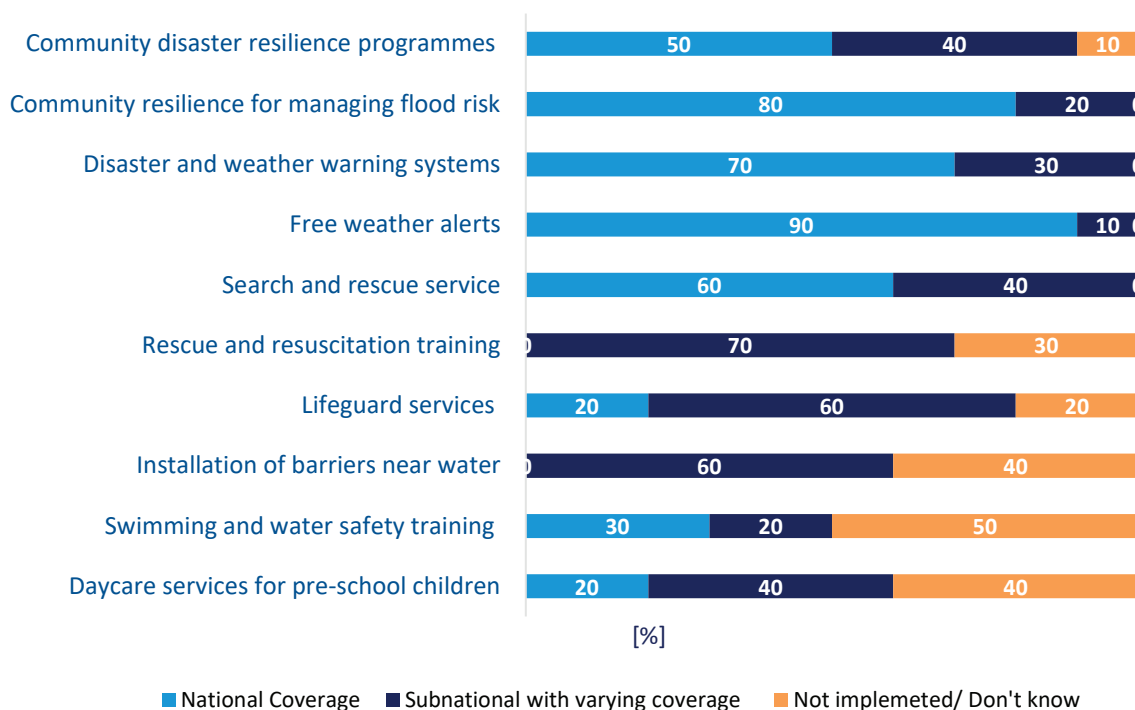
In many Member countries across the Region, these interventions are driven by a combination of NGOs, local governments and public health institutions. For example, Bangladesh has scaled up implementation of community daycare centres and swimming instruction for children in 45 subdistricts (*upazilas*) of 16 districts. In Thailand, community engagement is evident in schools and through media campaigns promoting safe aquatic behaviour.

Sri Lanka's approach includes equipping fishers with timely weather alerts, enabling them to make informed safety decisions. In Nepal, local municipalities are taking steps to incorporate community-level planning and assessments into broader drowning prevention frameworks (Box 5).

These interventions are not only critical for preventing drowning but also play a vital role in improving child development, empowering women through local employment, and strengthening community resilience during floods and seasonal disasters. Countries with successful community-based models often integrate them into national development plans, recognizing that empowering communities is key to sustainable drowning prevention outcomes.

Submitted data from the 10 countries of the SE Asia Region show that most countries have national coverage for systems such as weather alerts (90%), disaster warnings (70%), and search and rescue services (60%). However, interventions such as swimming lessons, lifeguard services, and daycare for young children are less consistently implemented, with many countries still at subnational levels or not implementing them at all (Fig. 9).

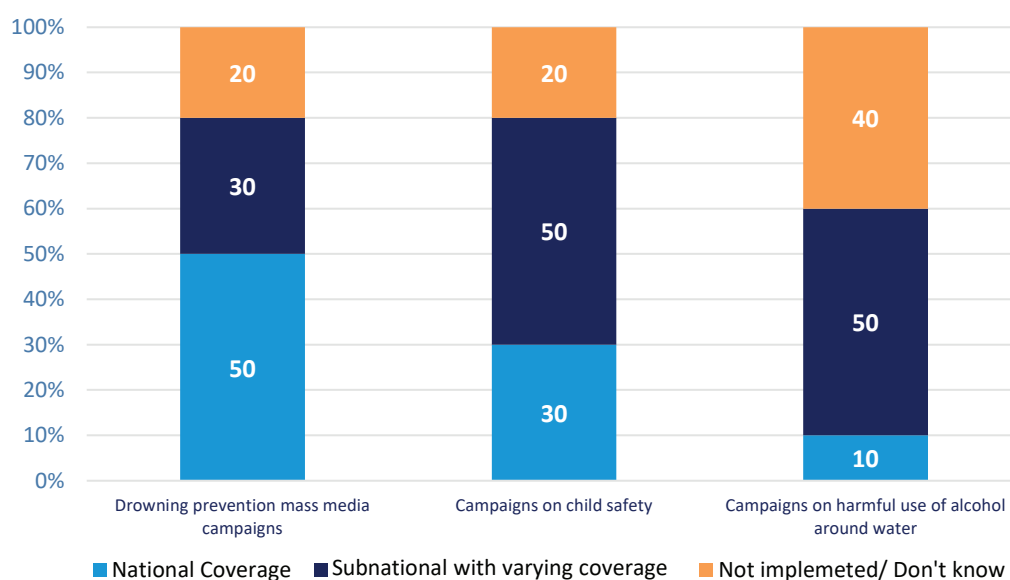
Fig. 9. Status of reported drowning prevention interventions across Member countries of the SE Asia Region (percentage)



The extent of public awareness campaigns for drowning prevention in countries of the SE Asia Region were also explored. Half of the countries reported national-level drowning prevention mass media campaigns, while others had subnational coverage or none.

Campaigns on child safety have mostly (50%) subnational coverage. Campaigns addressing alcohol use during aquatic activities were the least commonly implemented overall (Fig. 10).

Fig. 10. Coverage of public awareness campaigns for drowning prevention in the SE Asia Region



Box 5. Success stories of different interventions

Success story 1: Community Daycare Model in Bangladesh reduces childhood drowning

In rural Bangladesh, many families live near ponds and rivers, which puts young children at risk of drowning when left alone. Studies by the Centre for Injury Prevention and Research, Bangladesh (CIPRB) revealed alarming drowning rates among children aged 1–5 years, particularly between 9 a.m. and 1 p.m., when parents were busy with work or household chores.

To counter this, CIPRB developed “*Anchal*” – community-based daycare centre – run by trained local women, offering safe supervision, and playful learning for children. The children there enjoy singing, dancing and learning how to stay safe around the water. Parents were worried at first, but after visiting the centres, they felt reassured.

The results are impressive. Children attending *Anchals* are 80% less likely to drown. The programme also creates employment opportunities for local women and helps children do better in school.

Based on this evidence, the Ministry of Women and Children Affairs (MoWCA) in Bangladesh launched a large-scale project titled Integrated Community Based Centre for Child Care, Protection and Swim-Safe Facilities (ICBC Project). Running since 2022, the programme provides early childhood care and development services to nearly 200 000 children aged 1–5 years through 8000 childcare centres across 45 subdistricts in 16 districts (12).

Success story 2: SwimSafe: saving young lives through safe swimming lessons in Bangladesh

In Bangladesh, drowning is a leading cause of death for children aged 5–9 years, especially in rural areas where ponds and rivers are part of daily life. Many children try to learn to swim in natural waterbodies without safety measures, putting them at risk. To address this, the Centre for Injury Prevention and Research, Bangladesh (CIPRB) developed SwimSafe in the early 2000s to teach school-age children survival swimming and land-based rescue skills.

Box 5. (Continued)

SwimSafe uses bamboo-enclosed ponds with shallow and deep areas for safe learning. Local men and women, trained as community swimming instructors, teach children the basics: push, glide, kick, pull, float, tread water and rescue techniques. In two weeks, children learn 21 steps and demonstrate they can swim 25 metres, float for 30 seconds, and rescue safely.

A CIPRB study found SwimSafe to be 96% protective against drowning for children in this age group. Between 2006 and 2024, about 700 000 children received survival swimming training through CIPRB and its partner organizations. The Ministry of Women and Children Affairs (MoWCA) has further integrated SwimSafe into its national ICBC project, aiming to train an additional 360 000 children during the four-year period (2022–2025).

Bangladesh is one of the few countries in the South-East Asia Region that is actively addressing the drowning risks faced by children with disabilities. SwimSafe is currently piloting adapted modules tailored for children with physical or intellectual disabilities. These pilots use modified instruction methods and low-ratio supervision models to ensure inclusivity and safety.

Success story 3: Sayuru: keeping Sri Lanka's fishers safe with timely weather warnings

In Sri Lanka, day-boat fishers risk their lives every time they go to the sea, facing sudden storms and rough weather. Before 2020, they had no way to get quick, local weather updates.

To remedy this situation, the Departments of Fisheries and Meteorology partnered with mobile provider Dialog to create Sayuru. Launched in 2020, the *Sayuru* (“Oceans”) system uses free SMS and voice calls in three languages to deliver daily weather updates and urgent warnings. The service also shows information on TV screens at fishing centres. When Cyclone Nivar hit in November 2020, thousands of fishers received timely alerts telling them to stay ashore – avoiding tragedy.

Today, over 100 000 fishers use Sayuru, which sends 2.1 million texts, and 800 000 emergency calls each year. Fatalities from bad weather dropped from about seven a year to just two between 2020 and 2023.

Box 5. (Continued)

In 2024, Dialog launched a Sayuru app with extra features like route tracking and fuel saving. Sayuru proves that simple technology can protect both lives and livelihoods.

Partners: *Department of Fisheries and Aquatic Resources, Department of Meteorology, Dialog Axiata PLC*

Success story 4: Fit to Fish: protecting the health and safety of Sri Lanka's sea fisherfolk

In Sri Lanka, fisherfolk on long trips often face medical emergencies or drowning risks far from help. To keep them safe, the government launched Fit to Fish in January 2024. It is a joint effort by the Department of Fisheries and Aquatic Resources, Ministry of Health, and Sri Lanka Navy. The initiative covers 24 fishery harbours and aims to reach 6000 skippers and 30 000 crew members, starting with skippers first.

The programme aims to screen for health issues such as epilepsy or diabetes that could cause accidents at sea. It also provides one-day, hands-on first-aid training, teaching cardiopulmonary resuscitation (CPR), wound care, and emergency response. Fisherfolk are checked at government hospitals, and those needing treatment are referred for further care. Fisherfolk praised the practical training, and nearby hospitals report good compliance with screening.

Fit to Fish is helping protect lives and livelihoods by making fishing trips safer for Sri Lanka's hardworking seafarers.

Partners: *Department of Fisheries and Aquatic Resources, Ministry of Health, Sri Lanka Navy*

Success story 5: Thailand's National Child Drowning Prevention Advocacy Campaign

Drowning is the leading cause of death among Thai children under 15 years, with about 1500 deaths yearly, nearly a third in summer. Since 2008, Thailand's Department of Disease Control, Ministry of Public Health (MoPH) has led a nationwide campaign to prevent child drowning, focusing on the high-risk summer break (March–May). In 2021, the campaign aligned with World Drowning Prevention Day on 25 July.

Box 5. (Continued)

The campaign uses fun and creative activities such as

- Survival and rescue competitions
- Creative contests (videos, radio, drawings, infographics)
- Mass media outreach (television, radio, print, online, restaurant placemats)
- Community activities (risk management competitions, loudspeaker campaigns).

Over 15 years, child drowning deaths have fallen by 57% to about 700 per year. Public awareness has risen to 93%, and 87% believe drowning is preventable. Lifejacket use also improved significantly between 2016 and 2020.

Thailand shows how sustained public awareness can save lives and change attitudes.

Partner: *Department of Disease Control, Ministry of Public Health (MoPH)*

Success story 6: Listening to Water: Nepal's communities take action to prevent drowning

National estimates of Nepal suggest 1500 drowning deaths annually, with rural Terai districts seeing a high burden. In November 2023, community drowning assessments in Janakpurdham, Gadhimai and Dodhara Chandani uncovered drowning as a hidden public health threat in Nepal's Terai Belt. Led by EDCC and WHO Nepal, this was the first prevention-focused effort in these underserved areas.

The assessments included site visits, community meetings, family interviews, and solution-focused roundtables. Findings showed frequent drownings, lack of preventive measures, unsafe water sites, alcohol use, poor supervision, limited first-aid literacy, and risky water-play behaviour among children.

The visits sparked a change. Communities called for urgent action including awareness and school education, swimming and rescue training. Local governments now plan to create drowning prevention strategies, host World Drowning Prevention Day events, and budget for safety measures.

These first assessments turned silence into action, showing how listening to communities can save lives and start lasting change.

Partners: *WHO Nepal, Municipal Governments of Janakpurdham, Gadhimai and Dodhara Chandani*

Note: Member States were invited to share their country-specific interventions and drowning prevention stories using a set format. The information in Box 5 comes from these submitted case studies and has been adapted for inclusion in this report.

Case studies

Swim for safety, Sri Lanka.

Case Study 1: Thailand

Merit Makers for Safer Futures: a community-driven strategy to save children from drowning

A nation-wide initiative turning awareness into action



In 2015, the Department of Disease Control (DDC), Ministry of Public Health (MoPH), Thailand, launched a landmark initiative – the **Merit Maker for Child drowning prevention** strategy – to tackle the country's persistent child drowning problem. With drowning ranked as the leading cause of death among Thai children under 15 years, claiming 10 923 lives between 2006 and 2015, the programme set out to turn this crisis around by building a sustainable, community-led prevention system.

What made **Merit Maker** stand out was its holistic, community-anchored design. DDC developed a 10-component framework encompassing policy, leadership, data collection, risk assessment, childcare centre operations, knowledge dissemination, swimming and cardiopulmonary resuscitation (CPR) training, water source management, public communication, and research. The goal was to empower local governments and communities to understand, own and act on their local drowning risks using local resources.

Over just two years (2015–2017), 3484 multidisciplinary *Merit Maker* teams were formed in all 77 provinces of Thailand. These teams mobilized local leaders, schools, health centres, disaster response officials, volunteers and parents to implement tailored safety interventions.

Their results were transformative:

- More than 10 000 risky water settings were secured through fencing, signage or rescue equipment.
- 7862 child development centres introduced drowning prevention measures.
- Over 391 000 children aged 6–14 years were trained in survival swimming.
- 174 000 children and adults received CPR training.
- Nearly 18 000 certified instructors were created to teach life-saving skills.
- 8343 public outreach events were conducted in communities and schools.

Beyond numbers, *Merit Maker* has changed mindsets. Evaluations showed that in communities with intervention sites, 69% of residents recognized warning signs as effective tools, and 87% appreciated safety equipment as vital for reducing drowning risks – both significantly higher than in non-intervention areas.

Crucially, these efforts delivered measurable results: drowning rates were halved in programme areas. The initiative's reach and success were so significant that the *Merit Maker* model was made a national key performance indicator (KPI) of the MoPH.

Today, Thailand's *Merit Maker* initiative stands as one of the Region's most comprehensive and replicable drowning prevention models. It highlights the power of local participation, intersectoral collaboration, and long-term political commitment to save lives – especially the youngest and most vulnerable (13,14,15).

“We make people aware first – then give them tools and ownership to solve their own problems,” explains a DDC programme official. “That’s how you sustain prevention beyond the project cycle.”

Partners: Department of Disease Control, MoPH, Provincial and local governments, Ministry of Education, Disaster Prevention Agencies, Health centres, Child Development Centres, Royal Thai Navy and community volunteers.

Case Study 2: India

Safe Boundaries, Safer Lives: preventing child drowning through pond fencing

A community-based intervention offers vulnerable children twenty-four-hour protection by fencing ponds near rural households.



In the deltaic, water-logged Sundarbans region of West Bengal, recent research revealed that more children aged 1–4 years die from drowning here than anywhere else. Economic hardship, open water, climate change and poor safety infrastructure make the Sundarbans one of the most unsafe places for young children.

The George Institute for Global Health, WHO Collaborating Centre for Injury Prevention and Trauma Care, and Child in Need Institute piloted a simple intervention funded by the Indian Council of Medical Research. The idea: children must be separated from water before they have swimming skills or mental capacity to protect themselves.

Communities identified households with children aged 1–5 years adjacent to ponds. Using local resources, 100 households received support to fence pond peripheries with bamboo, fishing net, rope and wood. Gates ensured access for chores and rituals. Project teams assisted with fence maintenance over the year.

The intervention received positive community responses. One mother said, “...now that the pond is fenced, it is safer.” Some households built their own fences inspired by the project.

Challenges include fencing damage during monsoon rains requiring support to re-erect, engaging remote and disadvantaged families, and overcoming superstitious beliefs about fencing being inauspicious. As one project volunteer from the Child in Need Institute explained, *"When fencing the pond, some would say, 'You shouldn't fence it, it's inauspicious,' just as people in villages typically believe...But when I talk about drowning cases, they listen carefully and even share their own experiences. Now, these kinds of objections have reduced significantly."* Consistent community engagement has reduced objections.

Expanding pond fencing could have powerful results. Pool fencing in high-income countries is over 80% effective in preventing child drowning. Larger trials will provide evidence for low-resource rural India. Every single death is one too many. Anyone can drown. No one should. The intervention received positive community responses. One mother said, *"...now that the pond is fenced, it is safer."* Some households built their own fences inspired by the project.

Partners: The George Institute for Global Health, WHO Collaborating Centre for Injury and Trauma Care (India), Child in Need Institute, Indian Council of Medical Research



Case Study 3: India

Swim Safe Kerala: equipping children with lifesaving skills, one stroke at a time



© The George Institute for Global Health

In the southern Indian state Kerala, where lush greenery intertwines with a vast network of rivers, ponds, canals and backwaters, water is both life-giving and life-threatening. With over 44 rivers and countless inland waterbodies flowing through its towns and villages, the state presents a hidden danger – the unfenced water sources near homes pose a constant drowning risk for children aged 6–10 years. Despite strong health indicators, drowning remains an under-recognized but preventable cause of childhood death.

The George Institute for Global Health and WHO Collaborating Centre for Injury Prevention and Trauma Care – funded by the Australian Consulate General’s Direct Aid Program and supported by Kerala’s Ministry of Education and Labour – piloted a swimming intervention in Thiruvananthapuram. The programme empowered children with survival swimming and rescue skills.

Using co-design with education and health departments and local communities, a 12-session, hour-long curriculum was delivered to 306 students at two government schools via locally identified community swim trainers and portable pools on school premises.

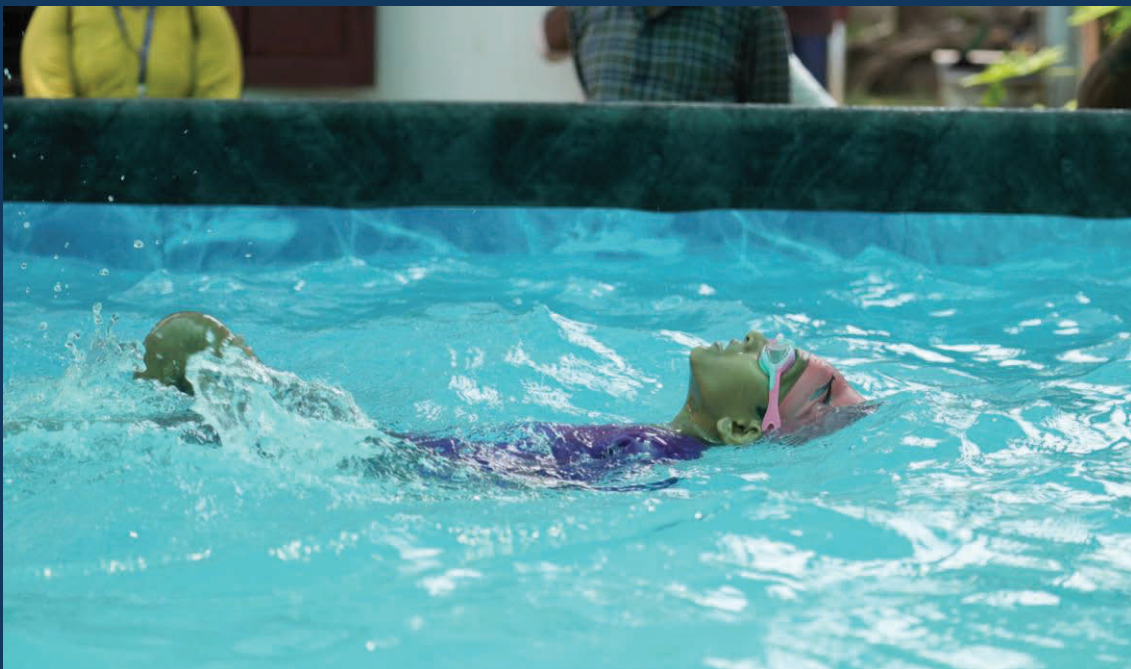
The programme was highly welcomed, especially by urban students from economically weaker sections lacking access to private pools. Students, parents and teachers praised its impact. A student shared, *“Our parents cannot afford private pools. This was a great opportunity...Will we have more sessions next year?”*

Challenges included sourcing water, limited playground space, accidental water damage, and funding needs. Nonetheless, the Kerala Department of General Education is committed to formally incorporate swimming into the school curriculum, potentially reaching over 600 000 children annually – a pioneering step in India’s public education.

By addressing infrastructure and funding gaps, Kerala could lead large-scale drowning prevention. The state loses the equivalent of two classrooms of children annually to drowning.

Every life matters. Every life counts.

Partners: *The George Institute for Global Health India, WHO Collaborating Centre for Injury Prevention and Trauma Care, Direct Aid Program–Australian Consulate General Chennai, Department of General Education, Government of Kerala*



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3.2 National and regional policies

National and regional policies are vital to institutionalizing drowning prevention as a public health priority. Governmental action at the policy level ensures that drowning is not addressed only as a community or seasonal issue, but rather as a sustained concern integrated into national development, disaster risk reduction, health systems, and water safety frameworks.

3.2.1 National drowning prevention strategies across the SE Asia Region

Countries of the WHO SE Asia Region show varying levels of commitment and progress towards establishing national drowning prevention strategies. While some nations have developed comprehensive strategic plans with time-bound goals, others are in nascent phases or have yet to begin formal planning.

According to country profile data submitted to WHO, six out of 10 countries of the SE Asia Region currently have a formal, government-led national strategy or policy specifically addressing drowning prevention. These strategies vary in scope and quality, with some integrated into broader disaster risk reduction or public health plans, while others are standalone initiatives focused entirely on drowning and water safety. In many cases, the development of national strategies has been catalysed by global momentum following the UN General Assembly Resolution on Global Drowning Prevention (2021) and the institutionalization of World Drowning Prevention Day (25 July).

Bangladesh has accelerated progress on drowning prevention in the Region and now has an approved national drowning prevention strategy, which came into effect in July 2025. This strategy includes a clearly defined target to achieve a 50% reduction in drowning deaths by 2030. To support effective implementation, the country now plans to develop a costed action plan to operationalize the strategy. Bangladesh also identified multiple supporting documents outlining operational goals across different sectors.

In 2024, India launched the National Strategy for Prevention of Unintentional Injury, which includes strategies and action points for drowning prevention (16). While the intent to establish a national plan is confirmed, no formal targets or timeframes have been documented, and evaluation mechanisms are not yet in place.

Maldives reported that a strategy is under development but did not specify targets, evaluation plans or timeframes. The strategy remains pending government endorsement, suggesting limited progress towards implementation.

Myanmar has no current national strategy and has not reported any plans to initiate one. No targets or evaluation mechanisms were documented. However, the country is considering to incorporate drowning prevention under the Injury Prevention project in the future.

Bhutan, Nepal and Timor-Leste similarly reported no existing national strategies or pending efforts. These countries rely primarily on broader disaster management or public health mechanisms to address drowning, with no specific targets or standalone plans.

Thailand has a 20-year national strategic plan for public health till 2036, with a target of decreasing mortality rate from drowning in all age groups by at least 50% from 2017. Thailand also reported a National Disaster Prevention Policy (2023–2027), currently under review by multiple national committees.

Sri Lanka does not have a standalone drowning prevention strategy; however, the country has introduced the “Multisectoral action plan on injury prevention 2021–2025” where drowning prevention has been mentioned and the country set a target to a relative reduction of 7.5% unintentional drowning deaths (17). Democratic People’s Republic of Korea (DPR Korea) also reported to have a national drowning prevention strategy. The country has integrated drowning prevention into its national education system through a structured, age-specific swimming curriculum. These interventions are integrated through the national curriculum under the universal 12-year compulsory education programme. However, none of these countries has developed a dedicated, standalone strategy specifically focused on drowning prevention.

A notable regional finding is that most of the countries reporting strategies had not completed an evaluation of their plans, making it difficult to measure impact or adapt implementation in real-time. DPR Korea reported to have evaluated its strategy, however little information is available regarding evaluation details. This reflects a broader trend of policy underutilization and underfunding, even where strategies exist.

These findings underscore the importance of moving from commitment to action. Countries with draft or pending strategies should prioritize government endorsement and ensure that strategies include measurable goals and evaluation frameworks. Simultaneously, countries without any formal planning must be supported through regional technical assistance and peer-learning platforms to initiate their own frameworks.

3.2.2 Legislative coverage

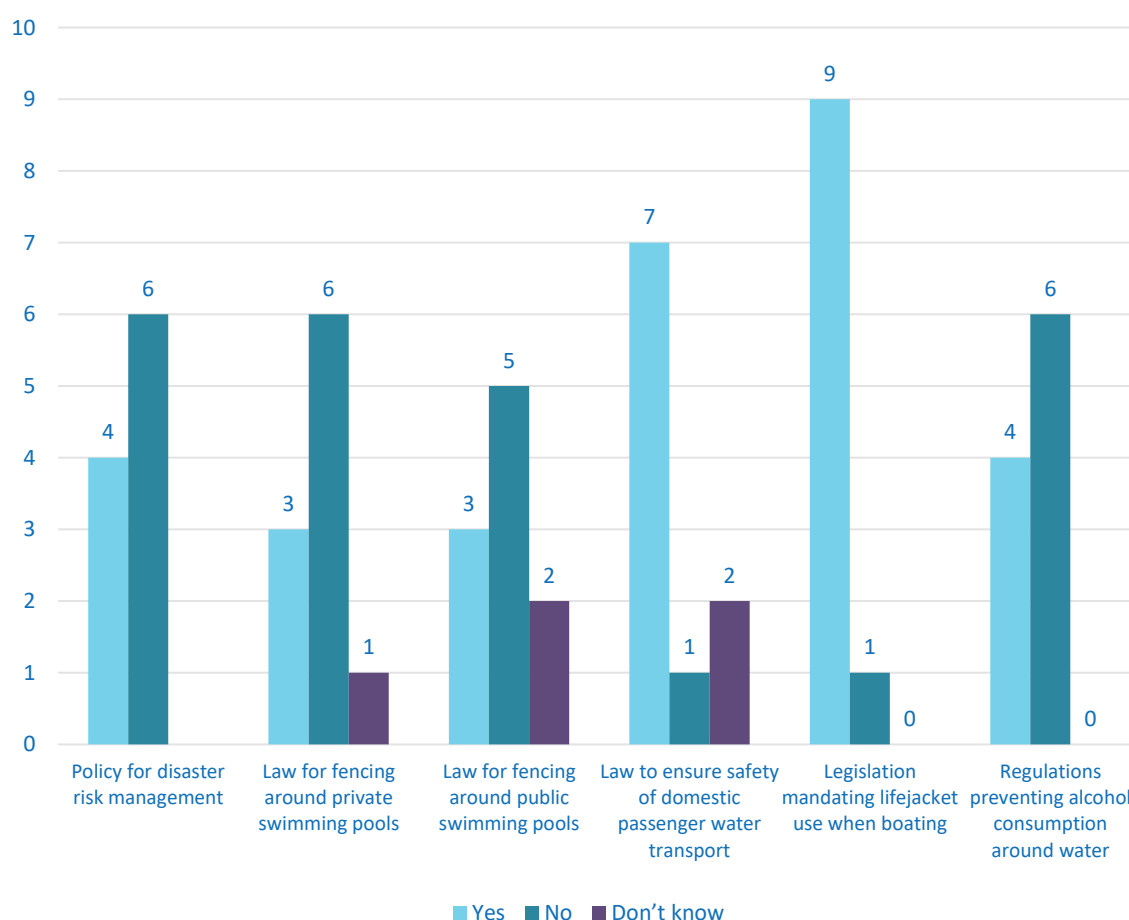
In contrast to progress on strategic planning, the presence of legal frameworks supporting drowning prevention remains limited across Member countries of the SE Asia Region. Legislation plays a critical role in ensuring uniform safety standards across water-based transport systems and recreational environments, especially in countries with extensive coastlines, rivers and flood-prone areas.

Most countries of the SE Asia Region (nine out of 10) reported having legislation mandating lifejacket use when boating, and seven have laws ensuring the safety of domestic passenger water transport. However, laws requiring fencing around private or public swimming pools are less common, with only three countries reporting such measures. Policies to regulate alcohol use around waterbodies and broader disaster risk management are reported by less than half of the countries, indicating significant policy gaps in several critical areas of drowning prevention (Fig. 11).

Six out of 10 countries of the SE Asia Region reported having national legislation that sets minimum safety standards for the seaworthiness and operation of domestic passenger vessels. These standards typically cover areas such as operator certification, passenger limits, and vessel maintenance – critical safeguards for countries with high inland and coastal water transport activity.

The lack of mandatory swimming education, formal supervision laws for children near water, and dedicated funding mechanisms are common policy shortcomings across the Region.

Fig. 11. Number of countries in the South-East Asia Region having key national policies and legislation supporting drowning prevention



3.2.3 Subnational and regional efforts

While national-level policy and legislative action remains limited, there is growing activity at the subnational and community levels. Several municipalities and districts across countries of the SE Asia Region – such as Gadhimai and Janakpurdham in Nepal, several states in India (e.g. Maharashtra, Assam, Odisha, Kerala, West Bengal), various provinces in Thailand and a few districts of Bangladesh – have initiated drowning prevention assessments, community mobilization campaigns, and school-based programmes.

These bottom-up efforts demonstrate political will and public recognition of the issue at the local level, and in some cases, are informing future national strategies. Subnational programmes are often supported by WHO country offices, NGOs and local disaster management authorities.

Additionally, regional collaboration through the WHO Regional Office for South-East Asia and multicountry networks provides opportunities for knowledge exchange, standardization of interventions, and coordinated advocacy. Still, the Region currently lacks a formal SE Asia regional drowning prevention strategy or framework, which could help consolidate fragmented efforts and accelerate cross-border learning.

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3.2.4 Opportunities for regional alignment

The Region's leadership in strategy development presents an opportunity for countries of the SE Asia Region to share best practices, align efforts, and promote multisectoral coordination. Strengthening legal mandates with enforcement mechanisms, expanding child safety regulations, and integrating drowning into broader public health agendas will be critical to advancing national and regional goals.



Fishermen releasing fish net into the sea, Pante Kelapa, Dili. © WHO / Joao Soares Gusmao

Box 6. Drowning prevention seminar: strengthening public health diplomacy

Drowning is a major but preventable cause of child mortality in South-East Asia. On 18 February 2025, the Embassy of Bangladesh in Myanmar convened a regional seminar in Naypyitaw to strengthen public health diplomacy and promote evidence-based drowning prevention strategies.

With similar water-related risks and comparable drowning mortality rates, Bangladesh and Myanmar share a common challenge. The seminar brought together policy-makers, technical experts and WHO representatives to present low-cost, scalable interventions and review Myanmar's national drowning data. Speakers from Bangladesh, Myanmar and WHO presented cost-effective solutions and shared regional perspectives, while representatives from key Myanmar ministries joined the discussion. The seminar demonstrated how regional platforms can effectively drive collective action and implement life-saving interventions. This model can be replicated across the Region to strengthen cooperation and accelerate progress in drowning prevention (18).

3.3 WHO and international contributions

WHO and international partners have played a critical role in advancing prevention of drowning across the SE Asia Region by offering strategic guidance, technical assistance, capacity-building and advocacy.

3.3.1 WHO's technical leadership

WHO has been a central driver of drowning prevention globally and regionally. The publication of the Global report on drowning (2014) (19) catalysed country-level dialogue, which was significantly advanced by the Global status report on drowning prevention (2024) (2). In the SE Asia Region, WHO has supported countries to improve surveillance systems, assess national drowning prevention capacity, and integrate drowning into health and development agendas.

Technical guidance has been provided to governments on data collection, national strategy development, and multisectoral coordination.

WHO has also supported the establishment of national and regional knowledge-sharing mechanisms and provided tools such as the Implementing Effective Interventions Guide (10) to facilitate evidence-based programming. Workshops, consultations and technical missions have helped building national capacities, with WHO country offices in Bangladesh, India, Sri Lanka and Thailand playing direct roles in technical support and stakeholder coordination.

3.3.2 Global advocacy and UN engagement

WHO has contributed to key global policy achievements, including advocacy that led to the adoption of the United Nations General Assembly Resolution on Drowning Prevention in 2021. WHO continues to serve as co-secretariat of the Global Alliance for Drowning Prevention, which includes governments, UN agencies and NGOs. Member countries of the SE Asia Region have participated in Alliance dialogues, regional webinars and cross-country exchanges facilitated by WHO and partners.

3.3.3 Support from international partners

Beyond WHO, several international organizations and development partners have supported drowning prevention across the Region:

- Bloomberg Philanthropies has funded large-scale programme implementation and research, particularly in Bangladesh, supporting the expansion of interventions such as (*Anchal*) community childcare and SwimSafe swimming instruction. Moreover, the organization has funded a population-based survey in West Bengal, India covering 18 million people in 2024 to investigate child drowning and to explore subsequent interventions (20).
- The Royal National Lifeboat Institution (RNLI) has provided technical assistance in policy development, capacity-building and evaluation, particularly in Sri Lanka and Thailand.

- UNICEF has prioritized drowning prevention in its child protection work, particularly in Bangladesh, Myanmar and Timor-Leste, by supporting supervised childcare, school-based education, and awareness campaigns. The Asian Disaster Preparedness Center has helped integrate water safety into broader disaster resilience strategies in vulnerable countries.
- The International Life Saving Federation (ILS) and Global Health Advocacy Incubator (GHAi) have supported training, advocacy and regional policy development.
- The International Red Cross Society has been extending its support to most of the countries of the SE Asia region. For example, the Myanmar Red Cross Society (MRCS), and the Thai Red Cross Society (TRCS) contribute to training bystanders in safe rescue techniques, cardiopulmonary resuscitation (CPR), and first aid – key components of drowning response (21,22). These components of training and awareness are also covered in other countries such as Bangladesh (BDRCS/Bangladesh Red Crescent Society), Bhutan, India, Maldives (Maldivian Red Crescent), Nepal, Sri Lanka and Timor-Leste.

These international partnerships reflect growing consensus on the urgency of preventing drowning and the necessity of sustained, collaborative engagement tailored to country-specific needs, in elevating drowning prevention on public health agendas across the Region.



Lifeguard at Cox's Bazar, Bangladesh. © RNLI / GMB Akash

4. Gaps and challenges

The second regional status report of the WHO SE Asia Region reflects progress in Member countries, however limitations are persisting especially in terms of reporting system and data collection.

4.1 Data limitations

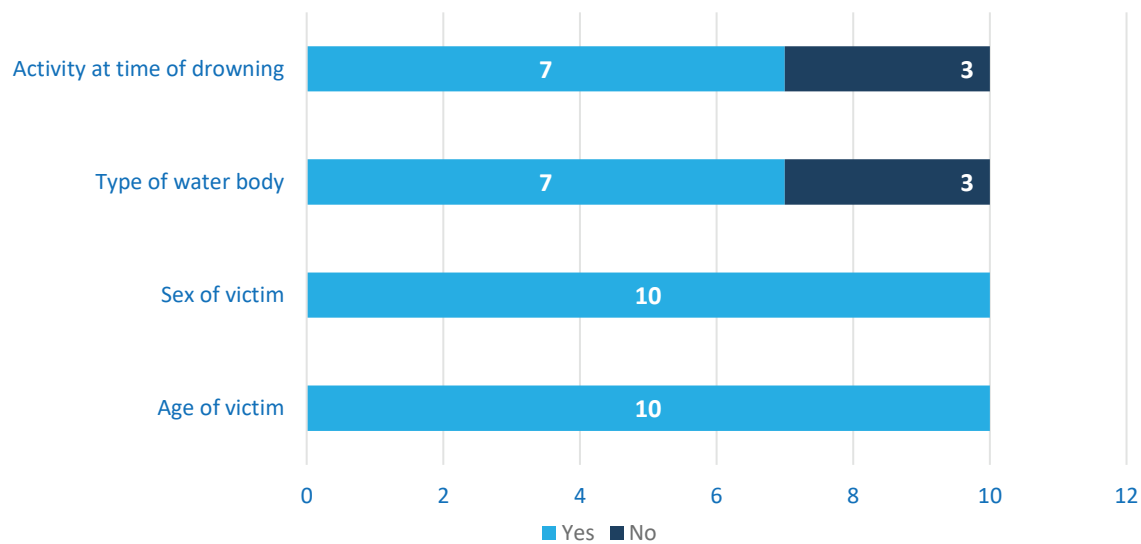
Data limitations persist, hampering evidence-based action.

- Although the Member countries reported data in the required format, there were wide variations in the submitted dataset. The year from which the total number of deaths was reported was different in all countries. For example, DPR Korea and Timor-Leste provided data from 2023; Maldives, Nepal, Sri Lanka and Thailand from 2022; Bhutan, India and Myanmar from 2021; and Bangladesh from 2018. Reliance on these data led to inconsistencies, making cross-country comparison and interpretation of drowning mortality rates challenging.
- While fatal drowning counts from the estimated data of 2021 provide standardized global figures for each year, discrepancies between GHE estimates and national reported data highlight major inconsistencies.

This is expected, as the data sources (GHE draws on data from VR data and modelled mortality estimates), classification methods, and years of reporting differed greatly. Given that only three countries submitted reported data for the year 2021 (the reference year for GHE), any direct comparison should be interpreted with caution, and detailed statistical comparisons should be purposely avoided to prevent biased conclusions.

- All 10 countries reported that their VR systems capture drowning data. However, only seven countries collect data on the type of waterbody (e.g. river, well, sea) involved in the drowning, while three do not. [Fig. 12](#) highlights that while basic demographic data (age and sex) are consistently recorded, more contextual information (like the type of waterbody and activity) is still missing in some countries – pointing to opportunities for improving data quality in drowning surveillance systems.

Fig. 12. Number of countries in the SE Asia Region reported to capture specific details on fatal drowning events



- Some countries reported data from multiple sources, for instance, India provided data from two different sources, while Maldives, Sri Lanka and Thailand reported from three sources each. This reliance on multiple data sources created additional inconveniences in ensuring comparability, consistency and interpretation of the data across countries. Moreover, this phenomenon added complexity as the same death incidents might have been counted by more than one reporting body within a country. Furthermore, only six out of 10 countries reported to capture drowning deaths in their vital registry system, reflecting a probable gap in the uniform data collection system.
 - Drowning fatalities resulting from suicide, homicide, natural disasters and floods were excluded from the GSRDP 2024 (2) and have also been excluded from this report.
- However, in countries such as Bangladesh, annual flood disasters contribute significantly to drowning deaths. Excluding this data hinders the pathway to understanding the true burden of drowning in the Region.
- Similarly, non-fatal drowning incidents were excluded in this report. There are still limitations in case definition of non-fatal drowning cases. However, including non-fatal cases in reporting would likely reveal a much higher overall drowning burden in the SE Asia Region.

4.2 Policy and programmatic gaps

A review of reported national-level data reveals significant variability in policy frameworks and coordination mechanisms for drowning prevention efforts across countries of the SE Asia Region.

Policy limitations

- **Policy for disaster risk management:** While a few countries (e.g. Bangladesh, DPR Korea, Myanmar, Thailand) have disaster risk management policies, around one third countries did not have such policies.
- **Swimming pool fencing laws:** Except for DPR Korea, Sri Lanka and Thailand (for public pools), legislation on fencing around swimming pools (which is critical for child drowning prevention) is either absent or not reported across most Member countries.
- **Water safety in transport:** Seven out of 10 (70%) countries had legislation to support water safety in transport. Similarly, a majority of countries had legislation to mandate lifejacket use during boating.
- **Regulations on alcohol use:** Practice to regulate prevention of alcohol consumption or sales near public waterbodies is scarce; it is available only at subnational levels in India and Sri Lanka and at the national level in DPR Korea.



Most countries lack comprehensive national legislation for critical interventions, such as fencing around private and public swimming pools, alcohol regulation near waterbodies, and mandatory lifejacket use. Only DPR Korea has reported extensive national and subnational legislation across all areas reviewed.

Limitations of intervention measures

- **Measures taken across countries:** Bangladesh, India, Myanmar, Sri Lanka and Thailand have implemented many interventions – primarily at the subnational levels – such as daycare services, rescue training, and flood resilience programmes. The Thai Government has established child development centres nationwide since 2002, with drowning prevention being emphasized as a key focus area starting in 2011. However, these efforts are not consistently national and often vary by locality. Most countries of the SE Asia Region have implemented national or subnational campaigns on drowning prevention and child safety, though alcohol-related aquatic safety campaigns are less common. So far, Bhutan has not reported implementation of any forms of awareness activities.
- **Limited scale of intervention programmes:** The model of childcare centres for preschool children and its role in drowning prevention was established by evidence-based research in Bangladesh. However, this proven technique was implemented at a subnational level and on a minimal scale in this country. Only three countries have adopted this intervention at the national level (DPR Korea, Maldives and Thailand). In addition, barriers to water access and inclusion of water safety lessons in school curriculum are poorly adopted region-wide, indicating low integration of structural and educational interventions.
- **Disaster management interventions:** Most countries reported national-level disaster alerts, weather warnings, and flood risk resilience systems, which shows prioritization of drowning risk in broader disaster management systems.



Disaster alerts and flood-resilience systems are common; however, structural and educational interventions remain poorly integrated across the Region.

4.3 Regional disparities

Marked disparities exist across countries of the WHO SE Asia Region in both the coverage of drowning prevention interventions and the associated outcomes.

Sri Lanka has implemented national-level media campaigns across all three key areas: drowning prevention, child safety, and alcohol-related aquatic risk. In contrast, Bhutan has not reported any mass media campaigns in these domains, reflecting a significant gap in public awareness efforts. This absence may be linked to lower national prioritization, limited technical capacity, or resource constraints, which in turn may contribute to under-addressed drowning risks, especially in rural or marginalized populations.

India demonstrates a mix of national and subnational campaign efforts; particularly in child safety, the country's vast geographical and demographic diversity may mask substantial internal disparities. Rural or low-income areas may still lack access to these interventions despite national policies.

These inequities highlight the need for more tailored, context-specific approaches to policy and programme implementation. Addressing these disparities requires regional collaboration, resource-sharing, and stronger monitoring systems to ensure equitable implementation and outcomes across all countries of the SE Asia Region.



Fisherman releasing fish net into sea in Bangladesh. © WHO/ F Lang

5. Conclusion and recommendations

5.1 Conclusion

The second regional status report was developed to showcase the growing public health concern of drowning across countries of the WHO SE Asia Region, particularly among children and marginalized populations. The SE Asia Region accounts for a significant share of global drowning deaths, with wide variations across countries in terms of risk factors, exposure and prevention efforts. It also highlights the substantial **variation in data availability, policy response, and public awareness interventions** across countries, underlining regional inequities in drowning prevention efforts. Additionally, the report provides **evidence-based, context-specific insights** into national and subnational practices, helping to identify strengths, gaps, and opportunities for scaling up effective interventions.

Compared to the first regional status report on drowning released in 2021 [\(1\)](#), this second status report highlights both progress and continuing challenges. Over the years, several countries have taken steps toward national drowning prevention strategies, with greater engagement from health, disaster management, and education sectors.

Compared to 2021, there is a noticeable increase in political willingness, intersectoral collaboration, and recognition of drowning as a public health priority. Encouragingly, the number of countries aligning their national efforts with UN and WHA resolutions has grown.

Despite this momentum, this 2025 SE Asia status report highlights gaps similar to those identified in 2021. Similar to the previous 2021 report, SE Asia Region still bears the second highest burden of drowning death count in the world. Data systems have modestly improved, with more countries reporting disaggregated drowning data, especially among children. The updated GHE [\(3,4\)](#) provide a more refined understanding of the drowning burden, though disparities in data collection methods and death reporting persist. The burden among children remains disproportionately high across the Region, echoing the previous report's findings and underscoring the need for urgent, targeted and scaled-up interventions.

5.2 Recommendations

Addressing the drowning burden requires a multidisciplinary, multisectoral approach – combining community-based interventions, policy reforms and stronger data systems – to promote water safety and reduce preventable deaths.

1. Strengthen national policy frameworks:

- Member States must adopt comprehensive national drowning prevention strategies without delay.
- Each Member country should designate a national focal point for drowning prevention, ideally from a government body, to lead and coordinate related efforts.
- Drowning prevention should be fully integrated into broader public health and development programmes to ensure sustained impact.

2. Research and data collection:

- Countries must strengthen data collection, monitoring and research systems on drowning to drive informed action.
- A standard data collection format, including age categories and other key variables, must be adopted and uniformly applied across all countries. This format should be shared with the national drowning focal point, who will be responsible for regularly collecting and compiling the data.
- Research institutions must align with this standardized format to ensure consistency and comparability of data across sources.

- Regular national surveys and coordinated reporting mechanisms must be conducted, aligned with WHO guidelines.
- Governments and partners should allocate funds for operational and implementation research to evaluate intervention effectiveness in diverse contexts.

3. Enhance evidence-based interventions:

- Countries should implement WHO-recommended drowning prevention interventions in a standardized manner, tailoring approaches to the SE Asia Region context.
- National and community-based media campaigns should be scaled up to raise awareness about drowning risks, especially targeting child safety around waterbodies.
- Governments must promote culturally appropriate messaging and ensure widespread dissemination and use of information, education and communication (IEC) materials.

4. Regional collaboration:

- Cross-country learning and resource-sharing within countries of the SE Asia Region must be actively promoted and institutionalized to accelerate progress in drowning prevention.

5.3 The way forward

This report shows that drowning is a serious but preventable public health issue. Handling drowning issues requires multidisciplinary approaches – that no single sector or organization can solve alone. It calls for urgent and coordinated action across health, education, disaster management, tourism, police, maritime, local government and beyond. Reaching the most affected communities, forming new partnerships, and engaging sectors which are not traditionally involved in drowning prevention are all essential.

The momentum is building, and countries in the SE Asia Region must act now to turn evidence into action. This report, together with the UN and World Health Assembly resolutions, provides a clear path forward to take real action—turning global commitments into local impact. With stronger collaboration, shared responsibility and focused investment, we can save thousands of lives and build safer, more resilient communities.



Child playing on the shores of Cox's Bazar, Bangladesh © RNLI / GMB Akash

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Lifeguard performing a board rescue in Bangladesh. © CIPRB / Abhijit Barua

Annex 1. Regional profile

The following tables provide an overview of the availability of data, legislation and enforcement mechanisms related to drowning prevention across the 10 countries of the WHO South-East Asia (SE Asia) Region. [Note: “*/*” indicates the number of countries that reported positively on the respective indicator, out of those that responded to it, among the 10 countries of the WHO SE Asia Region utilizing the submitted dataset in the GSRDP 2024.]

1. Burden and surveillance

Indicator	
Estimated drowning deaths in the SE Asia Region	82 991
Total reported drowning deaths in the SE Asia Region (latest national data reported from the country over the years 2018–2023)	65 393
Estimated drowning death rate of SE Asia Region (per 100 000/year, all ages, both sexes)	4.02
Countries reporting national drowning mortality data	10/10
Countries collecting drowning data via civil registration and vital statistics (CRVS)	6/10
Countries with disaggregated drowning data by age	10/10
Countries with disaggregated drowning data by sex	10/10
Countries using ICD codes for cause-of-death classification	Not reported
Countries collecting data on non-fatal drowning	10/10

2. National policy, strategy and coordination

Indicator	
Countries with a national strategy on drowning prevention	6/10
Countries with a standalone drowning prevention strategy	3/10
Countries with time-bound goals or targets in strategies	2/10
Countries with monitoring and evaluation frameworks	3/10
Countries with a multisectoral coordination mechanism for drowning	7/10
Countries with a designated lead agency	6/10

3. Legislation, regulation and enforcement

Indicator	
Countries with national legislation on lifejacket use	7/10
Countries mandating safety standards for domestic water transport	6/10
Countries requiring safety inspections of vessels	4/10
Countries mandating lifesaving equipment on vessels	3/10
Countries with laws on fencing of public swimming pools	3/10
Countries with laws on fencing of private swimming pools	2/10
Countries with alcohol regulations near waterbodies	2/10

4. Implementation of interventions

Indicator	
Countries implementing swimming and water safety education in schools	5/10
Countries implementing childcare/supervision programmes	4/10
Countries implementing community-based rescue and resuscitation training	6/10
Countries using safe spaces or barriers (e.g. playpens, fencing)	5/10
Countries providing subsidized lifejackets to high-risk groups	3/10
Countries with documented community-based drowning prevention programmes	7/10

5. Research, capacity and advocacy

Indicator	
Countries with academic/research institutions involved in drowning prevention	8/10
Countries that conducted research on drowning in past 5 years	6/10
Countries with budget allocation for drowning prevention	3/10
Countries with national campaigns/media programmes on water safety	5/10
Countries engaged in regional collaboration (WHO, UNICEF, NGOs)	10/10

Annex 2. Country policy briefs



Group of people sitting on the beach watching a sunset, Timor-Leste. © WHO / Karen Reidy

Population	171 466 990 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	2860
Reported fatalities count	18 268
Reported fatalities year	2023
Source of the reported data	Bangladesh Health and Injury Survey (BHIS) 2023

Drowning is a major public health concern in Bangladesh, particularly affecting children and rural populations. The problem was identified in first ever Bangladesh Health and Injury Survey (BHIS) 2005 where drowning was the leading cause of death among children under 18 years (1). Since then, Bangladesh has been working to tackle this issue, which is evident in numerous research initiatives and programmes.

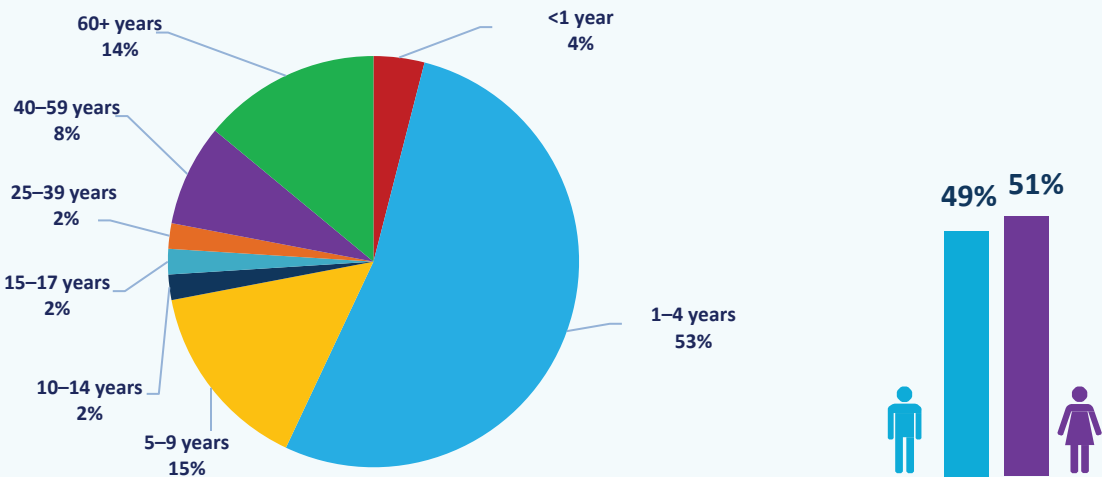
Burden of drowning in Bangladesh

According to the BHIS in 2016, the country recorded more than 19 000 drowning deaths each year, with 77% (around 14 500) being children under 18 years (2). In the third round of the BHIS, conducted in 2023, a total of 18 268 drowning deaths were reported, indicating that the drowning burden has remained largely unchanged based on reported data.

The previous WHO SE Asia regional report mentioned Bangladesh’s overall drowning fatality rate at 11.7 per 100 000 population/year, all ages (3). More recent data from Global Health Estimates (GHE) indicate a revised death rate of 5.7 per 100 000 population/year, all ages (4). However, these figures are not directly comparable due to variations in data sources and estimation methods.

Despite this, the age pattern of drowning deaths has remained consistent over time, with the highest proportion among children aged 1–4 years (53%), followed by those aged 5–9 years (14%) and 60+ years (14%). Smaller proportions were observed among children under 1 year (4%), adults aged 40–59 years (8%), and other age groups (2% or less). Drowning fatalities, which were previously disproportionately higher among males than females, are now almost equal between males (49%) and females (51%) in Bangladesh. High-risk groups include young children aged 1–4 years, lack of swimming ability, low socioeconomic status, and low literacy skills. Most drowning happens during daytime (9.00 a.m.–2.00 p.m.) when children are unsupervised, and parents are busy with their household chores. The majority of drowning incidents occur in rural areas, where waterbodies are more accessible and supervision is challenging. Ponds happen to be the common sites for drowning incidents (76%), followed by ditches (16%).

Bangladesh reported drowning fatalities by age group and sex



Existing interventions

Over the years of research experience, Bangladesh has established three proven techniques to reduce drowning – community daycare centre (*Anchal*) for children under 5 years, survival swimming lessons (SwimSafe) for children aged 6–10 years and community first response training programmes to volunteers. These interventions are also accepted by WHO as the best practices to prevent drowning in low-resource settings. Bangladesh has started the national-level scale-up for child drowning through an initiative taken by the Ministry of Women and Children Affairs (MoWCA). Through this initiative, over the period of 2022 to 2025, about 200 000 children have been receiving daycare services through 8000 childcare centres, and 360 000 children are in the process of being trained in survival swimming. In addition, Bangladesh has introduced lifeguard services in the South-Eastern coastal area (Cox’s Bazar sea beach). The country also has community disaster resilience programmes, operational weather alerts as well as disaster warning systems. Through the evidence generated and advocacy efforts of Bangladesh (along with Ireland), the 75th UN General Assembly of 2021 and the 76th World Health Assembly in 2023 adopted historic resolutions on global drowning prevention.

Policy gaps and priority areas

A number of government and nongovernmental organizations are involved in drowning prevention actions including the Ministry of Health and Family Welfare (MoHFW), MoWCA, Ministry of Education, Ministry of Primary and Mass Education (MoPME), Ministry of Home Affairs, Department of Disaster Management (DDM), Maritime safety and the Coast Guard, Bangladesh Inland Water Transport Authority (BIWTA) and the Ministry of Youth and Sports (MoYS), Bangladesh Fire Services and Civil Defence (BFSCD), research organizations, and lifesaving organizations. The MoHFW has taken the lead and designated a national focal point for drowning prevention. The national drowning prevention strategy of Bangladesh, developed by the Directorate General of Health Services (DGHS), was approved by the MoHFW and has been in place since July 2025. However, a national coordination mechanism for drowning prevention is yet to be established. Bangladesh also lacks centralized, structured data systems for real-time drowning surveillance, and drowning data are collected via surveys and project reports. Children are most vulnerable to drowning incidents; lives lost in moments that could have been prevented. Policy-makers should prioritize these neglected areas and support continuation of ongoing research activities to track progress over the years.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	- Promote effective implementation of the national drowning prevention strategy across all relevant sectors. - Establish a national coordination mechanism for drowning prevention. - Strengthen multisectoral coordination.
Policy and legislation	Establish mandatory safety regulations for water safety in schools and public areas.
Community-level interventions	- Scale-up and monitor childcare centers and SwimSafe training. - Introduce school-based swimming training to reach all school-going children.
Awareness raising	- Enhance water safety campaigns among the masses. - Engage government bodies alongside local NGOs, religious institutions and schools to raise awareness in remote areas.
Data and research	Establish a national drowning surveillance system, integrated with health and civil registration data.

1. Rahman A, Rahman AKMF, Shafinaz S, Linnan M. Bangladesh Health and Injury Survey: report on children. Dhaka, Bangladesh: UNICEF; 2005.
2. Rahman A, Chowdhury SM, Mashreky SR, Linnan M, Rahman AKMF, Hossain MJ et al. Bangladesh Health and Injury Survey 2016 (BHIS 2016): summary report. Dhaka: Directorate General of Health Services (DGHS), Government of Bangladesh; 2016.
3. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia, 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).
4. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).

Population	786 385 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	3590
Reported fatalities count	68
Reported fatalities year	2021
Source of the reported data	Ministry of Health

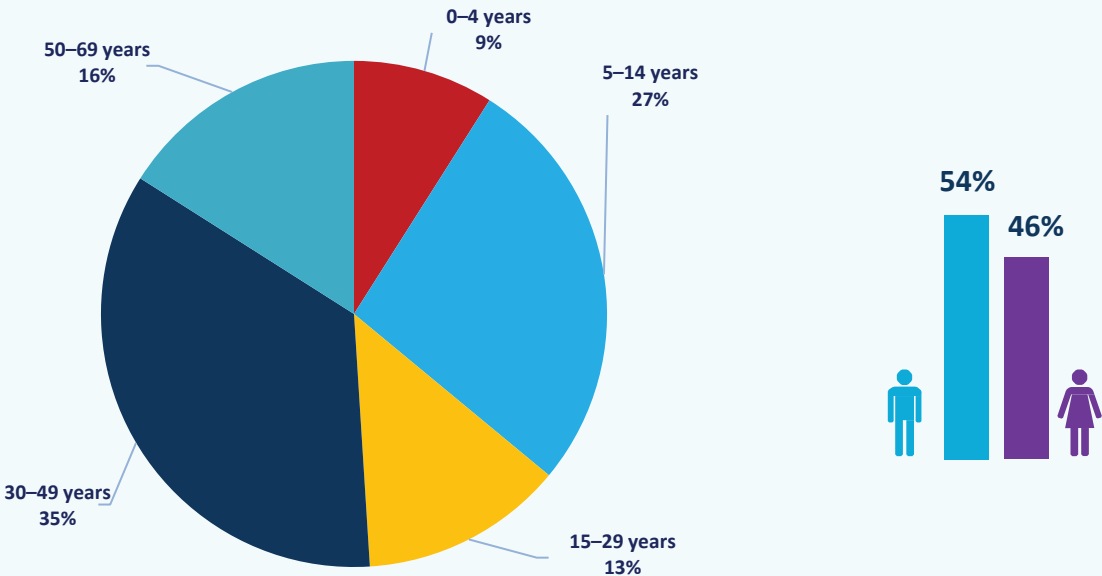
Bhutan, a small landlocked country in the eastern Himalayas, experiences a comparatively lower burden of drowning than the neighbouring nations of the South-East Asia Region. Although the country possesses limited inland waterbodies, Bhutan's monsoon-related floods and unsafe water access points contribute to a persistent risk of drowning, particularly for rural communities.

Burden of drowning in Bhutan

Bhutan reported 68 drowning fatalities in the year 2021 (1). The highest proportion of fatalities is among the middle-aged population group of 30–49 years (35%). Children aged 5–14 years are also significantly affected (26%), which is concerning for school-age safety. Males and females are almost equally affected by drowning, where the male proportion (54%) is slightly higher than that of females (46%).

Most of the drowning fatalities occur when people go for recreational swimming or fishing, particularly in rivers with strong currents. According to estimated data, the country experiences a drowning rate of 3.0 deaths per 100 000 population/year across all age groups.

Bhutan reported drowning fatalities by age group and sex



Existing interventions

Bhutan has implemented some flood resilience programmes, search and rescue services, and boating safety related regulations at sub-national levels. These efforts, however, are fragmented, lack evaluation, and are not part of a unified national strategy. There is no legislation such as disaster risk management policy that addresses drowning, nor are there policies to install barriers around public or private swimming pools, public education campaign, or structured swimming or rescue training programmes.

Policy gaps and priority areas

The Ministry of Health, Ministry of Education and Skills Development, Disaster Risk Reduction, and police department are reported to be involved in drowning prevention related activities

Data are collected and compiled nationally under the leadership of the Ministry of Health. However, there is minimal intersectoral coordination between various the government bodies, showing no significant change since the 2022 SE Asia status report (2). The country has not involved any research organizations or other academic institutions in drowning research, moreover no lifesaving organization or swimming organization has enlisted activities to prevent drowning at the government level. Therefore, there is minimal scientific evidence on drowning prevention related activities of Bhutan. Based on the scenario, the country urgently needs a centralized action plan backed by political commitment, stakeholder engagement, and resource allocation to uphold drowning prevention activities in Bhutan.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	- Establish a national coordination mechanism, that can be led by the Ministry of Health and supported by other key government sectors and NGOs to coordinate policy development and promote intersectoral collaboration. - Formulate a national drowning prevention strategy aligned with UN and WHA resolution.
Policy and legislation	Establish and enforce national water safety regulations for water safety in schools and public areas.
Community-level interventions	Prioritize and initiate child safety programmes and school-based drowning prevention programmes targeting high risk groups (5–14 years).
Awareness raising	- Implement mass media and school-based awareness campaigns during the monsoon season, focusing on drowning risks among the children. - Engage government bodies and relevant local NGOs, religious institutions and schools to raise awareness in remote areas.
Data and research	Establish research environment that would foster collaborative research initiative in Bhutan to study the burden, risk factors and to plan future interventions for drowning.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).

2. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia, 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).

Drowning prevention in Democratic People's Republic of Korea (DPR Korea) – POLICY BRIEF 2025

Population	26 418 204 [Source: UN World Population Prospects (2023)]
Income group	Low income (Source: World Bank Income Groups)
Gross national income per capita	1147
Reported fatalities count	352
Reported fatalities year	2023
Source of the reported data	Data submitted by national counterpart

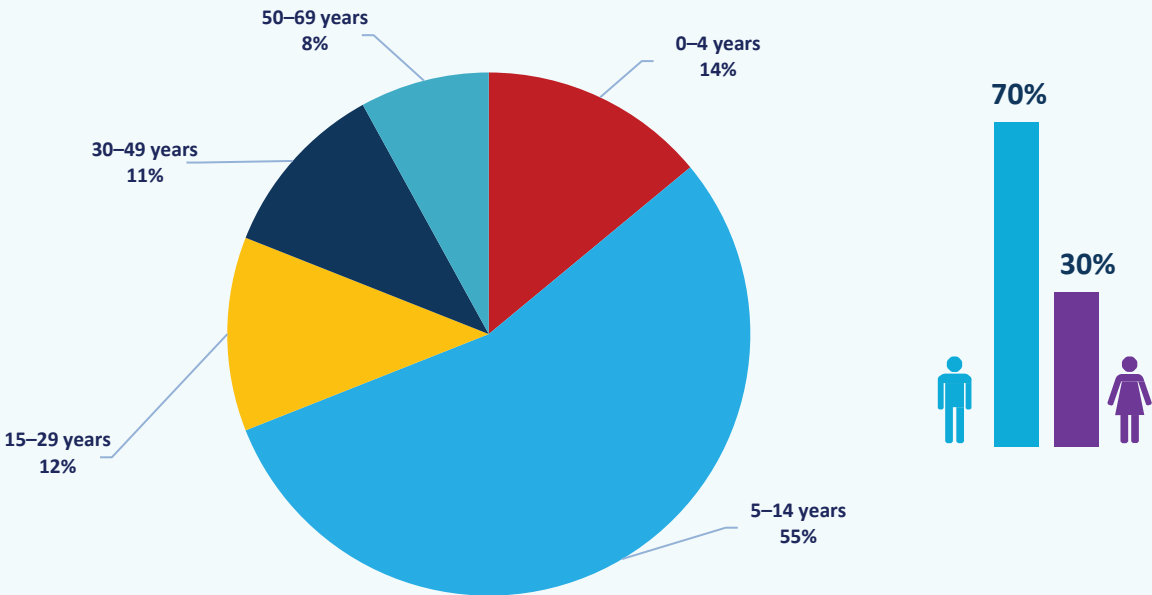
With huge coastlines, drowning is a significant public health agenda in The Democratic People’s Republic of Korea (DPR Korea).

Burden of drowning in DPR Korea

In DPR Korea, drowning fatalities are most prevalent among children aged 5–14 years (55%), followed by 0–4 years (14%), indicating a high burden among younger age groups—a pattern consistent with other countries of the South-East Asia Region. In DPR Korea, males are almost twice as likely to die from drowning as females, with 70% of reported fatalities occurring among males compared to 30% among females.

The country reports a total of 352 drowning fatalities in 2023. Natural water bodies such as rivers, reservoirs and irrigation canals are common sites of drowning. Monsoon-related flooding, unregulated fishing and recreational activities (swimming during summer and moving on iced water during winter) contribute to drowning risk (1).

DPR Korea reported drowning fatalities by age group and sex



Drowning prevention in Democratic People's Republic of Korea (DPR Korea) – POLICY BRIEF 2025

Existing interventions

DPR Korea has implemented a national initiative to integrate swimming instruction into the primary education curriculum, with the goal of enabling students to swim over 200 metres by the end of junior middle school (third grade). Intensive lessons are conducted annually across all grade levels. Swimming pools and wading areas are being constructed in schools and kindergartens, particularly near water bodies, under a Cabinet directive issued in April 2024. Drowning data, disaggregated by age and sex, are collected by people’s committees, maritime authorities, police, and the tourism sector. Additionally, national and local disaster risk reduction plans, flood management systems (involving use of GIS), and integrated water policies are in place.

Policy gaps and priority areas

Several government bodies, including the Cabinet, police, disaster risk reduction, maritime safety are reported to have drowning prevention activities in DPR Korea.

Moreover, the country has non-standing committees for prevention of accidents/injuries at all levels (central, provincial, city and county level), which include ministries, central agencies, people’s committees at all levels that contribute to drowning prevention. The committee with representatives from relevant government bodies and the Cabinet holds quarterly meetings to take appropriate action against all injury incidents including drowning. No research organization, academic institution or search and rescue activities are found to be involved; however, from the nongovernment sector, social organizations including “Women’s Union” under the guidance of people’s committees at provincial city and county levels have limited activities. The Ministry of Health is notably absent from drowning prevention efforts. Furthermore, the absence of disaggregated data on drowning contexts and a lack of evaluated interventions such as child supervision or community rescue hinder comprehensive prevention planning. Although data limitations persist, the available estimates highlight the urgent need for DPR Korea to address drowning as a public health and development priority.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	Sustain and enhance the role of existing non-standing intersectoral committees by incorporating regular technical reviews and strengthening coordination between government and nongovernment bodies on drowning prevention.
Policy and legislation	Review and reinforce current policy directives related to water safety infrastructure, and consider mechanisms to support consistent and effective implementation across all provinces and localities.
Community-level interventions	Expand the scope of ongoing community initiatives by promoting structured peer-led child supervision approaches in areas with higher drowning risk, especially during monsoon and icy seasons.
Awareness raising	Maintain and build upon existing mass media efforts by incorporating context-specific messaging on seasonal drowning risks and recommended protective practices for children and caregivers.
Data and research	- Establish a national drowning surveillance system, and integrate health and administrative drowning data. - Foster research environments and conduct a baseline study to assess geographical distribution, demographic risk, and intervention needs in the context of drowning.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).

Population	1 438 069 596 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	2540
Reported fatalities count	36 362
Reported fatalities year	2021
Source of the reported data	National Crime Records Bureau (NCRB)

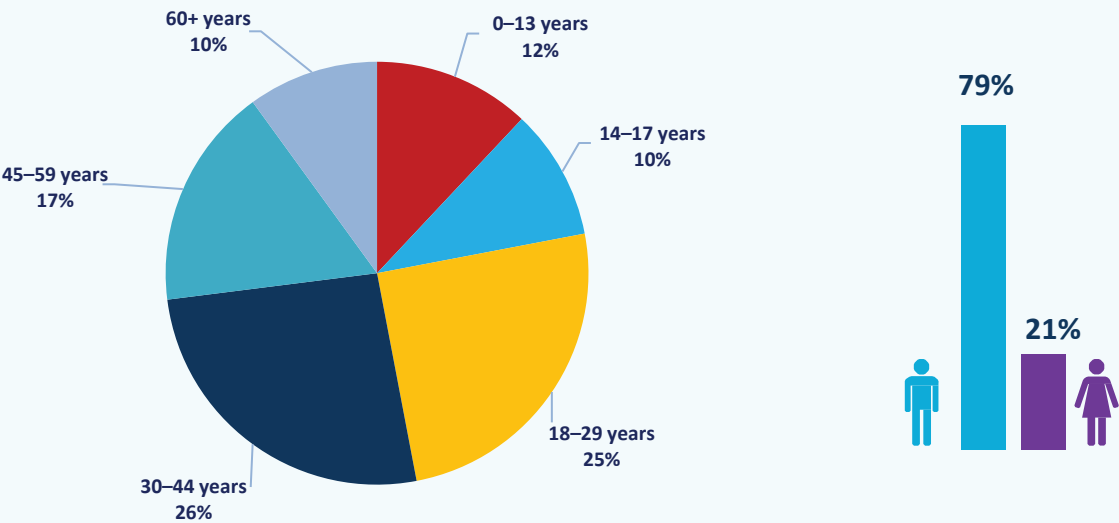
India, the most populous country in the WHO South-East Asia Region, faces a significant but under-recognized burden of drowning. Owing to vast geographical areas with different environmental characteristics, the country faces diverse challenges in drowning prevention.

Burden of drowning in India

Different reports and data sources vary in reporting drowning burden. The literature shows that drowning deaths range from 1348 to 62 569 annually reported from national data (1). A recent data source in India reported 36 362 deaths in 2021 (the highest death count reported from the SE Asia Region). The country also reported 2099 deaths sourced from “Medical certification of cause of death” in 2020 (2). The highest proportion of reported drowning deaths occurs in the age group of 30–44 years (28.6%), followed by 18–29 years (27.5%), indicating a death toll in the middle-aged population. While recent reported data show that children aged 0–13 years account for 13.2% of drowning fatalities, the literature from various areas indicates that children are often the most affected age group.

For example, a community-based survey in the rural, forested Sundarbans area of India found that the drowning mortality rate among children aged 1–4 years was 243.8 per 100 000 people, with 58% of these deaths occurring in children aged 1–2 years (3,4). However, estimated data reported a death rate of 3.9 per 100 000 population/year, all ages in India. These figures are not directly comparable due to variations in data sources and estimation methods. As seen in other countries of the SE Asia Region, children under 5 years of age represent a high-risk group and should not be overlooked in drowning prevention efforts in India. In terms of sex, males are disproportionately affected more than females, where 79% of drowning fatalities occur among males. Accidental fall into waterbodies was reported in 71.8% of drowning deaths and drowning due to flooding in 9.2% of cases.

India reported drowning fatalities by age group and sex



Existing interventions

India has initiated several interventions, such as the provision of childcare facilities under the Mahatma Gandhi National Rural Employment Guarantee Act (subnational level), disaster warning systems, National Disaster Response, Force Satellite Aided Search and Rescue, and lifeguards at public swimming venues; however, most of these interventions remain unevaluated (3). Multisectoral collaboration is not yet established, and many interventions operate independently across government and nongovernment sectors. There are several localized government initiatives in place, such as the Integrated Child Development Scheme (ICDS), which operates through community-based Anganwadi centres to provide child supervision and early education, self-help groups (SHGs) as well as the Accredited Social Health Activist (ASHA) programme (5,6). The Rashtriya Life Saving Society (RLSS India), a non-profit organization and member of International Life Saving Federation, is running several activities such as raising public awareness, arranging swimming training (Swim n Survive programme for children aged 5–14 years) lifesaving skills in water including rescue of a drowning victim (7). In early 2025, the SwimSafe programme has been initiated in two schools of Kerala, India to teach school students survival swimming and basic rescue skills. This initiative was launched by the George Institute for Global Health India, with support from the Australian Consulate General, and endorsed by Kerala's Ministry of Education and Labour (8).

Policy gaps and priority areas

Multiple ministries and government sectors are involved in drowning prevention activities including health, police, transport, disaster risk reduction, education, environment, sport and leisure, military/coastguard. The Ministry of Health and Family Welfare, India launched the Strategic Framework for Prevention of Drowning in December 2023 (9). In 2024, India launched the National Strategy for Prevention of Unintentional Injury, which includes strategies and action points for drowning prevention (10). There is limited legislation on water safety. Swimming and rescue training is not integrated into national school curricula, and physical barriers (e.g. pond fencing, well covers) are not well mandated. Civil registration and vital statistics registers are still not integrated in collection and reporting of drowning-related data. Drowning data are spread across sources (NCRB, hospitals, maritime agencies) with limited integration or consistency. As drowning causes a significant death toll in India, it is high time for the policy planners to address the gaps through coordinated, evidence-based actions, with a long-term vision to save lives and build a safer future for vulnerable communities across the country.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	Establish a national focal point within a coordinating body on drowning prevention, ensuring representation from relevant government and non-government sectors to implement and monitor the approaches outlined in the National Strategic Framework for Prevention of Drowning.
Policy and legislation	Formulate and enforce a national water safety law, which will address safety infrastructure, and standardized rescue services, especially in flood-prone and public tourism areas. Although a nationwide policy framework is valuable, implementing targeted interventions at the state level can yield greater effectiveness and impact.
Community-level interventions	- Scale up existing community-based child supervision programmes. - Develop and expand swimming teaching initiatives to young children.
Awareness raising	Enhance mass water safety campaigns with emphasis on drowning risk for children, safe behaviour near waterbodies especially during monsoon and tourist seasons.
Data and research	Develop a centralized drowning surveillance system, combining available data sources.

- Lukaszyk C, Ivers R, Jagnoor J. Systematic review of drowning in India: assessment of burden and risk. *Inj Prev*. 2018;24(6):451–8. <https://doi.org/10.1136/INJURYPREV-2017-042622>.
- Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).
- Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).
- Gupta M, Bhaumik S, Roy S, Panda RK, Peden M, Jagnoor J. Determining child drowning mortality in the Sundarbans, India: applying the community knowledge approach. *Inj Prev*. 2020: doi: 10.1136/injuryprev-2020-043911.
- Gupta M, Roy S, Panda R, Konwar P, Jagnoor J. Interventions for child drowning reduction in the Indian Sundarbans: perspectives from the ground. *Children*. 2020;7(12):291. doi:10.3390/children7120291.
- Gupta M, Zwi AB, Jagnoor J. Opportunities for the development of drowning interventions in West Bengal, India: a review of policy and government programs. *BMC Public Health*. 2020;20(1). doi:10.1186/s12889-020-08868-2.
- Sharma PD (Retd Rear Admiral). A few thoughts on drowning prevention. *Life Saving India*; 2025 (<https://www.lifesavingindia.org/drowning-prevention/>, accessed 12 August 2025).
- Turning the tide on drowning: SwimSafe initiative, supported by the Australian Government, empowers children in Kerala with essential survival skills. The George Institute for Global Health; 2025 (<https://www.georgeinstitute.org/news-and-media/news/turning-the-tide-on-drowning-swimsafe-initiative-supported-by-the-australian-government-empowers>, accessed 12 August 2025).
- Strategic Framework for Drowning Prevention in India. New Delhi: Press Information Bureau, Government of India; 2023 (<https://www.pib.gov.in/PressReleaseDetailm.aspx?PRID=1985748>, accessed 12 August 2025).
- National Strategy for prevention of unintentional injury. New Delhi: Ministry of Health and Family Welfare, Government of India; 2025 (<https://mohfw.gov.in/sites/default/files/Sep%207%20National%20Strategy%20for%20Prevention%20of%20Unintentional%20Injury.pdf>, accessed 12 August 2025).

Population	525 994 [Source: UN World Population Prospects (2023)]
Income group	Upper-middle income (Source: World Bank Income Groups)
Gross national income per capita	11 030
Reported fatalities count	23
Reported fatalities year	2022
Source of the reported data	Maldives Police Service

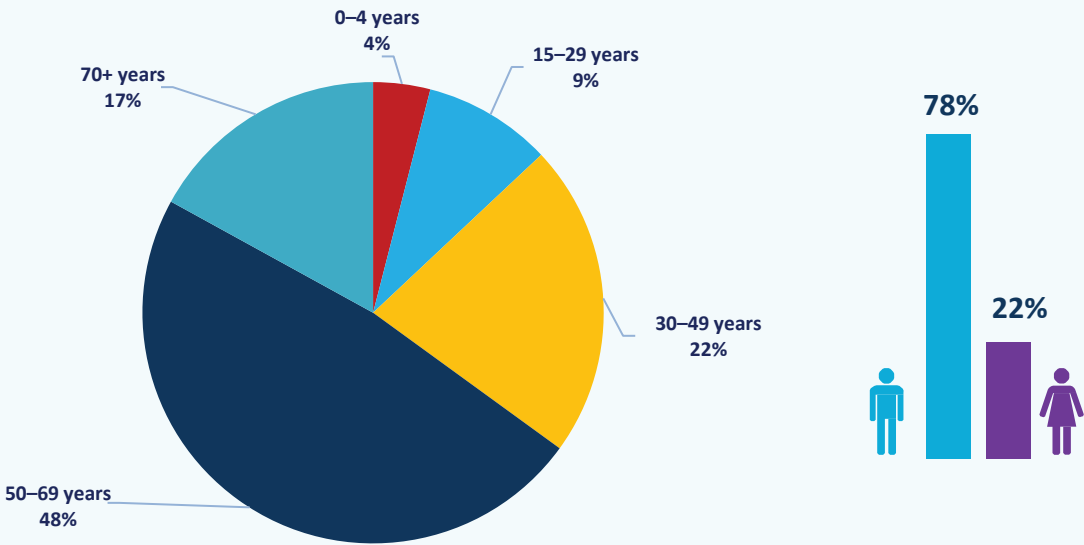
Maldives, an island nation with vast exposure to water, is inherently vulnerable to drowning risks. The country is highly vulnerable to climate change with prediction of submergence due to rising sea level. Maldives is prominent for its tourism sector and experiences drowning on a small-scale each year.

Burden of drowning in Maldives

In 2022, a total of 22 drowning death cases were reported from Maldives. Another data sourced from civil registration and vital statistics showed 29 deaths in the year 2021 (1). Age group distribution shows that 50–69 years (48%) and 70+ years (17%) together constitute two thirds (65%) of reported drowning deaths. This is unusually high and indicates that older adults are at a disproportionately high risk, a pattern different from other countries of the SE Asia Region where children are the high-risk group.

This phenomenon is caused by health-related vulnerabilities of older adults (e.g. reduced physical fitness, chronic conditions) and increased exposure (e.g. recreational swimming, snorkeling, fishing among retirees or older residents). Around 78% of drowning deaths are among males, which is consistent with global patterns. An estimation from 2021 shows a death rate of 2.2 per 100 000/year (all ages) in Maldives.

Maldives reported drowning fatalities by age group and sex



Existing interventions

The Maldives Ministry of Tourism has initiated efforts to enhance water safety awareness among tourists (2,3). School-based programmes such as Swim-n-Survive Maldives provide water safety education to schoolchildren. Additionally, private entities such as the “Maldives Swimming and Life Saving Skills Training School” offer lifeguard and water rescue training on a demand-driven basis (4). However, the programme is being run on a small scale having subnational limited coverage. Although the country comprises numerous islands, the provision of lifeguard services has not been mandated at public swimming areas. At the national level, the government makes available search and rescue services as well as weather alert services. Drowning prevention mass media campaigns are conducted on a subnational level with extensive reach.

Policy gaps and priority areas

Surveillance from multiple sectors (health, police, coast guard, and tourism) suggests underreporting and data inconsistencies, indicating that the actual burden may be significantly higher (1,2). The country does not have any national drowning prevention strategy. There is also an absence of policy for disaster risk management that addresses drowning. Coordination roles are inconsistently assigned across sectors, with limited involvement from critical stakeholders. Addressing these issues requires leadership, cross-sector engagement, and investment. National policy planners are urged to prioritize drowning prevention as a critical area for public health and safety investment.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	• Develop a national drowning prevention strategy with action plans mentioning clear roles, accountability, and cross-ministerial alignment.
Policy and legislation	• Enforce laws mandating swimming and water safety in school curricula. • Introduce legislation to regulate alcohol use and personal flotation devices on watercraft (common in tourism-based areas). • Employ lifeguard services at public swimming areas and fencing for swimming pools.
Community-level interventions	• Scale up and evaluate programmes such as Swim-n-Survive and safety training. • Promote child supervision programmes and expand safe spaces for pre-school-going children.
Awareness raising	• Launch national-level drowning awareness and behaviour change campaigns using mass media. • Adapt the messaging for tourists, children, and coastal communities using culturally relevant texts.
Data and research	• Integrate data systems across health, police, tourism, and maritime sectors and develop a centralized data compilation and monitoring system. • Foster research environments to identify context-specific risk factors and evaluate the impact of intervention.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).
2. Status of drowning in South-East Asia: Country reports. (2022). New Delhi: World Health Organization, Regional Office for South-East Asia, 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).
3. Drowning: an increasing danger for visitors to Maldives [website]. Male: Maldives; 2025 (<https://adkhospital.com/en/page/teamtalk/drowning-an-increasing-danger-fro-visitors-to-maldives>, accessed 12 August 2025).
4. Maldives swimming and Life Saving Skills Training School. Male: Maldives; 2025 (<https://www.linkedin.com/company/maldives-swimming-and-life-saving-skills-training-school/>, accessed 12 August 2025).

Population	54 133 798 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	1210
Reported fatalities count	1381
Reported fatalities year	2021
Source of the reported data	Central Statistical Organization

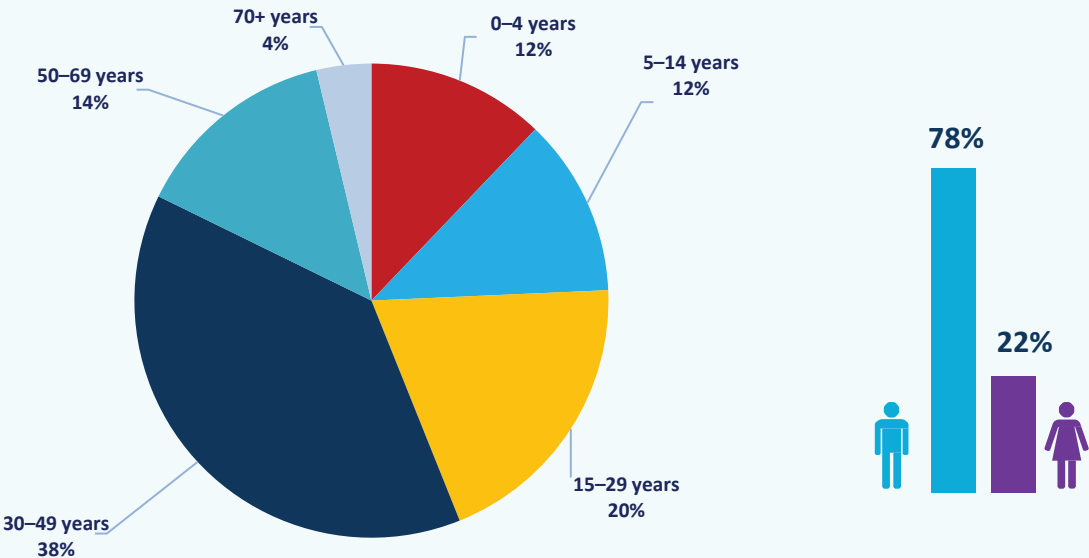
Drowning remains a significant yet underrecognized public health issue in Myanmar. This country possesses extensive river systems, seasonal monsoons, and frequent exposure to floods.

Burden of drowning in Myanmar

Myanmar ranks fourth among the 10 countries of the SE Asia Region based on the reported number of fatalities count (1381 deaths reported in 2021, this count is less than half of the GHE estimate of 2800 fatalities). As observed in the previous SE Asia regional report, Myanmar reported a drowning death rate of 6.3 per 100 000 population/year (all ages) in 2018. However, the recent estimated data from 2021 show that the country experiences a drowning death rate of 5.2 per 100 000 population/year (all ages). However, these figures are not directly comparable due to variations in data sources and estimation methods (1,2).

Affected age group distribution from reported data shows that 30–49 years accounts for 41%, which suggests that adults in their working years are most at risk – perhaps due to occupational exposure (fishing, transport, etc.) or frequent water contact. Furthermore, age groups of 5–14 years (13%) and 15–29 years (20%) together constitute 34% – indicating significant risk among children and young adults; these groups are affected more at the time of recreational swimming or playing in water. A number of people also drown during natural disasters such as floods (3). Male sex makes up the vast majority (82%) of reported drowning deaths, consistent with the pattern of other neighbouring countries.

Myanmar reported drowning fatalities by age group and sex



Existing interventions

Myanmar has implemented several interventions at the national level. These include operational search and rescue service, free weather alerts, disaster warning systems, and community disaster resilience programmes, which specify drowning. Drowning prevention and rescue efforts are often undertaken in response to both natural disasters such as flooding and accidental drownings. Some community-based swimming and water safety programmes have been implemented at the subnational level, mostly through local NGOs. Swimming and school-based safety education is being imparted but not standardized nationwide. Awareness-raising campaigns are occasionally run, covering the subnational level with limited reach, mostly by nongovernment actors.

Policy gaps and priority areas

A number of ministries and government bodies are involved in drowning prevention activities, such as the ministries of health, education, home affairs, police, Myanmar fire service department, social

welfare, transport, maritime safety, the Coast Guard/military, Myanmar Port Authority, etc. Lifesaving organizations, search and rescue organizations, and fisher associations are also involved although the full extent of their involvement is not known. There is a nationally appointed focal point for drowning prevention activities from the Public Health Department, Ministry of Health. Drowning is not explicitly prioritized in national health or disaster risk plans. However, Myanmar has planned recently for drowning prevention under the Injury Prevention Project of the Public Health Department. There is an absence of routine drowning surveillance and data disaggregation by type of waterbody and activity at the time of drowning. None of the sectors had any role in coordination of a research agenda for drowning prevention. Vulnerable populations in riverine and flood-prone communities remain underserved. These gaps signal a need for strategic, multisectoral action, with targeted investments and policy reforms. It is critical for national policy planners to acknowledge and prioritize these areas to safeguard communities and prevent avoidable loss of life due to drowning.

Domain	Key recommendations
Governance and coordination	- Establish a lead coordinating body under the Ministry of Health or Disaster Management to uphold national drowning prevention efforts. - Develop and endorse a national strategy with measurable targets for drowning prevention aligned with the Global Drowning Prevention Agenda.
Policy and legislation	- Introduce basic water safety education and swimming instruction in school curricula. - Enforce laws to install barriers and limit access to water.
Community-level interventions	- Scale-up proven interventions such as survival swimming training, child supervision programmes, and barriers to water access in high-risk communities. - Train up community people and bystanders in safe rescue and resuscitation.
Awareness raising	- Strengthen national campaigns targeting parents, youth and middle-aged population on drowning risks and preventive behaviours especially in occupational safety. - Establish partnership of government actors with local civil society to deliver culturally appropriate, community-based programmes in local languages.
Data and research	- Strengthen existing data systems by establishing centralized drowning surveillance system, combining available data sources. - Conduct operational research to build national evidence on drowning burden, to assess risk factors and evaluate interventions, especially in underserved areas.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).

2. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).

Population	29 694 614 [Source: UN World Population Prospects (2023)]
Income Group	Lower-middle income (Source: World Bank Income Groups)
Gross National Income Per Capita	1370
Reported Fatalities count	857
Reported Fatalities year	2022
Source of the reported data	Nepal Police

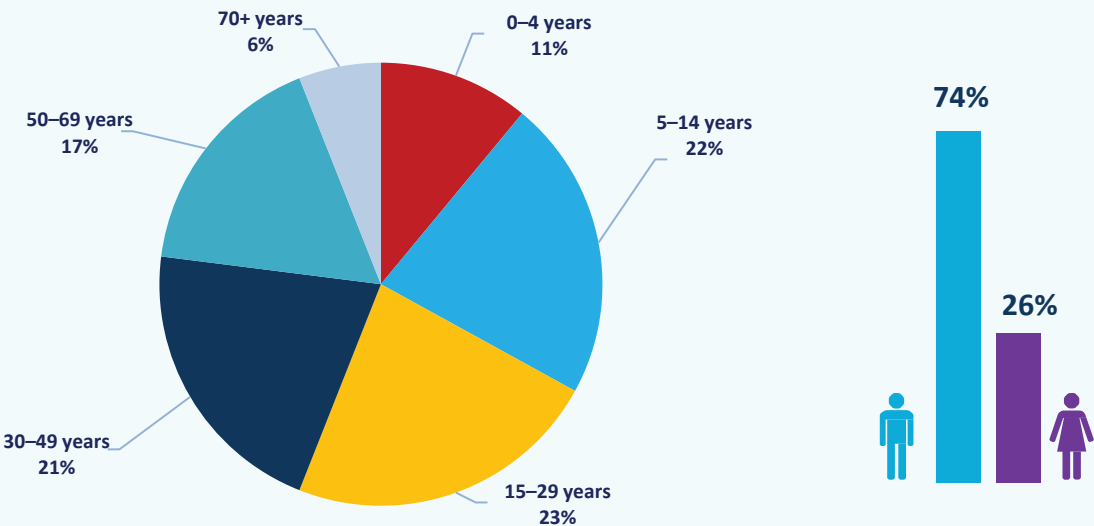
Nepal, a landlocked country marked by numerous rivers, faces a silent but persistent challenge with drowning. The country faces frequent natural disasters, especially flooding. Children and youth are particularly vulnerable, and the burden is often underreported.

Burden of drowning in Nepal

A total of 857 drowning deaths were reported in 2022 in Nepal (1). Between 2013 and 2015, Nepal police records captured 1507 drowning deaths (rate: 1.9 per 100 000 population/year, all ages), mostly in males under 20 years, with rivers being the most common setting (2,3). Recent estimated data of 2021 show Nepal’s drowning fatality rate at 5.4 per 100 000 population/year, all ages, both sexes. Submitted data from Nepal indicate that the highest number of drownings is experienced by the age group of 15–29 years (23%). The second highest age groups affected are 5–14 years (22%), followed closely by 30–49 years (21%).

This indicates that children, adolescents and middle-aged population are at the greatest risk. Drowning deaths often occur as a result of activities associated with daily life (bathing, crossing river, washing clothes, bathing cattle), recreational activities (swimming, playing near water), accidental fall and others. Among the victims, males are frequently more affected (74%) than females (26%), a pattern common in neighbouring countries of the SE Asia Region.

Nepal reported drowning fatalities by age group and sex



Existing interventions

Interventions such as swimming lessons for children, barriers to open water access, and bystander training are not covered at the national level. Swimming and water safety are not included in the existing school curriculum. Operational search and rescue services are present to tackle disaster situations in selected areas; however, rescue and resuscitation training programmes are presented at the subnational level with limited reach. There are efforts to train red cross volunteers on first aid including cardiopulmonary resuscitation (CPR), community first responders, ambulance drivers and hospital staffs on emergency care. The Government of Nepal is implementing a flood alert system that uses riverbed sensors to trigger mobile alerts and warnings for downstream communities. Mass media communication campaigns for drowning prevention awareness are conducted but cover less than a quarter of the population.

Policy gaps and priority areas

Several sectors and agencies are involved in drowning prevention and water safety in Nepal, including the health, police, disaster risk reduction,

sport and leisure, education, tourism, military, coastguard, fisheries and the National Emergency Operation Center. Though multiple ministries are involved, coordination mechanisms need strengthening. Nepal developed a national Injury Prevention Strategy under the Department of Health Services, Epidemiology and Disease Control Division (EDCD). This document consists of some indicators, targets and outcomes of the drowning prevention programme by 2030. However, the country is yet to endorse this National Injury Prevention Strategy drafted in 2023/2024 and no sector-specific or subnational action plans currently exist. Data on drowning are collected from sectors such as police and hospital, but are not integrated into national statistics, which limits evidence-informed planning. There is no legislation regulating swimming instruction, safe water practices, or fencing around hazardous waterbodies. These systemic gaps need to be urgently addressed. Without strategic investment and unified national action, lives – especially those of the young and vulnerable – will continue to be lost to this preventable cause. National policy planners are called upon to prioritize drowning prevention as an essential public health and safety issue in Nepal.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	• Endorse and finalize a national drowning prevention strategy led by a multi-sectoral task force including health, education, home affairs, and disaster management agencies. The strategy should be aligned with the Global Drowning Prevention Agenda.
Policy and legislation	• Enact legislation mandating water safety education and swimming lessons in schools. • Enforce laws to install barriers and limit access to water.
Community-level interventions	• Initiate and expand interventions such as survival swimming training, child supervision programmes, and community-based rescue training. • Introduce barriers to water access in high-risk communities.
Awareness raising	• Scale up national awareness campaigns involving government and non-government sectors, mass media, schools, and religious institutions. • Incorporate culturally adapted messages to improve water safety practices among rural populations.
Data and research	• Strengthen operational research and evaluate the effectiveness and coverage of current interventions. • Integrate existing data systems (police, hospital, civil registration) into a unified drowning surveillance framework.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).
2. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).
3. Hossain MdS, Pant PR, van Teijlingen E, Sedain B, Rahman A. Drowning prevention should be a public health issue in Nepal. Int J Soc Sci Manage. 2024;11(4):83–7. <https://doi.org/10.3126/ijssm.v11i4.70644>.

Population	22 971 617 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	3540
Reported fatalities count	691
Reported fatalities year	2022
Source of the reported data	Sri Lanka Police

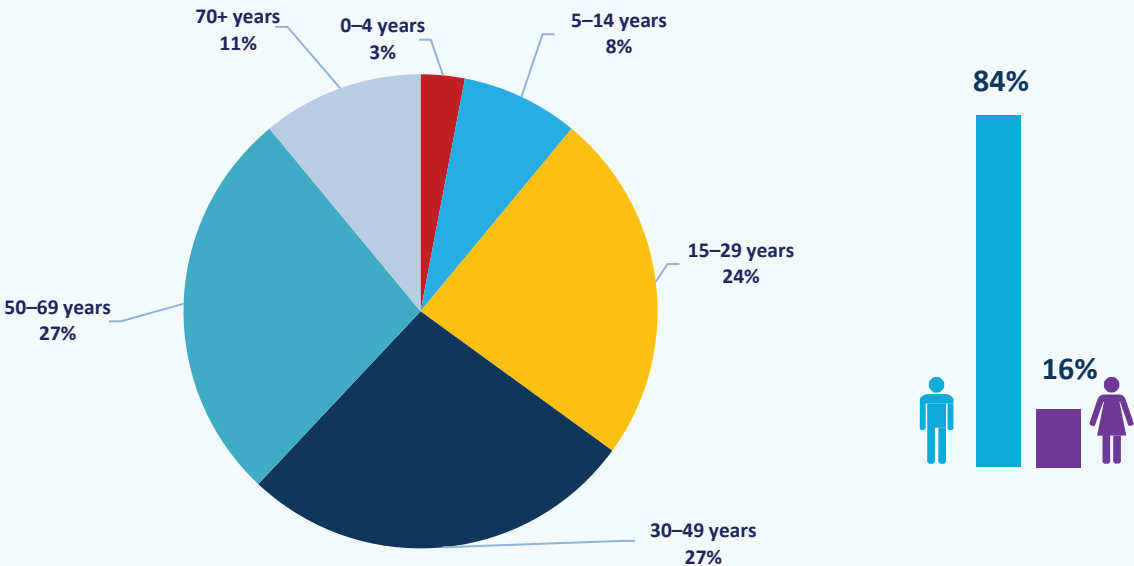
Sri Lanka continues to grapple with a largely preventable burden of drowning being an island nation with high exposure to surrounding and in-country waterbodies. The country has multiple legislative measures and actions to address this issue.

Burden of drowning in Sri Lanka

Document analyses revealed that drowning poses a significant public health challenge in Sri Lanka, with an average of 855 deaths annually (1). Recently, Sri Lanka Police reported 691 deaths in the year 2022 (2). In age group distribution, 15–29 years (24%), 30–49 years (27%), and 50–69 years (27%) together account for 78% of all fatalities. This suggests that working age and middle-aged adults are the most affected.

Drowning is common in local tourism especially among who are visiting from other areas/places of the country and deaths occur during activities under the influence of alcohol and drugs. Among the fatalities, males are disproportionately affected, sharing 84% of the fatalities. Males are more than five times more likely to drown than females.

Sri Lanka reported drowning fatalities by age group and sex



Existing interventions

The Sri Lankan Government has implemented a National Action Plan (NAP) for Drowning Prevention and Water Safety, which includes educational programmes such as "Swim for Safety" aimed at improving water safety knowledge and skills among young adults. Sri Lanka has implemented the "Swim for Safety" programme across multiple phases, targeting school-age children, with support from WHO and the Princess Charlene of Monaco Foundation. The initiative provides instruction in basic swimming skills, water safety practices, drowning response, cardiopulmonary resuscitation (CPR), and basic first aid (3). The Sri Lanka Life Saving (SLLS) organization serves as the national authority for drowning prevention and water safety initiatives. In May 2022, SLLS conducted a train-the-trainer programme in the Northwestern Province and subsequently trained nearly 300 children in water safety. Additionally, around 6500 women and adolescent girls received swimming instruction through the "Sri Lanka Women's Swimming Project" (4,5). Bystander rescue training and search and rescue services are partially operational in Sri Lanka. Flood risk management, maritime safety regulations, and mass media awareness efforts are ongoing. However, the coverage and effectiveness of these interventions remain unclear. Daycare services for child supervision are not implemented at the national level (2,6).

Policy gaps and priority areas

Multiple ministries are involved in drowning prevention in Sri Lanka, including health, police, transport, disaster risk reduction, environment/climate, sport and leisure, education, tourism, military/coastguard, fisheries and the National Institute for Emergency Medicine. Sri Lanka has a multisectoral action plan on injury prevention, where drowning has been identified with a target to reduce 7.5% unintentional drowning deaths by 2027. However, mandatory swimming education in schools and alcohol restrictions for watercraft operations are missing or weakly enforced. Drowning data are collected across systems but lack integration and coordination between different sectors. Crucially, the interventions are neither monitored nor assessed for impact or equity. Policy planners in Sri Lanka must recognize these blind spots and elevate drowning prevention as a national health and development priority.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	Establish a formal national coordinating body for drowning prevention under the leadership of a government agency, preferably under the Ministry of Health or Disaster Management.
Policy and legislation	Enact laws mandating basic water safety and swimming lessons in primary education.
Community-level interventions	- Scale-up ongoing interventions such as teaching swimming to young adults. - Initiate and evaluate the impact of childcare services for drowning risk reduction in high-risk areas.
Awareness raising	Launch sustained national communication campaigns targeting children, parents, boat users, and tourists and promoting risk-reduction behaviours.
Data and research	- Integrate existing data systems to create a centralized drowning surveillance platform. - Standardize drowning case definitions across agencies to establish coordination. - Conduct research activities at the national level for impact assessment of ongoing programmes.

1. Matthews B, Birch R, Jayawardena M, Mathew D, Nanayakkara A, Wiyaratne S et al. The burden of drowning in Sri Lanka: 2001 to 2006 and 2009. *Inj Prev*. 2016;22:825. <https://doi.org/10.1136/INJURYPREV-2016-042156.825>.
2. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).
3. Childhood drowning prevention through “Swim for safety” program for School Children. Geneva: World Health Organization; 2022 (<https://www.who.int/srilanka/news/detail/25-07-2022-world-drowning-prevention-day-2022-srl>, accessed 12 August 2025).
4. Harrison E. Implementation of a sustainable drowning prevention programme in Sri Lanka. London: Royal Life Saving Society Commonwealth; 2022 (<https://www.rlsscommonwealth.org/2022/08/17/implementation-of-a-sustainable-drowning-prevention-programme-in-sri-lanka/>, accessed 12 August 2025).
5. Sri Lanka Women’s Swimming Project Case Study. UK: International Federation of Swimming Teachers’ Associations (IFSTA); n.d. (<https://www.ifsta.co.uk/about-us/sri-lanka-womens-swimming-project-case-study/>, accessed 12 August 2025).
6. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).

Population	71 702 435 [Source: UN World Population Prospects (2023)]
Income group	Upper middle income (Source: World Bank Income Groups)
Gross national income per capita	7180
Reported fatalities count	4544
Reported fatalities year	2022
Source of the reported data	Ministry of Public Health

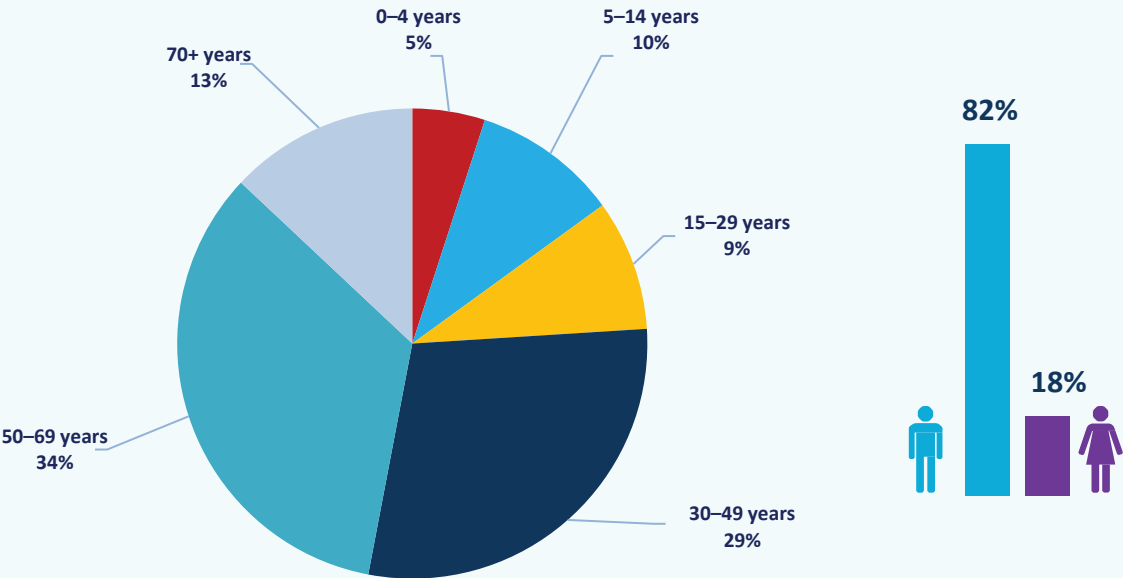
Thailand, with its widespread exposure to water environments and high levels of recreational and occupational water use, has made significant progress in addressing drowning.

Burden of drowning in Thailand

Drowning remains a persistent public health challenge in Thailand, with a total of 4544 reported drowning deaths in 2022. According to the reported drowning fatalities count, Thailand ranks the third highest-burden countries in the WHO SE Asia Region (1). Fatalities disproportionately affect males, who accounted for about 82% of deaths. High-risk groups include older adults (50–69 years), working-age adults (30–49 years), and children aged 5–14 years. Common causes of drowning include unsupervised swimming in natural waterbodies, poor risk perception, and exposure during leisure, commuting, or occupational activities such as fishing and agriculture.

Males are disproportionately affected – four times more than females. According to 2021 estimates, Thailand has a drowning death rate of 9.0 per 100 000 population/year across all age groups – however, interpreting Thailand's drowning death rate estimate requires considering the country's reported data.

Thailand reported drowning fatalities by age group and sex



Existing interventions

Thailand has implemented all WHO-recommended drowning prevention interventions, with over 75% population coverage for most (2). Since 2015, Thailand has implemented its distinct initiative – “Merit Maker for Child Drowning Prevention”. Under this programme, 2177 Merit Maker teams across 74 provinces have trained nearly 400 000 children aged 6–14 years in survival swimming, and more than 174 000 individuals – including community members and children – in cardiopulmonary resuscitation (CPR). The initiative also supports drowning prevention efforts in child supervision centres, promotes water safety education, water source safety management, and raises public awareness regarding drowning risks. Additional national efforts include a drowning surveillance and investigation system, and integration of drowning prevention messaging into the maternal and child health record book (3,4).

Since 2008, the country has organized annual Child Drowning Prevention Day Campaigns, with a particular focus during summer school breaks when child drowning incidents are most prevalent. In line with global commitments, Thailand officially aligned this campaign with the United Nations’ World Drowning Prevention Day on 25 July, marking the occasion with large-scale public events such as creative contests (video clips, radio spots, drawing, infographic design, role plays, songwriting, and interactive street art), walkathons, exhibitions, and water safety skill competitions (5). Public awareness campaign messages are disseminated widely through multimedia platforms, including radio, television, social media, and even placemats in popular restaurant chains. In parallel, the country has developed search and rescue capacity and maintains coordinated flood response systems operated through public health and disaster management frameworks. Moreover, Thailand has a national database system that records non-fatal drowning cases, including both outpatient and hospitalized cases.

Policy gaps and priority areas

Thailand has a long-standing record of community engagement and inter-agency coordination in addressing drowning prevention. The Ministry of Public Health leads a comprehensive, multisectoral effort that includes several noteworthy initiatives. Thailand has embedded its long-term commitment to drowning prevention in the National Strategic Plan for Public Health (2017–2036) and National Disaster Risk Management Plan 2021–2027 (1,3). The country also formulated a Sub steering committee of drowning prevention in accordance with UN resolution under the National Safety Council of Thailand. Despite its achievements, Thailand faces several systemic gaps that constrain the full impact of its drowning prevention initiatives. There is currently no binding legislation requiring swimming instruction for schoolchildren, use of lifejackets, or the fencing of open waterbodies such as ponds or reservoirs (1). Monitoring and evaluation frameworks remain underdeveloped, making it difficult to assess the effectiveness or coverage of existing interventions. Lastly, there are marked disparities in implementation across regions, with rural and coastal provinces often lacking the same level of investment, infrastructure and support available in urban centres. No dedicated budget exists for drowning prevention – activities are funded from within existing departmental resources. National policy planners must now focus on addressing these high-leverage gaps to elevate country’s drowning prevention potential.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	• Strengthen the national multisectoral coordination body with clearly defined roles across health, education, tourism, and maritime sectors. Non-governmental organizations and external funders should also be involved in this coordination mechanism. • Regularly review the existing national plan to monitor progress and revise targets as necessary.
Policy and legislation	• Mandate child swimming instruction in schools. • Enforce lifejacket use in boats and around public water bodies. • Introduce minimum water safety standards at recreational sites.
Community-level interventions	• Scale-up school-based water safety training and CPR programmes. • Equip local governments to identify and mitigate drowning hotspots.
Awareness raising	• Expand public campaigns targeting both children and high-risk adults (e.g., fishers, boaters). • Engage private and public sector partners in behavior change communications.
Data & research	• Leverage the existing national data capture system on fatal and non-fatal drowning to guide targeted research and inform preventive strategies. • Promote research to evaluate interventions and identify regional disparities.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).
2. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).
3. Drowning prevention: a global call to action. Geneva: World Health Organization; 2023 (https://www.who.int/thailand/news/feature-stories/detail/drowning-prevention--a-global-call-to-action_, accessed 12 August 2025).
4. Gerdmongkolgan S, Ekchaloemkiet S. Drowning prevention projects/organizations in Thailand. Bangkok: Ministry of Public Health, Government of Thailand; 2023.
5. Global drowning prevention. Adopted by the United Nations General Assembly, seventy-fifth session, resolution 75/273, 28 April 2021. New York (NY): United Nations; 2021 (<https://undocs.org/en/A/RES/75/273>, accessed 12 August 2025).

Population	1 384 286 [Source: UN World Population Prospects (2023)]
Income group	Lower-middle income (Source: World Bank Income Groups)
Gross national income per capita	2140
Reported fatalities count	3
Reported fatalities year	2023
Source of the reported data	Civil Protection Authority

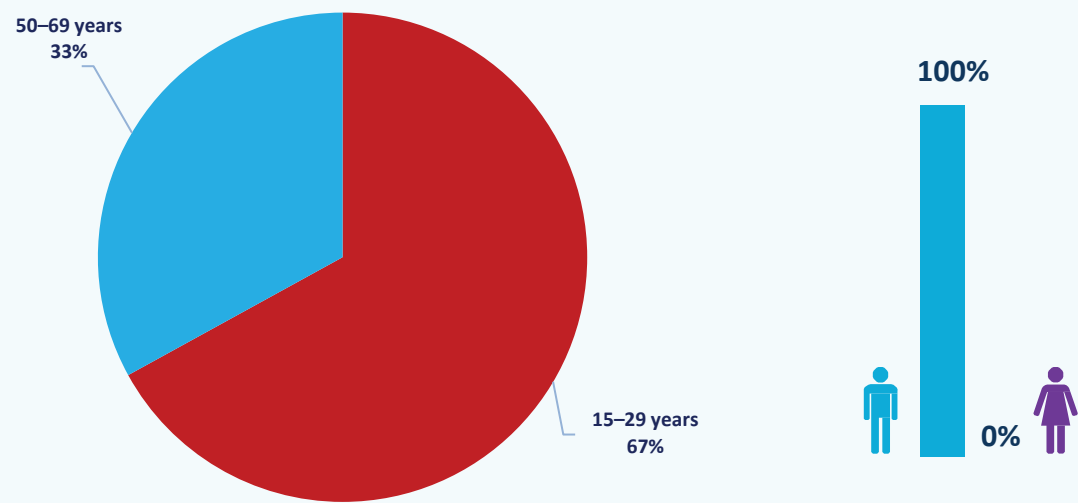
Timor-Leste, also known as East Timor, is a South East Asian Island nation located in the eastern half of Timor Island, sharing a land border with Indonesia.

Burden of drowning in Timor-Leste

Timor-Leste reported three deaths in the year 2023. Despite the lowest number of reported deaths in the SE Asia Region, this country stands the second highest among the 10 countries of the SE Asia Region according to the latest WHO’s GHE drowning death rates (7.8 per 100 000 population/year), indicates a high possibility of under-reporting in the country (1).

Fatalities are concentrated in two age groups only, where about two thirds are from the age group of 15–29 years (67%). All the drowned fatalities were males. In 2021, Maritime Police reported four drowning deaths from Timor-Leste where deaths were equally distributed, i.e. two male and two female victims.

Timor-Leste reported drowning fatalities by age group and sex



Existing interventions

Timor-Leste has government-level search and rescue services, weather alerts and operational disaster warning systems available. It has minimal implementation of WHO-recommended interventions. No interventions to teach swimming or water safety to children or the public, no legislation or programmes for lifeguard services or adult supervision for children near water. However, the country reports to have organized national-level campaigns on water safety, child safety, drowning prevention and mentioning harmful use of alcohol near waterbodies (1,2).

Policy gaps and priority areas

Timor-Leste has limited coordination at the Central level. Government sectors and agencies involved in drowning prevention and water safety are health, police, maritime safety, disaster risk reduction, environment/climate, education, tourism, military/coastguard and fisheries. There is no national drowning prevention strategy, and the existing maritime safety plans lack measurable targets and alignment with SDGs. Legislation for safe boating, watercraft operation, child supervision, and safety devices are either absent or unenforced. Except for coordination at the Central level, there is no budget allocation for any drowning activity. Drowning deaths are not captured in the vital registry system, and the few drowning deaths were reported by the Civil Protection Authority and Maritime police. The actual burden is likely underestimated due to serious data limitations. These inadequacies demand immediate and sustained attention from national policy-makers to prevent further avoidable loss of life.

DOMAIN	KEY RECOMMENDATIONS
Governance and coordination	• Develop and endorse a national drowning prevention strategy with measurable targets for drowning prevention aligned with the Global Drowning Prevention Agenda. • Establish a national task force on drowning prevention under the leadership of a government agency.
Policy and legislation	• Introduce basic water safety education and swimming instruction in school curricula. • Enforce laws to install barriers and limit access to water. • Legislate safe watercraft operation, including alcohol restrictions and mandatory lifejacket use.
Community-level interventions	• Launch school-based swimming programmes at the community level. • Introduce training of community people and bystanders in safe rescue and resuscitation.
Awareness raising	• Scale-up existing mass media campaigns on drowning risks, water safety and alcohol-free behaviour around waterbodies, especially targeting middle-aged and rural populations. • Establish public-private partnership to strengthen the reach and impact of awareness campaigns.
Data and research	• Enhance current data systems by developing a centralized drowning surveillance mechanism that integrates all existing data sources. • Conduct time-to-time research to understand the actual burden of drowning, to evaluate the feasibility and impact of pilot interventions.

1. Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240103962>, accessed 12 August 2025).

2. Status of drowning in South-East Asia: Country reports. New Delhi: World Health Organization, Regional Office for South-East Asia; 2022 (<https://www.who.int/southeastasia/publications-detail/9789290210115>, accessed 12 August 2025).



Shore at sunset in Timor-Leste. © WHO / Karen Reidy

