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Report of the Eleventh Meeting of Health Secretaries of Member States of the South-East Asia Region

WHO Regional Office, New Delhi, 12-13 June 2006

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Contents

1. Introduction

The Eleventh Meeting of Health Secretaries of Member States of WHO's South-East Asia Region was held in the Regional Office for South-East Asia (SEARO), New Delhi, India, on 12 and 13 June 2006.

The objectives of the meeting were to review:

- Regional framework for prevention and control of noncommunicable diseases;
- Beyond DOTS: the New Stop TB strategy and its implementation; and
- Operationalizing the Neonatal Health Care Strategy in South-East Asia Region.

The Agenda of the meeting is at Annex 1.

The meeting was attended by the Vice-Minister of Health of DPR Korea and the Deputy Ministers of Health of Maldives and Myanmar; the Secretary-General of Health, Indonesia; the Health Secretaries of Bhutan, India, Nepal and Sri Lanka, the Additional Secretary of Health, Bangladesh and the Senior Adviser on Health Economics of Thailand (List of Participants is at Annex 2).

The meeting was opened by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region.

Mr Prasanna Hota, Secretary, Ministry of Health and Family Welfare, Government of India; and Mr Ranjith Maligaspe, Secretary, Ministry of Healthcare and Nutrition, Government of the Democratic Socialist Republic of Sri Lanka, were elected as Chairman and Co-Chairman respectively.

A drafting group, consisting of the following, was also established:

(1) Dr Sjafii Ahmad, Secretary-General, Ministry of Health, Republic of Indonesia – Convenor

(2) Dr Gado Tshering, Secretary, Ministry of Health, Royal Government of Bhutan

(3) Dr Sok Yong Guk, WHO Desk Officer, Ministry of Public Health, Democratic People's Republic of Korea

(4) Mr Bhanu Pratap Sharma, Joint Secretary, International Health Division, Ministry of Health and Family Welfare, Government of India

(5) Dr Win Maung, Deputy Director (Tuberculosis), Department of Health, Government of the Union of Myanmar

(6) Dr Chuen Techamahachai, Bureau of Health Promotion, Ministry of Public Health, Royal Thai Government.

2. Opening session

Regional Director's opening address

In his address at the opening session, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, while welcoming the participants, reiterated that the role of Health Secretaries was closely linked with the development and management of WHO's collaborative programmes, especially at the country level, which was the reason for arranging the Health Secretaries' meeting back-to-back with the meeting of the Consultative Committee for Programme Development and Management (CCPDM).

He hoped that some Health Secretaries would be able to participate in the deliberations of the CCPDM.

The Regional Director highlighted the importance of the three subjects which were selected for the meeting and briefly elaborated on each of them. He felt that the deliberations should lead to a clearer idea on how the issues related to the three agenda items could be dealt with most efficiently and effectively.

He also reported briefly on some of the important activities during the past year especially the implementation of WHO's programme budget for the biennium 2004-2005; increased delegation of authority to WHO

country offices and decentralization of resources to countries including deployment of Regional Office staff to countries as well as Regional and Country Office staff in national institutes.

The Regional Director touched upon one of the most important areas of priority concern which was human resources for health. He reminded the participants that the World Health Day this year was devoted to this subject, with the slogan, "Working Together for Health". He reiterated the need to take the best care of the health workforce, specially those who provide care and services as well as those who take care of people's health in the community, i.e. the public health workforce.

He pointed out that the health workforce served their community effectively in curing diseases, in limiting disability and death; and in rehabilitating the disabled. Their services helped the community in large to enjoy a longer life with productive ability. He also reiterated that their numbers needed to be increased; and their skills and competence upgraded. Their living conditions need to be improved, especially in the rural areas.

The Regional Director also informed the participants that the Regional Office would make vigorous efforts to revisit the development of community-based health workforce with special attention to community-based health workers.

(The full text of the address is at Annex 3)

3. Business sessions

3.1 Regional framework for prevention and control of noncommunicable diseases

A presentation on the subject was made by Dr U Than Sein, Director, Noncommunicable Diseases and Mental Health, WHO-SEARO.

Gist of presentation

Noncommunicable diseases (NCDs) account for 54% of all deaths in the Region and almost half of NCD-related deaths occur prematurely. The causes of NCDs are well known and are largely modifiable and public

health interventions have the potential to prevent at least 80% of cardiovascular diseases, and 40% of cancers. Nevertheless, the prevention and control of NCDs remains marginal to the mainstream of public health action in countries of the Region.

The proposed Regional Framework for Prevention and Control of Noncommunicable Diseases draws from the national, regional and global consensus on policy and technical actions for prevention and control of NCDs and their primary risk factors. It aims to assist governments in balancing diverse priorities related to prevention and control of NCDs while promoting implementation of simple, evidence-based interventions. It applies an ecological perspective and is based on public health principles. The implementation of the framework necessitates intersectoral, multidisciplinary and multilevel approaches focused on awareness generation, health promotion and disease prevention through reduction of common risk factors by combining a population-wide approach with clinical intervention at the individual, family and community levels.

The Framework provides a stepwise construction that offers a flexible and practical approach taking into consideration available resources and local needs. Three planning steps proposed by the Framework include (1) estimating population needs and advocating for action; (2) formulating and adopting policy; and (3) identifying the policy implementation process.

The presentation also highlighted that national governments, the private sector and civil society play an important role in strengthening efforts for the prevention and control of NCDs. The Framework also reaffirms WHO's continuous commitment to provide technical support and facilitate national capacity building for integrated surveillance, prevention and control of NCDs. WHO will also continue assisting Member States in resource mobilization and in developing tools, norms and standards. It will contribute to fostering partnerships and promoting intercountry cooperation and networking in the context of the recently initiated charter of the South-East Asia Network for Noncommunicable Disease Prevention and Control (SEANET-NCD).

Discussions

- The term NCD does not adequately reflect the seriousness of the malaise as it brings a false sense of complacency. It was therefore suggested that an alternative may be explored so that the advocacy and resource mobilization efforts are not hampered.

- The Regional Framework for Prevention and Control of Noncommunicable Diseases was unanimously endorsed.
- Noncommunicable diseases are recognized as an important and growing public health problem by the Member countries of the Region. A number of Member countries have taken strong action towards prevention and control of NCDs such as control of tobacco and alcohol consumption. In general, however, programmes for the control of NCDs in Member countries need to be reviewed, strengthened and consolidated.
- The participants appreciated the stepwise approach proposed and the focus of the Regional Framework on health promotion and disease prevention through identifying and addressing major risk factors for NCDs and their socio-economic determinants. Treatment and care aspects of NCDs are also equally important and needed to be further improved. Moreover, Member countries have the responsibility to provide cost-effective management for people with chronic noncommunicable diseases.
- Whereas unhealthy diet, physical inactivity and tobacco consumption are well recognized as major NCD risks, poor maternal nutrition, stress, air pollution and alcohol consumption should also be included in that category.
- As the prevalence of NCDs is impacted by factors lying outside the health sector, a need was felt for multidisciplinary, multisectoral and multilevel approaches with clear delineation of responsibilities involving all stakeholders including individuals, communities, the private sector and civil society.
- Strengthening NCD risk factor surveillance within national health information systems will provide important inputs in awareness generation, policy development and programme monitoring and evaluation.
- Capacity of the health workforce needs to be strengthened and appropriate resources allocated to deal effectively with prevention and control of NCDs.
- Where appropriate, traditional systems of medicine should be incorporated in prevention and treatment of NCDs.

Recommendations

For Member States

(1) Initiate appropriate steps based on the Regional Framework to formulate, update, and strengthen national policies, strategies and programmes for integrated prevention and control of NCDs;

(2) Establish a suitable infrastructure and appropriate funding mechanisms for this purpose;

(3) Set up mechanisms to promote multilateral, multisectoral, multidisciplinary and multilevel collaboration for integrated prevention and control of NCDs and, in particular, to support the establishment of national and international networks for NCD prevention and control and to facilitate such networks joining the Regional NCD network (SEANET-NCD);

For WHO

(1) Facilitate the submission of a draft resolution for endorsing and providing guidance for implementing the Regional Framework for Prevention and Control of NCDs for consideration by the Regional Committee in August 2006;

(2) Take suitable steps for operationalizing the Framework at the regional level;

(3) Provide technical assistance to Member countries in developing and implementing national policies, strategies and programmes for integrated prevention and control of NCDs.

(4) Provide technical assistance to Member countries for human resource development at all levels for NCD prevention and control.

(5) Facilitate and coordinate international support through development partners.

3.2 Beyond DOTS: the New Stop TB strategy and its implementation

A presentation was made by Dr Jai P. Narain, Director, Communicable Diseases, WHO-SEARO.

Gist of presentation

TB continues to be a major health problem in the South-East Asia Region. It continues to be the leading cause of death from infectious disease among adults in the age group 15-54 years.

However, Member countries have made good progress towards achieving the targets set for TB control of 70% case detection and 85% treatment success using the DOTS strategy.

As a result, TB control efforts are beginning to have an impact on TB prevalence and mortality in Member countries in the Region.

While much has been done, much more remains to be done in order to meet emerging challenges and to reach the TB-related targets linked to the Millennium Development Goals.

The new Stop TB strategy, developed in consultation with Member countries and experts in the field of TB, while building on the success of the expanded DOTS strategy, outlines additional interventions to address newer challenges for TB control in order to reach the MDGs. The new strategy also takes into consideration the wider contexts of the determinants of health that affect TB patients as well as strengthening of overall health systems.

The additional interventions proposed under the new strategy are: (i) addressing TB/HIV and MDR-TB; (ii) contributing to health system strengthening; (iii) engaging all care providers; (iv) empowering patients and communities, and (v) enabling and promoting research. This strategy is the basis of the new Global and Regional Plans to stop TB 2006-2015.

Discussions

- The new STOP TB strategy comes at an opportune time for TB control globally and in the Region.

- In order to translate this timely and comprehensive strategy into action and to address current challenges and build on the successes of the past decade in Member countries, a number of issues will need to be addressed:
  - ensuring an accessible network of quality assured diagnostic and treatment facilities, particularly at community level.
  - developing and sustaining adequate human resources and infrastructure to further strengthen delivery of TB services as part of primary health care services.
  - improving collaboration, particularly with private health providers to widen the reach of standardized services to all TB patients.
  - ensuring committed, joint action by national TB and HIV/AIDS programmes to establish effective interventions for those dually affected by TB and HIV.
  - effectively addressing multiple drug resistant TB.
  - improving surveillance and monitoring mechanisms to better measure progress and impact of interventions linking to national health information systems (NHIS).
  - supporting the development of innovative approaches for better service delivery and utilization and thereby contributing to global initiatives in developing new diagnostics, drugs and vaccines which will improve early detection and treatment and prevention of TB.
  - enhancing communications and social mobilization approaches to increase community awareness, utilization and user-friendliness of services.
  - mobilizing financial resources in a sustainable manner to allow full implementation of all envisaged interventions, particularly in countries that are not adequately supported by the Global Fund for HIV/AIDS, Tuberculosis and Malaria.

Recommendations

For Member States

(1) Develop comprehensive country-specific national plans for TB control, in line with the new STOP TB strategy which should include innovative approaches to improve both the quality as well as equity of delivery.

(2) Implement the interventions in the Regional Plan under the new stop TB strategy.

(3) Ensure adequate financial, technical and operational resources for sustained implementation of interventions towards reaching the MDGs by 2015.

For WHO

(1) Facilitate the submission of a draft resolution on TB control and issues relating to the implementation of the new Stop TB Strategy in the SEA Region for consideration by the Regional Committee in August 2006.

(2) Support countries in mobilizing resources and developing, implementing and monitoring comprehensive national TB control plans towards reaching the MDGs.

3.3 Operationalizing the Neonatal Health Care Strategy in the South-East Asia Region

A presentation was made by Dr Dini K. Latief, Director, Family and Community Health, WHO-SEARO.

Gist of presentation

Every year, the South-East Asia Region loses about 1.4 million babies in the first month of life. Presently, deaths in the neonatal period (first 28 days of life) account for 45% of all child deaths in the Region.

The causes of neonatal deaths are well known. About three fourths of all neonatal deaths take place in the first week of life – a significant proportion in the first 24 hours after birth. Most of the early neonatal deaths are linked to maternal factors and the quality of care that the mother receives during pregnancy, labour and after child birth.

There are several reasons why neonatal mortality has shown no appreciable decline in the last few decades. There is a general perception that only highly trained specialists and high level technology can save neonates. This is erroneous, as historical evidence from all over the world indicates that in several countries where neonatal mortality is low, the decline in neonatal mortality preceded the introduction of neonatal intensive care. In these countries, including several in the developing world, the decline in neonatal mortality could be attributed to universal antenatal care, improved care at child birth and management of infections.

Another factor that has hampered progress is that neonatal care has "fallen between the cracks" of the maternal and child health programmes. There is a need to find ways to ensure that appropriate neonatal care initiatives are embedded in both maternal and child health programmes most efficiently and effectively. An important factor in the context of the South-East Asia Region is the relationship between availability of skilled care at birth and neonatal mortality. Regional data shows that countries where high levels of skilled attendance at birth has been assured, lower neonatal as well as maternal mortality rates are recorded.

A significant contributory factor to neonatal mortality in the Region is the high prevalence of low birth weight babies (birth weight less than 2,500 grams). About 60-80% neonatal deaths occur in low birth weight babies. Most of these deaths could be averted with extra post-natal care for warmth, feeding and prevention and treatment of infections. Avenues in existing emergency obstetric care and Integrated Management of Childhood Illness Strategy could be explored to include neonatal care interventions.

Fortunately, in the recent past, evidence about effective public health interventions has accumulated. A set of evidence-based interventions, if applied universally, could reduce neonatal mortality by 60%.

Discussions

- It is necessary to accord focused attention to neonatal health in order to accelerate the decline in under-five child mortality in the Region and contribute towards achievement of the Millennium Development Goal for reducing child mortality (Goal 4).

- There is a need to achieve synergy between maternal and child health programmes to ensure a continuum of care and effectively address newborn care issues.
- There is ample evidence to suggest that community-level initiatives to promote clean and safe delivery by skilled birth attendants can make a significant contribution in reducing neonatal deaths, in addition to preventing avoidable maternal morbidity and mortality.
- Community-based antenatal and postnatal care of the mother and neonate will improve maternal and neonatal outcomes. Countries need to explore methods of home-based, postnatal care as a high proportion of births in the Region take place in domiciliary settings.
- Action at family and community levels to promote simple but effective interventions like practice of clean and safe delivery, early and exclusive breastfeeding, thermal care, clean cord care and early seeking care when needed can pay significant dividends in reducing neonatal morbidity and mortality.
- Social, cultural and economic factors have a significant impact on neonatal outcomes. These factors need to be studied to develop appropriate interventions.
- Access to neonatal care at first level health facilities can be improved by including care of the newborn in existing initiatives like IMCI, emergency obstetric care etc.
- Region-specific operational research is needed to improve the efficiency and effectiveness of programme interventions.
- Maternal and neonatal health are inextricably linked and need to be addressed in a synergistic manner. Improved access to skilled care at birth has the potential of reducing both maternal and neonatal mortality and morbidity.
- Health information systems need to be strengthened to ensure availability of robust and reliable datasets. This will ensure realistic planning and programming and allow for national and international comparisons.
- Human resource development, especially for skilled attendance at birth, and community-based postnatal care is necessary. Policy makers need to be sensitized to make financial resources for this.

- It is not only important to ensure survival of newborns but also the quality of survival. For this it would be necessary to improve referral care.

Recommendations

For Member States

(1) Accelerate evidence-based home and community level interventions to address neonatal health in order to achieve MDG 4.

(2) Closely relate neonatal care with maternal care and focus on reducing maternal and neonatal mortality as a combined approach.

(3) Critically analyze existing policies and strategies in the light of the recommendations of the regional neonatal strategy (Strategic Directions to improve newborn health in South East Asia Region)

(4) Position neonatal care initiatives within the context of the health systems.

(5) Give attention to improving quality of health information systems, human resource development, community-based antenatal and postnatal care, and operational research to improve the efficiency and effectiveness of interventions.

For WHO

(1) Provide technical assistance and necessary resources to country initiatives to promote neonatal health including regional/national workshops to examine/develop policy and strategic issues, capacity building and operational research.

3.4 Any other item

The Health Secretaries suggested merging the HSM and CCPDM in order to allow the secretaries to attend both meetings. Some participants also suggested that the HSM/CCPDM meetings be held in April every year to create consensus among Member countries from the South-East Asia Region and speak in one voice at the World Health Assembly and other international health fora.

Similarly, it was also suggested that the HMM be held in November/ December before the Executive Board Meeting the following year.

4. Field visit

The participants visited the WHO Collaborating Centre for Epidemiology and Prevention of Cardiovascular Diseases; India's Revised National Tuberculosis Control Programme (RNTCP) and the WHO Collaborating Centre for Training and Research on Newborn Care, at the All India Institute of Medical Sciences (AIIMS).

The participants were welcomed by the Acting Director of AIIMS. The Acting Director also thanked the WHO Regional Office for its strong collaboration with AIIMS in the areas of programme development and implementation. He further elaborated the programmes of the institution in particular those pertinent to public health.

Dr Gado Tshering, Secretary, Ministry of Health, Government of Bhutan, thanked the Acting Director of AIIMS, on behalf of the participants and acknowledged the excellent collaboration and technical support of the institution in the areas of public health as well as in biomedicine. The participants were then briefed by the directors of the respective units to be visited.

While visiting the DOTS centre, established in 2002 at AIIMS, participants were briefed on the important roles of AIIMS in RNTCP. As the Chair of the National Task Force for involvement of Medical College in RNTCP, AIIMS has been successful in bringing into the programme 220 medical colleges from around the country. Since AIIMS gets TB cases from many States across north India, the DOTS centre has recently started a 'referral for treatment' mechanism, linking it to the State TB offices and District TB offices in many states of the country and informing them of patients being referred to their respective districts/states. The participants also visited the HIV Voluntary Counseling and Testing Centre (VCTC) and the ART centre and were shown the cross-referral mechanism which is a special initiative under the RNTCP TB/HIV activities.

The participants expressed their appreciation of the innovative approaches to involve medical schools and large hospitals like the AIIMS. They stated that they would discuss the modalities they had observed at the AIIMS with their national TB programme managers on their return.

During their visit to the Cardio-thoracic Centre, which provides services in areas of cardiovascular care, participants were introduced to various community-based programmes run by the Department. Each programme focuses on a particular population group such as industry workers, schools, adolescents, etc. The Centre utilizes the strengths of multimedia technology in its efforts to ensure that health messages reach the target group.

The Centre has been instrumental in implementing several important WHO projects such as WHO International Collaborative Study on Verbal Autopsy Technique for Ascertainment of Cardiovascular Mortality Data in Developing Countries and Indian Multicentric Collaborative Study on Establishment of Sentinel Surveillance Systems for CVD in Organized Sector Industries. The Centre has also contributed to the development of several important WHO publications.

The participants toured the Neonatal Centre and the units which have a direct connection to its services i.e. the obstetric unit. This Centre was established at the Department of Paediatrics in 1997. The activities of this Centre include training, pre-service education, research, advocacy, and policy and programme support. The unit focuses especially on Integrated Management of Neonatal and Childhood illness (IMNCI), neonatal resuscitation programme, newborn nursing, Kangaroo Mother Care, neonatal-perinatal database, and newborn health strategy development.

The participants were briefed on the training programmes and the public health programmes developed by the Centre for Training and Research on Newborn Care of which many have been developed in collaboration with WHO. The Centre has been working on various neonatal health interventions in most countries of the Region and has also expanded its collaboration and training programmes to countries outside the Region.

5. Adoption of the report

After due deliberations, the participants adopted the report along with the conclusions and recommendations as noted under Section 3.

6. Closing session

The Chairman thanked all the participants for their active participation and expressed his sincere appreciation to the Co-Chair who conducted the meeting during the former's absence. He congratulated the Drafting Group, especially its Convenor for preparing the report within the short time available.

The Regional Director congratulated the health secretaries on the satisfactory outcome of their meeting and thanked them and other participants for their valuable contributions. He thanked the Chairman and Co-Chairman, as also the Drafting Group, for their contributions to the success of the meeting. He stated that this was one of the best Health Secretaries meetings and stressed the need to move forward in a big way in taking follow-up actions on the conclusions and recommendations of the meeting. He also stated that while more resources were needed from outside to make development efforts possible, it was essential to utilize those resources wisely in order not to jeopardize the long-term affordability of countries which was the key element of development sustainability. He added that WHO will continue promoting and supporting regional cooperation among countries. He emphasized the need to streamline the work to ensure integrated and more effective roles of health secretaries and CCPDM, which would be done through the use of WHO programme development and management as the entry point.

The Chairman then declared the Eleventh Meeting of Health Secretaries of Member States of the South-East Asia Region closed.

Annex 1

Agenda

1. Opening Session

2. Regional framework for prevention and control of non-communicable diseases

3. Beyond DOTS: the New Stop TB strategy and its implementation

4. Operationalizing the Neonatal Health Care Strategy in South-East Asia Region

5. Any other item

6. Field visit

7. Adoption of the Report

8. Closing Session

Annex 2

List of participants

Bangladesh

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Ministry of Health & Family Welfare

Bhutan

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Secretary
Ministry of Health

DPR Korea

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Vice Minister
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Dr Sok Yong Guk
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Mr Choe Yong Su
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India

Mr Prasanna Hota
Secretary
Ministry of Health & Family Welfare

Mr Bhanu Pratap Sharma
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Mr Rajesh Bhushan
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Dr Mulya Hasjmi, SpB, M.Kes.
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Ministry of Health

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Dr Win Maung
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Dr Tin Tun Aung
Assistant Director
Ministry of Health

Nepal

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Secretary
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Dr Bishnu Prasad Pandit
Chief Specialist
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Sri Lanka

Mr Ranjith Maligaspe
Secretary
Ministry of Healthcare & Nutrition

Dr S.M. Samarage
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Ministry of Healthcare & Nutrition

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Dr Tipvadee Bumpenboon
Inspector-General
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Dr Chaisri Supornsilaphachai
Director
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Dr Chuen Techamahachai
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Dr Colin Tukuitonga
Coordinator
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WHO Secretariat

Secretary

Dr Poonam Khetrapal Singh
Deputy Regional Director

Members – SEARO Staff

Dr Myint Htwe
Director
Programme Management

Mr. Jeffery Kobza
Director
Administration and Finance

Dr U Than Sein
Director
Noncommunicable Diseases
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Dr Abdul Sattar Yoosuf
Director
Sustainable Development
and Healthy Environments

Dr Jai P. Narain
Director
Communicable Diseases

Dr Dini K. Latief
Director
Family and Community Health

Dr Sultana Khanum
Director
Health Systems Development

Dr Yonas Tegegn
Strategic Alliance and Partnerships Officer

Dr Nani Nair
Regional Adviser
Tuberculosis Control

Dr Sudhansh Malhotra
Regional Adviser, Child Health
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Dr Jerzy Leowski
Regional Adviser, Noncommunicable Diseases

Dr Davison Munodawafa
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Dr Rui Paulo de Jesus
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Ms Deepika Nag
Assistant II

Mr V.J. Mathew
Senior Administrative Secretary

Annex 3

Address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region

Excellencies; Honourable Health Secretaries; Distinguished participants, Ladies and gentlemen:

I am very pleased to welcome you all to the eleventh meeting of Health Secretaries of Member States of the WHO South-East Asia Region.

As I said last year, the role of Health Secretaries is closely linked with the development and management of WHO collaborative programmes, especially at the country level. That is the reason why we arrange the Health Secretaries' meeting back-to-back with the meeting of the Consultative Committee for Programme Development and Management (CCPDM).

It is expected that some Health Secretaries may be able to stay on after their meeting, in order to participate in the deliberations of CCPDM. CCPDM is an advisory body to provide considered views and recommendations to the Regional Committee.

This is especially so regarding issues relating to the development and management of WHO programmes. With this in mind, we are also trying to ensure that the agenda of the Health Secretaries' meeting will provide an important input to the development of WHO programme activities in countries.

For this meeting of Health Secretaries, we selected three topical subjects for review and discussion. These are:

(1) Regional framework for prevention and control of noncommunicable diseases,

(2) Beyond DOTS: The new Stop TB Strategy and its implementation; and

(3) Operationalizing the Neonatal Health Care Strategy in South-East Asia Region.

We are all aware of the significance of these subject areas, as far as health in the South-East Asia Region is concerned.

Noncommunicable diseases are already recognized as problems of public health importance. Their magnitude and burden is rapidly increasing.

We need a regional framework to deal collaboratively with noncommunicable diseases. A framework that promotes effective intercountry cooperation in tackling this group of scourges.

Concerning TB, Directly Observed Treatment, Short Course or DOTS has served us for many years as an effective tool for TB control. With the lessons from our experience in implementing DOTS, a new strategy to stop TB has been conceived.

Regardless of how successful we have been in using DOTS, TB is still an intractable public health problem. We need a more effective strategy to tackle it. A strategy that provides innovative approaches and tools for programme interventions.

Before forging ahead with this new initiative, it is important, however, that we thoroughly review and discuss its implications, in both technical and managerial terms.

Regarding neonatal health care, this area can contribute significantly to the achievement of health-related Millennium Development Goals. To ensure effective contributions from our Region to these goals, intensified efforts in the implementation of the regional strategy on Neonatal Health Care are urgently needed.

In our review at this meeting, we may have to see what more is needed in order to ensure an effective implementation of the strategy. Health systems with strong services delivery at the grassroots level can make a crucial contribution to health of the newborn.

At the same time, we should not underestimate other factors that have a significant bearing on care and services for the newborn. This is especially so in the socio-economic and cultural areas.

To be effective in implementing the strategy on neonatal health care, we need strong political will and commitment. We need programme development and management that is based on sound evidence from the field and we need to have adequate resources, in both human and financial terms for programme implementation.

Our deliberations during the course of this meeting should lead to a clearer idea on how we could deal with the issues in these three areas in the most efficient and effective manner. Our combined wisdom and active intercountry collaboration will take us a long way in improving our actions in the individual countries.

In addition to what is on the agenda as I said, let me also take this opportunity to briefly report on some of the important activities carried out by WHO in the South-East Asia Region during the past year. These are outside the agenda of this meeting, and we may not discuss it as a part of the proceedings of the meeting.

We were successful in implementing WHO's programme budget for the 2004-2005 biennium. This is especially an achievement in financial terms.

The lessons learnt from our experience indicate that a lot still needs to be done to improve the technical quality of the implementation of WHO programmes.

In spite of our best efforts, we are yet to ensure the effectiveness and impact of WHO activities in countries. The impact that contributes to the improvement of health systems and people's health.

The strategies and approaches used for implementing various components of the collaborative programmes need thorough and regular review and updating. This is to ensure that the health development needs of Member States will always be favourably responded to in the most efficient and effective manner.

With this in mind, implementation of the decentralization policy of WHO in South-East Asia Region has been accelerated.

Utilization of WHO resources, in both budgetary and human terms, have been made more focused on activities at the country level.

Delegation of authority to WHO country offices has been doubled during the recent past. This is in order to further facilitate the implementation of WHO's decentralization process in the Region.

After two years of intensified efforts in decentralization, an evaluation was undertaken. It was found that the efficiency of WHO's work in the countries had improved substantially. WHO Representatives enjoyed more delegated authority, and the concerned national authorities appreciated more timely response to their needs.

However, what has been achieved is still far from being satisfactory; there is room for improvement in this exercise. Compliance to the established rules and regulations is yet to be better ensured. This is one of the key issues to guarantee transparency and accountability in the use of WHO resources. The quality of WHO technical support to countries is yet to be further improved.

With this in mind, the Regional Office will continue to accord high priority to the decentralization of resources to countries; and to quality improvement. Delegation of authority to WHO country offices will be kept under constant review; in order to ensure responsible and accountable execution of WHO programmes.

We are now looking at how to decentralize more Regional Office staff to the country level. This is to locate the Regional Office staff nearest to the problems to be tackled.

In many cases, such placement of staff may be only temporary, just to help countries during an emergency or crisis.

Appropriate arrangements will also be made so that the Regional Office staff devote more of their time and efforts for country-specific work. We are committed to country focus and country specific approaches in managing WHO resources to support countries' health development.

Attempts are also being made to ensure that WHO country staff can work more harmoniously with their national counterparts.

Locating WHO country staff to work in the national institutions and in Ministries of Health has been practised. However, we are yet to ensure the efficiency and effectiveness of this approach. The role of the WHO staff,

who are so located must be well formulated and understood by all concerned, in both the Government and WHO. WHO will continue close consultation with concerned national authorities on this matter, in order to ensure optimum utilization of WHO country staff.

Allow me to touch on one more important area of priority concern. This is human resources for health. World Health Day this year was devoted to this subject, with the slogan, "Working Together for Health".

In this connection, it is fully realized by all of us that we have to take the best care of our health workforce. Especially, those who provide care and services; primarily in the health care institutions, which also include hospitals and medical centres at the three referral levels.

These health workers have served us effectively in curing diseases to limit disability and death; and in rehabilitating the disabled. Their services help us enjoy a longer life with productive ability. We realize that their numbers need to be increased; and their skills and competence upgraded. Their living conditions need to be improved, especially in the rural areas.

We have to accord high priority to these issues to ensure high productivity of this category of health workforce.

At the same time, we have to pay adequate attention to another group of health workers. These are persons who take care of people's health in the community, and in the entire population, in both rural and urban areas. This is the public health workforce. The workforce that deals primarily with health promotion, and disease prevention and control. The workforce that renders health services to deal primarily with the prevailing local health problems and issues.

They include community-based health workers who constitute an important part of the public health workforce. They are the health workers who can ensure reaching the unreached; who can go to where the poor, the underprivileged and the marginalized reside.

If properly developed, these health workers can contribute tremendously to better health of all people. They can help ensure the reduction of disease burden in the general population; and consequently the reduction of the economic burden of the country. Their development

and maintenance, in most cases, are affordable by developing nations. And the majority, or all of them will not migrate out from their home countries.

The Regional Office is contemplating to pursue a vigorous effort to revisit the development of community-based health workforce. This is with the view to promoting the intensification of development of human resources for health at the grassroots level; this will be done with special attention to community-based health workers.

National capacity in health development and sustainability of such development in countries depend largely on a strong public health infrastructure and a strong public health workforce. Such capacity and sustainability will certainly lead to the countries' self reliance in health.

Through effective public health systems, and with strong intercountry cooperation, we should move forward together towards more self-reliance in health development in the South-East Asia Region.

These are two areas of significant importance to our work that I would like to report to the Honourable Health Secretaries. We may have an opportunity soon, to revisit the issues relating to these important areas of our common concern.

Now, let us turn to the agenda before us that we have to finish during this two-day meeting. I wish you all success in your deliberations; and I wish you all an enjoyable stay in Delhi.